

Medical Information Regarding Abortion (brochure text)

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The decision you make in the next few weeks will affect you for the rest of your life...

Physicians Series:

Medical Information Regarding Abortion

PURPOSE OF THIS BROCHURE

** To provide information to aid a pregnant woman in making an informed choice, and...

** To help concerned citizens clarify the nature of abortion.

We encourage pregnant women reading this to think carefully before having an abortion.

The decision you make in the next few weeks will affect you for the rest of your life; so you have the right to learn all the facts.

Do not let anyone pressure you into a decision you are not ready to make!

PREGNANCY

Pregnancy begins when a male sperm and a female egg cell unite in the Fallopian tube to form the first unique cell of a new human being. This special cell, the zygote, begins to divide within ten hours.

Within seven to ten days, the rapidly growing human blastocyst implants in the wall of the mother's uterus (womb), continues to grow, and is called the embryo (Latin, budding).

At eight weeks, the term becomes fetus, a Latin word which means young one, or offspring.

By eight weeks, all body organs are present; by 12 weeks, all organs and systems are functioning. The remainder of the pregnancy is simply a time of growth and fine-tuning for this new human being.

HOW ARE MOST ABORTIONS PERFORMED?

** Suction aspiration or suction abortion is the most common method of abortion in early pregnancy up to 12 weeks after conception (the human fetus is approximately two inches long at 12 weeks). During this procedure, the cervix (a circular muscle at the base of the uterus) is forced open, and a powerful vacuum device suctions out the human fetus in pieces.

** After 12 weeks, a painful D & E abortion may be performed. The abortion provider will open the cervix, impose a pliers-like instrument, twist and pull off the young one's limbs, and crush the skull and rib cage so that they may also be evacuated.

** Another method used from the fourth through the ninth month of pregnancy is the Partial Birth or D & X abortion. Guided by ultrasound, the abortion provider dilates the cervix, grabs both legs with the forceps, pulls the legs into the birth canal (vagina), and delivers the entire body of the child, except for the head. The abortionist then forces scissors into the base of the skull and opens them to enlarge the hole. The scissors are removed and a suction catheter is inserted so that the child's brain tissue may be suctioned out. This eliminates the possibility that the child will be born alive. However, the child is no longer in the uterus, so this is not technically an abortion; it is infanticide.

** RU-486 is a non surgical abortion which must be used early in the pregnancy. It uses a regimen of pills taken over a

period of days to first kill the developing embryo and then to cause the uterus to contract and expel the dead embryo. The mother is usually alone when she delivers her dead embryo. Complications include severe bleeding. This method received FDA approval on a fast. The drugs are used off-label and several women have died since initial testing/use began.

IS ABORTION PAINFUL?

** Unless the mother is anesthetized (put to sleep), it may be very painful.

** Medical research has also shown that the young one feels pain.

IS ABORTION SAFE?

You may have heard people say abortion is safer than childbirth.

But, is that really true?

Actually...

** The maternal mortality (death) rate AFTER abortion is 2.95 times HIGHER than the rate of mothers dying after childbirth [Amer Jrnl of Obstet Gyn 2004; 190:422 427], according to a 13 year population study.

** A second record-based study showed that women who had abortions were almost 2 times more likely to die in the two years after the abortion [So Med Jrnl, 8/2002].

** Maternal death rates used in comparison actually include all abortion-related deaths, the very data to which they are compared.

** Maternal mortality figures also include deaths from ectopic (tubal) pregnancies (which can result from scarring left by

infection after an abortion).

** Maternal mortality figures typically include deaths from homicides, car accidents, physical abuse, and other causes not related to childbirth, during the entire nine months of pregnancy and up to one year after delivery.

** Numerous studies are showing statistical significance and cause-effect relationships between abortion and depression; suicide; breast cancer; premature delivery of future babies; inability to bond with, and neglect/abuse of, future children; sterility.

DOES ABORTION HAVE LONG-TERM CONSEQUENCES OR SIDE EFFECTS?

** It is not uncommon that women must go to the emergency room after an abortion because of hemorrhaging and/or infection caused by puncture of the uterus, or by pieces of the young one left in the uterus. Or, a low-grade infection may go undetected by the woman until, years later, she finds the infection scarred her Fallopian tubes and she is sterile (unable to ever have other children).

** New studies are indicating that there is a statistically significant connection between abortion and breast cancer, possibly due to the sudden interruption of undifferentiated tissue development in the breasts. For more information: www.abortionbreastcancer.com.

** Post-abortion emotional effects (Post-Abortion Stress Syndrome) may include depression; repressed emotions (even total denial of having had an abortion); thwarted maternal instincts; intense feelings of guilt and/or grief; increased use of alcohol, drugs, or smoking; nightmares; thoughts/act of suicide.

** Most importantly, abortion has permanent consequences. A life cut short which could have been fulfilled can be difficult for a woman to face for years to come.

GET THE FACTS!

