Abortion Can Damage Women

IMMEDIATE DANGERS

American sources will not report deaths or injuries due to abortions. The Ohio State Department of Health, for example, reported in May 1977 that "there is no information available as to complications on the abortion procedure . . The reporting on this statistic has been very minimal."

But in Czechoslovakia a very careful study was made and documented. Here it is:

> Charles University in Prague did thirteen years of carefully done and reported abortions. All were performed in the gynecology department of a hospital. The limit was set at very "safe" levels: no abortions past the twelfth week (3 months) of pregnancy. The "safest method" was used: vacuum curettage. The patient stayed an average of 3 to 5 days in the hospital, and then another full week at home (receiving insurance benefits for lost wages). This is what they discovered:
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> *"Acute inflammatory conditions occur in 5% of the [abortion] cases, whereas permanent complications such as chronic inflammatory conditions of the female organs, sterility, and ectopic [tubal] pregnancies are registered in 20-30% of all women [who received abortions]. . these are definitely higher in primagravidas [initial pregnancies]." "Especially striking is an increased incidence in ectopic pregnancies. A high incidence of cervical incompetence resultant from abortion has raised the incidence of spontaneous abortions [miscarriage] to 30-40%. We rather often observe complications such as rigidity of the cervical os, placenta adherens, placenta accreta, and atony of the uterus. "—A. Kodasek, "Artificial Termination of Pregnancy in Czechoslovakia," in International Journal of Gynecology and Obstetrics, 1971, vol. 9, no. 3.*

"Typically a woman goes to a large city or to a profit-making abortion chamber for an abortion. She returns home to bleed, become infected, etc. Usually, she is saved but some-times she dies. The family will then plead with her doctor, 'Please don't mark abortion on the chart. People will find out and her (our) reputation will be ruined' . . Legal abortion complications in the small or private hospital are often not reported for reasons that have nothing to do with protecting the woman—but actually are to protect the doctor's reputation. The woman . . who has complications will usually either remain there or go back to the same physician for care. If she dies, that same physician will sign her death certificate. To protect his own reputation as a surgeon he finds it desirable not to report her

death as due to the abortion. In fact, this has happened almost routinely in some areas."—Dr. and Mrs. J.C. Wilke, Abortion Handbook.

"It is emphasized that the inherent risk of an abortion is not fully appreciated, both by many in the profession, and certainly not by the public. "—American College of Obstetrics and Gynecology, Official Statement, May 1968.

The truth is that deaths by abortion are not being reported as such. A growing number of medical experts recognize this fact, but that is as far as it will go as long as abortion is desired by women and physicians are permitted by law to perform it.

"We can look forward to this [legal abortion] being the dominant cause of death to young women."—The Scotsman, March 9, 1970.

Pro-abortionists speak of the "remarkable safety" of abortions, but it is not true. Death of the mother as a result of abortion very often takes place several days later. It is then reported as due to some other cause. Both the family and the doctor are concerned that it be reported as something else. All are agreed, so the report is filled out in this way. But if it occurs on the operating table, death is generally blamed to faulty anesthesia or something else (such as "spontaneous gangrene of the ovary") without making any mention of the fact that the patient was pregnant. (Los Angeles Times, September 15, 1972.)

"Saline Amniocentesis abortion [the salt poisoning method] has the highest fatality rate of any elective surgical technique, second only to cardiac transplantation."—N. Kaplan, M.D., in Journal of the American Medical Association, July 3, 1972.

"Abortion performed after the twelfth week is fraught with tremendous danger."—New York State Medical Society, Guidelines of July 1, 1970.

Young girls are especially liable to physical damage as a result of abortion operations. One medical expert says that girls of school age have extra risks from abortion due to the fact that they have small tightly closed cervixes which are especially liable to damage on dilatation. He says: *"Evidence has accumulated steadily over the past 10 years of increased risks for these young mothers."—G. P. Russel, England, Statement made January 10, 1974.*

"Adolescent abortion candidates differ from their sexually mature counterparts, and these differences contribute to higher morbidity."—C. Cowell, University of Toronto, Ortho Panel 14.

