

# Myths

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# *Sources of misinformation*

# Misinformation

- [www.lifesitenews.com](http://www.lifesitenews.com)
- Journal of American Physicians and Surgeons  
[www.jpands.org](http://www.jpands.org) Not peer-reviewed. Not in Medline/PubMed
- ABC link (just put it into a search engine)
- Elliot Institute [www.afterabortion.org](http://www.afterabortion.org)  
[www.abortionfacts.com](http://www.abortionfacts.com)
- Breast Cancer Prevention Institute  
[www.bcpinstitute.org](http://www.bcpinstitute.org)  
[www.abortionbreastcancer.com](http://www.abortionbreastcancer.com)



*Risk to life*

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# AfterAbortion.org



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## **Death Rate of Abortion Three Times Higher than Childbirth**

### **13-year Population Study in Published in Top OB/Gyn Journal**

Springfield, IL (March 5, 2004) -- A study of pregnancy-associated deaths published in the latest issue of the *American Journal of Obstetrics and Gynecology* has found that the mortality rate associated with abortion is 2.95 times higher than that associated with pregnancies carried to term. The study included the entire population of women 15 to 49 years of age in Finland between 1987 and 2000. The researchers linked birth and abortion records to death certificates.

The annual death rate of women who had abortion in the previous year was also 46% higher than that of non-pregnant women. Women who carried to term had a significantly lower death rate than non-pregnant women. Non-pregnant women had 57.0 deaths per 100,000, compared to 28.2 for women who carried to term, 51.9 for women who miscarried, and 83.1 for women who had abortions. The authors, led by Mika Gissler of Finland's

# Mortality during and after pregnancy

- ❖ Maternal mortality: definition does not include accidental or incidental deaths and extends only to 42 days
- ❖ Pregnancy-associated mortality extends to 1 year and includes any cause of death
- ❖ The majority of pregnancy-associated deaths are not related to any effect of the pregnancy on the woman
- ❖ A “healthy pregnant woman” effect has been demonstrated in several studies
- ❖ Induced abortion does not cause accidental deaths; it is likely the two share common risk factors (these risk factors probably include mental illness, substance misuse and intimate partner violence)

# CMACE 2003 – 2005 (UK)

[www.cmace.org.uk](http://www.cmace.org.uk)

## *Mortality after childbirth*

- 2,113,831 maternities
- 132 direct\* deaths
- Rate 6 per 100,000

## *Mortality after induced abortion*

- 553,711 abortions
- 1 death
- Rate 0.2 per 100,000

\* direct = within 42 days

# Comparative mortality rates (USA)

Pregnancy outcome	Reference	Rate per 100,000 outcomes
Surgical abortion to 9 weeks	Bartlett 2004	0.1
Medical abortion to 9 weeks	Grimes 2005	1
Miscarriage	Saraiya 1999	1
Live birth	Grimes 2006	7
Ectopic	Grimes 2006	32

# Finnish record linkage study: mortality per 100,000 pregnancies\*/person years 1987 – 2000 *(Gissler et al 2004)*

Cause of death	Childbirth	Induced abortion	Non-pregnant
Direct pregnancy-related (thrombosis, eclampsia, haemorrhage, anaesthetic etc)	3.9	1.3	N/A
Violent causes (injuries, suicide, homicide)	10	60	24
<b>All causes</b>	<b>26</b>	<b>82</b>	<b>94</b>

\* during pregnancy or within one year



# *Risk of breast cancer*

## HOW?

Abortion interrupts the natural process of breast development, leaving the breast with more cells that can become cancerous. Elevated levels of estrogen, starting early in pregnancy, cause normal and pre-cancerous cells to multiply and stimulate the breasts to swell. Third trimester hormones of a full-term pregnancy change cells into cancer-resistant, milk-producing tissue and turn off their growth (and cancer-forming) potential.

The Institute of Medicine lists abortion as a risk factor for premature birth. (a) Early premature birth (before 32 weeks gestation), in turn, increases the mother's breast cancer risk. (b,c,d,e) Babies that are born prematurely before 37 weeks gestation are at greater risk for cerebral palsy and neonatal deaths. (f)

a. *Preterm birth: Causes, Consequences and Prevention. Committee on Understanding Premature Birth and Assuring Healthy Outcomes. Institute of Medicine. Appendix B, Table 5.*

b. *Melbye M, et al. British Journal of Cancer 1999;80:609-13.*

c. *Innes K, Byers T. International Journal of Cancer 2004;112:306-311.*

d. *Vatten LJ, et al. British Journal of Cancer 2002;87:289-90.*

e. *Hsieh C-c, et al. Lancet 1999;353:1239.*

f. *Rooney B, Calhoun B. Journal of American Physicians and Surgeons 2003;8:46-49.*

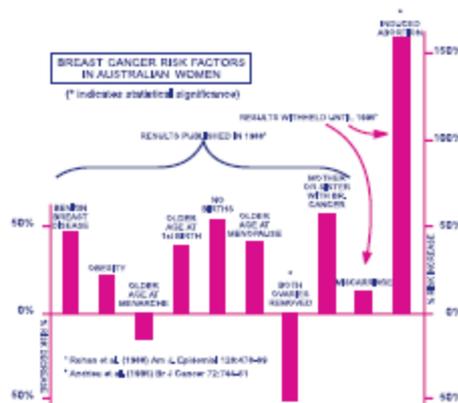


The Coalition on Abortion/Breast Cancer is a women's organization founded to protect the health and save the lives of women by educating and providing information on abortion as a risk factor for breast cancer.

