

ABORTION INDUSTRY MYTHS

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TODAY'S GOALS: REJECT THESE MYTHS

1. The church should remain neutral about abortion because it is a political issue
2. "Essential reproductive healthcare"
3. Chemical abortion is safer than Tylenol or Penicillin
4. Abortion does not affect mental health
5. Women choose abortion freely
6. Late term abortions are rare and occur for only compelling reasons
7. Babies are never born-alive after abortion
8. Unborn children can't feel pain
9. Pro-life laws will kill women because abortion is safer than childbirth
10. Abortion improves women's lives



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"If you don't believe in miracles,
perhaps you have forgotten that you are one."
-God



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WHO DOES ABORTION AFFECT?

One in four women:

- 24% Catholic
- 17% Protestant
- 13% Evangelical

At least one in 5 men affected

Only 7-14% of ob/gyns will perform elective abortion, so in most cases it is not "between a woman and her doctor", nor is it "necessary healthcare"



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WHAT DOES THE AMERICAN CHURCH BELIEVE ABOUT ABORTION?

2021 Barna American Worldview survey:

- 51% of Americans think they have Biblical worldview
 - But only 6% actually do
- Only 60% of Christians believe life is sacred
- Many Christians believe the Bible is ambiguous about abortion
 - Evangelicals 44%
 - Protestants 62%
 - Catholics 58%

2023 FRC Center for Biblical Worldview:

- Among regular churchgoers:
- 16% admitted to having ever paid for, encouraged, or chosen to have an abortion
- Asked their feelings about abortion:
 - 27% pro-life without exceptions
 - 36% pro-life with exceptions
 - 22% pro-choice or unsure
 - 56% wanted the church to teach more about abortion

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The Josiah Manifesto Jonathan Cahn

- The righteous are not to live their lives in a state of survival but in a state of mission.
- It is not enough for the righteous to not bow down to the gods of their age, their culture, and their world. They must actively stand against them.
- The righteous must not ultimately be defined by that which they stand against but by that for which they stand.
- Their lives must bring forth life, healing, restoration, salvation and redemption.
- They must love in the face of hatred, bless in the face of persecution, return good for evil, and manifest heaven in the face of hell.



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ESSENTIAL REPRODUCTIVE HEALTHCARE?

Healthcare: "maintenance and restoration of the health of the body or mind"

(+) Prenatal care and delivery of babies

(-) Disrupting normal physiologic process of pregnancy

(-) Ending the life of an unborn human being

Only 7-14% of practicing obstetricians will provide an elective abortion

If abortion were necessary healthcare, every women's healthcare professional would provide that service



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HIPPOCRATIC OATH

"Neither will I administer a poison to anybody when asked to do so, nor will I suggest such a course. Similarly, I will not give to a woman a pessary to cause abortion. But I will keep pure and holy both my life and my art."

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MEDICAL ETHICS:

- **Beneficence:** always and without exception, favor the well-being and interest of the patient(s)
 - Obstetrics: "two-patient paradigm"
- **Nonmaleficence:** obligation of a physician not to harm the patient
- **Autonomy:** right of competent adults to make informed decisions about their own medical care
- **Justice:** all patients will be treated fairly and equitably



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WHAT IS THE ROLE OF A PHYSICIAN?

Individualized recommendations for best care based on experience?

Give the patient what she wants?



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IS CHEMICAL ABORTION SAFER THAN TYLENOL OR PENICILLIN?



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CHEMICAL ABORTION

- **Mifepristone (Mifeprex or RU486)** taken orally to block progesterone receptors, cutting off hormonal support for the pregnancy, resulting in disruption of the implantation site
- **Misoprostol (Cytotec)** taken sublingually, buccally or vaginally 24-48 hours later, inducing contractions to expel the pregnancy tissue



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**TYPICAL EXPERIENCE OF
CHEMICAL ABORTION:**

Cramping Heavy bleeding Nausea Weakness Fever Chills Vomiting Headache Diarrhea Dizziness
Average woman bleeds for 8-16 days 8% bleed for more than a month 40% describe the pain as severe
<i>May see the child she aborted!</i>

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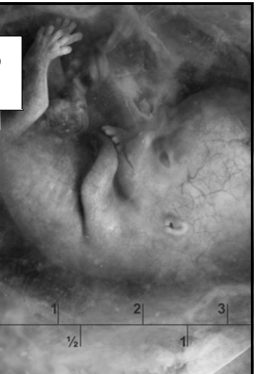
**POLITICIZED FDA APPROVAL AND
LOOSENING OF SAFEGUARDS**

