ABORTION

A Medical Dictionary, Bibliography,
and Annotated Research Guide to
Internet References

James N. Parker, M.D.
and Philip M. Parker, Ph.D., Editors
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Acknowledgements

The collective knowledge generated from academic and applied research summarized in various references has been critical in the creation of this book which is best viewed as a comprehensive compilation and collection of information prepared by various official agencies which produce publications on abortion. Books in this series draw from various agencies and institutions associated with the United States Department of Health and Human Services, and in particular, the Office of the Secretary of Health and Human Services (OS), the Administration for Children and Families (ACF), the Administration on Aging (AOA), the Agency for Healthcare Research and Quality (AHRQ), the Agency for Toxic Substances and Disease Registry (ATSDR), the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), the Healthcare Financing Administration (HCFA), the Health Resources and Services Administration (HRSA), the Indian Health Service (IHS), the institutions of the National Institutes of Health (NIH), the Program Support Center (PSC), and the Substance Abuse and Mental Health Services Administration (SAMHSA). In addition to these sources, information gathered from the National Library of Medicine, the United States Patent Office, the European Union, and their related organizations has been invaluable in the creation of this book. Some of the work represented was financially supported by the Research and Development Committee at INSEAD. This support is gratefully acknowledged. Finally, special thanks are owed to Tiffany Freeman for her excellent editorial support.
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FORWARD

In March 2001, the National Institutes of Health issued the following warning: "The number of Web sites offering health-related resources grows every day. Many sites provide valuable information, while others may have information that is unreliable or misleading." Furthermore, because of the rapid increase in Internet-based information, many hours can be wasted searching, selecting, and printing. Since only the smallest fraction of information dealing with abortion is indexed in search engines, such as www.google.com or others, a non-systematic approach to Internet research can be not only time consuming, but also incomplete. This book was created for medical professionals, students, and members of the general public who want to know as much as possible about abortion, using the most advanced research tools available and spending the least amount of time doing so.

In addition to offering a structured and comprehensive bibliography, the pages that follow will tell you where and how to find reliable information covering virtually all topics related to abortion, from the essentials to the most advanced areas of research. Public, academic, government, and peer-reviewed research studies are emphasized. Various abstracts are reproduced to give you some of the latest official information available to date on abortion. Abundant guidance is given on how to obtain free-of-charge primary research results via the Internet. While this book focuses on the field of medicine, when some sources provide access to non-medical information relating to abortion, these are noted in the text.

E-book and electronic versions of this book are fully interactive with each of the Internet sites mentioned (clicking on a hyperlink automatically opens your browser to the site indicated). If you are using the hard copy version of this book, you can access a cited Web site by typing the provided Web address directly into your Internet browser. You may find it useful to refer to synonyms or related terms when accessing these Internet databases. NOTE: At the time of publication, the Web addresses were functional. However, some links may fail due to URL address changes, which is a common occurrence on the Internet.

For readers unfamiliar with the Internet, detailed instructions are offered on how to access electronic resources. For readers unfamiliar with medical terminology, a comprehensive glossary is provided. For readers without access to Internet resources, a directory of medical libraries, that have or can locate references cited here, is given. We hope these resources will prove useful to the widest possible audience seeking information on abortion.

The Editors

1 From the NIH, National Cancer Institute (NCI): http://www.cancer.gov/cancerinfo/ten-things-to-know.
CHAPTER 1. STUDIES ON ABORTION

Overview

In this chapter, we will show you how to locate peer-reviewed references and studies on abortion.

The Combined Health Information Database

The Combined Health Information Database summarizes studies across numerous federal agencies. To limit your investigation to research studies and abortion, you will need to use the advanced search options. First, go to http://chid.nih.gov/index.html. From there, select the “Detailed Search” option (or go directly to that page with the following hyperlink: http://chid.nih.gov/detail/detail.html). The trick in extracting studies is found in the drop boxes at the bottom of the search page where “You may refine your search by.” Select the dates and language you prefer, and the format option “Journal Article.” At the top of the search form, select the number of records you would like to see (we recommend 100) and check the box to display “whole records.” We recommend that you type “abortion” (or synonyms) into the “For these words:” box. Consider using the option “anywhere in record” to make your search as broad as possible. If you want to limit the search to only a particular field, such as the title of the journal, then select this option in the “Search in these fields” drop box. The following is what you can expect from this type of search:

