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The Harms of Abortion After 15 Weeks
The Medical Perspective

AAPLOG rejects abortion after the first trimester because the procedure unnecessarily inflicts severe pain on a pain capable living human being and presents increased risks to the mother.

Abortion after 15 weeks uses extreme and inhumane procedures.

- A D&E procedure is the most common method of abortion (95%) once the fetus has become fully formed, when the tissue cannot be completely removed solely with suction (in the beginning of the second trimester, around 14 weeks).[1] The size of the fetus and his calcified bones necessitate his extraction manually.
- The abortionist will progressively disarticulate the fetus by pulling off his legs and arms and sections of his torso, prior to crushing and removing his skull. This is a non-intact D&E, or "dismemberment abortion".[2]

Evidence clearly indicates that a fetus can experience pain at least by 14 weeks (the gestational age where D&E is often performed) and likely earlier by 10 weeks gestation.

- Early in the second trimester, the fetus reacts to stimuli that would be recognized as painful if applied to an adult human, in much the same ways as an adult, for example, by recoiling.[3]
- Fetuses can be seen reacting to intra-hepatic vein needling with vigorous body and breathing movements, increased heart rate, and increased blood flow to the brain (which does not occur during placental cord insertion needling, where there are no pain receptors).[4]
- Increases in levels of circulating stress hormones and endogenous opioids (which are independent from maternal levels) can also be measured.[5]
- Arguments that this does not qualify as pain because the fetus cannot experience an emotional response to the pain are based upon an extreme interpretation of what constitutes pain.
    - Contrary to the assertion that a fully functioning cerebral cortex is needed to emotionally process pain, some research indicates that only a functioning thalamus is needed to cause emotional processing of pain.
    - There are also many instances in our society in which we take extra precautions to prevent pain even though we do not know whether the recipient is capable of fully experiencing pain. For example, when organs are harvested from brain dead patients and when painful procedures are performed on people in a persistent vegetative state, we use anesthesia.

It is intuitive but important to note that later abortions are more dangerous for the mother than earlier abortions—as the mother's uterus grows, the dangers increase.

- Although one study found an overall death rate of 0.7/100,000 legal abortions, this number rose to 6.7/100,000 for late-term procedures.[6]

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- It is known that the risk of death from abortion increases by 38 percent for each additional week beyond eight weeks. [7, 8, 9]
- Compared to early abortions, the relative risk of death was 14.7 times higher at 13-15 weeks (rate 1.7/100,000 abortions), 29.5 times higher at 16-20 weeks (rate 3.4/100,000), and 76.6 times higher beyond 21 weeks (rate 8.9/100,000).[10]

CITATIONS

1 ACOG Practice Bulletin.

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5 Gita, "Fetal Hypothalami-Pituitary-Adrenal Stress Responses to Invasive Procedures are Independent of Maternal Responses," Journal of Clinical Endocrinology and Metabolism. 86 (2001).

6 S. Zane, et al., "Abortion-Related Mortality in the United States: 1998-2010," Obstetrics & Gynecology 126:2 (2015): 258-265, accessed December 3, 2018, https://www.ncbi.nlm.Nih.gov/pubmed/26241413.

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8 Sykes P. 1993. Complications of termination of pregnancy: a retrospective study of admissions to Christchurch Women's Hospital, 1989 and 1990. N Z Med J. 1993 Mar 10;106(951):83-5.

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