2000: Approved to 7 weeks gestation

- Registered physician provider
- Mandatory complication reporting
- Three mandatory visits

2016: Extended to 10 weeks

- Non-physicians can prescribe
- Complication reporting no longer required unless leads to death
- Follow-up visit unnecessary



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**CHEMICAL ABORTION TODAY:
NO MEDICAL SUPERVISION**

2021: In-person requirements suspended due to COVID-19 pandemic

- Face-to-face counseling, labs, physical examination and ultrasound no longer required

2023 pharmacy distribution

- Allows telemedicine or on-line ordering, distribution by mail or pharmacy without medical supervision

Goal is over the counter provision



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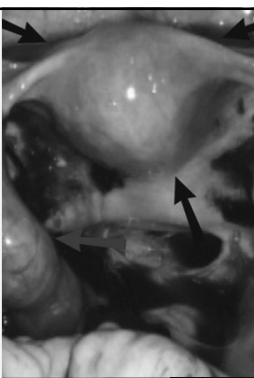
**UNSUPERVISED
CHEMICAL ABORTION:
FAILURE TO PERFORM
ULTRASOUND**

Underestimation of gestational age results in higher likelihood of failures:

- 6% failures under 9 weeks
- 39% failures second trimester

Missed diagnosis of ectopic pregnancy:


- 2% pregnancies implanted in tube
- Half have no risk factors
- May rupture, leading to catastrophic bleeding and death



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**UNSUPERVISED
CHEMICAL ABORTION:
FAILURE TO PERFORM
LABS**


- Rh negative women (15%) not receiving indicated prophylactic Rhogam may experience isoimmunization in future pregnancies leading to severe complications
- Missed opportunity to treat sexually transmitted infections (5%)
- Anemic women may be at risk of blood transfusion




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**UNSUPERVISED
CHEMICAL ABORTION:
FAILURE TO OBTAIN
INFORMED CONSENT**

- No way to verify who is consuming the medication, and whether they are doing so willingly
- Will benefit sex traffickers, incestuous abusers, and coercive boyfriends
- Inadequate risk counseling since complication rates are unknown
- Is a woman aware of alternatives and support?



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UNSUPERVISED CHEMICAL ABORTION: NO PROVIDER RELATIONSHIP

- Prescribing via telemedicine and on-line intake forms
- Distribution via mail and independent pharmacies and illegal transport over state and international borders
- No provider to turn to in an emergency

CHARLOTTE LOZIER
MAYNARD

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**"BLACK BOX" WARNING
MIFEPRISTONE:**

Serious and sometimes fatal infections and bleeding may occur. Watch for:


- **Atypical Presentation of Infection.** Patients with serious bacterial infections (e.g., *Clostridium sordellii*) and sepsis can present **without fever, bacteremia, or significant findings on pelvic examination** following an abortion.
- **Bleeding.** Prolonged heavy bleeding may be a sign of incomplete abortion or other complications and prompt medical or **surgical intervention may be needed.**

Because of the risks of serious complications described above, MIFEPREX is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS).

LOZIER

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**DEFICIENCIES IN ABORTION DATA COLLECTION:
FREQUENCY AND COMPLICATIONS**



- No accurate central database in the U.S.
- Voluntary state reporting; some don't report
- Guttmacher Institute reports 30-50% more abortions than CDC
- Only half of states mandate complication reporting from abortionists
- Fewer states mandate reporting from other physicians who care for injured women
- Few enforcement mechanisms or penalties for noncompliance

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**DEFICIENCIES IN ABORTION DATA COLLECTION:
MATERNAL MORTALITY**



- CDC obtains most abortion-related mortality data from death certificates
- For many reasons death certificates frequently do not record a preceding abortion, particularly if mental health causes or remote from termination
- Finnish record-linkage studies found that 94% of abortion-related deaths and 73% of all maternal deaths were not documented on death certificates

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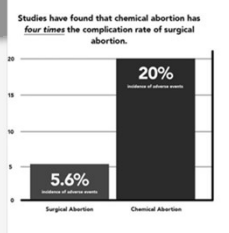
INTERNATIONAL RECORDS LINKAGE STUDIES

Ninimäki, et al. *Immediate complications of medical compared with surgical termination of pregnancy*

- 42,619 abortions < 9 weeks
- Surgery required:
 - 5.9% chemical
 - 1.8% surgical

Mentula, et al. *Immediate Adverse Events after Second Trimester Termination of Pregnancy*

- 18,248 chemical abortions
- Surgery required:
 - 7.9% first trimester
 - 38.5% second trimester



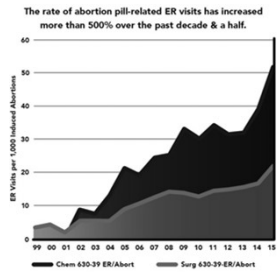
Studies have found that chemical abortion has four times the complication rate of surgical abortion.

