

Possible Effects of Abortion

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1. PHYSICAL COMPLICATIONS

In looking at complications from abortion it may be helpful to understand something of the process first. This section will look at both Surgical Abortion (Suction Curettage) and EMA or Early Medical Abortion processes and complications.

Surgical Abortion - Suction Curettage

General Process

- Referral to clinic or hospital by GP / Family Planning Association
- Counselling offered, not compulsory
- Scan usually to determine dates
- 2 doctors to sign off – one a practising Obstetrician Gynaecologist
- If opts for abortion, aim to complete by end first trimester
- Procedure explained
- Tablet given to soften cervix - sedation given
- Operating theatre perform suction curettage
- Observation for a few hours, cup of tea, home
- 6 week follow up

Note: Immediate complications are dealt with by the clinic or hospital staff. Incomplete termination usually requires a further operation such as Dilation & Curettage. Otherwise if problems occur the patient is directed to go to her GP.

Complications

Physical complications may arise immediately after the operation or occur later.

Immediate physical complications of uterine perforation, haemorrhage or septicaemia can be serious though in NZ is not fatal, as we have a good standard of medical care to ensure this.

When there are retained foetal or placental products from an incomplete abortion, then another operation (usually dilation and curettage) may be required to evacuate the uterus.(1)

Chronic or long term problems may include:

- Gastro-intestinal Disturbances
- Infection including
 - Pelvic Inflammatory Disease and possible associated infertility
 - Endometritis
- Problems with future pregnancies such as
 - Placenta praevia
 - Ectopic pregnancy
- Cervical lacerations & cervical incompetence predisposing to
 - Premature delivery
 - Labour complications(2)
- Links between abortion and breast cancer are being made, although the research is conflicting

The following complications were reported by the Abortion Supervisory Committee for the 1999 year.

<i>Number</i>	<i>Complication</i>
1	Cervical Laceration Tear
15	Perforation of the Uterus
19	Haemorrhage 500 mls or more
25	Retained Placenta Tissue
1	Failed Termination Requiring 2nd Procedure
1	Seizure
1	Pain Post-op
63	Total

Statistics fail to give an accurate picture of the extent of problems in the New Zealand population. Many of the physical problems associated with an abortion occur after the post-operative period and some become long-term problems which can be painful and upsetting for women. Women confront general practitioners with physical problems but often the possible connection to a recent or past abortion is neither explored nor registered.

References:

1. *Complications of termination of pregnancy: a retrospective study of admissions to Christchurch Women's Hospital, 1989 and 1990*, NZ Medical Journal, March 1993
2. *The Aftereffects of Abortion*, <http://www.afterabortion.org/complic.html>

See also "Considering Abortion" booklet, the Ministry of Health, NZ - goto <http://www.moh.govt.nz/moh.nsf/pagesmh/1301?Open> and <https://abortion.org.nz/>

Early Medical Abortion (EMA)

Process

- Decision phase
- Scan to determine dates and exclude ectopic pregnancy, blood tests for a baseline HCG
- Administration Mifepristone tabs – point of no return
 - takes time for Mifepristone to reach and be taken up by progesterone receptors
 - detachment of gestational sac and cervix opens
- 5% expel before Misoprostol given, 24% 4-5 hours after, others more than 24 hours later
- Keep interval between each as short as possible to decrease side effects
- Misoprostol given usually 36-48 hours after first tablets
- Once expulsion complete patient goes home or in some areas patient take medication on site and allowed to go home under certain conditions – has support, has phone, speaks English

Complications

- Heavy bleeding normal, but if excessive requires intervention
- Pain relief
- Diarrhoea
- Vomiting
- If pregnancy continues 70% will have miscarriage
- Infection

Follow Up

- 2-6 weeks later to check successful expulsion, exclude complications and for contraceptive counselling
- Ultrasound performed and clinical findings e.g. HCG test most reliable &/or gynaecological examination

- Expulsion complete from a medical TOP if there is less than 20% of initial value within 7-10 days
- Expulsion complete from a surgical termination when 50% of HCG drops within 48 hours
- If urine test inconclusive then blood tests are done