- Selective Abortion for Familial Alzheimer's Disease?
  Summary: This journal article provides a framework for deciding whether to terminate a pregnancy on the basis of prenatal detection of genetic disorders. Familial Alzheimer's disease is used as a model for the analysis of ethical issues related to selective abortion decisions. First, the authors consider general issues of disorder severity that may influence decision making. Severity is discussed in terms of its meaning for the child and for the parents. The impact on health, age at onset of the genetic condition, and the probability that the genes will influence health are explored as three aspects of genetic diseases that may influence parental definitions of severity. Secondly, the authors discuss Familial Alzheimer's disease as an example of a particularly severe condition that may soon become genetically testable. The discussion focuses on consideration of
the late onset of the disease, which may allow decades of unimpaired life before illness occurs. 26 references.

• **Prevention of Spontaneous Abortion in Diabetic Pregnancies**


  Summary: This article discusses research aimed at preventing spontaneous abortion in pregnant women with diabetes. Research shows that very good glycemic control in early pregnancy can reduce the rate of spontaneous abortions and will probably reduce the number of birth defects as well. The author discusses two research studies in detail and includes information about the types of problems associated with diabetes and pregnancy. The researchers maintain that identifying the exact mechanisms of malformation and spontaneous abortion in insulin-dependent women with diabetes will help more of them achieve successful pregnancies and bear healthy children. 6 references.

• **Exposure to Environmental and Mainstream Tobacco Smoke and Risk of Spontaneous Abortion**


  Summary: Researchers examined the risk of spontaneous abortion from environmental tobacco smoke (ETS) exposure in a prospective study of over 5,000 women conducted in California between 1990 and 1991. Women were recruited from a large prepaid health plan when they called to make their first prenatal appointment. Most of the consumption questions on the interview were asked for two time periods: the week before the interview and the week at last menstrual period. This prospective study found little evidence for an association of spontaneous abortion with ETS exposure, except among women who also consumed alcohol or caffeine in moderate to high amounts. The increase in risk noted that active maternal smoking is consistent with previous reports. Women who consume alcohol or caffeine may be more susceptible to further risks from ETS than other women. However, effect modification of alcohol and caffeine on the relation with smoking was not seen clearly in this study. Among nonsmokers, there was little association by hours of ETS exposure at home or work or by paternal smoking. 1 figure, 5 tables, 18 references.

• **Cocaine and Tobacco Use and the Risk of Spontaneous Abortion**


  Summary: Using a case control study, researchers compared drug use during pregnancy among inner city adolescents and women who had spontaneous abortions, and adolescents and women who remained pregnant after 22 weeks' gestation. Most of the participants were black, were receiving public assistance, and had no more than a high school education. The mean duration of gestation at enrollment was about 10 weeks, and approximately three-quarters of the participants were 12 weeks pregnant or less. Those who had spontaneous abortions were less likely to have sought prenatal care and to be living with the father of the child than those who did not have spontaneous abortions. Among those who had spontaneous abortions, 28.9 percent used cocaine on the basis of hair analysis and 34.6 percent smoked on the basis of a urine cotinine assay, as compared with 20.5 percent and 21.8 percent, respectively, of the adolescents and women who did not have spontaneous abortions. The presence of cocaine in hair samples was independently associated with an increase in the occurrence of spontaneous abortion after adjusted for demographic and drug use variables. However,
the use of cocaine as measured by self-reports and by urine analysis was not. The presence of cotinine in urine was also independently associated with an increased risk of spontaneous abortion. Twenty-four percent of the risks of spontaneous abortion could be related to cocaine or tobacco use. The researchers concluded that cocaine use and tobacco use were common in this study population and were associated with a significant risk of spontaneous abortion. 1 figure, 3 tables, 27 references.