Don't act before you have all the facts about abortion!

** If you or someone you love is considering abortion, the members of Alabama Physicians for Life want you to ask questions, understand the risks, and make an informed decision.

** Visit www.physiciansforlife.org for more in-depth information about abortion and its consequences.

YOU HAVE THE RIGHT TO KNOW!

After some consideration, if you still believe abortion is the solution for you, be sure to ask the abortion center or hospital personnel the following questions. You have the right to know!

** Have people sued this abortion center because they have been injured by an abortion performed here?

** Does this abortion center have malpractice insurance to protect me in case a problem arises?

** Does this doctor have malpractice insurance? Is this doctor board certified?

** Does the doctor have hospital privileges and will he see me at the hospital if problems should arise?

** Does this facility have emergency resuscitation equipment should problems arise? Is the staff trained in the use of this equipment?

** Can I be permanently damaged by an abortion? Explain the possible side effects to me. (You have the right to know.)

** Were all the risks listed in this brochure mentioned by the abortion center counselor when I asked the above question? If not, why not?

** Will I be asked to sign a paper releasing the doctor and the abortion center in case I suffer physical or emotional damage because of my abortion?

** If abortion is so safe but I have physical problems, will the abortion center or the doctor pay the medical costs to repair the damage? Will they put that in the release form and sign it?

** If I have problems and need help, will I get an answering machine or a real person when I call?

** Will I be able to see the ultrasound of my developing child? State law requires that you be given this option.

PRESSURING ANYONE TO HAVE AN ABORTION IS UNLAWFUL

Are you willing to accept the fact that you may very likely suffer physical and/or emotional trauma from this procedure? If you are not sure, take more time to think about it.

Do not let anyone pressure you into a decision you are not ready to make. You have the right to choose life!

If you go to an abortion center for counseling regarding your pregnancy, please keep in mind that their business depends upon the number of abortions they perform. They are in business to SELL abortions.

ABORTION ALTERNATIVES

** "There are many public and private agencies willing and able to help you to carry your child to term, and to assist you and your child after your child is born, whether you choose to keep your child or place him or her for adoption...The law requires that your physician or his or her agent give you the opportunity to call agencies like these before you undergo an abortion." (AL Act #02 419)

** Studies have demonstrated that women who adopt out their babies rather than abort them have better long-term psychological outcomes (less guilt, remorse and depression).

** Many organizations offer practical support in the form of maternity/baby clothes, prenatal and baby care education, shelter, counseling, and financial help. Contact your local pregnancy center (Abortion Alternatives in the phone book).

** For referrals, go to www.optionline.org or www.thehelpline.org on the internet, or try any of the helplines below.

YOU ARE NOT ALONE!

Alabama Physicians for Life, Inc. encourages you to check all these resources, and consider the information in this brochure before making a decision.

THE CONTINUUM OF LIFE

Alabama Physicians for Life, Inc. is a non profit organization of doctors who recognize the sanctity and value of every human life.

Our members know that birth is only one event in life, simply part of the continuum that begins at conception and concludes at natural death.

The word fetus is Latin for "young one" just as adolescent comes from a Latin word meaning "to grow up".

We cannot devalue one stage of human life without devaluing all human life. Every time an innocent young one is destroyed by abortion (two per minute in the US), the dignity of every human being is lessened.

We who read this brochure have had the opportunity to live. Abortion would deny another human being that opportunity. Human life is to be protected at every stage.

As physicians, we have promised to do all in our power to uphold human life: DO NO HARM.

LET'S TALK ABOUT YOUR OWN DEVELOPMENT

** By days 18-24 (about 3 weeks after your conception), your developing embryonic heart began to beat. Shortly after this, your heart pumped blood through tiny blood vessels.

** By 6-7 weeks, your brain waves would have been detectable on the EEG.

** By 8 weeks, all your organs and systems were present in your body and you, the embryo, now became medically termed fetus, or young one, as mentioned earlier. As the young one, you responded to painful stimuli, you grasped objects, and you could make a fist.

** By 10 weeks, your hands and feet were perfectly formed; your unique fingerprints and footprints were permanently engraved.

** By 12 weeks after conception your development was virtually complete: all organs and systems were functioning. You inhaled and exhaled amniotic fluid to practice breathing and to build up the muscles; you even had hiccups! You were sensitive to touch, heat, sound, discomfort and pain; your face showed features inherited from your parents.

** The remainder of the pregnancy was primarily a time of growth; the majority of your development was already complete by 12 weeks.

Now, were you really a human, or just a "blob"?

Whether pregnant or simply a concerned citizen, go to www.physiciansforlife.org for more detailed information.

1-888-4-OPTIONS

1-888-80-WOMAN

1-800-848-LOVE

1-800-550-4900

1-800-395-HELP

1-800-366-7773

*1-952-461-4000

* Her Choice: anonymous; recorded,
personal stories; post-abortion awareness)

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