How SAFE is Abortion?

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Dr. Beverly McMillan is an ob/gyn. In 1975, she became the first woman to open an abortion clinic in Mississippi. She ceased doing abortions in 1978 when she became convinced that the abortions she was performing were causing everyone involved far more harm than good.

What are the physical complications of abortion?

The most common, immediate, and short-term complications include excessive bleeding, chronic and acute infections, intense pain, high fever, convulsions, shock, coma, incomplete removal of the baby or placenta (which can cause lifethreatening infections and sterility), pelvic inflammatory disease, punctured or torn uteruses, and even death.

Abortion can also result in uterine scarring, a weakened cervix, blocked fallopian tubes, and other damage to reproductive organs that can make it difficult to conceive or carry a child to term in the future. This latent morbidity of abortion results in long-term and sometimes permanent damage.

Women who have had abortions also experience more ectopic (tubal) pregnancies, infertility, hysterectomies, stillbirths, miscarriages, and premature births (the leading cause of birth defects) than women who have not had abortions. Abortion has also been linked to increased risks of developing breast, cervical, and uterine cancer.

I'll admit that abortion is not a good thing. And it may have physical and psychological risks. But don't you have to admit that legal abortion is safer than illegal abortion?

No. More than 90 percent of illegal abortions were already performed by doctors.

When abortion was illegal, abortionists had to be very careful to avoid infection, laceration, and puncturing of the uterus, since a visit to the emergency room was an invitation for a police investigation. Not anymore.

Today, abortionists are free to operate

on an assembly-line basis. The faster they work, the more money they make. When women get hurt...well, that's just the risk that goes with any surgery.

I still think that legal abortions must be at least marginally safer than illegal abortions. Certainly women who suffer physical complications can get emergency medical treatment faster now without being afraid of becoming involved in a criminal investigation.

That's true. But that is the only health benefit of legalized abortion.

The overall impact is still very negative because the total number of women having abortions has increased dramatically.

Why? Because legalizing abortion has made it easier to pressure reluctant women into having abortions. Before 1973, women could resist an unwanted abortion on the grounds that it was illegal and

But now people assume that since abortion is legal, it must be safe. That makes it harder for women to resist unwanted abortions for health or safety

As a result, the number of abortions has increased ten- to fifteen-fold with only a minimal improvement, if any, in safety.

So, while the percentage of deaths from hemorrhage and infections may have gone down, the actual number of women suffering these complications has gone up

In addition, since psychological complications are even more common than physical complications, the number of women experiencing complications of one type or another has increased dramatically.

THE EMOTIONAL EFFECTS OF ABORTION

92%	Emotional deadening (Reported either feeling less in touch with their emotions or feeling a "need to stifle their emotions")
86%	Increased tendency toward anger or rage (48% reported they became more violent when angered)
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86%	Had a fear of others learning of the abortion or a greater sense of fear for	
	unknown reasons	

82%	Greater feelings of loneliness or isolation

Had less self-confidence

75%

73%	Sexual dysfunctions
	(Increased pain during intercourse, promiscuity, frigidity, or loss

63%	Denial
	(Respondents were asked, "Was there a period of time when you would have denied the exis-
	tence of any doubts or negative feelings about your abortion?" Of those responding yes, the
45	average period of denial that they reported was 5.25 years.)

58%	Suffered from insomnia or nightmares
57%	Greater difficulty in maintaining or developing relationships
56%	Suicidal feelings
53%	Increased or hearn use of drugs or alrebal

39%	Eating disorders which began after the abortion
	(binge eating, anorexia, or bulimia)

28% Attempted suicide

These statistics were drawn from a survey of 260 women who, on average, had their first abortion 10.6 years prior to being surveyed. These women were volunteers who either were seeking post-abortion counseling, had participated in post-abortion counseling in the past, or had a history of prior abortion and were seeking help at a crisis pregnancy center to carry a subsequent preg

nancy to term.

These findings appear to be representative of the reactions of the group of women who experience neglitions to abortion. These figures may not be representative of the entire population of women who have had a very little is known

For more information on this study and other research, visit our web site at www.afterabortion.org

Do people have to believe in God to benefit from postabortion counseling?

Post-abortion therapists are prepared to help people of every religious background, or no religious background. Most are very respectful of the religious beliefs (or non-beliefs) of the women and men they serve.

Because abortion involves issues of death and moral responsibility, however, it is natural and necessary for the religious and spiritual beliefs of the client to be explored.

Another major issue, for many, is letting go of the anger and resentment that are keeping them trapped in the past. For these women and men, the ability to draw on their religious beliefs can become an aid in dealing with issues of forgive-

Many others are in great distress over the question, "If my baby had a soul, where is it now?" If this is a stumbling

block toward healing, it will be important to address this spiritual issue from a religious perspective.

In short, post-abortion counseling can benefit everyone,

even those who don't believe in God.

But many counselors report that they have been able to help atheistic patients cope with a past abortion only up to a point. These patients often appear to "stall out" short of the more complete healing that counselors witness in women and men who can draw on a "higher power."



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