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Women Want to Know About Abortion Risks

New Survey Underscores Need for Better Informed Consent Legislation

A new survey has found that women want to be thoroughly informed of all possible risks associated with elective medical procedures, and they generally want as much or more information when it comes to abortion.

The survey of 187 women seeking obstetric and gynecological services at a Wisconsin women's health clinic was published in the *Journal of Medical Ethics* in July.

The women were given a short survey in which they were asked to state their preferences for information about elective medical procedures. They ranked the degree of information they preferred regarding alternative treatments and complication rates, and rated the severity of different types of complications, ranging in severity from headaches to death.

The results showed that 95 percent of patients wished to be informed of all the risks of a procedure and 69 percent wanted to be informed of all alternative treatments, not just the alternatives preferred by their doctor.

Moreover, in their ranking of the seriousness of complications, mental health complications ranked as very serious, only slightly below the risk of death or heart disease. This finding may be especially important to the abortion debate since recent peer-reviewed studies have linked abortion to increased rates of mental health problems, such as suicidal behavior, clinical depression, anxiety disorders, substance abuse, and sleep disorders.

"Doctors should anticipate that most women desire information on every potential risk, even risks that doctors may judge to be less serious or inconsequentially rare, and they will generally consider this information to be relevant to their decisions regarding elective procedures," the authors wrote.

The survey was conducted by a team of researchers including Dr. David Reardon, director of the Elliot Institute.

The survey demonstrates that women have a high level of interest in being informed of any risk that is statistically associated with the procedure, including psychological risks. It also reveals that while some experts may consider some associations, such as a 10

percent higher risk of breast cancer, as relatively unimportant, most women would consider it to be very important to their decision making process.

The study also refutes the claim that doctors should withhold information about studies identifying abortion risks simply because the abortion provider personally believes that future studies may someday disprove the earlier findings.

In particular, the information may help to support laws that would require that women be informed about the abortion/breast cancer link, even though many pro-abortion doctors

and groups argue that the statistical link between abortion and breast cancer may be explained by other unknown factors.

Surveys and anecdotal evidence suggest that, despite legislation in some states requiring that women be given certain information before abortion, many women undergoing abortions don't receive adequate counseling and are given misleading or insufficient information—or no information—on abortion risks, fetal development, and the availability of resources and alternatives to help them continue the pregnancy.

In a 2004 *Medical Science Monitor* study of American and Russian women who had abortions, 84 percent of American women said they were not given adequate counseling before the abortion, while 79 percent said they were not counseled on alternatives, 67 percent said they received no counseling, and 52 percent said they needed more time to make a decision.

"Our survey shows that most women don't want doctors to screen which information they are told about risks," Reardon said. "They want to judge the evidence for themselves. They clearly prefer to be fully informed about all possible complications, even if abortion providers insist that the causal links between abortion and these statistically linked complications have yet to be fully proven to the abortionist's satisfaction."

* * *

PK Coleman, DC Reardon, MB Lee, "Women's preferences for information and complication seriousness ratings related to elective medical procedures," *Journal of Medical Ethics*, 32:435-438 (2006).

Unwanted Births Better Than Abortion for Teens

National Study Finds Aborting Teens More Likely to Experience Subsequent Mental Health Problems, Even In Unplanned Pregnancies

Adolescent girls who abort unintended pregnancies are five times more likely to seek subsequent help for psychological and emotional problems compared to their peers who carry “unwanted” pregnancies to term, according to a new nationally representative study published in the *Journal of Youth and Adolescence*.

Dr. Priscilla Coleman, a research psychologist at Bowling Green State University, also found that adolescents who had abortions were over three times more likely to report subsequent trouble sleeping and nine times more likely to report subsequent marijuana use.

The results were compiled after examining 17 other control variables, like prior mental health history and family factors, that might also influence subsequent mental health.

The data was drawn from a federally-funded longitudinal study of adolescents from throughout the U.S. who participated in two series of interviews in 1995 and 1996. About 76 percent of girls who had abortions and 80 percent of girls who gave birth were between the ages of 15 and 19 during the survey, with the remainder being younger.