- **Cocaine, Smoking, and Spontaneous Abortion (Editorial)**
  Summary: The author discusses the effects of cocaine use and smoking during pregnancy on spontaneous abortion. It focuses on the results of a research study conducted by Ness et al in the same journal issue that investigated maternal cocaine and tobacco use during pregnancy on the risk of spontaneous abortion. The study enrolled pregnant adolescents and women who were seen in an emergency department in order to circumvent the problem of drug users not receiving prenatal care. By assaying urine and hair to assess the subjects' exposure, they avoided the need to use self-reports, which are frequently unreliable. The researchers enrolled a sufficiently large number of subjects (400 who had spontaneous abortions and 570 whose pregnancies continued past 22 weeks' gestation) to enable adjustment for confounding factors. The study reported that based on a positive urine test for cotinine, cigarette smoking was associated with a significant increase in abortion risk. Although the study subjects would hardly qualify as a representative sample of pregnant women, the author notes, a quarter of the population was using illicit drugs. The study results add weight to the view that cigarette smoking increases the risk of spontaneous abortion. The findings with respect to cocaine use are more difficult to interpret. Women who had a spontaneous abortion were not more likely to have a positive urine test for cocaine than those who did not have a spontaneous abortion, but they were more likely to have a positive hair test. The author concludes that the Ness et al study provides important support for the idea that smoking increases the risk of spontaneous abortion. The new data suggest that the role of cocaine, if any, in causing spontaneous abortion is modest. 6 references.

- **Paternal and Maternal Smoking Habits Before Conception and During the First Trimester: Relation to Spontaneous Abortion**
  Summary: Researchers analyzed data from a hospital-based, case-control study in Italy on risk factors for spontaneous abortion, particularly paternal and maternal smoking before and during the first trimester of pregnancy. They collected data on 782 women admitted for spontaneous abortion within 12 weeks of gestation. Controls were 1,543 women who delivered healthy infants at term. Interviewers collected sociodemographic and behavioral data, including personal smoking habits, smoking habits of their partner, and coffee and alcohol consumption, from both cases and controls. The results showed that women who spontaneously aborted tended to be less educated and more frequently reported a history of previous miscarriages. Women who drank alcohol and coffee during the first trimester of pregnancy were at higher risk of miscarriage. Regarding smoking habits, researchers classified the participants as (1) never smokers, (2) former smokers, (3) smokers only before conception, and (4) smokers before conception and during the first trimester. Compared to nonsmokers, (1) women who smoked only before conception had a higher risk of spontaneous abortion, (2) women who smoked before and during the first trimester had an even higher risk, and (3) women who
smoked more than 10 cigarettes per day had the highest risk. This increased risk remained after adjustment for potential confounding variables. No association between paternal smoking habits and risk of spontaneous abortion emerged. The researchers concluded that (1) smoking would account for 9.3 percent of cases of spontaneous abortions in the population studied, and (2) the increased risk of spontaneous abortion in women who smoke during pregnancy emphasizes the need to encourage pregnant women to quit smoking. 4 tables, 33 references.

- **Risk of Recurrent Spontaneous Abortion, Cigarette Smoking, and Genetic Polymorphisms in NAT2 and GSTM1**


  Summary: Researchers sought to corroborate previous findings that maternal smoking increases the risk of spontaneous abortion, and polymorphic N-acetyltransferase (NAT2) and glutathione S-transferase (GSTM1) affect metabolism of some mutagens found in tobacco smoke. The study also examined possible effect modification of smoking risk by polymorphic NAT2 and GSTM1. Participants had been part of a case-control study of breast cancer from 1986-1991. For this analysis, researchers included only women from the control group. This included Caucasian pre- and postmenopausal women (316 and 494, respectively) age 40-85 years in western New York. Participants provided blood specimens, which were frozen. Researchers genotyped extracted DNA from preserved clots. GSTM1 was evaluated for the presence or absence of alleles. Amplified polymerase chain reaction product for NAT2 was cut with restriction enzymes to identify mutations at C481T, G590A, and G857A, which have been shown to predict 90-95 percent of the slow acetylation phenotype in Caucasians. In 2-hour interviews, women were asked about the outcome of each reported pregnancy before age 40 years. Cases were defined as women who reported two or more spontaneous abortions, regardless of other pregnancy outcomes, and had genetic data available for NAT2 or GSTM1. The control groups comprised women with data on NAT2 or GSTM1 and at least two live births. Participants gave detailed smoking history, including age started, times quit, and amount smoked 2, 10, and 20 years previously. Data analysis indicated that smoking slightly increased risk of spontaneous abortion, but NAT2 and GSTM1 did not. NAT2 or GSTM1 polymorphisms did not appreciably modify smoking-related risk. 3 tables, 17 references.

