IN THE SUPREME COURT OF THE STATE OF ALASKA

Planned Parenthood of the Great Northwest, Jan Whitefield, M.D., Susan Lemagie, M.D., *Appellants/Cross-Appellees,* *v.* State of Alaska, Loren Leman, Mia Costello, & Kim Hummer-Minnery, *Appellees/Cross-Appellants.*	**Supreme Court Nos. S-15010, S-15030, S-15039** **Superior Court No. 3AN-10-12279CI**

BRIEF OF AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS, AMERICAN CONGRESS OF OBSTETRICIANS AND GYNECOLOGISTS, NATIONAL ASSOCIATION OF SOCIAL WORKERS, NATIONAL ASSOCIATION OF SOCIAL WORKERS, ALASKA CHAPTER, SOCIETY FOR ADOLESCENT HEALTH AND MEDICINE AND AMERICAN PSYCHIATRIC ASSOCIATION AS *AMICI CURIAE* IN SUPPORT OF PLAINTIFFS-APPELLANTS

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Falcon v. Alaska Public Offices Commission, 570 P.2d 469 (Alaska 1977) 16, 18, 22

N.G. v. Superior Court, 291 P.3d 328 (Alaska App. 2012) 22

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DOCKETED CASES

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STATUTES

Alaska Statutes

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§§ 18.16.010 *et seq.* 3

§ 25.20.025 .... 7, 15, 18

LEGISLATIVE MATERIALS

1968 Alaska House Journal. 17

OTHER AUTHORITIES

Academy of Medical Royal Colleges, by National Collaborating Centre for Mental Health, *Induced Abortion and Mental Health: A Systematic Review of the Mental Health Outcomes of Induced Abortion, Including Their Prevalence and Associated Factors* 8 (Dec. 2011), *available at* http://www.nccmh.org.uk/reports/ABORTION_REPORT_WEB%20FINAL.pdf 11, 12

ACOG Committee Opinion No. 434, *Induced Abortion and Breast Cancer Risk* (June 2009, reaffirmed 2011), *available at* http://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_On_Gynecologic_Practice/Induced_Abortion_and_Breast_Cancer_Risk.aspx 8

ACOG, *Guidelines for Adolescent Health Care* (2d rev. ed. 2011) 21

Adler, Nancy, et al., *Abortion Among Adolescents*, 58 Am. Psychol. 211 (Mar. 2003) 26, 27

American Academy of Pediatrics, *The Adolescent's Right to Confidential Care When Considering Abortion*, 97 Pediatrics 746 (1996) 21, 26

American Medical Ass'n, *Mandatory Parental Consent to Abortion*, 269 J. Am. Med. Ass'n 82 (1993) 16, 20

American Medical Women's Ass'n, *Position Paper on Principals of Abortion & Access to Comprehensive Reproductive Health Services*, AMWA-DOC.org, http://www.amwa-doc.org/cms_files/original/Abortion___Access_to_Comprehensive_Reprod_Health_Services1.pdf (last visited May 2, 2013) 21

American Public Health Ass'n, *Ensuring Minors' Access to Confidential Abortion Services*, APHA.org (Nov. 1, 2011), http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1415 21

Bartlett, L.A., et al., *Risk Factors for Legal Induced Abortion-Related Mortality in the United States*, 103 Obstet. & Gynecol. 729 (2004) 4, 5

Beral, V., et al., *Breast Cancer and Abortion: Collaborative Reanalysis of Data from 53 Epidemiological Studies, Including 83,000 Women With Breast Cancer From 16 Countries*, 363 The Lancet 1007 (2004) 8

Charles, Virginia, et al., *Abortion and Long-Term Mental Health Outcomes: A Systematic Review of the Evidence*, 78 Contraception 436 (2008) 10

Coleman, D.L. & P.M. Rosoff, *The Legal Authority of Mature Minors to Consent to General Medical Treatment*, 131 Pediatrics 786 (2013) 15

Coleman, Priscilla K., *Abortion and Mental Health: Quantitative Synthesis and Analysis of Research Published 1995-2009*, 199 Brit. J. Psychiatry 180 (2011) 11

Crosby, M.C. & A. English, *Mandatory Parental Involvement/Judicial Bypass Laws: Do They Promote Adolescents' Health?*, 12 J. Adolescent Health 143 (1991) 19