This study is particularly important because it examines pregnancy “wantedness,” in addition to a large number of other control variables. Over the last six years, numerous studies have conclusively linked higher rates of mental illness and behavioral problems associated with abortion compared to childbirth.

But abortion advocates have generally dismissed these findings, insisting that while women who abort may fare worse than women who give birth to planned children, they may fare better than the important subgroup of women who carry unintended pregnancies to term. Coleman’s study addresses this argument and shows that the facts don’t support abortion advocates’ speculations.

Higher Risk Factors for Teens

According to the Alan Guttmacher Institute, which tracks abortion

statistics throughout the U.S., about a quarter of the abortions that take place each year are performed on girls younger than 20.

Previous studies have found that younger abortion patients may be more likely to experience difficulties coping after abortion compared to older women. One reason behind this may be that teens are more likely to be pressured into unwanted abortions or to undergo abortions later in the pregnancy, which carry a greater risk of physical and psychological complications.

While having a baby as a teen may be problematic, the risks of abortion are even greater.

A 2004 *Medical Science Monitor* study of American and Russian women who had abortions found that 64 percent of American women reported that they felt pressured into abortion. Coleman said that for teens, the pressure probably comes from

the fact that they are more likely to be perceived as unready to be parents and that abortion is often seen by those around them as the best solution.

“When women feel forced into abortion by others or by life circumstances, negative post-abortion outcomes become more common,” she wrote. “Adolescents are generally much less prepared to assume the responsibility of parenthood and are [therefore] the recipients of pressure to abort.”

Coleman pointed out that, while having a child as a teen may be problematic, “the risks of terminating seem to be even more pronounced.”

Other studies comparing outcomes for abortion versus delivery of unintended pregnancies have found higher rates of clinical depression, anxiety, and substance abuse among women who abort, while studies that did not look only at unplanned pregnancies also found that women who aborted are at increased risk for suicidal behavior, psychiatric problems, symptoms of post-traumatic stress, and sleep disorders, which are often linked to trauma.

While previous studies have often been criticized for methodological shortcomings, studies that have come out in the

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last several years have been designed to address those problems and have gone through vigorous scrutiny from peer-review panels before publication.

“The scientific evidence is now strong and compelling,” Coleman said. “Abortion poses more risks to women than giving birth.”

While there has been a long-standing assumption that such problems are related to mental health problems that existed before abortion, a large-scale study conducted in New Zealand last year found that this wasn’t the case.

The standard theory has been that women who have problems coping after abortion were probably already mentally unstable and therefore more likely to be even worse off if they continued the pregnancy.

The researchers in New Zealand thought that their study would confirm this theory, so they specifically controlled for pre-existing mental health problems. What they found, however, was that women who were mentally stable before abortion were still more likely to experience mental health problems after abortion.

More Research Needed

Although the pregnancy rate among American teens has dropped steadily in the past few decades, among developed countries the U.S. still has the highest rates of teen pregnancy and childbirth.

In her paper, Coleman highlighted a need for additional research on this issue. She pointed out that while “hundreds of thousands” of teens experience an unintended pregnancy each year, her study is one of only a few to examine the impact of abortion on women versus the impact of carrying to term, all of which have indicated worse outcomes associated with abortion.

Coleman and other researchers in this area have pointed out that medical and mental health professionals need to be attuned to the risks of abortion and present women and teens with accurate information about the physical and psychological effects of the procedure.

The findings that are emerging show that abortion leads to negative outcomes for many women, regardless of whether the pregnancy was planned or wanted. In fact, not a single study has ever shown statistically significant benefits associated with abortion compared to birth. In terms of maximizing women’s health and well-being, the scientific evidence overwhelmingly indicates that birth is preferable to abortion.

* * *

PK Coleman, “Resolution of Unwanted Pregnancy During Adolescence Through Abortion Versus Childbirth: Individual and Family Predictors and Psychological Consequences,” *Journal of Youth and Adolescence* (2006).

To obtain a free, downloadable fact sheet on teen abortion risks, as well as other fact sheets and booklets that contain additional studies and information on the effects of abortion, visit www.unchoice.info/resources.htm.

