# Abortion, mental health and foetal anomaly

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# Relevant Questions

Does abortion help womens' mental health

Does abortion harm womens' mental health

Are there subgroups whoa re helped or harmed by abortion

# Medical Royal Colleges 2011

"When a woman has an unwanted pregnancy, rates of mental health problems will be largely unaffected whether she has an abortion or goes on to give birth".

Quality of evidence poor

Based on the 4 studies, that controlled for prior mental health and wantedness - Gilchrist 1996, Cougle 2005, Steinberg 2008 and Fergusson 2008

# Does abortion reduce the mental health risks of unwanted or unintended pregnancy? A reappraisal of the evidence. Fergussonn et al. ANZJP. Apr. 2013.


- **Abstract**
- **Objective:** There have been debates about the linkages between abortion and mental health. Few reviews have considered the extent to which abortion has therapeutic benefits that mitigate the mental health risks of abortion. The aim of this review was to conduct a re-appraisal of the evidence to examine the research hypothesis that abortion reduces rates of mental health problems in women having unwanted or unintended pregnancy.
- **Methods:** Analysis of recent reviews (Coleman, 2011; National Collaborating Centre for Mental Health, 2011) identified eight publications reporting 14 adjusted odds ratios (AORs) spanning five outcome domains: anxiety; depression; alcohol misuse; illicit drug use/misuse; and suicidal behaviour. For each outcome, pooled AORs were estimated using a random-effects model.
- **Results: There was consistent evidence to show that abortion was not associated with a reduction in rates of mental health problems ($p>0.75$). Abortion was associated with small to moderate increases in risks of anxiety (AOR 1.28, 95% CI 0.97−1.70; $p<0.08$), alcohol misuse (AOR 2.34, 95% CI 1.05−5.21; $p<0.05$), illicit drug use/misuse (AOR 3.91, 95% CI 1.13−13.55; $p<0.05$), and suicidal behaviour (AOR 1.69, 95% CI 1.12−2.54; $p<0.01$).**
- **Conclusions:** There is no available evidence to suggest that abortion has therapeutic effects in reducing the mental health risks of unwanted or unintended pregnancy. There is suggestive evidence that abortion may be associated with small to moderate increases in risks of some mental health problems.

# Both sides accept certain risk factors exist

- Those with history of mental health problems
- Those who are young
- Those who are ambivalent or coerced
- Late abortions
- Abortion for foetal anomaly
- Those with maternal instincts
- Those with children already
- Those with poor supports
- Those who have moral objections
- Multiple abortions

**Psychological outcome for women undergoing termination of pregnancy for ultra-sound detected fetal abnormality: a pilot study**

Davies et al. 2005. 25,4. 389-392 Ultrasound Obstet Gynaecol.

Aim: Examine psychological morbidity for women having 1st and 2nd trimester abortions for fetal abnormality

Methods: 14 women having first trimester and 16 having 2nd trimester abortions

20-40 years

Follow-up 6weeks, 6 months and 12 months

Measures included GHQ, BDI, IES and perinatal grief scale

# Long-term psychological consequences of pregnancy termination for fetal abnormality: a cross-sectional study. Korenromp et al 2005

254 women 2-7 years post-termination for fetal abnormality

" a substantial number of the participants (17.3%) showed pathological scores for posttraumatic stress.

Low-educated women and women who had experienced little support from their partners had the most unfavourable psychological outcome.

Advanced gestational age at TOP was associated with higher levels of grief, and posttraumatic stress symptoms

Long-term psychological morbidity was rare in TOP before 14 completed weeks of gestation.

Higher levels of grief and doubt were found if the fetal anomaly was presumably compatible with life".

# Korenromp 2005 contd.

Conclusion:  Termination of pregnancy for fetal anomaly is associated with long-lasting consequences for a substantial number of women. Clinically relevant determinants are gestational age, perceived partner support, and educational level.