Dreweke, Joerg, Guttmacher Institute, *Study Purporting to Show Link Between Abortion and Mental Health Outcomes Decisively Debunked* (Mar. 5, 2012), *available at* http://www.guttmacher.org/media/nr/2012/03/05/index.html 11

Ehrlich, J. Shoshanna, *Grounded in the Reality of Their Lives: Listening to Teens Who Make the Abortion Decision without Involving Their Parents*, 18 Berkeley Women's L.J. 61 (2003) 27

Griffin-Carlson, Mary S. & Kathleen J. Mackin, *Parental Consent: Factors Influencing Adolescent Disclosure Regarding Abortion*, 28 Adolescence 1 (1993) 24

Grimes, David A. & Mitchell D. Creinin, *Induced Abortion: An Overview for Internists*, 149 Annals Internal Med. 620 (2004) 4

Henderson, Jillian T., et al., *Safety of Mifepristone Abortions in Clinical Use*, 72 Contraception 175 (2005) 14

Henshaw, Stanley K. & Kathryn Kost, *Parental Involvement In Minors' Abortion Decisions*, 24 Family Planning Perspectives 194 (1992) 24, 26, 27, 29, 30

Johannsen, L., *Adolescent Abortion and Mandated Parental Involvement*, 21 Pediatric Nursing 82 (1995) 19

Klein, J.D., et al., *Adolescent Pregnancy: Current Trends and Issues*, 119 Obstet. & Gynecol. 215 (2012) 5

Major, Brenda, et al., *Report of the APA Task Force on Mental Health and Abortion* (2008), *available at* http://www.apa.org/pi/women/programs/abortion/mental-health.pdf 9, 10

Meis, Paul, et al., *Factors Associated with Preterm Birth in Cardiff, Wales*, 173 Am. J. Obstet. & Gynecol. 597 (1995) 8

Melton, Gary B. & Anita J. Pliner, *Adolescent Abortion: A Psychologal Analysis*, Adolescent Abortion: Psychological and Legal Issues (1986) 25

Munk-Olsen, T., et al., *First-Time First Trimester Induced Abortion and Risk of Readmission to a Psychiatric Hospital in Women With a History of Treated Mental Disorders*, 69 Arch. Gen. Psychiatry No. 159 (Feb. 2012) 9

NASW *Code of Ethics* 1

NASW Policy Statement, *Family Planning and Reproductive Choice* 2

NASW Policy, *Adolescent Pregnancy and Parenting* 2

NASW, *Social Work Speaks* (9th ed. 2012) 2, 21

National Cancer Institute, *Summary Report: Early Reproductive Events and Breast Cancer Workshop* (2010), *available at* http://www.cancer .gov/cancertopics/ 8

Pope, Linda M., et al., *Postabortion Psychological Adjustment: Are Minors at Increased Risk?*, 29 J. Adolescent Health 2 (2001) 11

Quinton, W.J., et al., *Adolescents and Adjustments to Abortion: Are Minors at Greater Risk?*, 7 Psychol., Pub. Policy & Law 491 (2001) 11

Raymond, Elizabeth & David Grimes, *The Comparative Safety of Legal Induced Abortion and Childbirth in the United States*, 119 Obstet. & Gynecol. 215 (2012) 5, 6

Robinson, G.E., et al., *Is There an "Abortion Trauma Syndrome"? Critiquing the Evidence*, 17 Harv. Rev. Psychiatry 268 (2009) 10

Snyder, Lois, American College of Physicians, *American College of Physicians Ethics Manual: Sixth Edition*, 156 Annals of Internal Med. 73 (2012), *available at* http://annals.org/data/Journals/AIM/ 20372/0000605-201201031-00001.pdf 21

Society for Adolescent Health & Medicine, *Confidential Health Care for Adolescents: Position Paper of the Society for Adolescent Medicine*, 35 J. Adolescent Health 160 (2004) 21

Society for Adolescent Health & Medicine, *Reproductive Health Care for Adolescents*, 12 J. Adolescent Health 649 (1991) 21

Steinberg, Julia R. & Lawrence B. Finer, *Examining the Association of Abortion History and Current Mental Health: A Reanalysis of the National Comorbidity Survey Using a Common-Risk-Factors Model*, 72 Soc. Sci. & Med. 1 (2010) 10