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This 1988 study shows the reluctance of researchers to publish data showing the abortion/breast cancer link. Abortion data (see two rightmost bars) were withheld for seven years. Note that miscarriage has no significant effect on risks; whereas, induced abortion does significantly increase a woman's breast cancer risk.

a. *Rohan T, et al. A population-based case-control study of diet and breast cancer in Australia. American Journal of Epidemiology 1988;128:478-489.*

b. *Andriacu N, et al. Familial risk, abortion and their interactive effect on the risk of breast cancer, a combined analysis of six case-control studies. British Journal of Cancer 1995;72:744-751.*

For a list of authoritative medical organizations whose medical experts recognize the link between abortion and breast cancer, visit our website at [www.AbortionBreastCancer.com](http://www.AbortionBreastCancer.com).

If you would like to help dispense information about the abortion / breast cancer link or wish to offer financial assistance, please contact:

**Coalition on Abortion/Breast Cancer**  
AN INTERNATIONAL WOMEN'S ORGANIZATION  
P.O. Box 957133

Hoffman Estates, IL 60195-3051  
Call Toll-free 1-877-803-0102  
[www.AbortionBreastCancer.com](http://www.AbortionBreastCancer.com)

E-mail: [response@abortionbreastcancer.com](mailto:response@abortionbreastcancer.com)

Revised 9/09

# Abortion raises Breast Cancer risk



# Collaborative re-analysis 2004

- Pooled analysis of 53 studies
- Emphasis needs to be on studies with information on abortion recorded prospectively i.e. before the diagnosis of breast cancer
- Taking the 13 such studies, the relative risk of breast cancer comparing women who had had one or more pregnancies that ended in induced abortion to women with no such record was 0.93 (95% CI 0.89 – 0.96)
- The conclusion is that there is no association between induced abortion and breast cancer later in life

# Case control studies

- There are more than 20 such studies in the literature
- Some of these show a positive association between abortion and breast cancer
- This study design is prone to recall bias; there is more under-reporting of the potentially sensitive information about previous induced abortions in the healthy controls than in the breast cancer cases
- This bias produces a spurious raised risk of breast cancer after abortion in studies of this type

# Recent cohort studies

Publication	Cohort	Relative risk (95% CI) for one previous abortion	RR for two or more previous abortions
Reeves 2006	EPIC study	0.93 (0.85 – 1.02)	0.99 (0.86- 1.14)
Michels 2007	Nurses' Health Study II	1.02 (0.88 – 1.19)	0.95 (0.68 – 1.31)
Henderson 2008	California Teachers Study	0.98 (0.77 – 1.25) for nullips 1.08 (0.93 – 1.24) for multips	0.86 (0.57 – 1.30) for nullips 0.97 (0.76 – 1.24) for multips



*Risk to mental health*

# Post Abortion Syndrome .org

A Ramah International Website



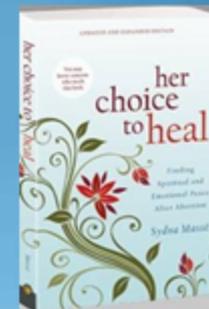
## Post Abortion Syndrome

[Symptoms of PAS](#)[Hope and Healing](#)[Are You Pregnant?](#)[Your Choices](#)

Post Abortion Stress Syndrome (PAS) affects everyone and is a form of post-traumatic stress disorder. The process of making an abortion choice, experiencing the procedure and living with the grief, pain and regret is certainly, at it's very core, traumatic. As with any trauma, individuals often try to "forget" the ordeal and deny or ignore any pain that may result after an abortion.

Many simply don't relate their distress to the abortion experience. At some point, however, memories resurface and the truth of this loss can no longer be denied. During these

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# Postabortion syndrome

- Proposed by Rue and Speckhard in 1992
- Conceptualised as a form of post-traumatic stress disorder
- Based on a small number of extreme reactions
- Not recognised as a diagnosis in the Diagnostic and Statistical Manual of Mental Disorders
- Not recognised by any professional group of psychiatrists or psychologists

# Review of the literature

“The relative risk of mental health problems among adult women who have a single, legal, first-trimester abortion of an unwanted pregnancy is no greater than the risk among women who deliver an unwanted pregnancy”.

