CAMILA

I always say giving my child life, I saved my own. It's just something that opens you up and changes you when you become a mother.

New Jersey is where I'm from. It's middle class, a little rougher of a community. But it's a beautiful place. When I was born, my parents were really young, and I bounced around a lot. I bounced around to probably ten to twelve schools from sixth grade to twelfth grade. My dad lived in New Jersey. My mom lived in Texas. One year I would live with my aunt, and then one year I would live with my grandmother, and then one year I would live with my other aunt.

I was crazy when I was 21. I was supposed to be going to school. But I dropped out, and I got a job at a pharmacy. I had my two best friends, and we all lived together. I was having a good time with my girlfriends and working and making money—just kind of finding myself. Well, I went to a friend's house in El Paso, Texas, to visit. We went out to eat; Diego served me my steak. I'm not very forward, but I was so forward with him. I said, "After your shift, why don't you come sit down?" Me and my girlfriends were just having a beer sitting there at the bar. He came over, and we had a love-at-first-sight type thing. I fell in love, and I moved to El Paso. It happened super fast.

We had our first Christmas, and then I was pregnant in January. But I didn't know I was pregnant because I still had my period. It was very light, but I still had it. I had such crazy periods, so I didn't think anything of it until I started having other symptoms around four months. I thought that I could take care of it [have an abortion]. I did not know that there was, like, a statute of limitations. I didn't even know really what all an abortion was. I had had an abortion before that, but I hadn't ever thought about it, never read about it, never Googled it. I just knew that it was me not having a baby. Almost like your brain doesn't compute that it's a life and it's inside you. I remember feeling very scared but also thinking like, oh, I can take care of it. It's going to be okay. It's not the end of the world. I wouldn't say I'm ashamed of that feeling, because I was innocent. I didn't know to cherish life the way that we all should.

It was that May I came in and I sought to have an abortion. One big reason was because I had just barely met Diego, it wasn't even a year. I did [consider adoption], but then—I know this is so weird—you know those adoption books or adoption shows? I would always watch them, and I'd always feel such sorrow for that child. Whether the mother came back or not, I felt like that bond—I just couldn't imagine. And a big thing for me was my family. My parents, I think they loved me, but it was still hard for them as young people. They wanted to be free. So they kept bouncing and dropping me off at each other's houses, and I felt like a burden all the time. I just didn't want my child to ever feel like that. That was never an option for me. I felt like I was not a strong enough person to give my child up for adoption.

To have a child with somebody, it was scary. Diego is a good guy. He's wonderful. When I met him, he was a crazy kid. I think he had just turned 21. He's a year younger than me. He had two jobs at the time. He was working at Walmart, and he was working at that restaurant. And it wasn't enough; we weren't making enough.

At the clinic, they were really gentle. I recall them not being snooty or ugly because, you know, we are in Texas, and it does get like that. I love Texas, and I love the way it is here, but, yes, it does get kind of ugly. I

expected them to say, what, you're five months? But no. They gave me all the information I needed if I wanted to proceed. They were really helpful. That made it better. Emotionally you feel shock and then you feel anger, and then you're like, what am I going to do? This disbelief. And then you have to make that decision.

Are you packing your stuff and are you going to Albuquerque? Or are you going to have this baby? And it's life-changing. It skips you to the next chapter. This is your new life, and this is what's going to happen. A sense of peace came over me. I didn't let anybody come in contact with me who was going to be negative. I had a conversation with my grandparents and my mom and my dad, all of them. They all told me to have an abortion and to go to Albuquerque. El Paso turned me away, but you could go to Albuquerque for later term. They really urged me to, and after that I cut them off for about a year. I didn't see anybody until Gabriel was five months. That was the hardest point—turning away my family and cutting them off, and not having anybody that supported me because of the decision not to go to Albuquerque. I felt really mad at my parents. I felt like they did not deserve to be in my life. It was really just Diego and his grandparents. The solitude of being by myself with just me and my thoughts, I think that that is something that strengthens you, especially at a sobering time like finding out that you're going to have a baby.

Diego was really like, whatever you want to do. He would be supportive, he would give me anything, and he would do anything, but he did not want to leave El Paso. I didn't know El Paso. I just didn't know if I wanted to raise my kid there, because there wasn't very much to do. It wasn't a prime location. It's the desert. And it's not very pretty. I didn't want to start a family there, but he did. So we did. He is really easygoing. And he's set in his ways. He has things he doesn't like, like me drinking while I was pregnant. I wasn't going to be drinking. Any decision that I ever make, he's really open to it; he doesn't hold too much of an opinion. He's very supportive of me. He's not hands-on with the children at all, but he works long, long, long hours and he's a great provider—a good man that way.

We were living in an apartment. And it was fine, but I was working two jobs. Financially, we weren't doing great. We were living paycheck to paycheck, getting by.

Diego doesn't drink alcohol. He doesn't smoke, which is one big thing—weed or cigarettes. I had just come from partying and being crazy and drugs. When I moved to El Paso with Diego, that was one of the things I was not going to do anymore my whole life. I went completely cold turkey after doing it for four or five years. I think it takes some time for you to completely get off that stuff. He really settled me down and made me view life a little bit differently, love and cherish it a little bit more.

After I cut everybody off, I went into my own, like, little mind, and I got up every morning and had a cup of tea and watch[ed] my baby shows. I got really happy until the last month. The doctor said it was postpartum depression, but before I had the baby, I got so sad. It was absolutely miserable. It was so bad in fact they wanted me to take Prozac. I picked up the prescription, but I did not take the pills. I didn't want that for the baby. I knew that he was already developed and it probably wasn't going to hurt him, but I just couldn't. I would say that I was sad because I was alone. A month later I had Gabriel, and it went away. It was like it never even happened. It was the strangest thing.

I was late. So we had to schedule an induction. I was excited. I had diapers, but I had just enough diapers. I had onesies, but I had just enough. We didn't have a lot of money. I didn't have a baby shower because I didn't know anybody in El Paso. I didn't talk to my family, so they didn't send me anything. It was very tight, down to the penny. I think that having Gabriel and being like that and being really humbled by that, it

was still the best experience of my life. Having him, even though I was alone, I had never felt more connected with somebody or something than I did with Gabriel. For a long time it was just me and him every day.

I didn't leave the house. I didn't drive for three months. Diego drove me everywhere I wanted to go after I had the baby. I was so in love with Gabriel. I just wanted to be in my house alone with him. It was the weirdest thing. I almost felt like an animal hibernating with their baby. It was wonderful. Coming off a depression that was so strong, so overwhelming—it was bouts of tears for no reason. Total chemical imbalance. After I had Gabriel, I was so happy. I had this new baby, and it was wonderful. It was just me and him, best friends forever in our little house.

When Gabe was 18 weeks, I started working for Diego's great-aunt. She has a café, and I started working for her. I worked, and I bought it from her in 2012. I became a business owner. That was huge. I didn't go to college; I dropped out. I felt really accomplished. And I extended it and bought a new building next door and made a Christian café. Gabe has been raised in the café. His school bus drops him to and from school there. It's all kind of wonderful. I always say that the café is like a bar with no alcohol. You come in, you sit there, and you can tell me about your mother-in-law or your sister or whatever. And you know it's not going to go anywhere. It's therapeutic to listen to everybody and have conversation. I think that is the best medicine for anything. Time mixed in with being around people. Being alone and being secluded and isolated, it's not a good recipe when you go through things. Having a purpose and knowing that your family is strong, you can keep going.

I did not talk to anybody until that March. So Gabe was five months when I went to visit New Jersey. My grandmother had called me and she had written me messages. She finally left me a voicemail that said, "If you do not call me, I am coming there to see you." I finally called her. She said she was sorry and that she should have supported me. I talked to every one of them except my dad. We still don't talk. Out of all of the relationships, my father's and mine is the only one that hasn't come back healthier and stronger and better than ever. I'm so glad that they now support me. But it did take some time.

One year me and Diego got in a really nasty fight. It was an accumulation of things. He was working 14 to 16 hours a day. He's a lawyer—a long way from working in a restaurant. I wanted a divorce. I felt like it was so hectic, and I felt like he was being really ugly. I didn't want to waste my life. I wanted to be happy. I wanted him to be happy. But we worked through it. We never cheated on each other or hurt each other. I think it was just all of these exterior things that I just didn't like. I didn't like El Paso, and I didn't like some of the things that he did or said. Once we got rid of all of that except living at El Paso, it really changed.

I got pregnant last year. It was wonderful. It was a great Christmas, the best Christmas. Nine months later we had her. I would say that the two biggest accomplishments were the café and then having my daughter. Those are the two benchmarks of life. I had been trying to have a baby since Gabe was three—I'd say, like, two and a half I had been thinking about it, and then three I had decided I wanted one, and we had two losses since then. Gabriel came faster than we could even think it; we thought we'd never have problems getting pregnant. When we lost the first one, I was only eight weeks. It was like a really bad period. The second one was 14 weeks, and I have to say that one was a hard one. I lost that baby. That was a big challenge for me. But I had so much to do. I was at the café. I was working five days a week—six days a week. I brought Gabe on Saturdays, and he went to school Monday through Friday. Getting up, getting your son dressed, going to work, coming home, getting the dogs

fed, starting your supper, feeding your husband, going to bed, getting clothes laid out. Just that repetitive day-to-day keeping yourself busy. Keeping yourself busy with outside things, not telling the whole sob story, just being around people. But we tried again.

In one year we lived in three different places, an apartment, a little house, and then a little trailer house. When I had the baby, I was very poor. We were just getting by, not married, not anything. And now, Diego clears over a quarter million dollars a year, and I have no worries at all.

If the café closes, there's no financial headache for us. It doesn't matter. We live very comfortably. Diego is gone still the way he was five years ago. He works long hours. But my life is so wonderful. Having kids has given it so much meaning. And it's so fun. I'm not sure that I didn't love life; I just didn't know how to cherish it when I was younger, when I was blinded by partying and things like that.