"The younger the patient and the further along she is in her pregnancy, the greater the complication rate."—M. Bulfin, "Deaths and Near Deaths with Legal

Abortions," Meeting of the American College of Obstetricians and Gynecologists, Florida, 1975.

Less well-known, but suspected by the public, is the fact that deaths from abortion increase with the length of gestation. Abortion in the first eight weeks is the safest, but between the ninth and tenth week of pregnancy, the number of deaths to mothers climbs. And after 21 weeks, it is even greater. Using aggregated mortality data, researchers for the Center for Disease Control noted that the abortion death rate increases 40 to 60 percent per week for each week of delay after the eighth week. Abortions performed at 9-10 weeks are nearly three times more dangerous, in terms of deaths, than earlier ones; the small number of abortions performed after 20 weeks' gestation are about 45 times riskier (CDC, "Morbidity and Mortality Weekly Report," for July 6, 1979). The main risks result from delay, and the most common complications are bleeding, infection, and injury to the cervix or uterus. (See W. Cates, et al, "The Effect of Delay and Method Choice on the Risk of Abortion Morbidity.")

Kenneth L. Wright, an associate for over ten years in certain California abortion clinics, spoke before a California State Health Department hearing on March 25, 1980. At this time, he made an extensive testimony on his abortion work in an appeal to stop reduction of Medi-Cal funds for D & C abortions and abortion by hypertonic (salt) solution. Wright admitted during his testimony that perhaps half of his practice is funded by Medi-Cal (California State equivalent of Medicare). The following facts regarding the dangers to the mother—in the abortion clinic or hospital,—as given by Wright in sworn testimony, plus comments by Theo Stearns, is from the booklet "Profiles in Abortion." We can be thankful for the sincere interest of Dr. Wright in revealing the dangers to the mother in submitting her body to a legal abortion. His concern is to be commended.

> "Proud of his expertise, Wright calls skilled abortion an 'art.' He reveals some of the serious dangers of abortion which other pro-abortionists are reluctant to discuss. In describing possible damage to the woman's cervix which must be dilated for most abortion procedures, Wright comments: 'If that cervix is injured and this young woman who has undergone a therapeutic abortion has no problems at that time, there may be problems encountered in future childbearing. She may have repeated spontaneous abortions due to incompetent cervical Os. . Again, we don't even know yet whether we are causing in these women a situation which might exist for them to have repeated spontaneous miscarriages.' Wright cautions that such dangers require professional abortion skills hence lowering of state funds for abortion procedures will increase such dangers. .
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> "The danger of microlacerations [small cuts] of the cervix increases with the abortion procedure known as dilation and extraction, D & E

[the cut and chop and remove method, which is used after 13 weeks and up to 21 weeks of pregnancy. A variation of this is the suction and D & C, in which the baby is dismembered (chopped into pieces) in the womb by a curette, or curved knife, and then removed by forceps and suction]. 'Its used for second-trimester abortions for the most part, occasionally in a young woman and perhaps an older woman. Young, speaking of 12, 13, 14, 15, 16-year-old girl-woman, the cervix is infantile in many cases. It's very snug. It is not meant physiologically for dilation. The woman's ovaries begin to work at maybe age 12 or 13,. . so many of these young women have terminations of pregnancies. Because they are young, they go beyond the 12-week stage and enter the second trimester but not so far as to necessarily subject them to a hypertonic saline solution (i.e., therefore we must do a D & C on them].'

"The danger is also increased because of the advanced development of the baby [by the second trimester in such a young mother]. 'The extraction of a 15 or 16-week fetus is considerably different than the extraction of a 10-week fetus. Some of it is distasteful, but the facts are that the parts are now large and they are hard. At 10 weeks the parts are soft and they'll come slipping out through the vacuum tube without a great deal of problem . . But at 16 weeks, the parts [of the infant's body] are formed and they're hard. They must be removed through the cervix that has been partially dilated prior to the procedure, but the element of danger is considerably enhanced. There are large grasping instruments which must be used to remove parts [of the infant's body]. As the parts come out, there's a greater opportunity of injury to the uterus.'

