

"I Regret My Abortion"

If you do too,
there's help.



Awareness

800-395-HELP
866-482-LIFE

www.SilentNoMoreAwareness.org

EXHIBIT 4
DATE 3-13-09
SB 4/6

The National Silent No More Awareness Campaign is sharing the truth about abortion's negative impact on women and others.

We also want people to know local help is available for anyone hurting after abortion.

Contact:

Rachel's Hope _____

After Abortion

1-888-456-HOPE

(1-888-456-4673)

SusanMTRV@msn.com

www.rachelsvineyard.org



www.SilentNoMoreAwareness.org

Abortion is the most common medical procedure performed in America, but the experience is rarely discussed. That is why many of us are breaking our silence and sharing our stories through the Silent No More Awareness Campaign.

The Silent No More Awareness Campaign has three goals:

Educate the public that abortion is harmful emotionally, physically and spiritually with lasting consequences.

Reach out to those hurting after their abortion and let them know help is available.

Invite those who are ready to share their stories to join us in being silent no more.

Please help us get our message out by sharing the information contained in this brochure with others.



The Silent No More Awareness Campaign is a project of Priests for Life and Anglicans for Life.

Janet Morana
Co-Founder
Silent No More Awareness Campaign
Associate Director, Priests for Life
Janet@SilentNoMoreAwareness.org
(888) 735-3448

Georgette Forney
Co-Founder
Silent No More Awareness Campaign
President, Anglicans for Life
Georgette@SilentNoMoreAwareness.org
(800) 707-6635

1. Pregnancy-associated mortality after birth, spontaneous abortion or induced abortion in Finland, 1967-2000." In the American Journal of Obstetrics and Gynecology, 2004 and "Deaths associated with pregnancy outcome: a record linkage study of low income women." Southern Medical Journal, August 2002, 95(8):834-841

2. Golder TE, Lawson HW, Xia Z, Atash Hk. Surveillance for ectopic pregnancy—United States, 1976-1989. Morbidity and Mortality Weekly Report, Centers for Disease Control Surveillance Summary 1993 December; 42(SS-6):73-85. * Council on Scientific Affairs AMA. Induced termination of pregnancy before and after Roe v.Wade. Trends in the mortality and morbidity of women. Journal of the American Medical Association 1992 December 9;268(22):3231-9. * Council of Scientific Affairs AMA. Induced termination of pregnancy before and after Roe v.Wade. Trends in the mortality and morbidity of women. Journal of the American Medical Association 1992 December 9;268(22):3231-9.

3. This is based on a complication rate of 11% and assuming the yearly abortion rate is 1.3 million US women a year. Most abortion advocates claim the complication rate is only 1%, but this is inaccurate when the data is analyzed. According to the Royal College of Obstetricians and Gynecologists in the UK, the immediate physical complication rate from abortions is at least 11%, primarily infections that can lead to a host of other problems including pain and infertility. The UK statistics have been recently published in January of 2001. See Royal College of Obstetricians and Gynecologists (UK). The care of women requesting induced abortion: 4. Information for women, 2000. You can quickly find the data at: www.rcoq.org.uk/guidelines.asp?pagelD=1088&guidelined=31. On the web page click on Induced Abortion—Care of Women. This number is probably greater because complications are underreported, but due to the magnitude of abortions in the US many women suffer.

4. La Vecchia C, Negri E, Franceschi S, Parazzini F. Long-term impact of reproductive factors on cancer risk. International Journal of Cancer 1993 January 21;53(2):215-9. p. 217. Albreksten G, Heuch I, Tretli S, Kvale G. Is the risk of cancer of the corpus uteri reduced by a recent pregnancy? A prospective study of 765,756 Norwegian women. International Journal of Cancer 1995 May 16;61(4):485-90. p.485. Kvale G, Heuch I. Is the incidence of colorectal cancer related to reproduction? A prospective study of 63,000 women. International Journal of Cancer 1991 February 14;7(3):390-5. p. 392.

5. Barrett JM, Boehm FH, Killiam AP. Induced abortion: a risk factor for placenta previa. American Journal of Obstetrics and Gynaecology 1981 December 1;141(7):769-72. Rose GL, Chapman MG. Aetiological factors in placenta praevia—a case controlled study. British Journal of Obstetrics and Gynaecology 1986 June;93(6):586-8. Taylor VM, Kramer MD, Vaughan TL, Peacock S. Placenta previa in relation to induced and spontaneous abortion: a population-based study. Obstetrics and Gynecology 1993 July;82(1):88-91. p. 91.

