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Cost consequences of induced abortion as an attributable risk for preterm birth and impact on informed consent.

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OBJECTIVE: To investigate the human and monetary cost consequences of preterm delivery as related to induced abortion (IA), with its impact on informed consent and medical malpractice. **STUDY DESIGN:** A review of the literature in English was performed to assess the effect of IA on preterm delivery rates from 24 to 31 6/7 weeks to assess the risk for preterm birth attributable to IA. After calculating preterm birth risk, the increased initial neonatal hospital costs and cerebral palsy (CP) risks related to IA were calculated. **RESULTS:** IA increased the early preterm delivery rate by 31.5%, with a yearly increase in initial neonatal hospital costs related to IA of > \$1.2 billion. The yearly human cost includes 22,917 excess early preterm births (EPB) (< 32 weeks) and 1096 excess CP cases in very-low-birth-weight newborns, <1500 g. **CONCLUSION:** IA contributes to significantly increased neonatal health costs by causing 31.5% of EPB. Providers of obstetric care and abortion should be aware of the risk of preterm birth attributable to induced abortion, with its significant increase in initial neonatal hospital costs and CP cases.

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