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If Abortion virtually ended would reproductive health  
improve or degrade?

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Abortion advocates have often warned that women's reproductive health would suffer, if abortion access was restricted. This THEORY was put to the test in Poland, where a new law sunk Poland's abortion rate per 1,000 births by 98% between 1989 and 1993. The results of this 'experiment' are explained in this published September 2010 letter in the Journal of American Physicians and Surgeons:

#### Abortion and Pre-term Delivery

In his 2008 article, [1] Brent Rooney asserts that the high preterm birth rate suffered by African-American women is, in large part, caused by the high abortion rate of that race. Do other races or groups in the U.S. or other countries also suffer the same effect?

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Author Reply: The first-ever systematic reviews and meta-analyses (SRMAs) of the abortion-preterm-birth (APB) risk appeared in 2009, with both finding significantly higher premature birth (PTB) risk for women with prior IAs (induced abortions).[2,3]

Prakesh Shah of the University of Toronto, [2] using data from 37 prior APB studies, reported that [more than] one prior IA nearly doubles PTB odds (OR 1.93; 95% CI,

1.28-2.71)). There are no SRMAs reported that prior IAs do not raise PTB risk. Some of the countries included in the Shah meta-analysis are Australia, Scotland, France, Italy, Germany, Denmark, Israel, Taiwan, Greece,, U.S., Finland, Sweden and Russia.

Swingle et al. [3] reported that women with prior IAs have 64% higher odds of very preterm delivery (<32.0 weeks' gestation) than women with no prior IAs.

Extremely preterm newborns (<28 weeks' gestation) have an autism risk of 25% [4] and a cerebral palsy (CP) risk of 14.6%. [5] Between 1989 and 1993, Poland's IA rate per 1,000 births plunged by 98%. [1] Between 1995 and 1997, Poland's rate of extremely preterm newborns decreased by 21%. [1] Between 1989 and 2006, Poland's mortality rate for children under age 5 years with CP plummeted by 71%, according to data I received by email from Poland's Central Statistical Office on June 12, 2008. This trend suggests a dramatic drop in the incidence of sever brain injury, a major cause of both autism and CP, [4] in Polish newborns.

The total lifetime cost of autism for a U.S. resident, including medical and nonmedical expenses and lost income, is an estimated \$3.2 million, according to Harvard researcher Michael Ganz. [6] The approximately 39,000 cases of autism presenting in the U.S. each year represent a future drain of about \$125 billion on the U.S. economy. Prior IA is likely the cause of some of those cases of autism.

No ethnic group has been shown to be exempt from the APB risk. Ross et al. [7] showed a 31% higher odds of PTB in women with previous IAs compared with women with no IAs. In this study, performed at the University of California at Los Angeles, 84% of the women were of 'Hispanic' ethnicity. We challenged the congressional representative from this district, Henry Waxman, to find any systematic review performed in this century that did not find an APB risk. So far he has provided no citations.

Calhoun et al. [8] estimate that 31.5% of U.S. very preterm deliveries in 2002 were attributable to prior IAs, and that 1,096 cases of CP in newborns under 1,500 grams were attributable to prior IAs.

In August 2010 Ohio State University professor Dr. Jay D. Iams wrote the following in the American Journal of Obstetrics & Gynecology[9]:

“Contrary to common belief, population-based studies,[34-36] have found that elective pregnancy terminations in the first and second trimesters are associated with a very small but apparently real increase in the risk of subsequent spontaneous preterm birth (PTB).[37]”

Iams' reference “37” is the October 2009 'Shah' systematic review.[2]

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1. Rooney B, Calhoun BC, Roche L. Does induced abortion account for racial disparity in preterm births, and violate the Nuremberg Code? *J Am Phys Surg* 2008;13:102-104.
2. Shah PS, Zao J. Induced termination of pregnancy and low birthweight and preterm birth: a systematic review and meta-analysis. *BJOG* 2009;116:1425-1442. [URL: [http://www.bjog.org/details/journalArticle/345727/Induced\\_termination\\_of\\_pregnancy\\_and\\_low\\_birthweight\\_and\\_preterm\\_birth\\_a\\_systema.html](http://www.bjog.org/details/journalArticle/345727/Induced_termination_of_pregnancy_and_low_birthweight_and_preterm_birth_a_systema.html)]
3. Swingle HM, Colaizy TT, Zimmerman MB, Moriss FH. Abortion and the risk of subsequent preterm birth: a systematic review and meta-analysis. *J Reprod Med* 2009;54:95-108.
4. Limperopoulos C. Autism spectrum disorders in survivors of extreme prematurity. *Clin Perinatol* 2009;36:791-805.
5. Himpens E, Van Den Broeck C, Oostra A, Claders P, Vanhaesebrouck P. Prevalence, type, and distribution and

severity of cerebral palsy in relation to gestational age: a meta-analytic review. *Dev Med Child Neurol* 2008;50:334-340.

6. Ganz ML. The lifetime distribution of the incremental societal costs of autism. *Arch Pediatr Adolesc Med* 2007;161:343-349.
7. Ross MG, Hobel CJ, Bragonier JR, et al. A simplified risk-scoring system for prematurity. *Am J Perinatol* 1986;4:339-344.
8. Calhoun BC, Shadigian E, Rooney B. Cost consequences of induced abortion as an attributable risk for preterm birth and informed consent. *J Reprod Med* 2007;52:929-939.
9. Jay D. Iams, MD; Vincenzo Berghells, MD. Care for women with prior preterm birth. *American Journal of Obstetrics & Gynecology*. August 2010;203(3):89100 [ Abstract URL: <http://www.ajog.org/article/S0002-9378%2810%2900209-7/abstract> ]