

Late-term Abortion: Antecedent Conditions and Consequences to Women's Health

How is late-term abortion defined?

"Late-term abortion" is an inexact medical term that has been used in reference to induced abortions in the 3rd trimester of pregnancy (28-39 weeks) and sometimes to 2nd trimester abortions (13-27 weeks) [1]. In certain contexts the "late-term" descriptor is applied to indicate fetal development that has advanced to the point where there is a high probability of survival outside the uterus. With this definition, all 3rd trimester and some 2nd trimester abortions are included since the contemporary age of viability is approximately 22-24 weeks. The authors of two articles published in 1998 in the same issue of the *Journal of the American Medical Association* could not agree on when in pregnancy an abortion should be considered late-term (the 20th week of gestation vs. the 27th week of gestation) [2-3].

How common is late-term abortion?

According to the Centers for Disease Control and the Guttmacher Institute, slightly over 12% of abortions are performed in the U.S. after the 1st trimester [4-5]. This translates out to approximately 144,000, with 15,600 abortions or 1.3% of the 1.2 million occurring beyond the 20th week of pregnancy and 3.7% or 36,000 taking place at 16-20 weeks. These numbers are likely an underestimation because there is no established reporting system and these two agencies rely on clinics to provide the information on a voluntary basis.

What are the reasons women seek late-term abortions?

According to the Guttmacher Institute [6] the vast majority of late-term abortions are performed for socio-economic reasons, on a healthy and potentially viable fetus. Fetal abnormalities or woman's health considerations are rarely the reason for undergoing a late-term abortion. Specifically, according to the Guttmacher Institute, abortions for fetal abnormalities comprise only 2% of all late-term abortions.

Researchers at the Guttmacher Institute reported the following percentages of women indicating various reasons for late-term abortions:

- Woman did not realize she was pregnant: 71%
- Difficulty making arrangements for abortion: 48%
- Afraid to tell parents or partner: 33%
- Needed time to make decision: 24%
- Hoped relationship would change: 8%
- Pressure not to have abortion: 8%
- Something changed during pregnancy: 6%
- Didn't know timing was important: 6%
- Didn't know she could get an abortion: 5%
- Other: 11%



What are the characteristics of women who undergo late-term abortion?

Women who seek late-term abortions (after 16 weeks) are significantly more likely to be under age 18, Black, unemployed, and/or poor [6]. Decision ambivalence is often characteristic of women who undergo abortions in the 2nd trimester and beyond [7-9]. Women who obtained 2nd trimester abortions have reported more deficient social supports and greater effort devoted to assessing the resources available to help them keep a child compared to women who obtain 1st trimester abortions [9-10]. Research suggests that 30% of women who delay an abortion beyond 16 weeks are afraid to tell those closest to them about the pregnancy [6]. Finally, when compared to women obtaining earlier abortions there is evidence that women who obtain late-term abortions are more likely to experience stronger attachment to the unborn child, have more moral or religious objections to abortion, and concede to an abortion based on the wishes of others [10-11].

What are the documented physical health risks of late-term abortion?

According to Gaufberg [12], Professor of Medicine at Harvard University, post-abortion physical complications at various gestational points are primarily the result of incomplete evacuation of the uterus, uterine atony, infection, and instrumental injury. Specific complications of abortions include the following: (1) complications of anesthesia, (2) postabortion triad (pain, bleeding, low-grade fever), (3) hematometra, (4) retained products of conception, (5) uterine perforation, (6) bowel and bladder injury, (7) failed abortion, (8) septic abortion, (9) cervical shock, (10) cervical laceration, and (11) disseminated intravascular coagulation (DIC). At 12-13 weeks, the complication rate is 3-6%, and by well into the second trimester, the complication rate increases to 50%, and possibly higher according to Gaufberg.

The U.S. mortality rates per 100,000 abortions as reported by Gaufberg [12] are 14.0 for 16-20 weeks and 18.0 for after 21 weeks. Even more dramatic results for second and third trimester abortions were reported by Bartlett et al. [13] using national U.S. data spanning the years from 1988 and 1997. Specifically, per 100,000 abortions, the relative risk of abortion-related mortality was 14.7 at 13-15 weeks of gestation, 29.5 at 16-20 weeks, and 76.6 at or after 21 weeks. Causes of death during the 2nd trimester as reported by Bartlett [13] included hemorrhage, infection, embolism, anesthesia complications, and cardiac and cerebrovascular events.

What are the documented psychological health risks of late-term abortion?

There have been only a few published studies on mental health after second trimester abortion. In a British study of 40 women who had prostaglandin induced abortions between 20-24 weeks gestation and felt fetal movements, 25% reported being depressed after the procedure [14]. Söderberg et al. reported that 37.5% of women who underwent 2nd trimester abortions experienced "extreme post-abortion emotional problems" [15].

Most of the established predictors of late-term abortion described above including decision ambivalence and dissatisfaction, lacking support to carry to term, a strong attachment to the fetus, timing during adolescence, and low income are also predictors of poor post-abortion psychological adjustment [16-21].

There is an appallingly small published literature on the physical and psychological consequences of late-term abortion despite the fact that the procedures are so frequently performed in the U.S. Nevertheless all the published research to date, as described above, has consistently shown that late-term abortion poses serious risks to women's mental and physical health and no published studies have established health benefits of the procedures.

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