Abortion and Mental Health

Proposed Legislation

- Abortion on request up to 12 weeks
- Thereafter for physical or mental health of woman without gestational limits presumption of healthcare
- Two doctors make recommendation one of whom is a specialist in the area
- 3 day wait period
- GP lead service – 70% say they will not prescribe abortion pill
- Rape, Incest or disability not mentioned (but not excluded)
- Conscientious objection unclear
- What will happen the remains of the baby is unclear

It has long been recognised that women who request a termination of pregnancy are at risk for adverse mental health outcomes and require extra vigilance and support (1). Mental health problems are due to having an "unwanted" or crisis pregnancy. These problems will tend to improve over time as coping mechanisms are brought to bear. One important question therefore is to what extent procuring an abortion produces a better mental health outcome than continuing with a natural pregnancy. Another related question is whether the abortion procedure might actually harm mental health.

Risk Factors for mental health problems in abortion:

- Those with history of mental health problems
- Those who are young
- Those who are ambivalent or coerced
- Late abortions
- Abortion for foetal anomaly
- Those with maternal instincts
- Those with children already
- Those with poor supports
- Those who have moral objections
- Multiple abortions

Does abortion reduce the mental health risks of unwanted pregnancy?

In 2011, two separate studies were published which combined the results across multiple research papers (meta-analyses) and came to markedly divergent conclusions about the effects of abortion on mental health. The study conducted by National Collaborating Centre for Mental Health is frequently cited by pro-abortion lobbyists, stating that "when a woman has an unwanted pregnancy, rates of mental health problems were the same, whether she has an abortion or goes on to give birth" (2).

This was in marked contrast to a meta-analysis of 22 papers by Coleman, which concluded that the results revealed "a moderate to highly increased risk of mental health problems after abortion" (3).

It was decided therefore to combine all these original studies previously cited into one larger meta-analysis. This addressed the evidence for the effect of abortion on the outcomes of anxiety, depression, alcohol misuse, illicit drug use and suicidal behaviour (4). The findings showed consistent evidence that abortion was not associated with a reduction in rates of mental health problems. Abortion was associated with small to moderate increases in risks of anxiety, alcohol misuse, illicit drug use and suicidal behaviour. It was concluded that there is no available evidence to suggest that abortion has therapeutic effects in reducing the mental health risks of unwanted or unintended pregnancy.

Doctors for Life Ireland, M5 Naas Town Centre, Naas, Co Kildare, W91R23
Web: irishdoctorsforlife.com Email: doctors4lifeireland@gmail.com Twitter: @Doctors4LifeIrl FB: Doctors For Life Ireland

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There was evidence that abortion may be associated with small to moderate increases in risks of some mental health problems.

Justifying Abortion on Mental Health Grounds:

"In practice, in the region of 94% of abortions in the UK are justified on the grounds that continuance of the pregnancy would pose risk to the mental health of the mother (Department of Health, 2004). However, to provide such a justification requires strong evidence showing that the mental health risks of unwanted childbirth outweigh the mental health risks of abortion. Although decisions on whether to proceed with induced abortion are made on the basis of clinical assessments of the extent to which abortion poses a risk to maternal mental health, these clinical assessments are not currently supported by population-level evidence showing the provision of abortion reduces mental health risks for women having unwanted pregnancy" (5).

Abortion and Suicide

Women with a recent induced abortion have a 3 – fold risk for suicide, compared with non-pregnant women. In 2001, the Finnish health department introduced health checks for women 2 weeks after abortion to monitor for mental health disorders. A Finnish study of 284,751 induced abortions identified 79 women who died by suicide within 1 year after the procedure (6). The suicide rate after induced abortion declined by 24%, from 32.4/100,000 in 1987 – 1996 to 24.8/100,000 in 2002 – 2012. This may be explained in part by the introduction of post-abortion mental health monitoring. The corresponding rate among all women decreased by 13%; from 11.4/100,000 to 9.9/100,000. After induced abortion, the suicide rate increased by 30% among teenagers. The excess risk for suicide after induced abortion decreased slightly, but not statistically significantly, after the introduction of mental health monitoring. Women with a recent induced abortion still have a 2-fold suicide risk compared to the female population as a whole. The study was not suitable for investigating whether an increased suicide rate after induced abortion is due to common risk factors or by direct causality. The causes for the increased suicide rate, including mental health prior to pregnancy and the social circumstances, should be investigated further.

Isn't it harmful if a woman is denied an abortion?

