

Repeat Abortion



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There is not a great deal of research on the effects of repeat abortion on women's future ability to conceive and carry a pregnancy to term. What statistics there are concerning this connection are shown in studies dealing with women's reproductive histories as they relate to gynecological problems they are experiencing after abortion(s). These problems include Asherman's Syndrome, pelvic inflammatory disease, and cervical incompetence (caused by surgical instruments widening the cervix), which can significantly limit their ability to conceive and, if conception does take place, to carry their pregnancy to term. Because there are no studies directly dealing with the negative impact of repeat abortion on women's future fertility, the question arises: Before an abortion, are women being informed of its possible negative effects on their future health, especially their ability to have children? If this is not happening, then why not?

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As increasing numbers of women undergo repeated pregnancy terminations, their risk of subsequent pelvic infections may be multiplied with each succeeding abortion. *Asberman's Syndrome* may also occur after *septic* abortion. "The pregnancy rate after treatment of this syndrome is low."

Repeat abortion is not often studied by itself. Rather, the impact of multiple abortions is found in the reproductive histories that are recorded for *epidemiological* studies, mainly in the areas of cancer and fertility treatment. U.S. government statistics note that in 1997, 48 per cent of all reported abortions were classified as repeat abortions.² In Ontario a 1996 study of all abortions in that province found that 30 per cent were repeat abortions.³ Of women with previous pregnancies who participated in a 1996 study of pain during abortion at a Planned Parenthood clinic, 29 per cent having repeat abortions and six per cent had had two or more previous abortions.⁴

In 1980 Levin and colleagues published a large study of the impact of multiple induced abortions on subsequent pregnancy loss.⁵ As with so many other research initiatives, this study provides important information that is not central to the study but is part of the reproductive history of the women in the sample. Reported in Table 7-1 below are the effects of abortion on aspects of women's health.

Table 7-1
Occurrence rate (per cent) of gynecological problems following induced abortions

<i>women with:</i>	<i>no abortion</i>	<i>1 abortion</i>	<i>2+ abortions</i>
Gonorrhea	3.2	5.9	17.5
PID*	4.4	7.9	9.5
Cervical Incompetence	1.2	1.6	3.2

* PID = Pelvic Inflammatory Disease

Source: Levin and colleagues (1980), p. 2497.

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A history of *sexually transmitted disease* predisposes women to higher levels of complications in other areas, such as *pelvic inflammatory disease (PID)*. Nielsen and colleagues confirmed that women who have previously had a legal abortion are statistically more likely to develop PID.⁶

The 1996 statistical report on induced abortion in the United States, released in 1999, shows that in the state of Maryland the repeat abortion rate was 70 per cent, and that one-third of the women had had three or more abortions. A similar pattern occurred in New York City where 64 per cent were repeat abortions with again one-third having had three or more pregnancy terminations.⁷

Conclusion

From the studies dealing with gynecological problems encountered in women who have had multiple abortions, it is clear that repeat abortions have a significant negative impact on their future fertility. Unfortunately, the effect of repeat abortions on a woman's later ability to bear children has not been central to studies of gynecological diseases. It seems clear that if women's better health interests are to be served in the area of fertility, studies are needed that focus directly on the impact of repeat abortion on future pregnancies and women need to be informed of the risk.

Key Points Chapter 7

- There have been no attempts to study the effects of repeat abortion on women's future fertility.
- Women's reproductive histories when being treated for gynecological problems such as Asherman's Syndrome, PID, and cervical incompetence, often reveal one or more past abortions.
- A significant number of women who experience pregnancy loss have had multiple induced abortions.
- Many women are not aware of the connection between repeat abortion and their future ability to have children.
- There is a need for studies that focus directly on the connection between multiple abortions and pregnancy loss and that inform women of the risks of repeat abortion to their future health.

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Notes

- 1 Huggins GR, Cullins VE. Fertility after contraception or abortion. *Fertility and Sterility* 1990 October;54(4):559-73.
- 2 Koonin LM, Strauss LT, Chrisman CE, Parker WY. Abortion surveillance—United States, 1997. *Morbidity and Mortality Weekly Report, Centers for Disease Control, Surveillance Summaries* 2000 December 8;49(SS-11):1-43, p. 39 (Table 13).
- 3 Ferris LE, McMains-Klein M, Colodny N, Fellows GF, Lamont J. Factors associated with immediate abortion complications. *Canadian Medical Association Journal* 1996 June 1;154(11):1677-85.
- 4 Wiebe ER. Abortion induced with methotrexate and misoprostol. *Canadian Medical Association Journal* 1996 January 15;154(2):165-70.
- 5 Levin AA, Schoenbaum SC, Monson RR, Stubblefield PG, Ryan KJ. Association of induced abortion with subsequent pregnancy loss. *Journal of the American Medical Association* 1980 June 27;243(24):2495-9.
- 6 Nielsen IK, Engdahl E, Larsen T. [Pelvic inflammation after induced abortion] Danish. *Ugeskr Laeger* 1992 September 28;154(40):2743-6.
- 7 Koonin L, Strauss L, Chrisman L, Montalbano M, Bartlett L, Smith J. Abortion Surveillance—United States, 1996: *Morbidity and Mortality Weekly Report, Centers for Disease Control, Surveillance Summaries* 1999 July 30;48(4):1-42.

