

Settled Science: Prior 'Suction' Abortions Boost Preterm Birth Risk

It is not practical for a medical doctor to be an expert in hundreds or thousands of medical disorders and risk factors. How can he/she be confident whether a specific risk factor actually boosts risk? COMPETENTLY performed SRMAs (**Systematic Review and Meta-Analyses**) provide the answer. Systematic Review (SR) means that the researchers consider all prior studies in a specified 'time window'. Meta-Analysis (MA) means the researchers combine data from prior studies (from as few as 2 to over 100) & quantify the the amount of risk; e.g. the 2009 'Shah' SRMA reported that women with exactly one prior induced abortion had 1.35 the odds of a preterm birth as women with zero prior IAs (Induced Abortions).

Before February 2009 there existed zero APB (Abortion-Preterm-Birth) SRMAs. The February 2009 SRMA by Dr. Hanes Swingle & colleagues was published in the Journal of Reproductive Medicine & reviewed over 100 prior APB studies.[2] The most significant 'Swingle' finding was that women with prior IAs has 1.64 times the odds of delivering a newborn baby under 32 weeks' gestation.[2] 'Swingle' was at least 95% confident that prior induced abortions elevated premature birth risk.

In October 2009 in the very prestigious British Journal of Obstetrics & Gynaecology the Dr. Prakesh Shah SRMA confirmed significantly higher 'preemie' risk for women with prior induced abortions.[1] Those women with more than one prior IA had 1.93 times the odds of a premature delivery compared to women with zero prior IAs.[2] The March 2009 SR (Systematic Review) by Dr. van

Oppenraaij & colleagues confirmed significant APB risk.[3]
In addition, Dr. van Oppenraaij et al. confirmed 'Swingle' by finding that prior induced abortions significantly boosted the risk of a very preterm birth (under 32 weeks' gestation). [3]. (Dr. van Oppenraaij did not perform a meta-analysis.[3]
The 2008 Dr. Himpens meta-analysis reported that very preterm newborn babies have 55 times CEREBRAL PALSY risk as full-term newborn babies.[4]

Arrayed against these 2 SRMAs and the Oppenraaij SR are a grand total of ZERO SRMAs finding that prior IAs do not elevate premature birth risk. We requested Rep. Henry Waxman to provide a citation of a SR finding no elevated pre-term birth risk for women with prior IAs by 1 February 2010
Honorable Waxman has supplied zero citations. In violation of principle 3 of the 1947 Nuremberg Code the most common IA surgery in the U.S. & Canada, 'suction' (vacuum aspiration) abortion, has **NO** peer-reviewed medical journal animal studies to validate its safety.[5]

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References

[The only SYSTEMATIC published reviews of the Abortion-Preterm-Birth risk of surgical abortion ever published; all report higher risk premature birth risk for women with prior induced abortions:]

1 Shah P. et al. Induced termination of pregnancy and low birthweight and preterm birth: a systematic review and meta-analysis BJOG 2009;116(11):1425-1442

URL: <http://www3.interscience.wiley.com/journal/122591273/abstract>

2 Swingle HM, Colaizy TT, Zimmerman MB, et al. Abortion and the Risk of Subsequent Preterm Birth: A Systematic Review and Meta-Analysis. Journal Reproductive Medicine 2009;54:95-108

3 van Oppenraaij RHF, Jauniaux E, Christiansen OB, et al. Predicting adverse obstetric outcome after early pregnancy

events and complications: a review. Human Reproduction

Update Advance Access 7 March 2009;1(1):1-13 [URL:

<http://humupd.oxfordjournals.org/cgi/content/abstract/15/4/409>]

4 Himpens E, Van den Broeck C, Oostra A, Calders P,

Vanhaesebrouck P. Prevalence, type,

and distribution and severity of cerebral palsy in relation to gestational

age: a meta-analytic review. *Developmental Med Child Neurology*

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5 Rooney B, Calhoun BC, Roche L. Does induced abortion account for racial disparity in preterm births, and violate the Nuremberg Code?

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