Chapter 9

Pain

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Physical and psychological factors play a part in pain experienced by women during an abortion. Studies suggest that most women experience greater pain than predicted in pre-abortion counseling; however, pain is an underestimated and little-studied effect of the abortion procedure.

Exceptional levels of pain may indicate acute physical complications, though abortion practitioners who survey levels of pain may fail to note the possible connection to complications and, instead, assume that women who experience severe pain are psychologically unstable.

Depression after abortion appears to be strongly linked to the intensity of reported pain and reflects the frequent failure of abortion to relieve depression. There is no evidence, however, that a woman's risk of suffering pain is ever taken into consideration in pre-abortion counseling to recommend that she consider alternatives to abortion. Pain during abortion requires wider and more independent study.

Pain

Little is known about the accuracy and extent of information given to abortion patients about the level of pain to expect. There are calls for further research into the experience of pain during abortion.[1] Consent forms give the impression that the sensation will resemble heavy menstrual cramps. But this is not what women report. Anecdotal evidence suggests that the pain levels during abortion can reach the severe range.

McGill Pain Questionnaire

Pain can be viewed as one aspect of the body's physical reaction to injury or invasion, but it can also be viewed as a psychic response, that is, an expression of underlying psychological and emotional factors such as self-hate, isolation, ambivalence, depression, guilt, or fear. When dealing with the pain that accompanies abortion, these two responses often merge. Belanger and colleagues found that 97 per cent of the 109 women in a study at a Montreal abortion clinic experienced pain, and 61 per cent reported pain levels ranging from moderate to severe. The researchers used the McGill Pain Questionnaire, an instrument used in a variety of clinical settings, to measure pain. The total pain scores were then compared with pain scores for "other acute and chronic pain syndromes." It was found that the average abortion pain ranked higher than that experienced by people suffering from fractures, sprains, neuralgia, or arthritis, and was equal to that reported by amputees experiencing phantom limb pain and patients with cancer.[2]

Of particular interest are the demographic factors that separated those women who experienced severe pain from those who found the pain more tolerable. The factors isolated by these researchers were: age, education, pre- operative anxiety, depression, fear, ambivalence, low pain tolerance, and moral or social concerns. For example, with respect to the criterion of age, "...not all adolescents reported severe levels of pain, but they were nearly twice more likely than older patients to experience the more severe levels of pain recorded."[3]

The main finding of the study, however, was that pre-abortion depression emerged as the principal predictor of pain intensity. It is often suggested that pregnancy causes a woman to be depressed and because abortion removes this cause of depression she should feel relief. But Belanger and colleagues found that half the women who pre-abortion, had elevated depression scores on the Beck Depression Inventory "remained clinically depressed and anxious two weeks after the procedure."[4]

Of the 116 women invited to participate in the research, four refused and three others *"were too incapacitated to complete the assessments"* [emphasis added].[5] The article does not explain the incapacitation, but post-abortion medical complications could well have been the reason.

Belanger and colleagues concluded that women who meet the criteria of predisposing factors, particularly the ambivalent or depressed, may be most in need of counseling and "might benefit from having general anesthesia or additional narcotic analgesia."[6]

Other Studies

A Medline search for the topic of pain during or following abortion shows that since 1979, there have been only a few research initiatives designed to look specifically at the topic. One discursive chapter has appeared in a monograph prepared by a U.S. abortion clinic. Of the nine studies on pain, two besides Belanger and colleagues were from a single Canadian abortion practitioner (and an associate): Wiebe (1992) and Wiebe and Rawling (1995). These studies, together with those by Borgatta and Nickinovich, were undertaken by associates in abortion facilities or by employees of the Planned Parenthood Federation of America, all advocates of the easy availability of abortion.[7]

The researchers mentioned above have identified pain as a problem for their clients. Borgatta and Nickinovich report, *"We were surprised to note that the majority of women reported moderate or more discomfort during the procedure; we had not expected as many women to report severe pain"* [emphasis added].[8] Pre-abortion counseling falsely minimized the pain

that their patients were about to experience. The pain of abortion was usually described to their patients in terms of "menstrual cramping that might be quite strong, lasting for five–ten minutes".[9] Would the patient understand this to mean a level of pain that was equivalent to a high score on the McGill Pain Questionnaire?

Wiebe and Rawling tested various analgesics during abortion and compared their efficacy in alleviating pain. In their study, they discuss the impact of these drugs both during the procedure and 30 minutes post-operatively. The main topic of their research, however, was the comparison of different drugs when applied to the pain experienced by abortion patients; their focus was not the measurement of the pain itself. When they tested waiting times on one group of clients, however, they found that "the lidocaine had stopped working because all of the women experienced moderate to severe pain". They concluded: *"Our patients are still experiencing a significant amount of pain so more research is needed in pain control in abortion"* [emphasis added].[10]

In 1996 Wiebe published a research paper on drug-induced abortion patients and found that these women report higher pain levels than women who undergo surgically-induced abortions. The Wiebe results corroborated those found in the research of the Swedish scientist Holmgren in 1992.[11] (For a fuller discussion of drug-induced or "medical" abortion see Chapter 8.)

