ProLife OB|GYNS
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Facts ARE Important

Abortion, including later in pregnancy, is NOT healthcare

Facts are extremely important in medicine, especially in an environment where women and the public at large are being misled by factually inaccurate information in the current debate on abortion.

A recent release from the American College of Obstetricians and Gynecologists (ACOG) stated that policy related to abortion care "must be based on medical science and facts". We could not agree more. However we do take issue with what is being presented as fact and the medical science that is being ignored.

Although abortions in the second half of pregnancy only account for 1.3% of all abortions, this still amounts to over 11,000 fetal pain-capable human beings that are being killed each year. It is undisputed scientific fact that at the moment of fertilization, a new distinct living human being comes into existence. This human being came from two human parents and therefore can be nothing but human. Even very early in pregnancy, this human being meets all of the scientific criteria for a living organism and is completely distinct from her mother, not a part of her mother's body. This is scientific fact.

Abortion is NOT healthcare, much less an essential part of women's health care. If it were, more OB/GYN's would do them. Currently, greater than 90% of abortions are done by dedicated abortion providers, not by a woman's personal physician. Abortion, the intentional killing of a fetal human being (often through barbaric means such as dismemberment), does not treat disease and does not improve a woman's health. It is 100% lethal for one of our two patients, and has significant health ramifications for our adult patient. For example, there is now substantial evidence for the link between surgical abortions and very preterm birth (prior to 32 weeks) in subsequent pregnancies, and this risk increases exponentially with each abortion a woman has. Maternal mortality from abortion also increases the later in pregnancy an abortion is done – increasing by 38% each week past 8 weeks. Women being offered abortion beyond 20 weeks should be counseled that their risk of death from abortion is higher than with a live birth.

There are rare circumstances during pregnancy in which a mother's life is in jeopardy due to either pre-existing conditions or pregnancy complications. It is extremely rare for this to occur prior to the point of viability (currently 22-23 weeks). In this circumstance, delivery is indicated. Intentional killing of the fetal human being, however, is not necessary. We can save the life of the mother through delivery of an intact infant and then give both the care that they need (life-saving if past viability, comfort care if prior). The medically-appropriate and compassionate care in these situations is absolutely not to kill that fetal human being through inhumane means (i.e. dismembering a living human being capable of feeling pain). Instead, it is to strive, to the best of our ability, to save both lives when at all possible. Of note, in cases where the mother's life is in danger in the latter half of pregnancy, there is not time for an abortion, which is typically a two to three day process. Immediate delivery is needed in these situations, and can be done in a medically appropriate way (labor induction or C-section) by the woman's own physician.

Life. It's why we are here.

These same principles apply in cases in which the fetus has been given a life-limiting diagnosis, such as anencephaly. Families in this circumstance should be offered perinatal hospice, which has been shown to improve outcomes for the family, and given care that not only is optimal for the mother, but also honors the life of their child and allows them to have an intact child to hold and grieve. This is compassionate and comprehensive women's health care.

Finally, compassionate women's health care means being there for our patients who have chosen abortion in the past. Multiple studies show an increased risk of mental illness, suicide, domestic partner violence, and drug abuse in women who have had abortions. These women have been hurt by abortion and tricked into thinking abortion is a safe and necessary procedure by the "facts" they are presented.

Our job as physicians, specifically women's health care physicians, is to fully educate our patients on the actual facts, even when they go against current cultural norms. The argument has been made that politicians should stay out of the physician-patient relationship. However, when the issue at hand is the killing of innocent human beings as well as the harming of women through deceptive practices, it is the responsibility of the government in any civilized society to protect its innocent citizens from harm.

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