Teens and Abortion

“As a parent, I live in horror knowing that there are young girls going through this pain without their parents’ knowledge. Parents are faced with a shell of a person and have no idea where they lost their child.

“How easy it is to chalk it up to moody adolescence when the reality is that teens are suffering adult-sized pain with a child’s coping skills. The only outside source of help they may know—Planned Parenthood—tells them to ‘get over it.’ My dream is to get this pain out in the open. I want to help give women the freedom to acknowledge that abortion hurts.”

—Terri, who had a secret abortion as a teen

“Every Tuesday, a scheduled bus picked up students and took them to the Planned Parenthood clinic. School counselors arranged the visits. ... Still today, I feel like I did not decide to have the abortion ... I was only 14 ... The nurse said this was not the time to be asking questions, that I should have asked them sooner.”

—Gaylene

“Our mom made my sister have an abortion. At age 14 my sister became a completely different person. She got into very hard drugs and would use them every day. She attempted suicide at least three times that I know of and has horrible huge scars on her arms from one of the attempts.”

—Anonymous

Teen Abortion Risks

- Teens are 10 times more likely to attempt suicide if they have had an abortion in the last six months than are teens who have not had an abortion.
- Teens who abort are up to 4 times more likely to commit suicide than adults who abort, and a history of abortion is likely to be associated with adolescent suicidal thinking.
- Teens who abort are more likely to develop psychological problems, and are nearly three times more likely to be admitted to mental health hospitals than teens in general.
- Teens who abort are twice as likely as their peers to abuse alcohol, marijuana, or cocaine.
- Teens are more likely to abort because of pressure from their parents or partner, more likely to report being misinformed in pre-abortion counseling, and more likely to have greater difficulty coping after abortion.

* * *

For more information on adolescent abortion, including citations for the facts listed above, see our *Teen Abortion Risks fact sheet* at www.unchoice.info/resources.htm.

Introduction to Giving Sorrow Words, Part II

Women's Stories of Grief After Abortion

Melinda Tankard-Reist

The following is excerpted from the Introduction to Giving Sorrow Words: Women's Stories of Grief After Abortion. See the previous issue of The Post-Abortion Review for Part I of this article.

The stories in this book will give the reader a glimpse of the human face of grief after an abortion. They offer other insights as well.

Many of the stories here expose the myth of "choice" in the decision-making process. For so many women, abortion was a marginal choice.

The rhetoric of choice suggests there are lots of choices and all are good and of equal weight. It suggests no desperation, no pressure, no coercion either direct or indirect, such as that reflected in a lack of support.

Many women who contacted me say it was others, usually partners or parents, who wanted them to have the abortion.

Abortion was an act of obligation and obedience—pleasing others, maternal sacrifice for the greater good. "Abortion on demand" was someone else's demand.

The experience of too many women was finding that the people they normally relied on for support withdrew it, the people who were tied to them through blood or the bonds of love and friendship were not there for them at this most vital time, and in fact, were opposed to their desire for the pregnancy. These women lost their sense of personal control, surrendering their wishes to others, realizing that the relationship could not withstand a pregnancy.

Many women described receiving an ultimatum from their partners: "It's me or the baby." Zelda was under pressure from her husband who did not want another baby:

My husband gave me an ultimatum: get an abortion or he would leave. As the sole parent's support was an absolute pittance in those days, I felt I had no choice . . . Inside myself I was thinking, "Oh, please don't let this happen; I want to keep this child . . . I wish my husband would accept this child too and not make me have it aborted . . ." I begged him, "Please don't make me have an abortion. Please don't make me kill our child. Please, why can't I just have this baby?"

How can a woman be said to be exercising freedom of choice if she aborts because she fears abandonment?

After the abortion Zelda purchased a blue teddy bear and pretended it was her baby. The marriage broke up two weeks before the birth of another baby. Five years later in another relationship

Zelda resisted pressure to abort her third son.

Lena found herself pregnant at 25 to a man she loved deeply. She wanted the child but felt too emotionally fragile to go ahead without her partner's support.