Wadlington, Walter, *Medical Decision Making For and By Children: Tensions Between Parent, State, and Child*, 1994 U. Ill. L. Rev. 311 16

Wallis, A.B., et al., *Secular Trends in the Rates of Preeclampsia, Eclampsia, and Gestational Hypertension, United States, 1987-2004*, 21 Am. J. Hypertension 521 (2008) 6

Warren, Jocelyn T., et al., *Do Depression and Low Self-Esteem Follow Abortion Among Adolescents? Evidence from a National Study*, 42 Perspectives on Sexual & Reproductive Health 230 (2010) 11

Webster, Robert D., et al., *Parental involvement laws and parent-daughter communication: policy without proof*, 82 Contraception 310 (2010) 25, 26, 28

Zabin, Laurie S., et al., *To Whom Do Inner-City Minors Talk About Their Pregnancies? Adolescents' Communication With Parents and Parent Surrogates*, 24 Fam. Plan. Persp. 148 (1992) 24

INTERESTS OF *AMICI CURIAE*

Sharing more than 57,000 members, the American College of Obstetricians and Gynecologists and the American Congress of Obstetricians and Gynecologists (collectively, "ACOG") are the leading professional associations of physicians who specialize in the health care of women. The American College of Obstetricians and Gynecologists is a non-profit educational and professional organization founded in 1951. The College's objectives are to foster improvements in all aspects of health care of women; to establish and maintain the highest possible standards for education; to publish evidence-based practice guidelines; to promote high ethical standards; and to encourage contributions to medical and scientific literature. The College's companion organization, the American Congress of Obstetricians and Gynecologists, is a professional organization dedicated to the advancement of women's health and the professional interests of its members. The Alaska Section of the Congress has 90 members who provide health care to women in Alaska.

Established in 1955, the National Association of Social Workers ("NASW") is the largest association of professional social workers in the world with nearly 140,000 members and 56 chapters throughout the United States and internationally. The NASW, Alaska Chapter represents 417 members. With the purpose of developing and disseminating standards of social work practice while strengthening and unifying the social work profession as a whole, NASW provides continuing education, enforces the NASW *Code of Ethics*, conducts research, publishes books and studies, promulgates

professional criteria, and develops policy statements on issues of importance to the social work profession. The NASW policy, *Adolescent Pregnancy and Parenting*, supports a range of services to help address teen pregnancy including "services and supports that are safe, legal, affordable, and confidential; comprehensive health education and services for all adolescents; a comprehensive approach to sexuality for adolescents" and "comprehensive family planning services for all adolescents." *Social Work Speaks* 8, 11 (9th ed. 2012). NASW's policy statement, *Family Planning and Reproductive Choice*, opposes "limits and restrictions on adolescents' access to confidential reproductive health services, including contraceptive and abortion services, and the imposition of parental notification and consent procedures." *Social Work Speaks* 129, 134.

The Society for Adolescent Health and Medicine ("SAHM") is a multidisciplinary organization composed of health care professionals who have dedicated their lives to the care of adolescents. SAHM is committed to improving the physical and psychosocial health and well-being of all adolescents. SAHM works to promote public and professional awareness of the health-related needs of adolescents and supports confidential access to quality health care, including reproductive health services, for all adolescents.

The American Psychiatric Association, with more than 36,000 members, is the Nation's leading organization of physicians who specialize in psychiatry. The American Psychiatric Association opposes constitutional amendments, legislation, and regulations that impede the provision of family planning and abortion services to any segment of the

population. The American Psychiatric Association has reaffirmed its long-held position that the freedom to interrupt pregnancy must be considered a mental health imperative with major social and mental health implications.

INTRODUCTION

Contrary to the assertions made by the superior court, the delay caused by compliance with Alaska's Parental Notification Law ("PNL"), AS §§ 18.16.010 *et seq.*, poses much more than a minimal risk to a minor's health. Although abortion is among the safest of medical procedures, particularly as compared to the alternative of carrying a pregnancy to term, the risks associated with abortion increase as the pregnancy progresses. Assuming mandated parental involvement does not preclude a minor from seeking help entirely, she may take days or weeks longer to effectuate the required notification or navigate the mandated judicial alternative, potentially exposing her to a less safe and more complex procedure than had she been able to obtain an abortion without delay.

