

CHAPTER 21

MATERNAL COMPLICATIONS

Immediate

Scientific reports on maternal complications from induced abortion are grossly inaccurate.

Why?

Published reports from scientific studies all come from university medical centers. Surgery in them is done by highly qualified surgeons. Further, they have immediate access to topnotch care if a mishap occurs. But less than 10% of U.S. abortions are done in such elite institutions. Consequently, the published reports of safety hazards do not in any way reflect the actual situation “out there” where over 90% of abortions are done in free-standing, for-profit abortion facilities or in doctors’ offices.

Aren’t there any reports on those “out there”?

The typical abortion mill will rarely report any complications. If the problem is acute, the injured woman is taken by van (never an ambulance — that’s bad publicity) to the nearest emergency room and left there.

More commonly, she’ll be sent home. If she bleeds, gets septic, etc., she must seek help elsewhere, as the abortion mills rarely give any follow-up care.

But aren't there state or federal reports?

There are reporting regulations in most states, but these are largely voluntary, and most private clinics simply don't report complications. Many don't even report the abortions done which means that in some states abortion reporting is highly inaccurate. A glaring example of this was Ohio, 1988. This was the last year of Gov. Richard Celeste's term. Celeste was pro-abortion and had apparently not adequately funded the health department reporting mechanism. In that year, the total number of induced abortions reported from Hamilton County (Greater Cincinnati) was 3,218. In an entirely separate report, Planned Parenthood, which runs one of the four busy abortion mills in Cincinnati, in its national reporting stated that its abortion mill alone had done 3,144. Subtracting the two, left only 74 abortions done in the other three busy abortion mills in the city of Cincinnati. Obviously, this is absurd. Just as obviously, those three abortion facilities were simply not reporting.

The next governor (George Voinovich) was pro-life, and when this was called to his attention, a major change occurred, and it is felt that abortion reporting now is probably accurate. (In 2000, there were 6,941 reported from Cincinnati.) This lack of supervision in the field of reporting is very typical of the entire issue of abortion when reporting complications, deaths, etc. Abortion reporting is different. It stands by itself. It cannot be compared to any other medical procedure.

Be advised, if these places do not even report how many they perform, guess how many surgical complications they *voluntarily* report.

So the U.S. Center for Disease Control reports don't really reflect the actual situation?

Correct – and for two reasons. One is that few abortion complications are reported to them. The other is that this official government bureau has been shown to

be consistently under-reporting the abortion complications sent to it while over-exaggerating complications of pregnancy and delivery.

M. Crutcher, *Lime 5-Exploited by Choice*, Genesis Pub. 1996, Chapter 4, "Cooking the Books"

Isn't there any accurate source?

A landmark expose has peeled back some of the curtain of silence here. It is *must* reading for anyone who wants the true picture of the abortion industry in the U.S., e.g.:

- It gives brief documented case histories of several hundred women badly injured or killed by abortion, only a percentage of whom were reported.
- It details for the first time sordid details of sexual abuse and assault in these clinics.

"During our research for this book, our observation was that a woman probably is less likely to be injured, raped or killed at a Planned Parenthood facility than at a non-Planned Parenthood one." But . . . "the difference is insignificant. About the best they could claim to be is the cream of a rotten crop."

ibid., Chapter 3, p. 117

- It devotes 50 pages to detailing the psychic problems, nightmares and breakdowns of those whose business is doing abortions, another chapter to the total silence of the industry of the breast cancer connection, and finally details the extreme difficulty of getting legal redress for her injuries.

ibid., Chapters 3, 4, 5

Well, let's look at reported complications, even if some are only the tip of the iceberg:

Before and after legalization in the '70s and '80s, there were many studies done. Few have been repeated

in the '90s. Rather, studies have moved to new areas such as invitro, chemical abortions, fetal reduction, chorionic villi and genetic testing, ultrasound, laparoscopic surgery, etc.

Accordingly, we present mostly older, classical studies, e.g.:

A study of 11,057 pregnancies in Jerusalem, of whom 752 had had previous abortions, showed that those with abortions were more likely to report bleeding in the first 3 months of this pregnancy, less able to have a normal delivery, and more needed manual removal of the placenta or other intervention in the third stage of labor. There was a significant increase in low birth weight, a 3 to 4 times increase in neonatal deaths, and an increase in fetal malformations.

