

Facts on Abortion

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What is Abortion?

Abortion is the termination of a pregnancy after the fertilized egg has implanted in the uterine lining and before the fetus has attained viability. There is some debate about the point at which the fetus is capable of surviving outside the uterus, even with appropriate life support. However, according to a 1983 publication, there has been no well-documented case of survival of any infant born at less than 24 weeks of gestation and weighing less than 600 grams. (1)

Canadian Law on Abortion

Abortion is illegal in Canada except when performed by a licensed physician in an approved or accredited hospital after a Therapeutic Abortion Committee of at least three doctors has certified that continuation of the pregnancy would or would be likely to endanger the life or health of the woman. There is no requirement for any hospital to appoint a TAC or to perform abortions. There is no legal time limitation on abortion; Canadian practice is to limit abortions to 20 weeks gestation.

In practice a woman or her representative is not permitted to address a TAC directly, nor can she appeal if her request is denied; the law does not mention these issues.

Access to Abortion

Number being performed - In 1982 according to Statistics Canada, 66,319 therapeutic abortions were reported to have been performed in Canada.⁽²⁾ These figures do not include abortions performed in community health clinics, women's health clinics and private clinics in Quebec, which do not report to Statistics Canada.⁽³⁾ While the numbers of therapeutic abortions are continually reported to have "levelled off" since 1979 (when 65,135 abortions were reported), reports indicate that increasing numbers of Canadian women have been travelling to Quebec or to the United States for abortions.⁽⁴⁾

Hospitals performing them - As of January 1, 1984, Statistics Canada reported only 249 hospitals with therapeutic abortion committees (about 30% of the public general hospitals) as compared with 270 in 1979. In 1982, 18% of hospitals **with TACs did no abortions**; about the same percentage

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did fewer than 20 abortions. About 75% of the abortions were done by only 17% of the hospitals with TACs. Statistics Canada data indicate a tremendous regional disparity in access to abortion, as indicated below.

1982	Number of Abortions	Number of Hospitals with TACs	Abortion Rate**
Nfld.	379	5	4.3
P.E.I.	6	1	1.3
N.S.	1,741	12	14.2
N.B.	221	9	2.3
Que.	9,698*	32	10.3
Ont.	31,379	99	25.2
Man.	1,723	8	10.1
Sask.	1,631	10	9.6
Alta.	6,556	24	16.0
B.C.	12,712	58	29.6
Yukon	102	1	22.1
N.W.T.	171	2	19.8
Canada	66,319	261	17.8***

* Hospital figures only.
 ** Abortions per 100 live births (estimated).
 *** In comparison, the U.S. had an abortion rate of 42.8 in 1980; in 1981, England and Wales had a rate of 20.3, Denmark 42.9, and Scotland 13.0.

Safety of Abortion

Abortion is a safe, minor procedure. U.S. data has shown the risk of dying from an abortion induced during the first 15 weeks of pregnancy as one-seventh the risk of dying from pregnancy and childbirth.⁽⁵⁾ Commonly made comparisons with other types of surgery show the risk of mortality is twice as great for a tonsillectomy, nine times greater for a Caesarian section, and 300 times greater for an appendectomy than for a first-trimester abortion.

A review of Canadian data showed one abortion-related death out of 351,859 therapeutic abortions performed between 1975 and 1980.

The likelihood of complications will be affected by skill of the practitioner, procedural method, type of anaesthesia and, particularly, gestational age. U.S. studies have indicated "the incidence of major complications increased, on the average, by

about 20 percent with each week of gestation from seven weeks onward."⁽⁶⁾

The figures below show that abortions tend to be performed significantly later in Canada than in the United States.

