Chapter 10 Summary: Physical complications: injury, miscarriage, placenta previa

The rate of perforation of the uterus during induced abortion is higher than often recognized. The Royal College of Obstetricians and Gynaecologists has reported that uterine perforation during induced abortion ranges from one to four per 1000 (0.1-0.4 per cent). However, “most traumatic uterine perforations during first-trimester abortions are unreported or even unsuspected.” One study of 6408 induced abortions found a perforation rate of 15.6 per 1000 procedures.

Perforation of the uterus can lead to infertility from Asherman’s syndrome (intrauterine adhesions), as scar tissue develops following curettage of the pregnant or recently pregnant uterus. The incidence of Asherman’s is increasing worldwide. The syndrome often presents as abnormal menses, infertility, or recurrent miscarriage. Among women being investigated for infertility, intrauterine adhesions were the most common abnormal uterine finding. Moreover, one study found that 42 per cent of women with Asherman’s syndrome had developed it after a prior D&C induced abortion.

Another complication of the scarring caused by uterine perforation is placenta previa, which occurs when the placenta implants in the lower uterine segment, near or covering the cervix. Placenta previa increases the likelihood of preterm birth, low birth weight and prenatal death.

Cervical trauma after induced abortion has been found to be as frequent as one in every 100. Dilation of the cervix during a surgical abortion can

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render the cervix incompetent, resulting in miscarriage or preterm births in subsequent pregnancies.