Michalakis S, Miharizis D, Isonou C, Maos G, Kiosse F, Aravanthos D. Pelvic surgery, reproductive factors and risk of ectopic pregnancy: A case controlled study. International Journal of Gynecology and Obstetrics 1992 June;38(2):101-5, pp.101, 103. Luke B. Every Pregnant Woman's Guide to Preventing Premature Birth. 1995 [foreword by Emilie Papientki]. New York: Times Books; p.32.

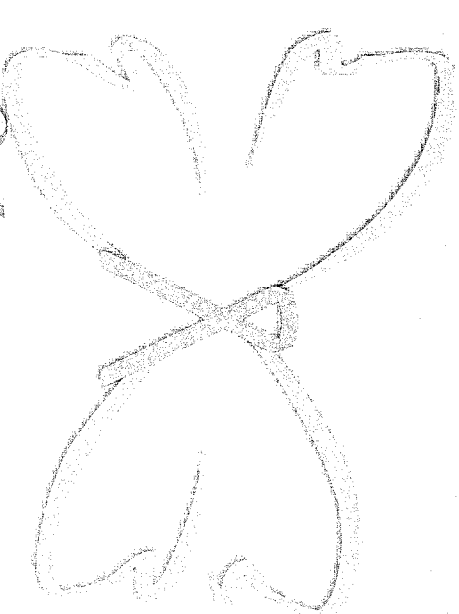
6. Centers for Disease Control Website, 2007 Abortion Surveillance --- United States, 2004, <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5511a1.htm>.

7. About Pregnancy & Childbirth Website. Article: Domestic Violence in Pregnancy, <http://pregnancy.about.com/cs/domesticviolence/a/domesticviol.htm>

8. Article "The Reality of Abortion—Reflections of My Journey" by Georgette Forney, President Anglicans for Life, March 2006. Available on-line at <http://www.anglicansforlife.org/publications/realityofabortion.asp> page 2

This brochure was written by Georgette Forney, a woman with personal abortion experience.

www.SilentNoMoreAwareness.org



Silent NO MORE
AWARENESS

What's So
Bad About
Abortion?

www.SilentNoMoreAwareness.org

What's so bad about abortion?

Abortion is often viewed as a solution to a problem. But what about the problems that abortion brings with it?

#1 - Women still die from abortion.

Women still die from the abortion procedure, as well as from complications that occur afterwards.¹

Studies also show that women with abortion history have an increased risk of dying from a variety of causes after abortion.²

#2 - Abortion creates physical problems for women.

Abortion advocates frequently assert that carrying an unintended pregnancy to term is more harmful to women than abortion. But all the research and women's personal experience says something else.

In the U.S., over 140,000 women a year have immediate medical complications from abortion.³

Long-term health problems include an increased risk of breast, cervical and ovarian cancer. Abortion can also lead to infertility due to hysterectomies, pelvic inflammatory disease and miscarriage.⁴

Abortion can cause the following complications during future pregnancies: premature birth, placenta previa, and ectopic pregnancy.⁵

#3 - Abortion creates emotional and behavioral problems for women.

After an abortion many women find themselves dealing with increased use of drugs and/or alcohol, reoccurring insomnia and nightmares, eating disorders, suicidal feelings, and attempted suicide. Women experience difficulty in maintaining or developing relationships, loneliness, isolation, anger, fears of

the unknown, indecision and a sense of self-hatred. Since 2001, 15 studies focusing on the psychological effects of abortion have been done. These studies underscore the fact that evidence-based medicine does not support the conjecture that abortion will protect women from 'serious danger' to their mental health. It indicates the opposite!

#4 - Abortion is a form of racism against poor and ethnic women.

Planned Parenthood identifies its core clients as young, low-income women of color. Black and Hispanic women represent only a quarter of American women of child-bearing age, yet account for more than half of all abortions in the U.S.⁶

Legalized abortion doesn't help poor women, after their abortion they are still poor.

#5 - Abortion has led to increased violence against pregnant women.

