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Abortion and Mental Health

There are few issues related to abortion as controversial as the potential link between abortion and mental health complications. Of course, mental health risks can be difficult to decipher, because often poor social support and difficult life circumstances can factor into a woman's decision to have an abortion, and these can affect her mental health as well. Most pro-choice advocates recommend abortion to a woman in crisis under the assumption that it will resolve the crisis and lead to better mental health outcomes for the woman. They may interpret the "relief" a woman feels with the resolution of the pregnancy crisis to mean that there could be no mental harm from the procedure.[1] *Pro-life advocates, particularly those who work with women who have had mental health crises that they attribute to their abortion, argue the opposite, that intentionally ending the life of an unborn child leads to much guilt and regret for a woman, triggering symptoms of anxiety, depression, substance abuse and potentially suicidal thoughts. An honest evaluation of the literature is imperative for those who care for women.*

Background

The Pro-abortion Advocacy of Professional Society Reports

National Academy of Science (NAS)
From 1993 to 2018, there were 75 studies examining the abortion-mental health link, of which 2/3 showed an increased risk of mental health complications after abortion. Yet, recently, the National Academies of Science, Engineering and Medicine (NAS) published a widely reported book, *The Safety and Quality of Abortion Care in the United States*, which concluded that induced abortion is extremely safe.[2] It concluded that serious complications or long term physical or mental health effects are virtually non-existent. It stated that abortion is so safe that the only deterrent to its safety is legislative restrictions enacted by the states that may prevent a woman from accessing an abortion immediately, "creating barriers to safe and effective care". Abortions can be performed safely in an office-based setting or by telemedicine without the need for hospital admitting privileges. No special equipment or emergency arrangements are required for medical abortions. It is so safe, in fact, that it does not need to be performed by physicians; it can safely be performed by trained certified nurse midwives, nurse practitioners, and physician assistants. The NAS concluded that abortion has no long-term

Committee on Practice Bulletins. This document was developed by the Practice Bulletin Committee to provide evidence for pro-life practice. Because of the gravity of issues addressed by AAPLOG, variation in practice regarding matters of fetal life should be undertaken only after serious consideration of the literature cited by this document.

adverse effects, and it specifically does not increase the risk of preterm delivery, mental health disorders or breast cancer.

The National Academy of Sciences has a prestigious professional reputation, so at first glance this statement appears to settle the issue. The NAS is a private nonprofit foundation comprised of scholars in operation since the presidency of Abraham Lincoln. It currently consists of 2100 members, and its past membership has included over 500 Noble Prize winners. The organization was founded to be free from bias. From their best practice's guidelines, "On Being a Scientist," the NAS states:

> *The scientific research enterprise is built on a foundation of trust. Scientists trust that the results reported by others are valid. Society trusts that the results of research reflect an honest attempt by scientists to describe the world accurately and without bias. But this trust will endure only if the scientific community devotes itself to exemplifying and transmitting the values associated with ethical scientific conduct.*[3]

Does today's National Academy of Sciences still adhere to this ethical standard? In 2006, the Center for Science in the Public Interest stated in their watchdog report: *Are the National Academies Fair and Balanced?: One in Five Scientists on NAS Issue Panels Tied to Firms Involved in the Issue*. "We found serious deficiencies in the NAS committee's selection process… The NAS has allowed numerous scientists and others to sit on committees… These conflicts of interest are usually not disclosed to the public."[4] It appears that there are a number of financial or institutional conflicts which have not been disclosed by the current academy members.

The origin of the NAS Abortion Safety report demonstrates these biases. The NAS report acknowledges:

> *Funding for this study was provided by The David and Lucile Packard Foundation, The Grove Foundation, The JPB Foundation, The Susan Thompson Buffett Foundation, Tara Health Foundation, and William and Flora Hewlett Foundation.*

In 2016, these six outspoken pro-choice organizations (Packard, JBD, Grove, Buffett, Tara Health and Hewlett Foundations) all have donated liberally to promote abortion. The Susan T Buffett Foundation is the largest non-governmental funder of abortion worldwide, with a total of $1.2 billion donations, including $300 million to Planned Parenthood and $88 million to UCSF Bixby Center for Global Reproductive Rights. It is clear that these organizations hoped the NAS would create a report exonerating abortion of the implications that it could result in adverse effects, and that is exactly what they got for their money.

Regarding the abortion-mental health link specifically, the NAS simply ignored most of the 75 published studies and chose only seven studies to review. Five of these seven studies were derived from the same group of women, the Turnaway cohort[5] and the remaining two were reviews by professional organizations: the American Psychological Association (APA)[6] and the Royal College of Psychiatrists.[7]

Problems with the Turnaway cohort.

The Turnaway cohort is a database accumulated by Advancing New Standards in Reproductive Health (ANSIRH). Led by longtime abortion activist Dr. Daniel Grossman,[8] who has extensive financial ties to the abortion industry, ANSIRH accumulated a

database to rebut any association between abortion and adverse mental health outcomes. This database is the Turnaway cohort, which has resulted in numerous publications all based on the same database.

