

AAPLOG – THE AMERICAN ASSN OF PRO-LIFE OB/GYNS

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Sept 08

**ON THE ASSOCIATION BETWEEN
CEREBRAL PALSY / EXTREME PREMATUREITY / INDUCED ABORTION**

“.....then the relative risk for cerebral palsy among surviving VLBW infants would be 38 times that in the general population.”

In the existing medical literature, there is very strong evidence of an association between induced abortion and premature birth, especially extreme (22-28 wk) premature birth. We find it strange indeed that the ACOG continues to deny that there is credible literature validating this association. [The ACOG Practice Bulletin #26, unchanged since 2001, and reaffirmed yearly in the ACOG Compendium of Selected Publications, states: "Long term risks sometimes attributed to surgical abortion include potential effects on reproductive function, cancer incidence, and psychologic sequelae. However, the medical literature, when carefully evaluated, clearly demonstrates no significant negative impact on any of these factors with surgical abortion." (This Bulletin was replaced in Oct, 2006 with Practice Bulletin #67, which does not repeat this misinformation. However, neither is there correction of this misinformation in any ACOG literature we have seen to date.) The ACOG sponsored Amicus Brief in the January 2006 Supreme Court case on parental notification (Ayotte vs Planned Parenthood of Northern New England) states unequivocally, "The evidence belies any serious long term health consequences of abortion for minors. Contrary to the claims of the State and its amici, there is simply no reliable evidence that abortions are harmful to minors' health. Extensive reviews have concluded that there are no documented negative psychological or medical sequelae to abortion among teen-aged women. Minors who obtain an abortion are not at greater risk of complications in future pregnancies, future medical problems, or future psychological problems." This type of dogmatism is obviously contrary to a large volume of published evidence.] And the March of Dimes, in their major initiative to find the causes of the preterm birth "epidemic," fails to even mention the word "abortion" in their radio and TV spots on the topic, nor does the word "abortion" appear anywhere on their website entries discussing this major problem.

Consider this example from existing scientific literature: (Lumley, J. The association between prior spontaneous abortion, prior induced abortion, and preterm birth in first singleton births. *Prenat Neonat Med* 1998 3: 21-24). This Australian data base of 250,000 births showed a 60% increase (RR 1.6) in extreme premature birth after one abortion (mostly suction curettage), and a 150% increase (RR 2.5) after 2 abortions, 460% increase (RR 5.6) after 3 abortions, and 800% increase (RR 9) after 4 or more abortions. Over 59 studies show an abortion/ preterm birth association, with a definite "dose relationship."

So one would think the medical authorities would suggest looking into the association. But so far, no such suggestion is forthcoming. Since abortion is a "privacy issue," many feel it is not really appropriate for us to delve into such matters. Nor is it even possible, since, due to inadequate record keeping, it would be difficult, if not impossible, to find a large enough

prospective data base for abortion in America, let alone to link it to subsequent pregnancy outcomes.

But the Australians and Europeans have such data bases, and have, in fact, looked into the matter, and have come up with a strong association. Thus, it would seem obvious that extreme prematurity (22 to 28 wks), and the associated cerebral palsy risk, is a problem worth our attention (and worth an informed consent discussion with the patient) .

The following is taken from a letter by Brent Rooney, Canadian medical literature researcher, printed in the European Journal of Ob/Gyn and Reproductive Biology 2001: 96, 239-40:

“In their excellent review of CP (Cerebral Palsy) history, Schifrin and Longo end with the words, "We need to let the truth take us where it will."(1) This letter assumes that there is the courage to do exactly that. Although the etiology of CP has many uncertainties, preterm birth and incompetent cervix are considered to be risk factors.(2) A preterm new-born is much more likely to be Very Low Birth Weight (VLBW: birth weight under 1500 grams) than a full-term newborn. A Swedish study of 19 year-old boys reported fifty-five times the normal risk of CP for boys with VLBW (95% CI 40.8-75.2).(3) From a 1991 CP-VLBW meta-analysis: ‘If one assumes the incidence of cerebral palsy in the general population to be 2/1000 live births **then the relative risk for cerebral palsy among surviving VLBW infants would be 38 times that in the general population.**’(4)

There are at least seventeen (17) (Ed. Note: that was in 2001. There are now over 50) studies that have found that previous induced abortions increase preterm birth risk.(8-24) The latest of these studies reported on 61,000 Danish women and is one of the largest studies ever done linking "terminations" to later prematurity.(9) The relative risk of a very preterm birth (before 34 weeks' gestation) for Danish women with one pre-vius induced abortion is 1.99. The RR for one previous "evacuation" abortion is 2.27.(5) The relative risk of a pre-term birth for women with two previous "evacuation" type abortions is 12.55.(5)

Why the silence about the abortion- prematurity risk and cerebral palsy from medical researchers? Let's have the courage to explore this credible risk with the definite possibility that what is learned may help reduce the cerebral palsy rate and the heartache that it causes the affected infants and parents.”

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AAPLOG note: with the marked increase in extreme preterm birth (VLBW), which in itself gives rise to a marked increase in cerebral palsy, one would think the American medical minds would be interested in exploring this association. Privacy issues can be solved by encoding SS numbers. But in the American system, we don't even have a data base for most abortions, as they are done in free standing clinics, for cash, with inadequate records, and there is essentially no long term follow up. What an enlightened system—based on a kind of premeditated ignorance/absence of data—and called, by the establishment, “reproductive health care.” ACOG's official denial (noted above) of any long term complications of induced abortion only adds to the darkness.

Surely we can do better than this as we strive to decrease extreme preterm birth, with its attendant mortality and morbidity, including an excessive rate of cerebral palsy.

References available by email request.