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**Acción de inconstitucionalidad,  
expediente 146/2007-00 y su acumulado  
147/2000-00, de la Suprema Corte de  
Justicia de la Nación (México).**

**Promoventes:** Comisión Nacional de  
Derechos Humanos y Procurador General de  
la República, respectivamente.

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In the Supreme Court of Mexico

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BRIEF OF *AMICUS CURIAE*  
AMERICANS UNITED FOR LIFE

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## **INTEREST OF *AMICUS CURIAE* AMERICANS UNITED FOR LIFE**

*Amicus Curiae* Americans United for Life (AUL) is a non-profit public interest legal and educational organization that advocates, among other things, that the practice of human abortion harms the physical and social well-being of women and contradicts the highest moral standards of human life.

Founded in 1971, AUL has been involved with every abortion case reaching the United States Supreme Court. As such, AUL has researched and tracked the harm abortion brings to women in the United States, as well as to women in other parts of the world. AUL offers this Honorable Court information that demonstrates that abortion is harmful to women, and that women are best protected by keeping abortion illegal.

### **ARGUMENT**

Abortion has been legal in the United States for 35 years. Since that time, much information has accumulated demonstrating that abortion hurts women in devastating ways. This legal filing explains the documented physical and psychological harm abortion has already caused to hundreds of thousands of women around the world.

#### **I. ABORTION CAUSES PHYSICAL HARM**

##### ***Immediate Effects of Abortion***

The immediate risks of abortion to women are well-known. One risk is a cut in the uterus caused by the instruments used in the abortion. In fact, at least one out of every 500 abortions in the United States results in a perforated uterus. Another common risk is an incomplete abortion, which occurs when parts of the unborn child or other products of pregnancy are not completely emptied from the uterus. Infection can result when an incomplete abortion is not remedied.

Women are also at risk of developing pelvic infection and pelvic inflammatory disease. Blood clots and very heavy bleeding are also common risks. Other risks include injury to the cervix and cervical incompetence, which leads to problems with future pregnancies.

These immediate risks are so common at any stage of pregnancy that many U.S. states require that women be informed of these risks before abortion. See, for example, the websites of Georgia, Louisiana, and Michigan.<sup>1</sup>

### ***Long-Term Effects of Abortion***

Abortion can also have severe long-term effects on the woman. Included in these long-term effects are the harmful effects on future pregnancies. Many women who have abortions desire to be pregnant sometime in the future. However, induced abortion increases the risk of pre-term birth (premature birth) and very low birth weight in subsequent pregnancies. Induced abortion has been associated with an increased risk of the premature rupture of membranes,

hemorrhage, and cervical and uterine abnormalities, which are responsible for the increased risk of pre-term birth.<sup>2</sup>

Pre-term birth occurs prior to the 37th week of pregnancy and is very dangerous to the child. In 2006, the U.S. Centers for Disease Control announced that such premature birth is the leading cause of infant mortality.<sup>3</sup> Pre-term birth is also a risk factor for later disabilities for the child, such as cerebral palsy and behavioral problems.<sup>4</sup> Pre-term birth also poses risks to the mother's health. Studies demonstrate that delivering a child before 32 weeks gestation increases the mother's breast cancer risk.<sup>5</sup> The breast cancer risk arises because breast tissue does not mature into cancer-resistant tissue until the last eight weeks of pregnancy, after women have received great amounts of potentially cancer-causing estrogen during the first trimesters.<sup>6</sup>

This increased risk of pre-term birth following abortion has been documented in at least 60 significant studies.<sup>7</sup> These studies include a 2005 study demonstrating that a woman who has an abortion is 50 percent more likely to deliver before 33 weeks, and 70 percent more likely to deliver before 28 weeks in subsequent pregnancies. In addition, the risk of pre-term birth increases with every abortion a woman has.<sup>8</sup> A 2003 study demonstrated that a woman who has two abortions doubles her future risk of pre-term birth, and a woman who has four or more abortions increases the risk of pre-term birth by 800 percent.<sup>9</sup>

The Institute of Medicine, which is part of the National Academy of Science, lists first-trimester abortion as a risk factor associated with subsequent pre-term birth.<sup>10</sup> Likewise, a classic pregnancy resource book states, “if you have had one or more induced abortions, your risk of prematurity with this pregnancy increases by about 30 percent.”<sup>11</sup> The book also states that birth before 32 weeks is ten times more likely when a woman has an incompetent cervix—which has already been discussed in this document as a common risk of abortion.<sup>12</sup>

Abortion can also endanger future pregnancies in another way. Abortion is a risk factor for placenta previa.<sup>13</sup> Placenta previa increases the risk of fetal malformation and excessive bleeding during labor.<sup>14</sup> Placenta previa also increases the risk that the baby will die during the perinatal period, which begins after 28 weeks gestation and ends 28 days after birth.<sup>15</sup>

Finally, it is undisputed that a first full-term pregnancy offers a protective effect against subsequent breast cancer development.<sup>16</sup> A woman who aborts her first pregnancy loses this protection. The woman also loses the protective effect against cancers of the cervix, colon and rectum, ovaries, endometrium, and liver.<sup>17</sup> Thus, not only does abortion pose an increased risk for future pregnancies, it also strips a woman of the protective effects of a first full-term pregnancy.

