

Testimony by Judith M. Mascolo, M.D.
Support of Parental Notification
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Good afternoon. My name is Judith Mascolo and I am a Board Certified Family Physician, a graduate of the University of Connecticut School of Medicine and the President of the newly formed Connecticut Guild of the Catholic Medical Association. I am also the Medical Director of St. Gerard's Center For Life, a pregnancy resource center that provides free prenatal ultrasounds and support during and after her pregnancy to any girl seeking it.

I have been practicing Family Medicine for 17 years. The first four years I worked in public health clinics in St. Paul, MN. The last 13 years I have worked in private practice in Minnesota and Connecticut. I currently practice in West Hartford. I have three daughters, ages 16, 14 and 11. They are the reason I have brought

my faith and values into my practice of medicine. As much as I can, I will not let them become a statistic. In the last 17 years, I have provided primary care, gynecologic care and mental health diagnosis and treatment to thousands of teens and young women.

An abortion is never a routine medical procedure. It is not comparable to giving a vaccine, piercing a girl's ears or even surgically removing a skin lesion. Even a medical abortion, or RU486, which does not require the use of surgical instruments and anesthesia, unless there is a complication, is not comparable to giving a teenage girl an antibiotic for strep throat or a facial cream to treat acne. Yet, in Connecticut I cannot do any of these things to a patient under the age of 18 without parental consent. I cannot even see a teen under the age of 18 in my office unless a parent or guardian has given me permission to do so, and this is how it should be.

However, when it comes to abortion, we have a schizophrenic view of a teenager's ability to make her own health care decisions. This same teen, who cannot seek care for a sore throat, can walk alone into an abortion clinic and consent to a major medical procedure that will almost certainly have a lasting traumatic effect on her life for years to come.

Abortion, for any woman, but especially for teens, carries serious and sometimes deadly health risks. These risks have been well documented in the medical literature since 1973 to the present time. The facts that I present today are from the studies listed in the bibliography.

In this country 10% of women who have an induced abortion will have immediate complications. Some of these can be described as "minor" such as infections, fevers, bleeding, pain, gastro-intestinal problems and Rh sensitization. The most common "major" immediate complications include infection of the uterine lining or

infection of the fallopian tubes, hemorrhage, embolism (blood clot), perforation of the uterus, cervical injury, endotoxic shock, and anesthesia complications such as respiratory distress, heart attack and seizures. (1)

The immediate complications are usually treatable. However, even when they are treated, they can often lead to long-term and permanent reproductive damage. Infections of the fallopian tubes or uterus commonly cause sterility. Perforation of the uterus often is treated by a hysterectomy. Up to 5% of women who abort are left sterile. (2) The risk of sterility is much higher for women who have an untreated venereal disease at the time of the abortion. (3) Ectopic pregnancies are up to 8 times more likely after a post-abortion infection and they can be life threatening if not detected early. If the woman survives an ectopic pregnancy, she almost always experiences reduced fertility in the future. (4)

Cervical damage is another leading cause of post-abortion complications. Cervical lacerations can be severe enough to require suturing or microscopic enough to evade detection, but either way, the damage to the cervix during a surgical abortion will often result in its permanent weakening. (5) The medical term for this is “incompetent cervix”, and it can raise the risk of miscarriage, or premature birth, often resulting in delivery of seriously sick babies. An incompetent cervix in a pregnant woman can lead to the abnormal development of the placenta which threatens pregnancy, or to complications of labor by as much as 300-500%. (7)

The effects of abortion on subsequent pregnancies are even more acute for women who abort their first pregnancy. As many as 48% of women who aborted their first pregnancy experienced abortion-related complications in later pregnancies. One study showed that there were 2.3 miscarriages for every one live birth. (8) Another study looking at reproductive damage due to induced abortion

found that women who have had abortions have a 58% greater risk of dying during a later pregnancy. (9)

A 1997 government study in Finland looked at pregnancy associated deaths of women over a seven year period. This study found that women who abort are about four times more likely to die in the following year than women who carry their pregnancies to term.

The researchers found that compared to women who carried to term, women who aborted in the year prior to their deaths were 60% more likely to die of natural causes, seven times more likely to die of suicide, four times more likely to die of injuries related to accidents and 14 times more likely to die from homicide. This higher rate of deaths related to accidents and homicide is thought to be linked to the higher rated of suicidal or risk-taking behavior.

