How safe is abortion?

In Australia, where abortions are performed by highly qualified health care professionals in very hygienic conditions, a pregnancy termination is one of the safest medical procedures and complications are rare [1].

Anti-choice counselling services and lobby groups sometimes run scare campaigns on the supposed ‘risks’ of abortion in an attempt to scare women out of having a termination. This can be an extremely distressing experience. If you’ve spoken to one of these services and need some support our counsellors can talk through this with you on our toll-free line.

These campaigns distort research and often make false claims about abortion. The three most often used in misinformation campaigns are that an abortion will affect a woman’s future fertility, that it causes breast cancer and that there are long-lasting psychological impacts of abortion [2].

No link to infertility

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists, or RANZCOG, states that serious complications after abortions are rare and that mortality and serious morbidity occur less commonly with abortions than with pregnancies carried to term [3].

This suggests continuing with the pregnancy holds more risks than having an abortion. While minor surgery or the administration of medication does carry some risks neither surgical and medication abortion should have any adverse effect on future fertility.

The Royal College of Obstetricians and Gynaecologists in the UK identifies that there are no proven associations between induced abortion and subsequent ectopic pregnancy, placenta praevia or infertility, a view supported by RANZCOG, who state that:

“women who have an uncomplicated termination are not at an increased risk of being infertile in the future.” [3]

No link to breast cancer

Around the world reproductive health and anti-cancer organisations have rejected any association between abortion and an increased risk of breast cancer. This rejection is based on reliable scientific investigation, documented in reputable medical publications, and has been endorsed by the World Health Organisation [4].

One study published in the Lancet medical journal in 2004 was an analysis of 53 studies, involving 83,000 women with breast cancer from 16 countries, which found that “pregnancies that end as a spontaneous or induced abortion do not increase a woman’s risk of developing breast cancer” [5].

The National Cancer Institute in the United States examined in great detail the research on abortion and breast
cancer in 2003, finding that:

“having an abortion or miscarriage does not increase a woman’s subsequent risk of developing breast cancer” [6].

The Australian Cancer Council does not recognise induced or spontaneous abortion as a risk for breast cancer [7], nor does the National Breast and Ovarian Cancer Centre [8].

**No link to long-term mental health problems**

The American Psychological Association's Taskforce on Mental Health and Abortion reviewed 20 years of research and studies into the psychological effects of abortion and released its final report in 2008. It found no difference in the psychological effect of terminating an unplanned pregnancy and carrying that pregnancy to term [9].

Reviews of studies into the issue have found that the legal and voluntary termination of a pregnancy rarely causes immediate or long-lasting negative psychological consequences in healthy women [9], and that greater partner or parental support improves the psychological outcomes for women [10].

Some studies have reported positive outcomes such as feelings of relief for women [11].

In 2005, The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) reviewed the evidence on the psychological impact of abortion and concluded that:

“Psychological studies suggest that there is mainly improvement in psychological wellbeing in the short term after termination of pregnancy [and that] there are rarely immediate or lasting negative consequences”. [3]

Risk factors for adverse psychological effects are consistently identified as:

- Perceptions of stigma, need for secrecy and low or anticipated social support for the abortion decision;
- A prior history of mental health problems; and
- Ambivalence about the decision, or a belief that an abortion is in conflict with her personal values. [9, 11]

**References:**


*Last modified on: 04 July 2016*