

When Abortion Fails



Occasionally abortion fails, especially when it is drug induced. When this happens, either a second D&C or a more serious surgery may be attempted. The other alternative is a decision to continue the pregnancy and give birth to the baby. In the case of “selective reduction” where only some fetuses are aborted from a multiple pregnancy (usually the result of fertility treatments), the remaining fetuses can be endangered and the mother may be at risk of miscarrying. Deciding after a failed abortion whether to continue or to terminate the pregnancy often results in feelings of grief and guilt for which a woman may need counseling. In the past 45 years there have been only seven studies on failed abortion suggesting that there has probably been systemic underreporting of its effects on women and their children.

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Surgical Abortion

In the vast majority of cases of surgical abortion, a failed abortion – meaning that the fetus continues to survive or is not fully expelled – leads to a second surgery which itself raises the possibility of medical complications.

“...patient [who] had a D & C abortion at ten weeks gestation later presented to ER [Emergency Room] with fever and bleeding; ultrasound indicated retained partial fetal parts.”

Survey of Canadian Physicians on Women's Health after Induced Abortion

Failed abortion is an extremely rare, but possible, result of induced surgical abortion. Nevertheless, in the United States alone, roughly 700 pregnancies a year continue following an initial abortion procedure, and that over the past 25 years about 17,500 women required either a second procedure, or a more serious surgery, or changed their mind and continued the pregnancy to term.¹

A 1999 Canadian study by Hall reviewed the literature and found that when abortion fails and women choose not to undergo a second procedure, the children born may have “limb or digit abnormalities and congenital contractures.” The review goes on to note, “However, it is likely there has been bias leading to the reporting of abnormal cases.”² Given the fact that only seven studies in the past 45 years have addressed failed abortion, there may also be systemic underreporting as well.

Holt, Daling and colleagues noted that for 3.4 per cent of women in the study of ectopic pregnancy, the original abortion procedure did not succeed and a D&C was performed. In these cases the abortion failed because the clinic did not test for ectopic pregnancy³ (see Chapter 4 on “ectopic pregnancy”). This failure to test for ectopic pregnancy can be life-threatening.

Infants are also known to survive late-term abortions.⁴ This outcome is now a less frequent occurrence with the use of *KCL injections* (potassium chloride) in late-term abortion, to ensure that a viable fetus does in fact die. As Ferguson and colleagues state, “We use urea to be certain that we effect fetal death. It is unsettling to all personnel to deliver these fetuses when they are not stillborn”.⁵ In the Ferguson study, 34 per cent of the abortions were on fetuses over 22 weeks gestation. (Fetal viability in premature birth is currently 23-24 weeks, and rarely babies born at 21-22 weeks have been resuscitated.)

A recent Canadian court case has drawn attention to the plight of a child who suffered cerebral palsy as an abortion survivor. The child was born alive and left without oxygen or medical treatment for 40 minutes until a nurse took her to the neonatal intensive care unit. The hospital involved was found negligent and thus responsible for her disabilities, and was ordered to pay the plaintiff \$8,700,000.⁶ Holmes has also reported two known cases of infant malformation following prenatal exposure to cervical dilation and uterine curettage.⁷

Abortion can also fail in cases where multiple pregnancies are reduced to one or two desired fetuses. “Selective reduction” is now a common practice in large teaching hospitals. Hall has documented cases in Canada where the procedure killed the intended fetus but “puts the remaining fetus(es) at risk for vascular compromise” and elevates the risk of miscarriage (see also Chapter 13 on “Multifetal Pregnancy Reduction”).

Failed Drug-Induced or “Medical” Abortion

Drug-induced or “medical” abortion has a higher failure rate than surgical abortion. When abortion is induced by the use of chemical *prostaglandins* or prostaglandin analogues, two possible scenarios may lead to failed abortion.

The first is the actual failure of the drugs to complete the abortion. Grimes reports the overall complete abortion rate from his *meta-analysis* of seven chemical (drug-induced) abortion studies from 1991 to 1994 as 93.9 per cent.

He goes on to say, "Failed abortion is an infrequent but important complication of medical abortion. These women should undergo suction curettage as soon as the diagnosis is made".⁸ Similarly, Collins and Mahoney noted that "...prostaglandins and their analogues must be given in doses yielding unacceptably high levels of side effects... [With a] lower dose...some failures will occur and these women will then need abortion by other methods".⁹ Women may even be unaware that the abortion is incomplete and may only later seek medical help when infection develops.

