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United States Senate  
Committee on the Judiciary

Hearing  
“Late-Term Abortion: Protecting Babies Born Alive and Capable of Feeling Pain”

Responses to questions posed by Senators Vitter and Klobuchar  
April 6, 2016  
Washington, DC

Dear Chairman Grassley:

I am writing to provide responses to the questions posed by Senators Vitter and Klobuchar.

***From Senator Vitter:***

*Dr. Foster, in your opening statement, you talked briefly about the Turnaway Study and the 20 years of research you have done on the impact of abortion on women’s lives. At one point you point out the obvious, that though women have mixed reactions following an abortion, some of these emotions include sadness, guilt, and regret. You later mentioned that one of the most frequently cited reasons for wanting an abortion is financial, not for reasons of fetal anomaly or life endangerment.*

- 1. Do you know if any of these women were ever counseled on alternatives to abortion, such as adoption?*
- 2. Certainly giving a baby up for adoption is a viable option to escape the financial burden of raising the child rather than ending its life. Do you think if more women truly were counseled to consider adoption, they might be less likely to seek an abortion first?*

Most abortion clinics counsel women about the option of adoption. Among the 30 abortion facilities which recruited women for the Turnaway Study, nearly all (96%) reported that their facility staff gives patients referrals to adoption agencies that offer open adoption. However, they also report that very few women are interested in this option.<sup>1</sup> Most women (87%) presenting for abortion care in clinics have already considered their options and are firmly decided that abortion is the best choice for them.<sup>2</sup> A Midwestern clinic uses a questionnaire as a part of routine counseling that explicitly asks women about whether they “want to put the baby up for adoption instead of an abortion.” Among over 5,000 women seeking abortion\* in this facility, 99% answered “False” to this question, 1% reported “Kind of” and none answered “True.”

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\* In 2% of cases, the woman changed her mind and left the clinic or, demonstrating ambivalence about the decision, was sent home by the counselor for further reflection and did not return.

Why do women who experience unwanted pregnancies choose abortion over adoption? The many reasons include desire to stop being pregnant as soon as possible, concern about the physical risks from carrying the pregnancy to term, need for privacy, and most commonly, the certainty that if she carried the pregnancy to term and gave birth, she would not be able to give the child up. This is how a few women in the Turnaway Study explain their decision:

“I did think about [adoption], but at the same time carrying the baby to term would have meant having to tell my parents that I was pregnant. So, that wasn't - that wasn't an option for me. Like it was just like I can't - I can't tell my parents, so I just won't have this baby.” – a 22 year old woman from North Dakota

“We went through the whole maybe we should give the baby up for adoption. I can't - I couldn't do it. There's no way that I would be able to carry a baby that long and then give it away knowing that I have two other children at home. I just - and then have that kid maybe come back one day and say, you know, ‘why didn't you want to take care of me?’ I couldn't do it.” – a 27 year old woman from New Jersey

“I don't think adoption ever crossed my mind. I couldn't imagine having one of my children out there. It was either I was going to take it or I couldn't have it.” – a 23 year old woman from North Dakota

In your question, you note that some women report negative emotions in response to having an abortion.<sup>†</sup> Similar to women who have abortions, women who relinquish a baby for adoption frequently experience mixed emotions about it years later. Research conducted by sociologist Gretchen Sisson, has shown that sadness, guilt, and regret are quite common among women after they place children for adoption— about 85% of birth mothers experience these emotions.<sup>3</sup> Other research has confirmed that adoption is not an easy choice for women.<sup>4,5,6</sup> The women who are happiest with their adoption decisions, and the least likely to experience regret, are the ones for whom abortion was a fully considered and accessible option. Removing abortion as an option so that more women place children for adoption would not improve the emotional wellbeing of women.

Among women who were denied the option of abortion (because they are too far along in pregnancy), few choose to place the child for adoption. Out of 161 women who were turned away from abortion care in my study, only 15 (9%) decided to place the child for adoption. The remainder (91%) decided to parent the child. So even when getting an abortion is not possible, women still do not choose adoption. Most prefer to parent, even under difficult circumstances, rather than place their child for adoption.

*As you know, the federal ban on partial-birth abortions was put in place in 2003, and prohibits physicians from performing a partial-birth abortion except when it is necessary to save the life of a mother whose life is endangered by a physical disorder, physical illness, or physical injury, including a life-endangering physical conditions caused by or arising from the pregnancy itself. Typically, this type of abortion would have taken place after 20 weeks gestation, the point at which scientific evidence supports the belief that a fetus responds to painful stimuli.*

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<sup>†</sup> Women are significantly more likely to report positive emotions than negative ones after abortion. As I reported in my testimony, 95% of women report that abortion is the right decision for them.