S. Harlap et al., "Late Sequelae of Induced Abortion,"
Am. J. of Epid. (1975) 102, p. 217

Sterility is the most feared long-term complication of induced abortion. This can result from scarring due to infection caused by the abortion. It can also result from the surgical procedure itself. If the suction curette scrapes and cuts too deeply across the tube opening, these can scar shut, and she is sterile.

Are there any studies?

"The relative risk of secondary infertility among women with at least one induced abortion and no spontaneous miscarriages was 3-4 times that among non-aborted women."

D. Trichopoulos et al, "Induced Abortion & Secondary Infertility,"
British Jour. OB/GYN, vol. 83, Aug. 1976, pp. 645-650

In 1974 Dr. Bohumil Stipal, Czechoslovakia's deputy minister of health, stated: "Roughly 25% of the women who interrupt their first pregnancy have remained permanently childless."

Do miscarriages occur more frequently after induced abortions?

A Boston study by a group who have aggressively done abortions denied any increase after one abortion, but, after two or more abortions, they did find a “two- to three-fold increase in risk of first trimester spontaneous abortions [miscarriages],” as well as “losses up to 28 weeks gestation.”

Levin et al., “Association of Induced Abortion with Subsequent Pregnancy Loss,” *JAMA*, vol. 243, no. 24, June 27, 1980, pp. 2495-2499

Of a group of 50 women who had induced abortions 10-15 years previously and who were followed very closely during that length of time, it was found that one-half (27) had no problem with subsequent pregnancies. There was one ectopic pregnancy, eight subsequent — but long-delayed — conceptions, and three women with permanently blocked tubes. Of the remaining 11 women, there were 33 pregnancies with 14 early and 3 midtrimester losses, 6 premature deliveries, and only 10 full-term births.

Hilgers et al., “Fertility Problems Following an Aborted First Pregnancy.” In *New Perspectives on Human Abortion*, edited by S. Lembrich. University Publications of America, 1981, pp. 128-134

A high incidence of cervical incompetence resultant from abortion has raised the incidence of spontaneous abortions to 30-40%.

A. Kodasek, “Artificial Termination of Pregnancy in Czechoslovakia,” *Internat'l Jour. of GYN & OB*, vol. 9, no. 3, 1971

Women who had one induced abortion had a 17.5% miscarriage rate in subsequent pregnancies, as compared to a 7.5% rate in a non-aborted group.

Richardson & Dickson, “Effects of Legal Termination on Subsequent Pregnancy,” *British Med. Jour.*, vol. 1, 1976, pp. 1303-4

Women who had delivered their first pregnancy had (in the second pregnancy) the “best reproductive

performance.” Those who had a spontaneous miscarriage on the first had “the highest frequency of an early loss.” Those with induced abortion on their first had “the highest frequency of late spontaneous abortion and premature delivery.”

Koller & Eikham, “Late Sequelae of Induced Abortion in Primagravida” *Acta OB-GYN Scand*, 56 (1977) p. 311.

What about second trimester losses?

There was a doubled incidence of midtrimester spontaneous losses.

Herlap, *New England Jour. of Med.*, no. 301, 1979, pp. 677-681

“In a series of 520 patients who had previously been aborted, 8.1% suffered a mid-trimester loss (compared to 2.4% controls).”

G. Ratter et al., “Effect of Abortion on Maturity of Subsequent Pregnancy,” *Med. Jour. of Australia*, June 1979, pp. 479-480

“There was a tenfold increase in the number of second trimester miscarriages in pregnancies which followed a vaginal abortion.”

Wright et al., “Second Trimester Abortion after Vaginal Termination of Pregnancy,” *The Lancet*, June 10, 1972

“It is concluded that a relationship, presumably a cause-effect relationship, exists between an induced abortion and a second trimester abortion in a subsequent pregnancy.” There also was a four-fold increase in prematurity.

Puyenbeck and Stolte, Relationship Between Spontaneous and Induced Abortion, and Second Trimester Abortion Subsequently, *Europ. J. OB-GYN, Reprod. Biol.* 14, 1983, 299-309.

What of uterine rupture?

This condition occurs during labor in almost 1% of cases when women have had earlier first trimester abortions.

D. Nemeč et al., "Medical Abortion Complications,"
OB & GYN, vol. 51, no. 4, April 1978, pp. 433-436

Uterine rupture (1%) is also one of the feared and sometimes fatal complications from prostaglandin abortions.