You're for yourself, and then in one day or however long you're in labor —for me, two—it's like you do everything for this little thing, and you love it. And Gabe is going to be six this year. I love him for everything he did for me. He truly made me a better person. He made me slow down and think about things when I'm driving. I used to drive like Batwoman, and now I drive like an old lady with a "Baby on Board" sticker. You know, your whole dynamic changes. Everything.

I'm glad it happened, because I think I would have died from being crazy and doing drugs and being wild and reckless. If it wasn't drunk driving, it was smoking weed or meth or whatever was available—whatever my girlfriends had, we were going to do. I don't follow any particular religion, but I think there's something that comes over you that changes when you become a mom.

It was a wonderful story that you don't really hear too often. Every day is like the last for us. Diego goes to work at ten o'clock so we can lie in bed as a family. Gabriel comes in our room every morning, and the baby is already in there. Every morning we try and have that bond with our kids and with each other. We all have a job to do. We all have each other at the end of the day.

I want to be able to dress my kids nice and let them go to a nice school, and I want to be able to afford nice things for them. I just want to be able to afford both of them equally, and I want to be able to give them a lot. If I have more children, I am not able to give them everything that I want to be able to give them. Not just physically or materialistically. Mentally and emotionally, I want to be in tune with my children. I want to be able to give them that attention that they both crave.

I'm going to school. I'm going to learn this stuff to work for a company with my uncle. So right now I'd say I'm closing the café—that chapter. And then doing this chapter. I definitely love businesses. If I could, in the future, I'd love to start them and sell them. Right now my goal is just to feed my children and make them happy and get to swimming class on time. That's my only goal right now. But I do have some entrepreneur goals, I would say.

I could not imagine my life not choosing to keep my baby—to keep the decision that the clinic gave me. And I wish that every woman had a good experience like mine, and I pray that they find that. It was all for the good. I truly believe one door shuts and another door opens.

What I think about abortion has changed over the course of time. Lots of girls did it. I think almost every member out of my family has had one at least. And it was never a problem. It was never a problem until I came to Texas and it came up, and people were so opposing of abortion. It just goes back to the argument about whether it's life at conception or is it life at birth? I always say giving my child life, I saved my own. It's just something that opens you up and changes you when you become a mother.

And there's nothing that you can do about it.

Camila, a Latina from Texas, was 22 years old and 18 weeks pregnant when she was turned away.

CHAPTER 4 Mental Health

Martina's story presents a perfect opportunity to raise the question of whether abortion causes psychological or emotional harm. No doubt about it, Martina was extremely upset around the time of her pregnancy and abortion. She was concerned that her parents, who opposed premarital sex, would disapprove of the pregnancy and the abortion. She didn't think her friends would sympathize with her choice—not her friends who were trying to become pregnant, not a friend who had placed a baby for adoption, and not even a close friend who had recently had an abortion. And her boyfriend's response to the news about the pregnancy revealed how little he seemed to care about her. For years after her abortion, Martina had difficulty coping and said her mind was blank. She reported more symptoms of depression one week following her abortion than most of the women interviewed (she reported five symptoms, including feeling hopeless, lonely, and worthless, while other women in the first-trimester sample reported an average of two). It was unclear whether her distress was due to the abortion itself, to the circumstances that led to her wanting an abortion, to other people's reaction to her pregnancy, or to her feelings of social isolation and lack of social support. Would Martina's mental health have been better if she had not received the abortion and had carried the pregnancy to term?

None of us know, as we move through our lives, what would have been at the end of the roads not taken. I suspect that whichever path we take, when we look back, we want to feel like we made the best decisions possible—that everything worked out for the best. So Martina's statement that "I don't regret the abortion at all. I'm where I am supposed to be in my life" could be an after-the-fact rationalization of her experience. But the strength of the Turnaway Study design is that by looking at women who are in similar positions but, through no choice of their own, are routed a different way, we can explore the effect of taking alternate paths. When we compare the outcomes of women whose pregnancies were just above and just below the gestational limit, we can get an idea of what might have been—as well as how women's mental health is affected by receiving or being denied an abortion. This unique study design allows us to explore whether the abortion or other factors were the cause of the distress experienced by women like Martina.

The initial motivation for the entire Turnaway Study, after all, was to answer the question *Does abortion hurt women*? For decades and in the absence of reliable data, anti-abortion advocates have asserted that abortion causes mental health problems. They have even created a new mental health condition, *post-abortion syndrome*, although it has not been accepted by any leading medical or mental health organization. More than 2,000 crisis pregnancy centers across the United States, mostly run by evangelical groups, attempt to discourage women with unwanted pregnancies from aborting by telling them about the supposed psychological and physical harms of abortion.[1] Even in the liberal San Francisco Bay Area, anti-abortion activists put up billboards proclaiming "Abortion Hurts Women" to protest the anniversary of the January 1973 *Roe v. Wade* Supreme Court ruling that a woman's right to choose to have an abortion is protected by the Constitution.

This notion that abortion has long-term consequences to women's emotional and psychological health has permeated our society and inspired policies that restrict people's access to abortion. In the introduction, I told you about Justice Anthony Kennedy's majority opinion in the 2007 *Gonzales v. Carhart* Supreme Court case, in which he wrote,

"It seems unexceptionable to conclude some women come to regret their choice to abort the infant life they once created and sustained. Severe depression and loss of esteem can follow."

The assumption that the decision to have an abortion is inherently difficult and painful leads people to assume that the aftermath of an abortion must also be pain and difficulty. I witnessed firsthand the pervasiveness of this view when I first requested that my university's institutional review board (IRB) review and approve the Turnaway Study. One of the most important steps to launching a study involving human subjects is to get ethical approval. UCSF has a large medical school and many of the studies at my university are clinical trials—testing whether a medical intervention improves the course of a disease. The IRB has to decide for each study whether the potential benefits outweigh the risks of the intervention, whether all risks have been minimized, and whether study subjects are well informed of the risks and benefits before they agree to participate. In the Turnaway Study, we researchers did not have a say in whether or not a woman received an abortion—the gestational limits already in place at the clinics determined who would get an abortion and who would be turned away. Thus any hardship from receiving or being denied an abortion would not be caused by our study. But we were going to ask the study participants a lot of questions, some of them potentially distressing. So it was our responsibility to make sure women were answering voluntarily and knew that they could skip any questions they didn't want to answer. And we also needed a plan for what we would do if someone expressed imminent intent to harm themselves or others. In that case, we clearly needed to intervene, even if it wasn't our questions that upset them or motivated their desire for self-harm.

There was one psychologist on the IRB committee who believed that abortion causes mental health harm and increases people's risk of suicidal ideation and behaviors. He was concerned that study participants, particularly teenagers, might be suicidal due to the abortion. Specifically, he declared that "teenagers might want to be reunited with their dead fetuses." (I am not sure where he got that idea from. He certainly didn't get it from the existing scientific literature on the topic.) But it was true that by following so many women and checking in with them every six months, our researchers would potentially encounter some women with severe psychological distress, for myriad reasons. We wanted to be prepared to do what we could to ensure that our participants were supported in the event that they experienced severe psychological distress. So we consulted with a licensed clinical psychiatrist and decided to use a standardized assessment for suicide risk, provide referrals to the National Suicide Prevention Lifeline if anyone reported suicidal ideation, and intervene if women were assessed to be at imminent risk of hurting themselves. In such a case, our protocol demanded that we speak to a mental health provider with whom the participant had a relationship or an adult in the home who could take responsibility for the woman seeking care. Our last resort, if no other adults were present, would be to call the police. It seemed like the right thing to do, but in retrospect, I don't think we did anyone any favors, for reasons I will explain below.

Why might abortion harm women's mental health?

Before we look at the data, let's take a moment to consider the ways that abortion might possibly harm women's mental health. First, if a woman

considers abortion akin to killing a baby, the feelings of guilt and remorse might cause serious distress. Most abortion patients don't believe that abortion is the same as killing a baby, but a small percentage do. In a separate study I led in one midwestern clinic among women in the waiting room before they had spoken to counselors, 4% agreed with the statement "At my stage of pregnancy, I think abortion is the same as killing a baby that's already born."[2] The vast majority of these same women also agreed that "Abortion is a better choice for me at this time than having a baby." Some women with strong anti-abortion sentiments still choose to have abortions. Approximately one in five women seeking abortion in the Turnaway Study thought abortion was morally wrong or should be illegal.[3]

Some women reconcile their anti-abortion views by characterizing their own abortions as moral given their particular circumstances. Jessica, whom you heard from earlier, identified as "totally anti-abortion" before she was faced with an unwanted pregnancy. She concluded that God created abortions to be used for certain purposes. Kamali, a recent African immigrant to the U.S. and a newlywed, had sought and obtained an abortion because she and her husband were working a lot and didn't feel like it was the right time for a baby. She ultimately felt relieved to have the abortion, but she said that, given her Christian faith, she believes abortion is morally wrong. "Well, for me I did have the abortion, but I still feel even though I did it, I still feel it's not something right unless you have a good reason to do it, because that's just how I grew up, and that's just the kind of teaching I've always known." Many clinics screen women for anti-abortion sentiment and if they find any, urge them to postpone or forgo the abortion.[4] However, it's fair to hypothesize that women who do have abortions and who truly feel the abortion is morally wrong even in their particular circumstances may experience mental health harm due to the abortion.

Second, even if women themselves do not feel that abortion is morally wrong, they may experience negative reactions from others and feel judged by their community or people close to them. One week after obtaining or being denied an abortion, more than half of the women in the Turnaway Study described feeling that they would be looked down upon at least "a little bit" by people close to them (60%) or by people in their community (56%) if others knew they had sought an abortion.[5] Olivia, a 23-year-old white woman living in Minnesota, kept her abortion secret for this very reason. "I was always taught that [abortion] was wrong," Olivia told us. "I guess there are so many people that don't know about [my abortion] because that was always the way it was projected to us, that it was wrong. So, I kind of had to just keep it to myself and numb it to myself because you couldn't really talk to anybody about it. You know, it was always one of those things, you just don't do it. My sisters would have been like, 'I would have taken [the baby].' Or, even my dad or boyfriend's parents would have said the same thing. For so long, it was just so hard because you had to figure out how to keep it to yourself. And knowing that you had this human being inside of you, the hardest part was, I need to talk to somebody about the fact that we could have gone with other options, but this was what best suited us."