"Wright goes on to describe the saline abortion [another very common method, in which a salt solution is injected so that it will burn the child's skin badly enough that it will die in overwhelming pain]. 'The introduction of a hypertonic saline solution is hazardous and potentially lethal . . The hypertonic saline solution must first be introduced and then some 12, 14, 26, 48 hours later, the expulsion of products occurs.' He claims to have performed 'a great many hypertonic saline' abortions . . Wright also expresses concern for the type of treatment women will receive in hospitals if clinics like his are not available."—*"The Story of Kenneth L. Wright," in "Profiles in Abortion," by Theo Stearns, T. 0. P., Winter, 1980 -1, pages 20-23.*

LATER DANGERS

First, there is the problem of premature births:

A woman who has had an abortion is more likely to have premature births thereafter. This is due to the fact that the cervix was cut and weakened by the abortion, and so thereafter is not as able to bear up under the weight of a growing child. It will tend to open prematurely instead of trying to bear up under the weight. This results in a number of problems, as we shall see below.

Women who have had abortions have twice the likelihood of a premature baby later. (G. Papaevangelou of the University Hospital, Athens, Greece, in British Commonwealth Journal of Obstetrics and Gynecology, 1973.) After just one legal abortion, the increase of later premature births is 14% more likely, after two it is 18%, and three it is 24%. (Klinger, "Demographic Consequences of the Legalization of Abortion in Eastern Europe," International Journal of Gynecology and Obstetrics, September, 1971.)

As mentioned earlier, Czechoslovakia is one of the few countries that has openly investigated the situation and reported all of its findings. Premature births resulting from earlier abortions are so frequent there that if a pregnant woman is known to have had an earlier abortion, she now receives very special care: If the physicians can see scar tissue on the cervix, they will sew it closed [!] in the 12th or 13th week of pregnancy. The patient will then have to stay in bed in the hospital as long as necessary, which in some cases can mean months.

The problem is that the cervical muscle, the ring muscle between the vagina and the womb, forms the base upon which the placenta, fluid, and growing fetus must rest. It is the cervix that bears up this continually increasing weight. When an abortion is done, the cervical muscle must be stretched open to allow the surgeon to enter the uterus. But it is "green" (as the doctors call it) and strong, tight and difficult to open. Undoubtedly, in the process, some muscle fibers will be torn, and cuts in the muscle wall will be made. Some of these abrasions are such that the cervix is permanently weakened. In many instances this results in an "incompetent cervix" which will open prematurely in later pregnancies. It is no longer strong enough to hold the heavier weight of a baby in later stages of growth. Spontaneous miscarriages are also more common after abortion, and are due to this and other abortion-linked damage of the cervix and uterus.

"In our hospital amongst nulliparious (first pregnancy) patients undergoing suction curettage for therapeutic abortions, about one in eight required suture [stitches] of the cervix because of laceration occurring during the process of dilatation."—R.C. Goodlin, M.D. of Stanford University Hospital, in "Collected Letters of the International Correspondence Society of Obstetricians and Gynecologists," June 15, 1971.

"Dilatation" occurs when the ring muscle of the cervix is opened up. Ironically, God has arranged it that in the course of natural events there is no problem. When there is a natural, or spontaneous, miscarriage, the cervix is automatically softened by certain body hormones triggered for this purpose. Also, when a

woman who is not pregnant has a D & C for excessive menstruation, the cervix will be soft and easy to work with. The problem is people decide they want to do an abortion when nature says it is not necessary. Then the cervix is hard (because it is the "floor" of the womb and its growing contents) and to open it can cause it great damage.