All of these dangerous long-term health risks posed by induced abortion support laws prohibiting abortion at any stage of pregnancy. To best protect the health and well-being of women, abortion should not be legal.

## **II. ABORTION CAUSES PSYCHOLOGICAL HARM**

Numerous studies have examined the effect abortion has on the mental state of women and confirm that abortion poses drastic effects. For example, studies have concluded that women who have abortions have elevated rates of subsequent depression and anxiety. One study, which gathered information from a New Zealand hospital for 25 years, found that 42 percent of young women experience major depression after abortion.<sup>18</sup> The study also found that such women are twice as likely to experience anxiety disorders.<sup>19</sup> Importantly, the study showed that abortion led to depression and anxiety, and that it was not depression and anxiety that led to the abortion. Likewise, another study showed that women who abort their first pregnancies are 65 percent more likely to be at “high risk” for depression than women who did not abort.<sup>20</sup>

Another study stated that “anxiety and depression have long been associated with induced abortion,” and that anxiety is the most common adverse mental effect of abortion.<sup>21</sup> Up to 30 percent of women experience extremely high levels of anxiety and stress one month after abortion.<sup>22</sup> Abortion increases stress and decreases the ability to deal with stress.<sup>23</sup>

These findings are significant, because depression is a known risk factor for suicide.<sup>24</sup> On the other hand, childbirth appears to have a protective effect against suicide.<sup>25</sup> Maternal death, by suicide and other causes, will be further discussed in Part III.

Other mental health risks have also been identified. A study in Canada demonstrated that women who abort are treated for mental disorders 41 percent more often than women who do not abort.<sup>26</sup> Another study in the U.S. state of Virginia found that women who abort have 62 percent more subsequent mental health claims than woman who did not have abortions.<sup>27</sup> Other studies have linked a history of abortion to sleeping disorders, eating disorders, and promiscuity, which are all destructive to women's health.<sup>28</sup>

These statistics are alarming. Not only are the mental disorders harmful to women, but the mental disorders are also linked to subsequent drug and alcohol abuse. Women who abort are twice as likely to drink alcohol at dangerous levels and three times as likely to become addicted to illegal drugs.<sup>29</sup> Women who never abused drugs before abortion are 4.5 times more likely to abuse drugs after abortion.<sup>30</sup> Another study stated that the use of drugs other than marijuana was 6.1 times higher among women who had abortions than woman who did not have abortions.<sup>31</sup>



A 2006 study revealed that the rate of substance abuse after pregnancy was 14.6 percent for women who had an abortion, but only 3.8 percent for women who did not have an abortion.<sup>32</sup> In the United States, where an estimated 870,000 first-time abortions occur per year, it is reasonable to predict that 54,000 women each year begin abusing drugs or alcohol after abortion.<sup>33</sup>

### **III. ABORTION CAUSES DEATH**

In addition to the devastating physical and psychological effects discussed in Parts I and II, abortion has also been linked to a greater risk of death from suicide and natural causes.

#### ***Death from Suicide***

Medical studies have demonstrated that women who abort are more likely than women who deliver to later commit suicide. A study in Finland demonstrated that women who abort are 6.5 times more likely to commit suicide than women who continue pregnancy.<sup>34</sup> A study in California demonstrated that women who abort are 3.1 times more likely to commit suicide than women who continue pregnancy.<sup>35</sup> In addition, there are also documented incidents in the U.S. of women also killing other children during suicide attempts following abortion.<sup>36</sup>

A study in Great Britain revealed that the increased risk of suicide is not related to any previous tendencies, but is a direct consequence of the abortion

procedure itself.<sup>37</sup> In addition, the study in California demonstrated that abortion worsened pre-existing mental health conditions in women who chose to abort.<sup>38</sup>

Finally, it must be noted that teenagers are at an even greater risk of suicide.<sup>39</sup>

### *Death from Natural Causes*

Medical studies have demonstrated that the risk of death from natural causes is higher for women who abort than for women who continue pregnancy. The study in Finland revealed that the risk of death from natural causes is 60 percent higher for woman who have abortions than for women who continue pregnancy.<sup>40</sup> Only one woman in the group studied had an abortion for health reasons; thus, prior poor medical health cannot be given as a reason for this increased rate of death.<sup>41</sup>

