What is an Abortion?
Dr. Alan Branch

> My God, we're killing thousands, killing thousands
> Without blinking an eye.
> My God, we're killing thousands, killing thousands
> Believing a lie.
>
> Annie Herring, *Killing Thousands*[1]

A rigorous moral critique of abortion entails a description of the act itself. I have found that when many young people in particular discuss abortion, they have no idea what occurs in an abortion. To make matters worse, many adults don't want to discuss the particulars of abortion. But if we are to arrive at a moral judgment on the abortion issue, it is reasonable to describe as accurately as possible the procedure. In order to determine the morality of an act, it is important to describe exactly what is taking place. Therefore, we will examine what exactly happens in an abortion. Abortion methods can be divided into two categories: Medical and Surgical abortions.

Before we begin, let's define the term *trimester* when used in reference to pregnancy. A pregnancy normally last 40 weeks. Conception until the 12th or 13th week is the first trimester, weeks 13 – 27 is the second trimester, and the third trimester is week 28 until birth.

I. Two Categories of Abortion

Abortion, as we are using the term, denotes the termination of a pregnancy by the will of the woman herself. There are basically two

[1] Just a note: Annie is Pentecostal sister in Christ. When she sings "My God" in this song, she's not using the phrase as an expletive as is so often done in our culture. Instead, she's talking to God, as in a prayer of lament set to music.

broad categories for abortion in the United States: Pharmaceutical (aka "medical abortions) and Surgical.

A. What is Pregnancy?

Defining what one means by pregnancy is very important for abortion debates, and pro-life and pro-abortion advocates often operate from different definitions. Earlier versions of *Black's Law Dictionary* define pregnancy as a condition that results from the fertilization of an ovum, existing from the time of conception until the delivery of the child. The most recent edition of *Black's*, by contrast, contains no definition of pregnancy at all. Current medical dictionaries define pregnancy as having a developing embryo or fetus within the body.[2]

Why is there debate about the definition of pregnancy? Because many pro-abortion advocates want to define pregnancy as beginning at implantation and not conception. If the newer definition of pregnancy is used, a pill or device that destroys an embryo before it successfully implants in the uterine wall can be called a contraceptive because there is no "pregnancy" by this definition.[3] In this way, word games are used to terminate human life. Pro-life Christians insist human life and pregnancy both begin at conception.

B. Various Terms

Before we discuss pharmaceutical and surgical abortions, we need to clarify distinctions in the way the word "abortion" can be used. The word "abortion" can be used in reference to the loss of a baby spontaneously or through induced means.

[2] Elizabeth Price Foley, *The Law of Life and Death* (Cambridge, MA: Harvard University Press, 2011), 59.
[3] Ibid.

1. Spontaneous Abortions

Spontaneous abortions are commonly called a "miscarriage," occur naturally, and are not caused by outside intervention. Most spontaneous abortions occur between the first and fourth month of pregnancy. There are two types: Failed Implantation and miscarriage.

1. A failed implantation occurs when the fetus fails to attach to the uterus wall and is expelled. Perhaps 30-50% of fertilized eggs fail to implant.

2. In a miscarriage the developing fetus is expelled by the mother's body. Perhaps 30% of fertilized eggs that implant miscarry. In many cases, a woman may not even know that she is pregnant. The bleeding associated with the miscarriage may occur around the time of her expected period.

2. Induced Abortions

Induced abortions are caused by outside intervention and are the type of abortions most people have in mind when they use the word "abortion." Again, there are two broad categories of abortion methods: pharmaceutical and surgical. There are three moral categories for induced abortions: Therapeutic, Eugenic, and Elective.

1. Therapeutic abortions are performed to save the mother's life. In a normal, healthy pregnancy, the placenta containing the baby attaches to the uterus. The baby can be located on the front, back, top, or side of the uterus. In rare cases, the baby attaches lower in the uterus, a condition known as *placenta previa.*[4]

[4] Planned Parenthood employs an expansive definition of Therapeutic Abortion which blurs important distinctions. They say, "Therapeutic Abortion: Ending a pregnancy because of a fetal abnormality or to protect the pregnant person's physical or mental health or life." This is very sort of obfusication employed by the SCOTUS in *Doe v. Bolton.* Actually, ending an abortion because of fetal abnormality is not therapeutic: It is eugenic. Likewise, ending an abortion to protect "mental health" is a broad term which acutally means in many caess,"Indeed, having this baby will stress me / stress us out," and as such is

Sometimes the baby implant does not implant in the uterus but implants in the wrong place such as the fallopian tube, the abdominal cavity, or even on rare occasions in the cervix. These sad instances, called ectopic pregnancies, are dangerous to the life of the mother. *Therapeutic abortions* are performed to end ectopic pregnancies. The most common location for ectopic pregnancies is the fallopian tubes.

No significant Baptist theologian or ethicist that I know of today has argued against therapeutic abortion in these cases of ectopic pregnancies. In the tragic circumstance that a mother is faced with the terrible choice of her life verses the baby's life, I do not know of any Christian tradition that demands a mother to sacrifice her life by carrying an ectopic pregnancy as long as possible, because the baby will not come to term. Instead, the pregnancy will rupture and the mother will bleed profusely. Therapeutic abortions may also take place when pregnant women have a dangerous disease like cancer. In these cases, if the woman needs radiation or chemotherapy, it is likely that the medication will kill the baby.

2. Eugenic abortions are performed because of some perceived defect in the child. For example, if prenatal testing reveals that a child will be born with Down-syndrome, many parents will abort the child. This sort of amniocentesis testing is usually done between the fifteenth and twentieth weeks of gestation. The possibility of having a baby with Down-syndrome increases with age. 90% of women in the United Kingdom who receive a positive Down-syndrome diagnosis for their baby choose to abort. Data in the U.S. has a wide margin, but somewhere between 67% and 90% of prenatal diagnoses of Down-syndrome lead to an abortion. Some advocates of eugenic abortions

---

merely another way of describing elective abortion. Planned Parenthood, "Therapeutic Abortion," Glosary, https://www.plannedparenthood.org/learn/glossary.

claim they are eliminating Down-syndrome; but they aren't eliminating Down-syndrome, *they are eliminating people!*[5]

3. Elective abortions are performed solely out of convenience to the parent(s), and there is no imminent threat to the life of the mother nor is there any perceived defect in the child. The Feinbergs define an elective abortion and say, "Here the mother's life is not threatened, and there is no known risk of physical and/or mental handicap for the child."[6] For example, if a child interferes with career advancement, some parents will abort. In other cases, an abortion is performed because of problems in the couple's relationship or a woman wants to avoid single motherhood. Sometimes the child is considered a financial imposition and is aborted for monetary concerns. The vast majority of abortions performed in the United States are elective abortions.

C. Pharmaceutical vs. Surgical Abortions

In a pharmaceutical abortion (aka "medical abortions), a drug or combination of drugs is used to end the pregnancy. In a surgical abortion, a surgical procedure is actually performed on the woman to end the pregnancy.

Before we move forward, I want to remind students of word games often played in descriptions of abortion. Frequently, secular people will say the abortion removes the "product of conception," a way to avoid saying a baby has been killed.

II. Pharmaceutical Abortions

[5] Alexandria Desanctis, "A Casually Worded CBS News Article Depicts a Horrifying Reality," *National Review* August 16, 2017, accessed August 18, 2017, http://www.nationalreview.com/article/450509/down-syndrome-iceland-cbs-news-disturbing-report.
[6] John S. Feinberg and Paul D. Feinberg, *Ethics for a Brave New World*, 2nd ed. (Wheaton, IL: Crossway, 2010), 74. The Feinbergs should be more specific and specify "physical life" of the mother. In the *Doe* decision, the concept of "life of the mother" was expanded as broadly as possible.

A. Pharmaceutical Abortions Defined

Pharmaceutical Abortions, commonly known as "medical abortions" or "chemical abortions," use some combination of drugs to induce an abortion and are non-invasive methods.[7] A drug which causes an abortion is called an abortifacient. According to the American Congress of Obstetricians and Gynecologists, pharmaceutical abortions are most commonly performed up to 63 days (10 weeks) of gestation (calculated from the first day of the last menstrual period, but medical abortions can be performed after this point as well. How many pharmaceutical abortions occur each year? I've encountered conflicting data, but what is clear is that the use of abortifacients to end a pregnancy is increasing. In 2014, The American College of Obstetricians and Gynecologists reported that pharmaceutical abortions currently comprised 16.5% of all abortions in the United States and 25.2% of all abortions at or before 9 weeks gestation.[8] In 2015, the CDC reported that 24.6% of all abortions were early medical abortions occurring prior to 8 weeks gestation. The percentage of abortions reported as early medical abortions increased 114% from 2006 to 2015, with an 8% increase from 2014 to 2015.[9] Women with an IUD in place are advised to have the IUD removed before a pharmaceutical abortion.[10]

B. *RU-486* / Mifeprex

[7] The term "medical abortion" is often used, but I find this is somewhat confusing to students since both drugs and surgical procedures are considered aspects of "medicine." In 2018, I shifted to the term *pharmaceutical abortion.*

[8] The American College of Obstetricians and Gynecologists, "Medical Management of First Trimester Abortions," March 2014, accessed May 22, 2018, https://www.acog.org/Clinical-Guidance-and-Publications/Practice-Bulletins/Committee-on-Practice-Bulletins-Gynecology/Medical-Management-of-First-Trimester-Abortion#1.