(Notes from Mifepristone in Australasia Conference, Abortion Providers' Conference, Wellington, October 2009)

2. PSYCHOLOGICAL EFFECTS

There is a general perception that women are liberated by abortion. However, the attempt to "get rid of" a problem, often produces problems of its own. There is no such thing as a simple uncomplicated abortion, because abortion is always the disruption of the psycho-biological process of pregnancy (1)

Dr Julius Fogel, a psychiatrist and obstetrician who has performed hundreds of abortions himself said: *One is dealing with the life force. It is totally beside the point whether or not you think a life is there. You cannot deny that something is being created and that this creation is physically happening... Often the trauma may sink into the unconscious and never surface in the woman's lifetime. But it is not as harmless and casual an event as many insist... A psychological price is paid. It may be alienation; it may be a pushing away from human warmth, perhaps a hardening of the maternal instinct. Something happens on the deeper levels of a woman's consciousness when she destroys a pregnancy.* (2)

Regardless then of how a woman views the developing baby growing inside her or experiences her pregnancy, there is a sense there exists a primitive bond, which although not able to be glimpsed from the outside can be a profound attachment that may seem shadowy and submerged even to her. If this was not the case, having an abortion would not be more difficult than having a tonsillectomy or appendectomy.(3)

There are physiological changes associated with the disruption of an otherwise normal pregnancy, and sudden hormonal changes can create mood swings and bodily upsets in the early stages after an abortion, as with any pregnancy loss.

Termination of pregnancy for health reasons or for foetal abnormality can be complex and mourning may be complicated.

Significant distress may be experienced, particularly for women who suffer post-operative complications necessitating further treatment and/or hospital admission, those who experienced a high degree of ambivalence about the pregnancy, moral conflict over the abortion decision, or pressure to abort the baby.

In the absence of initial complications, the short term effect of an abortion is often relief - the operation is over and there is no longer a need to face the unwanted or difficult pregnancy with all the accompanying distress and subsequent responsibilities. This may be "followed by a period psychiatrists identify as emotional "paralysis", or post-abortion "numbness." (4) Psychological coping mechanisms, such as denial and repression of feelings, tend to come into action fairly quickly, to cope with the stress and changes incurred in the decision making process, living through the actual procedure, the recovery and adjustment period afterwards, relationship issues and other aspects.

Some women appear to adjust well to the losses and changes from an abortion, others may experience acute and severe reactions. Some have no identifiable symptoms and

show few negative reactions initially, but may be at risk of developing symptoms of at some future stress point (often a new pregnancy, inability to conceive or complete a pregnancy, or some other major loss or crisis). Many women are suffering emotionally from a procedure which was supposed to be emotionally benign.(5)

References:

1. *Complicated Mourning: Dynamics of Impacted Post Abortion Grief*, Anne Speckhard, PhD, and Dr Vincent Rue, PhD, Pre-and Perinatal Psychology Journal, 1992
2. *Aborted Women: Silent No More* By Dr David C Reardon, Loyola University Press, 1987, p141
3. *Complicated Mourning: Dynamics of Impacted Post Abortion Grief*, Anne Speckhard, PhD, and Vincent Rue, PhD, Pre- and Perinatal Psychology Journal, 1992, p2
4. *Bereavement in Post-Abortive Women: A Clinical Report, presented at the annual meeting of the Canadian Psychiatric Association*, Kent, et.al., Saskatoon, Sept. 1977
5. *Giving Sorrow Words*, Melinda Tankard Reist, Duffy & Snellgrove, Sydney, 2000
6. *Post-traumatic stress disorders in women following abortion: Some considerations and implications for marital/couple therapy*, D. Bagarozzi, Internat. Journal of Family and Marriage 1:51-68, 1993; *The Long Term Psychosocial Effects of Abortion*, C. Barnard, Institute of Pregnancy Loss, Stratham, New Hampshire, 1990. Also refer Hanley et al. 1992.

Abortion Loss and Trauma

There is a spectrum of abortion loss and a spectrum of abortion trauma.