# Davies et al 2005 contd.

Results: High levels of distress for both groups

Present at all time points

Higher in those having 2nd trimester abortions at 6 weeks

Depression:36%, 39%, 32% > cut-off score

Post-traumatic stress: 67%, 50%, 41% > cut-off score

Conclusion: Abortion for fetal abnormality is associated with persistent psychological distress

## Trauma and Grief 2-7 years after termination of pregnancy because of fetal anomalies- a pilot study

Methods: 83 women had abortion for fetal abnormality 2-4 years earlier compared with 60 having abortion 2 weeks after abortion and 65 after spontaneous delivery. Compared 2-7 years afterwards

Results: No difference in distress between two abortion groups.  Regret at abortion < 12%

Conclusions: Abortion is a source of major trauma that is detectable many years later

Kersting et al. J Psychosom. Obstet and Gynaecol 2005

**Psychological impact on women after second and third trimester termination of pregnancy due to fetal anomalies versus women after preterm birth--a 14-month follow up study. Kersting et al 2009. Arch Wom Ment Health**

Objective: Psychiatric morbidity and the course of posttraumatic stress, depression, and anxiety in two groups after termination of late pregnancy due to fetal anomalies (62), after preterm birth due to severe complications (43), control group – health delivery group (65).

14 days, 6 months and 14 momths post-event on measures depression, anxiety and PTSD

t1 22% (TOP) 18.5% (Preterm) 6.2% (controls) any psychiatric illness

t3 16.7% 7.1% 0%

t3 only affective and anxiety disorders were diagnosed. Posttraumatic stress and clinician-rated depressive symptoms were highest in women after TOP. The short-term emotional reactions to TOP in late pregnancy due to fetal anomaly appear to be more intense than those to preterm birth.

Both events can lead to severe psychiatric morbidity with a lasting psychological impact.

# Systematic review of parental outcomes after diagnosis of fetal anomaly. Wool et al 2011

1970-2010 Literature review

Regardless of the option taken, women often experienced intense grief reactions. Both giving birth to a child with a life-limiting condition and termination of pregnancy for fetal anomaly can be emotionally traumatic life events, both associated with psychological morbidity. Nonaggressive obstetric management, allowing natural birth without life-sustaining therapeutics, is an option for families. Couples presented with a coordinated perinatal palliative care model may opt to continue their pregnancy. Families who experienced perinatal hospice/palliative care report positive feedback, but more research is needed to explore the psychological outcomes of this choice.

**Pregnancy continuation and organizational religious activity following prenatal diagnosis of a lethal fetal defect are associated with improved psychological outcome. Cope et al 2015**

Examined psychologicl impact of either terminating or continuing a pregnancy following pre-natal diagnosis of a leathal fetal defect

158 women and 109 men

Perinatal grief scale, Impact of events scale, BDI scale

Women who terminated had significantly more despair, avoidance and depression that those who continued the pregnancy

Organisational religion was aspciated with a reduction in grief in both sexes

“There appears to be a osychological benefit to women to continue pregnancy.

# Little Understanding

A Dutch study examining the experiences of 10 women who declined to terminate and instead continued the pregnancy after a prenatal diagnosis of Down syndrome using a qualitative method revealed that little understanding was initially shown for the patient's decision to bring the pregnancy to term by some social and medical workers although sufficient help and support were usually shown.

A lot of support was forthcoming from family, friends and acquaintances but some some were also negative and disapproving

Dutch Journal for Healing in Medicine. Tijsstra et al 2000.

# Conclusions

Based on a limited number and quality of studies there is a psychological benefit to continuing a pregnancy that is associated with a fetal anonaly in comparison to terminating that pregnancy

# The Pearl Effect

Goodall, a paediatrician with a lifetime's experience of caring of severely disabled children, describes the 'pearl effect'. 'In a culture that views success and failure in materialistic terms, many perceive disabled children as an extra burden. But paradoxically, divorce rates and unhappiness are no more common in the families of disabled children than in those with healthy children. Like the grit in the oyster that causes a pearl to form, caring for a child with special needs often strengthens relational bonds and encourages spiritual growth. As the agony of Gethsemane led to resurrection life, so the reciprocal love between the disabled child and his parents and the care shown by professionals, families and churches can act as a catalyst for maturity and stability.'

Goodall J. The Pearl effect. *Triple Helix* 2003;10-11 (Winter)