A study in London also demonstrated an 80 percent increase in requests for medical services by women during the year following the abortion.<sup>42</sup> The study in California demonstrated that women who abort are 44 percent more likely to die from natural causes than women who continue pregnancy.<sup>43</sup> In another study, women frequently identified induced abortion as the cause of their decreased health status.<sup>44</sup>

What causes this decline in health and increased risk of death? As discussed in Part I, risks associated with abortion include placenta previa and other

conditions that may harm the woman. Some studies have also linked increased rates of genital tract infection, pelvic inflammatory disease, endometritis, retained placenta, and preeclampsia in subsequent pregnancies.<sup>45</sup>

However, not all deaths are related to pregnancy. As discussed in Part II, abortion has been linked to substance abuse, which in turn has a negative impact on women's health. In addition, high levels of anxiety, also discussed in Part II, have been linked to heavier smoking; and heavier smoking carries drastic health risks.<sup>46</sup> Current medical literature indicates that there is at least a two percent increase in smoking among women who have abortions.<sup>47</sup> In the U.S., this statistic would lead to 4,310 additional cancer cases each year. Under current mortality rates, 3,750 women would die.<sup>48</sup>

Depression—which was also discussed in Part II as a negative effect of abortion—is also linked to heart disease.<sup>49</sup> The study in California demonstrated that women who abort are three times more likely to die of circulatory diseases (heart disease) and five times more likely to die of cerebrovascular disease than women who continue pregnancy.<sup>50</sup> Depression is also associated with several forms of cancer.<sup>51</sup> As many as 32,000 cancer deaths in the U.S. per year may be attributable to the negative health effects of abortion.<sup>52</sup>

## **CONCLUSION**

These scientific medical studies prove that *abortion hurts women*. These results are not limited to the United States. Abortion will negatively affect women in Mexico just as it has affected women in the United States and the other nations presented in the studies. This Honorable Court must protect the health and welfare of women in Mexico by striking down the law allowing abortion in the first 12 weeks of pregnancy.

Respectfully submitted,

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<sup>2</sup> C. Moreau, *Previous Induced Abortions and the Risk of Very Preterm Delivery: Results of the EIPAGE Study*, 112 British Journal of Obstetrics & Gynecology 430-37 (2005).

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<sup>3</sup> John M. Thorp, *Long-Term Physical and Psychological Health Consequences of Induced Abortion: Review of the Evidence*, 58[1] Obstetrical & Gynecological Survey 67, 75 (2003); William M. Callaghan, *The Contribution of Preterm Birth to Infant Mortality Rates in the U.S.*, 118[4] Pediatrics 1566-73 (Oct. 2006).

<sup>4</sup> Brent Rooney, *Induced Abortion and Risk of Later Premature Births*, 8[2] Journal of American Physicians & Surgeons 46, 46-47 (2003).

<sup>5</sup> Mads Melbye, *Preterm Delivery and Risk of Breast Cancer*, 80[3-4] British Journal of Cancer 609-13 (1999); C.C. Hsieh, *Delivery of Premature Newborns and Maternal Breast-Cancer Risk*, 353 Lancet 1239 (1999).

<sup>6</sup> Angela Lanfranchi, *The Breast Physiology and the Epidemiology of the Abortion Breast Cancer Link*, 12[3] Imago Hominis 228-36 (2005).

<sup>7</sup> See, for example, John M. Thorp, *supra* note 3; Brent Rooney, *supra* note 4. Both resources list numerous studies.

<sup>8</sup> John M. Thorp, *supra* note 3, at page 75.

<sup>9</sup> Brent Rooney, *supra* note 4, at pages 46-47.

<sup>10</sup> Richard E. Behrman, Preterm Birth: Causes, Consequences, and Prevention (2006), at page 519.

<sup>11</sup> Barbara Luke, Every Pregnant Woman's Guide to Preventing Premature Birth (1995), at 32.

<sup>12</sup> *Id.*

<sup>13</sup> David C. Reardon, *Deaths Associated with Abortion Compared to Childbirth: A Review of New and Old Data and the Medical and Legal Implications*, 20[2] Journal of Contemporary Health Law & Policy 279 (2004). This resource is a compilation and examination of many different medical studies by different researchers around the world.

<sup>14</sup> J.M. Barrett, *Induced Abortion: A Risk Factor for Placenta Previa*, 141 American Journal of Obstetrics and Gynecology 7 (1981).