Loss incurred may not be just about the baby loss. There may be a myriad of losses experienced including: loss of a role and identity, loss of a dream and life plan, loss of innocence, loss of relationship e.g. with partner, loss of confidence and trust, loss of self esteem or sense of self worth. Whatever changes and losses a person may incur through the abortion experience many people will need to journey through grief at some point.

Trauma associated with an abortion may be minor, moderate or severe. Researchers suggest that women can report abortion-related distress at some point after their abortion. Only a small percentage of women will develop an actual Post Traumatic Stress Disorder (PTSD), symptoms of which may only be triggered later in life. Trauma can relate to either the actual procedure or how they were treated by people or other factors around the experience. Some women may deny having had an abortion, and others may not recognise or acknowledge any trauma relating to the event. This can be a significant contributing factor to the development of post traumatic stress.(6)

In 1987, the American Psychiatric Association stated in its then newly revised manual of diagnostic criteria, the Diagnostic and Statistical Manual of Mental Disorders III-R (DSM-III-R), that abortion is a type of 'psychosocial stressor' (an event outside the range of usual human experience) of the type capable of causing 'post-traumatic stress disorder'. Interesting that it was removed as a recognised stressor in subsequent editions of the manual, which may have more to do with politics than reality. Certainly for a small percentage of our clients PTSD is part of their experience post abortion. It doesn't matter what the pattern of symptoms is labeled the important thing is to be aware of and acknowledge when dealing with post-abortive women that their symptoms and experiences are real, and provide appropriate counselling and support to manage what is being presented.

Grief After Abortion

Every mother or father of an aborted child holds a reality deep within, a knowing of something lost, gone forever that cannot be brought back or replaced. There will always be a void in their lives - a void which for some is made more painful by memories and regrets, and dreams of what their child might have been.(1)

Grief is a normal, natural, healthy process, of acknowledging and experiencing our real feelings about and adjusting to living with any significant loss. Expressing painful and hurtful feelings helps to release you from them and relieve the pain they induce. Gradually as you move through the feelings, you become less overwhelmed by them and they lose some of their power over us. Some of the feelings may never go away entirely, but the power they have over you and your life will diminish.

After an abortion, it is not unusual after an initial sense of relief, you might plunge into an unpleasant, painful place of distressing feelings and confusing thoughts. Life takes a dip. With awareness of the loss you may sink down and feel overwhelmed. The dip can take you down into a mix of feelings e.g. sadness, hurt, anger, guilt, fear... which may be experienced very intensely, over and over, and mixed together over time. This ebb and flow of feeling can be distressing, and many people try to avoid going through it. However, the only way through is through, if you are to find new features to give your life meaning and direction.

Even though an abortion decision has seemingly been your 'choice' and a voluntary decision, the reality of the loss of the baby through the termination of the pregnancy, often evokes feelings of sadness and grief, which may be expressed immediately following the abortion as distress, or may be suppressed. If you hang on to the feelings they may begin to consume you - you may internalise the feelings and they become more and more who you are, or they may manifest as physical symptoms. Unexpressed feelings, such as anger, may manifest as depression, affecting sleep patterns, appetite, energy levels, libido, ability to concentrate, motivation.... or anger may be expressed outwardly, and sometimes inappropriately, at others.

The perception of loss of a pregnancy is individual, and the experienced impact of the loss of a life through abortion varies from person to person. The significance of that loss may not be uncovered until the healing process has begun and grief is expressed. Understanding the process of grief then, is about understanding the significance of the loss for the self, and what it means. If you experience the abortion as particularly traumatic, or feel that your personal boundaries have been violated, or feel abandoned... and if your grief becomes impacted, the process of recovery may be prolonged and complicated.

Abortion grief may only surface when another significant change or trauma occurs in your life. Conversely, other unresolved grief issues may surface, and need to be dealt with in conjunction with the abortion grief.

