

**Mental Health Risks and Abortion
By Kimberly Baker**

According to a recent study conducted in Denmark, the incidence of mental health risk is higher for women who have given birth than it is for women who have had an abortion. Such a claim is misleading, as extensive research over the years has shown otherwise.

The Denmark study based its data on a group of girls and women who had a first-trimester abortion or a first childbirth during 1995-2007, with no previous record of mental disorders within the same period. The study measured rates of first-time psychiatric contact within the 12-month period following the abortion or birth, in comparison with the prior nine months.

The study found that approximately 15 out of 1,000 women needed mental health treatment in the year following an abortion, but this high rate of mental health problems was only slightly higher than the percentage of those seeking treatment in the nine months *before* the abortion. In the group of women who gave birth, approximately four out of 1,000 needed psychiatric treatment before delivery, while almost seven out of 1,000 sought treatment after giving birth. It is interesting to note that the number of women who needed treatment before and after abortion was over two times higher than those women needing treatment before or after giving birth.

The study concluded that, since the rate of post-abortive women who needed counseling did not change significantly in the period before or after the abortion, there was no increased mental health risk associated with abortion.

Such a claim seems to be an attempt to downplay the occurrence and severity of mental health consequences resulting from abortion. The study does not take into account the type and degree of mental health difficulties experienced after abortion compared to childbirth; it simply mentions that both groups of women experienced similar types of mental health disturbances: depression, anxiety, and severe stress.

Short-term mental health difficulties can be dramatically different from long-term ones, which tend to be more serious. The Denmark study does not delve deeply into this distinction, leaving out significant facts about more concrete mental health risks for both groups.

It may be relatively common for a woman who has given birth, especially to her first child, to experience some form of mental stress (due to inadequate sleep, hormonal changes, and sometimes fear of their own inadequacy to care for a fragile new baby), including post-partum depression. But it is not common for a birth mother to have continuous or delayed psychological reactions of grief, sadness and depression in the years following the birth of her child, as is experienced by many post-abortive women.

In contrast to the Denmark study, there are numerous studies showing that post-abortive women experience far more severe forms of mental health complications than women who have given birth. It has been reported that 10 to 30% of women who abort suffer from serious, long-term psychological consequences, and that there is a higher risk of suicide associated with abortion versus childbirth.

To deny or minimize the mental health risks associated with abortion is misleading and a serious disservice to the advancement of women's health. Women deserve to be given accurate information about the abortion procedure and the resulting physical and psychological consequences that have been documented over the years. Let's hope that scientific studies will serve this aim, to help improve and protect the lives of women and their unborn children.

For additional information and resources regarding the after-effects of abortion, please visit www.HopeAfterAbortion.org.

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