The second scenario is the woman's own decision-making process: Drug-induced abortion requires at least two infusions of drugs at two separate office visits and may require up to two weeks to complete. During this time a woman may change her mind and decide to continue with the pregnancy. Holmes and Fonseca and colleagues have found that "Exposure during pregnancy to the synthetic prostaglandin misoprostol has also been associated with the occurrence of terminal transverse limb defects and scalp defects."¹⁰ Likewise, Gonzalez identified Brazilian children suffering from limb deficiencies as a result of exposure to misoprostol in early pregnancy.¹¹

However, Grimes records that "... some women with a failed abortion choose to continue the pregnancy and a small number of normal infants have been born after exposure to mifepristone in early pregnancy."¹² (For a fuller discussion of drug-induced or "medical" abortion, see Chapter 8.)

Psychological Issues

The woman who seeks abortion is often promised a relatively painless and simple procedure to eliminate a pregnancy that she does not wish to carry to term. Failed abortion may involve her in a number of unanticipated outcomes. If she changes her mind about "medical" abortion and a child is born with anomalies, maternal grief and guilt may be anticipated and counseling may be necessary. If a second abortion procedure is successful at a late stage of fetal development, where the woman knows that procedures are chosen to ensure that an anticipated live birth cannot occur, grief and guilt may likewise ensue. (See Chapters 11 and 12 for more information.)

Conclusion

Though rare, there are some instances when both surgical and drug-induced abortions do fail, putting a woman's health at risk (and, need we add, her child's as well?) When this happens, there are decisions to be made about what alternative to pursue: continue the pregnancy or have a second attempted abortion? There are both psychological and ethical questions involved, in addition to purely medical and scientific ones. More study needs to be done in this area with its many medical and psychological implications for both mother and child(ren).

Key Points Chapter 10

- Failure of abortion, though infrequent, is a complication of the procedure.
- The woman can decide to attempt another abortion or to continue her pregnancy.
- Children born after a failed abortion may have limb or digit abnormalities and other congenital problems, though a number of infants with no defects are born.
- Drug-induced abortions are more likely to fail than surgical abortions partly because drug dosages which would ensure that the fetus is stillborn would yield in the mother "unacceptably high levels of side effects" (see note 9).
- Maternal grief and guilt are concerns after a failed abortion.
- More research is needed in this area.

Notes

- 1 Fielding WL, Lee SY, Friedman EA. Continued pregnancy after failed first-trimester abortion. *Obstetrics & Gynecology* 1978 July;52(2):56-8.
- Steier A, Bergsjø P. [Failed induced abortion. Pregnancy continuing after induced abortion]. *Tidsskr Nor Lægeforen*. 1992 August 20;112(19):2538-40.
- Hall JG. Arthrogryposis associated with unsuccessful attempts at termination of pregnancy. *American Journal of Medical Genetics* 1996 May 3;63(1):293-300.
- 2 Hall 1996. See n. 1, p. 293.
- 3 Holt VL, Daling JR, Voigt LF, McKnight B, Stergachis A, Chu J, et al. Induced abortion and the risk of subsequent ectopic pregnancy. *American Journal of Public Health* 1989 September;79(9):1234-8.
- 4 Shaver J. *Gianna: Aborted...and Lived to Tell About It*. Colorado Springs, CO: Focus on the Family Publishing, 1995.
- 5 Ferguson JE 2d, Burkett BJ, Pinkerton JV, Thiagarajah S, Flather MM, Martel MM, et al. Intraamniotic 15(s)-15-methyl prostaglandin F2 alpha and termination of middle and late second-trimester pregnancy for genetic indications: A contemporary approach. *American Journal of Obstetrics and Gynecology* 1993 August;169((2 Pt 1)):332-9;discussion 339-40, p. 340.
- 6 Hospital pays \$8.7M settlement: Premature baby was abandoned with dead fetuses. *The National Post* 1999 July 31;Sect. A:1.
- 7 Holmes LB. Possible fetal effects of cervical dilation and uterine curettage during the first trimester of pregnancy. *Journal of Pediatrics* 1995 January;126(1):131-4.
- 8 Grimes D. Medical abortion in early pregnancy: A review of the Evidence [Review]. *Obstetrics & Gynecology* 1997 May;89(5 Pt 1):790-6, p. 793.
- 9 Collins FS, Mahoney MJ. Hydrocephalus and abnormal digits after failed first-trimester prostaglandin abortion attempt. *Journal of Pediatrics* 1983 April;102(4):620-1, p. 621.
- 10 Holmes 1995. See n. 7, p. 132.
- Fonseca W, Alencar AJ, Pereira RM, Misago C. Congenital malformation of the scalp and cranium after failed first trimester abortion attempt with misoprostol. *Clinical Dysmorphology* 1993 January;2(1):76-80.

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11 Gonzalez CH, Vargas FR, Perez AB, Kim CA, Brunoni D, Marques-Dias MJ, et al. Limb deficiency with or without Mobius sequence in seven Brazilian children associated with misoprostol use in the first trimester of pregnancy. *American Journal of Medical Genetics* 1993 August 1;47(1):59-64.

12 Grimes 1997. See n. 8.

