

PMA, Contraception and Abortion: the risks to women's health

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Safeguarding human life



"And here there is a very beautiful trace of the Christian vocation: to safeguard. To safeguard life, to safeguard human development, to safeguard the human mind, to safeguard the human heart, to safeguard human work".

(Francesco, General Audience, 16 February 2022)

"Among the vulnerable for whom the Church wishes to care with particular love and concern are unborn children, the most defenceless and innocent among us. Nowadays efforts are made to deny them their human dignity and to do with them whatever one pleases, taking their lives and passing laws preventing anyone from standing in the way of this".

(Francesco, Evangelii Gaudium, 24 Novemer 2013, 213)

Taking care [....] of unborn children

PMA and nascent life

- ▼ The production of embryos
- ✓ The selection of embryos
- The pre-implantation genetic screening
- ▼ The cryopreservation of embryos
- ✓ Embryos "supernumerary"

PMA, life and health of the unborn child

- ✓ Multiple pregnancies
- ✓ Miscarriage
- ✓ Prematurity
- ✓ Low birth weight
- ✓ Macrosomy
- ✓ Increased malformative pathology

Procuredabortion

- Surgical abortion
- Chemical abortion
- Antinidators



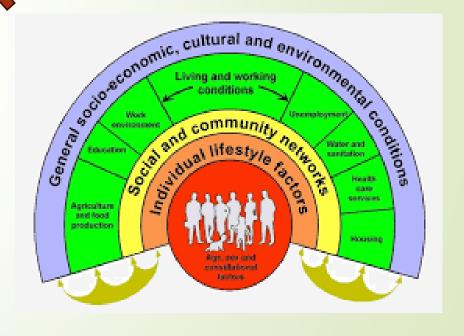
The risk to women's life and health

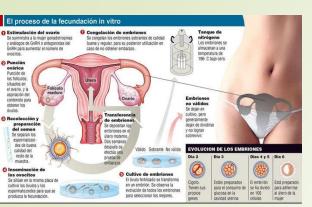
- If an act does not in itself safeguard human life, the presence/absence of risk does not change the situation
- Knowledge of the risks to one's life/health can, however, help women to make discernment about their choices and call to responsibility those who could otherwise direct their choices and support them in difficulties
 - ✓ The duty to inform
 - ✓ The right to be informed
 - ✓ The duty to get informed

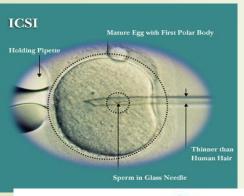




Women's health







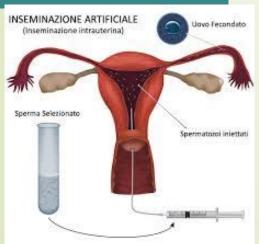


Tabla 1. Estadiaje⁷

Grado	Síntomas
SHO leve Grado I	Distensión abdominal Dolor abdominal leve Tamaño ovárico habitualmente menor de 8 cm.*
SHO moderado Grado II	Dolor abdominal moderado Náuseas, vómitos y/o diarrea Evidencia ecográfica de ascitis Tamaño ovárico habitualmente de 8-12 cm.*
SHO grave Grado III	Ascitis clínica, frecuentemente con hidrotórax Oliguria con aumento de la creatinina Hemoconcentración (Hto. > 45% o incremento de > 30%, respecto al valor previo) Hiponatremia Trastornos de la coagulación Trastornos de la función hepática (apreciables en el 25-40% de los casos) Tamaño ovárico habitualmente mayor de 12 cm.*
SHO crítico	Ascitis a tensión o hidrotórax severo Hematocrito >55% Leucocitosis > 25.000/ml Fallo renal. Creatinina >1,6mg/dl. Accidente tromboembólico Síndrome de distress respiratorio del adulto

^{*} El tamaño ovárico puede no estar relacionado con la severidad del SHO en los casos de reproducción asistida debido al efecto de la aspiración folicular.

The risks of PMA_1





A case of forearm amputation after ovarian stimulation for in vitro fertilizationembryo transfer. Fertility and Sterility 2001, 76 (1): 198-200

OBJECTIVE: To report a case of forearm amputation after ovarian stimulation for IVF-ET.

DESIGN: Case report.

SETTING: A university hospital.

PATIENT(S): A 41-year-old woman, who had coagulation disorder as a result of an ovarian hyperstimulation syndrome (OHSS) for IVF-ET.

INTERVENTION(S): Retrospective evaluation of angiographic studies and surgical treatment.

MAIN OUTCOME MEASURE(S): Medical follow-up after forearm amputation due to OHSS.

RESULT(S): The patient underwent many cycles of IVF-ET with administration of purified FSH (75 IU 10 times per day, for 12 days) and chorionic gonadotropin (5,000 IU). The patient had a coagulation disorder as a result of OHSS, with thrombosis of the axillary vein, recurring after thromboarterectomy and leading to the paradoxical result of the amputation of an arm.

CONCLUSION(S): An ethical evaluation of this case is mandatory, since the desire for pregnancy, the role of medical science, health, and human life itself are all factors involved.

The risks of PMA_2

- Multiple pregnancies with increased risk of:
 - Preeclampsia
 - Gestational diabetes
 - Hyperemesis
 - Anemia
 - Partum by cesarean section
 - Postpartum hemorrhage
 - Hysterectomy
- ectopic pregnancy
- Miscarriage
- Possible increased risk of breast cancer for more than two decades after childbirth (family history of breast cancer, older age at first birth, multiparity).



- * placental tissue retention
- * uterine perforations
- * metrorragie
- * infections
- * cervical lacerations
- * allergic reaction to anesthetic

Post-abortion syndrome

- ✓ Emotional disorders (anxiety, distress, aggression, etc.)
- ✓ Eating disorders
- ✓ Relational disorders
- ✓ Relational disorders
- ✓ Sleep disorders



The risks of abortion

Chemical abortion

Mifepristone: * bleeding

* infections

* Central Nervous System

disorders

* pain

Misoprostol: * nausea, vomiting, diarrhea

* fever, chills, flushes

* teratogenic effects

The extropogestinal pill

The risks of contraceptives and antinidators

- √ Thromboembolic risk
- ✓ Risk of cervical cancer (>5 years; HPV positive)
- ✓ Risk of breast cancer



The coil or IUD



- ✓ Ectopic pregnancies
- ✓ Pelvic inflammatory disease
- Perforation of the uterus

The 5 days after pill



- ✓ mood disorder
- √ headache, dizziness
- ✓ nausea, abdominal pain
- ✓ myalgia
- ✓ dysmenorrhea, pelvic pain, breast tension
- √ fatigue



The morning-after pill

- ✓ Thromboembolic risk
- ✓ Ectopic pregnancies

- > of risk perception
- > risk representation
- > risk-taking



The factors involved

- Knowledge of risk
- Personal experience
- **L** Circumstances
- Voluntariness in assuming risk
- Socio-cultural representation of risk

The responsibilities "of risk"

Main Message

- Inform
- Form consciences
 - Welcome
 - Accompany

Let us become the voice of their pain, and denounce forcefully the injustices to which they are subjected, often in situations that deprive them of any possibility of defence and redemption. Let us also make space for their activities, which are naturally and potentially sensitive and oriented towards the safeguarding of life in every state, age and condition. (Francesco, Discorso 11 marzo 2023)

END