

solace in the fact that the abortionist did the abortion to her. With a chemical abortion, she takes the pills and does it to herself and will shoulder the added psychological burden that she was more directly responsible for the death of her baby.

Breast Cancer Connection

Almost all of the risk factors which are known to increase the risk of breast cancer are associated with some kind of excess exposure to estrogen. The biggest surge of estrogen occurs in the first trimester of pregnancy. Estrogen goes sky high, increasing by 2,000%.

During pregnancy, cells previously dormant rapidly grow into a system of branching ducts and gland cells capable of producing milk. When these cells are changing and transitional, they are less stable and have much greater potential of becoming cancerous. Toward the end of the pregnancy, around 32 weeks gestation, other hormones kick in that make the breast tissue mature, which also kills off cells that are not needed. Once this growth, change and maturing in complete, the chance of the breast developing cancer is much less.

Effects of Abortion Vs. Birth

If a woman interrupts her pregnancy in its early phase, she in effect stops the development of the cells at this unstable, transitional phase. Cancerous changes occur more frequently among these transitional cells. If she aborts more than once before completing a pregnancy, her chance for cancer increases even more, a 3-4 fold increase.

Since the legalization of abortion, breast cancer rates have doubled, and continue to climb. In 1972 there were 90,000 cases, and in 1992, 180,000 cases.



Conversely, a woman who is pregnant when diagnosed with breast cancer or who gets pregnant after breast cancer, is much more likely to be cured if she delivers a live baby instead of aborting.⁸

More Deadly Breast Cancer

Moreover, there are several studies which show that abortion causes a more rapidly growing cancer, having more signs of cancers that are harder to treat¹, and is more invasive and more aggressive². The cancer comes back on average in a shorter period of time and women die more readily from the cancer³.

Supportive Research is Plentiful

As of January 1999, 25 out of 31 studies worldwide show more breast cancer among women who aborted.⁴

In 1981, researchers in Southern California found that an abortion before the first live birth increased risk by 140%.

In 1989, New York State Department of Health data showed that any induced abortion increased risk by 90%, while back to back abortions increased risk by 300%.⁵

A 1994 study in Seattle shows that abortions done on minors increase risk by 150%.

A highly significant 1993 Howard University study showed that post abortive African American women over age 50 were 4.7 times more likely to get breast cancer.

Dr. Janet Daling's⁶ study in 1994 received worldwide publicity. She found:

- An induced abortion increased the risk of breast cancer before age 45 by 50%.
- If done before age 18, it increased by 150%.
- If done after age 30, it increased by 110%.
- If she had a family member with breast cancer and aborted after age 30, her risk increased by 270%
- All 12 women in the study with such a family member, who aborted before age 18, got breast cancer before she turned age 45.
- Women younger than age 18 who had an abortion experienced a 150% increase risk. This became an 800% increased risk if they had their abortions between the 9th and 24th week of pregnancy.

Andrieu et al (1994)⁷ found that women who had a family history of breast cancer and who had two or more abortions had a 600% increased risk.

Post Abortion Syndrome (PAS)

"Every woman...has a trauma at destroying a pregnancy...This is part of her own life. When she destroys a pregnancy, she is destroying herself."

- Dr. Julius Fogel, Psychiatrist/OB who has performed over 20,000 abortions

Post Abortion Syndrome is an adverse emotional or physical reaction to an abortion procedure occurring immediately or many years later. Aborting women experience an event that is overwhelming emotionally and mentally. In such a situation, the mind will protect itself by suppressing thoughts and memories of the event. In this way, the mind "denies" the problem. Denial may continue for years after the abortion.

Despite its legality, abortion is an uncomfortable subject in our society. Most women tend to be embarrassed, ashamed, or at least very private about their abortion experience. A study, reported in 1990 by clinical psychologist Catherine A. Barnard, Ph.D., showed that overall, 18.8% of the women surveyed had diagnosable post-traumatic stress disorder. In addition to this, 39-45%

had sleep disorders, hypervigilance, flashbacks, and other high-stress reaction. Barnard concluded that it is very possible that almost half of women having an abortion are suffering emotional trauma as a result of it.⁹