Duenhalter & Gant, "Complications Following Prostaglandin Mid-Trimester Abortion," *OB & GYN*, vol. 46, no. 3, Sept. 1975, pp. 247-250

And urinary incontinence?

The major study here showed twice the amount of urinary incontinence, 23.7%, after induced abortion as the incidence seen, 12.6%, after term pregnancy.

Slunsky, "Urinary Incontinence in Pregnancy,"
Z. Geburt, Perinatology 165:329-35, 1966.

Do menstrual symptoms change after abortion?

"Women with prior abortions consistently reported an excess of symptoms in all age groups."

L. Roth et al., "Increased Menstrual Symptoms Among Women Who Used Induced Abortion," *Amer. Jour. OB/GYN*, vol. 127, Feb. 15, 1977, p. 356

What about synechia?

"The frequency of uterine adhesions [synechia] is especially high among patients who have had two or more curettages. . . . Dr. J. G. Asherman, for whom the syndrome is named, has reported intrauterine adhesions in 44 of 65 women who had two or more curettages."

"Abortion Risks: Getting the Picture,"
Medical World News, Oct. 20, 1972

And blood clots?

This is discussed in the next chapter. Here let's note that "ovarian vein thrombosis can occur after first trimester abortion . . . Significant morbidity and mortality is associated with it."

"Ovarian Vein Thrombosis after Elective Abortion",
Obst. & Gyn., Nov. 2000, pp. 828-829

What about endometriosis?

This can develop along the needle or catheter tract from the midtrimester puncture.

Ferrare et al., "Abdominal Wall Endometriosis Following Saline Abortion," *JAMA*, vol. 238, no. 1, July 4, 1977, pp. 56-57

Do abortions affect Rh sensitization?

"Even in very early suction abortions done prior to eight weeks, fetal-maternal hemorrhage can occur, thereby sensitizing Rh-negative women."

M. Leong, "Rh Therapy Recommended in Very Early Abortion," *OB-GYN Observer*, June 1978

This means that in later pregnancies, babies of these mothers will have Rh problems, need transfusions, and occasionally are born dead or die after birth. This can be tested for prior to the abortion and largely prevented by giving the mother a medication called RhoGAM. If not done, the number who become sensitized varies from "3% to 17%." Unfortunately, many abortion chambers do not take this expensive precaution.

J. Queenan, Cornell University
Medical World News, April 30, 1971, p. 36G

What of placenta previa?

Placenta previa is when the afterbirth (placenta) covers part or all of the cervix, the womb's opening into the birth canal. It can be very serious and usually requires a Cesarean section, sometimes with loss of the baby.

Doctor Barrett and others did a study at Vanderbilt University in which they evaluated over 5,000 deliveries and found that those who had prior induced abortions in the first trimester had a "seven-to-fifteen fold increased prevalence of placenta previa." They linked it to scarring of the lining of the womb from the curettage or suction aspiration "predisposing to the abnormal site of placental implantation and an increased pla-

cental surface area.” They also found that the changes occurred with the first induced abortion and were permanent. Neither the time elapsed nor the number of induced abortions changed this.

Barrett et al., “Induced Abortion, A Risk Factor for Placenta Previa,” *Amer. Jour. OB/GYN*, Dec. 1981, pp. 769-772

Women who report one or more spontaneous or induced abortions are 30% more likely to have a subsequent pregnancy complicated by placenta previa than those without such a history.

V. Taylor et al., Placenta Previa Related to Abortion; *OB&GYN*, 1993; 82:88-91

“We cannot exclude the possibility that the large number of induced abortions plays a role in the remarkable increase in cases of placenta previa.”

Z. Bognar, “Mortality and Morbidity Associated with Legal Abortions in Hungary, 1961-1973” *Amer. Jour. Public Health*, 1976, pp. 568-575

What is the incidence of ectopic pregnancies?

In 1970 the incidence was 4.5 per 1,000 live births, for a total of 17,800. By 1980 it was 14.5, for a total of 52,200. By 1992 it totaled 108,800, and 28 women died.

