Executive Summary

- Extensive evidence shows that abortion, regardless of the grounds on which it is performed, carries serious risks for women, including increased risk of: miscarriage in future pregnancies, infertility, ectopic pregnancy, placenta praevia, low birth weight in later pregnancies, uterine perforation during subsequent abortions, post-traumatic stress disorder, depression, anxiety disorders, substance abuse, self-harm and suicide.

- Legislators and public officials responsible for shaping healthcare policies cannot ignore this evidence.

- As a devolved matter abortion law is an issue to be decided by representatives of the people of Northern Ireland rather than MPs with no mandate from the electorate in the Province.

Society for the Protection of Unborn Children

The Society for the Protection of Unborn Children seeks to affirm and promote the value of human life from conception and defend and protect human life generally. And to examine existing or proposed laws, legislation or regulations relating to abortion and to support or oppose such as appropriate.

This aim is based on the Universal Declaration of Human Rights, 1948, the Declaration of the Rights of the Child, 1959, the Convention on the Rights of the Child, 1989 and other human rights instruments which recognise the right to life before as well as after birth.

We believe that abortion violates the right to life of a prenatal child and can be damaging to women. The evidence of 50 years of legalised abortion in Britain has demonstrated this. Founded in 1966, the Society has been active in Northern Ireland since the early 1980s.

Physical and psychological effects of abortion on a woman’s health

Abortion has been widespread in many countries for decades now. During this time considerable research has been carried out on the health of women who undergo abortion procedures. Evidence suggests that abortion greatly increases the risk of a range of conditions harmful to both the women themselves and the children they bear in later life.

The legal framework in Northern Ireland has resulted in a significantly lower abortion rate than in the rest of the UK. It should, therefore, be noted that in addition to protecting the lives of children, these laws have reduced the incidence of maternal and infant conditions associated with abortion. The first part of this paper outlines some of the most serious conditions.

Physical effects
There is a range of risks to the physical health of women who undergo abortion procedures. Documented complications include infection, perforation of the uterus, haemorrhage, pelvic inflammatory disease and retained foetal or placental tissue.\(^1\), \(^2\)

Abortion is linked to increased risk of premature delivery in future pregnancies.\(^3\), \(^4\), \(^5\)
Premature deliveries constitute 80 per cent of neonatal deaths and a majority of those with serious disabilities, including mental disability, epilepsy, blindness, deafness, lung infections, and cerebral palsy.\(^6\) The risk of premature delivery increases with each additional abortion.\(^7\)
The risk of an extremely premature birth (less than 28 weeks) doubles after two prior abortions. Women who had four or more abortions had nine times the risk of extremely premature birth, an increase of 800 per cent.\(^8\)

Studies also suggest that women who undergo abortion can have increased risk of:

- miscarriage in future pregnancies\(^9\), \(^10\), \(^11\)
- infertility \(^12\), \(^13\), \(^14\)
- ectopic pregnancy\(^15\)
- placenta praevia\(^16\), \(^17\)
- low birth weight in later pregnancies\(^18\)
- uterine perforation during subsequent abortions.\(^19\)

**Breast cancer**

The connection between breast cancer risk and abortion has been the subject of numerous studies. Several have shown an increased risk,\(^20\), \(^21\), \(^22\) while others have found no link.\(^23\)
However, it is well established that carrying a first pregnancy to birth is protective against breast cancer.\(^24\), \(^25\), \(^26\), \(^27\), \(^28\)
Ending a pregnancy prematurely by abortion denies the mother the protective effects of a pregnancy carried to full term. Premature delivery before 32 weeks, including as a result of abortion, is known to more than double breast cancer risk.\(^29\)
A 1996 meta-analysis found a 30 per cent increase in breast cancer risk amongst post-abortive women.\(^30\)
Furthermore, it should be noted that breastfeeding may decrease cancer risk in proportion to the duration that breastfeeding takes place.\(^31\)

**Potential health risks of non-surgical abortion (drug-induced or “medical” abortion)**

The US Food and Drug Administration (FDA) warns that abortion using RU-486 (mifepristone) is associated with vaginal bleeding, cramping, nausea, vomiting, diarrhoea, headaches, weakness, dizziness, fever and chills. In some cases, very heavy vaginal bleeding will need to be stopped by a surgical procedure.\(^32\) In April 2011 the FDA reported that they had, up to that date, received reports of 2,207 adverse events following medical abortion, including 14 deaths and 612 other hospitalisations.\(^33\)
A 2009 study determined that drug-induced abortions led to significant adverse events in 20 per cent of cases.\(^34\)