1. *Do you agree or disagree that the ban on partial-birth abortions should remain in place?*

The question about how to best perform an abortion seems to me to be a medical question. I defer to clinical experts in abortion care on the health and safety impacts of this abortion procedure ban.

***From Senator Klobuchar:***

*In your study “Who Seeks Abortions at or After 20 Weeks?,” published in 2013, you asked women why they were seeking abortions.*

1. *What were some of the reasons for seeking an abortion that you heard from the women participating in your study? What factors motivated women's choices in this area?*
2. *As part of the study, you also followed up with the women who sought abortions years later. What did you learn from these results?*

Women give a range of reasons for seeking abortion; many have more than one reason. At their first interview, a week after seeking abortion care, we asked all women about their reasons for wanting to end their pregnancies. Here are some of the reasons they gave:

- 40% of women cited financial reasons, such as being unemployed or not wanting to be on public assistance as a reason for wanting to terminate. For example, one 42 year old woman from the Dakotas told us, “[it was] all financial, me not having a job, living off death benefits, dealing with my 14 year old son. I didn't have money to buy a baby spoon.”
- More than a third of women said that the pregnancy came at the wrong time. A 19 year old participant from New York told us, “[I] didn't have time to go to the doctor to make sure everything is OK like I wanted to. So busy with school and work I felt [having an abortion] would be the right thing to do until I really have time to have [a baby].”
- Nearly a third of women cited the man involved in the pregnancy as the reason for wanting an abortion. Women were concerned about bringing a baby into an already poor, or in some cases abusive, relationship and women expressed the desire to be in stable relationships and/or married before having a child. As one 24 year old woman from California eloquently told us, “It is very, very difficult to find a job when you're pregnant, to keep a job when you're pregnant, and to find or maintain a job with a baby especially if your partner ...doesn't want to help. So ... domestic violence skyrockets because you're ... financially dependent on your partner because you have to be home with the kid ... Where you're like, oh no ... I can't be homeless with this kid ... I need him for money type of thing, ... Pregnancy is an incredibly scary thing especially if you cannot trust the person you're with.”
- Over a quarter of women wanted to terminate this pregnancy in order to adequately care for their existing children. Said one California mother, “I already have 5 kids; their quality of life would go down if I had another.”

Other reasons women gave included that the pregnancy would interfere with their educational or vocational plans, concerns for their own health, and wanting a better life for the baby than they could provide. Women also mentioned that being too young and advice from friends and family influenced their decision to seek abortion.

In response to your second question about the effects of abortion or carrying to term on women's lives years later, the Turnaway Study shows that women's concerns described above – not having enough money to care for a child, not being able to adequately care for their other children, and not being able to extricate themselves from difficult, or even dangerous, relationships – are born out in the experiences of women unable to get an abortion. For example, women who have abortions experience decreasing violence from the man involved in the pregnancy while women who carry unwanted pregnancies to term continue to be exposed to violence.<sup>7</sup> Similarly, women's fears about their ability to support themselves and their children also play out in the data. Women who carry to term are more likely to live in poverty, as are their children. While we see no negative effects on life trajectories for women who have abortions, women who carry an unintended pregnancy to term, as well as their children, are, on multiple measures, worse off.

Women are thoughtful in their reasons for seeking abortion care and they are correct about the effects of carrying a pregnancy to term will have on their wellbeing and that of their children. I am attaching a bibliography of our Turnaway Study publications to date.

Sincerely,



Diana Greene Foster, PhD.  
Director of Research, ANSIRH  
Professor, Department of Obstetrics, Gynecology and Reproductive Sciences  
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This letter contains a summary of my professional research findings. I sign this letter in my personal and individual capacity, and not as a representative of UCSF or the Regents of the University of California. Any statements herein do not necessarily represent the opinions or positions of the University of California.

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## REFERENCES

- <sup>1</sup> Gould H, Perrucci A, Barar R, Sinkford D, Foster DG. Patient education and emotional support practices in abortion care facilities in the United States. *Women's Health Issues*. 2012 Jul; 22(4):e359-64.
- <sup>2</sup> Foster DG, Gould H, Taylor J, Weitz TA. Attitudes and decision making among women seeking abortions at one U.S. Clinic. *Perspect Sex Reprod Health*. 2012 Jun; 44(2):117-24.
- <sup>3</sup> Sisson, G. (2015). "Choosing life: birth mothers on abortion and reproductive choice." *Women's Health Issues*.
- <sup>4</sup> Brodzinsky and Smith. (2014) "Post-placement adjustment and the needs of birthmothers who place an infant for adoption" *Adoption Quarterly* 17(3).
- <sup>5</sup> Henney, et al. (2007) "Evolution and resolution: Birthmothers' experience of grief and loss at different levels of adoption openness." *Journal of Social and Personal Relationships* 24(6).
- <sup>6</sup> Christian, et al. (1997) "Grief resolution of birthmothers in confidential, time-limited mediated, ongoing mediated, and fully disclosed adoptions." *Adoption Quarterly* 1(2).
- <sup>7</sup> Roberts SCM, Biggs MA, Chibber KS, Gould H, Rocca CH, Foster DG. Risk of Violence from the Man Involved in the Pregnancy after Receiving or Being Denied an Abortion. *BMC Medicine* September 2014.

