

Does Induced Abortion Account for Racial Disparity in Preterm Births, and Violate the Nuremberg Code?

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ABSTRACT

Between 1980 and 2005, the U.S. preterm birth (PTB) rate rose by 43%. Black American women have triple the risk of an early preterm birth (EPB) and four times the risk of an extremely preterm birth (XPB) as non-black American women. Since XPB infants have a 129 times higher risk of cerebral palsy (CP) compared with full-term infants, it is crucial to discover the causes of this disparity.

Numerous studies have shown a statistically significant increase in risk of EPB or XPB in women with a history of induced abortion (IA) compared with women with no prior IA. About 43% of pregnancies in black American women end in IA. It is likely that IAs are an important risk factor for PTB and that they help to explain the racial disparity.

A decrease in IAs is likely to reduce subsequent preterm births, as was observed in Poland.

Vacuum aspiration abortions (VAA) have never been shown to be safe in animal studies. Use of a procedure that has not been shown to be safe is a violation of the Nuremberg Code of ethics on human research and experimentation. At a minimum, consent forms for surgical abortions should inform patients of this risk.

The Rise in Preterm Births, and Racial Disparity

Between 1980 and 2005, the U.S. preterm birth (PTB) rate increased by 43% (from 8.9% to 12.7%).^{1,2} Black American women have triple the risk of early preterm birth (EPB), defined as delivery at less than 32.0 weeks' gestation, and quadruple the risk of extremely preterm birth (XPB), defined as delivery at less than 28.0 weeks' gestation, compared with non-black American women (1.39% in blacks vs. 0.35% in whites).³

Six studies show statistically significant elevation of risk of XPB for women with prior induced abortion (IA), compared with women with no prior IA.^{4,9} There are no studies showing a statistically significant lower XPB risk for women with prior IA. In 1987, Harvard researchers led by Ellice Lieberman reported that black women in the Boston area with more than one prior IA had 1.9 times the odds of a PTB compared to black women with no prior IA.¹⁰ In 2006 and 2007, the Institute of Medicine confirmed that "prior first trimester induced abortion" is an "immutable medical risk factor associated with preterm birth."¹¹

In 2004, 38.2% of all U.S. surgical abortions were performed on black women, who comprise about 12.5% of the U.S. female population.¹² This means that the abortion rate in blacks is 4.3 times as high as in non-blacks. The high relative abortion rate of blacks is a probable cause of the disparity in PTB.

Evidence for an Abortion-PTB Risk

In 2003 Rooney and Calhoun reviewed the extensive evidence for the abortion-PTB link, citing 49 studies showing a statistically significant increase in PTB risk in women with a history of IA.¹³ In 67 months, there has been no challenge to this study; this journal places no time limit on such challenges. Four very large studies cited there, one in 1993⁹ and three in the late 1990s^{6,14,15} support significantly higher PTB risk in women with prior IA.

In 2005, Moreau et al.⁴ reported that in French subjects, prior IA increased relative odds of XPB by 70%, and suggested that the odds ratios might be underestimates:

In addition, under-reporting varies according to women's social and demographic background and is more common among older women and women living alone, with a low educational level.... Thus, we would expect more under-reporting among cases than among controls and consequently, an under-estimation of the association.

Moreau et al. controlled for the accepted PTB risk factors of maternal age; parity; history of PTB; and employment, weight, and smoking during pregnancy.

Lumley showed⁹ that XPB risks from more than one prior IA were too large to be explained by confounding. To show that APB risk is nil in the 1998 study,⁶ which involved 243,679 subjects, one would have to identify a credible confounder that gives an 800% increase in XPB in patients with more than three IAs—much higher than for the usual socioeconomic factors. There is an even larger odds ratio for PTB in women with two or more second-trimester dilation and extraction (D & E) abortions, 12.55 (95% CI, 5.14-30.64), shown by Zhou et al.¹⁵ Additionally, the confounder would have to explain the "dose-response" relationship identified by Martius,¹⁴ Lumley,⁹ and Zhou.¹⁵

In 1967, prominent abortion advocate Malcolm Potts conceded that induced abortions endangered women under age 17: "There seems little doubt that there is a true relationship between the high incidence of therapeutic abortion and prematurity. The interruption of pregnancy in the young (under seventeen) is more dangerous than in other cases."¹⁶

The enactment of severe restrictions on abortion in Poland was followed by a plunge in PTB.¹⁸ Between 1989 and 1993, the Polish IA fell by 98%, and between 1995 and 1997, Poland's XPB rate decreased by 21%.¹⁸ Poland's 1997 XPB rate of 3.41 per 1,000¹⁸ is 43% lower than the U.S. rate of 6.00 per 1,000.¹³

In 1980, 7 years after *Roe v. Wade*, the U.S. PTB rate was 8.9%.¹ It increased steadily to 12.7% in 2005.² The largest one-year increase of 0.5% occurred between 1980 and 1981. The U.S. has never experienced a 2-year decrease in XPB comparable to the 21% drop in Poland's rate.

Abortion-PTB Cost: Human and Monetary

Calhoun et al.¹⁹ estimated annual U.S. costs due to the abortion-PTB link to include 22,917 excess EPBs; 1,096 excess cases of cerebral palsy (CP) in infants born weighing less than 1,500 g; and more than \$1.2 billion in increased initial neonatal hospital costs.