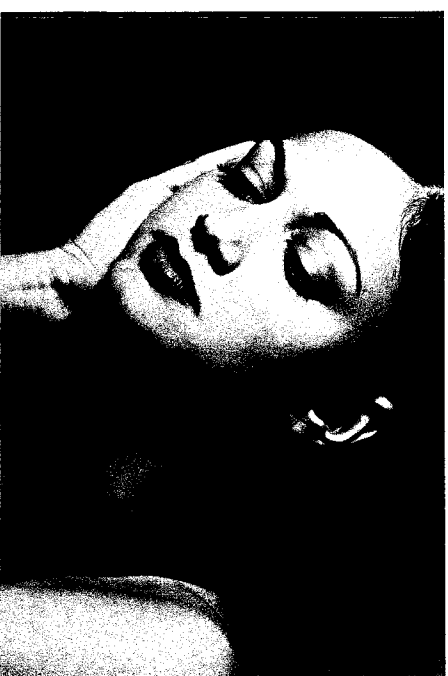
According to one study of battered women, the target of battery during their pregnancies shifts from their face and breasts to their pregnant abdomens, which suggests hostility toward the women's fertility. Women are literally being killed for refusing to abort. The leading cause of death during pregnancy is homicide. In one study of violent deaths among pregnant women, three out of every four were killed during their first 20 weeks of pregnancy.⁷

#6 - Women are pressured and coerced by family, friends, employers, institutions of learning, and sexual predators into having abortions.

In some cases, parents threaten to kick the girl out of the home. Boyfriends and husbands may threaten to leave. Women are told by well-meaning friends that having a baby will ruin their lives and they simply have to have an abortion.⁸

#7 - Abortion is a band-aid that allows society to abandon women.

Our culture has come to depend upon abortion so that individuals and churches don't have to get involved in caring for today's widows and orphans. It often frees men from taking responsibility for their



sexual promiscuity.

Abortion stops being one choice among many and becomes the only choice because all the emotional and financial support dries up. Friends encourage abortion so they don't have to be bothered.

#8 - Abortion negatively affects women's future relationships.

We struggle with issues of trust after an abortion. How can we trust those who said they loved us and then allowed us to go through a painful abortion? It affects how we relate to children we have in the future. Sometimes after abortion we can't bond with them or we over-protect them.

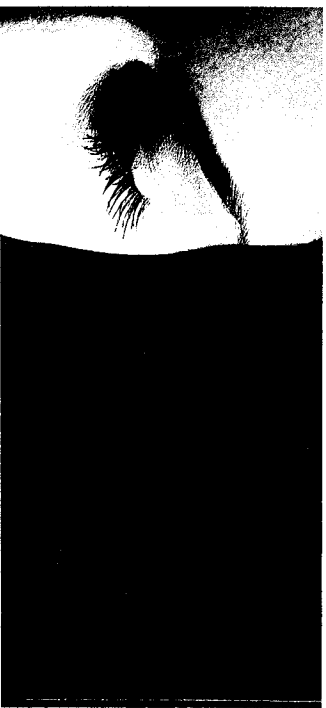
Abortion is often a secret we keep from spouses, children, or parents. If we do want to seek healing, we must tell them. Telling others creates another set of problems and concerns.

#9 - Abortion compromises who we are as women.

Women are designed to give life and nurture it. When we abort our children, we interfere with the natural process of pro-creation and it leaves an imprint on our heart that never goes away but is often denied.

#10 - Abortion affects women spiritually.

Many women turn away from God or fear a 'greater power' because deep down inside we know we've taken the life of another being - our baby.



March 13, 2007

Dear Representative Howard,

I am Christina Pflarr Hayden. I live in Butte, and am the mother of 9 homeschooled children. I am a proponent of SB 46 because I want the state of Montana to defend it's own interests in the lives of Montanans who reside in their mother's wombs.

The state ought to be interested in Montanans who will be born into families, who will eat food grown by Montana's farmers and ranchers, sheltered in homes, built and financed and taxed to pay for their education by teachers in MT's schools and universities; Montanans who will work in our mines, forests, and businesses, who will pay income taxes to support the state government's roll to serve him and his family by serving the common good.