[9] The Centers for Disease Control and Prevention, "CDC's Abortion Surveillance System FAQs," November 19, 2018, accessed June 26, 2019, https://www.cdc.gov/reproductivehealth/data_stats/abortion.htm.

[10] U.S. Food and Drug Administration, "Questions and Answers on Mifeprex," March 28, 2018, accessed May 22, 2018, https://www.fda.gov/drugs/drugsafety/postmarketdrugsafetyinformationforpatientsandproviders/ucm492705.htm.

Originally known as RU-486, Mifeprex is the brand name for Mifepristone, an abortifacient. RU 486 was specifically designed to terminate a pregnancy. RU-486 was invented by Dr. Etienne-Emile Baulieu in 1980 for the French pharmaceutical company Roussel-Uclaf. The administration of George H. W. Bush (1989-1993) refused to allow the drug to be imported, but President Clinton began the process to drop the import ban on the drug on his second full day in office in 1993. Full approval of RU-486 took nearly the entire eight years of the Clinton administration, eventually being approved in September, 2000.[11]

How does Mifeprex (Mifepristone) cause an abortion? Mifepristone causes the breakdown of the endometrial lining of the uterus in a pregnant woman, and as a result the death of an attached developing human life. Mifepristone is a steroid hormone similar in structure to the natural hormone progesterone. In a woman's body, the hormone progesterone is essential for establishing and maintaining a pregnancy. Mifepristone is an antiprogestin, meaning Mifeprex's main action is to block the chemical receptor sites in the uterus normally used by progesterone. By antagonizing progesterone receptors in the endometrium, mifepristone causes decidua[12] breakdown and detachment of the embryo.[13] Best explains, "Reduced levels of progesterone lead to degeneration of the endometrium, cervical softening and dilation, and release of natural prostaglandins as well as an increase in the sensitivity of the uterus muscles to the contracting effects of prostaglandins."[14] Christopher Gacek uses the analogy of a "blank key" to explain how RU 486 works:

---

[11] Data for this summary is from Tom Strode, "Death by Prescription: New Warnings About Abortion Drug," *SBC Life* 13.4 (January 2005): 4.

[12] *Decidua* is the part of the lining of the uterus that undergoes special changes during pregnancy and is cast off at birth.

[13] This summary comes from Marji Gold, Denise Luks, and Matthew Anderson, "Medical Options for Early Pregnancy Termination," *American Family Physician* 56.2 (August 1997).

[14] Megan Best, *Fearfully and Wonderfully Made; Ethics at the Beginning of Human Life* (Kingsford, NSW: Matthias Media, 2012), 64.

> One can understand how mifepristone functions by using the following analogy. RU-486 is like a blank key that fits into a key hole but cannot turn the lock. A blank is the specific type of key for a lock but one that has not yet been cut by the locksmith to turn the lock. This useless blank key, RU-486, prevents a working key (progesterone) from entering the key hole and turning the lock's mechanism. RU-486's blockage of progesterone receptors leads to the deterioration of the uterine wall in which an embryo is implanted. As this deterioration worsens, the uterus is no longer able to sustain the pregnancy and the embryo dies.[15]

Mifeprex thus negatively attacks the placenta's ability to stay attached to the endometrium and disrupts the development of the baby. The baby detaches from the uterine wall.

After taking Mifeprex, the woman then takes Misoprostol (a prostaglandin) which induces labor and the woman then expels the tiny, dead baby from her body. This second drug is often taken at home, where the deceased child his expelled into a toilet, and the remains are flushed away.

1. Effectiveness of Mifeprex

The Mifeprex (RU – 486) method is 89-98% effective. According to Gold, Luks, and Anderson, if the medications do not induce an abortion and the woman decides to continue the pregnancy, she should be aware that fetal anomalies [birth defects] have been associated with the use of misoprostol.[16]

2. When can Mifeprex be used?

---

[15] Chris Gacek, "Ru 486 (Mifepristone) Side-Effects, 2000 – 2012," accessed April 1, 2016, http://www.frc.org/issueanalysis/ru-486-mifepristone-side-effects-2000-2012.
[16] Best, *Fearfully and Wonderfully Made*, 64.

Originally, the FDA approved RU-486 for use within 49 days (7 weeks) of pregnancy. But on March 30, 2016, the FDA (under the Obama administration) released new guidelines allowing the drug to be used until 70 days (10 weeks) of pregnancy.

3. Remember, Using Mifeprex is a process.

Perhaps the greatest misconception about Mifeprex is that it is simply one pill a woman takes to induce an abortion. This misconception is seen in the popular references to RU-486 as a "morning-after" pill. Use of Mifeprex is a three step process. The following process was approved by the FDA on March 30, 2016:

> 1. On Day One: 200 mg of Mifeprex / Mifepristone taken by mouth.
>
> 2. 24 to 48 hours after taking Mifeprex: 800 mcg of misoprostol taken buccally (in the cheek pouch), at a location appropriate for the patient. This drug triggers uterine contractions to expel the dead baby.
>
> 3. About seven to fourteen days after taking Mifeprex: follow-up with the healthcare provider.[17]

For pro-abortion advocates, Mifeprex has the advantage of being a non-intrusive procedure. Thus, there is less chance for post-abortion infection or other complications associated with surgical abortion. It is also cheaper than a surgical abortion.

4. How many abortions via the abortion pill?

[17] U.S. Food and Drug Administration, "Mifeprex (Mifepristone) Information," March 30, 2016, accessed April 1, 2016, http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm111323.htm.

According to the Guttmacher Institute, in 2014, medication abortions accounted for 31% of all nonhospital abortions, and for 45% of abortions before nine weeks' gestation.[18]

5. Mifeprex *is not* a "morning after pill."

Students should note that calling RU-486 / Mifeprex a "morning after pill" is a misnomer: Again, Mifeprex can only be used after a woman knows she is pregnant. Plan B is an emergency contraceptive which is different from Mifeprex and Plan B is more accurately called a "morning after pill." Because RU-486 takes at least three visits to an abortion provider and because it does not prevent conception but only works by destroying previously existing human life, it is imprecise and inaccurate to call Mifeprex / RU-486 a "morning after pill."[19] A morning after pill is an emergency contraceptive such as Plan B or Ella: the primary method of operation for both of these drugs is to suppress ovulation and thus prevent pregnancy from ever occurring. Mifeprex does not prevent pregnancy and is not a contraceptive: Mifeprex is strictly an abortifacient.

6. Risks

RU-486 can cause excessive hemorrhaging which may persist for an extended period and could possibly require a blood transfusion. In some cases, the woman may experience an incomplete abortion in which some of the remains of the unborn child are not expelled from the uterus.

---

[18] "Induced Abortions in the United States," *The Guttmacher Institute*, January 2018, accessed September 28, 2018, https://www.guttmacher.org/fact-sheet/induced-abortion-united-states?gclid=EAIaIQobChMIhKWc4cTZ3QIVy45-Ch1IPwJzEAAYASABEgJCi_D_BwE.

[19] One example of confusing emergency contraceptive with an abortifacient is found in Wayne Grudem's *Christian Ethics* when he says, "Birth-control methods that would cause the death of this newly conceived child (methods known as abortifacients) include the morning-after pills (RU-486 and ellaONe)." Wayne Grudem, *Christian Ethics* (Wheaton, IL: Crossway, 2018), 753. Grudem may be confused because there is debate about whether or not emergency contraceptives such as Ella or Plan B may also have a post-conceptional effect to prevent implantation, but they are not strictly speaking abortifacients nor is RU-486 strictly speaking a "morning-after pill."

C. Other types of Pharmaceutical Abortions

1. ***Mifepristone pills and vaginal misoprostol***.

This type of medical abortion must be performed within 10 weeks of the first day of the last period (Obama administration). It uses the same drugs as the first method, but in different doses. Instead of taking a misoprostol pill, the misoprostol is placed in the vagina after the mifepristone is taken. A woman can do this at home. Advocates of this method claim it is faster, costs less, has fewer side effects, and works better than other methods of medical abortion.

2. ***Methotrexate and vaginal misoprostol***.

Methotrexate is normally used to treat certain types of cancer of the breast, skin, head and neck, or lung. It is also used to treat severe psoriasis and rheumatoid arthritis. Methotrexate is also used as a type of medical abortion and it must be performed within 49 days (7 weeks) of the first day of the pregnant woman's last period. While Methotrexate is considered a very effective abortifacient, it may take up to 4 weeks for abortion to occur. Methotrexate is given as a shot at the doctor's office. The pregnant woman then uses misoprostol vaginally at home a few days later. She must visit the doctor about a week after the methotrexate is given. A vaginal ultrasound exam is done to confirm that abortion has occurred. If abortion has not occurred, another dose of misoprostol is given. Methotrexate is also prescribed in cases when a woman has experienced a miscarriage, but the body has not expelled the fetus. Methotrexate is rarely used in the United States anymore because other methods are more effective and easily available.