Major et al. Abortion and mental health: evaluating the evidence.  
*American Psychologist* 2009; 64: 863 – 890.

(based on 58 papers published between Jan 1989 and May 2008)



*Risk to future fertility*

## Permanently Childless

It is an unfortunate but very real tragedy that many of these women, suffering cervical damage following an induced abortion, will never be able to carry a "wanted" baby to term.

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***Roughly 25%  
of women who  
interrupt their  
first pregnancy  
have remained  
permanently  
childless.***

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Dr. Bohumil Stipal, Czechoslovakia's Deputy Minister of Health, stated: "Roughly 25% of the women who interrupt their first pregnancy have remained permanently childless."

### **Informed Consent**

Patients are entitled by law to be fully informed of the possible risks involved with medical treatment. In New Zealand this right comes under The Code of Health and Disability Services Consumers Rights. (See [Informed Consent](#) for more on this subject.)

In [NZ Law on Abortion](#), it is explained how NZ medical professionals could face complaint proceedings for breaches to the Code of Health and Disability Services Consumers' Rights.

*Dr Barbara Luke* is a Professor with the Department of Epidemiology & Public Health, and Department of Obstetrics & Gynecology at the University of Miami School of Medicine. She is a nurse, nutritionist and epidemiologist and author.

## REFERENCES

1. Harlap and Davies, "Late Sequelae of Induced Abortion: Complications and Outcome of Pregnancy and Labor", *American Journal of Epidemiology* (1975), vol.102,no.3.
2. Hogue, "Impact of Abortion on Subsequent Fecundity", *Clinics in Obstetrics and Gynaecology* (March 1986), vol.13,no.1.
3. Lembrych, "Fertility Problems Following Aborted First Pregnancy", eds.Hilgers, et.al., *New Perspectives on Human Abortion* (Frederick, Md.: University Publications of America, 1981).
4. Wvnn and Wvnn. "Some Consequences of Induced Abortion to Children Born Subsequently". *British Medical Journal* (March 3.

# Prospective studies of fertility after induced abortion

Study	Setting	Controls	Follow up (months)	% conceived
WHO 1984	Obs/Gyn Hungary & S. Korea	Postpartum family planning	30	> 90% in both groups
MacKenzie 1988	Obs/Gyn UK	Self	24	97%
Frank 1993	General practice UK	Deliveries of unplanned pregnancies	24	97% in both groups

# Case-control studies of secondary infertility

Study	Setting	Controls	Relative risk (95% CI) for one abortion	RR for two or more abortions
Daling 1985	Obs/Gyn USA	Deliveries identified by birth records	1.15 (0.7 – 1.89)	1.29 (0.39 – 4.2)
Tzonou 1993	Obs/Gyn Greece	Hospital antenatal	2.1 (1.1 – 4.0)	2.3 (1.0 – 5.3)



# *Fetal pain*

there are choices...

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## RESEARCH SHOWS UNBORN BABIES SUFFER PAIN

New research reveals that unborn babies undergo extreme suffering in the process of being killed by abortion and demonstrates the previously unknown sensory capacities of unborn children. The majority of neonatologists had previously believed that babies in the womb were mostly immune to feeling pain. However, with the advent of sonograms and live-action ultrasound images, medical professionals have witnessed unborn babies at 20 weeks gestation react physically to outside stimuli such as sound, light and touch.

# Neurobiology

- ❑ Connections between fetal thalamus and cortex do not start until 23 weeks
- ❑ The fetus is not conscious before birth
- ❑ It is unlikely that a fetus can experience pain at any gestation

*Lee SJ et al. Fetal pain: a systematic multidisciplinary review of the evidence. JAMA 2005; 294: 947*

*Derbyshire SWG. Fetal pain: do we know enough to do the right thing? Repro Health Matters 2008; 16 (31 Supp): 1*



*Legal mandates for  
information provision*

# Mandated abortion information in the USA

- 23/50 US states have abortion-specific informed consent requirements
- 5 of the 7 states that include information on breast cancer inaccurately assert a link between abortion and future risk of breast cancer
- 7 of the 19 states that include information on possible psychological responses to abortion describe only negative emotional responses
- 2 out of 17 states that include information on future fertility after abortion inaccurately portray this risk
- 9 states include information on the ability of a fetus to feel pain

# Crisis pregnancy centres

- [www.pregnancycrisis.org.uk](http://www.pregnancycrisis.org.uk)
- [www.pregnancy.ca](http://www.pregnancy.ca)
- [www.care-net.org](http://www.care-net.org)
- [www.pregnancycenters.org](http://www.pregnancycenters.org)
- [www.lifechoices.org](http://www.lifechoices.org)
- [www.sosbebe.org](http://www.sosbebe.org)

Pro-Choice Action Network: <http://www.prochoiceactionnetwork-canada.org/Exposing-CPCs-in-BC.pdf> - "Exposing Crisis Pregnancy Centres in British Columbia"

# Contact

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