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## The abortion issue we're ignoring

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Presented by



Last week's murder of Dr. George Tiller, probably the world's most committed abortion provider, evoked a storm of emotive rhetoric from familiar antagonists in the never-quite-dormant abortion debate over "rights." Those advocating for an unborn child's right to live once again faced off against those advocating for a woman's right to terminate a life within her own body.

There's a third side to the debate that gets short media shrift: emerging knowledge about medical risks surrounding induced abortion (IA). Throughout 40 years of highly publicized ideological squabbling, researchers in the field of human reproduction have been quietly beaver away on mounting epidemiological data around IA and its link to preterm birth (PTB) in a future pregnancy. Recent findings in their research remind us of a "right" generally observed in the breach: the right of women seeking safe abortions to informed consent.

Approximately 100,000 abortions are performed annually in Canada (30 per 100 live births), about a million in the U. S. and some 14 million worldwide, a significant percentage of them repeats (in the U. S. 46%). These are conservative figures: The U. S. National Survey of Family Growth estimates only six of 10 prior IAs are reported.

A fullterm birth is 37-42 weeks' gestation, so all PTBs are under 37 weeks. "Very preterm birth" (VPT) is under 33 weeks; "extreme preterm birth" (XPT) signifies under 28 weeks. Not in dispute: PTB presents a heightened risk for birth defects, and that risk escalates dramatically with VPT and XPT.

The most feared deficits are grouped under the acronym MACE: mental retardation, autism (according to a 2008 Norwegian study, XPT newborns are 10 times as likely as fullterm to be diagnosed with autism), cerebral palsy and epilepsy. So whatever reduces the risk of preterm birth will result in human and material benefit to stricken families and society alike.

Four important peer-reviewed studies in the 21st century confirm "immutable medical risk factors"

for PTB in pregnancies linked to a prior IA.

In 2004 emeritus French ob/gyn professor Emile Papiernik co-authored a European human reproduction study, reporting that: i) Women who had one prior IA had 34% higher relative odds of a VPT birth compared to women with no prior IAs; and ii) Women with more than one prior IA had an

82% higher relative odds of a VPT birth.

In 2007 Dr. Greg Alexander of the U. S. Institutes of Medicine (a branch of the National Academy of Sciences) identified a "prior first trimester induced abortion" as an "immutable medical risk factor associated with preterm birth."

In a 2008 Lancet article, three top researchers in reproductive medicine (Drs. Jay Iams, Robert Romero and Robert L. Goldenberg) expressed hope that "greater public and professional awareness of evidence that repeated uterine instrumentation--e. g. uterine curettage [including "suction" abortion] or endometrial biopsy -- is associated with increased risk of subsequent preterm birth might over time influence [government] decision-making about the procedure."

Finally, we have the February, 2009, Journal of Reproductive Medicine "Swingle study," named for Dr. Hanes Swingle, the chief researcher behind the first comprehensive meta-analysis of IA's link to PTB and VPT risk. After screening 7,891 titles, 349 abstracts and 130 articles mentioning induced or spontaneous abortions between 1995-2007, Swingle concludes: "Our meta-analyses indicate that there is an increased risk of PTB after either spontaneous or induced abortion in both case-control and cohort studies."

In a 2007 article in the Journal of Reproductive Medicine, Dr. Byron Calhoun et al estimated there were 1,096 annual excess cases of Cerebral Palsy in U. S. newborns under 3.5 lbs that can be directly traced to a prior IA, a finding "that has never been challenged via a letter to the editor." Assuming the usual 10% ratio in Canada vis-a-vis the U. S., that would suggest the possibility of about 100 such cases annually in Canada.

Given the accessibility of these studies to abortion providers, if I were the mother of a post-IA, PTB infant or toddler with autism or cerebral palsy, and had not been informed as a matter of regulatory course of IA's risk for a future PTB, I'd be angry. Litigiously so.

Perhaps it's time we stepped back from the ideological "whether" of abortion, and introduced the evidence-based "whither" of abortion into the national discussion. As an ice-breaker, we might begin at legal abortion's beginning by asking why, uniquely amongst surgical interventions, suction abortion -- the most common method -- has never been animal-tested, a clear violation of the Nuremberg Code for research ethics in human experimentation.

Abortion on demand: empowerment -- or bamboozlement -- of women?

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