The effect of refused abortion was examined in the "Turnaway Study" (7). This provided follow up of 956 women, 558 of whom were available for re-interview 5 years later. Women were recruited between 2008 and 2010 from 30 abortion clinics in USA. Gestational limits for abortion ranged across centres from 10 to 26 weeks. The study group of interest was the "Turnaway Group": 231 women who sought and were denied an abortion at the time because they were beyond the clinic's gestational limit. This was further sub-divided into two groups: The "Turnaway Birth Group" consisted of 161 women who subsequently gave birth and "The turnaway-no-birth Group", which consisted of 70 women who obtained a subsequent abortion elsewhere or had a miscarriage. The principal comparison group consisted of 452 women with late pregnancies who obtained an abortion just inside the clinic's gestational limit – "the near limit group". A second comparison group

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consisted of 273 women who received a first trimester abortion.

At one week of follow up, significant levels of psychological distress were observed in all 4 groups of women. The proportion exhibiting clinical depression was 14% in the turnaway-no-birth group, 11% in the near-limit abortion group, 10% in the turnaway birth group and 8% in the first trimester abortion group. One year after abortion, 12% of the turnaway-no-birth were still clinically depressed, however, the turnaway-birth group had the lowest proportion of depressed cases (6%) by comparison with any other group. The observations were similar for anxiety cases.

Being denied an abortion may be associated with greater risk of anxiety and depression in the short term. Those refused an abortion who later obtained an abortion or miscarried showed anxiety and low self-esteem in early weeks post abortion. Psychological well-being improved in all groups over time, most rapidly in the turnaway-birth group. There were no long lasting psychological symptoms due to being denied an abortion.

Psychological versus Social Considerations:

The issues that drive a request for abortion are more often social than psychological in nature and include money issues, partner issues, bad timing, need to focus on existing children and feeling unprepared. These are indicative of difficult circumstances at the time that abortion is being considered. These stressors often diminish over time, both in women who have an abortion and in those who continue their pregnancies, as coping mechanisms are brought to bear.

How are the legal grounds applied in practice?

"The construction of the British abortion law presents a problem for women and doctors. It is not the case that the majority of women seeking abortion are necessarily at risk of damaging their mental health if they continue their pregnancy. But it is significant that because of the law women and their doctors have to indicate that this is the case. In general, the national statistics do not, and cannot, reflect the real reasons why abortions are considered necessary. They can only reflect the grounds that are cited to make them lawful" (8).

Overall Conclusions Regarding Abortion and Mental Health

- Abortions are sought primarily on social rather than mental health grounds.
- No evidence of benefit to mental health or that it reduces risk
- Some evidence of harm with increased risk for substance misuse, anxiety and depression.
- Increased suicide risk
- Refused abortion is associated with higher levels of anxiety in those pregnant women who subsequently did not give birth, either through abortion elsewhere or miscarriage.
- Psychological effects of refused abortion diminish over time.

Questions and Answers regarding Abortion

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1. Will abortion prevent a recurrence of any prior illness in a pregnant woman with pre-existing psychiatric illness?

Abortion will not protect a woman against recurrence of psychiatric illness who experiences an unwanted pregnancy and has a prior psychiatric history (2). Prior psychiatric illness is a risk factor for mental health problems after abortion, and so she may experience a relapse.

2. What will the psychological outcome be if a woman brings an unwanted pregnancy to term and gives birth? Will she be at increased risk for mental health problems?

The answer appears to be "No", because the outcomes for delivery and abortion are similar (2, 7).

3. Will obtaining an abortion for an unwanted pregnancy protect a woman against the adverse consequences of giving birth in these circumstances?

There is no evidence that her risk of mental health problems will be reduced (2, 4).

4. If a woman has no prior psychiatric history, will she be at increased risk of mental illness when an abortion is obtained to terminate an unwanted pregnancy?

The balance of evidence suggests a small increase in anxiety, substance misuse and suicide risk after abortion (4, 6).

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(3) Abortion and mental health: Quantitative synthesis and analysis of research published 1995 – 2009. British Journal of Psychiatry. 199: 180 – 186.

(4) Does abortion reduce the mental health risks of unwanted or unintended pregnancy? A reappraisal of the evidence. Fergusson DM et al. ANZJP 47 (9) 819 – 827.

(5) Abortion and mental health disorders: evidence from a 30-year longitudinal study. Fergusson DM. Br J Psychiatry. 2008; 193; 444–451.

(6) Decreasing Suicide Rates after Induced Abortion after the Current Care Guidelines in Finland. Gissler M. Scandinavian Journal of Public Health. 2015; 43: 99 – 101.

(7) Women's mental health and well-being 5 years after receiving or being denied an abortion. Biggs MA et al; JAMA Psychiatry. 2017; 74 (2): 169 – 178.

(8) British Pregnancy Advisory Services website

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