The Turnaway cohort has been extensively criticized for its poor participation rate and high attrition. Only 37% of the women approached agreed to participate, and an additional 44% dropped out before the study's completion. This leaves a cohort of only 17% of those originally surveyed.[9] This extremely low participation rate calls into question whether a self-selection bias occurred, since women more deeply wounded would reasonably be less likely to participate in such a study, falsely lowering the final incidence of mental health problems.

Other important details regarding this cohort were also missing, such as how many women in late gestational ages were included, since a known risk factor for adverse mental health consequences is advanced gestational age. The six mental health measures considered in the study were very simplistic. Yet, five of the total seven studies that the NAS relied on came out of this flawed cohort, performed by a known pro-abortion organization.

In summary, the NAS examined only seven papers coming from only three study groups out of the then existing 75 published studies to make their determination of no effect of abortion on subsequent mental health. Worse, one of those study groups, the Turnaway study which formed the basis of five of the seven total studies reviewed, was deeply flawed by an extremely low participation rate and extremely low follow up rate. Not surprisingly, considering the NAS preexisting bias, the answer the NAS produced for its funders was "no link" between abortion and mental health complications.

American Psychological Association (APA) Bias

There are other professional organizations in medicine and psychology that also have a pro-choice bias which affects their interpretation of the literature. Prior to Roe v. Wade, the APA had previously advocated for abortion on demand, stating in 1969, "Termination of pregnancy should be considered a civil right of a pregnant woman".[10] In 2008, the APA published: "There is no credible evidence that a single, elective abortion of an unwanted pregnancy, in and of itself, causes mental health problems for the adult woman."[11]

It should be noted, however, that most women who present to an abortion clinic in real life are **not included** by this statement, since:

- 40-50% of American women have had multiple abortions.[12]
- 20-60% of women may desire their pregnancy but experience pressure or coercion to terminate. (14% lack support from husband or partner; 19% not sure about relationship; 25% don't want others to know about pregnancy; 14% husband or partner wants the abortion; 6% parents want the abortion)[13]
- Others may terminate a desired pregnancy due to perceived health risks for themselves (12%), or perceived abnormalities in the baby (13%).[14]
- 15-30% of abortions occur in minor women, and at least two studies showed that these young women have a significantly higher suicide rate than their peers.[15,16]

- 20-50% of women have preexisting mental health conditions that may be triggered or aggravated by the abortion.[17,18]
- A late-term abortion is also a significant risk factor for psychiatric distress after an abortion.[19]

In fact, if the 14 risk factors for adverse mental health outcomes published in the APA statement[20] are applied to the cohort of women who present to the abortion clinic, then the overwhelming majority of women have at least one of the 14 risk factors. That means a majority of women who actually abort are at risk for adverse mental health outcomes.

Royal College of Psychiatrists Report

Similarly, a 2011 Systemic Review on Induced Abortion and Mental Health from the Royal College of Psychiatrists of all the scientific literature on the topic from 1990 onward found no evidence of adverse mental health consequences after abortion.[21] However, as in the NAS study, many studies were excluded without explanation. Only three reviews of the literature were included but 19 were "missed". Twenty-seven empirical studies identifying risk factors were included, but 20 were ignored without explanation. One of the given explanations for exclusion was if the follow-up was 90 days or less. But surely, we should care if a woman has significant adverse mental health effects within the first 3 months. That would still be important. Not surprisingly, many of the excluded studies demonstrated adverse post-abortion consequences.[22]

Evaluating Existing Studies for Quality

Coleman Scoring Rubric

Dr. Priscilla Coleman, who has extensively studied the association between abortion and mental health, developed an assessment tool with a rubric consisting of nine scientific factors, each of which is scored from 0 to 4. Total scores range from 0 to 36, with higher scores indicative of a stronger overall scientific methodology. The factors incorporated into the assessment tool are listed as:

1. **Sample size**
2. **Generalizability**--does the sample adequately represent the population?
3. **Consent to participate or initial response rate**
4. **Concealment**--many don't want to reveal abortion
5. **Confounding control**--variables likely to be systematically related to the choice to abort
6. **Control group**--those who have not experienced an abortion
7. **Measures-assessment of validity and reliability** of instruments used
8. **Prospective**
9. **Attrition rate**

Dr. Coleman has now applied this assessment tool to a literature review, examining all studies published world-wide from 1993 to 2018. The paper will be submitted for publication early in 2020. Coleman's preliminary findings were presented at the Matthew Bulfin Educational Conference in 2019. Coleman's presentation included data which showed that of the 75 published studies reviewed, 49 (65%) showed a positive correlation between abortion and adverse mental health consequences, and 26 (35%) showed no correlation. The majority of highly reliable studies demonstrated an association.

