

CHAPTER 23

NEONATAL AND CHILDHOOD SEQUELAE

— RELATED TO ABORTION —

What is the main problem?

Premature birth and earlier losses. The main reason for this is cervical incompetence. This can result from the too-early, forceful dilatation (stretching open) of the cervix (mouth of the womb).

During an abortion procedure, the cervical muscle must be stretched open to allow the surgeon to enter the uterus. There is no harm to the muscle in a D&C performed because of a spontaneous miscarriage, as the cervix is usually soft and often open. Also, there is rarely any damage caused by a D&C done on a woman for excessive menstruation, etc. When, however, a normal, well-rooted placenta and growing baby are scraped out of a firmly closed uterus, protected by a long, “green” (unripe) cervix, this “donut” muscle can be and often is torn. If enough muscle fibers are torn, the cervix is permanently weakened, the most damage being done if this is her first pregnancy.

Why is this a problem?

Let's look at a woman's first labor and delivery. Her labor is often 12 to 20 hours. The nurse, as she checks the mother's progress, uses the terms "two fingers" (or cm) — "four fingers" — then "complete." These terms refer to measuring the slow dilatation of the cervix. Only when it is wide open ("complete") can the baby begin the journey through the birth canal.

Before birth, nature opens this "door" very slowly. In a miscarriage, all those cramps do the same thing. After emptying the uterus, this strong donut-like muscle closes tight again.

The lowest part of a woman's uterus is the cervix, and, when a woman is pregnant and stands upright, the baby's head rests on it — in effect, bouncing up and down on the "door" throughout the pregnancy. The muscle must be intact and strong in order to keep the cervix closed. If it is weak, or "incompetent," it may not stay closed and may result in premature opening and miscarriage, or premature birth.

"The main risk of induced abortion is . . . permanent cervical incompetence."

L. Iffy, "Second-Trimester Abortions,"
JAMA, vol. 249, no. 5, Feb. 4, 1983, p. 588

Second trimester miscarriage and premature birth frequently follow induced abortions.

A. Arvay et al., "Relation of Abortion to Premature Birth,"
Review French GYN-OB,
vol. 62, no. 81, 1967

Levin et al.,
JAMA, vol. 243, 1982, p. 2495

A. Jakobovits & L. Iffy, "Perinatal Implications of Therapeutic Abortion." *Principals and Practice of OB & Perinatology*, New York, J. Wiley & Sons, 1981, p. 603

C. Madore et al., "Effects of Induce Abortion on Subsequent Pregnancy Outcome," *Amer. Jour. OB/GYN*, vol. 139, 1981, pp. 516-521

“In a series of 520 patients who had previously been aborted, 8.6% had premature labor compared to 4.4% of [non-aborted] controls.”

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

“The induced abortion group had the highest incidence of late spontaneous abortion and premature delivery.”

O. Kaller et al., “Late Sequelae of Induced Abortion in Primigravidae,” *Acta OB GYN Scandinavia*, vol. 56, 1977, pp. 311-317

Can this damage be prevented?

Using laminaria is an attempt to lessen such damage. This is a small bit of dehydrated material which is inserted into the cervix one day before the abortion. It absorbs water and swells to many times its size and, in the process, dilates the cervix.

Laminaria, incidentally, are seldom used in most freestanding abortion chambers because it means two visits, smaller volume, and smaller cash flow.

The use of laminaria reduces, but does not eliminate, cervical incompetence.

S. Harlap et al., “Spontaneous Fetal Losses After Induced Abortions,” *New England Jour. Med.*, vol. 8, Sept. 1971, p. 691

Have premature births increased?

In the early years of legalized, wide-open abortion, there was ample evidence of the fact that induced abortion caused a sharp increase of premature births and their unfortunate aftermaths. Some of the major original studies included:

- After one legal abortion, premature births increase by 14%; after two abortions, it is 18%, after three, it increases to 24%.

Klinger, “Demographic Consequences of the Legalization of Abortion in Eastern Europe,” *Internat’l Jour. GYN & OB*,

vol. 8, Sept. 1971, p. 691

- “Previous induced abortion was associated with an increased risk of preterm birth.” It was 1.4 times after one abortion and “increased with the number of abortions.”

L. Henreit, *Br. J. OB&Gyn*, Oct 2001
Vol. 108, pp. 1036-1042

- Women who have had abortions have twice the chance of delivering a premature baby later.