Officials from the Center for Disease Control (CDC) say that abortion has caused traumatic psychological changes for some women.¹⁰ While the American Psychiatric Association (APA) has not taken a position on PAS, it has listed the abortion experience as a stressor event which can trigger post-traumatic stress disorder (PTSD).¹¹ Even pro-aborts reluctantly acknowledge the existence of PAS. Dr. Barbara Dambach, a psychologist and feminist therapist says of abortion, *"Usually...[it] is a very difficult decision to make, often a moral dilemma and an experience that requires a healing, grieving process..."* (emphasis added)

Post Abortion Syndrome Symptoms

- Denial, anger, guilt
- Despair/depression
- Child abuse
- Inability to forgive self/others
- Recurring nightmares, flashbacks
- Grief and mourning
- Eating disorders
- Suicidal tendencies
- Low self-esteem
- Fear of becoming pregnant again
- Preoccupation with death/the abortion date
- Overwhelming desire to have a replacement baby
- Loss of tenderness toward infants and pregnant women
- Sexual coldness, hostility toward men
- Drug or alcohol abuse
- Promiscuity



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Abortion Risks Women's Health



Physical Risks
Post-Abortion Syndrome
Breast Cancer Connection

"In medical practice, there are few surgical procedures given so little attention and so underrated in its potential hazards as abortion. It is a commonly held view that complications are inevitable."

- Dr. Warren Hern, world renowned abortionist

Surgical Abortion Complications

Approximately 10% of women undergoing abortion will suffer immediate complications, of which about one-fifth are considered life threatening. Women who have multiple abortions face a much greater risk of experiencing these same complications. This is significant since about 45% of all abortions are for repeat aborters.

Uterine Perforation

Between 2 and 3% of all abortion patients may suffer perforation of the uterus. The risk is increased for women who have previously given birth and for those who receive general anesthesia at the time of abortion.



Bladder Injury

This can cause peritonitis (an inflamed, infected lining of the abdomen), with all its pain, dangers and necessary reparative surgery.

Bowel Injury

This will cause nausea, vomiting, abdominal pain, fever, blood in stool, peritonitis, and death if not treated quickly enough. A portion of the intestine may have been taken out, and a temporary or permanent colostomy may be put in your abdomen.

Ectopic (Tubal) Pregnancy

An ectopic pregnancy is any pregnancy that occurs outside the uterus. After an abortion you are 8 to 20 times more likely to have an ectopic pregnancy. If not discovered soon enough, an ectopic pregnancy ruptures, and you can bleed to death without emergency surgery. Statistics show a 30% increased risk of ectopic pregnancy after one abortion and a 160% increased risk after two or more abortions. There had been a threefold increase in ectopic pregnancies in the U.S. in the decade immediately following legalizing abortion (1970-1980).

Effects on Future Pregnancies

If you have an abortion:

- (1) You will be more likely to bleed in the first three months of future pregnancies.
- (2) You will need more manual removal of placenta more often and there will be more complications with expelling the baby and the placenta.
- (3) Your next baby will be twice as likely to die in the first few months of life.



- (4) Your next baby will be 3 to 4 times as likely to die in the last months of his first year of life.
- (5) Your next baby is more likely to be born prematurely or with a low birth weight with all the dangerous and costly problems that entails.

Failed Abortion

Sometimes an abortionist fails to evacuate the placenta, parts of the baby, umbilical cord or amniotic sac from the mother's body causing pain, bleeding or a low-grade fever. Besides antibiotics and possible hospitalization, you may require additional surgery to remove these remaining pieces. Failure to successfully abort the unborn younger than 6 weeks is relatively common.

Hemorrhage

One to fourteen percent of women require a blood transfusion due to bleeding from an abortion.

Hepatitis

This can occur if you have to have a blood transfusion after an abortion.



Infection

Mild fever and sometimes death occurs when there is an infection from an abortion. This happens in anywhere from 2-25% of women.

Pelvic Inflammatory Disease (PID)

PID is a potentially life threatening disease which can lead to an increase risk of ectopic pregnancy and reduced fertility. Of the 20-27% of abortion patients who have a chlamydia infection at the time of the abortion, 23% of them will develop PID within 4 weeks compared to the 5% of patients not infected with chlamydia.

Laceration of the Cervix

About 5% of women suffer this during an abortion. This causes you to have nearly a 50/50 chance of miscarrying in your next pregnancy if it is not treated properly during that pregnancy.

More Miscarriages Later

Women who have had two or more abortions have twice as many first trimester miscarriages in later pregnancies. There is a tenfold increase in the number of second trimester miscarriages in pregnancies that follow an abortion.