	PERCENTAGE DISTRIBUTION OF LEGAL ABORTIONS BY WEEKS OF GESTATION, 1980 ⁽⁷⁾			
	8 weeks or less	9-12 weeks	13-16 weeks	17 weeks or more
Canada	24.6	61.4	10.4	3.6
U.S.A.	51.6	38.3	5.2	4.8

Anti-choice groups frequently make claims about the negative long-term effects of abortions, including risk to future pregnancies and emotional distress. Scientific studies in the U.S. have shown inconsistent results about whether one abortion or even multiple abortions were associated with risk to subsequent desired pregnancies.⁽⁸⁾ Some studies outside the U.S. implicated a particular abortion technique with complications; these would be reduced by the use of the vacuum aspiration method, which is most commonly used today (89.8% of procedures in Canada in 1982).

A World Health Organization Scientific Group on Spontaneous and Induced Abortion looked into the question of adverse psychological reactions and in 1978 stated that "there is now a substantial body of data, reported from many countries after careful and objective follow-up, suggesting frequent psychological benefit and a low incidence of adverse psychological sequelae."⁽⁹⁾ In addition, many studies have indicated that "A woman is at greater risk to her mental health when she is refused a safe legal abortion, if that is what she really wants, than if she is granted one."⁽¹⁰⁾

Clinic Abortions

Some concerns have also been expressed about the safety of performing abortions in free-standing clinics. Studies in the United States, where almost 80 percent of abortions are now performed outside hospitals, show that clinics are **at least** as safe as hospitals.⁽¹¹⁾

Statistics gathered by the U.S. Centres for Disease Control between 1974 and 1977 indicated the

death-to-case rate for hospital abortions was 1.5 per 100,000 procedures as compared to 0.6 deaths per 100,000 abortions performed in non-hospital facilities. When these rates were adjusted to take into consideration the higher-risk patients referred to hospitals, the death-to-case rates for first-trimester abortions were about 0.7 in both kinds of facilities.

In addition to the safety factor, decreased delays in obtaining an abortion, lower costs and superior counselling have all been cited as benefits of clinic abortions. A 1981 survey of members of the National Abortion Federation⁽¹²⁾, the U.S. professional organization for abortion providers, showed that in virtually all of the facilities the abortion was performed within one week of the pregnancy test, and in 24 per cent of the clinics, it was performed on the same day.

This survey also found that specially trained counsellors were employed by all but one of the respondent facilities. All facilities required that patients be given information about the consequences and possible medical risks of the procedure so that they could give informed consent. Contraceptive and decision counselling were seen as two other essential components of counselling.

Among the nonhospital facilities surveyed, 88 percent always or usually used local rather than general anaesthesia. Data have shown that the risk of mortality associated with first-trimester

abortions is two to four times greater when general anaesthesia is used.⁽¹³⁾

Abortion costs are also substantially reduced by the use of free-standing clinics.

Benefits of Legal Abortion

Research has shown that there are a number of benefits associated with legal abortion, the most obvious being a drastic reduction in the number of deaths resulting from illegal abortions. This effect is most noticeable where abortion is available at the request of the pregnant woman or on broadly interpreted social indications.⁽¹⁴⁾

Conversely, a change from a less restrictive to a more restrictive abortion policy has been shown to increase the number of illegal abortions and the number of deaths due to abortion. After Romania enacted a restrictive abortion law in 1966, there was a sevenfold increase in deaths due to abortion. Such figures dramatically demonstrate that women will continue to seek abortions whether they are legal or not.

Family planning, in general, and legal abortion, specifically, have been linked with the birth of healthier babies when women choose to have them.⁽¹⁵⁾

References:

