

The Long Term Effects of Abortion on Women

By Sarah Barnes RN

Written on February 10, 2009, Updated December 23, 2010

Adopted from a research paper for a writing class

Contents

Introduction	2
Short-term side effects	2
Long-term side effects	3
Substances abuse	3
Cancer	3
Infertility	4
Post-abortion syndrome	4
Sexual dysfunction	5
Other Psychological disorders	5
Informed consent	6
Free choice	7
Rape victims	7
Family pressure	7
Roe v Wade	8
Abortion alternatives	8
Works Cited:	9

Introduction

By the age of forty-five, two out every five women has had an abortion (Post Abortion Healing, 1). Perhaps it is the significance of this number that makes the abortion debate so heated. In the United States alone 1,300,000 abortions occur annually. The odds of having a mother, sister or close friend who has had one is far more likely than not. Almost everyone is directly or indirectly affected by abortions.

It is no wonder that both the pro-choice and pro-life movements are so adamant in their positions. Both sides are fully convinced that they are fighting for what is truly best for these women. Then why do they reach such different conclusions? Abortion is an issue that goes much deeper than mere politics. It is an emotionally and even religiously charged topic. What is truly best for a woman who is experiencing an unwanted pregnancy? The pro-choice would say that if the pregnancy is unwanted then the woman should terminate it so that she can move on with her life. The pro-life side says that an abortion kills a human baby and can harm the woman. Therefore, she should not have an abortion. Which side is right?

This research paper covers how abortions affect women, without attempting to cover whether or not an abortion kills a human baby. There are many studies written on that subject. For the purpose of this paper, an abortion means induced abortion.

One of the biggest arguments for induced abortions is for the sake of the mother. If this is a legitimate argument, then the quality of life that the mother experiences after having an abortion should be greater than if she had chosen not to terminate her pregnancy. It is not argued that induced abortions have some negative effects on women; however, the extent of those effects is debated.

Short-term side effects

Some of the facts about the most common abortion procedures and their short term side effects are not well known. The most common method of abortion is the surgical method vacuum aspiration (Bygdeman, 2465). For this abortion, the cervix is stretched with dilators. When it is open enough the doctor inserts a tube by hand into the uterus. He attaches a syringe to the tube and the fetus is pulled apart and suctioned out into a collection container (Healthwise, 1). The complications that can occur with this are excessive bleeding, abdominal swelling, pelvic infection, uterine perforation, cervical tears, incomplete abortion, and in extreme cases death (Corbett, 106). Another common method of pregnancy termination is medical treatment (Bygdeman, 2460). It consists of taking mifepristone, followed by misoprostol. The risks for this are frequent uterine pain, excessive uterine bleeding, pelvic infection, ruptured ectopic pregnancy, incomplete abortion, vomiting, diarrhea, and in extreme cases death. The risks for surgical versus medical procedures are difficult to weigh because the articles available state that the risks are about equal.

There are other methods of abortion, especially for pregnancies that are in the second and third term, it is always recommended that abortions be done earlier in the pregnancy, because the later the abortion is done the more risks and dangers involved. It is unnecessary to go into detail risks.

The purpose of this paper is not to be frightening in detail, but rather point out that an abortion is a high-risk procedure.

Women's Health, a pro-choice website, stated that the short-term severe complications occur in less than 1% of women who have abortions (4). The site does not talk about the long-term effects of abortion beyond 2 to 3 weeks (3). Suppose they are right that less than 1% of women suffer physical complications from an abortion. This is still thousands of women per year who have had their lives ruined.

Long-term side effects

Abortions have long-term side effects as well. If a woman does not suffer from short term physical problems this does not mean she is not affected by the abortion. In fact, the long-term effects may be more devastating than the short term. Let us look at some specific side effects.

Substances abuse

Women who have had an abortion are more likely to have substance abuse problems than women who are not pregnant or who have given birth to their child (Pedersen 1971). There was an exception made for women who continue to live with the father of their aborted baby. They are not at an increased risk. Doing a study like this has many variables; however, even after a control range of these variables there remained the link between abortion and substance abuse. Women are more than twice as likely to abuse drugs if they have had an abortion (Pedersen 1974). This is not to say that everyone who has had an abortion has a drug addiction. However, substance use enables women to forget, to feel better, or even just to function. Many who have had an abortion have an emptiness in their lives that they are trying to fill. This puts them at an increased risk for substance abuse. A woman inclined toward substance abuse might consider alternatives closely before making her decision.