Another problem is that of the higher incidence of birth injuries or deaths that can result from these premature births:

Czechs have found that the increased number of abortions is resulting in, first, an increased number of premature births. But this is producing a higher percentage of brain injuries at birth. Experts in the field suspect that the outcome of all this is that in countries willing to legalize "abortion-on-demand,"—the number of babies killed by abortion will be offset by large numbers of defective babies caused by later premature births, resulting from those earlier abortions.

"A growing number of children [are] requiring special education because of mental deficits related to prematurity."—"Czechs tighten reins on abortion," in Medical World News, 1973.

"Prematurity was a direct or contributory cause in over 50% of deaths during the first month of life. The death rate of the premature baby ran about thirty times higher than among full-term infants. If premature infants survive, they face a higher frequency of the tragic aftermath of mental retardation, neurologic diseases and blindness."—Dennis Cavanaugh, M. D., "The Challenge of Prematurity," in Medical World News, February, 1971.

As mentioned above, another effect of abortion is later miscarriages:

"There was a tenfold increase in the number of second trimester miscarriages in pregnancies which followed a vaginal abortion."—Wright, et al, "Second Trimester Abortion after Vaginal Termination of Pregnancy," in The Lancet, June 70, 1972. (The Lancet is a British medical Journal)

Another problem is that of tubal pregnancies:

Nearly every abortion involves scraping the womb, and many involve cutting up the baby into pieces (and in the process the womb receives cuts also). A later fertilized egg cannot always locate properly in the walls of such a scarred, damaged womb, so it fastens to the wall of the mother's tube instead. A few weeks later this will cause an acute abdominal condition because the growing child does not have room to expand. Internal hemorrhaging begins and an emergency operation takes place,—and the tube is removed. (For more on this, see Amicus Curiae Brief, U.S. Supreme Court, 1971, Horan et al.)

Still another problem is sterility:

A large number of the women today who are having abortions are young women who later, after marriage, want to have children and raise a family. Normally, only about 10% of all marriages will be childless due to sterility. But the situation is greatly changed if an earlier abortion has taken place. Hilgers and Shearin, in "Induced Abortion, A Documented Report" (1971, p. 30) report that if a woman has had one legal abortion, the likelihood of permanent sterility thereafter will be increased 10%. Similar reports from Poland, Holland, Russia, Norway, and Japan produce similar statistics.

But, again, our most open and frank confessions come from Czechoslovakia. In 1974, Dr. Bohumil Stipal, Deputy Minister of Health for the nation, said this: *"Roughly 25% of the women who interrupt their first pregnancy have remained permanently childless."* And remember that it is in Czechoslovakia where women receive such excellent abortion care.

Every mother who is going to receive an abortion should be tested for Rh sensitivity. But much of the time this is not done. A very expensive substance called "Rhogam" could be given. But this costs extra money and abortion clinics, for one, are notorious for ignoring this matter. The problem here is that induced abortion, even in the early weeks, can sensitize a mother so that in later pregnancies her babies will have Rh problems, need transfusions, and occasionally be born dead or die after birth.

Still another problem associated with abortion is infant deaths during or concluding later pregnancies:

McDonald and Auro, two researchers in the field, tell us that the incidence of fetal death during pregnancy and labor is twice normal, if the mother has had a previous abortion.

And there are more problems:

"A growing number of children born prematurely. . must attend special schools because they are not as intelligent as their full term peers."—Vedra and Zidovsky, in Medical World News, October 12, 1973.

Horan, et al, in an Amicus Curiae Brief, submitted to the Supreme Court in 1971, detailed a list of other damages that could occur to the mother as a result of an abortion. This included perforation of the uterus, which could result in peritonitis and occasionally death, but more frequently in emergency removal of the uterus.

Rupture (breaking) of the uterus takes place in 6 percent of all women who become pregnant after hysterotomy abortions. Substantial risk of rupture was obvious in 26% of such women. And then the babies born to such women tended to be smaller.