1. Christopher Tietze, *Induced Abortion: A World Review*, 1983, The Population Council, New York, p.1.
2. Statistics Canada, *Basic Facts on Therapeutic Abortions, Canada, 1982*, Catalogue 82-215.
3. At the Morgentaler clinic trial in Toronto, Dr. Augustin Roy, president of the Quebec physicians' association, testified that in 1981, 9,056 abortions were performed in Quebec hospitals while about 8,500 were performed in doctors' offices and clinics.
4. Statistics Canada reported that in 1981 2,651 Canadian women had abortions in the U.S., double the number they reported in 1979. Stats Can officials had said the actual numbers are probably much higher, and a research project at McMaster University estimated that twice as many went to New York State in 1981 as were reported to Statistics Canada.
5. Willard Cates Jr., "Legal Abortion: The Public Health Record," *Science*, Vol. 215-26, March 1982, p.1587.
6. Tietze, p.88. See pages 83-88 for a discussion of complications and sequelae.
7. Tietze, pp.68-69. U.S. figures are those reported to the Centers for Disease Control.
8. Cates, p.1589.
9. World Health Organization, *Induced Abortion*, Technical Report Series no. 461, Geneva, 1978. Quoted in Tietze, p.86.
10. Wendell Watters, *Compulsory Parenthood*, Toronto, 1976, p.223.
11. David A. Grimes, Willard Cates Jr. and Richard M. Selik, "Abortion Facilities and the Risk of Death," *Family Planning Perspectives*, Vol. 13, No. 1, January/February 1981, p.30. See also Cates, p.1587.
12. Uta Landy and Sarah Lewit, "Administrative Counselling and Medical Practices in National Abortion Federation Facilities," *Family Planning Perspectives* Vol. 14, No. 5, September/October 1982, pp.257-262.
13. H.B. Peterson, D.A. Grimes, W. Cates Jr. and G.L. Rubin, "Comparative Risk of Death from Induced Abortion at 12 weeks' Gestation Performed with Local vs. General Anaesthesia," *American Journal of Obstetrics and Gynecology*, 141: 763, 1981.
14. Tietze, p.99.
15. See, for example: Deborah Maine, *Family Planning: Its Impact on the Health of Women and Children*, Center for Population and Family Health, Columbia University 1981; and "Legal Abortion, Family Planning Services Largest Factors in Reducing U.S. Neonatal Mortality Rate," *Family Planning Perspectives*, Vol. 13, No. 2, March/April 1981, pp.84-5.

What Canadian Women Say . . .

"I was obliged to have an illegal abortion in my youth, literally on the table with no anaesthetic. I don't want Canadian women to have to go back to that."

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"I was the victim of a "butcher" abortion in my early twenties. I do not want my daughter or any other woman to ever be forced to such measures again."

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"I nearly lost my life twice trying to terminate an unwanted pregnancy and lived in fear the rest of the time. We must not let those days come back."

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"I have gone through the anguish of an unwanted pregnancy — years before abortions were available in Canada. The only thing a teenage girl could do then (in the '60s) was to hide and lie and go through childbirth alone, then give up her child for adoption — and spend the rest of her life wondering where and how that child is — and cursing the society that put her through such an experience."

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"I had an abortion in 1947. The abortionist was a respected member of his community and forced me to have sex with him before agreeing to perform the abortion."

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"I was in nurse's training in Montreal in 1957 when abortions were illegal. I saw so many women come in suffering the after-effects of botched abortions—infections, bleeding, sterility."

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"A friend had an illegal abortion years ago. She hemorrhaged and had to be taken to the hospital. She was never able to bear children."

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"My childhood memories are haunted by women who were in constant terror about becoming pregnant and the desperate measures they took to avoid bringing another child into this world and being unable to give what every mother worth her salt feels is a child's right."

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"Just after World War II the body of a young woman was found in my city. Some time later a doctor was charged with performing an abortion. He had gotten into serious difficulty and could not ask for help or send her to a hospital. The cruelty of this situation has always been on my mind."

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"Having been through an abortion myself I can say from personal experience that there were no traumatic feelings on my part — just a great sense of relief. I have raised two wonderful sons and a lovely daughter."

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"I have always believed in freedom of choice in principle. Two and a half years ago I was faced with an unexpected pregnancy and decided against having an abortion. However, I *did* consider abortion. Being a single mother is not easy but since it was *my* decision to have a child my fears, frustrations etc. are not directed toward my child on the odd occasion when things get really tough. Had the possibility of abortion not been available to me my reactions might be very different. I still maintain my principles and believe that a woman has the right to choose. My own experience served to strengthen my beliefs."