Grief is a process and can take time. Sometimes the grief process may begin, but is not completed as you become stuck at a particular point. It can feel particularly difficult to get past the feelings of guilt and anger if these dominate your heart. Before grieving can be fully entered into you need to confront your guilt and deal with anger. You need people who can be there for you, listen to your confusion, tolerate your feelings, and who will give you ongoing support. Sometimes it is helpful to talk to someone uninvolved who has special skills of listening and caring.

*I lament the loss of this pregnancy
I feel empty inside, overwhelmed by a sort of haunting sadness....*

*Why didn't anyone ever tell me that grief felt so like fear,
and that I would cry more than I would laugh..*

*I never dreamed it could be so painful - it all feels so unreal,
My baby is gone, my partner is gone, and I am alone.....*

Abortion Related Post Traumatic Stress Disorder (PTSD)

Although not common following pattern of symptoms consistent with PTSD can sometimes be experienced in relation to abortion.

1. Re-experiencing the trauma

- nightmares, flashbacks, recurrent dreams (of the abortion, the baby or death)
- anniversary reactions (on date of abortion or expected date of delivery)
- distress at exposure to events that resemble some aspects of the abortion (pelvic examination, sexual intercourse, childbirth, sound of vacuum cleaner)

2. Avoidance or denial type behaviours

- avoiding thoughts or feelings about the abortion
- avoiding situations or activities that cause thoughts of the abortion (medical examinations/procedures, exposure to babies or pregnant women, conversations about pregnancy or abortion....)
- memory blocks or inability to recall aspects of the abortion
- emotional numbing, withdrawal from others

3. Increased arousal

- sleep disturbances e.g. insomnia
- irritability or outbursts of anger
- difficulty concentrating
- hypervigilance e.g. being watchful, on the alert, suspicious
- exaggerated startle response - on edge, jumpy, overreactive

As mentioned, numbers of women can experience a degree of trauma following abortion and that is quite normal, but PTSD needs to be diagnosed by a doctor or appropriate health professional. It is recommended that someone experiencing this complex of symptoms seek professional help.

References:

1. *Men and Abortion, Grief and Healing*, Brauning, Dr Wayne, Post Abortion Review, Vol 4, No.4, Fall 1996

3. POSSIBLE SPIRITUAL SEQUELAE

Abortion as a life-death experience can affect a woman at every level of her being - physical, mental, emotional and spiritual. Dealing with the loss of a baby, at the core of her being can be extremely painful. A woman's spirituality, faith or religious beliefs can impact on issues and feelings relating to her abortion.

Often a woman instinctively reacts to an unwanted pregnancy resolving her crisis by having an abortion, and she may not have time or the opportunity to fully explore the possible longer term impact of her decision. Often the seemingly sound practical reasons

for proceeding with an abortion, outweigh spiritual or religious concerns when under pressure to make a decision.

A woman's spirituality and moral beliefs are significant in her experience of abortion and how she frames it up afterwards. For example, if a woman believes she has contradicted the will of God by aborting her baby she may become trapped in long term fear, guilt and shame. Deep hurt may open within her heart and psyche. "Have I made a mistake?" "Will I be punished for this decision?" Devoutly religious women from denominations that ban abortion often fear they may struggle with misgivings about their past abortions, whilst women who feel a less rigid religious identification are sometimes amazed by their spiritual discomfort afterwards.

A woman's sense of her relationship to her body and her ability to create life is significant. For a woman to simultaneously view herself as 'creator' and 'destroyer' can generate confusion, a vital questioning by her of her own character, conflict in her moral convictions and her identity as a spiritual person.(1)

If a woman perceives her abortion experience as traumatic, it may overwhelm her normal coping mechanisms, leaving her feeling not only psychologically but also spiritually wounded. Violence, or perceived violence, traumatises the body, mind and soul. When someone has been traumatised, they may "lose their breath". Recovery from trauma then is also about recovery of the wounded spirit.(2)

Some symptoms of spiritual dis-ease include feelings of fear, despair, impatience, jealousy, disillusionment, emptiness, sadness, anxiety, loneliness, bitterness, hopelessness, boredom, insecurity, irritation, anger...