Third, physiologically, women's mental health could potentially be affected by the sudden change in hormones that comes from not being pregnant anymore, the same changes that are thought to partially explain the experience of postpartum depression (although the latest scientific review casts some doubt on the role of hormone changes in predicting postpartum depression).[6] Some women experience depression symptoms in response to the normal hormonal changes in the menstrual cycle, so it is possible that some women would have reactions to the sharp drop in

estradiol and progesterone that accompanies the end of pregnancy.

Fourth, getting an abortion can be isolating. Like Martina (whom you just met) and Camila (whom you'll meet after chapter 7), some women don't share their experience with their family and friends, or when they do, some receive a negative stigmatizing reaction. In our study, nearly one-third of women told no one other than the man involved that they were seeking an abortion.[7] Give birth and you may make friends with women in the waiting room of your doctor's office, with parents in the park, with strangers in the supermarket. Really any mom within a mile radius of your home whose kid is the same age as your kid, whether you have anything else in common or not, is a potential new friend. The same is definitely not true of abortion. As far as I know, there are not special friend groups who all got their abortions at the same time.[8] Now, it could be that people don't need support for getting over the emotions of an abortion like they need support for the continued demands of raising a child. But a total lack of support may cause distress and isolation.

Fifth, the procedure itself can be unpleasant and painful, even emotionally traumatic. A friend of my mother's had an abortion in the 1970s and reported that the doctor performing it said he was making sure it hurt so she wouldn't get herself into that situation again. I know another woman who, in the middle of a two-day abortion procedure (the purpose of the first day is to begin gently opening the cervix), started to experience cramps and raced back to the clinic. Unfortunately, the clinic wasn't open yet. Her fetus and the placenta fell out into her underwear in the parking lot of a locked clinic with nobody to help her. She stood there thinking her uterus had just fallen out of her body and that she was about to bleed to death. The vast majority of abortions are not like these two cases, but it is possible to have a terrible experience.

And finally, the explanation that I think is most likely for why an unintended pregnancy might bring up negative emotions and cause depression or anxiety: An unintended pregnancy is a moment when your life feels like it is out of your control. Your body is creating another life against your will. You may feel it is your fault, that you have made a mistake or put yourself in a bad position, adding guilt to the feeling of helplessness. Realizing that your life isn't stable enough, your partner or family isn't supportive enough, and your bank account isn't big enough can come as quite a reckoning. You'll see in the stories woven throughout this book that the reaction of the man involved to hearing about the pregnancy is often a low point emotionally of the woman's story. It can come as an unpleasant discovery to find that your partner doesn't have the same vision for the future as you do.

Why might abortion not adversely affect women's mental health?

So with all these arguments for how abortion might harm women's mental health, what are some reasons why abortion *wouldn't* harm women's mental health? First, having an abortion is something that women choose to do. If they thought they could not deal with the consequences, they might not choose it. They have weighed their options and decided that they would be better off terminating the pregnancy than having a baby. So even if they think it may be difficult to cope with the abortion, they anticipate it being better than coping with a birth.[9] Such was the case for Sydney, a 30-year-old black woman from Illinois, who definitely did not want to be forever tethered to the "verbally abusive boyfriend" whom she

was with when she became pregnant. Sydney's abortion experience was unpleasant. She was in her second trimester, and she did not like that it was a multiple-day procedure; it disturbed her to think about the fetus inside of her. This was her second abortion, and she remembers her first, at age 21, as "excruciatingly" painful. But even that first experience did not dissuade her from having another abortion because she knew she still was not ready to be a parent. And she says she felt neither regretful nor depressed after either abortion. "Having a child is a beautiful, wonderful thing. But for me at the time, it just wasn't a good thing. I don't regret it, but sometimes I'm wondering, am I going to be able to [have a child] when the time comes?"

The second reason that abortion might not hurt women's mental health is that many women have much bigger things going on in their lives besides the abortion. You will get a sense of that in the section on post-traumatic stress. There are events that are strongly associated with lifetime mental health harm: childhood abuse, childhood sexual abuse, and violence. In a long, complicated life, abortion may not be a big enough event to disrupt a woman's psychological well-being. That definitely was the case for Melissa, whom you will hear from later in this book. The mother of four was experiencing poverty, depression, and anxiety at the time she became pregnant with a relative of her incarcerated husband. She did not have enough money to feed all her kids and had to take them to various soup kitchens. She was desperate for an abortion and greatly relieved when she got one. And for some women, an abortion seems to have no emotional impact at all, as you'll see in Nicole's story, which follows this chapter.

Mental Health History of Women in the Turnaway Study

The whole premise of the Turnaway Study is that what separates the women who received an abortion from those who were denied is a few weeks of pregnancy, and that they are otherwise similar. If that is so, whatever differences emerge over the five years after seeking an abortion would likely be due to whether they got an abortion or were turned away. So here is the first test of the study design. Did the women who received an abortion and those who were denied differ on baseline mental health? In terms of history of mental health disorders, there is no difference between women who were just over and just under the gestational limits: one-quarter of women had at some point been diagnosed with anxiety or depression (5% with only anxiety, 10% with only depression, and 10% with both anxiety and depression).[10] In terms of experiences of violence and trauma, other known risk factors for future mental health problems, there is no difference between women just over and just under the gestational limits: 14% had experienced violence or the threat of violence from an intimate partner in the past year, more than one in five had a history of sexual assault or rape, and 26% had a history of child abuse or neglect. And for what may be either a symptom or a cause of mental health problems, there were no differences in reporting of any illicit drug use (14%), binge alcohol use (24%), or problem alcohol use (6%)—for example, drinking first thing in the morning or experiencing blackouts. Both Brenda and Margot had many of these difficulties. Both experienced troubling teenage years and were sent to traumatizing lockdown facilities. Both later dealt with drinking problems and forged romantic relationships with

abusive men. But Margot received her abortion, and Brenda did not.

You may be surprised by how high these numbers are, in part because these are topics we rarely discuss in a data-driven way. Actually, women seeking abortions are no different from women in general. The proportion of women in our study who have used drugs, who have a history of heavy alcohol use, and who experienced a history of depression are all similar to national estimates.[11]

The Mental Health Consequences of Abortion versus Birth after Unwanted Pregnancy

Social psychologist Dr. Antonia Biggs, my colleague who wrote the paper about why women have abortions, also analyzed most of the mental health data in the Turnaway Study. The paper she led about the five-year trends in women's depression and anxiety is, deservedly, one of the most heavily cited from Turnaway.[12] It was the second-most-viewed article in *JAMA Psychiatry* in 2016 and 2017 and was featured in more than 68 news outlets, including the *New York Times* and Fox News. This is the paper that Justice Kennedy was looking for when he bemoaned the lack of reliable data a decade before, and the paper that Surgeon General Koop had requested decades earlier.

It thoroughly quashes any idea that abortion causes depression or anxiety. Starting one week after they had first sought an abortion, we asked women every six months about their symptoms of depression, anxiety, and post-traumatic stress using validated measures—survey questions that have been tested in other studies and have been shown to accurately identify respondents who have a certain condition or characteristic. We asked about suicidal thoughts, alcohol and drug use, self-esteem, and life satisfaction. By the time of our first interview, eight days after the women received or were denied an abortion, women in both groups were equally likely to report symptoms of depression, post-traumatic stress, or suicidality. But there were short-term differences on other mental health and well-being outcomes. Shortly after being denied an abortion, women had more symptoms of anxiety and stress and lower levels of self-esteem and life satisfaction than women who received an abortion. Over time, women's mental health and well-being generally improved, so that by six months to one year, there were no differences between groups across outcomes. To the extent that abortion causes mental health harm, the harm comes from the denial of services, not the provision.

The higher initial distress observed at baseline may be because the experience of an unwanted pregnancy is upsetting. Such distress may include the anticipation of all the extra social, emotional, and financial costs, and future health risks associated with birth and parenting, as well as the search, travel, and other hurdles experienced trying to obtain an abortion. So some of the worse mental health outcomes among those denied abortions may be due to the stress of still seeking but not finding abortion services.

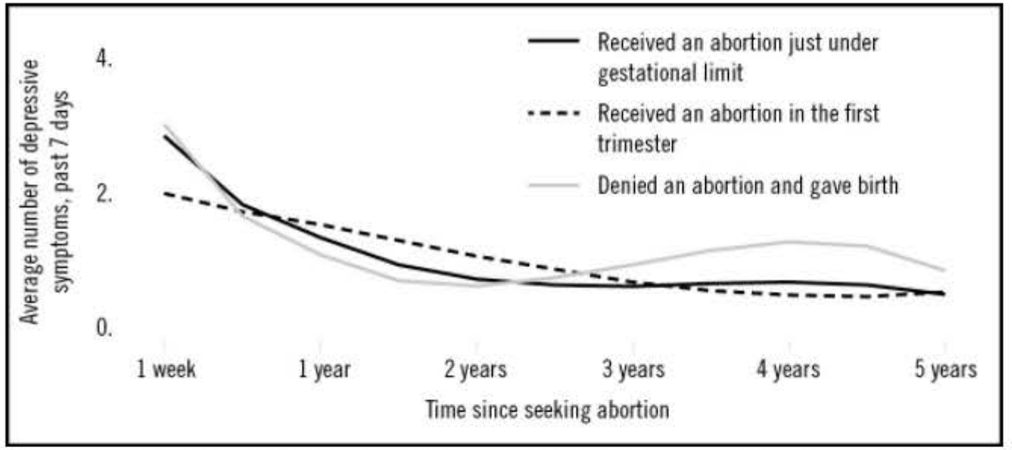
Yet once the pregnancy was announced, the baby born, and the unknown fears and expectations realized or overcome, the trajectory of mental health symptoms seems to return to what it would have been if the woman had received an abortion. I admit I was surprised about this finding. I expected that raising a child one wasn't planning to have might be associated with depression or anxiety. But this is not what we found

over the long run. Carrying an unwanted pregnancy to term was not associated with mental health harm. Women are resilient to the experience of giving birth following an unwanted pregnancy, at least in terms of their mental health. This doesn't mean that there aren't cases of perinatal depression, as Camila describes experiencing just before her baby was born. In general, women's symptoms of depression and anxiety are slowly relieved following an unwanted pregnancy, regardless of how that pregnancy ends.