A wealth of facts is available:

Abortion lobbies, and their supporting physicians, hospitals and clinics would have us believe that an abortion operation is far safer than bringing a child through to birth. But quite the opposite is true. It is political today to be in favor of abortion, but the common decency of telling the truth about what abortion will do to the mother cries to be heard.

"There has been almost a conspiracy of silence in declaring its [abortion's] risks. Unfortunately, because of emotional reactions to legal abortion, well-documented evidence from countries with a vast experience of it receives little attention in either the medical or lay press. This is medically indefensible when patients suffer as a result. For these reasons, we summarize the facts of our experience in this division of Obstetrics and Gynecology. We are proud neither of the number of pregnancies which have been terminated nor the complications described."—J. A. Stallworthy, et al "Legal Abortion, A Critical Assessment of Its Risks," in The Lancet, December 4, 1971.

The above was a report by a British teaching hospital. The statistics of complications to the mothers requesting and receiving abortions was as follows:

- 27% complication rate due to infection
- 9.5% required blood transfusions in order to survive
- 5% of the suction and D & C abortions resulted in a tearing of the cervical muscle
- 1.7% brought major perforation.

"It is significant that some of the more serious complications occurred with the most senior and experienced operators." The report concluded with this comment: *"[Such complications] are seldom mentioned by those, who claim that abortion is safe."*

Another thorough source of data on this problem comes from the 1969 Survey of the Office of the Prime Minister of Japan. After the abortions were done, the immediate complications were somehow cared for, and the patients had gone home—this is what happened within the next several years:

- 20 to 30% suffered abdominal pain, dizziness, headaches and similar problems
- A 400% increase in tubal pregnancies (resulting in death to the fetus and partial sterility to the mother) occurred
- 14% had a subsequent pattern of habitual spontaneous miscarriage
- 9% were rendered totally sterile
- Last but not least, 17% suffered menstrual difficulties and irregularities thereafter that they had not had before the abortion took place.

Next to Czechoslovakia, probably one of the most careful and thorough studies into this problem of abortion-related difficulties was made in England. The Wynn Report constitutes one of the most important collections of scientific papers

detailing the kind of damage a woman can expect if she elects to have an abortion. Interestingly enough, this exhaustive report of physical and mental complications of induced abortion (in Great Britain and elsewhere) was produced by a group of pro-abortionist doctors. For further details of this study, we refer you to "Some Consequences of Induced Abortion to Children Born Subsequently [to the abortion]," by Margaret and Arthur Wynn. This was published in 1972 by the Foundation of Education and Research in Child Bearing, in London.

ABORTION AND THE MIND

The "mental health" of the mother has become the "waste basket category"—the reason for abortion when no other one will fit. It is resulting in thousands of unborn infants being taken from their mothers and thrown in real waste baskets. If we can think of no other legal reason for aborting a woman's baby, we use the excuse that it must be done for "psychiatric reasons" or for her "mental health." Here are some facts:

> In 1970 both California and New York State were performing large numbers of abortions. But in California they were done for "psychiatric reasons." Out of a total of 62,672 hospital abortions in California that year, 98.2% were done for "mental health."
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> At that time in New York State, the specifications of the law were such that the "mental health" excuse was not needed. So that same year New York reported only 2% of its abortions done for this reason.
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> On November 25, 1971, the "Washington Post" (Washington D.C.) reported that Dr. Louis Hellman, Deputy Assistant Secretary of HEW, who is known to be strongly in favor of abortion, said at Columbia Women's Hospital in Washington D.C. that the requirement of a psychiatrist's permission for abortion is a "gross sham."
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> *"Any one who performs a therapeutic abortion [as a means of relieving problems in the mother] is either ignorant of modern methods of treating the complications of pregnancy, or is unwilling to take time to use them."—Dr. R. J. Hefferman of Tufts University, speaking before the Congress of American College of Surgeons. The date: way back in 1957.*
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> *"True psychiatric reasons for abortion have become practically non-existent. Modern psychiatric therapy has made it possible to carry a mentally ill woman to term."—Frank Ayd, M.D., medical editor and nationally known psychiatrist.*

"It is practically impossible to predict when an abortion will not be more detrimental to the mental health of the mother than carrying her child to birth."—Dr. Theodore Litz, Yale University Psychiatrist.