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CHEMICAL ABORTION COMPLICATIONS AND DATA DEFICIENCIES

Studnicki, et al. *A Longitudinal Cohort Study of Emergency Room Utilization Following Mifepristone Chemical and Surgical Abortions, 1999-2015. Health Services Res Manag Epidemiol. 2021:8*

- 423,000 abortions, within 30 days
- 5% chemical abortions ER visit
- 2% surgical abortions ER visit
- 60% miscoded as miscarriage
- Miscoded women had an average of three ER visits before receiving the treatment they needed, twice as many as those who were correctly coded



The rate of abortion pill-related ER visits has increased more than 500% over the past decade & a half.

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DOES ABORTION CAUSE MENTAL HEALTH COMPLICATIONS?

- 2011 Coleman meta-analysis: 81% overall increase, 37% depression, 34% anxiety, 110% alcohol abuse, 230% substance abuse, 155% suicidal behavior
- "Deaths of despair": suicide, homicide, accidental deaths, overdoses
- Subgroups at increased risk:
 - Pressure from others
 - Wanted or meaningful pregnancy
 - Prior mental health issues
 - Prior abortion(s)
 - Abortion after first trimester



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MENTAL HEALTH UTILIZATION AFTER ABORTION:

First pregnancy abortions compared to births:

Higher risk and likelihood of experiencing:

- Outpatient mental health visits (RR 2.10)
- Hospital inpatient admissions (RR 2.75)
- Hospital inpatient days of stay (RR 7.38).
- Utilization rates before the first pregnancy outcome, for all three utilization events, were higher for the birth cohort than for the abortion cohort.

For More Info: DOI: 10.1016/j.jad.2019.04.008
 A Cohort Study of Mental Health Services Utilization Following a First Pregnancy Abortion or Birth
James Hamilton¹, Jessica Campbell², Jonathan S. Smith³, David S. Haines⁴, Joseph E. B. Jones⁵, Christine E. Gier⁶, David A. Haines⁷, Christopher C. Chen⁸, David A. Haines⁹, Joseph E. B. Jones¹⁰

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DO ALL WOMEN CHOOSE ABORTION FREELY AND FOR COMPELLING REASONS?

Reardon D. *Effects of Pressure to Abort on Women's Emotional Responses and Mental Health*. Cureus. 2023.
 Retrospective survey of 1000 women, 226 with h/o abortion.
61% reported high levels of pressure to abort on at least one scale, associated with more:

- negative emotions
- disruption of daily life, work, or relationships
- frequent thoughts, dreams, or flashbacks to the abortion
- frequent feelings of loss, grief or sadness about the abortion
- moral and maternal conflict over the abortion decision
- decline in overall mental health that they attribute to their abortions
- desire or need for help to cope with negative feelings about the abortion

Reardon D. *The Effects of Abortion Decision Rightness and Decision Type on Women's Satisfaction and Mental Health*. Cureus. 2023.
 Same cohort of 226 women with h/o abortion:

- 33% wanted abortion
- 43% accepted but inconsistent with their values or preferences
- 24% unwanted or coerced
- **60% would have preferred to give birth** if they had received more support from others or had more financial security

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WHY DO WOMEN HAVE ABORTIONS?

Charlotte Lozier Institute 2023 (8 states report reasons)

- Rape and incest: 0.3%
- Risk to the woman's life or a major bodily function: 0.2%
- Other physical health concerns: 2.5%
- Abnormality in the unborn baby: 1.3%
- Elective and unspecified reasons: 95.7%

Guttmacher Institute (based on 2005 survey)

- child would interfere with education, work or ability to care for dependents: 74%
- could not afford a baby now: 73%
- did not want to be a single mother or was having relationship problems: 48%



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DO WOMEN WANT ABORTION?