We also find no evidence that having a later abortion is associated with greater risk of mental health harm compared to an earlier abortion. Women having later abortions reported elevated stress and depression at the first interview (one week after seeking an abortion) compared to first-trimester patients, but after that first interview, there were no differences over the remaining five years. That is, women who received later abortions had the same frequency of depression, anxiety symptoms and cases, self-esteem, and life satisfaction as women in the first-trimester group. Next time you hear that women are particularly troubled by having a later abortion compared to an early one, know that the science doesn't bear that assertion out.

You might think that the similarity between women who received and women who were denied is because both groups are doing miserably—one group is depressed because they had an abortion and the other because they are raising a child that they didn't want. But you would be wrong. Look at Figure 2, which shows the actual trajectory in depression over time. Mental health outcomes improved among all groups of women over time.

Figure 2 Trends in Symptoms of Depression



Adapted from Biggs MA, Upadhyay UD, McCulloch CE, et al. Women's mental health and well-being 5 years after receiving or being denied an abortion: a prospective, longitudinal cohort study. *JAMA Psychiatry*. February 2017;74(2):169–178.

Suicidal Ideation

As I described earlier, we did collect data on the incidence of suicidal ideation. As part of one set of validated survey questions about mental health, we asked women whether they had thoughts of ending their life and, on another, whether they had thoughts that they would be better off dead or thoughts of hurting themselves in some way. If a woman answered yes to either of these, we stopped the interview and started a separate set of questions that looked at whether she was imminently suicidal: whether she was planning to kill herself or hurt herself so we would know whether to intervene.

Dr. Biggs found very low incidence of suicidal thoughts among women in the study.[13] Over 7,851 interviews, there were 109 times when study participants reported any suicidal thoughts. In only four interviews did the woman express that she had an actual plan to harm herself. We called the police to the trailer of a Spanish-speaking woman in Texas. She was alone with three children when she reported to us that she had a plan to kill herself. That call to the police could have made things much worse for the woman if police intervention had jeopardized her custody of her children, by casting doubt on her ability to raise them. Fortunately, she participated in subsequent interviews, her mental health improved, and she still had her children at the end of the study.

One other episode occurred the day before Christmas Eve, early in the study. A young woman with a history of depression and sexual abuse reported to our interviewers that she had been cutting herself. She was alone at the time of our interview, so we put her on hold and tried to reach her father to come be with her. I stepped in for the interviewer and called the participant's father to tell him that his daughter was hurting herself. I told him that his daughter was in a health study in which we ask about mental health. And he immediately said, "Oh, is this the study we signed up for at the abortion clinic?" It turns out he had accompanied her to the clinic and knew all about it. She was already receiving treatment for suicidal ideation so I don't think that getting a call from us changed her course.

The third woman had been in a serious car accident and was experiencing post-traumatic stress disorder symptoms stemming from the accident and the death of her mother and son. And the fourth had off-the-charts symptoms of anxiety and depression as she fought for custody of her two children during an acrimonious divorce. All four of these women reporting suicidal ideation had personal histories of abuse or neglect. All four had received their wanted abortions (two in the first trimester and two in the second) and all felt that the abortion was the right decision for themselves.

We told all women in the study that they were free not to answer any questions that made them uncomfortable. We also told them we might intervene if they mentioned any plans to harm themselves or others. To test the possibility that women who were suicidal might have simply skipped these questions, we looked at who refused to answer these questions. Only seven women skipped a suicidal ideation question at any of their interviews, a lower fraction of missing responses than most questions. All these women were just under the gestational limit or in the first trimester. Dr. Biggs conducted a separate analysis where we assumed that five of the seven, those with any symptoms of depression, may have had unreported suicidal thoughts. Even including these five, there was no difference between women who received and women who were denied abortion in the probability of having suicidal thoughts over the next five years.

And finally, to make sure that we had a complete measure of suicidal ideation, we needed to make sure that nobody who was lost to follow-up actually died by suicide. So after we completed all the interviews, we searched for death records of any women in the study who did not do all five years of surveys. Eight women who enrolled in the study died over the next five years. Four women received abortions just under the gestational limit and four were denied the abortion and gave birth. None were in the first-trimester group. None had a history of depression or suicidal thoughts. Two died in car accidents, one who received and one who was denied an abortion. One woman who received an abortion died from a heart attack, and three women died from unknown causes (one who was denied and two who received abortions). If you're doing the math, you'll

notice that still leaves two deaths to be explained. I'll tell you more about those in the next chapter, the saddest results from this whole study, in the section about women who die after giving birth.

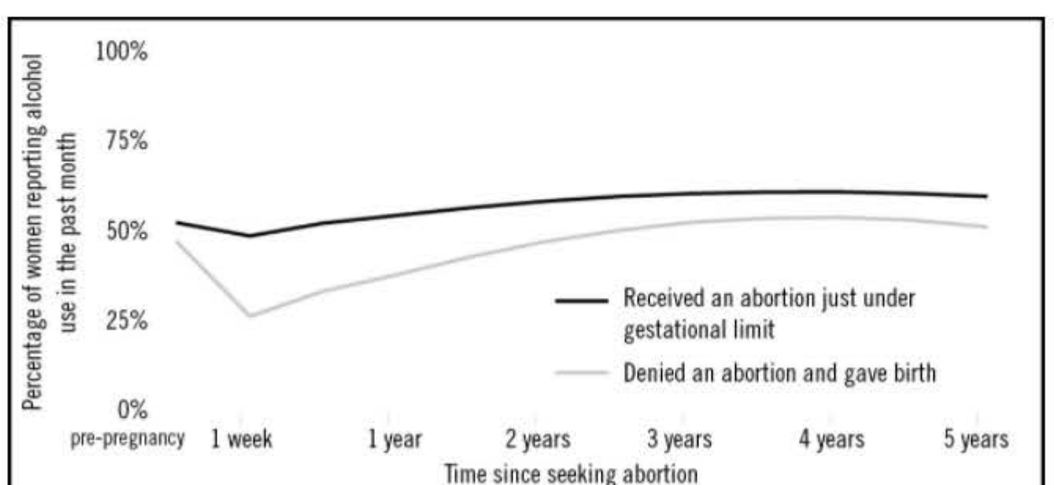
The Turnaway Study data are clear. There is no evidence that receiving an abortion increases the chance of suicidal ideation. In our study, what predicts suicidal thoughts is a history of depression or anxiety and prior problem levels of alcohol use.

Drugs, Alcohol, and Tobacco

My colleague Dr. Sarah Roberts, whose paper on substance use as a reason for abortion I mentioned in chapter 2, is an expert on the topic of substance use in pregnancy and so she was aware of the well-documented reductions in drinking, smoking, and drug use that often accompany pregnancy. In the Turnaway Study, she was interested in whether women who carry unwanted pregnancies to term experience these same reductions. I was interested in what happens to women who get their abortions—whether these women might increase alcohol or drug use as a response to abortion, as suggested by anti-abortion advocates.

Dr. Roberts found no differences between women who received and women who were denied an abortion in alcohol use, binge drinking, smoking, or drug use in the month before they realized they were pregnant; the two groups started out the same. But over time, their substance use differed substantially.[14] Even one week after seeking an abortion, women who were denied the abortion were less likely to be drinking alcohol and less likely to be binge drinking than women who received one, not because the women who received an abortion were drinking more but because those who were still pregnant were drinking less. See Figure 3. Unfortunately, we did not see the same reductions in smoking or drug use during pregnancy among those who were denied the abortion and carried the pregnancy to term. Among those with symptoms of an alcohol disorder (like blacking out or drinking first thing in the morning), we also didn't find reductions in alcohol use among women continuing their pregnancies. Neither women who received nor those who were denied an abortion showed an increase in alcohol problem symptoms, tobacco use, or drug use over the five years: these were level over time. That means that women are not turning to these substances to cope with having an abortion. But it also means that women who are carrying unwanted pregnancies to term who smoke, use drugs, or have problem alcohol use may need help to reduce substance use and the resulting chance of adverse outcomes for the baby.[15]

Figure 3 Trends in Alcohol Use in the Past Month



Adapted from Roberts SCM, Foster DG, Gould H, Biggs MA. Changes in

alcohol, tobacco, and other drug use over five years after receiving versus being denied a pregnancy termination. *J Stud Alcohol Drugs.* Mar; 79(2):293–301.

Self-Esteem and Life Satisfaction

There are some areas for which we thought that women who have babies would be better off than women having abortions. We anticipated that women who had babies might have higher life satisfaction, even though they originally wanted an abortion. Raising a child might be a challenge, but it can also bring joy, a sense of accomplishment, and recognition from one's community: people throw baby showers but almost nobody throws an abortion shower.[16]

However, Dr. Biggs did not find higher life satisfaction among those forced to carry the pregnancy to term than those able to get their wanted abortions.[17] Women denied an abortion initially reported lower self-esteem and life satisfaction than women who sought and obtained an abortion. These were measured on a five-point scale: 1—not at all, 2—a little bit, 3—moderately, 4—quite a bit, and 5—extremely. For the question "In the past week how much have you felt high self-esteem?," the averages are 2.6 (among women denied) versus 2.9 (among women who received). For life satisfaction, "In the past week how much have you felt satisfied with your life?," the difference is 3.1 versus 3.3. These are small but statistically significant differences. For both women above and those below the gestational limit, self-esteem and life satisfaction improve over the next few years, but with women who were denied abortions and carried the pregnancy to term improving more rapidly, so that by six months to a year, they were similar to women who received their abortion just under the limit. Women having babies caught up to women having abortions in life satisfaction and self-esteem, but the joys of motherhood that I anticipated finding did not lift women denied abortion above those who received one. We also measured the woman's emotional bond with the child born after the denial of abortion and compared it to bonding with the next child born among women who received an abortion. I'll share those results in more detail in chapter 7. Suffice it to say here that women report poorer bonding with the child born from an unwanted pregnancy than the child born from a subsequent pregnancy, one they chose to carry to term.