Cancer

Another fact about the risks of abortions is a woman's increased risks of getting breast cancer. Pregnancies carried through completion lower the risk of a woman getting breast cancer more than if she had never gotten pregnant. Pregnancies terminated by an abortion not only lose that benefit, the physiological change in their body due to the termination can be devastating. The termination of a pregnancy causes a significant drop in the level of estrogen secreted in a woman's body. This drop causes a rapid growth in the number of cells in the breast tissue. This cell multiplication greatly increases the risk of getting breast cancer. According to the United State National Cancer Institute, woman who have had an induced abortion have a 50% risk of getting breast cancer by the age of 45 (AAPLOG, 192). The risk is higher for women who have had an abortion before the age of 18 (ibid 192).

The gravity of this risk is huge. However, few women are informed of this risk before having an abortion. The dilemma of an unplanned pregnancy will be insignificant when compared to the

emotional and physical devastation of a mastectomy, chemotherapy and radiation therapy. These women deserve an informed choice.

Infertility

For many women it is merely a matter of wrong timing that leads them to choose an abortion. They want to have children but often they get pregnant before they are ready. However, unbeknownst to them, they may never have this opportunity. One of the risks of abortions is secondary infertility. This means that a woman who has previously conceived a child is no longer able to. Abortions can both directly and indirectly affect fertility. Directly a surgical abortion can cause scarring of the uterine. In addition, a small percent of pregnancies are ectopic. This means that the fertilized egg plants itself somewhere outside of the uterine cavity (Myers, 611). A pregnancy test will still come up positive and a girl can go in to get an abortion. She will leave thinking that she is no longer pregnant, not to mention all of the damage that she undergoes having her uterine scraped out needlessly. If she does not recognize that she is still pregnant in time, her fallopian tube could rupture causing hemorrhage and making her infertile, if she survives (Real choices, 5).

One way in which an abortion can indirectly affect fertility is through the risk of an infection of the fallopian tubes. This is called salpingitis (Myers, 1663). Salpingitis greatly increases the risk future pregnancies being tubal pregnancies (Murray, 627). Some women never get another chance to have a baby.

Post-abortion syndrome

Post-abortion syndrome is a post-traumatic stress disorder. It affects women differently. Symptoms vary greatly depending on the individual. Common side effects are thoughts of self-harm and suicide, increase in dangerous activities, depression, inability to perform normal self-care activities, difficulty sleeping, panic disorders, eating disorders, codependence, abusive parenting, or overly protective parenting, compulsivity in work or sex, and the list goes on (Post Abortion Healing, 4) (Coleman, 11).

Some women choose an abortion because it was bad timing to get pregnant. One of the symptoms of postabortion syndrome is a woman's desire to immediately get pregnant and have another baby to replace the one that she aborted. This happens even if the woman's circumstances that led her to an abortion have not changed (PASS, 1). When this happens, a woman has undergone the physical and emotional pain of having an abortion, pointlessly. Unfortunately, even the second child does not alleviate the pain of her earlier loss. Some women have trouble bonding with their other children because of fear and guilt.

It is interesting that many professionals in the medical field do not recognize postabortion syndrome as a problem. This is because to recognize postabortion syndrome as a legitimate issue that affects a large number of women is to imply that abortion may not be the right choice for some women. If they do this they are immediately labeled, "judgmental", "biased" and "imposing their personal beliefs on their clients". This has left a huge number of women who

are suffering from post-abortion syndrome with no one to reach out and help them. They are judged by many pro-lifers and ignored by most pro-choicers. The woman becomes but another pawn in the abortion war, left to cope as she best can, while the two sides continue to fight. During this battle the medical community, remaining politically correct, will not do anything to acknowledge them.

Sexual dysfunction

Another side effect of abortions is sexual dysfunction. A recent study shows that 24% of American women reported problems with sexual dysfunction that they attributed to a past abortion (Coleman 3). A Swiss study concluded that 31% of women who had an abortion in the past 6 months reported at least one sexual dysfunction (Coleman 3). Some of the variables that were examined were sexual frequency, desire, orgasm ability, and satisfaction. The studies that are available on this subject indicate that women who have had an abortion are more likely to suffer from sexual dysfunction than women who have not.