Other signs of spiritual dis-ease might include:

- indifference towards others or self-pity
- lessening of wonder and enthusiasm
- lessening of gentleness and courtesy, or increased rudeness, teasing, sarcasm, nagging
- bad humour, quarrels, quick temper
- chronic feelings of being used or misunderstood
- routine or mechanical communication, lacking deep connection
- taking advantage of others or taking others for granted
- pre-occupation with or neglect of self
- continuous escapes: do-gooding, overindulgence/misuse of food, alcohol, sex

Women often express this 'disquiet' deep inside, feeling disconnected, alone... and it can seem like nothing quite makes sense anymore. There is a sense that 'something is not right' at the deepest level, indicating a sense of separation from God or spiritual alienation. Guilt and shame can become magnified and the desire to run or hide is a natural response.

Some women describe the feeling of being trapped in a dark place, filled with pain and unspoken fear. A woman's sense of self-worth may decrease and she can sometimes think she cannot possibly be forgiven for her part in the death of her baby. Self-judgement is often huge and self-forgiveness can be the biggest obstacle.

Some of the spiritual work in dealing with the aftermath of an abortion experience may include:

- understanding and moving through denial and grief
- discovering 'how the trauma has affected me' and 'who I am now'
- overcoming guilt and shame
- identifying and resolving the spiritual and moral conflicts that arise

- offering and receiving forgiveness and unconditional love
- finding self-acceptance within present spiritual beliefs or redefining beliefs to include the reality of the abortion

The journey into darkness and isolation can, with appropriate spiritual help lead into the intimacy of being known and the joy of being healed.

From a Christian perspective there is hope - "I know the plans I have for you" declares the Lord, "plans to prosper you and not to harm you, plans to give you hope and a future." (Jeremiah 29:11)

If you are struggling with your spirituality or spiritual issues it can be worthwhile to reach out for appropriate help with a trusted spiritual guide or priest/pastor.

References:

1. *The Healing Choice*, Candace de Puy & Dana Dovitch, Hodder & Stroughton, 1997
2. *A Spirituality of Trauma*, Joe Wardhaugh, FMSA., Human Development Vol 21, No. 3, Fall 2000

4. ASSOCIATED PROBLEMS

Anxiety

Generalised Anxiety - Some people experience a degree of anxiety that may be related to a recent or past abortion. Other factors may contribute to or exacerbate anxiety for a person e.g. violent relationships, existing mental health problems, extraordinary stress, another significant life event. The spectrum of anxiety may range from mild to severe, including agoraphobia or panic attacks. Generalised anxiety may include symptoms of inability to concentrate, difficulty sleeping, worry over future, increased heart rate or palpitations, tension, headaches or gastrointestinal disturbances. If you are concerned please see a doctor. Counselling may help with anxiety producing triggers.

Anxiety over fertility and child-bearing issues - A small percentage of women experience fertility problems which may or may not be related to a past abortion. Some have difficulties with subsequent pregnancies or birth. Numbers of women however, experience a higher than usual anxiety over fertility and child bearing issues. Fear of damage to their reproductive systems or a fear of punishment is often cited. (1)

Preoccupation with becoming pregnant again - It is not uncommon for a woman to have a strong desire to become pregnant again after an abortion. There is for some a sense of emptiness which is a normal part of any pregnancy-baby loss. There may be a drive for a substitute child, trying to replace the child that was lost. This may feel particularly strong if she was ambivalent about the abortion or termination in the first place, or it was a wanted child.

Guilt and Inability to Forgive Oneself

A woman may feel guilt from an abortion where she has violated her moral code, whether that is founded on a personal, religious or cultural belief. For the woman who has come to believe, at some point after the abortion, that she consented to or participated in the termination and death of her pre-born, the burden of guilt can feel huge.

For some women there may be survival guilt - where the decision for abortion felt like a matter of survival - I did it to survive, and felt there was nothing else I could do. For others there may be survivor guilt - I survived and my baby didn't.