Frederic Mathewes-Green:

"For the question remains, do women want abortion? Not like she wants a Porsche or an ice cream cone. Like an animal caught in a trap, trying to gnaw off its own leg, a woman who seeks abortion is trying to escape a desperate situation by an act of violence and self-loss. Abortion is not a sign that women are free, but a sign that they are desperate."



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ARE LATE ABORTIONS RARE AND OBTAINED FOR COMPELLING REASONS?

8-10% after the first trimester (86,000/yearly)

1-1.3% after viability (11,000 yearly)

U.S. one of only seven countries worldwide to allow post-viability abortion

Reasons are usually elective:

- Only two states record reasons: 12% second trimester performed for life/health, rape/incest, severe fetal abnormality
- 2006 Jones: 50% indecision, 33% difficulty of decision
- 2008 Ingraham: 41% indecision, 30% procrastination, 23% relationship
- 2013 Greene-Foster: 40% trouble deciding, 20% disagreeing with man

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COULD A BABY BE BORN ALIVE AFTER A FAILED ABORTION?

- Extremely late abortions are often performed by labor induction
- 69% late abortionists do not routinely perform feticide
- More than half of babies terminated for anomalies between 20-24 weeks survive labor induction
- Many infants delivered at 22 weeks will survive if given active care
- Likely born-alive survivors killed by active or passive infanticide
- Who is watching?

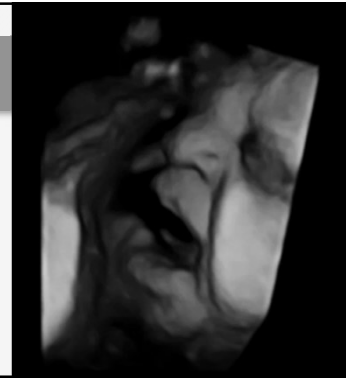


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DOES A FETUS EXPERIENCE PAIN?

Intra-hepatic vein needling at 15 weeks:

- vigorous body and breathing movements
- increased heart rate
- increased blood flow to the brain
- Increases in levels of circulating stress hormones and endogenous opioids



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DOBBS V JACKSON WOMEN'S HEALTH CENTER

SCOTUS June 24, 2022

- 6-3 upheld Mississippi's 15-week restrictions
- 5-4 overturned Roe v Wade

1973 Roe v Wade:

- 1st trimester no restrictions allowed on abortion
- 2nd restrict only for safety of mother
- 3rd may restrict to protect fetal life

1973 Doe v Bolton: Must allow abortion at any gestational age for "life and health" of mother ("well-being")



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U.S. STATES PROTECTING LIFE

<https://sbaprofite.org/lifesavinglaws>



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WILL LEGISLATIVE ABORTION LIMITATIONS KILL WOMEN?

States With Strong Pro-Life Laws Currently on the Books



- | | |
|---------------|--------------------|
| 1. Alabama | 13. North Dakota |
| 2. Arizona | 14. Oklahoma |
| 3. Arkansas | 15. South Carolina |
| 4. Colorado | 16. South Dakota |
| 5. Florida | 17. Tennessee |
| 6. Georgia | 18. Texas |
| 7. Idaho | 19. Utah |
| 8. Indiana | 20. West Virginia |
| 9. Iowa | 21. Wyoming |
| 10. Kansas | |
| 11. Kentucky | |
| 12. Louisiana | |

States With Laws Preventing Medical Treatment to Save Life of Pregnant Woman



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FEAR ARTICLES CLAIM: "WOMEN WILL DIE FROM RESTRICTIONS"

'Women will die': how new abortion bans will harm the most vulnerable

How repealing Roe v Wade in the US will lead to more women's deaths

A large body of evidence shows that restricting access to abortion doesn't reduce the number of abortions, only increases the risk of death for those who need them.

REPRODUCTIVE RIGHTS IN AMERICA

For doctors, abortion restrictions create an 'impossible choice' when providing care

Alexandria Ocasio-Cortez says 'people will die' as a result of the Supreme Court ending the federal right to abortion

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HOW DOES ABORTION HURT WOMEN? LIFE OF THE MOTHER?

- In the rare event that pregnancy poses a serious risk to a woman's life, this usually happens after viability when she can be delivered in a medically standard way (induction or c-section) by her obstetrician
- Almost never requires intentional death by dismemberment abortion
- Neonatologists can often save a baby as early as 22 weeks gestation
- Perinatal hospice can ensure he remains comfortable while his family shows him love and tells him good-bye

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IS ABORTION SAFER THAN CHILDBIRTH?