G. Papaevangelou, U. Hospital, Athens, Greece,
Jour. OB-GYN British Commonwealth,
vol. 80, 1973, pp. 418-422

- In Czechoslovakia, premature births resulting from abortions are so frequent that a woman who has had several abortions, and who becomes pregnant, is examined, and:

- “If the physicians can see scar tissue, they will sew the cervix closed in the 12th or 13th week of pregnancy. The patient stays in the hospital as long as necessary, which, in some cases, means many months.”

“Czechs Tighten Reins on Abortion,”
Medical World News, 106J, 1973

- Among others, Dr. Zedowsky reported a higher percent of brain injuries at birth. His report cited “a growing number of children requiring special education because of mental deficits related to prematurity.”

ibid.

- A very large study, by the World Health Organization, of 7,228 women in eight European countries, showed that previously-aborted women had significantly higher midtrimester pregnancy loss, prema-

ture delivery and low birth weight babies.

Collaborative Study, Lancet 1979
20 Jan; 1 (8108): 142-5

Are there any comprehensive studies on premature births?

In New York State, a major prospective study was done between 1975 and 1979 which compared over 40,000 women, half of whom had an abortion and half of whom had a live birth. An analysis of the subsequent reproductive history of these women found a definite pattern of increased complications for those who had abortions (see chart below).

	Study Group had an abortion	Control Group had a live birth	Difference
Spontaneous fetal deaths All subsequent pregnancies	8.7%	5.3%	1.65 times more
Spontaneous fetal deaths First subsequent pregnancies	8.7%	4.7%	1.85 times more
Low Birthweight (less than 2500 gms)			
white	7.0%	4.7%	1.5 times more
non-white	13.4%	8.4%	1.5 times more
Premature Birth (less than 33 weeks)	2.3%	1.3%	1.8 times more
Labor Complications	13.0%	4.3%	3.0 times more
Congenital Malformations	- - - - -	- - same - - -	- - - - -
Newborn Death			1.4 times more

V. Logrillo et al., "Effect of Induced Abortion on Subsequent Reproductive Function,"
N.Y. State Dept. of Health,
Contract #1-HD-6-2802, 1975-78

More preemies die?

Yes. A study of 26,000 consecutive deliveries at UCLA was done to determine if previous abortions (and premature births) had increased the number of

stillborn babies and neonatal (after birth) deaths. The findings were that the death rate “increased more than threefold.”

S. Funderburk et al., “Suboptimal Pregnancy Outcome with Prior Abortions and Premature Births,”
Amer. Jour. OB/GYN, Sept. 1, 1976, pp. 55-60

Why does the U.S. rate about 20th in the world in its infant mortality rate?

There are five major reasons:

(1) Because, in some cases, we’re comparing apples with oranges. Rated #1 is Japan. But they do not count deaths until 72 hours after birth. If the U.S. did this, it would be almost first too.

(2) Some nations, like Sweden, do not have large numbers of low socio-economic people. Therefore, you could more realistically compare Sweden to Minnesota than to the entire U.S.

(3) When asked, many blame it on “poor” prenatal care, particularly in the groups with the highest rates, i.e., teens and low socio-economic groups. But good prenatal care is almost universally obtainable. The problem is that mothers in these groups often don’t avail themselves of it.

(4) The big one is the trio — alcohol, smoking and drugs — often associated with illegitimacy. Bluntly speaking, many newborns die because of their parents’ unhealthy behavior. Even good prenatal care cannot compensate for the mother’s smoking, drinking and drug use.

Nicholas Eberstadt of the American Enterprise Institute has studied illegitimacy. He points to an eight-state study that found a higher infant mortality among unmarried college graduates than among married grade school dropouts.

M. Charen, *Inst. Mort.*, “Deeper Than Health Care,”
Feb. 2, 1992

(5) Prematurity as a result of earlier induced abor-

tion. More preemies die than full term babies.

With increasing technology, more ought to survive?

As detailed in the viability chapter, this is true, but technology has also brought a new way for them to die. Through Invitro fertilization, multiple pregnancies are common. The technique of “pregnancy reduction” (see chapter on Abortions) sometimes results in the loss of all the fetal babies.

L. Wilcox et al., “Assisted Repro. Tech . . . & Multiple Births . . .”
Fert. & Ster., vol. 65 #2, Feb. '96, p. 361

U.S. Infant Mortality

Deaths per 1,000 live births

- in 1980 = 12.6
- in 2000 = 6.9

CDC, M&M Report, 9-12-02

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