Stress and Social Support

Perceived stress is an individual's self-reported appraisal of the degree to which situations in her life are overwhelming. Stress in pregnancy is associated with poor outcomes for the woman and baby. One could easily imagine that becoming pregnant when you don't want to be would be highly stressful. We measured stress through the Perceived Stress Scale: four questions asking study participants about how often they felt overwhelmed or unable to cope, such as "How often have you felt difficulties were piling up so high that you could not overcome them?" and "How often have you felt that you were unable to control the important things in your life?"[18]

Dr. Laura Harris, at the time a medical student at UCSF and now a physician in Contra Costa County, California, led this analysis focusing on

the first 2.5 years.[19] She found that, at the baseline interview, women who were denied abortions reported higher stress in the previous week than women who received an abortion (5.7 vs. 4.7 on a 16-point scale where higher indicates higher stress). However, we were fascinated to learn that by six months the two groups had converged and stress levels were similar between women who received and women who were denied abortions for the next two years.[20] Women in the first-trimester group were less stressed than women in the group that received an abortion just under the clinic gestational limit—further evidence of the trials associated with the hunt for a clinic that can perform their abortion, and the economic stress of paying for the procedure and handling the costs and logistics of getting there.

We measured social support through 12 questions about the availability of emotional support from friends, family, and others (how much the women agree with statements like "I can talk about problems with my friends"). We were surprised to find no differences in emotional support between women who received abortions and those who were denied and delivered babies—not at one week and not over the next five years. Women scored 3.2 on a scale where 4 represents the highest level of emotional support, with no differences between women who received and women who were denied an abortion.

In retrospect, I wish we had measured financial and logistical support, rather than just emotional support. I suspect that the amount of partner and family practical support is critical to women being able to take care of their children. Such was the case for some of the women recounting their experiences in this book, including Brenda (whose mom helps her take care of her baby before eventually adopting the child), Camila (whose husband supports her financially and whose aunt gives her a flexible job), Melissa (whose family helps out immensely with her fifth child, allowing her to go back to school), and Sofia (whose mom doesn't know about her first pregnancy but really helps out with the second). As we noted earlier, women experiencing unwanted pregnancy and seeking abortion are disproportionately low-income (half have incomes below the poverty level). And you'll see in chapter 6 that denial of abortion exacerbates these financial difficulties. Where one might hope that a woman having a baby after an unwanted pregnancy would be supported by family, we do not see evidence of that in terms of an increased chance of living with adult family members in the long term.

Post-traumatic Stress Disorder

The Turnaway Study presents an opportunity to see whether women who have abortions experience more symptoms of post-traumatic stress disorder (PTSD) than women who carry an unwanted pregnancy to term. Any medical procedure could be a traumatic experience, and abortion is no exception. We heard many reports of women who felt that the care they received was gentle or kind, as well as a few who felt it was not. It is also possible that the experience of becoming pregnant when one does not want to be, not to mention the 11 pregnancies caused by rape, would be traumatic in and of itself. For a woman who wanted a child but did not have the social support or resources to raise a child, there could be a feeling of abandonment by her lover, friends, and family.

There are screening tests for PTSD used in medical clinics to identify patients who need help. We used the Primary Care PTSD Screen. The question starts, "In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month you…" and then

lists four symptoms of post-traumatic stress (PTS): "had nightmares or thought about it when you didn't want to; tried hard not to think about it or went out of your way to avoid situations that reminded you of it; were constantly on guard, watchful, or easily startled; or felt numb and detached from others." If a woman said yes, we asked her what event was so upsetting and the date or age at which the event occurred. My colleagues Antonia Biggs and Brenly Rowland (then an interviewer for the Turnaway Study and now a medical student at UCSF) independently coded the events into broad themes including pregnancy, experiences of violence, relationship issues, and other factors. They determined who had any symptoms (yes to any of the four), who was at risk of a clinically significant case of PTSD (yes to three or four of the items) and who identified the pregnancy, abortion, or birth as the source of their symptoms.

Dr. Biggs found that almost two in five women (39%) in this study reported any PTS symptoms and 16% were at risk of PTSD.[21] In the baseline interview one week after the abortion was sought, there were no differences in symptoms by whether the woman received or was denied an abortion. It doesn't seem like abortion can be a major cause of PTSD when women are just as likely to have PTS symptoms whether they got their abortion or not. So what did the women in our study report was the cause of their PTS symptoms? Really awful events. Among the 139 women at risk of PTSD (exhibiting three or more symptoms), 44% reported violence, abuse, or unlawful activity, like the woman whose abusive partner strangled her and put her in a coma for two weeks. Or the woman who, as a teenager, was, for three days, locked in a room, raped, and beaten. One in six (17%) reported nonviolent relationship issues like their mother's drug use or their husband going to jail. Another one in six (16%) reported nonviolent death or illness of a loved one with, for example, HIV or cancer. Seven percent mentioned health-related reasons including mental health issues and substance use, like the woman who said, "I have allergies so I almost died. I didn't know if the people around me were going to save me," and the woman who reported, "I almost died from being on drugs." Finally, 5% of women at risk of PTSD reported issues around their custody or with caring for their existing children, like the woman who said, "My kids are in foster care; my visits with my kids are very hurtful." Or the one who reported: "I was molested when I was younger, so I'm afraid for my daughter."

Many people in our study have very difficult lives with traumatic events and challenging circumstances that could easily overshadow the experience of an unwanted pregnancy or abortion. Yet 19% of those who reported any symptoms of PTS reported that the index pregnancy (for which we recruited them into this study) was the source of their stress. We found no difference in whether the woman received or was denied the abortion in reporting the index pregnancy as a cause of her symptoms. Overall, of all the women in the study, 14% of those at risk of PTSD at baseline reported the index pregnancy or abortion as the source. What did women mean when they reported the index pregnancy as a cause of PTS symptoms? Some (19) women simply said "the abortion"—without describing whether it was needing an abortion, the procedure, the decision, or some other reason that was the cause of their stress. A few women (3) specified that arriving at the decision to have an abortion was the source of their symptoms; as one woman put it: "The actual decision to have the abortion. To know the baby's not going to be here and there was a baby." Some (20) women attributed PTS symptoms to the pregnancy experience; for example, "Finding out I was pregnant because I was nervous and had all the sickness." For four women, it was other people's response to the abortion, such as the woman who observed, "My cousin

was against it because she couldn't have a baby. My cousin said horrible stuff about it to me," and for three participants in the study, it was being reminded about the pregnancy, for example, "Seeing small children makes me feel guilty that I did something wrong." Five women reported that the rape that caused the index pregnancy was the source of their symptoms and one reported that her distress was from being denied the abortion. Over time we found that the index pregnancy as a source of trauma declines for all groups of women in the study. The finding that PTS symptoms were similar regardless of whether women got the abortion or not suggests that it is the circumstances around the pregnancy rather than the abortion procedure or internalized stigma/guilt about abortion that causes PTS symptoms. But abortion is a personal event and women vary in their responses. The abortion experience may cause PTS symptoms in rare circumstances, even if, as is the case in this study, the vast majority (92%) of women who had an abortion and report PTS symptoms still indicate that abortion was the right decision for them.

Emotional Response to Abortion and Abortion Denial

Even if women don't experience a deterioration in their mental health, as measured in clinical diagnoses or symptoms of depression or anxiety, we anticipated that they still may have emotional responses to having had an unwanted pregnancy and to having an abortion. And so we asked women about six emotions: four negative (regret, anger, sadness, and guilt) and two positive (relief and happiness). At their very first interview, we compared the emotions of women one week after they either received or were denied a wanted abortion. Before the Turnaway Study, no reliable data existed as to whether women's emotional responses vary based on how far along they are when they seek an abortion—do women feel worse about a later abortion than an earlier abortion? And we had very little idea what it would be like, emotionally, to be denied a wanted abortion because nobody had studied people in that situation.

We came up with a few improvements over how abortion emotions have been studied in the past. First, we wanted to know how women felt about the pregnancy separately from the abortion. If you ask someone, "How was it to have an abortion?" they could say, "It was terrible" and mean, *It was terrible to be in the situation where I needed an abortion but given that I was in such a situation, the abortion wasn't too bad.* Or they could mean, *The situation was difficult, and getting an abortion made me feel much worse.* So we asked women what emotions they'd had about the pregnancy in the past seven days and, separately, what emotions they had about the abortion. Second, we asked about the six emotions independently. So one could report being both happy and sad, both regretful and relieved. Finally, we were also able to ask those who were unable to get their abortion how they felt about being turned away. My colleague, epidemiologist Dr. Corinne Rocca, analyzed these data.[22]

How did women feel *about their pregnancy* a week after seeking the abortion?—at least "a little bit" of sadness (74% of women), regret (66%), and guilt (62%), and just under half reported feeling anger (43%). There was no difference between women who received versus were denied an abortion in how they felt *about their pregnancies*, with one exception. We were asking about emotions one week after women either received or were denied the abortion and, at that point, women who were denied were more likely to feel happiness about the pregnancy than women who received an

abortion (60% vs. 27% for those just under the limit who received). However, the fact that women denied abortions were still less likely to report happiness about the pregnancy than regret and sadness tells me that we can't say that those who report happiness were entirely glad they became pregnant.

In contrast to emotions about the pregnancy, emotions around the abortion—or the denial of the abortion—differed significantly one week later between the women who received and those who were denied. Overwhelmingly, the most common emotion felt after having an abortion was relief (90%); meanwhile, the most common emotion a week later about having been denied an abortion was sadness (60%), followed by regret (50%), relief (49%), happiness (43%), and anger (42%).

Perhaps not surprisingly, some women were more likely to feel negative emotions about having had an abortion than others. In general, we found few differences in emotional response by age, race, ethnicity, and education. Over the five years, women who reported having more difficulty deciding to seek an abortion also felt more negative emotions, as did women who perceived that abortion was looked down upon in their communities and women with less social support.