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## Introduction to the Turnaway Study

### Introduction

The Turnaway Study is ANSIRH's prospective longitudinal study examining the effects of unintended pregnancy on women's lives. The major aim of the study is to describe the mental health, physical health, and socioeconomic consequences of receiving an abortion compared to carrying an unwanted pregnancy to term.

From 2008 to 2010, we collaborated with 30 abortion facilities around the country—from Maine to Washington, Texas to Minnesota—to recruit nearly 1,000 women who sought abortions, some who received abortions because they presented for care under the gestational limit of the clinic and some who were “turned away” and carried to term because they were past the facility's gestational limit.

We interviewed participants by phone every six months over a period of five years. We conducted nearly 8,000 interviews over the course of the study, and the stories that women shared with us about their lives are fascinating. We will continue to document their experiences in articles and other publications for the next several years.

The Turnaway Study is an effort to capture women's stories, understand the role of abortion and childbearing in their lives, and contribute scientific data to the ongoing public policy debate on the mental health and life-course consequences of abortion and unwanted childbearing for women and families.

### Turnaway Study annotated bibliography

- Biggs MA, Gould H, Foster DG. Understanding why women seek abortions in the US. *BMC Women's Health* (2013) Jul; 13(29).
  - Roberts SC, Avalos LA, Sinkford D, Foster DG. Alcohol, tobacco and drug use as reasons for abortion. *Alcohol and Alcoholism* (2012) Nov; 47(6):640-8.
  - Chibber KS, Biggs MA, Roberts SCM, Foster DG. The role of intimate partners in women's reasons for seeking abortion. *Women's Health Issues* (2014) Jan-Feb; 24(1):e131–e138.
  - Roberts, S. C., S. C. Wilsnack, et al. Alcohol use before and during unwanted pregnancy. *Alcoholism, Clinical and Experimental Research* (2014) Nov; 38(11): 2844-2852.
- [Present some of the reasons why women seek abortion.](#)
- Upadhyay UD, Weitz TA, Jones RK, Barar RE, Foster DG. Denial of abortion because of provider gestational age limits in the United States. *American Journal of Public Health* (2014) Sept; 104(9): 1687-1694.
  - Foster DG, Dobkin LM, Upadhyay UD. Denial of abortion care due to gestational age limits. *Contraception* (2013) Jan; 87(1):3-5.
- [Provide our estimate that even before most 20-week bans were implemented, more than 4,000 women were denied wanted abortions due to gestational limits.](#)
- Foster DG, Kimport K. Who seeks abortions at or after 20 weeks? *Perspectives on Sexual and Reproductive Health* (2013) Dec; 45(4):210-8.
- [Examines the predictors of seeking later abortions and the stories of women who sought them.](#)
- Dobkin L, Gould H, Barar R, Weiss E, Foster DG. Implementing a prospective study of women seeking abortion in the United States: The challenges of recruitment prior to informed consent. *Women's Health Issues* (2014) Jan-Feb; 24(1): e115–e123.
- [Provides a description of our study recruitment.](#)
- Gould H, Perrucci A, Barar R, Sinkford D, Foster DG. Patient education and emotional support practices in abortion care facilities in the United States. *Women's Health Issues*. (2012) Jul-Aug; 22(4):e359-e364.
  - Gould H, Foster DG, Perrucci AC, Barar RE, Roberts SC. Predictors of abortion counseling receipt and helpfulness in the United States. *Women's Health Issues* (2013) Jul-Aug; 23(4):e249-e255.
- [Describes what counseling occurs in abortion clinics; shows that most women don't feel pressured and that they find counseling less helpful when it is state mandated.](#)

11. Foster DG, Kimport K, Gould H, Roberts SC, Weitz TA. Effect of abortion protesters on women's emotional response to abortion. *Contraception* (2013) Jan; 87(1):81-7.

Describes women's exposure to protesters and shows that the more contact, the more upsetting the protesters are. But also shows that protesters don't change how women feel about their abortions.

