

First-trimester induced abortion not associated with increased risk of psychiatric readmission

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First-time first-trimester induced abortion is not associated with an increased risk of readmission to psychiatric facilities among women with a history of a treated mental disorder, according to a report in the February issue of *Archives of General Psychiatry*, one of the JAMA/Archives journals.

"Diverging results exist as to whether induced abortions negatively influence mental health, and there is a paucity of sound studies on the topic," the authors write as background information. "[Mental health problems](#) are associated with women's reproductive decisions, and predict [poor mental health](#) outcomes after [abortion](#). Moreover, most abortions are a result of [unintended pregnancies](#), and the effects of induced abortion are often confounded with the effects of an [unwanted pregnancy](#)."

Trine Munk-Olsen, Ph.D., of the National Centre for Register-Based Research, University of Aarhus, Denmark, and colleagues examined whether having a first-trimester induced abortion influenced the risk of psychiatric readmission, and compared the findings with the risk of readmission among women with [mental disorders](#) who gave birth. The authors gathered data on all women born in Denmark between 1962 and 1992 with a record of one or more psychiatric admissions at least nine months before a first-time first-term induced abortion or childbirth.

A total of 2,838 women with records of mental disorders underwent a first-time first-trimester abortion between January 1994 and December 2007. During the period from nine months before to 12 months after the abortion, 321 women were readmitted. In comparison, 5,293 women with records of mental disorders gave birth to their first live-born child during the same study period and from nine months prior to 12 months after childbirth, 273 were readmitted.

Women's readmission risk in the abortion group declined from before to after the abortion. The crude readmission risk in the abortion group declined from 211 per 1,000 person-years nine months prior to the abortion, to 39 per 1,000 person-years 12 months following the abortion. Overall, incidence rates of readmission were markedly higher among women having abortions compared with readmission rates among women giving birth, both before and after the event. However, among women giving birth, readmission rates were higher during the first month post-partum.

Parental history of mental disorders was associated with an increased risk of readmission; however, risk of readmission was reduced in women with one or more children at the time of abortion. The authors also found that risk of rehospitalization was significantly associated with the number of days since previous discharge in both groups of women.

"Risk of readmission is similar before and after a first-trimester induced abortion, contrasting with a marked increased [readmission](#) risk within the first month after childbirth," the authors conclude. "We speculate that recent psychiatric episodes may influence women's decisions to have an induced abortion; however, this decision does not appear to influence the illness course in women with a history of treated mental disorders."

More information: *Arch Gen Psychiatry*. 2012;69[2]:159-165.

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