- **Cigarette Smoking and Spontaneous Abortion of Known Karyotype: Precise Data but Uncertain Inferences**


  Summary: Researchers drew on a hospital-based case-control study of spontaneous abortions of known chromosomal characteristics to determine whether cigarette smoking is causally related to two processes represented in spontaneous abortions: (1) Toxicity to the conceptus during pregnancy, as indicated by an association with chromosomally normal loss; and (2) the genesis of trisomy. Researchers used data from three phases of a New York City case-control study: 1974 to 1979, 1979 to 1982, and 1982 to 1986. Observations during the first phase showed that cigarette smoking during pregnancy was associated positively with chromosomally normal spontaneous abortion, and both past and current smoking were associated inversely with trisomic loss in women under age 30 and positively in older women. The researchers used data from phases two and three to test the stability of these associations over time and the homogeneity between public and private payment groups. Chromosomally normal spontaneous abortion, defined as involuntary termination of an intrauterine pregnancy
before 28 weeks of gestation, occurred in 1,388 women in the sample; trisomic fetuses occurred in 557 women; and other chromosomal aberrations occurred in 409 cases. The control group included 4,165 women, matched by payment group and age to the case group, who had registered for prenatal care before 22 weeks of gestation and delivered at 28 weeks or later. Interview results classified women as never smokers, exsmokers, or current smokers at the time of the last menstrual period. Current smokers fell into two categories: (1) Those who smoked 1 to 13 cigarettes per day and (2) those who smoked 14 or more per day. All analyses tested associations of exsmoking and current smoking with type of spontaneous abortion. Later data gave modest support to the prior observation that current smoking was increased among chromosomally normal cases in comparison with controls and with other aberrant cases. For trisomic loss, later data did not support prior observations of associations with maternal age. In summary, smoking is associated with a 20 to 30 percent increase in the odds of chromosomally normal loss.

- **Induced Abortions, Miscarriages, and Tobacco Smoking as Risk Factors for Secondary Infertility**
  Summary: Researchers conducted a case-control study to determine whether induced abortions could increase the risk of secondary infertility. Cases included 84 women consecutively admitted to the Alexandra Maternity Hospital in Athens, Greece, from 1987 to 1988. An additional 168 pregnant controls participated. The cases were individually selected to two controls from the maternity clinics of the same hospital, matched for age, gravidity, and level of education. Cases and controls were interviewed in person and in symetry, and questionnaires covered demographic, socioeconomic, and medical data; contraceptive practices; and detailed reproductive histories by order of pregnancy. Data were analyzed by conditional logistic regression. Only eight cases (no controls) reported a previous ectopic pregnancy, which increases the risk of secondary infertility. The occurrence of either induced abortions or spontaneous abortions independently and significantly increased the risk of subsequent development of secondary infertility. The logistic regression adjusted relative risks for secondary infertility were 2:1 when there was one previous induced abortion and 2:3 when there were two previous induced abortions. Induced abortion may increase the risk of secondary, particularly in women with subfertility reflected in the occurrence of repeated miscarriages. Smoking also significantly increased the risk of secondary infertility at the adjusted relative risk being 3:0. 7 tables, 18 references.

- **Cigarette, Alcohol, and Coffee Consumption and Spontaneous Abortion**
  Summary: Researchers in Canada analyzed data from a survey of occupational factors and pregnancy outcome to examine the effects of cigarette smoking and alcohol and coffee consumption on pregnancy outcome. Subjects were all women who had delivery or a spontaneous abortion in 11 Montreal hospitals during 1982-1984. The 35,848 subjects completed interviews that asked for information about occupational, personal, and social factors for all recently completed and previous pregnancies. For each pregnancy, an inquiry was made about coffee, alcohol, and cigarette consumption during the first trimester. The number of cigarettes and cups of coffee per day and drinks of each type per week were recorded. In calculating alcohol consumption, one and a half glasses of wine were taken as equivalent to a glass of beer or measure of spirits. All previous pregnancies were included in the data collection, but induced
Abortions were excluded. Researchers controlled for possible confounding by maternal age, educational level, ethnic group, and employment. Data analysis indicated that there were clear and statistically significant associations between cigarette smoking and alcohol consumption and spontaneous abortion. There was a weaker but statistically significant association with coffee consumption. If the associations were causal, 11 percent of the spontaneous abortions could be attributed to cigarette smoking, 5 percent to alcohol consumption, and 2 percent to coffee consumption. 2 tables, 15 references.

