

POLICY PAGES

The Harms of Abortion

June 2024

OVERVIEW

Contrary to what abortion activists claim, abortion is not harmless or risk free. First, science is indisputable: abortion ends a human life. Second: abortion—whether by chemicals or surgery—often leads to an array of negative outcomes for women and girls.

The abortion industry uses misleading data to deceive people into believing abortion is safe and virtually inconsequential. They want you to forget that every abortion ends a human life, and they want you to ignore the countless women and girls who have suffered life-altering physical and psychological harms from abortion.

ANALYSIS

According to the 2022 Abortion Report from the Arizona Department of Health Services (DHS), 49.2% of reported abortions among Arizona residents were surgical abortions, while 50.8% were chemical abortions.¹ In 2018, surgical abortions accounted for 60% of abortions, with chemical abortions at 40%,² representing an alarming shift in a short period of time.

Chemical Abortion

Chemical abortion drugs are typically administered during weeks seven through ten of gestation,³ though pro-abortion activists such as the World Health Organization have recommended, despite the many known dangers of these chemicals, pushing the gestational limit out to twelve weeks, putting women and girls at even greater risk.⁴ Further, some are encouraging women to take these drugs to kill unborn babies at up to 28 weeks⁵, despite the numerous potential harms earlier in pregnancy.

Chemical abortions involve taking two separate drugs, mifepristone (Mifeprex) and misoprostol (Cytotec). The first drug “blocks a hormone called progesterone that is needed for a pregnancy to continue.”⁶ The second drug, taken within twenty-four to forty-eight hours after taking the first drug,⁷ “cause[s] contractions and expel[s] the remains of the baby. This process may take a few hours or as long as a few days.”⁸

When the chemical abortion drugs regimen was approved in 2000 during the Clinton administration, the Food and Drug Administration allowed the drugs only to the seventh



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week of pregnancy, required three in-person doctor visits and supervision by a qualified physician, and mandated adverse event reporting.

In 2016, under the Obama Administration increased the gestational age limit to 10 weeks, reduced the number of in-person office visits to one, allowed non-doctors to prescribe the drugs, and changed the reporting requirements to fatalities only.⁹

In 2021, the Biden administration further relaxed safety standards, allowing women and girls to receive the abortion drugs via mail.¹⁰

The post-2000 deregulation of these abortion drugs is being challenged at the United States Supreme Court in *U.S. Food and Drug Administration v. Alliance for Hippocratic Medicine*.¹¹ The Court heard oral argument March 26, 2024. A decision is expected by the end of June 2024.

These drugs are extremely dangerous to women and girls. CAP's Chemical Abortion Policy Page offers a detailed analysis of those dangers.

Surgical Abortion

In contrast, surgical abortion means “the use of a surgical instrument or a machine to terminate the clinically diagnosable pregnancy of a woman with knowledge that the termination by those means will cause, with reasonable likelihood, the death of the unborn child” ([A.R.S. §36-2151\(11\)](#)). Though most surgical abortions in Arizona occur before 13 weeks gestation, 710 surgical abortions occurred at 14 to 20 weeks and 8 occurred at or after 21 weeks in 2022.¹²

Whether through drugs or surgery, abortions end a human life and pose a threat to the health and wellbeing of women.

ABORTION ENDS A UNIQUE HUMAN LIFE

Abortion ends a human life. Embryologists have long affirmed that a unique human life begins at fertilization: “Human development is a continuous process that begins when an oocyte (ovum) from a female is fertilized by a sperm (spermatozoon) from a male to form a single-celled zygote”¹³ and “[t]hrough the mingling of maternal and paternal chromosomes, the zygote is a genetically unique product of chromosomal reassortment.”¹⁴ In other words, “[t]he zygote is genetically *unique* because half of its chromosomes came from the mother and the half from the father” and it “contains a *new* combination of chromosomes that is *different* from that in the cells of either of the parents.”¹⁵ (emphasis added).

The Baby’s Development During Pregnancy¹⁶

A typical gestation period lasts 37 to 42 weeks. Gestational age is measured from the first day of the mother’s last menstrual cycle, which means the woman’s body is preparing for a baby during weeks 1 and 2 of the gestational period. The third week is when ovulation and fertilization takes place, and implantation begins.