The 2008 meta-analysis by Himpens et al.²⁰ reported that newborns with XPB have a CP risk 129 times that of full-term newborns. The CP rate is 14.6% for XPB infants and 6.2% in infants born between 28 and 32 weeks. PTB also increases risk of mental retardation, autism, epilepsy, visual impairment, hearing disability, gastrointestinal injury, respiratory distress, and severe infections.^{11,13,19,20}

The first medical journal item attributing significant disparate PTB risk to black American babies due to the high black American IA rate was published in 2005.²¹ Since U.S. public health officials took no action to address this health disaster disproportionately affecting blacks, the cost of IAs in hospital expenses and crippled black children will continue at a high rate.^{19,21}

Nuremberg Code Violated

Praising the Nuremberg Code, George Annas writes:

The Nuremberg Code is the primary foundation of all ethical codes on human research and the most authoritative legal statement on human experimentation. This ten-point code was articulated in a 1947 court opinion following the trial of Nazi physicians for “war crimes and crimes against humanity” committed during World War II, which included experiments designed to determine which poisons killed the fastest, how long people could live submerged in ice water or when exposed to high altitudes, and if surgically severed limbs could be reattached.²²

The most common induced abortion method in the U.S. is vacuum aspiration (“suction”). On Dec 3, 2007, the president of the Alan Guttmacher Institute (AGI) assigned staff to search for published animal studies of vacuum-aspiration abortion, and the risk of later PTB. On Jan 16, 2008, three citations were provided, from 1985, 1987, and 1991, all by Peter Frank in the *British Journal of Obstetrics and Gynaecology (BJOG)*. When informed that none of the citations concerned animal studies, the AGI president sent Brent Rooney a one-line response: “I regret that we are not in a position to be of further help.”

We have not been able to find any animal studies of vacuum aspiration abortion published in the peer-reviewed medical literature. Human testing before animal testing is, however, proscribed in the Nuremberg Code, of which provision 3 states: “The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study that the anticipated results will justify the performance of the experiment.”

In late 1946, less than 12 months before the Nuremberg Code was published, the Judicial Council of the American Medical Association (AMA) also set new standards for the protection of human subjects. In addition to the need for voluntary consent and proper medical protection and management, the AMA also recognized the requirement that “the danger of each experiment must be previously investigated by animal experimentation,” writes Harriet Washington, author of *Medical Apartheid*.²⁴

A surgical procedure that has not been safety validated by animal tests and small human trials is experimental. Thus, every vacuum aspiration abortion performed before published animal studies validate its safety is a violation of Nuremberg Code. Those who perform vacuum aspiration abortions bear the burden of proving that proper animal and small human trials have been performed.

Abortion itself has not been proved safe. In addition to the risk of PTB, there are concerns about numerous other adverse effects, including elevated breast cancer risk. In 1973, Brian MacMahon et al. affirmed that only a full-term pregnancy confers a protective effect against breast cancer.²⁵ In 1980, rats subjected to induced abortions were shown to have a 14-fold higher risk of mammary cancer compared with those that delivered pups.²⁶

Black women are disproportionately subjected to a procedure that has not been shown to be safe; in 2000-2001, 43% of pregnancies in black women ended in IA.²⁷

Informed Consent

Even if an adverse risk from a medical treatment is merely a potential or plausible one, the patient must be warned of it.²⁸

The Texas *Woman's Right to Know* booklet, which since 2004 has had to be offered to Texas women seeking abortion, reads:

Some large studies have reported a doubling of the risk of premature birth in later pregnancy if a woman has had two induced abortions. The same studies report an 800 percent increase in the risk of extremely early premature births (less than 28 weeks) for a woman who has experienced four or more induced abortions. Very premature babies who have the highest risk of death, also have the highest risk for lasting disabilities, such as mental retardation, cerebral palsy, lung and gastrointestinal problems, and vision and hearing loss.²⁹

In contrast, the online May 2007 consent form of Planned Parenthood of Australia (PPA), which was removed from its website between April and July 2008, included three listed risks: infection, incompetent cervix, and adhesions in the uterus. Each of these increases the risk of a future PTB;^{6,13} however, this was not divulged. This omission arguably constitutes an implied claim that a first-trimester surgical abortion does *not* increase risk of PTB—despite the absence of evidence for safety and the large number of studies demonstrating statistically significant risk.

Even a moderate risk factor combined with a high prevalence implies a serious health impact. Moreover, the damage of PTB to individuals is often severe and lifelong. The impact of birth injury is shown in the median damage award of more than \$2 million in U.S. cases of medical negligence in attending childbirth.³⁰

Informed consent forms may be considered inadequate by future courts, as the abortion-PTB risk can no longer be considered merely plausible. In 2007, Bruinsma et al. wrote:

While little is known about how to prevent preterm birth, *known risk factors* are history of induced abortion or miscarriage, past or current sexually transmissible infections, prior preterm birth, infertility treatment, cigarette smoking and being unmarried [emphasis added].³¹

Moreover, in a January 2006 e-mail communication to Brent Rooney, the editor-in-chief of *BJOG* admitted that the evidence that abortion increases the risk of preterm labor is now “overwhelming” (P. Steer, personal communication, 2006).

Including the PTB risk in informed consent is especially important for teenaged women seeking abortions. Risk increases later in pregnancy,¹⁵ and 30% of abortions in teenagers occur at or after 13 weeks gestation, compared to only 12% of total abortions.³²

Conclusion

The increased rate of PTB has a serious adverse effect on children's health, with a disparate impact on black children. There is substantial evidence that IA is an important risk factor for PTB. It is likely that decreasing the rate of IA would decrease the incidence of serious disorders such as CP and autism, and thus that decreasing the disproportionately high IA rate in black American women would decrease the disparity in high-risk infants.

In violation of the Nuremberg Code, vacuum aspiration abortion has never undergone safety testing in animals or in small studies in humans. Instead, millions of women have been subjected, without safety testing, to a procedure for which there is substantial evidence of serious health risks both to women and their future offspring. These risks need to be explicitly included in consent forms.

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