



Abortion Rights
Coalition of Canada

Coalition pour le droit à
l'avortement au Canada

*Your
Voice for Choice*

Canada's only national political pro-choice advocacy group

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Position Paper #76

Anti-choice Research on “Dangers” of Abortion

Background

Anti-choice groups employ many scare tactics, and one of the most common is to list the “dangers” of abortion to try and convince people that having an abortion is dangerous to the woman or transgender person having the procedure. In reality, abortion is a very safe procedure with no more risks than a routine minor operation, but listed below are some purported “risks” touted by anti-choice groups.

Short Term Health Risks

- Infection
- Acute hematometra (retention of blood in the uterus)
- Retained fetal and placental tissue
- Endometritis (inflammation of the uterine lining)
- Uterine and cervical perforations and lacerations
- Hemorrhage
- Disseminated intravascular coagulation (small blood clots throughout the bloodstream)
- Gastro-intestinal disturbances
- Seizures
- Saline poisoning
- Uterine rupture
- Embolism (blood vessel blockage)
- Anesthetic reactions
- Pelvic inflammatory disease (infection of female reproductive organs, usually caused by STI's)
- Mortality

Lists like this are very misleading. Here's several major problems that anti-choice sources won't tell you about:

1. Some of these risks are real, but some are not. For example, “saline poisoning” refers to an outdated abortion method that is no longer used.

2. Most of these risks come with *any* medical procedure, such as hemorrhage, seizures, and anesthetic reactions. For example, having wisdom teeth removed shares many similar risks (anesthetic reactions, seizures, blood clots, infection). Uterine/cervical perforations and lacerations (cuts) can happen to any body part during an operation.
3. Some of these risks are at least as common and often more serious with full-term pregnancy and childbirth. For example, acute hematometra, hemorrhage, and retained tissue can happen after not just an abortion, but with miscarriage and childbirth (the first more likely to occur due to congenital abnormalities). Endometritis is usually caused by an infection, most commonly due to caesarean section and rupture of membranes after a long labour. While it can happen after an abortion, it is also just as likely to happen after any medical procedure involving the uterus¹.
4. A list of risks gives no indication of their relative risk. For abortion in particular, all of these risks are low, and most are extremely rare (although they are more common with unsafe, illegal abortion). In Canada, the overall complication rate for abortion in 2015 was 2.1% – almost all minor complications and *only* for hospitals. The actual complication rate is lower because clinics do two-thirds of all abortions, almost all in the first trimester, and early abortions have a lower complication rate than for later abortions.²
5. Childbirth is far riskier than abortion.³ Basically, the more advanced the pregnancy, the higher the risk, including for any intervention. This is borne out by maternal mortality rates. For abortion, the mortality rate in Canada is about 1 in a million – i.e., a death about every 10 years. But the *annual* rate of death from *all* pregnancy-related causes is 7 per 100,000 women in Canada.⁴

¹ <https://www.pregmed.org/endometritis.htm>

² <http://www.arcc-cdac.ca/backgrounders/statistics-abortion-in-canada.pdf> (page 3, Gestational Age and Complication Rates (hospitals only and excluding Quebec))

³ Rochman Bonnie. *Why Abortion is less risky than childbirth*. Jan. 25, 2012. <http://healthland.time.com/2012/01/25/why-abortion-is-less-risky-than-childbirth/>

“The pregnancy-associated mortality rate among women who delivered live neonates was 8.8 deaths per 100,000 live births. The mortality rate related to induced abortion was 0.6 deaths per 100,000 abortions. In the one recent comparative study of pregnancy morbidity in the United States, pregnancy-related complications were more common with childbirth than with abortion.” Raymond EG, Grimes DA. The comparative safety of legal induced abortion and childbirth in the United States. *Obstet Gynecol*. 2012 Feb;119(2 Pt 1):215-9. doi: 10.1097/AOG.0b013e31823fe923. <https://www.ncbi.nlm.nih.gov/pubmed/22270271>

⁴ Tom Miles. U.S. maternal mortality rate is twice that of Canada: U.N. *Reuters*. Nov 12, 2015. <https://www.reuters.com/article/us-health-pregnancy/u-s-maternal-mortality-rate-is-twice-that-of-canada-u-n-idUSKCN0T10LO20151112>

Long Term Health Risks

Anti-choice groups love to link breast cancer with abortion. Many earlier studies have been debunked because they used small sample sizes, insufficient controls, and researcher bias to suggest a link between breast cancer and having an abortion.

In addition, anti-choice groups often provide long pseudo-scientific paragraphs about how abortion causes an influx in estrogen that causes abnormal cells to form. This is simply not true. If it were, the one-third of pregnant women who experience a miscarriage would also be at risk for breast cancer. For details, see *ARCC Position Paper #70 – Abortion and Breast Cancer: An Evidence-Based Perspective*.⁵ Or go to the National Cancer Institute website (www.cancer.gov).

Another favorite is to suggest that abortions cause infertility. There is no evidence of this⁶, but it's convenient for anti-choice groups to blame it on abortion because infertility is still something that scientists are unable to completely understand.