Dr. Rocca, who led this analysis of women's emotions after abortion, is also an expert in measuring how women feel about pregnancy, both before and after it occurs. She doesn't view pregnancies as either entirely intended or entirely unintended. Instead, she believes women can have a range of nuanced or complex feelings about pregnancy that fall on a spectrum of intendedness. One measure of how "intended" pregnancies are is called the London Measure of Unplanned Pregnancy; you'll see more about it in chapter 7 on children's outcomes.[23] As for women's emotions, we found that the more planned in advance a pregnancy was (based on this London Measure), the more likely women are to have negative emotions after the abortion. So a woman who perhaps wanted another child but couldn't afford to raise one might have experienced more sadness and guilt after her abortion than a woman who definitely didn't want to get pregnant at all.

Contrary to many people's assumptions about how difficult it must be to have an abortion later in pregnancy, as stated earlier, we don't find differences in the emotions women have about the abortion by whether it happened in the first trimester or later in pregnancy. I think most people would find this very surprising, but remember that most women who have later abortions haven't been agonizing about it for months. Instead, many have only recently discovered they're pregnant. (Of course, this doesn't apply to women carrying wanted pregnancies who later find out about serious fetal anomalies or dangerous health risks and are suddenly faced with a tragic decision. But again, we did not study women seeking abortions for these reasons.)

Some abortion opponents argue that abortion probably causes emotionally damaging effects that might not exist right after the abortion, but might emerge later, after some time has passed. Our study was able to look at how the emotions expressed a week after seeking the abortion changed over five years. Overwhelmingly, women who had abortions expressed declining intensity of all emotions—both negative and positive—over time, with the biggest declines happening in the first year. By five years, only 14% of women felt any sadness, 17% any guilt, and 27% any relief, with relief remaining by far the most commonly felt emotion five years after.[24]

The most common emotional response to having had an abortion is none. Over time, two-thirds of women say that they experience no or very few emotions about the abortion anymore. Using a scale where 0 means "never" and 4 means "all the time," the answers to the question "How

often do you think about the abortion?" show a decrease over time. At six months, the average was equivalent to thinking about the abortion "sometimes" (1.8). By three years, the average was "rarely" (1.2). Women in the Turnaway Study may think about their abortions more than women who were not in the study since we reminded them about their abortion every six months as part of the interviews. As Amy said, she thought about her abortion "only when you call me."[25]

We were not surprised that some women in our study expressed some negative emotions about having had an abortion. Feeling bad does not indicate a clinical pathology. Negative emotions can be a normal response to a life event or difficult decision. If we found increases in negative emotions over time, that would be concerning—an indication that women were having difficulty coping with their abortion or having a change of heart. But instead we found decreasing negative emotions and, in fact, a decrease in intensity of all emotions and less frequent thoughts of the abortion over time.

Reporting That Abortion Was the Right Decision among Those Who Had One

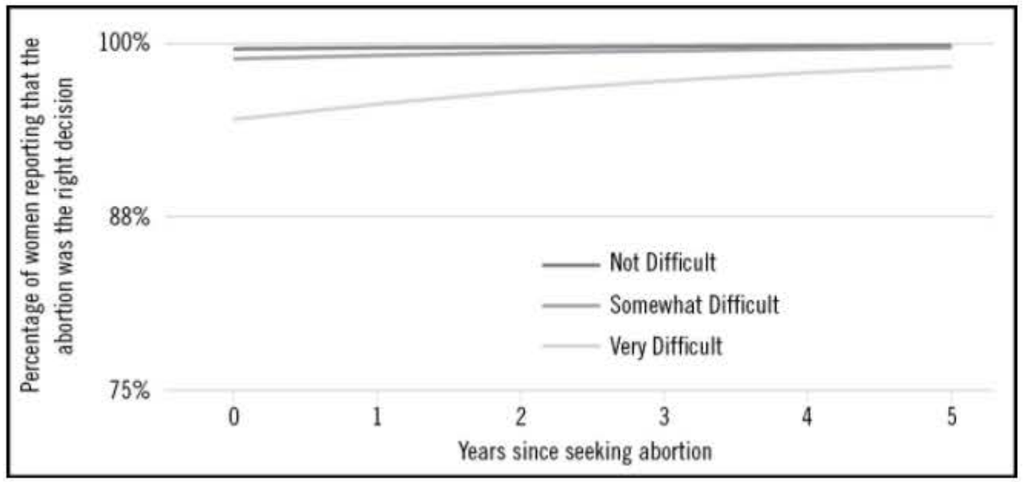
And finally, here is the most famous statistic from the Turnaway Study. The idea that women regret their abortions has had powerful sway in legislation and policy. Justice Kennedy upheld a law banning a later abortion procedure with the justification that "some women come to regret their choice to abort." As we've seen, the idea that women are likely to regret ending their pregnancy is part of the justification for various restrictions: mandated waiting periods between seeking an abortion and receiving one, patient information scripts, ultrasound viewing, and parental consent. Before Turnaway, we didn't really know how often women actually regret their abortions. Clearly some do, like Kaya, a participant who completed an in-depth interview five years after signing up for our study. Kaya grew up on a Native American reservation and later moved to Oklahoma. She told our team that she thinks having an abortion in 2008 allowed her to have a third baby at a better time in her life. But she also reports feeling a lot of regret and doesn't recommend it to other women. "I felt really regretful afterwards," Kaya said. "I called my cousin right away and I cried to her over the phone. I told her this was awful and I will never do it again." There are websites and social organizations for women who feel that they suffered for having had an abortion. Testimonials from women who regretted their abortions submitted as an amicus brief to the Supreme Court were likely where Kennedy got the idea that women feel regret.[26] At least he was wise enough to say that the data are not necessarily representative of all women seeking abortion.

Dr. Rocca found that, at every interview over the five years after their abortion, 95% of women reported that having the abortion was the right decision for them.[27] In a statistical analysis that adjusts for baseline characteristics of the women and the gradual loss to follow-up of some participants, we found that the chance of saying that abortion was the right decision increased gradually over the five years.

You might wonder who the women were who, over time, felt like having had an abortion was not the right decision. One group of women more likely to report that abortion was *not* the right decision over time was women who reported high community stigma about abortion; that is, they felt that people in their community would look down on them if people

knew they had sought an abortion. The other group less likely to feel that they had made the right decision was, not surprisingly, women who said in our first interview that the decision to have an abortion was "very difficult." But over time, even women who reported that the decision was very difficult were increasingly likely to say that the abortion was the right decision for them, nearly approaching the level of decision rightness among women for whom the decision was not difficult. See Figure 4.

Figure 4 Percentage of Women Who Received an Abortion Who Report It Was the Right Decision, by How Difficult It Was to Decide to Have the Abortion



Adapted from Rocca CH, Samari G, Foster DG, Gould H, Kimport K. Emotions and decision rightness over five yers after abortion: an examination of decision difficulty and abortion stigma. *Soc Sci Med*. 2020 Jan 2:112704.

The Turnaway Study provides strong evidence that the vast majority of women do not experience difficulty coping with their abortion and that, consistently over time, they believe that the choice to end their pregnancy was the right one for them.

Reporting That They Wished They Could Have an Abortion among Those Who Were Denied

How do women feel about having been denied an abortion? Initially, bad. But over time, most of the women who ended up carrying the unwanted pregnancy to term reconciled themselves to their new reality, especially after their babies were born. One week after abortion denial, 65% of participants reported still wishing they could have had the abortion; after the birth, only 12% of women reported that they still wished that they could have had the abortion. At the time of the child's first birthday, 7% still wished they could have had an abortion. By five years, this went down to 4%.[28] Who are the small percentage of women who have a baby but still wish they could have received an abortion? Dr. Rocca found no differences by age, race, ethnicity, or the number of children they have. Instead, women who had less social support from family and friends and women who had an easy time deciding to have the abortion were the ones who were more likely to continue to wish they had received an abortion.

The women who had the hardest time emotionally were those who placed the child for adoption. They were far more likely than women who decided to parent the child to wish they could have had the abortion. At the time of being turned away, 90% of women who later placed the child for adoption reported that they still wished they could have had the

abortion (compared to 63% who later chose to parent the child). At five years, 15% of women who placed for adoption, compared to 2% of women who parented, reported that they still wished they could have had the abortion. I'll discuss more findings about adoption decision-making in chapter 7. But I think it is fair to say that women who chose to place the child for adoption may have had different circumstances—ones that did not offer the option to parent. Not raising a child means the woman does not have to reconcile what might be a jarring disconnect between her current love for a child and her previous desire for an abortion. She may feel more free to continue to wish she could have had the abortion.

Some women view the experience of having the child as a total positive—like Camila, whom you'll meet after chapter 7, who says about having been turned away from an abortion, "I could not imagine my life not choosing to keep my baby—to keep the decision that the clinic gave me." And then there are women like Brenda, whom you'll meet after chapter 9, who might have rather had the abortion but were eventually able to find some silver linings from having been turned away.

Conclusions about Mental Health after Abortion and Abortion Denial

The Turnaway Study documented the trajectories in symptoms and diagnoses of depression, anxiety, PTSD, suicidality, and alcohol and drug abuse for women five years after they received or were denied an abortion. We found that, in the short run, women *denied* abortions have worse mental health—higher anxiety and lower self-esteem—than women who receive an abortion. The longer-term results are surprising, no matter what side of the abortion debate you are on. There are no long-term differences between women who receive and women who are denied an abortion in depression, anxiety, PTSD, self-esteem, life satisfaction, drug abuse, or alcohol abuse. This is *not* because both groups are miserable. In fact, mental health steadily improves for both groups of women. This improvement over time tells us that the experience of becoming pregnant and discovering that one lacks the social and material support to support a baby can be deeply distressing. Whether one has an abortion or even carries an unwanted pregnancy to term, mental health improves. Women are resilient. Women don't often say they want an abortion for fear of what an unwanted pregnancy would do to their mental health. And mental health rarely seems to suffer, even when abortion is denied.

