

Nobody disputes the fact that preterm birth (PTB) is a risk factor for a number of infant and childhood afflictions. The more extreme the prematurity, the worse the problems. The most feared risk associated with extreme PTB is cerebral palsy, but PTBs have also been linked to autism and diminished cognitive capacity, amongst others. Most physical deficits linked to PTB are readily apparent at birth or in early childhood. Now an important study out of England and Sweden, published in the Archives of General Psychiatry, has linked PTB to psychiatric problems in adulthood.

It's gratifying to see continued research in this important medical field. But there is an uncomfortable elephant in the room. While many PTBs are either a factor of bad luck or medical necessity, there is strong evidence that there is an avoidable behaviour that significantly increases a woman's chance of having a PTB later in life. But it's one they aren't being warned about by their doctors, for reasons of political correctness: The risky behaviour in question is having had prior abortions.

Our understanding of the full consequences of PTB is still evolving. In collaborative research between King's College London and the Karolinska Institutet in Sweden, researchers drew on nearly 1.5 million Swedish birth and medical records from between 1973-1985. Their research established "a single, independent risk factor" for premature birth and later psychiatric problems in adulthood. The study found "that individuals born extremely prematurely (less than 32 weeks gestation) were 2.5 times more likely to have psychosis as young adults, nearly 3 times more likely to have depression, and 7.4 times more likely to have bipolar disorder than those born at term (37-41 weeks gestation). The findings also revealed a smaller, yet still significant, increased risk of developing bipolar disorder, psychosis and depression for those born moderately prematurely (32-36 weeks)."

Study leader Dr. Chiara Nosarti of King's College London noted that these estimates were conservative. In "real terms," they could be much higher, given that the research was established on the basis of hospital admissions. These findings should obviously spur even greater efforts amongst medical researchers into the causes and possible methods for prevention of PTB.

Researchers already know one of the causes for PTB, namely a history of Induced Abortion (IA) prior to a wanted pregnancy. In the last few years, a raft of scientifically impeccable studies have established an irrefutable link between prior IAs and PTB. The more IAs, the higher the risk of PTB. Four important peer-reviewed studies in the 21st century confirm "immutable medical risk factors" for PTB in pregnancies linked to a prior IA. The risks for a future PTB escalate exponentially with every additional IA.

A meta-study sums it up in the February, 2009, Journal of Reproductive Medicine: the "Swingle study," named for Dr. Hanes Swingle, the chief researcher behind the first comprehensive meta-analysis of IA's link to PTB and VPT risk. After screening 7,891 titles, 349 abstracts and 130 articles mentioning induced or spontaneous abortions between 1995-2007, Swingle concludes: "Our meta-analyses indicate that there is an increased risk of PTB after either spontaneous or induced abortion in both case-control and cohort studies."

Now we have what seems to be additional disturbing information countering the popular myth that abortion presents no particular risk to women. It is usual practice with elective surgery for doctors to freely share the known risks associated with it. To my knowledge, no abortion provider tells women clients about the PTB-prior-abortion(s) link. I doubt that this new study will find its way into abortion-provider brochures either.

It doesn't matter what side of the debate one is on ideologically. Whether one believes the state has a right to regulate abortion, or whether one believes in abortion on demand, everyone should agree that women have a right to informed consent on the risks of an IA to future pregnancies. Considering the millions – billions, perhaps – of public monies that are spent on post-natal care of physically challenged babies, and now considering the cost of psychiatric disorders in adulthood, the state has an obvious interest in insisting that abortion providers inform their clients on these established IA risks before proceeding to surgery.

