



Short-term morbidity associated with abortion and birth following an unwanted pregnancy

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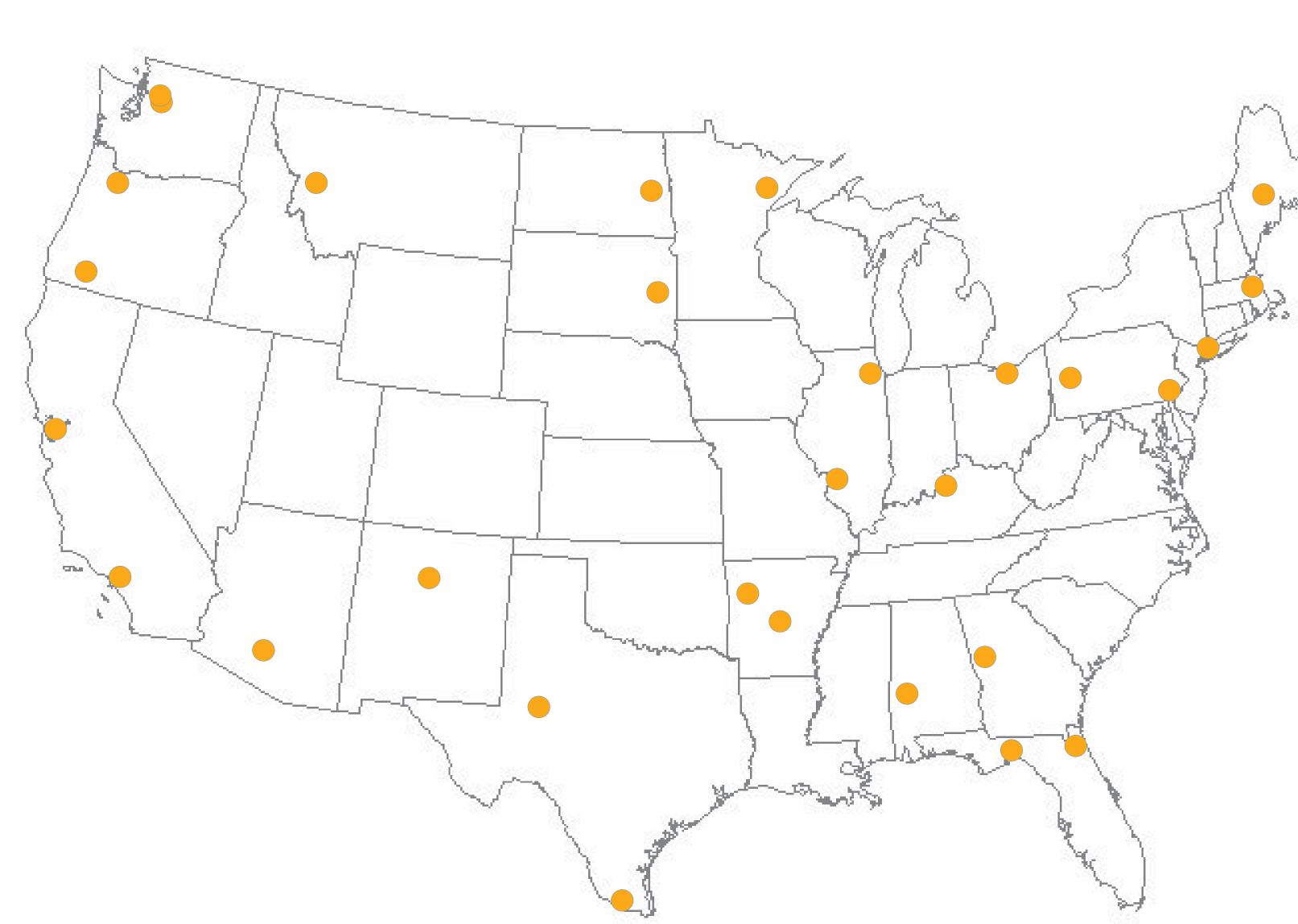
Background

While half of all pregnancies in the United States are unplanned, little is known about the health consequences of terminating an unwanted pregnancy versus carrying it to term. Medical literature reveals that women who give birth face significantly greater health risks than women who undergo abortion procedures, even later-term abortions. Whether or not the pregnancy is wanted may mediate the risk ratio. Due to difficulties of study design, however, the risks of birth have never been directly compared to those of abortion strictly in the context of unwanted pregnancy.

Methods

We analyzed the short term health consequences of abortion and birth as part of the Turnaway Study, a national longitudinal study following women who all sought—but did not all

Turnaway Study recruitment sites



obtain—abortion at 30 abortion facilities across the United States (see map).

Abortion facilities' gestational age limits vary due either to facility restrictions, such as lack of provider training or resources, or legal restrictions at the state level. We compared women who presented for abortion care up to three weeks over a facility's specific gestational limit and were turned away ("Turnaways") to women who presented up to two weeks under that limit and received abortions ("Abortion Controls").

For each Turnaway, we recruited two Abortion Controls from a given facility. Within the first six months following the end of pregnancy, we telephoned and collected participants' reports of acute disability and health problems immediately following birth or abortion. We asked, "Was there a period after the [birth or abortion] when you were

> physically unable to do daily activities such as walking, climbing steps or doing errands? If yes, how many days or hours?" We also inquired, "Did you experience any health problems or side effects from your [birth or abortion]?"

We compared the frequency and qualitative descriptions, as well as the mean duration of associated disability of acute complication following birth or abortion between the two study groups. We also used chi-squared analysis to assess for significant differences in the frequency of chronic diseases following birth versus abortion.

Results

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	Turnaway	Abortion control
	(N=141)	(N=413)
Gestation at recruitment (mean)	23 weeks 3 days	20 week s 6 days
% reporting limited activity	38%	24%
Average days of limited activity (among those with limited activity)	10 days	3 days
% reporting complications	12%	10%
Most common side effects	Postpartum hemorrhage (3.6%)	Abdominal cramping (5%)
	Post-operative wound healing (1.4%)	Fever (1%)
	Eclampsia (1%)	Bleeding (1%)
		Hemorrhage (<1%)
		Allergic reaction to anesthesia (<1%)
Chronic conditions at 6 months		
Hypertension	12%	6%
Obesity*	26%	19%

^{*}significant at p<0.05

Conclusion

For this analysis, we compared women who were slightly too far along in pregnancy to receive abortions to women only slightly earlier in pregnancy receiving them at the same facilities. As a result of this recruitment strategy, the average gestational age among the women who received abortions was over 20 weeks in our sample. It is important to note that this is not representative of women seeking abortion in the United States, 88% of whom obtain abortions in the first trimester of pregnancy. Since the risk of physical complication from abortion increases with each additional week gestation, our Abortion Controls were at greater risk of experiencing health problems associated with the abortion

procedure than the average abortion patient in the United States.

Nevertheless, our Turnaways—who carried unwanted pregnancies to term because they were denied an abortion showed increased risk of serious medical complications and a greater number of days of physical disability immediately following birth, compared with our Abortion Controls immediately following abortion. Participants' descriptions of health problems suggest there were more major medical complications requiring or prolonging hospitalization in the context of birth than abortion, even abortion at a later term. In the context of unwanted pregnancy, it is particularly important that women understand the medical risks of birth and abortion.