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).[1] However, "most traumatic uterine perforations during first-trimester abortions are unreported or even unsuspected."[2] One study of 6408 induced abortions found a perforation rate of 15.6 per 1000 procedures.[3]

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.[4] 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.[5] Moreover, one study found that 42 per cent of women with Asherman`s syndrome had developed it after a prior D&C induced abortion.[6]

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.[7]

Cervical trauma after induced abortion has been found to be as frequent as one in every 100.[8] Dilation of the cervix during a surgical abortion can

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1 Niinimaki M, Pouta A, Bloigu A, Gissler M, Hemminki E, Suhonen S, Heikinheimo O. Immediate complications after medical compared with surgical termination of pregnancy. Obstet Gynecol 2009; 114: pp. 795-804.This rate included studies by Zhou (rate: 2.3/1000), and an Australian study (rate 0.86/1000). Pridmore BR, Chambers DG. Uterine perforation during surgical abortion: a review of diagnosis, management and prevention. Aust N Z J Obstet Gynaecol 1999; 39: pp. 349-53.

2 Kaali SG, SzigetvariIA and Bartfai GS. The frequency and management of uterine perforations during first-trimester abortions. AJOG 1989 August; 61(2): pp. 406-8.

3 Ibid.

4 Yu D, Wong Y, Cheong Y, Xia E, Li T. Asherman syndrome – one century later. Fertility and Sterility 2008; 89(4): pp. 759-79.

5 Lasmar RB, Barrozo PR, Parente RC, Lasmar BP, daRosa DB, Penna IA, Dias R. Hysteroscopic evaluation in patients with infertility. Rev Bras Ginecol Obstet 2010 August; 32(8): pp. 393-7.

6 Fernandez H, Fadheela A, Chauveaud-Lambling A, Frydman R, Gervaise A. Fertility after treatment of Asherman's syndrome stage 3 and 4. Journal of Minimally Invasive Gynecology 2006; 13: pp. 398-402.

7 Thorp Jr. JM, Hartmann KE, Shadigian E. Long-term physical and psychological health consequences of induced abortion: review of the evidence. Obstetrical and Gynecological Survey 2002; 58(1): pp. 67-79.

8 Royal College of Obstetricians and Gynaecologists. The care of women requesting induced abortion. Evidence-based clinical guideline number 7, 2004.

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