

Abortion and Mental Health



In reality the vast majority of abortions do not involve risk to the medical health of the woman¹ and it is effectively risk to mental health that is cited as the reason for most abortions.

In England and Wales, 97% of abortions under 24 weeks are carried out because of risks to the physical or mental health of the woman.²

This is not surprising because having an unwanted pregnancy, and possibly, an unwanted baby is not surprisingly likely to have an adverse effect on one's mental health and well-being.

Many reasons given for abortion will lead to a risk to mental health, such as poverty, lack of housing, domestic violence, wrong timing for parenthood, mothers who feel they cannot cope with more children and women who do not want to be a parent.

MENTAL HEALTH AND MEDICAL HEALTH

Throughout the struggle for abortion rights a frequently used argument by the anti-choice lobby was that mental health was “different” to physical health and that abortion should not be available for risk to mental health, even if this involved the risk of death by suicide.

It could be said that the struggle for abortion rights, since the Eighth Amendment was inserted into the constitution in 1983, has centered around risk to mental health:

The X case involved a girl who was suicidal because of an unwanted pregnancy. This led to two subsequent referendums where feeling suicidal was questioned as a legitimate legal ground for abortion.

In the debate that preceded the passing of the Protection of Life During Pregnancy Act 2013, the rights of pregnant women who were suicidal and who wanted an abortion were questioned by the anti-choice lobby, whereas women who were in danger of dying for medical (e.g. cancer) or obstetric reasons (e.g. haemorrhage) were seen as legally deserving of abortion.

Thankfully, the argument that mental health is less important than physical health when it comes to accessing abortion has been refuted by the Citizens' Assembly and the Joint Oireachtas Committee on the Eighth Amendment recommendations in 2017. Both of these bodies stated clearly that there should be no distinction between mental and physical health in accessing abortion care.

DOES AN UNWANTED PREGNANCY DAMAGE A WOMAN'S MENTAL HEALTH?

The short answer is “yes.”

A study published in 2016 examined the relationship between unwanted pregnancy and depression.³ It forms part of a US study involving over 110,000 pregnant women over a three-year period. The finding from this study was that having an unwanted pregnancy increased the risk of depression by 50%.





Being depressed during pregnancy is a very serious problem because not only is the pregnant woman intensely distressed but the stress hormones alter baby physiology so that the foetus is developing in a high stress environment and is at an increased risk of being born earlier in pregnancy.⁴

Depressed pregnant women are often unable to attend to their own health needs. Infants born to women who were depressed during pregnancy are more likely to suffer from childhood learning and behavioural difficulties and from depression in early adulthood.⁵

We have high rates of depression during pregnancy in Ireland and the need for improved mental health services for pregnant women has finally been acknowledged and is in the planning phase.

DOES LACK OF AVAILABILITY OF ABORTION SERVICES DAMAGE A WOMAN'S MENTAL HEALTH?

There is no direct research examining the potentially damaging effects that a lack of abortion availability has on women. In the US study referenced above,³ as in all other published studies from countries in the Organisation for Economic Co-operation and Development (OECD), the option of legal abortion was available. Women from OECD countries, with the exception of Ireland and some very small states,

have the option of having abortion care in their own health services. Published academic studies only reflect findings where abortion services are available because there are no scientific studies from economically developed countries on mental health outcomes where women are **forced** to go through with unwanted pregnancies. Specifically, there has been no research study published about the potential psychological effects of not having abortion care available in Ireland.

Some women in Ireland have been unable to access abortion care abroad, such as Ms Y, because they were unable to travel, because of poverty, because of not having a passport or being an Asylum Seeker, or inability to access services abroad because of literacy problem, i.e. the most vulnerable women. For such women the effects of being forced to proceed with an unwanted pregnancy are inevitably traumatising.

The experience of travelling abroad to have an abortion is painful for all women who are forced to travel. Travelling to the UK to access abortion care is a lonely, costly and humiliating experience, and frequently gives rise to feelings of shame.⁶ This shame comes from the stigma associated with abortion. In our culture abortion is a crime.





DOES ABORTION DAMAGE ONE'S MENTAL HEALTH?

“No” is the short answer.

The vast majority of women who have an abortion have a positive emotional response to no longer having an unwanted pregnancy. They feel relieved and do not regret the procedure.

The best report on this comes from a review published in 2016 commissioned by the Academy of the Medical Royal Colleges, including the Colleges of Obstetrics and Gynaecology, Psychiatry and General Practice, and was funded by the Department of Health, UK ⁷. This document had 8,860 references and concluded that having an abortion does not damage one's mental health.



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References:

1. "Woman" is used in this document for ease of communication and should be taken to include girls (those aged <18 years) and transgender men.
2. Ground C of the Abortion Act, 1967 "the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman". https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/652083/Abortion_stats_England_Wales_2016f
3. The association between pregnancy intendedness and experiencing symptoms of postpartum depression among new mothers in the United States, 2009 to 2011: A secondary analysis of PRAMS data. Gauthreaux C1, Negron J, Castellanos D, Ward-Peterson M, Castro G, Rodríguez de la Vega P, Acuña JM. *Medicine (Baltimore)*. 2017 Feb;96(6):e5851

4. Changes in the maternal hypothalamic-pituitary-adrenal axis during the early puerperium may be related to the postpartum 'blues'. O'Keane V, Lightman S, Patrick K, Marsh M, Papadopoulos AS, Pawlby S, Seneviratne G, Taylor A, Moore R. *J Neuroendocrinol*. 2011 Nov;23(11):1149-55.
5. Antenatal depression predicts depression in adolescent offspring: prospective longitudinal community-based study. Pawlby S, Hay DF, Sharp D, Waters CS, O'Keane V. *Journal of Affective Disorders*. 2009 Mar;113(3):236-43.
6. https://www.aomrc.org.uk/wp-content/uploads/2016/05/Induced_Abortion_Mental_Health_1211.pdf
7. *Ibid*