He encouraged me to wait until we were married, wait until we'd spent more time with each other, wait until we had more money, wait until we did all the things we wanted to do together, wait until the time was right. I desperately needed some support and agreed out of trust. After all, as some consolation, I had all these other things he wanted with me to look forward to. . . .

I have just come to the end of this relationship and I can't help but feel tricked somewhere along the line. We never got to that stage again and at the end of it all I am left alone without the love of either the father or the child . . . I feel I have lost

something I can never regain.

An unsympathetic husband also featured prominently in Beatrice's story:

I was married, 38 years old, and my marriage was on the rocks—my husband had affairs . . . that broke my heart to begin with, then we went away and I got pregnant. I had an 11-year-old son and I had not gotten pregnant in all those years. I thought it was a miracle and still do. My husband's reaction was totally different. He made it clear he didn't want any more children, he would rather pay child support. I was in shock, confused . . . I don't use the word "choice" because . . . when you are cornered there does not seem to be a choice. I look at my husband as the "judge" and myself [as] the "executioner."

An alcoholic, abusive husband was behind Samantha's feelings that she could do nothing other than abort her fifth child:

I had been involved in an abusive relationship for ten years that ended with a great deal of violence and the police subsequently being involved. Finding out I was pregnant again shortly thereafter was a tragedy . . . I knew that I should've been more careful, considering the circumstances I was in at the time, but what can one do when being raped by a drunk man—ask him to use protection?

. . . Had things been different though, I may well have kept my baby. For it is now two years on and I am still riddled with guilt . . . I still "love" and "miss" that child as I would any of my other children, should they be taken from me.

Sally found herself pregnant at 16 to a married man twice her age with whom she'd been in a relationship since the age of 11. But she did not choose abortion—her mother determined it for her:

On her arrival [at the doctor's office], my mother's concern was for who the father was. Her next comment was how soon the doctor could arrange "a little scrape out." I was utterly shocked; here was this morally upright devout woman, a vociferous opponent of abortion, requesting the very same procedure she abhorred for her daughter, without a second thought . . . I remember her saying: "You don't want to carry that thing around for too long."

Lisa, 19, had a late-term abortion to please her boyfriend:

My boyfriend told me if I kept it, it would break us apart. I loved him and I went and destroyed a life which I wanted so much. I was 18 weeks pregnant, it took me three days for the operation. Men don't understand what you go through and I wish they did. Throughout the three days I had needles all the time and nausea. This was all because of love. I always think of other people before my own feelings, but look at where it's gotten me . . . I felt empty, like I had no soul in me . . . My boyfriend said to me a couple of days afterwards that we might end up being married and we could have a family together. I said I couldn't marry someone that made me destroy a baby.

A 1956 Royal Women's Hospital study concluded:

Society condemns illegitimacy and frowns upon fatherless children; if in inducing an abortion the unmarried woman committed a crime, she nevertheless took the course which, she thought, would give least offence.

Giving the "least offence"—to others and to society at large—continues to act as a significant influence in the lives of pregnant women.

The Exploitation

Many of the stories received highlighted exploitative relationships and the inability of many, particularly younger women, to negotiate sexual relationships.

One appalling example of this was the experience of 16-year-old Adria, who, after the death of her parents, was placed under the guardianship of a couple who were family friends. Within a short time the male guardian, 20 years her senior, had begun a sexual relationship with her. When she became pregnant, he dropped her off at the abortion clinic and went to buy his wife flowers for Valentine's Day. She knew that by having the abortion she was "saving him."

The language of "choice" also meant little to the small number of incest and rape survivors who shared their stories. For them, it was even more difficult to share grief over the loss of a pregnancy which was the result of sexual assault.

The Social/Cultural Factors

The lack of choice is reflected not only in pressure applied by others, but also operates through social and cultural factors. The decision to have an abortion is often made under conditions of reduced freedom. Inequitable workplace treatment, struggles to receive appropriate welfare and child support payments, class and cultural biases in family size, attitudes toward "older" women and toward disabled women and disabled unborn babies, along with the social subordination of women in general, all conspire to direct certain women in a certain direction.

