

Short-term Morbidity Associated with Abortion and Birth Following an Unwanted Pregnancy

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Intro There is little documentation of the health consequences of terminating an unwanted pregnancy versus carrying the pregnancy to term.

Methods We compare the short term health consequences for women who receive an abortion at a gestation just below one of 30 U.S. abortion clinics' limit to those who were denied an abortion and carry the unwanted pregnancy to term because they presented just beyond the clinic gestational limit.

Results: A total of 140 women denied an abortion and 359 who received the abortion were interviewed within 6 months following birth or abortion. Complications from birth were more severe than those of abortion and resulted in more common and longer periods of disability. Women carrying the pregnancy to term had higher rates of hypertension and obesity at six months after study recruitment.

Conclusion Women and their clinicians should consider the medical risks of birth and abortion when considering the outcome of an unwanted pregnancy.

Background

While half of all pregnancies in the United States are unplanned, little is known about the health consequences of terminating an unwanted pregnancy versus carrying it to term. Medical literature reveals that women who give birth face significantly greater health risks than women who undergo abortion procedures, even later-term abortions. Whether or not the pregnancy is wanted may mediate the risk ratio. Due to difficulties of study design, however, the risks of birth have never been directly compared to those of abortion in the context of unwanted pregnancy.

Methods

We analyzed the short term health consequences of abortion and birth as part of the Turnaway Study, a national longitudinal study following women who all sought—but did not all obtain—abortion at 30 abortion facilities across the United States. Abortion facilities' gestational age limits vary due to either facility restrictions, such as lack of provider training or resources, or legal restrictions at the state level. We compared women who presented for abortion care up to three weeks over a facility's specific gestational limit and were turned away ("Turnaways") to women who presented up to two weeks under that limit and received abortions ("Abortion

Controls”). For each Turnaway, we recruited two Abortion Controls from a given facility. Within the first 6 months following the end of pregnancy, we telephoned and collected participants’ reports of acute disability and complication immediately following birth or abortion. At the same time, we asked about chronic diseases common to childbearing women, including asthma, hyperlipidemia, type 2 diabetes, hypertension, and obesity. We compared the frequency and qualitative descriptions, as well as the mean duration of associated disability of acute complication following birth or abortion between the two study groups. We also used chi-squared analysis to assess for significant differences in the frequency of chronic diseases following birth versus abortion.

Results

A total of 140 Turnaways and 359 Abortion Controls participated and were interviewed within 6 months following birth or abortion, respectively. At baseline, the gestational age of the Turnaway pregnancies was 23 weeks and 3 days (\pm 3 weeks), while that of Abortion Controls was 20 weeks and 6 days (\pm 4 weeks). After their pregnancies ended, 53 (37.9%) of Turnaways reported having a period of physical disability immediately following birth, while 87 (24.2%) Abortion Controls reported disability immediately following the abortion procedure. Among these participants who reported complications, the period of limited physical activity lasted an average of 10 days post-birth versus 3 days post-abortion, respectively.

The most common health problem described following birth was post-partum hemorrhage, as reported by 5 (3.6%) Turnaways. This was followed by extended post-operative wound-healing, as reported by 2 (1.4%) Turnaways. The most severe complication described was eclampsia (seizure in the context of hypertension and proteinuria that may progress to coma), as reported by one Turnaway (0.7%). Turnaways who denied having specific intra- or post-partum health problems reported an average of 8 days of disability following birth.

The most common health problem described following abortion was abdominal cramping, as reported by 18 (5.0%) of Abortion Controls. This was followed by fever and vaginal bleeding, each of which was reported by 4 (1.1%) Abortion Controls. The most serious complications reported were hemorrhage and allergic reaction to anesthesia (which may progress to perioperative anaphylaxis), each of which was reported by one patient (0.2%). Abortion Controls who denied having any post-procedure health problems reported an average of one half of a day of disability following abortion.

Six months after seeking an abortion, after which time all of the Turnaways who continued their pregnancies had given birth, there were no significant differences in the incidence of reported asthma, hyperlipidemia or type 2 diabetes between the two study groups. Eleven of 130 Turnaways (8.5%) versus 19 of 318 (6.0%) Abortion Controls reported receiving a new asthma

medication prescription following the end of pregnancy ($p=0.34$). One of 137 (0.7%) Turnaways versus 3 of 331 (0.9%) Abortion Controls reported newly elevated cholesterol ($p=0.85$). Similarly, one of 139 (0.7%) Turnaways versus 2 of 331 (0.9%) Abortion Controls reported recent diagnosis of type 2 diabetes. ($p=0.87$). The incidence of hypertension was marginally higher in Turnaways than abortion controls. Sixteen of 138 (11.6%) Turnaways versus 21 of 329 Abortion Controls reported newly elevated blood pressure ($p=0.06$). Not surprising, given their recent birth, Turnaways have significantly higher prevalence of obesity than women who received the abortion (27% compared to 19%).

Conclusion

For this analysis, we compared women who were too far along in pregnancy to receive abortions to women only slightly earlier in pregnancy who received an abortion at the same facilities. As a result of this recruitment strategy, the average gestational age among the women who received abortions was over 20 weeks in our sample. It is important to note that this is not representative of women seeking abortion in the United States, 90% of whom obtain abortions in the first trimester of pregnancy. Since the risk of physical complication from abortion increases with each additional week gestation, our Abortion Controls were at greater risk of experiencing health problems associated with the abortion procedure than the average abortion patient in the United States.

Nevertheless, our Turnaways—who carried unwanted pregnancies to term because they were denied abortion—showed increased risk of acute physical health problems and a greater number of days of physical disability immediately following birth, compared with our Abortion Controls immediately following abortion. Participants' descriptions of acute complications suggest they were more potentially fatal in the context of birth than abortion, even abortion at a later term. In the context of unwanted pregnancy, it is particularly important that women, healthcare providers, and political decision-makers juxtapose the medical risks of birth with those of abortion.