

Chapter 6 Summary: Immediate physical complications of abortion: an overview

The physical complications of induced abortion fall into two categories: immediate (occurring up to six weeks after the procedure) and late (occurring weeks, months, or years later). Immediate complications include hemorrhage, retained tissue, infection, uterine perforation, cervical laceration, and immediate psychiatric morbidity. Another immediate complication is unsuccessful abortion, which means either that the procedure has to be repeated, or the child carried to term is often damaged. The longer-term complications include infertility, premature birth, ectopic pregnancy, placenta previa and breast cancer.

Immediate complications occur in 3.4 to 11 per cent of surgically-induced abortions, depending on the jurisdiction. It is difficult to calculate the exact rate of complications, as abortion numbers are chronically underreported in the US and Canada.

Medical (drug-induced) abortion carries up to a four times higher risk of adverse outcomes, especially bleeding, than surgical abortion. A study from Finland showed that the percentage of women with complications after medical abortion was twenty per cent, but only 5.6 per cent after surgical abortion.¹

Some risk factors for physical complications include age below twenty years, parity (number of pregnancies), previous induced abortions, women living in rural areas, gestational age, and method of abortion.²

¹ Niinimäki M, Pouta A, Bloigu A, Gissler M, Hemminki E, Suhonen S, Heikinheimo O. Immediate complications after medical compared with surgical termination of pregnancy. *Obstetrics and Gynecology* 2009; 114(4): pp. 795-804.

² Zhou W, Nielsen GL, Møller M and Olsen J. Short-term complications after surgically induced abortions: a register-based study of 56 117 abortions. *Acta Obstetrica et Gynecologica Scandinavica* 81(4); 2002: pp. 331-6.