The stress an abortion places on women can have a dramatic impact on their personal relationships. If the couple is unable to express their feelings the trust in their relationship is undermined. This can result in either the woman or the man feeling very much alone. This is especially likely if either of them viewed the abortion as wrong, or wanted to keep the baby. The insecurity as well as possible resentment (if the abortion was not a mutual decision) strains the relationship, often becoming enough to end the relationship. Even if the abortion was a mutual decision, the pain of having an abortion and the broken emotional attachment to the fetus is enough to cause relationship problems that are often irresolvable.

Other Psychological disorders

One of the most prevalent outcomes of abortion is shame and guilt that the mother suffers, sometimes for years. This is the most common postabortion syndrome symptom. A study in 2004 showed that just over 50% of American women who have had an abortion felt it was wrong to do so (Coleman, 4). This indicates that they probably did not want to have an abortion in the first place. Because they believe they are doing something wrong, they will have difficulty talking about it. Many women hide this secret. This self-protective measure is self-defeating, women need support and help if they are going to heal from the devastating effects of an abortion, yet many of them are too ashamed to talk about it.

This leads us to the fact that many women suffer psychological disorders after having an abortion. One study of women who have terminated their pregnancies shows that 42% have major depression, 39% have anxiety disorder, and 27% have suicidal ideation due to post abortion stress (Coleman, 10).

Adolescents are more vulnerable to emotional and psychological issues after an abortion than older women are (Daly, 50). This study said they need more extensive counseling in order to be able to move on with their lives. Most women who have an abortion will never get counseling

for it. Adolescents are least likely to get help, because they are usually the ones who want to hide it the most.

One study followed sixteen woman fifteen years after their abortion. All of them felt their past abortion played a big part of their present life (686). While some of them said they regretted their decisions, others did not. However, they all had thoughts and strong emotions about it. Most of them had thoughts and flashbacks that were triggered by everyday things, such as hearing news about abortions, friends who have children, seeing children play, etc. (689). Some of the women thought they would get an abortion and then forget about it, but they never did. The abortions continue to play a significant part in these women's minds. The inconvenience on a woman of having an unwanted child or adopting it out may be small in comparison to being haunted by her conscience for possibly the rest of her life.

Informed consent

Abortions do harm women. Now what? Some believe that this is completely irrelevant to the argument. A woman should still have the power to make the choice that she thinks is best, shouldn't she? In the medical profession we are taught that the patient has complete autonomy. According the medical dictionary autonomy is described as, "the quality of having the ability or tendency to function independently." (Myers, 173). This means that we are to give them complete liberty to choose what they want pertaining to their own care. According to the American Nurses Association, "Patients have the moral and legal right to determine what will be done with their own person; to be given accurate, complete and understandable information in a manner that facilitates an informed judgment..." (8) This means that before a surgery or other treatment or prevention is given, **the patient must be informed of the risks involved**. They must be given all of the facts that are relevant to their situation in order that they might make an informed decision. Informing the patient of the risks involved in procedures is done before every operation. That is, every operation except one. Abortion is the only operation where the client is not given complete information. The only other exception is where the patient is unconscious and is in a life threatening situation. The physician can then make a decision based on what he believes the client would choose. Not informing the client about the risks of an abortion is wrong. If the medical professional were really trying to do what was best for the woman they would equip her to make an educated decision. In fact, by withholding the information about the risks and procedures they are not treating the women as autonomous, and are acting in opposition to the code ethics that nursing professionals must follow. Before an abortion is performed there should be an optional, or even mandatory, two hour seminar explaining the procedures, answering questions, and stating the risks involved in abortions. If nothing else, this will answer some of these women's questions putting their minds more at ease.

Physicians also have an obligation to act in the best interest of their clients (Adams, 29). They cannot breach their clients autonomy, by going against their wishes, however they are responsible to do everything in their power to maintain the best interests of their client while following their clients wishes. Informing the client of the possible risks of procedures and of all their options falls under this. Physicians do this for the most part. Again, however, abortions are the exception.