Placenta Previa

Placenta previa occurs 6 to 15 times more often after a woman has had an abortion. In this condition your baby's placenta lies over the exit from the uterus so that the placenta has to be delivered before the baby can get out. This

sometimes causes the mother to bleed severely and the baby die.

Rh Incompatibility

Your doctor should be sure of your baby's Rh blood type if you are Rh-negative, so that he can protect you and your next baby against future Rh incompatibilities. These Rh incompatibilities

- (1) can require that future babies will need transfusions soon after birth
- (2) may cause future babies to be born dead
- (3) may cause future babies to die soon after birth

Severe, Rapid Bleeding

You may develop DIC (disseminated intravascular coagulopathy) from your abortion. This means your blood does not clot and you will bleed uncontrollably. DIC is extremely life threatening and difficult to treat. It occurs in 2-out-of-1,000 second trimester abortions and 6.6-out-of-1,000 (nearly 1-in-150) saline abortions.

Sterility

After an abortion you may become sterile. This happens in 2-5% of women. The risk of secondary infertility among women with at least one induced abortion is 3-4 times greater than among women you have not aborted.

Unrecognized Ectopic Pregnancy

Your doctor may try to abort the baby but be unsuccessful because it is developing in your fallopian tube. Unfortunately this tubal pregnancy ruptures later and emergency surgery must be done to save your life. All women in their first trimester should have an ultrasound to make sure they do not have an ectopic pregnancy.

Death

The best record based study of death following pregnancy and abortion found that women who abort are approximately 4 times more likely to die in the following year than women who carry their pregnancies to term.

RU-486 Complications

RU-486 is a two pill regimen. The first is the French abortion pill RU-486 (mifepristone). The second is a prostaglandin drug registered in the U.S. under the trade name Cytotec (misoprostol). When the U.S. Food and Drug Administration (FDA) gave its permission for the use of this chemical abortion procedure, it gave permission for the "off-label use" of Cytotec. In response to this, the manufacturer of Cytotec, G.D. Searle, mailed a letter of warning to all interested doctors in the U.S. This letter warns:

"Serious adverse events reported following off-



label use of Cytotec in pregnant women include maternal or fetal death; uterine hyperstimulation, rupture or perforation requiring uterine surgical repair, hysterectomy or salpingo-oophorectomy; amniotic fluid embolism; severe vaginal bleeding, retained placenta, shock, fetal bradycardia and pelvic pain"

Experts Report Dangers

The FDA lists 30 cases of uterine rupture linked to Cytotec when used to induce labor that caused the deaths of 2 women and 8 babies (*Mother Jones* magazine). Dr. Marsden Wagner, formerly with the World Health Organization, says that Cytotec is not used to induce labor in Europe because of health concerns and chides American physicians for participation in "vigilante obstetrics." During the U.S. trials in Iowa, a woman nearly bled to death. Clinical trials of mifepristone were suspended in Canada after a woman who had used the drug died from septic shock resulting from a clostridium infection.

According to the Beijing Chenbao (Beijing Morning Post), October 9, 2001, China's State Drug Administration recently issued a notice forbidding pharmacies in the country to sell mifepristone (RU-486) *"in order to guarantee patients' safety and protect their health."* Ironically, the mifepristone pills that American women are taking are manufactured in China, by the Shanghai Hua Lian Pharmaceutical Company. This company has been cited by the U.S. House Commerce Committee for "bringing mislabeled and impure drugs into the United States."

According to the FDA, 90% of women report adverse reactions to Cytotec when used in abortion. Profuse bleeding is an expected side effect. One in fifty bleed so profusely that they need their wombs scraped out and some may require emergency blood transfusions. Bleeding generally continues for an average of 9 to 16 days. One in ten bleed for 30 days or more. Additional side effects include abdominal pain (1/3 need narcotics), nausea, headache, vomiting, diarrhea, dizziness, fatigue, back pain, fever, viral infections, vaginitis, chills, insomnia, weight loss, leg pain, anxiety, anemia, leukorrhea (vaginal discharge) and pelvic pain. Less common are other life-threatening complications such as blood clots, pulmonary embolism and disseminated intravascular coagulation (sudden inability of the blood to clot).



Psychological Effects

In addition to the physical risks of taking RU-486 are the increased emotional effects. Edouard Sakiz, then-chairman and CEO of Roussel Uclaf, the original manufacturer of RU-486, said that for the woman who takes this drug, *"It's an appalling psychological ordeal."* In the past, women have taken some