(10)

The leading causes of abortion-related maternal deaths within a week of the surgery are hemorrhage, infection, embolism, anesthesia and undiagnosed ectopic pregnancies. Legal abortion has been reported as one of the leading causes of maternal death in the United States, although it is recognized that most abortion-related deaths are not officially reported as such. (11)

The abortion breast cancer connection also needs to be addressed. Between 1957-2003, 28 out of 39 medical studies have shown an increased risk of breast cancer associated with an induced abortion. A meta-review of these studies showed this risk to be 30%. That could mean that there are an additional 5,000 new cases of breast cancer each year in this country attributed to abortion and these are disproportionately among younger women. (12)

As of 2006, eight American medical organizations recognize that abortion increases the risk of breast cancer independently of the risk of delaying the birth of a first child. In 2003, the Association

of American Physicians and Surgeons issued a statement calling on doctors to inform patients about a “highly plausible” relationship between abortion and breast cancer.

How does all this relate to teens who seek abortions? All the complications described above certainly include teenage girls who have abortions, but there is one important distinction to make:

Teenage girls who decide to have an abortion are more likely to delay the abortion, thus making the procedure more risky to her.

The Centers for Disease Control has documented that 30% of teenage abortions occur at or after 13 weeks gestation compared to only 12 % of all overall abortions. (13)

Teens who have late-term abortions (after 12 weeks) are at higher risk for serious long-term physical complications including uterine infections, adhesions in the uterus, pelvic inflammatory disease, cervical incompetence, future miscarriages, ectopic pregnancies, perforated uterus, and death. Irrespective of when the abortion is

performed (i.e., first, second or third trimester), teens are still twice as likely as compared to older women to experience cervical lacerations. The risks for cervical lacerations are greater for teens because their cervixes are smaller, making it more difficult to dilate or grasp with instruments. (14) Furthermore, women under the age of 17 experience twice the normal risk of suffering cervical damage because of the fact that their cervixes are still undeveloped. (15)

Teens are more likely to suffer from serious pelvic and uterine infections following an abortion because their bodies are not fully developed and do not produce the bacteria found in the cervical mucous of older women. This bacteria are essential to protect them from infection. (16)

Another cause for post-abortive infection in teens is due to the spread of undetected sexually transmitted disease, which is epidemic in our teenage population today. During a surgical

abortion, the surgical instruments act as a conduit in transmitting an STD into the uterus. (17) With this increase in post-abortion infection, teens experience an increase risk of infertility, ectopic pregnancy and hysterectomy. (18)

Teens are more likely to abort their first pregnancy and therefore increase their risk of breast cancer. Research has shown that a full term birth at a young age can have a protective effect on a woman's risk of breast cancer, but that induced abortion of a first pregnancy in a teenager carries a 30 to 50 percent increased risk of breast cancer. (19)

In addition to the above physical risks of abortion, there are a large number of emotional and psychological problems that are well documented in the medical literature among teenage girls and older women who have had an induced abortion. As a practicing physician, I have seen many young and older women with a history of abortion present to my office with symptoms of insomnia,

depression, anxiety, suicidal behavior, risk-taking behavior such as promiscuity, and alcohol and drug abuse. There are excellent well-controlled studies done on the psychological damage abortion does to women. One that was published in 2006 has sent shock waves through the pro-abortion community. Dr. David Fergusson of Christchurch School of Medicine and Health Sciences in New Zealand studied 1,265 women in a longitudinal study that began in 1977 and continues today. His results were published in the *Journal of Child Psychology and Psychiatry* in early 2006. He and his colleagues found that 42% of young women who aborted reported major depression by age 25, 39 % reported diagnoses of anxiety disorders, 27% reported suicidal ideation, 6.8% reported alcohol addiction and 12.2% were abusing drugs. Pre-existing factors of mental illness or substance abuse was corrected for in this study and these women were compared to women who delivered a child as well as to women who never got pregnant. (20)

[Other studies have looked at the psychological effect of abortion on teens and these too have concluded that these teens are more likely to develop psychological problems, have increased drug and alcohol use, have a higher rate of sleep disturbances, are nine times more likely to engage in risk-taking behavior, and are two to four times more likely to commit suicide (21).]

The high rate of mental health problems in women who have had abortions cannot be dismissed. For most women who have had an abortion, the realization of what they have done haunts them every day for the rest of their lives. Many unfortunately do not know that there is help for them, because most doctors do not recognize the diagnosis of post-abortive syndrome. However organizations such as Rachel's Vineyard and Silent No More are offering real hope and forgiveness to women who have had abortions.

Another well-documented consequence of teenage abortions is the often seen cycle of a replacement pregnancy which usually also

ends in abortion. Replacement pregnancies are symptomatic of young women who have unresolved abortion-related issues and as a result, desire to replace the lost pregnancy with another child.