- Raymond & Grimes "Comparative Safety of Abortion and Childbirth" 2012: outspoken abortion advocates reported that abortion is fourteen times safer than childbirth using flawed, incomplete CDC data
- More complete, less biased: records-linkage study of a population with single payer healthcare and thorough record-keeping
- Finnish, Danish and California Medicaid studies document a woman is 2-4 times as likely to die within a year following abortion than childbirth

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SURGICAL ABORTION COMPLICATIONS: SHORT-TERM

- Suction curettage performed early in pregnancy- vacuums out the fetus and pregnancy tissue after the cervix is chemically or mechanically opened (1-2% complications)
- Dilation and extraction "dismemberment" (D&E) necessary when the fetal bones have hardened (around 14 weeks), and the fetus cannot be removed through suction alone (4-50% complications)
- CDC: Risk of abortion-related maternal death increases by 38% each week beyond 8 weeks
 - Early second trimester 15 times
 - Late second trimester 76 times

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SURGICAL ABORTION COMPLICATIONS: LONG-TERM

- Instrumental trauma to the uterus from surgical abortion may result in **faulty adherence of the placenta in a subsequent pregnancy**, leading to placental abruption or placenta accreta
- **Increased risk of premature birth** documented by two meta-analyses (Shah, Swingle) with an increasing dose-effect
- **Increased risk of breast cancer**
 - women who have children at advanced ages or never have children because of abortion lose the protective effect of a full-term pregnancy at a young age
 - Abortion may also arrest breast tissue development in an immature, cancer-prone stage through abrupt cessation of hormones

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WHAT CAUSES OF MATERNAL MORTALITY DOES ABORTION PROMOTE?

- Single motherhood: "Her body, her choice" has led many men to believe that the decision to bear a child belongs to the woman alone
- 11% unwed childbirth pre-Roe > 40% today (67% Black, 52% Hispanic, 28% white)
- Poverty: failure to obtain prenatal care
- May be unable to seek emergency care due to lack of social support, childcare or transportation
- Preconception health risk factors: obesity, hypertension, diabetes
- Advanced maternal age

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HOW DOES ABORTION HURT WOMEN? MATERNAL MORTALITY



- U.S. Highest maternal mortality ratio in the developed world
- Crisis disproportionately affects Black women, who have a maternal mortality ratio 2.9-3.3 times that of white women
- Disparity simplistically attributed to "systemic racism"
- Expand access and funding for abortions so women can rid themselves of their children to combat this crisis?
- Black women have an abortion rate 3.7 times that of white women

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HOW DOES ABORTION HURT WOMEN? MATERNAL MORTALITY

Year following abortion, compared to childbirth:

- 2-4 times as likely to die of any cause
- 6-7 times as likely to commit suicide
- 2-4 times as likely to die of an accident
- 10-14 times as likely to be murdered



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ABORTION RESTRICTIONS WILL DECREASE RATHER THAN INCREASE MATERNAL MORTALITY

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WILL NOT PROHIBIT MEDICAL INTERVENTIONS FOR LIFE-THREATENING EMERGENCIES

WILL LIMIT LATER, MORE DANGEROUS, ABORTIONS

WILL PREVENT SOME FUTURE PREGNANCY COMPLICATIONS SUCH AS PRETERM LABOR AND ABNORMAL PLACENTATION FROM SURGICAL UTERINE DAMAGE

4
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WILL PREVENT FUTURE MENTAL HEALTH DISORDERS IN SOME WOMEN

WILL LEAD TO MORE WOMEN DELIVERING THEIR CHILDREN, REDUCING THEIR RISK OF BREAST CANCER

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ABORTION RESTRICTIONS WILL DECREASE RATHER THAN INCREASE MATERNAL MORTALITY

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WILL REDUCE THE INCIDENCE OF REPEAT ABORTIONS WHICH ARE ASSOCIATED WITH INCREASE IN ALL-CAUSE MORTALITY

MAY LEAD TO MORE FATHERS TAKING RESPONSIBILITY FOR THEIR CHILDREN, DECREASING RATES OF SINGLE MOTHERHOOD AND POVERTY

UNLIKELY TO RESULT IN ILLEGAL SEPTIC ABORTIONS FROM INSTRUMENTATION

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WILL ENCOURAGE BOTH MEN AND WOMEN TO CHANGE THEIR SEXUAL BEHAVIOR AND USE MORE RELIABLE CONTRACEPTION, DECREASING UNINTENDED PREGNANCIES

ABORTION RESTRICTIONS IN OTHER COUNTRIES HAVE NOT BEEN SHOWN TO INCREASE MATERNAL MORTALITY

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DO WOMEN AND SOCIETY BENEFIT ECONOMICALLY FROM ABORTION?