12. Roberts SCM, Gould H, Kimport K, Weitz TA, Foster DG. Out-of-pocket costs and insurance coverage for abortion in the United States. *Women's Health Issues* (2014) Mar-Apr; 24(2):e211-e218.

Demonstrates the burden women face trying to raise money to pay for an abortion and that women who did not have access to public or private insurance coverage were delayed due to raising money for the abortion.

13. Kimport K, Weitz TA, Foster DG. Beyond Political Claims: Women's interest in and emotional response to viewing their ultrasound image in abortion care. *Perspectives on Sexual and Reproductive Health* (2014) Dec; 46(4):185-191.

Describes who chooses to view their ultrasounds and women's emotional responses to viewing, which are not all negative, and some are even positive.

14. Roberts SC, Rocca CH, Foster DG. Receiving versus being denied an abortion and subsequent drug use. *Drug and Alcohol Dependence* (2014) Jan; 134: 63-70.

15. Roberts SCM, Foster DG. Receiving versus being denied an abortion and subsequent tobacco use. *Maternal and Child Health Journal* (2015) Mar, 19(3):438-446.

16. Roberts SCM, Delucchi K, Wilsnack S, Foster DGF. Receiving versus being denied a pregnancy termination and subsequent alcohol use: A longitudinal study. *Alcohol and Alcoholism* (2015) Jul; 50(4): 477-484.

Show the effect of receiving or being denied a wanted abortion on drug and tobacco use. Having an abortion does not lead women to increase their drug and tobacco use. Some women who carry unwanted pregnancies to term have difficulty reducing drug and tobacco use.

17. Biggs MA, Rowland B, McCulloch CE, Foster DG. Does abortion increase women's risk for post-traumatic stress? Findings from a prospective longitudinal cohort study. *BMJ Open* (2016) Feb; 6(2): e009698.

18. Biggs MA, Neuhaus J, Foster DG. Mental health diagnoses 3 years after receiving or being denied an abortion in the United States. *American Journal of Public Health*. (2015) Dec; 105(12): 2557-63.

19. Rocca CH, Kimport k, Roberts SCM, Gould H, Neuhaus J, Foster DG. Decision rightness and emotional responses to abortion in the United States: a longitudinal study. *PLOS ONE* (2015) Jul 8; 10(7): e0128832.

20. Foster DG, Roberts S, Steinberg J, Neuhaus J, Biggs MA. A comparison of depression and anxiety symptom trajectories between women who had an abortion and women denied one. *Psychological Medicine* (2015) Jul; 45(10):2073-2082.

21. Biggs MA, Upadhyay UD, Steinberg JR, Foster DG. Does abortion reduce self-esteem and life satisfaction? *Quality of Life Research* (2014) Nov; 23(9):2505-13.

22. Harris F Laura, Roberts CM Sarah, Biggs Antonia M, Rocca H Corinne, Foster DG. Perceived stress and emotional social support among women who are denied or receive abortions in the United States: a prospective cohort study. *BMC Women's Health* (2014) Jun; 14:76.

23. Rocca C, Kimport K, Gould H, Foster DG. Women's emotions one week after receiving or being denied an abortion in the United States. *Perspectives on Sexual and Reproductive Health* (2013) Sept; 45(3): 122-131.

24. Upadhyay U, Biggs MA, Foster DG. The effect of abortion on having and achieving aspirational one-year plans. *BMC Women's Health* (2015) Nov 11; 15:102.

Describe the effect of receiving or being denied an abortion on mental health, self-esteem, life satisfaction, stress, social support, emotions, and life plans. For anxiety, self-esteem, life satisfaction, and emotions, women denied wanted abortions initially have worse outcomes.

Over time, there are not major differences in self-esteem, life satisfaction, stress, or social support. Women experience a mix of positive and negative emotions after an abortion, with relief predominating, and all emotions diminishing in intensity over time. Women who had abortions were not more likely to report PTSD, and 95% of them felt abortion was the right decision. Women who receive abortions have six times higher odds of having positive life plans and are more likely to achieve them.

25. Mauldon J, Foster DG, Roberts SCM. Effect of abortion vs. carrying to term on a woman's relationship with the man involved in the pregnancy. *Perspectives on Sexual and Reproductive Health* (2015) Mar; 47(1):11-18.

26. Roberts SCM, Biggs MA, Chibber KS, Gould H, Rocca CH, Foster DG. Risk of violence from the man involved in the pregnancy after receiving or being denied an abortion. *BMC Medicine* (2014) Sept; 12:144.

Show that carrying a pregnancy to term slows the dissolution of romantic relationships with the man involved, but by two years, there is no difference in romantic relationships between those who had the abortion and those who carried the pregnancy to term. For women who carry to term, ongoing contact with the man involved results in continued exposure to violence.