What about the possibility of suicide by pregnant women:

- Ohio had only 2 maternal suicide deaths between 1955 and 1963. (Ohio State Medical Journal, December 1966.)
- 119 women under fifty committed suicide in Birmingham, England, in seven years; none were pregnant. (M. Sim, "Abortion and the Psychiatrist," British Medical Journal, 1963.)
- No pregnant woman has ever committed suicide in Brisbane, Australia. (F. Whitlock and J. Edwards, "Pregnancy and Attempted Suicide," Compiled Psychiatry, 1968.)
- Between 1938 and 1958 over 13,500 Swedish women were refused abortions; only three of these committed suicide. (J. Ottosson, "Legal Abortion in Sweden," Journal of Biosocial Sciences, 1971.)

"There are no unequivocable [definite] psychiatric indications [reasons] for abortions. . [and if the pregnancy is not stopped by abortion] the risk of flare-up or precipitation of psychosis is small and unpredictable, and suicide is rare."—Dr. R. Bruce Sloan of Temple University, writing in the New England Journal of Medicine, May 29, 1969. (Dr. Sloan is a pro-abortionist.)

"The fetus in utero must be a protective mechanism [to keep women from committing suicide]. Perhaps women are reluctant to take another life with them when they do this [commit suicide]."—Department of Obstetrics and Gynecology, University of Minnesota, in American Journal of Obstetrics and Gynecology, June 7, 1967.

The above report was very thorough. Here is its conclusion: *"[Therapeutic abortion for 'psychiatric reasons'] seems a most nebulous, non-objective, non-scientific approach to medicine. It would seem that psychiatrists would accomplish more by using the available modalities of their specialty in the treatment or rehabilitation of the patient instead of recommending the destruction of another one."—Ibid.*

But women who have HAD abortions are different. They DO commit suicide! Meta Uchtman testified on September 1, 1981 before the Cincinnati City Council that in 35 months, "Suiciders Anonymous" in Cincinnati had counseled 5620 people who had attempted suicide. 4000 of these were women—and over 1800 of them had had abortions.

"The incidence of serious permanent psychiatric aftermath [from abortion] is variously reported as being from between 9 and 59%."—Report of the Council of the Royal College of Obstetricians and Gynecologists, England, 1966.

Dr. Paul Gebhart was a coworker with Dr. Alfred Kinsey in gathering studies on sexuality and abnormalities related to it. He is considered a foremost authority on the subject, due to his extensive research in the field. Testifying before the New Jersey legislature in 1968, he said there was evidence of prolonged psychiatric trauma (mental and emotional damage) in 9% of a sample of American women who had undergone abortion operations. That is nearly one woman out of every ten.

This is due to the fact that people sense that killing other humans is wrong, whether born or unborn. Japan is not a Christian nation and yet in spite of abortion-on-demand for over 25 years, a majority of women polled knew that it was wrong. A 1963 Aichi survey reported that 73.1% of aborted women felt "anguish" afterward about what they had done. A very large survey made in 1969 by the Prime Minister's Office reported that 88% of all women in the Japanese nation considered it to be bad. Guilt is a powerful agency keeping happiness from people who otherwise could have it.

Here is one of the most conclusive statements about the matter. Read it carefully and think about the consequences of violating the principle stated here: *"Serious mental disorders arise more often in women with previous mental problems. Thus the very women for whom legal abortion is considered justified on psychiatric grounds are the ones who have the highest risk of post-abortion psychiatric disorders."—Official Statement, World Health Organization, 1970.*

A carefully made study on the subject in 1971 concluded that psychologically disturbed women do less well emotionally after abortion. (Meyerowitz, et al, "Induced Abortion for Psychiatric Reasons," in American Journal of Psychiatry, 1971.