Economic benefit for women?

- studies proposing economic benefit are often phrased...
 - "may lead to this outcome"
 - "infers this result"
- poverty rate for unmarried women without children is higher than the poverty rate for unmarried women with children
- Black women have three times as many abortions and higher poverty rates than white women
- Norwegian long-term study: small short-term financial benefit from abortion but over time there was income convergence for both groups of women

Economic benefit for society?

- Economist Jonathan Gruber: Abortion saves the government money because it results in fewer children who require social services
- U.S. Treasury Secretary Janet Yellen: Restricting access to abortion "would have very damaging effects on the economy"
- U.S. Joint Economic Commission estimated that the 2019 loss of 630,000 lives though abortion would lead to an economic cost of **\$6.9 trillion or 32% GDP**
- The loss of these future productive citizens would be **425% times larger** than the maternal earnings loss
- Since 1973, 63 million aborted children, if they had survived, our population would be **20% larger** and **45 million more would be working age today**

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DO WOMEN BENEFIT SOCIALLY FROM ABORTION?

- General Social Survey has documented a **steady decline in female happiness scores** that began in the 1970s until today
- Marriage status is the most important of all the variables studied, and has also decreased
- Changes in women's sexual behavior leading to earlier and more promiscuous actions
- Increases in sexually transmitted infections and infertility

- Emotional disconnection leading to **dysfunctional relationships**
- Emotional disconnection in pregnancy and childrearing leading to **impaired maternal bonding**
- Missed opportunities for marriage and childbirth
- "Fragile families"
 - Single mothers
 - Absent fathers
 - Troubled children, increased poverty, child abuse, domestic violence

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WAS ABORTION NECESSARY FOR FEMINISMS' PROGRESS?

First wave feminist Mary Wollstonecraft: "Having known oppression, we cannot stand by and allow the oppression of an entire class of weaker human beings. Having once been owned by our husbands, we cannot condone a position that says the unborn are owned by their mothers. Remembering a time when our value was determined by whether a man wanted us, we refuse to bow to the patriarchal attitude that says the unborn child's value is determined by whether a woman wants her."

Modern pro-life feminist Frederic Mathewes Green: "In no sane society are women and their unborn children treated as mortal enemies. Surely, any society that makes a mother and child enemies is slowly committing suicide. When circumstances make a woman feel so desperate that killing her own child seems the only way to survive, the problem is not inside her body but outside it. Abortion adapts the woman's body to her hostile surroundings, bypassing her problems without resolving them. When she becomes pregnant again, or when her sister or daughter becomes pregnant, the same overwhelming pressures will be there to demand another abortion."

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DO WOMEN BENEFIT FROM PROMISCUOUS SEXUALITY FACILITATED BY ABORTION?

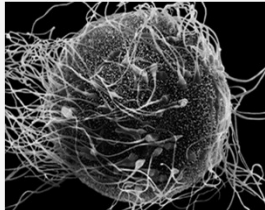
Abortion allows sex crimes to be covered up more easily, often leading to the perpetrator escaping the consequences of his actions.

Ethicist Daniel Callahan: "If legal abortion has given women more choice, it has also given men more choices as well. They now have a potent new weapon in the old business of manipulating and abandoning women."

- **Louise Perry, *The Case Against the Sexual Revolution***, noted that the "outpouring of rage and sorrow (in the 'Me Too' movement) was evidence of a sexual culture that wasn't working for women".
- **Christine Emba, *Rethinking Sex: A Provocation*** "Bad sex can leave you feeling violated, sick, confused. There isn't anyone to blame: no one forced you to participate. You could have said 'no' and you didn't. You didn't have the words or didn't have the courage to say them... Too much of the time, bad sex is the norm for young women, not the exception"

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SCIENCE AND TRUTH ARE ON OUR SIDE!



The VOYAGE OF LIFE

Be amazed. Modern medicine and science tell us more about the development of each human being from fertilization to birth than ever before. Join us on a journey where science enlightens us at every step, from the first time a human heart beats, toes wiggle, ears hear music, and unborn eyes see light - all before being born into the world. It's a journey you'll never forget!



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Thank you!



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