Risks in Future Pregnancies

- Placenta previa
- RH Sensitization
- Pre-term birth
- Ectopic Pregnancy

Placenta previa (where the placenta partially or totally covers the cervix) has no known definitive cause, but potential causes are as follows:

- A previous to-term pregnancy
- Placenta previa in a previous pregnancy
- Carrying more than one fetus
- Being 35 or older
- Being a person of colour
- If the mother smokes or uses cocaine
- Pre-term birth in a previous pregnancy (other genetic and environmental factors are at play, as well as inconclusive data from various legitimate studies and surveys)⁷
- Scars on the uterus from a previous surgery (such as C-section, fibroid removal, or dilation and curettage)

Although the last possibility does encompass a D&C abortion, medication abortion (such as Mifegymiso) is not listed as a cause and abortion as a whole cannot be listed as a standalone reason.⁸ The same goes for ectopic pregnancy, which is caused by scar tissue or adhesions impeding egg movement. It is not the direct result of an abortion as scar tissue can form in many ways.

⁵ <http://www.arcc-cdac.ca/postionpapers/70-Abortion-Breast-Cancer.pdf>

⁶ <https://www.womenshealthmag.com/health/a19965003/abortion-and-fertility/>

⁷ <https://www.nature.com/articles/s41598-018-23695-7>

⁸ <https://www.mayoclinic.org/diseases-conditions/placenta-previa/symptoms-causes/syc-20352768>

RH sensitization can occur during pregnancy if the mother is RH-negative and the fetus has Rh-positive blood. This can cause the baby to have anemia, jaundice, or more serious problems. Anti-choice claims that having an abortion causes this to occur make absolutely no medical sense. What is true is that a first baby is not affected, as it takes time for antibodies to affect the fetus, but upon a second pregnancy the antibodies could affect the fetus' red blood cells, causing the disorder. So, it is not the abortion (or miscarriage or vaginal bleeding or ectopic pregnancy) that causes the disorder, but simply being pregnant a second (or more) time(s). And, luckily, a Rh immune globulin shot can be administered to treat the issue if it occurs.⁹

Regarding pre-term birth, there may be a very small risk of subsequent pre-term birth after three abortions,¹⁰ but otherwise there is no proven risk.¹¹ The anti-choice literature confuses correlation with causation and grossly overstates any potential risk.

Where do they get this “information”?

It is easy to imagine how some of the risks presented on anti-choice websites and in pamphlets would scare someone into not having an abortion, especially if they are provided with footnotes and citations, but it's important to look at their sources. A review of the supposed scientific evidence in an anti-choice counselling manual for “crisis pregnancy centres”¹² found that:

“...sources and statistics cited are often solely taken from anti-abortion literature, with no scientific evidence cited from a reputable source... When references are cited from reputable sources... they are used selectively, misrepresented, or taken out of context to support anti-abortion claims.”

It would take pages to go through each risk and explain why the source is irrelevant or compromised, but as an example:

- For “Uterine perforations and lacerations”, one anti-choice website states:¹³ “According to one abortionist, ‘Uterine perforation is an inevitable occurrence if one does enough abortions or dilation and curettage procedures of any sort’. Let’s unpack this:
 1. The website refers to the abortion provider as an “abortionist”, which is a derogatory term.
 2. The citation is from 1977 and very outdated (Neubardt S, Schulman H. “Techniques of Abortion, 2nd Ed.” Little, Brown and Company Inc., 1977)
 3. The quotation is taken entirely out of context, although we can see why the website chose to use it, given the language like “inevitable”¹⁴.

⁹ <https://www.uwhealth.org/health/topic/major/rh-sensitization-during-pregnancy/hw135942.html#hw135994>

¹⁰ <https://www.theguardian.com/world/2012/aug/30/multiple-abortions-increase-premature-underweight-births>

¹¹ https://www.huffingtonpost.com/david-a-grimes/abortion-and-prematurity-a-false-alarm_b_7511084.html

¹² Pro-Choice Action Network. *Exposing Crisis Pregnancy Centres in British Columbia*. January 2009. <http://www.prochoiceactionnetwork-canada.org/Exposing-CPCs-in-BC.pdf>

¹³ <http://abortionincanada.ca/health/physical-health-effects/>

4. Perforation is a very rare complication in surgical abortion, occurring in 0.1-0.4% of cases.¹⁵ Large and increasing numbers of women around the world now have medical abortions¹⁶ that have no risk of perforation.
5. Uterine perforation can occur in any gynecologic intervention including IUD insertion and hysteroscopy.¹⁷

Conclusion

Anti-choice groups fail to list the positives of abortion and the negatives of childbirth, which makes them biased. They never quantify the risks of abortion to explain how rare they are, and they list risks that don't exist or are just general risks for any gynecologic intervention. They arrive at false conclusions by using faulty citations that rely on inaccurate and distorted anti-choice "research", outdated studies, and skewed or inconclusive results.

Abortion is a medical procedure, and every procedure comes with risks and side effects. That's why all medical professionals will go over the risks with the patient (no matter how small the risks) before the patient undergoes dental work, cosmetic surgery, heart surgery, and any medical operation. **The problem with the anti-choice approach is that it turns small or inconclusively proven risks into definite or frequent causes.** Anti-choice groups are masters at twisting incomplete data and faulty correlations to their benefit. They prey upon vulnerable people who may be under emotional stress and are desperately looking for answers.

¹⁴ The author of the text, Dr. Selig Neubardt, was a gynecologist who was a prominent early advocate for birth control and safe abortion, which suggests that the quote is most definitely taken out of context.
<https://www.nytimes.com/2004/09/05/nyregion/dr-selig-neubardt-early-birth-control-proponent-dies-at-78.html>

¹⁵ https://www.bmj.com/bmj/section-pdf/750967?path=/bmj/348/7940/Clinical_Review.full.pdf

¹⁶ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)31794-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31794-4/fulltext)

¹⁷ <https://www.sciencedirect.com/topics/medicine-and-dentistry/uterine-perforation>