**Risk of death**
Risk of death resulting directly from complications of abortion is rare; however, when deaths from all causes are examined in the first year following an abortion, several studies have identified an increased risk compared either to giving birth or never being pregnant.35, 36, 37, 38

**Psychological effects**

Research indicates that serious psychological harm can result from abortion. A general consensus among researchers is that between 10 per cent and 20 per cent of women will experience severe negative psychological complications.39 Women not falling into this category may nevertheless experience emotional distress, even after experiencing the relief that is a common short-term response to abortion.40

A 2011 meta-analysis found an 81 per cent increased risk of mental health problems among women who had undergone abortions. The study showed moderate to highly increased risk of psychological problems after abortion, including increased anxiety, depression, suicidal behaviour, and drug and alcohol use.41 A follow-up study also showed an increased risk of psychological problems after abortion.42

A 2016 study used data from the US-based National Longitudinal Study of Adolescent to Adult Health, a nationally representative cohort of 8,005 young women studied over a thirteen-year period. This study found that abortion was associated with an increased risk of depression, anxiety, suicidal ideation, nicotine dependence and alcohol and drug abuse. Women who suffered other pregnancy losses were found to have some increase in adverse mental health outcomes, but the magnitude of the increase was not as great as that following abortion.43

Other studies have identified a relationship between abortion an increased incidence of:

- post-traumatic stress disorder44, 45, 46, 47, 48
- depression49, 50, 51
- anxiety disorders52
- substance abuse and self-harm53, 54, 55
- suicide56
- difficulty in maintaining relationships57
- the phenomenon of a “replacement pregnancy”, where a subsequent pregnancy may be seen as a way of resolving grief and stress about an abortion58

Women who have had an abortion are at higher risk of psychiatric admission compared with women who carried to term.59 They are also over-represented in treatment categories that include bipolar disorder, depression and schizophrenic disorders.60 A link has also been found between abortion and mental health problems in men, and in children of post-abortive mothers.61, 62

A 2013 meta-analysis that addressed the question “Does abortion reduce the mental health risks of unwanted or unintended pregnancy?” 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.”

**Implications for public policy**

Legislators and public officials responsible for shaping healthcare policies must address the evidence that legalised abortion has had an adverse impact on women’s health. The experience of liberal abortion regimes indicates an urgent need to examine more fully the potential consequences of a liberalisation of Northern Ireland’s abortion laws in the context of increased incidence of premature birth, stillbirth, ectopic pregnancy, increased demand for psychiatric services and medication for mental health problems, breast cancer rates, and the treatment of other conditions linked to abortion.

**Present abortion law in Northern Ireland**

The Preamble of the Declaration on the Rights of the Child (DRC) 1959 states:

> “Whereas the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth,

> “Whereas the need for such special safeguards has been stated in the Geneva Declaration of the Rights of the Child of 1924, and recognised in the Universal Declaration of Human Rights and in the statutes of specialised agencies and international organisations concerned with the welfare of children,...”

The DRC states that the UDHR recognises the need for legal protection for children prior to birth. On 7 June 2018 the Supreme Court dismissed an appeal for a judicial review of Northern Ireland’s abortion laws but in a highly political act, the Court expressed the view that abortion laws in Northern Ireland are ‘incompatible with human rights’ in cases of fatal foetal abnormality and when a child is conceived through sexual crime. These views are not legally binding as the case was dismissed. The Court did not, however, reflect an accurate interpretation of the relevant human rights treaties nor law in Northern Ireland which recognises the right to life of children before birth. Nor can an interpretation of the European Convention on Human Rights contradict the UDHR and still be considered valid.

Northern Ireland’s legislation safeguards the right to life of children. A doctor who carries out an abortion in order to save the life (or long-term physical or mental health of a pregnant woman, however, has a legal defence against prosecution. While a small number of abortions do take place, Northern Ireland’s laws have saved the lives of over 100,000 babies. Independent statistical analysis carried out by the Advertising Standards Authority verified that this estimate was very probably correct.

These laws have functioned very successfully. They do not criminalise women, they criminalise acts of lethal violence directed at unborn children.

As a devolved issue, the House of Commons should respect the right of self-determination for the people of Northern Ireland and allow us to decide for ourselves what our abortion laws ought to be.


40 Major B., “Psychological responses of women after first-trimester abortion.”, Archives of General Psychiatry
65 ASA Ruling on Both Lives Matter: https://www.asa.org.uk/rulings/both-lives-matter-a17-370344.html Accessed 4 December 2018