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Introduction

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Induced abortion (IA) is one of the most common gynecological procedures performed on women but the impact of IAs on women’s subsequent childbearing has not yet been properly studied. Most IAs were surgical (88%) performed before 12 weeks (91%) and carried out for social reasons (97%). After adjustment, perinatal deaths and very preterm birth (≤32 weeks, <2500 g) were seen only among mothers with three or more IAs: 1.35 (1.07–1.71), 1.43 (1.12–1.84) and 1.65 (1.27–2.13), respectively. In terms of public health and practical implications, health education should contain information of the potential health hazards of repeat IAs, including very preterm birth and low birthweight in subsequent pregnancies.

Key words: induced abortion / termination of pregnancy / birth outcomes / prematurity / low birthweight / register study

In a country with good health care quality, a positive association between IA and risk of preterm birth or a dose–response effect has been found. Prior IAs, particularly repeat IAs, are correlated with an increased risk of some health problems at first birth; even in some previous studies. Limited information and conflicting results on other infant outcomes are available.

Competing interests.

National Institute for Health and Welfare and the Academy of Finland. No study funding/competing interest(s):

Main results and the role of chance: Observational studies like ours, however large and well-controlled, will not prove what is known already: a nationwide register-based study of first births in Finland. Medical Birth Register) in the period 1996–2008 (Statistical Finland). In a country with good health care quality, a positive association between IA and risk of preterm birth or a dose–response effect has been found. Prior IAs, particularly repeat IAs, are correlated with an increased risk of some health problems at first birth; even in some previous studies. Limited information and conflicting results on other infant outcomes are available.

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