Free choice

Since abortions have serious, sometimes permanent negative effects on a women, should it still be her choice? Why are other self-destructive behaviors illegal in this country? Prostitution is illegal, not because the government is trying to destroy jobs, but because prostitution's harmful side effects can be demonstrated. Methamphetamine is illegal, not because the government wants to stop people from enjoying themselves, but because it ruins the lives of the people using it. Other self-destructive behaviors such as cutting oneself or attempting suicide have people put into mental hospitals. They are placed in these facilities so that they can no longer harm themselves even if they want to. This demonstrates that people do make choices that are bad for themselves and our society believes that it is legitimate to take those liberties away.

Rape victims

What about rape victims? An argument that the pro-choice use is that a woman who is pregnant from rape should have the right to an abortion. After all, it would be cruel to force her to carry the baby of some depraved stranger to term, wouldn't it? Before answering this question, it should be pointed out that only a very small percentage of abortions are the result of rape. However, this argument is an effective emotional ploy used to make the pro-life advocates seem heartless. Perhaps it is most useful to answer this question with another. Is it truly going to help to add the physical and emotional trauma that an abortion will bring to an already hurting woman? If a woman has been raped she is already hurt enough, and adding more guilt and pain to her distressed state will not quicken the healing process. Suppose we did make abortions legal only for those few women who have become pregnant through rape, there would be no way to enforce it. It is impossible to determine if a baby was conceived from rape two months after the fact because unfortunately the majority of rapes are not reported.

Family pressure

Because abortion is legal there is terrible pressure put on girls. Before abortions were legal, when a girl was pregnant her parents or boyfriend may have been upset and angry with her. Then, eventually life would go on. Perhaps she would adopt the baby out, perhaps not. However, now that abortion is an option, parents and boyfriends often pressure girls into an abortion against their wills. No one has to live with the consequences of an abortion like the woman who has had one. Often women think and are told that an abortion is the only realistic option. Under pressure, they are never given an opportunity to weigh out all of their options.

Boyfriends often force their girlfriends to terminate the pregnancy. The fear of having to pay child support for the next 18 years is a big motivator. It is common for a boyfriend to tell the girl that he loves her and will stay with her if she will abort the baby. Placing a girl in the position of having to choose between her boyfriend and her baby is a cruel. The woman will pay the consequences of her actions possibly for the rest of her life. If the boyfriend truly cared about the girl, he would not pressure her to do anything against her conscience. Because the boyfriend who pressures a girl into having an abortion does not truly care about her, their relationship seldom lasts, even after the woman does abort her baby for him.

By making abortion legal, women are pressured into making a decision that strongly goes against their maternal instincts. At the time when she is first processing the thought that she is pregnant, she is probably confused, angry or hurting. She is very vulnerable to people around her and she is more likely to make rash decisions than she would at other times in her life. This is why so many women have abortions that they later regret.

Roe v Wade

Roe v Wade was the Supreme Court trial that legalized abortion in all fifty states. They used a woman named Norma McCorvey who wanted to have an abortion (and never got it). She could not afford to have a baby, so for financial help, she agreed to allow herself to be used in the case. Yet, years later, she finally expressed the pain that working in an abortion clinic caused her. In fact, she became in her own words, “one hundred percent pro-life.” (11). McCorvey talks about how she was used by the industry to make abortion legal. Sarah Weddington, the lawyer, needed someone to sign the affidavit and fade away to remain silent forever (5). The case was never about helping Norma McCorvey.

It is also interesting that during *Roe vs. Wade* it was a group of men that decided what was best for women (Jokinen, 2). Anything wrong with this picture? Men are logical and intelligent, but they are not women and do not think or feel the same as women do. Women are better equipped to determine what is truly best for themselves.

Abortion alternatives

Abortions are not the right answer for women who find themselves with an unwanted pregnancy. On the contrary, the legalization of abortion has hurt many. There is no way to determine if a woman will suffer from an abortion or not. However, the odds are not in her favor. Despite this, abortions are legal and probably will remain so. Because of this, it is vitally important that women receive counseling before needing an abortion. They need to be educated about the risks and long-term effects that abortions can have. They need to be given resources for post-abortion syndrome. They need to be given a safe environment away from their family and friends where they can decide what is truly best for them.

Pro-choice activists are quick to scream that telling a woman that an abortion may not be in her best interest is imposing on her rights as a woman. While fighting for her right to choose, they ignore her when she is hurting and really needs help.