Serving the true common good does not exclude the defense of the unborn Montanans right to live, in the name of a private decision of his mother and an abortionist. Defending such "privacy" to keep abortion legal isolates a woman, alienates and disconnects her from those in her family and community who would provide the security, support, and protection she needs when she is pregnant, because she is pregnant. Defending this "privacy," abandons a woman during a time when she is extremely vulnerable, when she is most likely to be manipulated, coerced, and even violated to make a decision that is not her own, to abort her own child. This "right to privacy" does not help women to defend themselves against abortion, but makes them more vulnerable to abandonment, and the choice of others that she abort.

28 years ago I was coerced to abort my baby, because my "right to privacy" made abortion legal in Montana. The state had no interest in defending my freedom to choose to protect myself and my baby. My "right to privacy" prevented others from offering the help I begged. My legally protected "right to privacy" has kept me isolated in my guilt and shame, my fear and grief these 28 years. My 9 surviving children especially have suffered from the effects of my abortion - Post-abortion Traumatic Stress Disorder and the total destruction of my family in divorce (I assure you that a woman is a much better mother before her abortion than after). I will be Silent No More, I surrender my "right to privacy" for the sake of the truth - that legal abortion coerces women to kill their own children, and for the sake of those who are silent because they are afraid of the truth.

Montana's pregnant women, Montana's mothers, Montana's children do not need a "right to privacy" when abortion is legal. Is this "right to privacy" to protect abortion more important than the Montanans in their mother's wombs?

Pregnant women deserve better than abortion in Montana. They bear the future of Montana. Montana's women need protection from the "right to privacy" that protects abortion, so Montanans can be born.

Let Montanans exercise their freedom to choose whether the Legislature ought to be free from the tyranny of the Montana Supreme Court, free to protect women from such privacy that renders them vulnerable to abort Montana's children, Montana's future.

VOTE YES ON SB 46!

Christina Pflarr Hayden
Silent No More Awareness Campaign

10 Fast Facts

About Abortion's Injustice and Injury to Women

60% said, "part of me died."¹

1. 64% of women having abortions felt pressured by others.¹ Coercion can escalate to violence or even murder.^{1, 2}
2. 52% felt rushed and 54% were not sure about the decision at the time, yet an astounding 67% received *no* counseling beforehand.¹
3. 84% reported that they did not receive adequate counseling.¹
4. 79% were not informed about available alternatives.¹
5. 31% of women suffered health complications after abortion.¹ 10% suffer immediate complications, one-fifth of which are life-threatening.³
6. Women have a 65% higher risk of clinical depression after abortion compared to women who give birth.⁴
7. 65% suffer multiple symptoms of post-traumatic stress disorder after abortion.¹
8. Death rates from all causes are 3.5 times higher among women who abort, compared to women who give birth.⁵
9. 60% said "part of me died," according to a survey of women who aborted.¹
10. Suicide rates are 6 times higher compared to women who give birth.⁶

Citations

1. VM Rue et. al., "Induced abortion and traumatic stress: A preliminary comparison of American and Russian women," *Medical Science Monitor* 10(10): SR5-16 (2004).
2. See the special report, "Forced Abortion in America," at www.theunchoice.com/resources.htm.
3. Frank, et.al., "Induced Abortion Operations and Their Early Sequelae," *Journal of the Royal College of General Practitioners* 35(73):175-180 (April 1985); Grimes and Cates, "Abortion: Methods and Complications", in *Human Reproduction*, 2nd ed., 796-813; and M.A. Freedman, "Comparison of complication rates in first trimester abortions performed by physician assistants and physicians," *Am. J. Public Health* 76(5):550-554 (1986).
4. JR Cogle, DC Reardon & PK Coleman, "Depression Associated With Abortion and Childbirth: A Long-Term Analysis of the NLSY Cohort," *Medical Science Monitor* 9(4): CR105-112 (2003).
5. M Gissler et. al., "Pregnancy Associated Deaths in Finland 1987-1994 -- definition problems and benefits of record linkage," *Acta Obstetrica et Gynecologica Scandinavica* 76:651-657 (1997).
6. Mika Gissler, Elina Hemminki, Jouko Lonnqvist, "Suicides after pregnancy in Finland: 1987-94: register linkage study," *British Medical Journal* 313:1431-4, 1996; and M. Gissler, "Injury deaths, suicides and homicides associated with pregnancy, Finland 1987-2000," *European J. Public Health* 15(5):459-63 (2005).