3. ***Prostaglandin/Misoprostol***.

Misoprostol is a synthetic prostaglandin approved in the United States for prevention of gastric ulcers. The drug is well absorbed from the gastrointestinal tract, as well as from vaginal mucosa. Misoprostol softens the cervix and stimulates uterine contractions. Although it has been used as a single agent, it is more effective (deadly to the baby) when used in

combination with other drugs (see above).[20] ***Vaginal misoprostol alone*** is a type of medical abortion which can be performed within 56 days (8 weeks) of the first day of the last period. This method uses only misoprostol, given vaginally. Side effects can be worse with this method than with others, and it is less effective. Prostaglandin was more widely used in the years immediately following *Roe*, but is not used as frequently now as an individual abortive agent.

III. Surgical Abortions

Surgical Abortions require some type of intrusion into the woman's body. I will now identify seven types of surgical abortions, but students should note that there is not complete uniformity in how some of these terms are used in both professional and popular conversation.

A. *Menstrual Aspiration / Manual Aspiration*[21]

Manual Aspiration (aka, "manual vacuum aspiration") can be done within 1–3 weeks after a missed period.[22] With this method, a syringe is used to remove the developing baby from the lining of the uterus. This procedure is also called menstrual extraction, manual vacuum aspiration, or mini-suction. This method can also be used to remove the remaining tissue of an incomplete miscarriage (also called a spontaneous abortion). A doctor (or clinical technician) inserts a small, flexible tube into the uterus through the cervix and uses a handheld syringe to suction out the pregnancy material from inside the womb. Local anesthesia is usually applied to the cervix to decrease the pain of dilating the cervix. Local anesthesia numbs only the area injected and you remain conscious.

---

[20] My summary comes from Gold, et al, "Medical Options," 12. I've read other sources that say this procedure can be used up to 7 weeks gestation.
[21] The Feinbergs do not mention this specific method and may just subsume it under suction abortions.
[22] American College of Obstetricians and Gynecologists, "Frequently Asked Questions: Induced Abortion." http://www.acog.org/~/media/For%20Patients/faq043.pdf?dmc=1&ts=20131018T1553366666. (Accessed October 18, 2013).

More pro-abortion advocates are arguing that nurses and midwives be allowed to perform aspiration abortions in the United States, already a common practice in some third world countries. One study in California reported abortion complications were clinically equivalent between newly trained nurse practitioners, certified nurse midwives, physician assistants, and physicians.[23] For pro-abortion advocates, broadening the category of people allowed to perform these early term abortions expands the number of abortion providers.

B. ***Suction curettage (aka: vacuum curettage or "suction abortion")***

Main Process: A Vacuum Device tears a baby apart and sucks the child into a jar. When most people think of an abortion, this is what they have in mind.

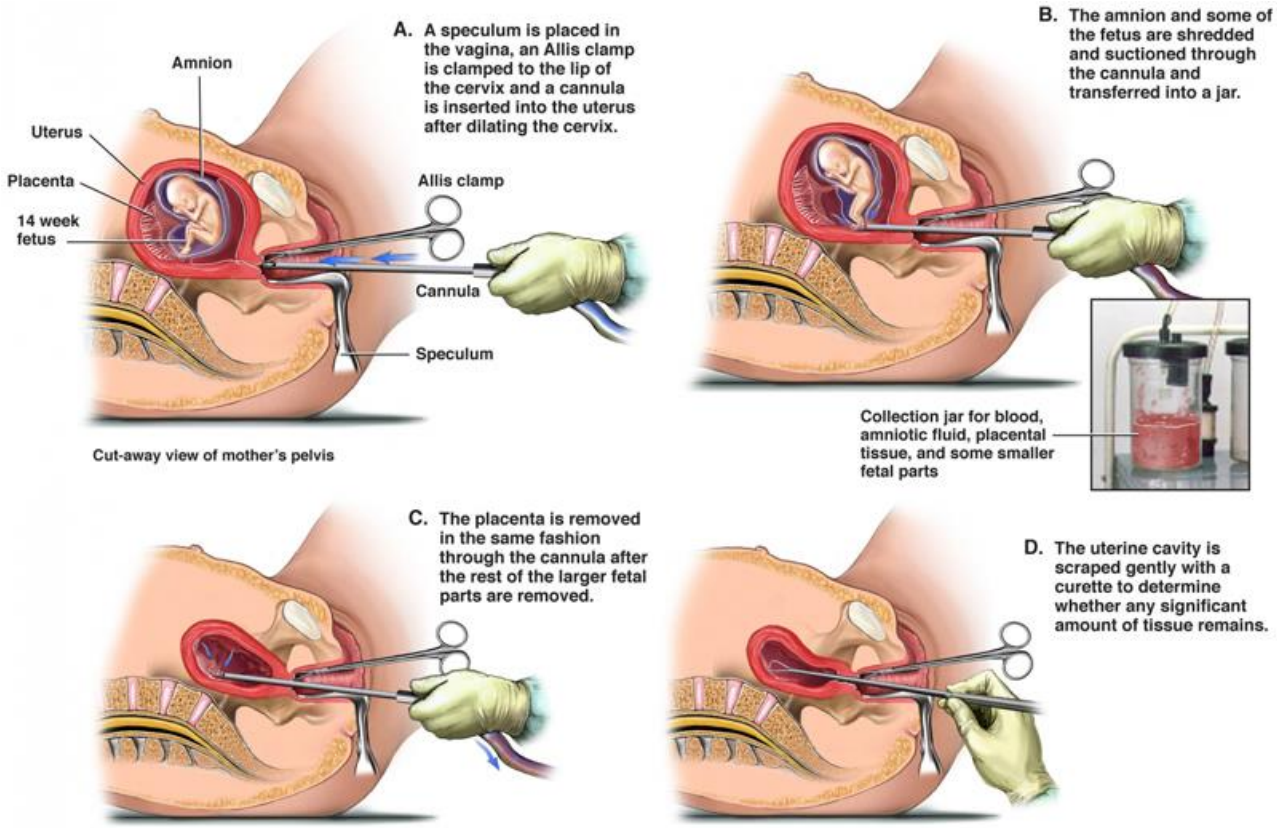
Suction curettage involves dilating the cervix and inserting a small, flexible suction tube into the womb which sucks the baby out and it is the most common type of abortion in the United States. Unless there are unusual problems, suction abortions are done on an outpatient basis. The developing baby is removed by a suction device that is inserted into the uterus and which tears the baby apart and the pieces go into some form of receptacle. This part of the abortion takes about 10 minutes, but may well take longer if a woman is farther along in pregnancy. The walls of the uterus are then scraped with a curette to ensure that everything has been removed. Typically, another pass is then made with the suction device to make sure no parts were left behind. The procedure is performed under local or general anesthetic.[24] The American College of Obstetricians and Gynecologists says suction curettage abortions can be done up to 13

[23] Tracy A. Weitz, Diana Taylor, Sheila Desai, et al, "Safety of Aspiration Abortion Performed by Nurse Practitioners, Nurse Midwives, and Physician Assistants Under A California Legal Waiver," *American Journal of Public Health* 103.3 (March 2013): 454 – 461.
[24] Megan Brest, *Fearfully and Wonderfully Made*, 167.

weeks of pregnancy,[25] though other sources say it can be done up to 14 weeks of pregnancy.

Excursus: Data is Changing: Writing in 2010, the Feinbergs say, "According to some estimates, [suction abortion] is used in 80 percent of [first trimester] abortions."[26] They are apparently citing J. Carl Laney's data published in 1990.[27] More recent data indicates that while suction abortion is still the most common form of abortion in the U.S., pharmaceutical abortions have increased in number. According to the Centers for Disease Control, in 2016, almost two-thirds (65.5%) of abortions were performed at ≤8 weeks' gestation, and nearly all (91.0%) were performed at ≤13 weeks' gestation. Furthermore, in 2016, 27.9% of all abortions were performed by early pharmaceutical abortion (a nonsurgical abortion at ≤8 weeks' gestation), 59.9% were performed by surgical abortion at ≤13 weeks' gestation, 8.8% were performed by surgical abortion at >13 weeks' gestation, and 3.4% were performed by medical abortion at >8 weeks' gestation.[28] So what do you as a student need to know? Suction abortion is still the most common, but many women are now using the abortion pill, thus the number of suction abortions has decreased.

[25] American Congress of Obstetricians and Gynecologists, "Induced Abortion," May 2015, accessed August 19, 2015, http://www.acog.org/Patients/FAQs/Induced-Abortion#first.
[26] Feinberg and Feinberg, *Ethics for a Brave New World*, 74.
[27] The Feinbergs do not footnote the 80% claim, but at the start of the paragraph at footnote 45 they cite J. Carl Laney, "A Biblical Appraisal of the Abortion Epidemic," in J. Kirby Anderson, ed., *Living Ethically in the 90's* (Wheaton, IL: Victor, 1990), 206.
[28] Centers for Disease Control and Prevention, "Abortion Surveillance – United States, 2016," *Morbidity and Mortality Weekly Report*, November 29, 2019, https://www.cdc.gov/mmwr/volumes/68/ss/ss6811a1.htm.