Pro-life activists are quick to cry in outrage that babies are being killed. However, they need to realize that the baby is not the only victim in an abortion, the mother is as well. The difference is that the baby does not live to regret it.

For women who find themselves pregnant and need support. StandupGirl.com

For women who have had an abortion and need healing and support.

[Voices of Women Who Mourn](#)

Works Cited:

AAPLOG Statement on Induced Abortion and the Subsequent Risk of Breast Cancer.. " Issues in Law & Medicine 18.2 (Fall2002 2002): 191. Health Source: Nursing/Academic Edition. EBSCO. SOCC Library, North Bend, OR. 4 Feb. 2009

Adams, Marcus P. "Conscience and conflict." The American Journal Of Bioethics: AJOB 7.12 (Dec. 2007): 28. MEDLINE. EBSCO. SOCC Library, North Bend, OR. 7 Jan. 2009

American Nurses Association. Code of Ethics for Nurses with Interpretive Statements. Silver Spring: Nursesbooks, 2001.

Bygdeman, Marc, and Kristina G Danielsson.. "Options for early therapeutic abortion: a comparative review." Drugs 62.17 (2002): 2459-2470. MEDLINE. EBSCO. SOCC Library, North Bend, OR. 7 Jan. 2009

Coleman, PK, VM Rue, and M Spence. "Intrapersonal processes and post-abortion relationship challenges: a review and consolidation of relevant literature." Internet Journal of Mental Health 4.2 (Nov. 2007): 34p. CINAHL with Full Text. EBSCO. SOCC Library, North Bend, OR. 4 Feb. 2009

Corbett MR, and Turner KL. "Essential elements of postabortion care: origins, evolution and future directions." International Family Planning Perspectives 29.3 (Sep. 2003): 106-111. MEDLINE. EBSCO. SOCC Library, North Bend, OR. 11 Feb. 2009

Daly JZ, Ziegler R, andGoldstein DJ. "Adolescent postabortion groups: risk reduction in a school-based health clinic." Journal Of Psychosocial Nursing And Mental Health Services 42.10 (Oct. 2004): 48-54. MEDLINE. EBSCO. SOCC Library, North Bend, OR. 11 Feb. 2009

Healthwise Medical Writer. Women's Health. Manual and vacuum aspiration for abortion. 2006. 10th 2 2009 <<http://women.webmd.com/manual-and-vacuum-aspiration-for-abortion>>.

Jokinen, Beth L. "Anti-abortion advocate brings message to ONU." Lima News, The (OH) 25 10 2006.

McCorby, Norma. Roe v. McCorby. 2002. February 2009 <<http://www.leaderu.com/common/roev.html>>.

Murray, Sharon Smith. Foundations of Maternal-Newborn Nursing (4th ed). St. Louis: Elsevier, 2006.

Myers, T. (2006). Mosby's Dictionary of Medicine, Nursing & Health Professions (7th ed.). St. Louis: Mosby Elsevier.

Pedersen, Willy. "Childbirth, abortion and subsequent substance use in young women: a population-based longitudinal study." Addiction (Abingdon, England) 102.12 (Dec. 2007): 1971-1978. MEDLINE. EBSCO. [Library name], [City], [State abbreviation]. 7 Jan. 2009 <<http://search.ebscohost.com/login.aspx?direct=true&db=cmedm&AN=18031432&site=ehost-live>>.

Post Abortion Healing and Help. 2008. 20th Feb 2009 <<http://afterabortion.com/>>.

PASS. Post Abortion Healing and Help. 2008. 20th Feb 2009
<http://afterabortion.com/pass_details.html>.

Real Choices. Feb 2009 <<http://realchoicespcc.org/abortion.html#faq>>.

Rue V.M., Coleman P.K., Rue J.J., Reardon D.C. "Induced abortion and traumatic stress: a preliminary comparison of American and Russian women." Med Sci Monit; (2004)10: SR5-S16., 11 Feb. 2009

Trybulski J. "Women and abortion: the past reaches into the present." Journal Of Advanced Nursing 54.6 (June 2006): 683-690. MEDLINE. EBSCO. SOCC Library, North Bend, OR. 11 Feb. 2009

Beth-Haran Ministries

More studies are available at www.the-Gospel.org
I can be reached for questions and comments at jeffrey@the-gospel.org