Forced Abortion in America

Coercion can escalate to violence, even murder

The Un-Choice:

64% involve coercion.¹ Pressure can become violent.² 67% not counseled.¹ 65% suffer trauma.¹ Suicide 6 times higher.³

Forced Non-Choice ... "I'll blow her brains out."

Intense pressure to abort can come from husbands, parents, doctors, partners, counselors, or close friends and family. They may threaten or blackmail a woman into abortion. These are not idle threats. Coercion can escalate to violence. Women who resist abortion have been beaten, tortured and killed. One husband jumped on his wife's stomach to force an abortion. A mother forced her daughter at gunpoint to go to the abortion clinic. A woman was forcibly injected by the baby's father with an abortifacient drug.² (Download the 22-page "Forced Abortion in America" Report at www.unchoice.info/resources.htm.)

Unwanted Non-Choice ... Their Choice, Not Hers.

Reasons women give for having abortions:⁴

- Forced by mother
- Husband or boyfriend persuaded me
- Would have been kicked out
- Lack of support from society
- Father opposed
- No other option given
- Loss of family's support
- Clinic persuaded me
- In 95% of all cases, the male partner played a central role in the decision.⁵
- 45% of men interviewed at abortion clinics recalled urging abortion, including 37% of married men.⁶
- In the above study, men justified being the primary decision maker, regarding the abortion.⁶
- 64% of women who aborted felt pressured by others.¹

Coerced Choice ... Taken to the Clinic to Make Sure She Keeps the Appointment

A former abortion clinic security guard testified before the Massachusetts legislature that women were routinely threatened and abused by the boyfriends or husbands who took them to the clinics to make sure they underwent their scheduled abortions.⁷ Many women are also pressured by clinic staff financially rewarded for selling abortions.⁸

Forced Choice ... Threats Can Escalate to Violence or Murder — the Leading Killer of Pregnant Women

The pressure can escalate. Many pregnant women have been killed by partners trying to prevent the birth, and being pregnant places women at higher risk of being attacked.⁹ Murder is the leading cause of death among pregnant women.¹⁰ 92% of women surveyed list domestic violence and assault as the women's issue that is of highest concern to them.¹¹

Uninformed Non-Choice ... "When I learned the truth, I can't tell you how betrayed I felt."

- 54% were unsure of their decision, yet 67% received no counseling beforehand.¹
- 84% received inadequate counseling beforehand.¹ 79% were not told about alternatives.¹
- Many were misinformed by experts about fetal development, abortion alternatives or risks.¹²
- Many were denied essential personal, family, societal or economic support.¹²

Unsafe Choice ... American Voters Concerned About Coercion and Risks; Support Research and Screening.

Nearly half of voters believe coerced abortion is common. They'll support candidates who advocate legislation holding abortionists liable for failing to screen for evidence of coercion.¹³ Nearly 80% of abortions take place in non-hospital facilities, ill-equipped for emergency care.¹⁴ Americans are kept in the dark about unwanted abortions, risks and risk factors.

The Aftermath. Women Pay a High Price.

Trauma.¹ Injury.¹ Grief. Death from All Causes.¹⁷ 6 Times Higher Suicide.³

- 31% had health complications afterwards.¹
- 65% higher risk of clinical depression.¹⁵
- 3.5x higher risk of death from all causes.¹⁷
- 65% suffer multiple symptoms of post-traumatic stress disorder.¹
- 10% have immediate complications, some are life-threatening.¹⁶
- Suicide rates 6 times higher if women abort vs. giving birth.³

