Latent Morbidity after Abortion

The abortion debate continues. An important contribution to it now comes from Margaret Wynn and Arthur Wynn, incorporating their evidence to the Lane Committee on the Working of the Abortion Act. This Committee is expected to report later this year and its findings are eagerly awaited, though the problems of abortion are such that it would be sanguine to hope for simple solutions.

In her paper Margaret Wynn is firmly of the opinion that "it would be wise for young women and their parents and future husbands to assume that induced abortion is neither safe nor simple, that it frequently has long-term consequences, may affect subsequent children and makes young single women less eligible for marriage." The evidence in support of this statement comes from an analysis of a series of publications with much reference to overseas experience, which is often longer and more complete than our own. Her emphasis is on the long-term effects of abortion, which Arthur Wynn designates latent morbidity. In Britain notifications of abortion include only the complications occurring in the first week—much too short a period on which to base estimates of morbidity, especially when in the private sector patients are frequently seen only for one day. Moreover, nobody knows the extent of the failure to notify. The Wynns argue that there is enough evidence now available on which to base estimates of morbidity. Most importantly they stress that the longer the follow-up the worse the results. With a really prolonged follow-up—that is, several years—a 30% morbidity rate may not be an over-estimate.

A previous abortion increases the chances of a subsequent perinatal death by 50%, according to the British Perinatal Mortality Survey, and the experience of some other countries suggests that even this figure is an underestimate. In addition there may be a 40% increase in premature births, and these are known often to be associated with impaired mental and physical development. Ectopic pregnancies are increased two- or three-fold after a previous abortion, and there is a four-fold increase in pelvic inflammation and menstrual disorders, while 2-5% of those who have abortions may subsequently be sterile. Husbands who desire a family, Margaret Wynn suggests, might justifiably be alienated from wives who fail to bear children because of termination of a prenuptial pregnancy for which they were not responsible.

As regards the consequences of abortion older women with families are in quite a different category from young single women. Arthur Wynn emphasizes the problems for the latter group by citing the statistically significant increase in premature labours, and he carries the story further by showing that they have an increased likelihood of postpartum haemorrhage, mid-trimester abortions, rhesus isoimmunization, antepartum haemorrhage, stillbirth, and even congenital malformation. Much of the evidence for these sequels of abortion comes from German experience, though it can be matched from Czechoslovakia too. And these results take no account of any psychological consequences of abortion.

Margaret Wynn shows that up to 1970 the numbers of illegitimate births—with all their social consequences in terms of unhappiness—had scarcely diminished, while the numbers of terminations of pregnancy in single women had rapidly increased. She infers that "abortion is being used increasingly as a contraceptive method." More than half the women seeking abortion had used no other method of birth control.

Doctors may legitimately ask what sort of society has been underwritten by the Abortion Act? Is it one of sexual freedom or even licence with serious consequences for those involved? Does legislation make any difference to human behaviour in such delicate areas, or does it drag along in the wake of public opinion? Has the Abortion Act made a change in behaviour which would not otherwise have occurred? Do these changes in behaviour matter? The questions crop up endlessly and still the answers seem no clearer. This is because they involve value judgements with elements of emotion, passion, and reason. Simple consideration of the pros and cons will not solve the dilemma, but it has to be attempted.

One aim of the Abortion Act was to get rid of backstreet abortions with all their bad consequences. The backstreet element may have been greatly decreased, but many of the bad consequences remain. Legal abortion has probably diminished the number of maternal deaths, and it could be argued that it may have enlarged the limits of human freedom. These factors might be put on the credit side, but the debit side might show a great sum of serious morbidity—and the final bill will have to be paid by those who undergo abortions, their children (if they have any), their immediate circle, and society at large. Is the price too high? Will any law make it different? Presumably there will always be casualties of cultural attitudes in any society, and whether one attitude is better than another remains a matter of opinion. Nevertheless, the Wynns have produced a very serious indictment of legalized abortion, which must be heeded by doctors and law-makers. Some may argue that their case is overstated, but it is well and dispassionately argued, and the supporters of easy abortion must look to their defences. The importance of the subject in social, economic, and human terms demands a similar dispassionate reply.