Weeks 4-5. Blood cells, kidney cells, and nerve cells develop; the baby’s brain, spinal cord, and heart begin to develop; bone tissue is growing.

Week 6. A heartbeat is detectable via ultrasound; brain activity can be recorded; eyes and ears begin to form; early reflexes develop; blood pumps through the main vessels; lungs begin to form.

Week 8. All major organs and body systems have begun to develop; the brain begins to control organs; elbows and toes are visible.

Weeks 9-12. Facial features become more distinct; fingers and toes start to form with soft nails; bones, muscles, and intestines begin to grow; arms and elbow develop; tooth buds appear.

Weeks 13-16. The baby can swallow and hear; arms and legs can flex; external sex organs are formed; kidneys are functioning and begin to produce urine.

Weeks 17-20. The sucking reflex begins; the baby sleeps and wakes regularly; in female babies, the eggs have formed in the ovaries; arms and legs begin to punch and kick. At 20 weeks, the baby can feel pain.¹⁷

Weeks 21-24. The baby may hiccup, squint, smile and frown; rapid brain growth occurs; lungs are fully formed, unique finger and toe prints can be seen; vocal cords are active; eyes are fully functional and capable of movement. Babies born as early as 21 and 22 weeks have survived and are now thriving with minimal health complications.¹⁸

Weeks 25-28. The baby's eyes can open and close, and sense changes in light; the baby can make grasping motions and respond to sound; central nervous system is developed enough to control some body functions.

Weeks 29-32. The baby gains weight very quickly; bones harden; hair on head starts to grow; rhythmic breathing movement occur.

Weeks 33-36. The baby keeps eyes open during alert times and closed during sleep; organs are ready to function on their own, but may need special medical care.

Weeks 37-40. The baby is fully capable of surviving outside the womb.

Whether the abortion occurs at six weeks (when the heartbeat is detectable), or at week 20 (when the baby can feel pain), the chemical or surgical abortion ends a unique human life.

ABORTION HARMS WOMEN

Although touted as relatively safe, abortion can harm women physically, psychologically, and has been linked to an array of negative outcomes.

Physical Harms

Chemical and surgical abortions cause substantial or irreparable physical harm to women. Unfortunately, good statistical information regarding complications or deaths after an abortion is difficult to obtain. The information made available by the Centers for Disease Control (CDC) is incomplete and therefore can be misleading. According to the CDC, only 26 states collect abortion data and there is no requirement for those states to report their data to the CDC.¹⁹ In addition, it would not be surprising if the abortion industry were reluctant

to identify abortion as the cause of death, rather than more immediate causes like hemorrhage or sepsis.

Complications and Adverse Effects. Chemical and surgical abortions can lead to a variety of physical harms including:²⁰

- Bleeding
- Infection, including life-threatening sepsis
- Post-anesthesia complications
- Uterine perforation
- Uterine atony and subsequent hemorrhage
- Injuries to bladder or bowels
- Cervical laceration
- Incomplete evacuation of the “products of conception” leading to hemorrhage and further surgery
- Deep vein thrombosis
- Death

These medical risks exist regardless of whether the abortion is surgical or by pill. Although cramping and vaginal bleeding are expected effects of the chemical abortion drugs, the U.S. Food and Drug Administration (FDA) reports that in some cases “very heavy vaginal bleeding will need to be stopped by a surgical procedure.”²¹ Other common side effects include “nausea, weakness, fever/chills, vomiting, headache, diarrhea, and dizziness in the first day or two after taking the two medicines.”²² The FDA has also received “reports of serious adverse events in women who took Mifeprex,”²³ which was used in 99.2% of chemical abortions in Arizona in 2018.²⁴

Some studies suggest the risks of complication are even higher for chemical than surgical abortion.²⁵ A study followed all women in Finland undergoing induced abortion with gestational duration of 63 days (9 weeks) or less from 2000-2006 for 42 days post-abortion.²⁶ The study found incidence of adverse effects occurred in 20% of chemical abortions and 5.6% of surgical abortions. The rates of hemorrhage were 15.6% for chemical abortion and 2.1% for surgical abortion, while the rate of “surgical (re)evacuation” was 5.9% for chemical abortions and 1.8% for surgical abortions. However, it should be noted that these numbers refer to abortions performed very early in pregnancy and the risk of complications in surgical abortions “increases exponentially with gestational age.”²⁷