C. *Dilation and Curettage (D&C).*

In a Dilation and Curettage abortion, the cervix is dilated and the uterine wall is scraped, cutting the baby to pieces. This method is used up to 12 weeks gestation. It is similar to suction curettage, but vacuuming is not used to take the baby out of the uterus, but instead the baby is scraped out with a curette shaped like a loop. The World Health Organization asserts the D & C is an obsolete method of abortion and believes vacuum aspiration or medical/pharmaceutical methods should be used.[29]

A D & C can also be used for other non-abortive purposes related to OB/GYN health, such as irregular menstrual bleeding or an

[29] Megan Brest, *Fearfully and Wonderfully Made*, 167. Because of the similarity between a D & C and Suction Curettage and because D & C is often used in conjunction with suction, these two types of abortion are often wrongly identified as the same procedure in everyday speech.

incomplete miscarriage. A D&C may be performed to determine the cause of abnormal or excessive uterine bleeding, to detect cancer, or as part of infertility (inability to become pregnant) investigation.[30] A D&C may be used following a miscarriage to remove the fetus and other tissues if they have not all been naturally passed: Infection or heavy bleeding can occur if these tissues are not completely removed.[31]

D. ***Saline Injection*** (aka "instillation abortion")

1. Definition

Main Process: Baby is burned and poisoned, then delivered dead

In an instillation abortion, a needle is inserted into the amniotic fluid surrounding the baby, some fluid is removed, and then replaced by a concentrated salt solution. The Feinbergs describe this ghastly ordeal: "The baby breathes in and swallows the salt, and is poisoned by it. Often the outer layer of skin is burned off. With saline injection there are osmotic pressure changes in the fetus, causing brain hemorrhages."[32] The baby is slowly burned and poisoned to death. The baby will not die immediately; death takes about an hour and the mother then delivers a dead baby. There are actually people alive today who survived a saline injection abortion as a tiny baby.

---

[30] Johns Hopkins Medicine, "Dilation and Curettage." http://www.hopkinsmedicine.org/healthlibrary/test_procedures/gynecology/dilation_and_curettage_d_and_c_92,P07772/. (Accessed June 13, 2013).

[31] "Health Library: Dilation and Curettage," Johns Hopkins Medicine, accessed July 7, 2014, http://www.hopkinsmedicine.org/healthlibrary/test_procedures/gynecology/dilation_and_curettage_d_and_c_92,P07772/. I've added this explanation so my future preachers won't get confused when a woman asks for prayer because of a D&C procedure. The procedure usually has nothing to do with abortion for the average church attender.

[32] Feinbergs, *Ethics for a Brave New World*, 75.

The Saline Injection method of abortion was first developed in 1934 by Romanian obstetrician Eugen Aburel (1899 – 1975).[33]
2. How Many Saline Injection Abortions

The Feinbergs incorrectly say, "Saline Injection is the most commonly practiced method of abortion during the second trimester."[34] Actually, the procedure was more popular in the past but is performed much less frequently at this time (2018). For example, in the CDC's report on 2011 abortion data in the United States, the method of abortion was known in 562,705 abortions, but only 159 of these were saline injection abortions.[35] Megan Brest says, "These days, this type of abortion technique is not commonly used due to complications for the mother."[36]

E. Hysterotomy Abortion[37]

This is a method used for some second trimester abortions. Technically, it is very similar to a c-section, except that in this case the purpose is to kill the child. The attending physician is given great latitude in how exactly to terminate the life of the baby. A Hysterotomy is usually used only as a last resort and today this method is only rarely used as the primary method of abortion. For example, the CDC reported that in 2016 51 hysterotomy abortions were performed in the United States.[38] In some cases, a tubal ligation is performed the same time as the hysterotomy. The morbidity rates

[33] Aburel also pioneered the technique of continuous epidural and lumbo-aortic plexus block for the relief of pain in childbirth.
[34] Feinbergs, *Ethics for a Brave New World*, 75.
[35] Karen Pazol, Andreea A. Creanga, Kim D. Burley, and Denise J. Jamieson, "Abortion Surveillance – United States, 2011," *Morbidity and Mortality Weekly Report*, 64:SS11 (November 28, 2014): Table 11. http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6311a1.htm#Tab24.
[36] Megan Brest, *Fearfully and Wonderfully Made*, 169.
[37] The word *hysterotomy* basically refers to any surgical incision of the uterus. Thus, a physician might refer to a "hysterotomy" in a cesarean section with the purpose of delivering a live baby. Here, we are discussing incisions into the uterus for the purpose of ending a pregnancy.
[38] Tara C. Jatlaoui, et al, "Abortion Surveillance – United States, 2016," *Morbidity and Mortality Weekly Report* 68.11 (November 29, 2019): 30 – 31.

for the mother are far higher with hysterotomy than with any other method.[39]

F. Dilation and Evacuation (D & E)

Main process in a D & E: Baby is Dismembered

1. Clarification between "D & E" and "D & X"

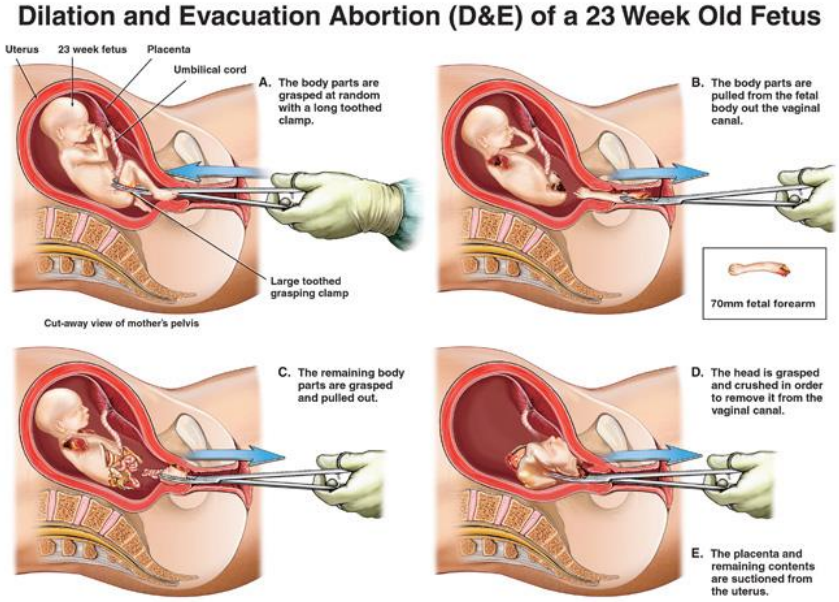
Before we move ahead, I want to alert you to some confusion in terminology concerning *Dilation and Evacuation* (D & E) and *Dilation and Extraction* (D & X). As you read literature on abortion methods, you will discover that sometimes *both* procedures are referred to as "D & E." On other occasions, only *Dilation and Evacuation* is called a "D & E" while *Dilatation and Extraction* is sometimes called a "D & X." To make things more confusing, sometimes people will refer to a "dilation and evacuation" as a "dismemberment dilation and extraction." The Feinbergs say a D & X is a variation of a D & E.[40] Sometimes, authors distinguish between a "standard" D & E as opposed to a "partial birth" D & E.[41] For my purposes, a "D & X" refers to a partial-birth abortion.

2. Defined

In a Dilation and Evacuation Abortion, the cervix is dilated manually with rods and then instruments are used to crush and remove the fetus piecemeal. A combination of forceps, suction, and curettage is often used.[42] The procedure is sometimes called a "dismemberment" dilation and evacuation. Some sources refer to a dilation and evacuation as a suction curettage when performed after 14-15 weeks of pregnancy. This is the most

[39] Victoria Jane Davis, "Induced Abortion Guidelines," *Journal of Obstetrics and Gynaecology Canada* 184 (November 2006): 1024.
[40] John S. Feinberg and Paul D. Feinberg, *Ethics For A Brave New World*, 2nd ed., 75.
[41] For example, see Stephen G. Gilles, "As Justice Kennedy Said," *First Things* 179 (January 2008): 18 – 21.
[42] Megan Brest, *Fearfully and Wonderfully Made*, 168.

common procedure for ending a pregnancy between 14 and 21 weeks.[43] It is similar to a Suction Curettage, but with larger instruments. Rods are used to dilate the cervix open to a size larger than required for a D & C. Suction is used along with forceps or other special instruments to ensure all the baby is destroyed and removed. Sometimes the small baby will be delivered intact if sufficient cervical dilation has occurred.[44] First, a suction tube is inserted to remove the amniotic fluid that surrounded the small child. Then, a Sopher clamp is inserted which is used for grasping and crushing tissue. The baby can be at any orientation for a D & E, so the abortionist reaches in and pulls the baby apart with the Sopher clamp.[45] The baby is brutally dismembered piece by piece. In a D & E, the abortionist may take 10 to 15 passes to remove the fetus in its entirety.[46] The procedure takes more time than other abortion methods, perhaps about 30 minutes.