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<sup>15</sup> *Id.*; Taber's Cyclopedic Medical Dictionary (20th edition 2001), at page 1630.

<sup>16</sup> David C. Reardon, *supra* note 13.

<sup>17</sup> *Id.*

<sup>18</sup> David M. Fergusson, *Abortion in Young Women and Subsequent Mental Health*, 41[1] Journal of Child Psychology and Psychiatry 16 (2006).

<sup>19</sup> *Id.*

<sup>20</sup> Jesse R. Cogle, *Depression Associated with Abortion and Childbirth: A Long-Term Analysis of the NLSY Cohort*, 9[4] Medical Science Monitor CR157, CR 162 (2003).

<sup>21</sup> V.M. Rue, *Induced Abortion and Traumatic Stress: A Preliminary Comparison of American and Russian Women*, 10[10] Medical Science Monitor SR5, SR6 (2004).

<sup>22</sup> Priscilla Coleman, *Induced Abortion and Increased Risk of Substance Abuse: A Review of the Evidence*, 1 Current Women's Health Issues 21, 23 (2005); Z. Bradshaw, *The Effects of Induced Abortion on Emotional Experiences and Relationships: A Critical Review of the Literature*, 23 Clinical Psychology Review 929-58 (2003).

<sup>23</sup> V.M. Rue, *supra* note 21, at pages SR5-SR16.

<sup>24</sup> Jesse R. Cogle, *supra* note 20, at page CR 162.

<sup>25</sup> *Id.*

<sup>26</sup> Robin Badgley, Report of the Committee on the Operation of the Abortion Law (Government of Canada, Minister of Supply & Services 1977), at page 319.

<sup>27</sup> David C. Reardon, *supra* note 13.

<sup>28</sup> Priscilla Coleman, *Relative Treatment Rates for Sleep Disorders and Sleep Disturbances Following Abortion and Childbirth: A Prospective Record-Based Study*, 29 Journal SLEEP 105-06 (2006); David C. Reardon, *supra* note 13.

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<sup>29</sup> David M. Fergusson, *supra* note 18.

<sup>30</sup> Phillip G. Ney, *Abortion and Subsequent Substance Abuse*, 26 American Journal of Drug & Alcohol Abuse 61-75 (2000).

<sup>31</sup> K. Yamaguchi, *Drug Use and Other Determinants of Premarital Pregnancy and its Outcome: A Dynamic Analysis of Competing Life Events*, 49 Journal of Marriage & Family 257-70 (1987).

<sup>32</sup> David C. Reardon, New Study Confirms Link Between Abortion and Substance Abuse (Elliot Institute 2006).

<sup>33</sup> *Id.*

<sup>34</sup> Mika Gissler, *Pregnancy-Associated Deaths in Finland 1987-1994: Definition Problems and Benefits of Record Linkage*, 76 Acta Obstetricia Et Gynecologica 651, 653 (1997).

<sup>35</sup> David C. Reardon, *Deaths Associated with Pregnancy Outcome: A Record Linkage Study of Low Income Women*, 95[8] Southern Medical Journal 834, 838 (2002).

<sup>36</sup> David C. Reardon, *supra* note 13.

<sup>37</sup> C.L. Morgan, *Suicides After Pregnancy: Mental Health May Deteriorate as a Direct Effect of Induced Abortion*, 314 British Medical Journal 902 (1997).

<sup>38</sup> David C. Reardon, *supra* note 13.

<sup>39</sup> *Id.*

<sup>40</sup> See Mika Gissler, *supra* note 34, at page 653; Mika Gissler, *Pregnancy-Related Violent Deaths*, 27 Scandinavian Journal of Public Health 54 (1999).

<sup>41</sup> *Id.*

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<sup>42</sup> D. Berkeley, *Demands Made on General Practice by Women Before and After an Abortion*, 34 Journal of the Royal College of General Practitioners 310, 313 (1984).

<sup>43</sup> David C. Reardon, *supra* note 13.

<sup>44</sup> *Id.*

<sup>45</sup> *Id.*

<sup>46</sup> *Id.*

<sup>47</sup> T. Strahan, *Women's Health and Abortion: Risk of Premature Death in Women From Induced Abortion, Preliminary Finding*, 5[2] Association for Interdisciplinary Research in Values & Social Change Newsletter 1-8 (1993).

<sup>48</sup> David C. Reardon, *supra* note 13.

<sup>49</sup> *Id.*

<sup>50</sup> *Id.*; David C. Reardon, *supra* note 35, at page 838.

<sup>51</sup> Robert W. Linkins, *Depressed Mood and Development of Cancer*, 132 American Journal of Epidemiology 962 (1990).

<sup>52</sup> T. Strahan, *supra* note 47, at pages 1-8.