If the conditions for continuing an unplanned pregnancy are not considered perfect when judged against socially accepted criteria, women often feel a sense of duty to abort. Germaine Greer wrote in 1992:

If the conditions are not perfect, it is seen as the woman's "duty" to abort.

[T]he fiction of the right to "choice" masked women's real vulnerability in the matter of reproduction. It is typical of the contradictions that break women's hearts that when they availed themselves of their fragile right to abortion they often, even usually, went with grief and humiliation to carry out a painful duty that was presented to them as a privilege . . . Abortion is the last in a long line of non-choices . . .

Greer elaborates on this in her book, *The Whole Woman*:

What women "won" was the "right" to undergo invasive procedures in order to terminate unwanted pregnancies, unwanted not just by them but by their parents, their sexual partners, the governments who would not support mothers, the employers who would not employ mothers, the landlords who would not accept tenants with children, the schools that would not accept students with children . . . If the child is unwanted, whether by her or her partner or her parents, it will be her duty to undergo an invasive procedure and an emotional trauma and so sort the situation out. The crowning insult is that this ordeal is represented to her as some kind of a privilege. Her sad and onerous duty is garbed in the rhetoric of a civil right. Where other people decide that a woman's baby should not be born she will be pressured to carry out her duty to herself, to the fetus, to other people, to the health establishment, to the state by undergoing abortion. Her autonomy is the least important consideration. In both cases she is confronted with other people who know better than she what she ought to do.

Jael highlights the social structures which make women feel they have little choice other than abortion, in her account of her two terminations.

The financial strain in my life was too enormous to even consider having the baby . . . there is a grieving—I wished I had been given the "body" to bury—this would have made me sit down and think for myself, but I felt so railroaded by "the system"—the alternatives seemed worse, as anybody who is involved in the vicious cycle of

homelessness, domestic violence, unemployment, low incomes, welfare and public housing, knows. My grief was more at being out of control of the situation—no woman would kill her unborn child if there were suitable, decent alternatives.

Sherryn, a ward of the state at the time of her abortion at the age of 13, had no say in what would be done to her, though she did not want the abortion: “I didn’t understand how they could do that. Basically, what they’re saying is: ‘We can murder your child because you’re a state ward.’” Sherryn suffered months in institutions after the abortion and engaged in self-mutilation. When pregnant a second time, she went on the run so as not to be forced to abort again.

Liz felt a sense of shame about a pregnancy in her forties, when the youngest of her three children was ten.

Seeing my distress, my doctor assumed that I didn’t want another child and reminded me I was middle-aged, as if I didn’t know. I went for an ultrasound in order to discover whether there might be an abnormality that would give us a valid reason for terminating the pregnancy. Instead of rejoicing with me in the signs of new life there was silence and my questions went unanswered under my doctor’s orders. The risks of being an older mother were well known to me . . . I pictured myself old and gray by the time this child was in high school. Even harder to bear was the remark by my husband that he felt he might be ridiculed by colleagues at

work. Looking back I needed encouragement and offers of help as I felt almost alone with an impossible decision.

I cannot describe the torment of the following months and years. My experience of a miscarriage some years before had been nothing compared to this overwhelming grief which engulfed my life after termination. A few years later when the older children left home I went through a period of deep mourning again. On every visit to the shops I was searching for my baby . . .

Laurel Guymmer, a former abortion clinic nurse, left her job in a Melbourne clinic partly because of the pressures she saw being applied to women judged unsuitable for motherhood.

Women who were poor, unemployed, too young, too old, working in the sex industry, not married, had no steady partner, or suffered any mental instability were reassured by the clinic staff and society that it was best they have an abortion. It is clear that society fears a certain type of woman having a baby and I found that many of the doctors and nurses I met in the abortion clinic were not any different despite their supposed commitment to feminist principles.

* * *

Melinda Tankard-Reist is an Australian writer and researcher with a special interest in women’s health, new reproductive technologies, and medical abuse of women. To order Giving Sorrow Words, call Acorn Books at 1-888-412-2676.