- Parental Cigarette Smoking and the Risk of Spontaneous Abortion


Summary: Using data from a large case-control study, researchers determined the risk of spontaneous abortion due to maternal and paternal smoking and maternal passive smoke exposure. Cases were defined as women over age 18 who had spontaneous abortion by 20 weeks gestation for which a pathology specimen was submitted to one of 11 hospitals in the study. Controls were randomly selected from residents who gave birth to a live infant, frequency matched to cases by date of last menstrual period and hospital. Of the participants, 626 were cases and 1,300 were controls. Researchers questioned participants about their occupational exposure to solvents and a variety of lifestyle factors including maternal cigarette smoking, maternal passive exposure to smoke, paternal smoking, and paternal occupational exposure to solvents. Categories of smokers consisted of (1) light (1-10 cigarettes per day), (2) moderate (11-20 cigarettes per day), and (3) heavy (greater than 20 cigarettes per day). Results showed that heavy and moderate smokers had a slightly elevated odds ratio of 1.3 which was close to unity after adjustment for covariates. Paternal smoking showed a slight crude elevation for moderate and heavy smoking, but no association after adjustment. In contrast, maternal exposure to environmental tobacco smoke for 1 hour or more per day, was associated with spontaneous abortion even after adjustment. For both maternal direct and environmental exposure, the association appeared to be stronger in second trimester abortions. Although no association was found between smoking and spontaneous abortion, the researchers do not suggest that it is safe to smoke during pregnancy because of the well-documented associations with other adverse outcomes. These researchers support future studies examining the associations between spontaneous abortion and amount of environmental smoke exposure. 5 tables, 32 references.

Federally Funded Research on Abortion

The U.S. Government supports a variety of research studies relating to abortion. These studies are tracked by the Office of Extramural Research at the National Institutes of Health.\(^2\) CRISP (Computerized Retrieval of Information on Scientific Projects) is a searchable database of federally funded biomedical research projects conducted at universities, hospitals, and other institutions.

Search the CRISP Web site at [http://crisp.cit.nih.gov/crisp/crisp_query.generate_screen](http://crisp.cit.nih.gov/crisp/crisp_query.generate_screen). You will have the option to perform targeted searches by various criteria, including geography, date, and topics related to abortion.

\(^2\) Healthcare projects are funded by the National Institutes of Health (NIH), Substance Abuse and Mental Health Services (SAMHSA), Health Resources and Services Administration (HRSA), Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDCP), Agency for Healthcare Research and Quality (AHRQ), and Office of Assistant Secretary of Health (OASH).
For most of the studies, the agencies reporting into CRISP provide summaries or abstracts. As opposed to clinical trial research using patients, many federally funded studies use animals or simulated models to explore abortion. The following is typical of the type of information found when searching the CRISP database for abortion:

- **Project Title: INDUCED ABORTION AND BREAST CANCER RISK**
  Principal Investigator & Institution: Li, De-Kun K. Investigator; Kaiser Foundation Research Institute 1800 Harrison St, 16Th Fl Oakland, Ca 94612
  Timing: Fiscal Year 2001; Project Start 5-AUG-1998; Project End 1-MAY-2003
  Summary: (Adapted from the Applicant’s Abstract): Induced abortion has been associated with an increased risk of breast cancer, but only a small number of well-conducted studies have reported on the relationship. A key challenge to the findings reported in those studies concerns the possible inaccuracy of self-reported information on induced abortion: Breast cancer cases may have been more willing than women without a life-threatening illness to report their history of abortion, resulting in spurious, positive findings. We propose a population-based case-control study to examine the relationship. To increase the accuracy of information on induced abortion, the study will be conducted in Shanghai, China, where induced abortion is not stigmatized and where family planning records document reproductive history. All women aged 54 years and younger, newly diagnosed with breast cancer during 1997 through mid-1999 and resident in Shanghai, will be identified through the population-based Shanghai Cancer Registry. The same number of age-matched controls will be randomly selected from the population of the geographic area. Approximately 1,470 cases and 1,470 controls will be interviewed to ascertain the number, timing, and outcome of all pregnancies; other reproductive, menstrual, and contraceptive characteristics; family history of breast cancer; and other risk factors for breast cancer. In addition, we will abstract the reproductive records dept for each participant by the Family Planning Committee. They contain a detailed history of each pregnancy and will be used to enhance the accuracy of the information on induced abortion. Medical records will be requested to obtain information on a history of benign breast disease and use of breast-cancer screening services. The association of induced and spontaneous abortion with breast cancer risk will be examined in relation to age at abortion, parity, and timing of the abortion (before and after first full-term pregnancy, interval to next full-term pregnancy, gestational age.) Should a relationship with induced abortion be found, it will be possible to provide women who are contemplating abortion better information on the possible risks of the procedure in relation to age, parity, and timing of the procedure.
  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: VIOLENCE AND SPONTANEOUS ABORTION IN INNER CITY WOMEN**
  Principal Investigator & Institution: Nelson, Deborah B. Medicine; University of Pennsylvania 3451 Walnut Street Philadelphia, Pa 19104
  Timing: Fiscal Year 2002; Project Start 5-SEP-1998; Project End 0-NOV-2003
  Summary: (Adapted from Investigator’s Abstract) Spontaneous abortion (SAB) is the most common adverse outcome of pregnancy, and violence may be the most prevalent reproductive risk factor among urban, low-income women. The specific aims of this application are to: 1) characterize the prevalence and type of violence experienced by women early in pregnancy; 2) evaluate whether violence during pregnancy is an
important independent risk factor for SAB; 3) evaluate whether the frequency, nature, or timing of violence affects the risk of SAB; and 4) generate hypotheses regarding prevention and intervention programs for urban, low-income pregnant women. Women 14-40 years of age from a defined inner-city community who attend the Hospital of the University of Pennsylvania’s Emergency Department (ED) will be screened for pregnancy. Cases will include women who present with SAB or who experience a SAB during the follow-up period (N=465). Controls will include all women with intrauterine singleton pregnancies that continue through 20 weeks gestational age. Standardized baseline data collection will include a structured in-person interview, laboratory analyses of hair and urine for cotinine, alcohol, and drugs of abuse. Chromosomal analyses will be conducted on products of conception for approximately 120 cases who abort at HUP. Follow-up telephone interviews will take place at 16 and 20 weeks gestation. Pregnancy outcome status will also be ascertained through ongoing review of medical records, pathology logs, and birth certificates. Initial analyses will be exploratory and descriptive, characterizing cases and controls by current or past violence, age, substance abuse, social isolation. The primary analysis will be logistic regression, with odds ratios and 95% confidence intervals. The investigators will explore whether the effect of violence on spontaneous abortion varies with chromosomal status of the fetus as well as according to the timing, frequency and nature of violent incidents. Finally, they will characterize the patterns of use of health and social service agencies by abused women early in pregnancy. The investigators state that the significance of this study lies in its capacity to provide basic epidemiological data regarding the nature and circumstances of violence among pregnancy inner-city women, evaluate whether violence is an independent predictor of spontaneous abortion, and ultimately contribute information important to designing effective treatment and prevention interventions in urban settings.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

• Project Title: VIOLENCE AND SPONTANEOUS ABORTION IN INNER CITY WOMEN

Principal Investigator & Institution: Grisso, Jeane A. Associate Professor; Medicine; University of Pennsylvania 3451 Walnut Street Philadelphia, Pa 19104

Timing: Fiscal Year 2001; Project Start 5-SEP-1998; Project End 0-NOV-2002

Summary: (Adapted from Investigator's Abstract) Spontaneous abortion (SAB) is the most common adverse outcome of pregnancy, and violence may be the most prevalent reproductive risk factor among urban, low-income women. The specific aims of this application are to: 1) characterize the prevalence and type of violence experienced by women early in pregnancy; 2) evaluate whether violence during pregnancy is an important independent risk factor for SAB; 3) evaluate whether the frequency, nature, or timing of violence affects the risk of SAB; and 4) generate hypotheses regarding prevention and intervention programs for urban, low-income pregnant women. Women 14-40 years of age from a defined inner-city community who attend the Hospital of the University of Pennsylvania’s Emergency Department (ED) will be screened for pregnancy. Cases will include women who present with SAB or who experience a SAB during the follow-up period (N=465). Controls will include all women with intrauterine singleton pregnancies that continue through 20 weeks gestational age. Standardized baseline data collection will include a structured in-person interview, laboratory analyses of hair and urine for cotinine, alcohol, and drugs of abuse. Chromosomal analyses will be conducted on products of conception for approximately 120 cases who abort at HUP. Follow-up telephone interviews will take place at 16 and 20 weeks