Citations

1. VM Rue et. al., "Induced abortion and traumatic stress: A preliminary comparison of American and Russian women," *Medical Science Monitor* 10(10): SR5-16 (2004).
2. See the special report, "Forced Abortion in America" at www.theunchoice.com/resources.htm.
3. M Gissler et. al., "Pregnancy Associated Deaths in Finland 1987-1994 -- definition problems and benefits of record linkage," *Acta Obstetrica et Gynecologica Scandinavica* 76:651-657 (1997); and M. Gissler, "Injury deaths, suicides and homicides associated with pregnancy, Finland 1987-2000," *European J. Public Health* 15(5):459-63 (2005).
4. Frederica Mathewes-Green, *Real Choices* (Ben Lomond, CA: Conciliar Press, 1997).
5. Mary K. Zimmerman, *Passage Through Abortion* (New York, Prager Publishers, 1977).
6. Arthur Shostak and Gary McLouth, *Men and Abortion: Lessons, Losses, and Love* (New York: Preager Publishers, 1984).
7. Brian McQuarrie, "Guard, clinic at odds at abortion hearing," *Boston Globe*, April 16, 1999.
8. Carol Everett with Jack Shaw, *Blood Money* (Sisters, OR: Multnomah Books, 1992). See also Pamela Zekman and Pamela Warwick, "The Abortion Profiteers," *Chicago Sun Times* special reprint, Dec. 3, 1978 (originally published Nov. 12, 1978), p. 2-3, 33.
9. Julie A. Gazmararian et al., "The Relationship Between Pregnancy Intendedness and Physical Violence in Mothers of Newborns," *Obstetrics & Gynecology*, 85:1031 (1995); Hortensia Amaro et al., "Violence During Pregnancy and Substance Use," *American Journal of Public Health*, 80: 575 (1990); and J. McFarlane et al., "Abuse During Pregnancy and Femicide: Urgent Implications for Women's Health," *Obstetrics & Gynecology*, 100: 27, 27-36 (2002).
10. I.L. Horton and D. Cheng, "Enhanced Surveillance for Pregnancy-Associated Mortality-Maryland, 1993-1998," *JAMA* 285(11): 1455-1459 (2001); see also J. McFarlane et. al., "Abuse During Pregnancy and Femicide: Urgent Implications for Women's Health," *Obstetrics & Gynecology* 100: 27-36 (2002).
11. "Is Your Mother's Feminism Dead? New Agenda for Women Revealed in Landmark Two-Year Study," press release from the Center for the Advancement of Women (www.advancewomen.org), June 24, 2003; and Steve Ertelt, "Pro-Abortion Poll Shows Majority of Women Are Pro-Life," *LifeNews.com* (www.lifenews.com/nat13.html), June 25, 2003.
12. See Theresa Burke, *Forbidden Grief: The Unspoken Pain of Abortion* (Springfield, IL: Acorn Books, 2000) and www.unchoice.info.
13. "National Opinion Survey of 600 Adults Regarding Attitudes Toward a Pro-Woman/Pro-Life Agenda," proprietary poll commissioned by the Elliot Institute, conducted in Dec. 2002.
14. D. Reardon, *Abortion Malpractice* (Denton, TX: Life Dynamics, 1993)
15. JR Cogle, DC Reardon & PK Coleman, "Depression Associated With Abortion and Childbirth: A Long-Term Analysis of the NLSY Cohort," *Medical Science Monitor* 9(4):CR105-112, 2003.
16. Frank, et.al., "Induced Abortion Operations and Their Early Sequelae," *Journal of the Royal College of General Practitioners* 35(73):175-180, April 1985; Grimes and Cates, "Abortion: Methods and Complications", in *Human Reproduction*, 2nd ed., 796-813; M.A. Freedman, "Comparison of complication rates in first trimester abortions performed by physician assistants and physicians," *Am. J. Public Health* 76(5):550-554, 1986).
17. DC Reardon et. al., "Deaths Associated With Pregnancy Outcome: A Record Linkage Study of Low Income Women," *Southern Medical Journal* 95(8):834-41, (2002).



PSYCHOLOGICAL RISKS OF ABORTION

Early Problems

- A study of post-abortion patients only 8 weeks after their abortions found that:¹
 - 44% complained of nervous disorders
 - 36% had experienced sleep disturbances
 - 31% had regrets about their decision
 - 11% had been prescribed psychotropic medicine by their family doctor.