The superior court also makes the unwarranted determination that minors who elect to seek abortions are on different footing from minors who carry their pregnancies to term. But the same concerns that first motivated Alaska to enact its medical emancipation law—that minors might avoid or delay obtaining needed reproductive health services if forced to confront their parents first—apply with equal force to minors seeking an abortion. Indeed, as the superior court itself acknowledged no evidence to support the conclusion that a minor is too immature to decide whether to abort, yet

mature enough to assume the risks and responsibilities of carrying a pregnancy to term and becoming a teenage parent. No justification exists for treating these two groups of minors differently.

The superior court also sought to justify Alaska's PNL on grounds that it would increase family cohesiveness. Research belies this claim. Studies have demonstrated that even in the absence of parental notice laws, a majority of minors consult with their parents or another trusted adult regarding their abortion decision. But those minors who do not consult with their parents typically have good reason for choosing not to do so, as they fear they will be subjected to physical abuse or forced to leave the family home. For these minors, parental notification laws pose real danger.

ARGUMENT

I. THE SUPERIOR COURT CORRECTLY FOUND THAT ABORTION IS SAFER FOR MINORS THAN CARRYING A PREGNANCY TO TERM AND DOES NOT DETRIMENTALLY AFFECT MENTAL HEALTH

As recognized by the superior court, abortion is one of the safest medical procedures available today, particularly as compared to the alternative of carrying a pregnancy to term.[1] Consistent with the great weight of scientific evidence, the superior

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[1] *See* Superior Court Decision & Order ("Order") 7 ("Induced abortions are very safe in the United States.") & 7-8 (observing that while "[d]elivery mortality rates are also miniscule compared to most other surgical mortality rates," complications resulting from pregnancy "are significantly more varied and health-threatening than abortion-related ones"); *see also* Bartlett et al., *Risk Factors for Legal Induced Abortion-Related Mortality in the United States*, 103 Obstet. & Gynecol. 729, 736 (2004) ("Legal induced abortion-related deaths occur only rarely."); Grimes & Creinin, *Induced Abortion: An*

court further found that there is no causal link between abortion and an increased risk of psychological harm.[2] The superior court nevertheless seems to rely on these findings to justify its erroneous conclusion that the risks associated with delaying an abortion to comply with Alaska's PNL are minimal. They are not. Not only do the risks associated with abortion rise quickly with delay, but requiring parental notification may deter minors from seeking needed reproductive health services at all.

A. The Physical Risks Of Abortion Are Less Than The Risks Of Carrying A Pregnancy To Term

The superior court correctly recognized that induced abortion is not only one of the *least* risky procedures in modern medicine, but, as well-accepted statistics show, abortion is far safer than its only alternative of carrying a pregnancy to term.[3] The mortality rate for all abortions is between 0.6-0.7 per 100,000 procedures, whereas the mortality rate for full-term pregnancy is 7.1 per 100,000 births.[4] The mortality rate for adolescents who give birth is even higher, at twice that of adult women.[5]

Overview for Internists, 149 Annals Internal Med. 620, 623 (2004) ("Abortion is one of the safest procedures in contemporary practice.").

[2] *See* Order 9 ("[A]bortion does not detrimentally affect mental health.").

[3] *See id.* at 7 ("The safest obstetrical delivery is 20 times more hazardous than a first-trimester abortion or 15 times more hazardous than a second trimester one."); *see also* Raymond & Grimes, *The Comparative Safety of Legal Induced Abortion and Childbirth in the United States*, 119 Obstet. & Gynecol. 215, 215, 217 (2012); Darney Trial Test., 57, Feb. 13, 2012.

[4] Raymond & Grimes, 119 Obstet. & Gynecol. at 215; Bartlett et al., 103 Obstet. & Gynecol. at 734; Darney Trial Test., 51-52.

[5] Klein et al., *Adolescent Pregnancy: Current Trends and Issues*, 116 Pediatrics 281, 283 (2005); *see also* Darney Trial Test., 57-58.