Deaths. The most frequent causes of death following an abortion include infection, hemorrhage, pulmonary embolism, and anesthetic complications.²⁸ A 2014 analysis of 23 studies (published 2003-2012) with data from 115 countries estimated that 7.9% (193,000) of all maternal deaths around the world were due to abortion, though the study recognized that due to “religious or cultural perceptions in many countries” the numbers are likely under reported.²⁹

The CDC reports 439 deaths in the U.S. caused by legal abortions from 1973 through 2015, though it recognizes that its numbers are incomplete because “certain states did not report abortion data every year.”³⁰ In addition, the FDA as of December 31, 2018, has received “reports of 24 deaths of women associated with Mifeprex,”³¹— used in 99.2% of chemical

abortion in Arizona³²— though the deaths “cannot with certainty be causally attributed” to the drug.³³

Psychological Harms

The correlation between abortion and mental health problems is undeniable. A 2011 article published in the *British Journal of Psychiatry* reviewed 22 major studies between 1995 and 2009 that examined the psychological effects of abortion on women.³⁴ The results of the study were alarming. Compared to women who carried their babies to term, women who obtained abortions were at an:

- 81 percent increased risk for mental health problems (10 percent of which is directly attributable to the abortion)
- 21 percent more likely to display suicidal behaviors
- 35 percent more likely to commit suicide

Not surprisingly, some experts downplay the connection between abortion and mental health problems, and argue the data is better explained by associated risk factors— like pre-existing mental health problems, perceived pressure to have an abortion, feelings of stigma, lack of support— rather than the abortion itself. The American Psychological Association’s Task Force on Mental Health and Abortion released a report in 2008 attributing the abortion and mental health connection to pre-existing risk factors, but nonetheless readily admitted that “it is clear that some women do experience sadness, grief, and feelings of loss following termination of a pregnancy, and some experience clinically significant disorders, including depression and anxiety” and also that women who have had multiple abortions have higher rates of mental health problems.³⁵

In any case, abortion— whether directly or in combination with pre-existing factors— undeniably contributes to psychological harms for many women.

Additional Harms

In addition to the immediate health and psychological harms of abortions discussed above, studies have also found a link between abortion and an array of additional negative health and behavioral outcomes. Women considering abortion should not ignore these studies when making an informed decision.

First, studies have found a link between abortion and various subsequent health problems, especially related to later pregnancies:

- **Breast Cancer.** A 2009 study released by the American Association for Cancer Research found “induced abortion” was “associated with an increased risk of breast cancer.”³⁶
- **Ectopic Pregnancy.** A study in France between 1993 and 2000 found “medical induced abortion” was associated with higher risk of ectopic pregnancy,³⁷ which can be life-threatening and, at a minimum, can also cause reduced fertility.
- **Placenta Previa.** Several studies have discovered a link between abortion and uterine bleeding in subsequent pregnancies, later diagnosed as placenta previa.

One of these studies indicated that the risk for placenta previa is 70 percent higher for women who underwent an abortion.³⁸ The risk climbs to 200 percent for women who have had three to four induced abortions and 300 percent for five or more abortions.³⁹

- **Stillbirth.** Adolescents who have previously undergone an abortion are 3.3 times more likely to have a stillborn first child than those women who have never had an abortion.⁴⁰
- **Premature Delivery.** At least 127 peer-reviewed studies⁴¹ have reported a link between abortion and premature delivery. Studies have found that post-abortive women can have twice the risk of premature delivery in subsequent pregnancies, and that this risk increases with more induced abortions.⁴²
- **Low Birth Weight.** Adolescents who undergo an abortion are 2.7 times more likely to later give birth to a child with very low birth weight.⁴³
- **Miscarriage.** Studies have found abortion increases the risk of subsequent miscarriages.⁴⁴

Second, studies have also found a link between abortion and harmful behaviors:

- **Alcoholism.** One study found abortion doubles the risk of frequent alcohol use when compared to those who carried to term.⁴⁵ Studies have also shown an increased risk of alcohol abuse *during* subsequent pregnancies following an abortion.⁴⁶
- **Drug Abuse.** One study found the use of illicit drugs among post-abortive women is 6.1 times higher than for those without a history of abortion.⁴⁷
- **Child Abuse.** Abortion is linked to depression, violent behavior, and difficulty in bonding to subsequent children born after an abortion. One study indicated that women who had an abortion history reported more frequent slapping, hitting, kicking or biting, beating, and use of physical punishment compared to women without an abortion history.⁴⁸

CONCLUSION

Abortion activists downplay or deny the harms of abortion. First, the science is indisputable: abortion ends a unique human life. Second, abortion— whether by chemical or surgery— can harm women physically, psychologically, and has been linked to an array of negative outcomes. Women considering having an abortion need and deserve to be told the truth about the associated harms and risks.

TALKING POINTS

- Every innocent life should be protected. Abortion ends a unique and irreplaceable human life. It also harms women both physically and psychologically. Many women struggle with a lifetime of regret and remorse.
- The more we learn about the development of the preborn child, the less people can justify abortion. Within the first few weeks of life, the unborn baby’s brain, spine, and heart are already developing.
- Health care is supposed to save lives and promote wellness. Abortion is not health care. Every abortion ends a life. And every abortion hurts a woman or a girl physically, psychologically, or emotionally—sometimes for a lifetime.

¹Arizona Department of Health Services, “Abortions in Arizona: 2022 Abortion Report,” 12 (December 5, 2023), <https://www.azdhs.gov/documents/preparedness/public-health-statistics/abortions/2022-arizona-abortion-report.pdf> (last visited March 6, 2024).

² Arizona Department of Health Services, “Abortions in Arizona: 2018 Abortion Report,” 13 (September 21, 2018), <https://www.azdhs.gov/documents/preparedness/public-health-statistics/abortions/2018-arizona-abortion-report.pdf> (last visited March 6, 2024).

³U.S. Food & Drug Administration, “Mifeprex (mifepristone) Information,” <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/mifeprex-mifepristone-information> (last visited December 9, 2019); Abortion Pill Rescue, “What is the Abortion Pill?” <https://www.abortionpillreversal.com/how-it-works> (last visited December 9, 2019).

⁴ Sarah Zhang, “The Abortion Pill Can Be Used Later Than the FDA Says,” *The Atlantic*, June 29, 2022, <https://www.theatlantic.com/health/archive/2022/06/how-late-can-you-take-abortion-pill/661437/> (last visited March 25, 2024).

⁵Anna North, “People are using abortion medication later in their pregnancies. Here’s what that means.” *Vox*, June 18, 2023, <https://www.vox.com/23755658/abortion-pill-second-trimester-mifepristone-misoprostol> (last visited April 12, 2024)

⁶U.S. Food & Drug Administration, “Questions and Answers on Mifeprex,” <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/questions-and-answers-mifeprex>, (last visited December 6, 2019).

⁷U.S. Food & Drug Administration, *supra* note 2.

⁸Abortion Pill Rescue, *supra* note 2.

⁹ Sabrina Tavernise, “New F.D.A. Guidelines Ease Access to Abortion Pill,” *The New York Times*, March 30, 2016, <https://www.nytimes.com/2016/03/31/health/abortion-pill-mifeprex-ru-486-fda.html> (last visited June 3, 2024).

¹⁰ Erin Hawley, “The FDA’s Unforgivable Deceptions on Chemical-Abortion Drugs,” *National Review*, February 23, 2024, <https://www.nationalreview.com/2024/02/the-fdas-unforgivable-deceptions-on-chemical-abortion-drugs/> (last visited June 3, 2024).

¹¹ Alliance Defending Freedom, The FDA Case, <https://dm1119z832j5m.cloudfront.net/2024-03/FDA-v-Alliance-for-Hippocratic-Medicine-2024-03-08-One-Page.pdf> (last visited June 3, 2024).

¹²Arizona Department of Health Services, *supra* note 1, at 18.

¹³KEITH L. MOORE, T.V.N. PERSUAD AND MARK G. TORCHIA, *THE DEVELOPING HUMAN: CLINICALLY ORIENTED EMBRYOLOGY* 1 (11th ed. 2020).

¹⁴BRUCE CARLSON, *HUMAN EMBRYOLOGY & DEVELOPMENTAL BIOLOGY* 31 (6th ed. 2019).