Pain from surgical abortion can be caused by the procedure itself or by complications of the procedure such as infection, uterine damage, or cervical rupture. In retrospective *epidemiological* research, Holt, Daling and colleagues studied the effect of abortion history on future ectopic pregnancy rates. They found that women with a later ectopic pregnancy had experienced pain for one week more following a previous abortion (12.5 per cent), than women who did not have a future ectopic pregnancy.[12] This suggests that there may be a possible connection between pain after an induced abortion and future ectopic pregnancies. This finding should alert both women having an abortion – and their doctors – to possible future difficulties.

Unfortunately, there is little acknowledgement in the present literature that moderate to severe pain may be a symptom of a surgical complication. Rather, those women who require analgesics or have pain levels consistent with possible complications are said to be unable to tolerate pain as well as other women studied.[13]

It is an anomaly that in the study of pain, as in other areas of abortion research, the awareness that a woman may be predisposed to physical and psychological suffering never translates into a recommendation that she consider alternatives to abortion. This point will be discussed further in Chapter 11.

Conclusion

It is clear from the present research that women experience pain during and after abortion, especially those who report depression before the procedure. Contrary to what women are often told at abortion facilities – that they will experience pain similar to that of heavy menstrual cramping – pain is often reported that is as severe as that reported by cancer patients and the phantom pain experienced by amputees. Because pain after an abortion can be an indicator of an ectopic pregnancy and other negative sequelae, doctors need to be more attentive to post-abortion pain, and women need to be alerted to the fact that pain might indicate post-abortion complications. More independent research needs to be done in this area.

Key Points Chapter 9

- Pain during and after abortion has been inadequately studied.

- Women report pain levels that are usually much worse than suggested in pre-abortion counseling.

- Severe pain after abortion is strongly linked to depression before and after abortion.

- Pain can be a key indicator of serious medical complications, a fact not often told to women.

- Pain levels reported by women may be dismissed or minimized in surveys conducted by abortion practitioners.

- There need to be more independent studies on the connection of abortion to pain.

Notes

1 Wiebe ER, Rawling M. Pain control in abortion. International Journal of Gynaecology and Obstetrics 1995 July;50(1):41-6.

Borgatta L, Nickinovich D. Pain during early abortion. Journal of Reproductive Medicine 1997 May;42(5):287-93.

2 Belanger E, Melzack R, Lauzon P. Pain of the first trimester abortion: a study of psychosocial and medical predictors. Pain 1989 March; 36(3):339-50.

3 Belanger 1989. See n. 2, p. 345.

4 Belanger 1989. See n. 2, p. 347.

5 Belanger 1989. See n. 2, p. 340.

6 Belanger 1989. See n. 2, p. 348.

7 Smith GM, Stubblefield PG, Chirchirillo L, McCarthy MJ. Pain of first-trimester abortion: its quantification and relations with other variables. American Journal of Obstetrics and Gynecology 1979 March;133(5):489-98.

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Wells N. Pain and distress during abortion. Health Care of Women International July/Sept 1991;12(3):293-302.

Stubblefield PG. Control of pain for women undergoing abortion. Supplement, International Journal Gynecology and Obstetrics 1989;44(3)3:131-4.

Wiebe ER. Comparison of the efficacy of different local anesthetics and techniques of local anesthesia in therapeutic abortions. American Journal of Obstetrics and Gynecology 1992 July;167(1):131-4.

Wiebe and Rawling 1995. See n. 1.

Donati S, Medda E, Proietti S, Rizzo L, Spinelli A, Subrizi D, et al. Reducing pain of first trimester abortion under local anaesthesia. European Journal of Obstetrics and Gynecology and Reproductive Biology 1996 December 27;70(2):145-9.

Borgatta and Nickinovich 1997. See n. 1.

Baker A. Helping clients manage pain and fear of pain. In: *Abortion and Options Counseling: A Comprehensive Reference*. Granite City, Illinois: Hope Clinic For Women, 1995.

8 Borgatta and Nickinovich 1997. See n. 2, p. 292.

9 Borgatta and Nickinovich 1997. See n. 2, p. 288.

10 Wiebe and Rawling 1995. See n. 1, p. 43.

11 Wiebe ER. Abortion induced with methotrexate and misoprostol. Canadian Medical Association Journal 1996 January 15;154(2):165-70.

Holmgren K. Women's evaluation of three early abortion methods. Acta Obstetricia et Gynecologica Scandanavica 1992 December;71(8):616-23.

12 Holt VL, Daling JR, Voigt LF, McKnight B, Stergachis A, Chu J, et al. Induced abortion and the risk of subsequent ectopic pregnancy. American Journal of Public Health 1989 September;79(9):1234-8.

13 Creinin MD. Methotrexate and misoprostol for abortion at 57-63 days gestation. Contraception 1994 December;50(6):511-5.