Indeed, every complication is more common among women carrying a pregnancy to term than among those having abortions.[6] As the superior court correctly found, complications from abortion "are relatively rare and generally resolved by an obvious, immediate medical response" before the patient even leaves the clinic.[7] Hospitalization due to an abortion is "vanishingly rare."[8] By comparison, as many as one in eight women are hospitalized for complications related to pregnancy apart from childbirth, including hemorrhage, infection, pre-eclampsia and eclampsia (conditions caused by a rapid rise in blood pressure), and worsening of preexisting medical conditions (*e.g.*, diabetes, asthma and other lung conditions, heart disease, lupus, and some cancers).[9] Notably, these pregnancy-related risks are appreciably higher in adolescents than in adult women.[10] With respect to childbirth itself, vaginal delivery presents the additional risks of hemorrhage, infection, and laceration of the cervix.[11] As observed by the superior court, "[t]he risks of vaginal delivery are considerably greater for adolescents than for women with fully developed bodies, including the risk of an obstetrical fistula."[12] And should a

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6 Raymond & Grimes, 119 Obstet. & Gynecol. at 216-217.

7 Order 7, 17.

8 *Id.* at 8.

9 Darney Trial Test., 60-61; Order 8 ("Hospitalizations during pregnancy occur 15 percent of the time, but are vanishingly rare for abortions."); Wallis et al., *Secular Trends in the Rates of Preeclampsia, Eclampsia, and Gestational Hypertension, United States, 1987-2004*, 21 Am. J. Hypertension 521, 523-524 (2008).

10 Order 8; Wallis et al., 21 Am. J. Hypertension at 523-524.

11 *See* Darney Trial Test., 68.

12 Order 8.

woman deliver via Caesarean section, a result that is more likely among adolescent women (for which Alaska law does not require any parental involvement[13]), she faces the potential of injury to her surrounding organs (*e.g.*, bladder and bowel), hemorrhage, infection, as well as those risks associated with receiving anesthesia to undergo this major invasive surgical operation.[14]

Given these facts, the State's attempts to justify Alaska's PNL on maternal health grounds are neither credible nor persuasive. First, the State's experts made much of the fact that abortion, like any medical or surgical procedure, carries some health risks.[15] However, as discussed *supra*, the lower *comparative* risk of induced abortion versus carrying a pregnancy to term reveals the fallacy of using this argument to justify a restriction only on abortion. Second, the State's experts pointed to studies indicating a purported link between abortion and the risk of pre-term birth in subsequent pregnancies, stressing the attendant risks to the woman.[16] But this argument is equally misleading, because it similarly fails to acknowledge that adolescents are far more likely to deliver pre-term than are adults, making pre-term birth a serious risk for minors *carrying a*

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13 *See* AS § 25.20.025(a)(4).

14 *See* Darney Trial Test., 69-71.

15 *See, e.g.*, Thorp Trial Test., 1619-1621, Feb. 27, 2012; Anderson Trial Test., 1682-1689, Feb. 27, 2012.

16 Thorp Trial Test., 1620-1621.

pregnancy to term.[17] It is irrational to require parental notice of abortion in the name of protecting minors from pre-term birth in subsequent pregnancies when Alaska does not require parental notice for minors to carry a pregnancy to term, which is at least as likely to result in a pre-term birth. Finally, the State's experts' erstwhile attempts to link abortion with breast cancer—a contention the State itself appears to have abandoned and did not even attempt to introduce such evidence at trial—are similarly unavailing. Exhaustive research by leading medical organizations in cancer research has determined conclusively that there is no link between abortion and breast cancer, either in minors or in adult women.[18]

B. Abortion Does Not Cause Psychological Harm To Minors

The weight of existing scientific evidence also shows that there is no causal connection between abortion and increased risk of psychological harm. Consistent with

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17 *See* Meis et al., *Factors Associated with Preterm Birth in Cardiff, Wales*, 173 Am. J. Obstet. & Gynecol. 597 (1995).

