



NATIONAL
ABORTION
FEDERATION

Safety of Surgical Abortion

Surgical abortion is one of the safest types of medical procedures. Complications from having a first trimester abortion are considerably less frequent and less serious than those associated with giving birth.

Illegal Abortion Is Unsafe Abortion

Abortion has not always been so safe. Between the 1880's and 1973, abortion was illegal in all or most states, and many women died or had serious medical problems as a result. Women often made desperate and dangerous attempts to induce their own abortions or resorted to untrained practitioners who performed abortions with primitive instruments or in unsanitary conditions. Women streamed into emergency rooms with serious complications -- perforations of the uterus, retained placentas, severe bleeding, cervical wounds, rampant infections, poisoning, shock, and gangrene.

Around the world, in countries where abortion is illegal, it remains a leading cause of maternal death. An estimated 78,000 women worldwide die each year from unsafe abortions¹. Many of the doctors who perform abortions in the United States today are committed to providing this service under medically safe conditions because they witnessed and still remember the tragic cases of women who appeared in hospitals after botched, illegal abortions.

Evaluating the Risk of Complications

Since the Supreme Court re-established legal abortion in the U.S. in the 1973 *Roe v. Wade* decision, women have benefited from significant advances in medical technology and greater access to high quality services². Generally, the earlier the abortion, the less complicated and safer it is.

Serious complications arising from surgical abortions performed before 13 weeks are quite unusual. About 88% of the women who obtain abortions are less than 13 weeks pregnant³. Of these women, 97% report no complications; 2.5% have minor complications that can be handled at the medical office or abortion facility; and less than 0.5% have more serious complications that require some additional surgical procedure and/or hospitalization⁴. Complication rates are somewhat higher for abortions performed between 13 and 24 weeks. General anesthesia, which is sometimes used in abortion procedures, carries its own risks.

In addition to the length of the pregnancy, significant factors that can affect the possibility of complications include:

- the kind of anesthesia used;
- the abortion method used;
- the woman's overall health; and
- the skill and training of the provider.

Complications from Legal Abortion

The largest, most comprehensive studies of abortion complications were conducted in the 1970's, when modern abortion techniques were still being developed. Experts agree that with advances in technology and increased experience with these technologies, complication rates have almost certainly declined since then^{5,6}. Although rare, possible complications from a surgical abortion procedure include:

- blood clots accumulating in the uterus, requiring another suctioning procedure, which occur in less than 0.2% of cases⁷;
- infections, most of which are easily identified and treated if the woman carefully observes follow-up instructions, which in studies in North America occur in 0.1-2% of cases⁷;
- a tear in the cervix, which may be repaired with stitches, which occurs in 0.6-1.2% of cases⁸;
- perforation (a puncture or tear) of the wall of the uterus and/or other organs occurs in less than 0.4% of cases^{6,7}. This may heal itself or may require surgical repair or, rarely, hysterectomy;
- missed abortion, which does not end the pregnancy and requires the abortion to be repeated, which occurs in less than 0.3% of cases⁷;
- incomplete abortion, in which tissue from the pregnancy remains in the uterus, and requires a repeat suction procedure, which occurs in 0.3-2% of cases⁷;
- excessive bleeding requiring a blood transfusion, which occurs in 0.02-0.3% of cases^{6,8}.

Death occurs in 0.0006% of all legal abortions (one in 160,000 cases). These rare deaths are usually the result of such things as adverse reactions to anesthesia, embolism, infection, or uncontrollable bleeding⁷. In comparison, a woman's risk of death during pregnancy and childbirth is ten times greater⁵.

Signs of a Post-Abortion Complication

If a woman has any of the following symptoms after having a surgical abortion, she should immediately contact the facility that provided the abortion for follow-up care⁷:

- severe or persistent pain;
- chills or fever with an oral temperature of 100.4° or more;

- bleeding that is twice the flow of her normal menstrual period or that soaks through more than one sanitary pad per hour for two hours in a row;
- foul-smelling discharge or drainage from her vagina; or
- continuing symptoms of pregnancy.

Doctors and clinics that offer abortion services should provide a 24-hour number to call in the event of complications or reactions that the patient is concerned about.

Preventing Complications

There are some things women can do to lower their risks of complications. The most important thing is not to delay the abortion procedure. Generally, the earlier the abortion, the safer it is.

Asking questions is also important. Just as with any medical procedure, the more relaxed a person is and the more she understands what to expect, the better and safer her experience usually will be.

In addition, any woman choosing abortion should:

- find a good clinic or a qualified, licensed practitioner. For referrals, call NAF's toll-free hotline, 1-800-772-9100;
- inform the practitioner of any health problems, current medications or street drugs being used, allergies to medications or anesthetics, and other health information;
- follow post-operative instructions; and
- return for a follow-up examination.

Anti-Abortion Propaganda

Anti-abortion activists claim that having an abortion increases the risk of developing breast cancer and endangers future childbearing. They claim that women who have abortions without complications are more likely to have difficulty conceiving or carrying a pregnancy, develop ectopic (outside of the uterus) pregnancies, deliver stillborn babies, or become sterile. However, these claims have been refuted by a significant body of medical research. In February 2003, a panel of experts convened by the National Cancer Institute to evaluate the scientific data concluded that studies have clearly established that "induced abortion is not associated with an increase in breast cancer risk."⁹ Furthermore, comprehensive reviews of the data have concluded that a vacuum aspiration procedure in the first trimester poses virtually no risk to future reproductive health¹⁰.

Women's Feelings after Abortion

Women have abortions for a variety of reasons, but in general they choose abortion because a pregnancy at that time is in some way wrong for them. Such situations often cause a great deal of distress, and although abortion may be the best available option, the

circumstances that led to the problem pregnancy may continue to be upsetting.

Some women may find it helpful to talk about their feelings with a family member, friend, or counselor. Feelings of loss or of disappointment, resulting, for example, from a lack of support from the spouse or partner, should not be confused with regret about the abortion. Women who experience guilt or sadness after an abortion usually report that their feelings are manageable.

The American Psychological Association has concluded that there is no scientifically valid support or evidence for the so-called "post-abortion syndrome" of psychological trauma or deep depression. The most frequent response women report after having ended a problem pregnancy is relief, and the majority are satisfied that they made the right decision for themselves.

References

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- 9 Summary Report: Early Reproductive Events and Breast Cancer Workshop, National Cancer Institute, <http://www.nci.nih.gov/cancerinfo/ere-workshop-report>
- 10 Rowland Hogue CJ, Boardman LA, Stotland NL, Peipert JF. Answering questions about long-term outcomes. In Paul M, Lichtenberg ES, Borgatta L, Grimes DA, Stubblefield PG. *A Clinician's Guide to Medical and Surgical Abortion*. New York: Churchill Livingstone, 1999, pp. 217-228.

For More Information

For information or referrals to qualified abortion providers, call the National Abortion Federation's toll-free hotline: 1-800-772-9100.
Weekdays: 8:00A.M.- 9:00P.M.
Saturdays: 9:00A.M.- 5:00P.M. Eastern time.

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