¹⁵Moore, *supra* note 7, at 30.

¹⁶The American College of Obstetricians and Gynecologists, “Frequently Asked Questions,” April 2018, <https://www.acog.org/Patients/FAQs/How-Your-Fetus-Grows-During-Pregnancy?IsMobileSet=false> (last visited November 25, 2019); MedlinePlus, “Fetal development,” <https://medlineplus.gov/ency/article/002398.htm> (last visited November 25, 2019); Arizona Department of Health Services, “Woman’s Right to Know Act — Characteristics of Unborn Child,”

<https://www.azdhs.gov/prevention/womens-childrens-health/informed-consent/index.php#right-to-know-characteristics-unborn> (last visited November 26, 2019).

¹⁷Charlotte Lozier Institute, “Fact Sheet: Science of Fetal Pain,” December 17, 2018, <https://lozierinstitute.org/fact-sheet-science-of-fetal-pain/> (last visited November 26, 2019) (citing various sources).

¹⁸A. Pawlowski, “‘Miracle baby’: Born at 21 weeks, she may be the most premature surviving infant,” Nov. 9, 2017, Today, <https://www.today.com/health/born-21-weeks-she-may-be-most-premature-surviving-baby-t118610> (last visited November 26, 2019); Nick Triggle, “Babies born at 22 weeks ‘can now survive,’” October 23, 2019, BBC News, <https://www.bbc.com/news/health-50144741> (last visited November 26, 2019).

¹⁹Jatlaoui TC, et al. *Abortion Surveillance — United States, 2016*, Centers for Disease Control, 68 MMWR Surveillance Summaries 2019, November 29, 2019, https://www.cdc.gov/mmwr/volumes/68/ss/ss6811a1.htm#T23_up (last visited December 6, 2019).

²⁰Karima R. Sajadi-Ernazarova and Christopher L. Martinez, *Abortion Complication*, StatPearls (October 29, 2019), <https://www.ncbi.nlm.nih.gov/books/NBK430793/> (last visited December 11, 2019).

²¹U.S. Food & Drug Administration, *supra* note 3.

²²*Id.*

²³*Id.*

²⁴Arizona Department of Health Services, *supra* note 1, at 18.

²⁵Ralph Meich, *Pathophysiology of Excessive Hemorrhage in Mifepristone Abortions*, 41 *The Annals of Pharmacotherapy* 2002 (2007); Margaret M. Gary and Donna J. Harrison, *Analysis of Severe Adverse Events Related to the Use of Mifepristone as an Abortifacient*, 40 *Annals of Pharmacotherapy* 191 (2006).

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³⁰Jatlaoui, *supra* note 13.

³¹U.S. Food & Drug Administration, *supra* note 3.

³²Arizona Department of Health Services, *supra* note 1, at 18.

³³U.S. Food & Drug Administration, *supra* note 3.

³⁴Priscilla K. Coleman, *Abortion and mental health: quantitative synthesis and analysis of research published 1995-2009*, 199 *Brit. J. of Psychiatry* 180, 183 (2011).

³⁵Although the APA report downplayed the direct causation between abortion and mental health problems, it was honest when it concluded that “there is unlikely to be a single definitive research study that will determine the mental health implications of abortion ‘once and for all’ as there is no ‘all,’ given the diversity and complexity of women and their circumstances.” Brenda Major, et al., *Report of the APA Task Force on Mental Health and Abortion*, 4, 91, 93 (2008), <https://www.apa.org/pi/women/programs/abortion/mental-health.pdf> (last visited December 8, 2019).

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⁴²Thorp, *supra* note 32, at 70; P.S. Shah & J. Zao, *Induced termination of pregnancy and low birth weight and preterm birth: a systematic review and meta-analysis*, 116 *BJOG* 1425 (2009).

⁴³Reime, *supra* note 34.

⁴⁴N. Maconochie, et al., *Risk factors for first trimester miscarriage -- results from a UK population-based case-control study*, 114 *BJOG: An Int'l J. of Obstetrics & Gynecology* 170 (2007); Yuelian Sun, et al., *Induced abortion and risk of subsequent miscarriage*, 32 *Int'l J. of Epidemiology* 449 (2003).

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