18 ACOG Committee Opinion No. 434, *Induced Abortion and Breast Cancer Risk* (June 2009, reaffirmed 2011), *available at* http://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_On_Gynecologic_Practice/Induced_Abortion_and_Breast_Cancer_Risk.aspx (citing, *inter alia*, Beral et al., *Breast Cancer and Abortion: Collaborative Reanalysis of Data from 53 Epidemiological Studies, Including 83,000 Women With Breast Cancer From 16 Countries*, 363 The Lancet 1007, 1014 (2004) ("Hence, the totality of the worldwide epidemiological evidence indicates that pregnancies ending as either spontaneous or induced abortions do not have adverse effects on women's subsequent risk of developing breast cancer."); National Cancer Institute, *Summary Report: Early Reproductive Events and Breast Cancer Workshop* (2010), *available at* http://www.cancer.gov/cancertopics/ ere-workshop-report ("Induced abortion is not associated with an increase in breast cancer risk.")).

the mainstream scientific consensus, the superior court correctly found that "abortion does not detrimentally affect mental health."[19] Rather, the best predictor for a woman's mental health following an abortion is her mental health preceding it.[20] As Dr. Nada Stotland explained at trial, the American Psychological Association ("APA") has conducted a comprehensive and critical review of the scientific literature relating to psychological responses after abortion and concluded that abortion does not pose a psychological hazard to the vast majority of women.[21] In medicine and science, there is a basic, fundamental distinction between correlation and causation: Just because there is a correlation between two variables does not mean that there is a causal association.[22] Consistent with this distinction, the report of the APA's Task Force on Mental Health and Abortion found that while "some women do experience sadness, grief, and feelings of loss following termination of a pregnancy, and some experience clinically significant disorders," the evidence does *not* show "that an observed association between abortion history and mental health was caused by the abortion per se, as opposed to other factors," such as, for example, poverty.[23] The APA Task Force further found that "[t]he best

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19 Order 9.

20 Stotland Trial Test., 463, Feb. 15, 2012; *see also* Order 9.

21 Stotland Trial Test., 467-470; *see also* Major et al., *Report of the APA Task Force on Mental Health and Abortion* 90-91(2008), *available at* http://www.apa.org/pi/women/programs/abortion/mental-health.pdf ("APA Task Force Report").

22 APA Task Force Report 19.

23 APA Task Force Report 4, 19 (emphasis added); *see also* Munk-Olsen et al., *First-Time First Trimester Induced Abortion and Risk of Readmission to a Psychiatric Hospital*

scientific evidence published indicates that among adult women who have an *unplanned pregnancy* the relative risk of mental health problems is no greater if they have a single elective first-trimester abortion than if they deliver that pregnancy."[24]

Subsequent reviews of available evidence have reached conclusions nearly identical to the APA.[25] Indeed, in its 2011 comprehensive review of the scientific evidence, the Academy of Royal Medical Colleges concluded that the "rates of mental health problems for women with an unwanted pregnancy were the same whether they had

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in Women With a History of Treated Mental Disorders, 69 Arch. Gen. Psychiatry No. 159, 164 (Feb. 2012) (finding that "first-time first-trimester induced abortion does not influence the risk of readmission to psychiatric facilities" in study population that included "potentially vulnerable women with records of at least 1 previous psychiatric admission" and "[r]isk of rehospitalization was [instead] significantly predicted by the number of days since previous discharge").

[24] APA Task Force Report 4.

[25] *See, e.g.*, Steinberg & Finer, *Examining the Association of Abortion History and Current Mental Health: A Reanalysis of the National Comorbidity Survey Using a Common-Risk-Factors Model*, 72 Soc. Sci. & Med. 1, 9 (2010) (finding that "pre-pregnancy mental health should be taken into account because it is a risk factor for having both subsequent abortions and later mental health problems" and study "suggest[s] that focusing on abortion as the cause of mental health problems is not warranted"); Robinson et al., *Is There an "Abortion Trauma Syndrome"? Critiquing the Evidence*, 17 Harv. Rev. Psychiatry 268, 276 (2009) ("The most well controlled studies continue to demonstrate that there is no convincing evidence that induced abortion of an unwanted pregnancy is per se a significant risk factor for psychiatric illness."); Charles et al., *Abortion and Long-Term Mental Health Outcomes: A Systematic Review of the Evidence*, 78 Contraception 436, 448-449 (2008) ("A clear trend emerges from this systematic review: the highest quality studies had findings that were mostly neutral, suggesting few, if any, differences between aborters and their respective comparison groups in terms of mental health sequelae. Conversely, studies with the most flawed methodology consistently found negative mental health sequelae of abortion.").