Reardon Composite Descriptions

Dr. David Reardon, in an insightful paper,[23] acknowledges that many pro-choice advocates will

concede that some women have adverse mental health consequences after abortion, but they feel the procedure itself has minimal impact and the adverse consequences are more likely to be related to the situation that drove them to the abortion. He splits the ideologic camps into abortion-mental health "minimalists" and "proponents", mirroring the controversy often seen regarding climate change. He described two composite young women who had abortions:

"**Allie All-Risk"** *is a 15-year-old abuse victim with a history of anxiety and depression. She was raised in church and believes that abortion is the killing of a human being. She has always wanted to be a mother and when she becomes unintentionally pregnant with her older boyfriend, she is excited. However, her boyfriend and her parents do not want her to have a child and coerce her into an abortion.*

"Betsy Best-Case" *also becomes pregnant. She is 32 years old, was raised in a secular home, does not desire to become a mother, and is very focused on her career. She easily chooses to have an abortion because she believes the value of a "person" is not based on biological features, but on the individual capacity to have a fulfilling life.*

It is easy to see that these two different women have far different risks for suffering adverse mental health consequences after their abortions. Honest pro-choice advocates should acknowledge this if they truly care for the well-being of women. The 96% of Planned Parenthood's pregnancy services which are abortions fit the perceived needs of Betsy Best Case. However, it is clear that offering abortion as the only option does not fit individual psychological needs of women like Allie All Risk.

Clinical Considerations and Recommendations

What risk factors may place a woman at increased risk for mental health complications after abortion?

The world literature on abortion and women's mental health has grown considerably over the past several decades and the scientific rigor of the published studies has increased substantially. Identification of risk factors for adverse outcomes and exploration of a wide range of negative psychological consequences have been the focus of most of this research. [24,25,26]

Numerous studies have identified the demographic, individual, relationship, and situational characteristics that place women at risk for psychological disturbance in the aftermath of abortion. Up to 146 risk factors have been identified. Among the most thoroughly substantiated risk factors are the following:

1. Perceptions of the inability to cope with the abortion.[27]
2. Low self-esteem.[28]
3. Difficulty with the decision.[29,30]
4. Emotional investment in the pregnancy.[31,32]
5. Perceptions of one's partner, family members, or friends as non- supportive.[33]
6. Timing during adolescence or being unmarried. [34 35,36]
7. Pre-existing emotional problems or unresolved traumatization.[37]
8. Involvement in violent relationships.[38,39]
9. Traditional sex-role orientations.[40]
10. Conservative views of abortion and/or religious affiliation.[41]
11. Pregnancy is intended.[42,43,44]
12. Second trimester.[45]

13. Pre-abortion ambivalence or decision difficulty.[46]
14. When women are involved in unstable partner relationships.[47]
15. Feelings of being forced into abortion by one's partner, others, or by life circumstances.[48]

Studies done with nationally representative samples and a variety of controls for personal and situational factors that may differ between women choosing to abort or deliver indicate abortion significantly increases risk for the following mental health problems:

1. Depression.[49,50,51,52,53]
2. Anxiety.[54,55]
3. Substance abuse.[56,57,58,59]
4. Suicide ideation and behavior.[60,61]

Abortion is associated with a higher risk for negative psychological outcomes when compared to other forms of perinatal loss and with unintended pregnancy carried to term.[62,63,64]

There is consensus among most social and medical science scholars that a minimum of 20 to 30% of women who abort suffer from serious, prolonged negative psychological consequences,[65,66] yielding at least 260,000 new cases of mental health problems each year.

Adjustment to abortion is a highly individualized experience as Goodwin and Ogden noted: "women's responses to their abortion do not always follow the suggested reactions of grief but are varied and located within the personal and social context."[67]

Women who perceived pre-abortion counseling as being inadequate were more likely to report relationship problems, symptoms of intrusion, avoidance, and hyperarousal and to meet diagnostic criteria for Posttraumatic Stress Disorder (PTSD). Women who disagreed with their partners concerning the decision to abort were more likely to report symptoms of intrusion and to meet the diagnostic criteria for PTSD.[68]

Women who have abortions after the first trimester may be at greater risk for experiencing trauma symptoms than those who have an abortion during the first 12 weeks of pregnancy.[69]

Women who suffer from mental health problems associated with abortion may find a path to healing through conventional therapeutic interventions or through faith-based counseling. Unfortunately, very little research has been conducted to assess the efficacy of various treatment protocols.

Summary of Recommendations and Conclusion

The following recommendations are based on good and consistent scientific evidence (Level A):

1. Women who have abortions after the first trimester may be at greater risk for experiencing trauma symptoms than those who have an abortion during the first 12 weeks of pregnancy.
2. All women who present for elective abortion should be screened for risk factors for adverse mental health outcome and these risk factors discussed with the patient as part of informed consent.

The following recommendation is based on limited and inconsistent scientific evidence (Level B):

Women experiencing adverse mental health outcomes after abortion may benefit from mental health interventions.

The following recommendation is based primarily on consensus and expert opinion (Level C):

> More research on short and long term mental health outcomes after abortion should be a priority for researchers.

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The MEDLINE database, bibliographies of relevant guidelines, and AAPLOG's internal sources were used to compile this document with citations from 1985 to the publication date. Preference was given to work in English, to original research, and to systematic reviews. When high-quality evidence was unavailable, opinions from members of AAPLOG were sought.

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