[43] Megan K. Donovan, "D & E Abortion Bans: The Implications of Banning the Most Common Second-Trimester Procedure," *Guttmacher Policy Review* 20 (2017): 35 – 38.
[44] Megan Brest, *Fearfully and Wonderfully Made,* 168.
[45] This description from Tony Levatino, "A Medical Doctor Describes the D & E Procedure."
[46] Marina Oshana, "Autonomy and the Partial-Birth Abortion Act," *Journal of Social Philosophy* 42.1 (Spring 2011): 46.

G. Intact Dilation and Extraction (D & X): "Partial Birth Abortion"

Main Process: Baby's brain is sucked out

This method is also known as an "intact dilation and extraction" or "intact dilation and evacuation," though Dr. Branch prefers the term "dilation and extraction" or D & X. It is performed in the second or third trimester. Using this method, the abortionists intentionally rotates the baby's body so that it is delivered breech ("feet first") while the head remains in the mother's body. Scissors are forced into the baby's skull and the brain is then sucked out. The dead child is then removed and discarded. In 1997, Robert J. White, professor and director of neurological surgery at the School of Medicine and Metro-health Center, Case Western Reserve University (Cleveland), said, "The fetus in a late-term partial birth abortion is at an age of gestation where pain can be perceived, possibly more exquisitely than an adult. The procedure itself is a brain operation. But the details of it are so gross and so ghastly that it seems to me impossible to believe that medical colleagues of another specialty would carry it out."[47]

The Partial-Birth Abortion Ban Act of 2003 made the D & X procedure illegal in the United States, a law upheld by the SCOTUS in 2007.

IV. Who Feels Pain in an Abortion?

A. The Mother.

Prior to the *Roe* decision, pro-choice advocates used the specter of "back-alley" abortions as major part of their argument for liberalizing abortion laws. Even to this day, the coat-hanger is a symbol of abortion rights for many: the idea being that some women would insert a coat hanger into their bodies in an attempt to induce a miscarriage. While women have

[47] Robert J. White, "Partial-Birth Abortion: A Neurosurgeon Speaks," *America* 177 (October 18, 1997): 5.

died from illegal abortions, the numbers of such deaths were greatly inflated by pro-abortion advocates prior to *Roe*.

Sadly, some women still die from *legal* abortions. Complications associated with surgical abortions include infection and bleeding. As an intrusive procedure, there are always dangers associated with abortion techniques. Furthermore, there is some indication that surgical abortions may contribute to infertility and affect the ability of a mother to carry future babies to term. Nausea, vomiting and/or diarrhea are associated with chemically induced abortions. Beyond physical pain, it is not uncommon for the mother to experience depression or long-term emotional or psychological damage.

Abortion can lead to deep emotional pain for post-abortive women. While pro-Abortion advocates strongly reject the idea that abortion is connected with depression in post-abortive mothers, the reality that one has ended a human life leads to stinging pain and depression for many women.

B. The Father.

While it is common to read about the struggles of post-abortive women, it is also true that many men carry deep emotional, psychological, and spiritual scars from their participation in an abortion.

C. The Baby.

Does the baby feel pain in an abortion? Francis Beckwith offers an excellent summary of the different factors necessary for "pain" to be felt and argues forcefully that the baby does indeed "feel pain" in an abortion.[48]

What is physiologically necessary for pain to be felt? It is beyond a reasonable doubt that the unborn can feel pain possibly as early as eight weeks after conception and definitely by thirteen and a half weeks. The neurological structures necessary for pain sensation are: pain receptive nerve cells, neural pathways, and the thalamus. These requisite neurological structures begin developing at eight weeks and are completely in place and functioning by thirteen and a half weeks.

[48] The following information comes from Francis Beckwith, *Politically Correct Death* (Grand Rapids: Baker Book House, 1993), 47-51.

If the unborn is able to feel pain beginning at some point in his/her prenatal development, do the methods of abortion cause him/her to feel pain? According to Beckwith, "Techniques used after the twelfth week . . . are all capable of stimulating pain receptors as well as neural pathways."[49] Research by A.W. Liley, professor of fetal psychology at the National Women's Hospital in Auckland, New Zealand has demonstrated vividly the ability of the pre-born child to feel pain. Liley has "demonstrated that an eleven-week-old fetus can experience pain and responds to touch, light, heat and noise," say the Feinbergs.[50] Furthermore, Liley has also shown that a pre-born will feel pain when pricked by a needle. Amazingly, if the prick is preceded by a "beep," the baby will learn to recoil at the beep alone.

If the unborn is able to feel pain during some abortions, what is the percentage of total abortions performed during this time? Using 1980 as a typical year, the total number of abortions performed that year was approximately 1.5 million. About 113,500 (9% of the total) were performed after thirteen weeks and another 480,500 (33%) were performed between eight and thirteen weeks.

V. Health Risks Associated With Abortion

The following health risks for women are associated with abortion.[51]

A. Infection

Bacterial infection is an uncommon complication of abortion. Rates are low: less than 1% in vacuum aspiration abortion, but may be slightly higher for later abortion procedures. Bacteria from the vagina can enter the dilated cervix and from there, go upward into the uterus and fallopian tubes.

B. Incomplete Abortion

Fetal tissue or other products of pregnancy may not be completely emptied from the uterus. When this occurs, heavy or irregular bleeding and infection may result. Incomplete abortion often requires a repeat procedure such as a D&C. The reported rate of this complication is low -- less than 1%.

---

[49] Ibid., 48.
[50] Feinberg and Feinberg, *Ethics for a Brave New World*,, 79.
[51] The first seven items on this list are a summary of information from Alaska Department of Health and Social Services, Division of Public Health, "Possible Medical Risks or Complications of Abortion," accessed October 18, 2013, http://dhss.alaska.gov/dph/wcfh/Pages/informedconsent/abortion/risks.aspx.

C. Cervical Injury

Because of the intrusive nature of abortion, it is possible for the cervix to be injured. Injuries to the cervix may include either a surface cut or a deeper tear in the tissue. The risk of damage to the cervix is made smaller by gradual dilation techniques. Multiple abortion procedures may result in future pregnancy complications such as incompetent cervix (weak cervix), that could lead to a pre-term birth. Injury to the cervix occurs in less than 1% of all abortions and is rarely permanent.

D. Uterine Perforation

Medical instruments used in the abortion procedure can perforate the wall of the uterus. Depending on the location of the injury and the depth of the perforation, there may be bleeding or injury to surrounding organs. Perforation can also provide an entry point for an infection. An assessment for possible injury must be done. Occasionally surgery is needed. The risk of perforation is related to the stage of the pregnancy and the experience of the abortionist.

E. Heavy Bleeding

Some bleeding will be noted following all abortion procedures. Heavy bleeding, however, is not common. Heavy bleeding may be treated by repeated suction or medication. Surgery or blood transfusion is very rarely needed.

F. Retained Clots in the Uterus

Bleeding within the uterus can clot before it is expelled. This results in severe uterine cramping. It occurs in less than 1% of all abortions. The clots are usually removed by a repeat vacuum aspiration procedure or medication.

G. Allergic reactions and Anesthesia-related complications

Any surgical procedure that requires anesthesia or medications carries with it a small risk due to the human response to the drugs. Adverse drug reactions can be allergic reactions and cause rashes, shortness of breath, nausea, vomiting, or swelling.

H. Debated Items

There is general agreement concerning the first seven items presented in this list. Here are some other issues Pro-Life groups often claim are health risks associated with abortion.

1. Infertility

Some suggest that induced abortions are related to higher rates of infertility, but this is a much-debated issue. A 1993 study in the *British Journal of Obstetrics and Gynecology* concluded induced abortion does not appear to have an important effect on future fertility.[52] Most pro-choice advocates insist an abortion performed safely with no complications will not reduce a woman's future fertility. As best as I can tell, infertility only becomes an abortion-related problem when a woman develops an infection after an abortion and does not seek medical help to cure the infection.