News Briefs

U.K. Abortions Rise After Morning-After Pill Goes OTC

Abortion statistics from the U.K. have shown that making the “morning-after pill” available without a prescription there has not reduced abortion rates, leading to fears the same will happen in the U.S. now that the FDA has approved it here.

The morning-after pill has been available over the counter in Britain for the past five years. Abortion rates rose from 11 per 1,000 women in 1994 to 17.8 per 1,000 women in 2004, and the number of abortions rose from 186,300 in 2001 to 194,000 in 2005. The pill can cause an early abortion by preventing implantation of a newly conceived embryo. Critics say the risks of the drug have not been adequately studied and that it will likely increase risky sexual behavior, leading to a rise in abortions and sexually-transmitted diseases.

* * *

Hard Cases Key Issue In Abortion Ban Fight

The issue of abortion for rape and incest pregnancies is becoming a key issue surrounding South Dakota’s abortion ban, which will be put before voters in November.

Abortion advocates say the ban, which prohibits all abortions

except when the mother’s life is at risk, discriminates against women who become pregnant through sexual assault and have launched ads criticizing the ban. However, a survey of more than 192 women who experienced sexual assault pregnancies found that most said that abortion was not a good idea and only caused further trauma.

Vegetative State, continued from page 7

patients. One study found that the insomnia drug zolpidem may help patients recover from a vegetative state. The other reviewed brain scans of Terry Wallis, who emerged from a minimally conscious state 19 years after a brain trauma, and found evidence that the human brain may be more capable of repairing itself than previously thought.

* * *

GP Ford, DC Reardon, “Prolonged unintended brain cooling may inhibit recovery from brain injuries: Case study and literature review,” *Medical Science Monitor* 12(8): CS74-79 (2006). The full text of the article is available free online at www.medscimonit.com.

Vegetative State May Be Caused by Brain Cooling

Study: Use of Cold Air In Breathing Tubes May Prevent Recovery of Brain-Injured Patients

The odds of recovery from brain injuries and vegetative states may be dramatically improved simply by restoring normal brain temperatures, according to a new medical theory published in the August issue of the *Medical Science Monitor*.

Elliot Institute director Dr. David Reardon was one of the co-authors of the study, which was inspired by the case of a 53-year-old woman who suffered a heart attack and oxygen deprivation of the brain. In the course of a few days she slipped from consciousness to coma and then to a vegetative state. For the following thirty-one months she was receiving oxygen through a tube in her trachea.

But one day it was noticed that the oxygen in the tube was over thirty degrees below body temperature, due to an equipment setup that appears to be common in many hospitals and nursing homes. Acting on the speculation that such chilled air could not be good for the patient, the tube was removed. One month later, the woman came out of the vegetative state and was verbal and able to respond to questions.

Inspired by this case, the authors began to investigate the physiological link between lung temperatures and brain temperatures. They found that chilled tracheal air will produce chilled aortic blood which will in turn produce a significant drop in brain tissue temperatures.

Because the path from the aorta to the brain is short, a drop in brain temperatures may occur even though the core body temperature otherwise appears to be normal. But even a small drop in the brain temperatures can produce important deviations in neurochemistry and the endocrine system.

These changes, the authors suggest, may not only inhibit recovery, they may even produce additional problems, including symptoms commonly associated with the poorly understood condition called a “persistent vegetative state.”

To assess the potential impact of their findings, the authors surveyed a sample of hospitals and nursing homes in the larger

New York metropolitan area. Most health care facilities reported they do not heat the oxygen given to non-responsive, intubated patients.

The authors suggest that paying closer attention to intubated air temperatures, or removing intubation tubes as soon as practical, would pose no risk to patients and may well produce a significant increase in the rate of recovery from brain trauma. They also propose numerous strategies for future research.

Just last month, two other teams of researchers reported findings that have given new hope to the families of minimally conscious

One month later, the woman came out of the vegetative state.

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With your help it’s time to put the abortion industry and abortion apologists on the defensive for a change! It’s time they answer to all Americans for decades of disinformation, coercion, mistreatment and injury to the very women they claim to serve.

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