(22) Up to 59% of teens who have had an induced abortion become pregnant again within 15 months. These subsequent pregnancies usually are aborted because the mother faces the same pressure as she did with the first pregnancy. Teenagers who have had one abortion are 4 times more likely to have a second abortion when compared to their peers. Twenty percent of teens who have abortions obtain a second abortion within one year and 38% obtain a second abortion within five years. (23)

I have just presented you with a lot of facts. All of this may be meaningless to you if you have never had an abortion or never met anyone who has had an abortion. But if that is the case, you must be living in a cave. Today 1 out of 3 pregnancies end in an abortion. The rally cry "Let's make abortion safe and rare" is a lie. As you heard from my review of the literature, abortion is

definitely not safe and certainly not rare. In fact, it has become the norm.

In my own experience, with each of my pregnancies I was offered an abortion and with two of them, strongly encouraged by my doctors to abort the pregnancies because the prenatal tests showed problems. As a physician, this was how I was treated as an obstetrical patient. Women feel this pressure by health care providers even more acutely today and many, especially teens, do not have the maturity or wisdom to fight against it. If the woman is poor, if she already has one or two children, if she is a teenager, if she is single, whatever demographic she is from, the pressure usually starts very early in the process, right after she has gotten the news of a positive pregnancy test.

She is rarely told that there are resources in her community to help her. She is never given information about the development of the baby she is carrying and she is never told about the risks of the

procedure to her physical and mental health, beyond that of the immediate risks of infection and bleeding.

I would like to present to you a real-life case. Last October, during the 40 Days For Life Campaign, a 15 year-old girl entered the Hartford GYN Clinic seeking an abortion. She was alone. Before entering she saw the people praying and read the signs they were carrying. A short time later she came out of the building and told one of the people standing there that she decided to keep her baby. The next day she returned to the Clinic, this time with her boyfriend. As she walked in, she said that she changed her mind, her boyfriend told her to have the abortion and no, she did not tell her mother. She was scheduled to have laminaria placed that day, a procedure that would enlarge the cervical opening so that the baby's head could easily be extracted. She was probably in her early 2nd trimester. The laminaria would be placed in her cervix and she would be sent home with it intact as it softened and dilated

the cervix. That meant that she would be facing 24 hours of cramping without her family even aware of it.

She came back a day later for the abortion. Shortly after entering the clinic her mother and grandmother showed up and tried to get into Hartford GYN so that they could stop the abortion of their grandchild. They were stopped by the Clinic's security guard. They pleaded to enter to speak to the girl. The Hartford Police were called. This girl's mother was powerless to protect her daughter. The abortion was completed and the young teen was sent home.

Some of the people of the 40 Days for Life Campaign kept in touch with this family. This was the only support they got after the abortion. About two weeks later, the 15 year-old girl was admitted to a psychiatric hospital for a mental breakdown. She, her mother and grandmother are now recovering.

This was not a rare occurrence. Scenarios like this are played out all over this state. Parents who want to help and protect their daughters from making the worst mistake of their lives are forbidden by our laws. Most of the time parents will never know that their daughter had an abortion and are left wondering what happened to their once smiling, happy daughter. I have had parents say to me, "Please ask my daughter what's wrong, did she have an abortion? Please tell her it is ok, I will forgive her." Parents want to help. They want to have a role in helping their child choose what is best for her health and for their family. They don't want to be refused access into the Clinic.

The issue of informed consent in this discussion needs to be raised. Informed consent is a basic patient care principle that every medical student learns before seeing his or her first patient. It involves full disclosure by the physician to the patient, or if the patient is a minor child, to the parent or guardian, about all the risks entailed in that particular procedure or treatment. Implied in

the principle of informed consent is the notion that the patient is competent to understand the risks she faces.

There are two important questions to consider regarding informed consent that I want to conclude with today. First, are these teenage girls, or any woman who seeks an abortion, getting full disclosure of the medical and psychological risks this procedure presents? In my own experience with patients who have had abortions, they were never told about most of the risks that I have discussed today. There is no informed consent in the abortion clinic. There is no one telling these girls that having an abortion could mean that they may never get pregnant again or that they will suffer from depression, or alcoholism the rest of their lives, or that this procedure could kill them.

How can a teenage girl not be competent enough to consent to have her ears pierced, yet in the case of abortion, where the risks can be severe and life-threatening, she can go into an abortion

clinic alone and consent to a procedure that could have profound permanent physical and psychological consequences?

Our daughters need and want our help and our advice. In the case of abortions, parental involvement is crucial. There is no medical procedure that carries such serious longterm risks in medical practice today as abortion, and whose risks are rarely disclosed to the patient. Allow the parent into the Clinic, require that complete informed consent is given to the teenager and her parents and let them make the best decision that is right for that family. Trust the family.

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