

# The Post-Abortion Review

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## New Study Shows Abortion Death Rate Much Higher Than Previously Known

Elliot Institute Research Has Major Implications For Women's Health, Abortion Politics

A study published in the August edition of the *Southern Medical Journal* reveals that women who have abortions are at significantly higher risk of death than women who give birth.

Researchers examined death records linked to Medi-Cal payments for births and abortions for approximately 173,000 low income Californian women. They discovered that women who had abortions were almost twice as likely to die in the following two years. They also discovered that the higher mortality rate of aborting women persisted over at least eight years.

Over the eight year period studied, women who aborted had a 154 percent higher risk of death from suicide, an 82 percent higher risk of death from accidents, and a 44 percent higher risk of death from natural causes such as cardiovascular disease.

This is the second large record based study to implicate abortion in higher maternal death rates. In 1997 a government funded study of maternal deaths in Finland sent a tremor of worry through family planning agencies when it revealed that in the first year following an abortion, aborting women were 252 percent more likely to die compared to women who delivered and 76 percent more likely to die compared to women who had not been pregnant. Many of the extra deaths were due to suicide.

The new study confirms the trend found in Finland using a large sample of American women. In addition, where the Finland study was limited to a one year follow-up, the new study reveals higher mortality rates persist over at least eight years.

According to the study's lead author, David Reardon, Ph.D., director of the Elliot Institute, the causes of death shifted during the period studied.

"During the first four years, higher rates of death from suicide and heightened risk taking behavior were the most pronounced area of difference," he said. "In later years, deaths due to natural causes rose. This may reflect longer term damage that increased rates of depression, anxiety, and self-neglect can inflict on women's cardiovascular and immune systems."

One interesting finding in the Elliot Institute study is that women

who aborted had a 446 percent higher risk of death from cerebrovascular disease. Reardon pointed to another study he led which was published in the prestigious *British Medical Journal* earlier this year, reporting that women who aborted had a significantly higher risk of clinical depression an average of eight years after a first unintended pregnancy compared to women who carried to term.

"Depression is a known cause of heart disease," Reardon said. "Some of these women appear to be literally dying from broken hearts."

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**Some post-abortive women seem to be literally dying from broken hearts.**

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### A Quagmire of Uncertainty?

Critics of abortion have long complained about the widely acknowledged inaccuracies of abortion mortality

figures. There are no federal or state regulations for reporting abortion complications. Indeed, the international classification codes for identifying cause of death do not even provide a means for identifying surgical abortion as a cause of death.

Even if there was a method for reporting abortion related deaths, the accuracy of such reports would still be limited by the judgment of coroners regarding the underlying cause of death. Deaths from suicide or protracted infections, for example, may be difficult to attribute to a specific underlying cause.

"Government researchers in Finland paved the way out of this quagmire of uncertainty," Reardon said. "By linking death certificates directly to payment records for births and abortions, we can finally get an accurate picture of what is really going on. This is the first American study to use a uniform and objective standard for comparing deaths associated with abortion and birth."

Asked if these findings will lead to general recognition that mortality rates associated with abortion are higher than those for childbirth, Reardon expressed a fear that the new findings will be ignored.

"Five years ago, when Finland published the one impeccable record-based study of death rates, the results were completely ignored by abortion advocates," he said. "If the results had been the opposite, they would have been shouted from the rooftops. But since the population control lobby is anxious to see abortion

legalized in developing countries, they have a vested interest in promoting the myth that abortion is safer than childbirth, so the results were ignored.”

“The various claims that abortion is six, 12, or even 20 times safer than childbirth are all constructed by combining a hodgepodge of studies that rely on data everyone admits is incomplete,” he added. “At best, these were educated guesses. At worst, they are examples of propaganda dressed up as science.”

In either case, Reardon said, “these favorite estimates are deeply entrenched in family planning literature and have not been corrected in light of the Finland research. It is likely many abortion advocates will continue to hold to them despite our findings as well.”

Reardon is especially concerned about the higher risk of deaths from suicides. The Finland study revealed a seven fold increased rate of deaths from suicide among aborting women. Suicide is a leading cause of death among young women. In an Elliot Institute survey of women complaining of post-abortion distress, 56 percent reported suicidal feelings and 28 percent actually attempted suicide, with over half of these attempting suicide more than once.

The explanation for higher suicide rates, Reardon believes, can be found in the Elliot Institute study that was published in the *British Medical Journal*. This study of 1,076 women faced with unplanned pregnancies revealed that subsequent long-term clinical depression was more common among those who had abortions.

Yet another Elliot Institute study published in the *American Journal of Orthopsychiatry* this year revealed that aborting women are significantly more likely to require subsequent psychiatric treatments compared to delivering women. This study examined Medi-Cal payments for outpatient psychiatric care over a four year period. Abortion was most strongly associated with subsequent treatments for neurotic depression, bipolar disorder, adjustment reactions, and schizophrenic disorders.

Since all three of the recently published Elliot Institute studies control for the woman’s prior psychiatric state, Reardon said the differences between aborting and delivering women cannot be explained simply by differences in prior psychological health.

“We have been looking at large samples of women who have similar socioeconomic and psychological profiles,” he said. “Abortion is clearly associated with a worsening of mental health and higher mortality rates. By contrast, giving birth appears to

protect mental health and lower mortality rates. The latter is especially evident in the Finland studies.”

### The Need for More Research

Public interest in the health effects of abortion was last raised in 1989 when Surgeon General C. Everett Koop reviewed the research on abortion at the request of President Reagan. Koop concluded that all the studies done up to that point were so methodologically flawed that no firm conclusions could be drawn about abortion’s risks or benefits.

In a letter to the outgoing president, Koop recommended a major federally

funded longitudinal study of abortion’s health risks as the only way to secure definitive answers. His proposal for a major study died in the Democrat-controlled congress, however, when abortion advocates argued that the appeal for such research was politically motivated and a waste of taxpayer dollars.

Reardon hopes the results of recent studies will rekindle the effort to make the investigation of abortion’s health effects a priority of the government’s National Institutes of Health.

“The government has ignored this problem for decades, largely at the behest of population control groups which are more concerned about protecting abortion than protecting women,” he said. “I believe women deserve better. They deserve to know the true relative risks associated with abortion. If the government had acted on Koop’s recommendation, we would have had definitive answers by now.”

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*For more information about this study, visit the Elliot Institute web site at [www.afterabortion.info](http://www.afterabortion.info).*

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## Special Contributions

**In loving memory**  
Hank & Yvonne Cunningham  
Tom & Helen Reardon

**Celebration of ordination  
to the permanent diaconate**  
Bob & Eileen Jones

*Donations in memory of loved ones or for special occasions can be made to the Elliot Institute, and will be acknowledged in this newsletter unless otherwise requested.*

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