Some events do cause lifetime damage, but abortion is not common among these. What is linked to higher likelihood of mental health problems over the long term? The biggest predictors are a history of mental health problems and a history of traumatic life events such as childhood abuse and neglect.

Women experience a range of emotional responses to having had an abortion, including a small subset of women who report regretting their decision. The concern that women might experience negative emotions or regret does not suggest to me that the government should step in and try to make decisions for them. I do not think it is the government's role to mandate extra time to think about the decision, especially since mandated waiting periods make the experience more expensive and difficult for women and providers. Women should have a right to make their own personal decisions, even decisions that they might regret. The idea that denying someone the autonomy to make decisions is worse than the possibility that they might feel regret is what Katie Watson, a bioethicist at

Northwestern University, has called the "dignity of risk," as she wrote in an essay in *JAMA: The Journal of the American Medical Association*.[29]

> The dignity of risk is a concept articulated in the 1970s to challenge clinicians' impulse to withhold options from people with disabilities unless good outcomes were guaranteed, and it's shorthand for the fact there is no opportunity for success without a right to failure. The dignity of risk reminds us that overprotection is harmful too. American patients' modern status as autonomous decision makers is grounded in the foundational premise of bioethics: that competent adults must be allowed to take chances and risk pain in pursuit of a better life. The unstated premise of the abortion regret claim is that regret is bad—regret harms patients in some way, and patients should be protected from harm—but we can't have it both ways. To the degree decisional regret is harmful, the regressive remedy of eliminating or reducing competent adults' decision-making authority is worse.

The next woman whose story you'll read breaks every taboo about abortion emotions and regret. She does not conform to any expected narrative about the contrition women are supposed to feel about having become pregnant. Nicole expresses no feelings for her embryo. This clearly surprised the staff at the abortion clinic, who made her speak to three counselors before proceeding to give her an abortion. I don't think her attitude is typical; instead her story helps illustrate the range of emotional responses that women have when they experience an unwanted pregnancy.

CHAPTER 5 Physical Health

State governments have enacted 555 restrictions on abortion since the Turnaway Study began recruiting women in 2008.[1] As we've learned, some of these—mandatory waiting periods, ultrasound-viewing requirements, state-written counseling scripts—may be intended to make sure that women are fully informed when they make the decision to terminate a pregnancy, that they feel confident about this decision. Of course, the need for such decision-making help from the state is not rooted in evidence. What Turnaway data show, as I discussed in the previous chapter, is that very few women regret their decision to have an abortion. Other restrictions claim to be justified on the promise that they will improve the safety of abortion. These abortion-safety laws include those that mandate that a physician have admitting privileges at a nearby hospital, meaning the doctor has to have an agreement with a local hospital that they can admit patients to the hospital and care for them there in the case of an emergency. An agreement like this is difficult to obtain and maintain, since it often requires a certain volume of patients needing admission to the hospital. Another law justified on the grounds of abortion safety demands that outpatient abortion clinics adopt the infrastructure of ambulatory surgical centers, such as wider hallways and specialized recovery rooms.[2] Is there a need for more laws to increase the safety of abortion?

If you've seen movies like 2008's *Revolutionary Road*, where Kate Winslet's character is deeply unhappily pregnant with a third child, you could be forgiven for thinking abortion is dangerous (spoiler: things don't go well for Winslet's character). One in six women die after having an abortion—that is, if the abortion occurs *on television*.[3] But you don't have to be watching fictional movies or TV shows to get this impression; interviews with advocates on both sides of the abortion debate emphasize its dangers. People advocating for legal abortion hark back to the pre-*Roe* era, when there were whole hospital wards treating women for sepsis after they had gone to untrained providers or tried to self-induce an abortion with unsterile instruments, like coat hangers. Those opposed to abortion rights claim that mortality following legal abortion is still high and in need of government regulation.

So let's review the actual facts about abortion risks.

My colleague Dr. Ushma Upadhyay studied complications after abortion in the California state Medicaid program (Medi-Cal). California is one of the 15 states that covers abortion for low-income women regardless of their reason for wanting one.[4] She found that complications occurred after 2% of abortions—lower than the risk of wisdom-tooth extraction (7%), tonsillectomy (8–9%) and childbirth (29%).[5] The risk of a major complication from abortion—needing surgery, a blood transfusion, or hospitalization—is less than one-quarter of 1%. That is, one major complication in 436 abortions. The risk of a minor complication—such as bleeding or a treatable infection—is one in 53. And what about deaths from abortion? Dr. Upadhyay relied on data from 54,911 abortions performed in California between 2009 and 2010. There were no deaths following abortions paid for by Medi-Cal in these years. The death rate from abortion was zero. One state, even a large one, is not a big enough sample to study abortion-related deaths because they are so rare.[6] So let's turn to national data from the Centers for Disease Control and Prevention over eight years (1998–2005). Drs. Elizabeth Raymond and David Grimes

found that one woman in 160,000 dies as a consequence of receiving an abortion, while one woman in 11,300 dies from childbirth. A woman in the United States is 14 times more likely to die from carrying a pregnancy to term than from having an abortion.[7]

Pregnancy is not a disease, but it is a major body change that is associated with very serious risks. The pregnant person's entire circulatory system goes into overdrive, producing 50% more blood than normal, with radical changes in hormonal systems and metabolism.[8] Physically, all the abdominal organs and muscles have to move to accommodate a ten-plus-pound uterus. The joints in the pelvis and spine loosen to allow for the pelvis to open enough to let the baby's head pass through. And all of that is just for the pregnancies that go normally. Although efforts are under way to reduce this rate, one-third of deliveries involve major surgery, a Cesarean section.[9] One in four births in the U.S. is associated with some serious complications, including obstetric trauma and laceration (8%), infection (6%), hemorrhage (4%), gestational diabetes (4%), and severe preeclampsia (3.4%) and eclampsia (high blood pressures in pregnancy that can develop into dangerous seizures) (0.1%).[10] For women with chronic health conditions, pregnancy is even more complicated. The list of conditions made worse by pregnancy fills medical textbooks. The fact that women regularly choose to endure this and are often thrilled with the outcome shouldn't blind us to the fact that pregnancy is a risky endeavor.

Synthesizing the scientific literature on abortion safety, the National Academies of Sciences, Engineering, and Medicine issued a report summarizing the data in 2018, its first report on the safety of abortion since 1975.[11] The National Academies report found that "clinical evidence clearly shows that legal abortions in the United States—whether by medication, aspiration, D&E, or induction—are safe and effective. Serious complications are rare."[12] The report did point out that later abortion is associated with greater risks than earlier abortions. They write, "The risk of a serious complication increases with weeks' gestation. As the number of weeks increases, the invasiveness of the required procedure and the need for deeper levels of sedation also increase." So this leaves open the question of how a later abortion compares to giving birth. Since all national statistics comparing birth and abortion include intended pregnancies, it was not known, prior to the Turnaway Study, how the relative risks of birth and abortion compare in the context of an unwanted pregnancy.

Women sometimes have abortions to end wanted pregnancies—these are the tragic stories of women with life-threatening health conditions or fetuses with serious anomalies. Some of these abortions are taking place in circumstances in which the woman's health is already compromised, so physical health outcomes may be worse than for abortions of unwanted pregnancies. We thought the risk from birth might also be different for deliveries following unintended (versus intended) pregnancies for two reasons. First, women who are in good health may be more likely to choose to become pregnant and, once pregnant, may be more likely to choose to give birth than women with serious chronic health conditions. In the Turnaway Study, recall that one in 20 women seeking abortion did so because they did not feel healthy enough to continue the pregnancy and give birth.[13] By limiting the comparison to women with unwanted pregnancies, we can compare the relative risk of birth versus abortion for women who are pregnant and don't want to be. Second, women who don't want to become pregnant aren't taking prenatal vitamins, getting medical care, or abstaining from drugs or alcohol in preparation for pregnancy. About half the women in our study who were denied an abortion didn't realize they were pregnant until the second trimester. If a lack of prenatal

care or pregnancy preparation put women at risk of worse outcomes, we would expect that women delivering an unwanted pregnancy might have worse outcomes than those who deliver a wanted pregnancy.

The Turnaway Study gives us the chance to address questions about pregnancy, abortion, birth, and health. The study design—comparing women on either side of the gestational limit—has an additional advantage in that it created a data set of women who were later in pregnancy than most women seeking abortion. So we have a large sample of women having a late second-trimester abortion to look at how the risk of a later abortion compares to an earlier one. As the National Academies report finds, abortion is safer the earlier in pregnancy it occurs. That's because early in pregnancy, a woman has an option to either take pills (known as a medication abortion[14]) or have a simple procedure in which a clinician uses a small tubular vacuum to empty the uterus (called manual vacuum aspiration or MVA). The pills in medication abortion can be used up until 10 weeks of pregnancy and are even safer than commonly used medications such as Tylenol, aspirin, and Viagra.[15] Later abortions, defined as abortions after 20 weeks, make up just over 1% of all abortions.[16] But they require special skill and training to perform and are associated with greater risk due to the increased technical difficulty of the procedure, the need for the cervix to be dilated, and the increased blood flow to the uterus as the pregnancy advances.[17] Many health risks of pregnancy increase as the pregnancy progresses, separate from the risk of the procedure. So if someone is forced to delay getting an abortion, they may, in the meantime, develop dangerous health conditions like preeclampsia.[18]

Before we get to the Turnaway Study results, let's check the study design—that recruiting women just over and just under the gestational limits produced comparable groups of women health-wise. Eighty-one percent of women in the study reported that their health had been good or very good before they became pregnant, with no significant differences between women, regardless of whether they received a first trimester abortion, received a second trimester abortion or were turned away. There were no differences in the experience of life-threatening accidents (17%) or serious illness or injury (14%). Prior to pregnancy, the playing field was level. Differences we see in physical health over time, therefore, are likely due to the experience of pregnancy, abortion, birth, and child-rearing.