2. Breast Cancer

Some pro-life groups strongly argue that abortion is connected with an increased risk of breast cancer. Pro-choice groups argue equally as strongly that there is no relation between abortion and an increased risk of breast cancer. Pro-Choice advocates often cite a 2004 study published in the journal *Lancet.* These researchers concluded pregnancies that end as a spontaneous or induced abortion do not increase a woman's risk of developing breast cancer.[53] The American Cancer Society agrees with this report.[54]

3. Abortion and Pre-Term Birth

A 2009 study published in the *Journal of Reproductive Medicine* indicated both induced and spontaneous abortions are associated with

---

[52] P. Frank, R. McNamee, P.C. Hannaford, C. R. Kay, and S. Hirsch, "The Effect of Induced Abortion on Subsequent Fertility," *British Journal of Obstetrics and Gynecology* 100.6 (June 1993): 575 – 580.
[53] Valerie Beral, D. Bull, R. Doll, R. Peto, G. Reeves, "Breast cancer and abortion: collaborative reanalysis of data from 53 epidemiological studies, including 83?000 women with breast cancer from 16 countries," *Lancet* (March 27, 2004): 1007 – 1016.
[54] American Cancer Society, "Is Abortion Linked to Breast Cancer? Why is it hard to talk about abortion and breast cancer?" http://www.cancer.org/cancer/breastcancer/moreinformation/is-abortion-linked-to-breast-cancer. (Last updated, February 19, 2013; Accessed October 24, 2013).

similarly increased risk for preterm birth in subsequent pregnancies.[55] This means women who have an abortion may have an increased risk of not carrying a subsequent pregnancy to full term. In 2013, a group of researchers published findings based on their review of Scottish women who had abortions between 1980 – 2008. These researchers concluded that surgical abortions are related to a higher risk of a pre-term birth in a subsequent pregnancy, but that medical (pharmaceutical) abortions are not associated with this risk.[56]

4. My Thoughts on These Risks

I think we tell the truth to women considering an abortion. The majority of researchers reject the link between induced abortion and infertility and breast cancer. A vocal minority disagrees. There seems to be a stronger relationship between surgical abortions and pre-term births in later pregnancies. Just as a reminder: Pro-choice advocates will insist the risks associated with pregnancy are greater than any potential health risks associated with an induced abortion.

I fear that sometimes we as pro-life Christians are too quick to assert *debated* findings about the health risks of abortion as being *certain*, when in fact the findings in question may be either possible or plausible, but not certain. Our strongest message is the child's right to live and we do our best when we reinforce that positive message while giving accurate information about other potential dangers.

VI. Amniocentesis and Abortion Risks

Amniocentesis is not a method of abortion, but having the procedure done does increase one's risk of miscarriage, so I include some information on it here. Also, Amniocentesis is used by some parents to determine if they want to let the child live or not: Most Down Syndrome babies in the United States are aborted. Amniocentesis is a method commonly used to determine

[55] HM Swingle, T.T. Colaizy, M.B. Zimmerman, F.H. Morriss, Jr., "Abortion and the risk of subsequent preterm birth: a systematic review with meta-analyses," *Journal of Reproductive Medicine* 54.2 (February 2009): 95 – 108.
[56] Clare Oliver-Williams, Michael Fleming, Kirsten Monteath, Angela M. Wood, Gordon C.S. Smith, "Changes in Association between Previous Therapeutic Abortion and Preterm Birth in Scotland, 1980 to 2008: A Historical Cohort Study," *PLoS Med* 10.7 (July 9, 2013), http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001481.

if the child has Down Syndrome, and if so, a "eugenic" abortion is often performed.

A. What is Amniocentesis?

In amniocentesis, a small amount of fluid is removed from the baby's gestational sac. A long, thin, hollow needle is inserted into the woman's womb and around four teaspoons of amniotic fluid are removed. The Mayo Clinic has a helpful explanation available here https://www.mayoclinic.org/tests-procedures/amniocentesis/about/pac-20392914#:~:text=You%20have%20a%20family%20history,conditions%20%E2%80%94%20such%20as%20cystic%20fibrosis..

B. Why is Amniocentesis Performed?

Amniocentesis is often recommended for women who are at risk for giving birth to children with birth defects, such as:

Women who will be 35 or older when they give birth.

Women who have had a screening test result that shows there may be a birth defect or some other problem.

Women who have had babies with birth defects in previous pregnancies.

Women who have a family history of genetic disorders.

Amniocentesis is 99% accurate for diagnosing Down Syndrome.[57] In modern medicine, if an anomaly shows up in the amniocentesis, the attending physician will often recommend an abortion.

C. Miscarriage Risk

One risk associated with amniocentesis is that the procedure may cause a miscarriage and, in this way, would have an abortive action. The Mayo Clinic says, "Second-trimester amniocentesis carries a slight risk of

[57] Susan Storck, "Amniocentesis," University of Maryland Medical Center: Medical Encyclopedia, August 5, 2013, accessed January 16, 2016, https://umm.edu/health/medical/ency/articles/amniocentesis.

miscarriage — about .6 percent. Research suggests that the risk of pregnancy loss is higher for amniocentesis done before 15 weeks of pregnancy."[58] Another study from 2009 suggested a slightly higher rate of miscarriage after amniocentesis (1.4%) and suggested clinics which do a larger number of amniocentesis procedures are somewhat less likely to see a miscarriage.[59] One study from 1985 suggested the risk for miscarriage with amniocentesis is greater for women who had previously experienced a spontaneous abortion (miscarriage).[60]

D. Alternative Tests

A study of 46,193 pregnancies in London hospitals demonstrated the efficacy of a quadruple test using maternal age plus levels of alpha-fetoprotein, unconjugated estriol, human chorionic gonadotrophin, and inhibin-A.[61] This combination was an effective way to test for Down syndrome without the danger of a miscarriage.

E. Moral Evaluation

There are times when medical necessity requires amniocentesis. In these occasions, the test can be performed to ensure the health of both the mother and the baby (ex, fetal lung maturity amniocentesis). If the goal of amniocentesis is to determine if the child has Down Syndrome so the parents can go ahead and prepare to raise a Down Syndrome child, then the test is moral. But at the same time, we must stress that for many people the purpose of such tests is to abort afflicted babies. As Christians, this is not acceptable: Down syndrome babies deserve to live just as you and I deserved to live. Christians should be careful not to rule out all use of amniocentesis, but we do oppose the eugenic overtones to some motivations behind these tests.

---

[58] The Mayo Clinic Staff, "Amniocentesis: Risks," Accessed January 16, 2016, http://www.mayoclinic.org/tests-procedures/amniocentesis/basics/risks/prc-20014529.

[59] A. Tabor, C.H. Vestergaard, Ø. Lidegaard, "Fetal loss rate after chorionic villus sampling and amniocentesis: an 11-year national registry study," *Ultrasound in Obstetrics and Gynecology* 34.1 (July 2009): 19 – 24.

[60] S. M. Esrig and D. E. Leonard, "Spontaneous abortion after amniocentesis in women with a history of spontaneous abortion," *Prenatal Diagnosis* 5.5 (September – October 1985):321 – 328.

[61] Tom Strachan and Andrew Read, *Human Molecular Genetics*, 4th ed. (New York: Garland Science, 20110, 630.

VII. How Many Abortions in the United States?

How many abortions are performed in the United States every year? The precise number is difficult to discern, but a large number are performed each year.

A. Total Number of Abortions

1. Differences in Tabulation: CDC versus the Guttmacher Institute

The number of abortions performed in the United States each year is staggering. The Center for Disease Control began counting the number of legal abortions in the United States in 1969 by tracking the number of abortions reported by the health agencies from each state. However, not every state reports their data to the CDC – Maryland, New Hampshire, and California do not report their data to the CDC (as of 2013).[62] So here's what you need to remember: The CDC data is helpful, but incomplete.

The Alan Guttmacher Institute, a non-profit and pro-abortion organization, also tracks legal abortions in the U.S., but they derive their numbers from the abortion providers themselves. As a result, the Guttmacher Institute consistently reports more abortions for each year. For example (I randomly chose a year), in 1997 the CDC reported 1,186,039 abortions in the U.S., while the Guttmacher Institute reported 1,328,000.[63] Most pro-life people prefer to use the Guttmacher Institute data and I agree: I think their numbers are more accurate.

2. Total Number of Abortions

The exact number of abortions since the *Roe* decision is difficult to confirm, but between 1973 and 2008 over 50,000,000 legal induced abortions were performed in the United States, and by 2018 well over 60,000,000 abortions have been performed.[64] The number of abortions peaked in 1990 at 1,610,000 and dropped 25% to 1,210,000 by 2005.

---

[62] In the past, CDC reports noted "48 reporting" states. I do not know when the number changed from 48 to 47 reporting states.

[63] "The Consequences of *Roe* v. *Wade*." www.nrlc.org/abortion/facts/abortionstats.html. (Accessed January 7, 2003).

[64] Alan Guttmacher Institute, "Facts on Induced Abortions in the United States," accessed June 18, 2013, http://www.guttmacher.org/pubs/fb_induced_abortion.html and National Right to Life, "State of Abortion in the United States," January 18, 2018, accessed May 22, 2018, https://www.nrlc.org/site/communications/releases/2018/release011818/.

Similarly, the abortion rate declined over the same period from 27.4 per 1,000 women ages 15 – 44 to 19.4 per 1,000. However, the number of abortions saw a slight increase in the following years.[65] If one takes 2008 at as an example, 1.96% of women aged 15 – 44 had an abortion in 2008.[66]

The following data from the CDC gives some insight into the number of abortions performed each year in the United States. Since the data from all 50 states is incomplete, these Census Bureau numbers reflect an estimation for the 3 non-reporting states:

2003	1,250,000
2004	1,222,000
2005	1,206,000
2006	1,242,000
2007	1,210,000[67]

A CDC report released in November 2013 stated that in 2010 New York (city and state combined) had 474 abortions for every 1,000 live births. [68] New York City alone had **694 abortions for every 1,000 live births. [69]** The city had 83,750 abortions total.[70]

As of January, 2013, the ERLC reports that a child is aborted every 25 seconds in America (on average).