Later Problems

- **Psychiatric Illness**
 - A 5-year Canadian study found that 25% of post-abortive women made visits to psychiatrists, compared to only 3% of women in the control group.²
 - Compared to women who deliver, women who abort are more than twice as likely to be subsequently hospitalized for psychiatric illness within six months.³
 - Among a national sample of women with unintended first pregnancies, aborting women were at significantly higher risk of long term clinical depression compared to delivering women.⁴
- **Suicidal Thoughts and Suicide Attempts**
 - A national Finland study revealed that aborting women were seven times more likely to commit suicide than delivering women in the following year.⁵
 - Approximately 60% of women with post-abortion problems report experiencing suicidal thoughts, with 28% attempting suicide and half of those attempting suicide two or more times.⁶
- **Drug and Alcohol Abuse**
 - Excluding women with a prior history of substance abuse, there is a five-fold increased risk of drug and alcohol abuse among women who abort their first pregnancy.⁷
 - Among women giving birth for the first time, women with a history of abortion are five times more likely to use drugs, twice as likely to use alcohol, and ten times more likely to use marijuana *during* their pregnancy, compared to women who have not had an abortion.⁸
 - Abortion followed by alcohol abuse is linked to violent behavior, divorce or separation, auto accidents, and job loss.⁹

continued

- **Eating Disorders**
 - In a survey of women reporting post-abortion problems, 39% reported experiencing subsequent eating disorders.¹⁰

- **Sexual Dysfunction**
 - 30 to 50% of post-abortive women report experiencing sexual dysfunctions such as promiscuity, loss of pleasure from intercourse, increased pain, and aversion to sex and/or men.¹¹

- **Divorce and Chronic Relationship Problems**
 - Women with a history of abortion are significantly more likely to subsequently have shorter relationships and more divorces.¹² This may be due to lowered self-esteem, greater distrust of males, sexual dysfunction, substance abuse, and increased levels of depression, anxiety, and volatile anger.
 - Women who have more than one abortion (representing about 45% of all abortions)¹³ are more likely to become single parents and to require public assistance.¹⁴

- **Child Neglect or Abuse**
 - Abortion is linked with increased violent behavior, alcohol and drug abuse, replacement pregnancies, depression, and poor maternal bonding with later children.¹⁵ These factors are closely associated with child abuse and would appear to confirm a link between unresolved post-abortion trauma and subsequent child abuse.

- **Repeat Abortions**
 - Women with a prior abortion experience are four times more likely to abort a current pregnancy than are those with no prior abortion history.¹⁶
 - Some repeat abortions reflect aspects of self-punishment.¹⁷
 - Approximately 45% of all abortions are now repeat abortions.¹⁸

For a copy of this document with complete citations, as well as additional information on post-abortion research and links to published studies, visit www.afterabortion.org.

For a further exploration of post-abortion trauma and healing, see the book "Forbidden Grief: The Unspoken Pain of Abortion," by Theresa Burke with David Reardon. For ordering information, call Acorn Books at 1-888-412-2676.

Physical Risks Life-Threatening Dangers of Abortion

Higher death risk, up to 7 times higher suicide

Compared to pregnant women who had their babies, pregnant women who aborted were ...

- 3.5 times more likely to die in the following year
- 1.6 times more likely to die of natural causes
- 6-7 times more likely to die of suicide
- 14 times more likely to die from homicide
- 4 times more likely to die of injuries related to accidents¹

Another study found that, compared to women who gave birth, women who had abortions had a 62% higher risk of death from all causes for at least *eight* years after their pregnancies. Deaths from suicides and accidents were most prominent, with deaths from suicides being 2.5 times higher.²

Causes of death within a week — The leading causes of abortion-related maternal deaths within a week of abortion are hemorrhage, infection, embolism, anesthesia complications, and undiagnosed ectopic pregnancies.³

Cancer — Significantly increased risk of breast cancer, cervical cancer, and lung cancer (probably due to heavier smoking patterns after abortion).⁴

Immediate complications — About 10% suffer immediate complications; one-fifth are life-threatening:⁵

- hemorrhage
- cervical injury
- convulsions
- endotoxic shock
- infection
- embolism
- chronic abdominal pain
- second-degree burns
- ripped or perforated uterus
- anesthesia complications
- cervical injury
- Rh sensitization

31% suffer health complications— A recent study published in a major medical journal found that 31% of American women surveyed who had undergone abortions had health complications.⁶

80%-180% increase in doctor visits — Based on health care sought before and after abortion. On average, there is an 80% increase in doctor visits and a 180% increase in doctor visits for psychosocial reasons after abortion.⁷

Self-destructive lifestyles, spiraling health problems — Increased risk of promiscuity, smoking, drug abuse, and eating disorders, which all put the woman at increased risk for other health problems.⁸