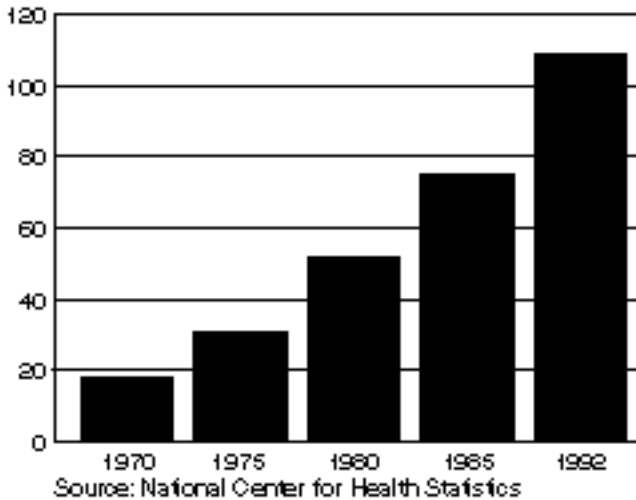
The thin-walled tube cannot support this life, and it soon ruptures, causing internal bleeding and requiring emergency surgery.

Some of these deaths were *after* induced abortions. The mothers had their wombs emptied by “abortion,” when, in reality, the tiny baby was lodged in the tube. Later, the tube ruptured and the women died.

Rubin et al., “Fatal Ectopic Pregnancy After Attempted Induced Abortion,” *JAMA*, vol. 244, no. 15, Oct. 10, 1980

H. Atrash et al., “Ectopic Preg. Concurrent With Induced Abortion”; *Am. J. OB-GYN*, Mar. '90, p. 726

ECTOPIC PREGNANCIES IN THE UNITED STATES



How many of these were related to previous abortions?

A French study of women with no prior ectopic pregnancies reported “prior induced abortion was associated with an increased risk of ectopic pregnancy . . . 1.4 for one abortion and 1.9 for two abortions.”

“Risk of Ectopic Pregnancy and Previous Induced Abortion
C. Thoraux-Deneux, et al.,
Am. J. Public Health, Mar. 1998, Vol. 88, No. 3, pp. 401-406

Daling, et al., also reported increases of 1.4 and 1.8.

“Ectopic Pregnancy in Relation to Previous Induced Abortion”
JAMA, Feb. 15, 1985: 253 No. 7, 1005-1008

Regarding elective abortion and the increased ectopic pregnancy rate . . . “both have increased in parallel since the Supreme Court made abortion legal.”

G. Huggins, Meeting Am. Col OB & Gyn, News Jan. 1-14, 1985, p. 3.

In Athens, half of ectopic pregnancies may be attributed to previous abortions — a ten-fold relative risk.

Panayotou et al., "Induced Abortion & Ectopic Preg." *Am J. OB-GYN*, 1972 114:507

Tubal pregnancy increased 30% after one abortion and 160% after two or more abortions.

Am. J. Public Health, 72:253-6, 1982

Why is this?

"The increased incidence of PID (Pelvic Inflammatory Disease) — especially Chlamydia — and induced abortion appear to play leading roles in the dramatic rise in ectopic pregnancies."

H. Barber, "Ectopic Pregnancy, a Diagnostic Challenge," *The Female Patient*, vol. 9, Sept. 1984, pp. 10-18

Women with chlamydia have more than twice as many ectopic pregnancies.

JAMA, June 1990

How does abortion cause tubal pregnancy?

If the abortionist's curette scrapes or cuts too deeply across the opening of the tubes, there is scar formation. When partial blockage is a result of this procedure, the microscopic sperm can still travel through the tube to fertilize the ovum as it breaks out of the ovary. After fertilization, this new human life, many hundred times larger than the sperm, may not be able to get back through the tube if it has been partly scarred closed. Then the tiny baby nests in the tube, and the mother has an ectopic pregnancy.

What of premature births?

A history of prior induced abortion was associated with a modest increase in risk for a spontaneous pre-term delivery, which increased with increasing numbers of induced abortions.

I. Haas, et al., "Spontaneous Preterm Birth: A Case-Control Study," *Am. J. OB-GYN*, 1991; 165:1290-6

Researchers at the Danish Epidemiology Science Center report that women who abort are twice as likely to have either a pre-term or a post-term delivery. They followed 61,753 women for 12 to 14 years. Of these, 15,727 had a first-trimester-induced abortion. The women who had abortions were from 1.9 to 2.6 times more likely to have a subsequent pre-term delivery and 1.9 to 2.6 times more likely to have a post-term delivery.

J. of OB and GYN. Dec. 1999

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