3. Outside the United States

In Europe, 30% of pregnancies end in abortion. A higher proportion of pregnancies end in abortion in Eastern Europe than in the rest of the region. In Eastern Europe, the abortion rate held steady at 43 per 1,000

[65] This data is from Rachel K. Jones and Kathryn Kooistra, "Abortion Incidence and Access to Services in the United States, 2008," *Perspectives on Sexual and Reproductive Health* 43.1 (March 2011): 41.
[66] Rachel K. Jones and Megan L. Kavanaugh, "Changes in Abortion Rates Between 2000 and 2008and Lifetime Incidence of Abortion," *Obstetrics and Gynecology* 117.6 (June 2011):1361.
[67] "Births, Deaths, Marriages, & Divorces: Family Planning, Abortions," U.S. Department of Commerce, U.S. Census Bureau. http://www.census.gov/compendia/statab/2012/tables/12s0101.pdf. (Accessed December 19, 2013).
[68] Karen Pazol, Andreea A. Creanga, Kim D. Burley, Brenda Hayes, Denise J. Jamieson, "Abortion Surveillance – 2010," *Centers For Disease Control and Prevention: Morbidity and Mortality Weekly Report* 62.8 (November 29, 2013): 5.
[69] Ibid., 19.
[70] Ibid., 31.

women between 2003 and 2008, after a period of steep decline between the mid-90s and the early 2000s.[71]

B. Who is getting an abortion?

In 2002, the CDC said women having abortions were "likely to be young (i.e., age <25), white, and unmarried; slightly more than half were obtaining an abortion for the first time."[72] When examining the total numbers, white women comprise the largest percentage of abortions in the United States, but further exploration of the data reveals some troubling trends.

1. Cohabitation is related to a higher abortion rate.

In 2008, married women had the lowest abortion rate – 6.6 per 1,000 – while cohabitating women (women living with men to whom they were not married) had the highest abortion rate – 52 per 1,000.[73]

2. Minorities are over-represented in the United States.

A consistent trend for abortion data in the United States is that minorities are over-represented and have higher abortion rates. In 2008, African American women had the highest rate of abortion at 40.2 per 1,000 followed by Hispanic women at 28.7 per 1,000.[74]

Earlier data emphasizes this trend. Commenting on abortion data from 2001, Jones, Darroch, and Henshaw of the Guttmacher Institute say, "Women who are aged 18-29, unmarried, black or Hispanic, or economically disadvantaged – including those on Medicaid – have higher abortion rates."[75] Non-Hispanic white women account for 36% of abortions,

---

[71] "Facts on Induced Abortion Worldwide," The Alan Guttmacher Institute, January 2012. http://www.guttmacher.org/pubs/fb_IAW.html. (Accessed December 19, 2013).
[72] Joy Herndon, et al, "Abortion Surveillance – United States, 1998," *Center For Disease Control – Surveillance Summaries*, June 7, 2002. www.cdc.gov/mmwr/preview/mmwrhtml/ss5103al.html. (Accessed January 7, 2003).
[73] Rachel K. Jones and Megan L. Kavanaugh, "Changes in Abortion Rates Between 2000 and 2008 and Lifetime Incidence of Abortion," 1361.
[74] Rachel K. Jones and Megan L. Kavanaugh, "Changes in Abortion Rates Between 2000 and 2008 and Lifetime Incidence of Abortion,"1361.
[75] Rachel Jones, Jacqueline E. Darroch and Stanley K. Henshaw, "Patterns in the Socioeconomic Characteristics of Women Obtaining Abortions in 2001," *Perspectives on Sexual and Reproductive Health* 34.5 (September/October 2002), 1. www.agi-usa.org/pubs/journals/3422602.html. (Accessed January 7,

non-Hispanic black women for 30%, Hispanic women for 25% and women of other races for 9%.[76] However, according to the U.S. Census Bureau, people self-identified as Black or African American make up only 12.2% of the population.[77]

As noted above, in 2010 New York City had 83,750 abortions. Of these, the race or ethnicity was known for 80,274 of the women having abortions. Of these 80,274, 65,686 were African American or Hispanic women (82%).[78] As 2015, for every African-American baby born in New York City, 1.2 African-American babies are aborted. In New York City, 66 African-American babies are born every day, but 79 are aborted daily.[79]

A disproportionate number of abortions in the United States are obtained by ethnic minorities.

3. Poor women have a higher abortion rate.

Poor women, or those with family incomes at less than 100% of the federal poverty level, accounted for 514,040 (42.4%) of abortions in 2008.[80]

4. Age of Women Having Abortions

As of 2008, eighteen percent of U.S. women obtaining abortions are teenagers; those aged 15–17 obtain 6% of all abortions, teens aged 18–19 obtain 11%, and teens younger than age 15 obtain 0.4%.

As of 2008, women in their 20s account for more than half of all abortions; women aged 20–24 obtain 33% of all abortions, and women aged 25–29 obtain 24%.[81]

2003). This conclusion is based on a survey of over 10,000 women who had abortions between 1994 and 2000. 32% of the women in this research were non-Hispanic black.

[76]Alan Guttmacher Institute, "Facts on Induced Abortions in the United States."

[77] United States Census Bureau, "U.S. Statistics in Brief." www.census.gov/statab/www/poppart.html. (Accessed January 7, 2003). There is some possibility that the categories used by the Guttmacher Institute and the Census Bureau do not match exactly, but they are close enough to give an accurate interpretation.

[78] Karen Pazol, et al, "Abortion Surveillance – 2010," 31.

[79] "Culture Watch: More African-American Babies Aborted Than Born in NYC," *The Pathway* 14.3 (February 9, 2016): 16.

[80] Rachel K. Jones and Megan L. Kavanaugh, "Changes in Abortion Rates Between 2000 and 2008 and Lifetime Incidence of Abortion," 1363.

[81] "Facts on Induced Abortion in the United States," The Alan Guttmacher Institute, October 2013. http://www.guttmacher.org/pubs/fb_induced_abortion.html#6. (Accessed December 19, 2013). The report is from 2013, but the data on the age of the women is from 2008.

C. Abortion Providers

The number of abortion providers in the United States steadily decreased between 1982 to 2005, declining from 2,900 facilities to 1,793 during that period of time.[82] Planned Parenthood, the nation's number one abortion provider, performed more than 324,000 abortions in 2008. About 89% of induced abortions in the United States occur in the first trimester.

D. Abortion Costs

How much does it cost to obtain a surgical abortion in the United States? In 2009, the median charge for a surgical abortion at 10 weeks gestation was $470. The median charge for a surgical abortion at 20 weeks gestation was $1,500. The median charge for an early medication (pharmaceutical) abortion was $490.[83]

One result of the large number of abortions is that many people to whom we minister have participated in an abortion, either men who fathered an aborted child or women who have had an abortion. How should the church respond? How do we share the Gospel with this vast mission field of post-abortive people? In order to formulate a response to these questions, I will offer a brief survey of the legal history of abortion in the United States and conclude with a summary of relevant passages of Scripture that should guide our stance towards abortion and ministry to post-abortive people.

VIII. Gestational Age at Abortion and Type

All of this data is for the U.S. only.

A. Gestational Age

[82] Rachel K. Jones and Kathryn Kooistra, "Abortion Incidence and Access to Services in the United States, 2008," 41, 44.

[83] Rachel K. Jones and Kathryn Kooistra, "Abortion Incidence and Access to Services in the United States, 2008," 47. The authors use the median because the mean was skewed by a small number of facilities that charged a very high fee for abortions.

In the November 29, 2019 CDC report about U.S. abortions in 2016, 48 reporting areas included gestational age at the time of abortion in their data.

In 2016, almost two-thirds (65.5%) of abortions were performed at ≤8 weeks' gestation, and nearly all (91.0%) were performed at ≤13 weeks' gestation.

Fewer abortions were performed between 14 and 20 weeks' gestation (7.7%) or at ≥21 weeks' gestation (1.2%).

During 2007–2016, the percentage of abortions performed at >13 weeks' gestation remained consistently low (8.2%–9.0%).

Among abortions performed at ≤13 weeks' gestation, the percentage distributions of abortions by gestational age were highest among those performed at ≤6 weeks' gestation (35.0%–38.4%).[84]

B. Abortion Type

38 reporting areas in the United States recorded the type of abortions performed. 72.4% of abortions performed prior to or equal to 13 weeks gestation were performed by suction curettage. There seems to be an increase in medical (pharmaceutical) abortions earlier in pregnancy with a corresponding decrease in surgical abortions for the same gestational period.[85] Pharmaceutical abortions are becoming more popular.