Guilt zaps energy and motivation and causes unfounded fears. It can distance between friends, family, the world, one's God... which leads to isolation and feelings of loneliness. Guilt also can cause inaction of good deeds towards self and others. Guilt is often accompanied by anger and shame.

The struggle to forgive oneself may be complicated - on the one hand it may be possible to rationalise the abortion away, but on the other hand it may be unforgettable, and so triggers may occur which stimulate guilty feelings. If you are unable to manage the guilt you may need professional or pastoral help to enable you to deal with it. (1)

Parenting and Relationship Issues

Subsequent children - Some women experience undue concerns over parenting subsequent children, tending towards overprotectiveness, through a similar fear of something happening to these children. Some women have expressed difficulties bonding with subsequent children. There is some evidence to suggest that siblings, current or future can be affected by an abortion in the family. There may be some emotional impact on children who have lost a sibling to abortion. In essence, on some level these siblings of aborted children feel themselves to be "abortion survivors". Some exhibit the same symptomatology as those who lose a born sibling to cancer or accidental death...(2)

Subsequent relationship problems - Relationship problems following an abortion are not uncommon. Those who had an abortion to please their partner often find their relationship ends within a few years, as broken trust, guilt and resentment, often underscore the existing weaknesses in the relationship, causing problems which precipitate a relationship breakdown. Others who continue in their relationships describe issues of increasing tension, resentment, arguments, problems with sex and intimacy.

Anger

Anger may be associated with unresolved grief, hurts, relationships conflicts or it may be spiritual anger over what has happened. Often those around the post-abortive woman will notice changes, such as greater irritability or outbursts. Anger belies hurt or loss and usually won't dissipate until issues are explored and worked through. Finding healthy ways to manage anger is an important step.

Depression

Depression is worth a special mention as it is recognised as one of the most frequent recognisable abortion sequelae, particularly where it originated around the time of, or following, the event. Shame, secrecy and thought suppression regarding an abortion are all associated with greater post-abortion depression, anxiety, and hostility.(3)

Depression may be associated with impacted or pathological grief (loss of the baby, loss or a role, loss of a dream). Depression may be the result of unexpressed anger, changes in primary relationships or personal circumstances or deeper unresolved issues. Interestingly, the frequency and degree of severe depression associated with abortion is far higher than with miscarriage, even though the loss in each case is comparable.(4) Whether this is due to the fact miscarriage is generally regarded as an unfortunate accident and abortion the result of "choice" attached to it is not fully understood.

Some studies also show that the incidence of suicide is higher for abortion than miscarriage, and data suggests that abortion is more likely than pregnancy and childbirth to drive an unstable woman to suicide.(5)

Self-destructive Behaviours

Drugs/alcohol abuse, promiscuity, workaholism.... - These are often used as a means of self-medication or a way of coping with the mental or emotional pain of abortion memories. If these were present before the abortion, they may become worse afterwards.

Eating disorders - Eating disorders may develop also as a means of control or self-punishment. Anorexia may be a way of becoming unattractive or underweight (possibly causing cessation of periods or menstruation) so as not to become pregnant again, or a hiding and reinforcing a sense of unworthiness. One woman described developing bulimia - stuffing food was what she was doing with her emotions and then purging was a way of releasing emotions. (1)

High risk behaviours, self harm or cutting - Numbers of people, particularly youth, engage in high risk behaviours, or self harm like cutting. If and how these might relate to an abortion needs careful assessment. If related to an abortion then professional help to deal with the issues ought to be found.

References:

1. *Help for the Post-Abortion Woman*, Teri Reissner, 1989
2. *The Wounded Generation*, Victoria M. Thorn, Post Abortion Review, Vol 5, No.1, Winter 1997
3. *Clinical Depression After Unintended Pregnancy Linked to Abortion*, www.afterabortion.org/
4. *Aborted Women. Silent No More*, David Reardon, Loyola University Press, Chicago, 1987,
5. *The Abortion Suicide Connection*, Post Abortion Review, Vol 1, No.2, 1993; *Suicides after pregnancy in Finland*, M. Gissler, E Menninkin, and J Lönnqvist, British Medical Journal 313:1-11, 1996