Risks of Abortion versus Birth

Ibis Reproductive Health epidemiologist Dr. Caitlin Gerdts led the analysis of Turnaway Study data on the outcomes of pregnancies, both abortion and birth, with nursing doctoral student Loren Dobkin and University of California, Davis, physician and professor Dr. E. Bimla Schwarz.[19] Our interviewers asked each woman whether she experienced any side effects or health problem directly from the pregnancy, abortion, or birth. Interestingly, for all three of our study groups—those who had first-trimester abortions, those who had abortions just under a clinic's gestational limit, and those who were turned away and gave birth—a similar proportion, around 10%, reported side effects and complications.

However, those side effects and complications were not equivalent. Women having abortions reported pain (5%), cramps (3%), bleeding (2%), and nausea/vomiting (2%) after the abortion. For women who gave birth, the complications were much more serious: preeclampsia (2%), anemia, blood loss requiring transfusion, eclampsia, fractured pelvis, infection,

postpartum hemorrhage, and retained placenta. When this team of scientists categorized the reported complications by whether they were life-threatening, they found that 6.3% of women who gave birth reported potentially life-threatening conditions, compared to 1.1% of women who were just under the clinic gestational limit and 0.5% of women receiving a first-trimester abortion. We asked women whether there was a period after the abortion or birth when they were physically unable to do daily activities such as walking, climbing steps, or running errands. The days of limited activity also reflect the higher risk of giving birth: women who gave birth reported an average of 10.1 days of limited activities, compared to about three days among both early and later abortion groups.

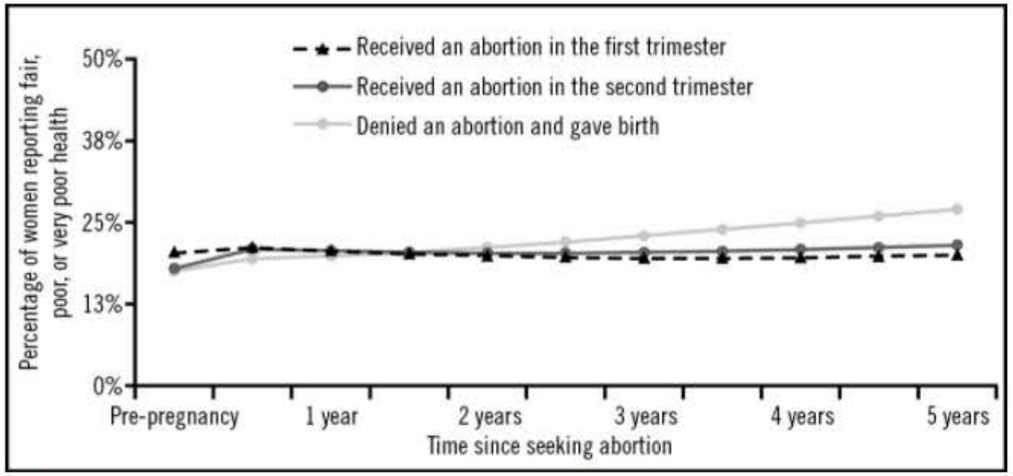
Longer-Term Risks of Abortion and Birth

One of the most important findings from the Turnaway Study has to do with the long-term health effects of abortion versus birth. Very few studies compare the longer-term health consequences of either of these outcomes for women experiencing an unwanted pregnancy. My colleague Dr. Lauren Ralph analyzed the data on the longer-term health outcomes.[20] For this analysis, Dr. Ralph divided the abortion sample strictly by gestation (first trimester, second trimester) rather than by study group in order to make the most of our data on women having later abortions.[21]

Over the five years, some health outcomes were similar between women who received abortions and those who gave birth. We found no differences in asthma; nongestational hypertension; diabetes; or chronic abdominal, pelvic, and back pain. Also, a bit of bad news for all of us who would like to blame our growing waistline on having had children: we find that the rate of obesity was the same between women who received abortions and those who gave birth. (My mom used to tease my sister and me, "I never had gray hair before I had you." The downside of being a scientist is now I know that blaming my pants size on my kids is equally illogical.)

To the extent that there were differences in health outcomes between women who received and women who were denied an abortion, they were all to the detriment of women who gave birth. Women who were denied abortions and delivered the unwanted pregnancy were more likely to have chronic head pain—23% chronic headaches or migraines among women giving birth, compared to 17–18% of women receiving an abortion. Women denied abortions were also slightly more likely to report joint pain. On the broadest measure of health, asking women to rate their overall physical health on a five-point scale from very poor to very good, women who received an abortion showed slight improvement over the five years, but those who gave birth were increasingly likely to report poor health. After five years, 20% of women who had a first-trimester abortion and 21% of women having a second-trimester abortion reported poor or fair health. Among women denied an abortion, 27% said their health was fair or poor. See Figure 5. This difference may seem modest, but it is extremely important. This one question about self-rated overall health has been shown to be a strong predictor of a person's future health and mortality.[22]

Figure 5 Trends in Self-Reported Fair, Poor, or Very Poor Physical Health



Adapted from Ralph LI, Schwarz EB, Grossman D, Foster DG. Self-reported physical health of women who did and did not terminate pregnancy after seeking abortion services: a cohort study. *Ann Intern Med*. 2019;171(4):238–247.

One of the risks of continuing a pregnancy is the risk of gestational hypertension—increasing blood pressure that can lead to preeclampsia and even death. Gestational hypertension and preeclampsia also increase the risk of developing cardiovascular disease later in life.[22][23] Women denied an abortion were more likely to experience gestational hypertension over the five years—9.4% of those who gave birth, compared to 4.2% of those who had a second-trimester abortion and 1.9% of women in the first trimester. At first glance, this finding is not surprising since women denied abortions remained pregnant for many more months after they were denied the abortion. But, as you'll see in chapter 7, many women have pregnancies in the following five years, so this index pregnancy wasn't the only opportunity to develop gestational hypertension. Having gestational hypertension in one pregnancy puts women at increased risk for having it in subsequent pregnancies. So denial of abortion may put subsequent pregnancies at higher risk.[24]

Interestingly, over the five years, we found no differences in chronic conditions, chronic pain, and overall self-rated health between women having a first-trimester abortion and those receiving a second-trimester abortion. Considering that later abortion procedures are more difficult to perform and are associated with a greater risk of complications than an early aspiration abortion or use of medication abortion, we were pleasantly surprised to have found no residual long-term health consequences.

Deaths

The serious risks of continuing a pregnancy were clearly demonstrated by the women in our study. One day, we received an awful call from a woman asking us to withdraw her daughter from our study. Her daughter had died in her mid-twenties, days after giving birth, from an infection that is rarely fatal outside of the context of pregnancy. Her mother called us after she discovered the Turnaway informed consent form while she was sorting through her daughter's affairs. Shockingly, her daughter wasn't the only woman in our study who died after giving birth from a pregnancy she had preferred to terminate.

After we completed data collection for the whole study, we reviewed public records, looking for any additional deaths among women who did not finish the five years of interviews. We wanted to document whether any of these deaths might have resulted from physical health complications or mental health problems stemming from the pregnancy.

In our search, we found another tragic maternal death—a woman who died of eclampsia soon after childbirth, just three months after being denied the abortion. Had she arrived at the abortion clinic five days earlier, she would have been able to end her pregnancy and might have had a long life ahead of her. The baby survived and is now, along with the woman's previous children, orphaned.

This level of maternal mortality is shocking. These two deaths translate to a maternal death rate of about one per 100 women delivering in the Turnaway Study. For comparison, the U.S. rate of maternal deaths per live birth is 17 per 100,000 (0.017%).[25] So 1%, the rate in our study, is astronomical, 100 times higher than national maternal death rates. Clearly, there is a large margin of uncertainty around this figure of a 1% death rate because death is such a rare event. To come up with a definitive death rate, one would want to study hundreds of thousands of deliveries. But it does highlight the fact that carrying a pregnancy to term and childbirth are risky, much riskier than abortion. All the stresses of carrying an unwanted pregnancy to term and perhaps the lack of social support that made that pregnancy unwanted in the first place may substantially increase the risk of death for women who prefer an abortion.

We find no deaths stemming from abortion in our study. Four deaths occurred to women who received an abortion just under the clinic gestational limit. These deaths were not related to any physical risk from the pregnancy or abortion; they occurred at seven months, one and a half years, three years, and five years after the woman received an abortion. For the half for whom we know the causes of death, they were due to freak events like car accidents and heart attacks that are very unlikely to be consequences of abortion. All these deaths, of young women who should have had their whole lives ahead of them, are tragedies. Because of that, I feel even more strongly that it is important to let people live the life they want to live and not insist that women defer their dreams to an uncertain future.

Conclusions about Physical Health

The greatest irony about the ever-more-restrictive nature of abortion in America lies in the reasoning often given to defend such laws: they are supposed to protect women. Politicians and religious-right interest groups tell us that abortion is dangerous. They claim it can kill you, instantly or more slowly in the form of breast cancer or suicidal ideation.[26] That is the stated premise behind literally hundreds of abortion restrictions passed all over the country in just the last decade. The evidence shows that the opposite is true. Not only is abortion a safe medical procedure; its alternative—continuing pregnancy and giving birth—is far riskier.

The United States is currently facing a crisis in maternal mortality—deaths related to pregnancy and birth. Trends are going the wrong direction compared to nearly every other country, and it is even worse for women of color. Maternal mortality is now twice as high as it was in 1987, with 17 deaths for every 100,000 live births in the United States.[27] Black and Native American women have an over three times greater chance of dying from pregnancy and childbirth than white women. Why? Largely because of systemic, institutional racism and discrimination, which can take the form of doctors and health providers ignoring their patients' serious symptoms and complaints of pain.[28] Of course, it's not just pregnant women of color whose symptoms often go ignored. Jessica is white, yet we see that she also experiences disregard for her symptoms in

her previous pregnancies.

Kiara, whom you'll meet next, has a story that leads perfectly into the next chapter, which shows how the ability to access abortion services can shape a life trajectory—the way in which future relationships, children, and careers all hinge on having control over which pregnancies to carry to term and which ones to abort. As Kiara says, "If I hadn't had the abortion, the calmness and the strength and everything that I feel now, I don't think that any of that would have been here. I feel like my life would still be as chaotic and kind of crazy. Even, I think, meeting and marrying my husband I don't think would have been possible had I had the second child."