C. Use of Aborted Fetuses

Brain tissue from aborted fetuses has been used in therapy for people with degenerative brain diseases. For example, it is possible to

[84] Tara C. Jatlaoui, et al, "Abortion Surveillance – United States, 2016," 1.
[85] Karen Pazol, et al, "Abortion Surveillance – 2010," 7.

transplant brain tissue from aborted babies into patients with Parkinson's dieses. Since the aim is to overcome the movement deficits experienced by Parkinson's patients, the transplanted brain tissue is that responsible for motor control. Results have had limited success in clinical terms.[86] Reflecting the utilitarian ethics common in discussions regarding the use of tissue from aborted fetuses, Gareth Jones callously says: "The pivotal consideration should be whether the individual will be enhanced or diminished as a person by the procedure, not whether the graft comes from human fetuses, or from the brains of young rats or pigs."[87]

IX. Planned Parenthood

Planned Parenthood Federation of America (PPFA) is the largest abortion provider in the United States. I will include a few comments on them here. I am adamantly opposed to PPFA's worldview and ethical stance regarding abortion.

A. History

1. Margaret Sanger (1879 – 1966)

Margaret Higgins Sanger was born in Corning, New York in 1879. Her mother, Anne Purcell Higgins, was a devout Roman Catholic who had eleven children who survived infancy. Margaret Higgins married architect William Sanger in 1902. They separated in 1913 and their divorce was finalized in 1921. In 1922, she married J. Noah Slee, the president of the Three-in-One Oil Company and a millionaire. She insisted that their marriage be an "open marriage" in which she could have other sexual partners.

---

[86] Gareth Jones, "A Neurobiological Portrait of the Human Person," *What About the Soul? Neuroscience and Christian Anthropology*, Joel B. Green, ed. (Nashville: Abingdon Press, 2004), 36.
[87] Ibid., 36.

In 1914, Sanger launched a monthly magazine called *The Woman Rebel.* Soon thereafter in 1915, Sanger fled to England because she had violated the Comstock laws by sending diaphragms through the U.S. mail. While in England, she came under the influence of Havelock Ellis (1859 – 1939). Ellis was a very vulgar man who has been rightly described as "the iconoclastic grandfather of the Bohemian sexual revolution."[88] The founder of Planned Parenthood, Sanger was highly influenced by Social Darwinism and crude concepts of eugenics. Her original organization was The American Birth Control League (1921). She believed that sexual freedom empowered women. Sanger was also a driving force behind the development of the oral contraceptive pill.

Her religious views were varied. An atheistic worldview was reflected on the masthead of *The Woman Rebel* which had the slogan, "No Gods and No Masters." But late in her life, she identified as an Episcopalian. According to the *New York Times*, Sanger was the originator of the phrase "birth control."[89]

Sanger forcefully presents her sentiment in her book *Woman and the New Race* when she says, "The most merciful thing that the large family does to one of its infant members is to kill it."[90]

Sanger argued vociferously for free access to contraceptives. Part of her argument in favor of widespread availability for contraceptives was that women in her era (the early Twentieth Century) were going to illegal and dangerous abortionists to end a pregnancy since they did not have contraceptives (which were widely illegal during that time). Sanger argued that making contraceptives available would make abortion less frequent and she

---

[88] George Grant, *Grand Illusions: The Legacy of Planned Parenthood* (Brentwood, TN: Wolgemuth & Hyatt, 1988), 53.
[89] "Margaret Sanger is Dead at 82; Led Campaign for Birth Control," *New York Times*, September 7, 1966, accessed August 14, 2015, http://www.nytimes.com/learning/general/onthisday/bday/0914.html.
[90] Margaret Sanger, *Woman and the New Race* (New York: Truth Publishing Company, 1920, 4th printing), 63.

said, "Contraceptives or Abortion – which shall it be?"[91] In fact, Sanger's prediction has been proven completely wrong. The widespread availability of contraception, especially hormonal contraception, during the 1960s did not lessen the demand for abortion. Instead, the Sexual Revolution *increased* the demand for abortion. In our own era (2016), contraceptives are widely available and yet abortion continues to occur at a high rate year in and year out.

2. Brief History of Planned Parenthood

Margaret Sanger and her sister, Ethel Byrne, opened the first birth control clinic in the U.S. on October 16, 1916 in Brooklyn. Margaret Sanger founded the American Birth Control League in 1921.

In 1939, the American Birth Control League merged with another group to form the Birth Control Federation of America. Sanger did not wield has much power at this point.

In 1942, the Birth Control Federation of America changed their name to Planned Parenthood, a name they thought would be less offensive to the general public.

In 1952, Sanger helped form The International Planned Parenthood Federation. This group now has 149 different member associations working in 189 countries. The federation is headquartered in London.

B. Organization

PPFA is a federation of 85 different Planned Parenthood affiliates around the U.S. Together, they operate 820 different offices around the nation.

[91] Margaret Sanger, *Woman and the New Race*, 129.

C. Tax Payer Funding

Planned Parenthood began receiving federal taxpayer funding in 1970 when President Richard Nixon signed into law the Family Planning Services and Population Research Act.

Planned Parenthood's net revenue increased 5% to total of $1.21 billion in its organizational fiscal year ending on June 30, 2013, according to its annual report, and about 45% of that revenue--$540.6 million--was provided by taxpayer-funded government health services grants.[92] For the Fiscal year that ended on June 20, 2014, the group received $528 million in Federal Funds. Their total budget was around $1.3 billion, so the Federal funds account for about 40% of their revenue. Those public funds come from two programs: Medicaid, the health care program targeted at lower-income Americans, and Title X, a federal family planning program that likewise primarily serves lower-income Americans.[93]

On March 6, 2018, the General Accounting Office (GAO) released a detailed report on the money given to International Planned Parenthood Federation, Marie Stopes International, and Planned Parenthood Federation of America. Between 2013 and 2015, Planned Parenthood and its affiliates spent $288 million in Federal funds, and another 1.2 billion in funding from Medicaid (which includes a combination of federal and state funds) for a total of $1.5 billion over three years from federal health programs. **The largest sources of federal funding:** After Medicaid (1.2 billion), the next largest sources of funding to Planned Parenthood were the Title X

---

[92] Barbara Boland, "Planned Parenthood Got $540.6 Million in Government Grants in FY 2013," CNS News, January 14, 2014, http://cnsnews.com/news/article/barbara-boland/planned-parenthood-got-5406-million-government-grants-fy-2013.

[93] Danielle Kurtzleben, "Fact Check: How Does Planned Parenthood Spend That Government Money?" *NPR*, August 5, 2015, accessed August 14, 2015, http://www.npr.org/sections/itsallpolitics/2015/08/05/429641062/fact-check-how-does-planned-parenthood-spend-that-government-money.

program ($170 million), Title V Maternal Child Health Services block grants ($21 million) and Teen Pregnancy Prevention Program ($18 million).[94]

Danielle Kurtzleben of *NPR* explains how the Federal funds given to PPFA are connected to abortion:

> Title X does not allow federal funds to be used for abortions. Medicaid, however, *does* allow government money to be spent on them — in very restricted cases.
>
> The 1977 Hyde Amendment dictated that federal Medicaid funds could only be used to fund abortions in cases of rape, incest or to protect the life of the mother. However, some states have expanded cases in which they will provide funds. Currently, 17 states allow funds to be used for "medically necessary" abortions. In those cases that these states count as medically necessary but that are not permitted by the federal guidelines, states cover the cost alone.[95]

D. Abortions

Planned Parenthood is the largest provider of abortions in the United States. Planned Parenthood performed 327,166 abortions in the year that ended on Sept. 30, 2012 and 327,653 for the fiscal year ending September 30, 2013.

E. Profiteering from Abortions

In July 2015, the Center for Medical Progress, a pro-life group, released a series of "undercover" videos in which Planned

---

[94] General Accounting Office: U.S. Government Accountability Office, "Health Care Funding: Federal Obligations to and Expenditures by Selected Organizations Involved in Health Related Activities, Fiscal Years 2013 – 2015," March 6, 2018, https://www.gao.gov/assets/700/690490.pdf.
[95] Ibid.

Parenthood leaders discussed selling human body parts derived from abortions. Dr. Deborah Nucatola, Planned Parenthood's senior director for medical services since 2009, is caught on video bragging about how she aborts babies in such a way that their body parts and organs can later be sold for profit. The entire video indicates at least some of her concern for selling the parts for profit is to cover the cost of shipping the tiny baby parts to research laboratories.

"We've been very good at getting heart, lung, liver, because we know that, so I'm not gonna crush that part," Nucatola tells actors posing as organ traffickers. "I'm gonna basically crush below, I'm gonna crush above, and I'm gonna see if I can get it all intact."

"I'd say a lot of people want liver," Nucatola continued. "And for that reason, most providers will do this case under ultrasound guidance, so they'll know where they're putting their forceps."[96] Perhaps the most chilling part of the tape is the manner in which Nucatola calmly and dispassionately discusses dismembering tiny humans for profit while having a nice lunch and sipping red wine.[97]

Last Updated January 19, 2021

[96] Sean Davis, "Planned Parenthood Busted on Tape Trying To Sell Aborted Body Parts," *The Federalist,* July 14, 2015, accessed August 14, 2015, http://thefederalist.com/2015/07/14/planned-parenthood-busted-on-tape-trying-to-sell-aborted-baby-body-parts/.

[97] Nucatola was 43 at the time and based in Los Angeles as a senior director for medical services. She was educated at State University of New York Downstate Medical Center College of Medicine.