Infertility and life-threatening reproductive risks

Abortion can damage reproductive organs and cause long-term and sometimes permanent problems that can put future pregnancies at risk. Women who have abortions are more likely to experience ectopic pregnancies, infertility, hysterectomies, stillbirths, miscarriages, and premature births than women who have not had abortions.⁹

Teens Face Higher Risk, 10 Times More Likely to Attempt Suicide

Teens 10 times more likely to attempt suicide — Teenage girls are 10 times more likely to attempt suicide if they have had an abortion in the last 6 months than are teens who have not had an abortion.¹⁰

Reproductive damage and other complications — Compared to teens who give birth, teens who abort are generally at higher risk of immediate complications and long-term reproductive damage after abortion than are older women.¹¹

continued ▶

Higher risk of PID, 2.5 times higher risk of endometritis (a major cause of maternal death in future pregnancies)
— Teens are at higher risk for dangerous infections such as pelvic inflammatory disease and endometritis after abortion. These infections increase their risk of infertility, hysterectomy, ectopic pregnancy, and other serious complications.¹²

Overview of reproductive complications and problems with subsequent deliveries

Pelvic Inflammatory Disease — Abortion puts women at risk of Pelvic Inflammatory Disease (PID) is a serious, life-threatening disease and a major direct cause of infertility. PID also increases risk of ectopic pregnancies. Studies have found that approximately one-fourth of women who have a chlamydia infection at the time of their abortion and 5% of women who don't have chlamydia will develop PID within four weeks after the abortion.¹³

Placenta Previa — After abortion, there is a seven- to 15-fold increase in placenta previa in subsequent pregnancies (a life-threatening condition for both the mother and her wanted pregnancy). Abnormal development of the placenta due to uterine damage increases the risk of birth defects, stillbirth, and excessive bleeding during labor.¹⁴

Ectopic Pregnancy — Post-abortive women have a significantly increased risk of subsequent ectopic pregnancies,¹⁵ which are life threatening and may result in reduced fertility.

Endometritis, a Major Cause of Death — Abortion can result in for endometritis, which can lead to hospitalization and infertility problems. It is a major cause of maternal death during pregnancy.¹⁶

Women who abort twice as likely to have pre-term or post-term deliveries.¹⁷

- Women who had one, two, or more previous induced abortions are, respectively, 1.89, 2.66, or 2.03 times more likely to have a subsequent pre-term delivery, compared to women who carry to term. Pre-term delivery increases the risk of neonatal death and handicaps. The average hospital charge from delivery to discharge for a premature birth is \$58,000, compared to \$4,300 for a full-term birth.
- Women who had one, two, or more induced abortions are, respectively, 1.89, 2.61, and 2.23 times more likely to have a post-term delivery (over 42 weeks).

Death or disability of newborns in later pregnancies — Cervical and uterine damage may increase the risk of premature delivery, complications of labor, and abnormal development of the placenta in later pregnancies.¹⁶ These complications are the leading causes of disabilities among newborns.

AfterAbortion.org/news

The Elliot Institute was involved in all of the studies listed above. For more information on this research, including citations and links to the published studies, visit www.afterabortion.org/news.

Detrimental Effects -- Quick-Reference Summary of Available Research

Additional research summaries are available in the book "Detrimental Effects of Abortion: An Annotated Bibliography with Commentary," edited by Thomas W. Strahan. To order, call **Acorn Books: 1-888-412-2676**.

Citations

1. M Gissler et. al., "Pregnancy Associated Deaths in Finland 1987-1994 -- definition problems and benefits of record linkage," *Acta Obstetrica et Gynecologica Scandinavica* 76:651-657, 1997; Mika Gissler, Elina Hemminki, Jouko Lonnqvist, "Suicides after pregnancy in Finland: 1987-94: register linkage study" *British Medical Journal* 313:1431-4, 1996; and M. Gissler, "Injury deaths, suicides and homicides associated with pregnancy, Finland 1987-2000," *European J. Public Health* 15(5):459-63, 2005 .
2. DC Reardon et. al., "Deaths Associated With Pregnancy Outcome: A Record Linkage Study of Low Income Women," *Southern Medical Journal* 95(8):834-41, Aug. 2002.