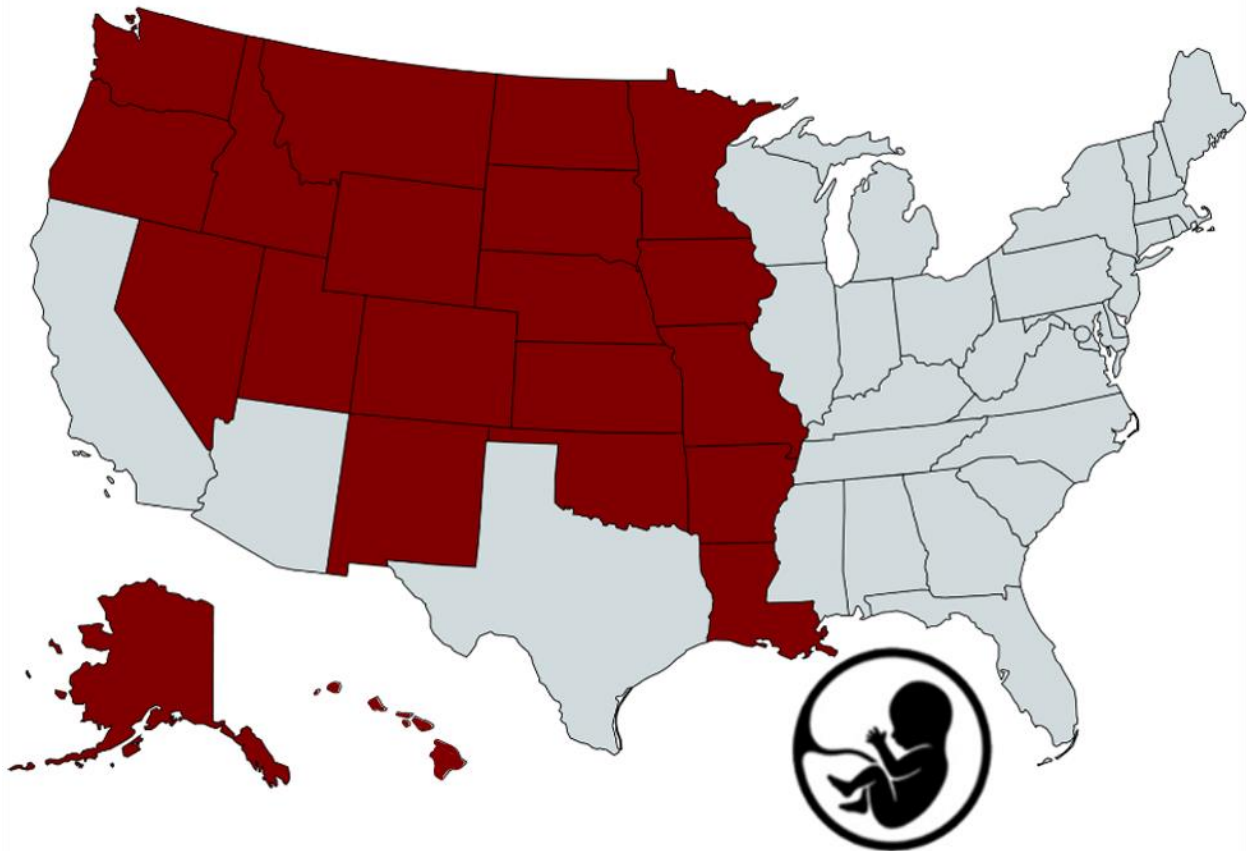


The Truth About Abortion



The population of these 21 shaded states nearly equals the number of babies killed in the 66,000,000** reported abortions between 1973-2025. However, this number likely does not include a total count of chemical abortions via the abortion pill. Currently, chemical abortions account for about 63 percent*** of all abortions in the U.S. every year.*

***According to the U.S. Census Bureau**

****According to Live Action**

*****According to the pro-abortion Guttmacher Institute**

“For you [God] created my inmost being; you knit me together in my mother’s womb. I praise you because I am fearfully and wonderfully made; your works are wonderful, I know that full well.”

Psalm 139:13-14

Warning: The following content contains graphics that may be disturbing to some readers.

Presented by Liberty Counsel | Updated September 9, 2026

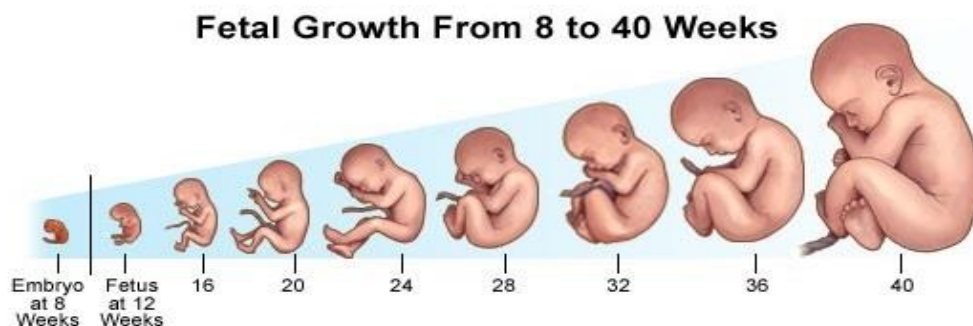
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Stages of Pregnancy

Fertilization	Fertilization normally takes place within one day of intercourse but can occur up to six days later. Genetic information such as gender, eye color, hair color, and facial features are determined. ¹
<i>First Trimester</i> 4 weeks (Embryo)	Vital organs are forming, and signs of the brain and the beginning of the spine are evident. ²
5 Weeks	Heart begins to beat and circulate blood. Arm and leg buds emerge. Brain, spinal cord, and nervous system are established. ³
6 Weeks	Digestive system, eyes, and ears are forming, and arms and legs continue to grow. Neural systems are more defined, and heartbeat can be detected by ultrasound. ⁴
8 Weeks (Fetus)	Face, fingers, toes, elbows, knees, eyelids and bone cells are forming. ⁵
12 Weeks	Fingers and toes are moving, teeth buds are present, and the kidney and bladder form. Baby is 4 inches long and weighs about one ounce. ⁶
<i>Second Trimester</i> 16 Weeks	Baby moves and kicks, sleeps and wakes, and swallows. Hair forms and digestion becomes active. Sex determination is possible. ⁷
18 Weeks	Spurt in baby's growth, internal organs are maturing, and hair, eyebrows and lashes are present. Baby increases storage of iron. ⁸
24 Weeks	If born prematurely, survival with medical treatment is possible at this point in development.
<i>Third Trimester</i> 28 Weeks	Most rapid growth and increase of baby's weight. Begins to respond to outside stimulus like sound and light. ⁹
31 Weeks	Weight gain and rapid growth; settles into favorite position; valuable fat increases. ¹⁰
33 Weeks	Nails on fingers and toes can be seen. Bones are hardening throughout the body, but head remains soft and flexible. ¹¹
Birth (38–40 Weeks)	Baby is ready to be born with developed organs and mature respiratory system.



Types of Abortions

Vacuum Aspiration:

A method of abortion performed during the first trimester, in which the contents of the uterus are withdrawn by suction through a narrow tube. Also called *suction curettage*, *vacuum curettage*.¹²

Dilation and Curettage:

A medical procedure in which the uterine cervix is dilated and a curette is inserted into the uterus to scrape away tissue (as for the diagnosis or treatment of abnormal bleeding) or for surgical abortion during the early part of the second trimester of pregnancy—also called D&C.¹³

Dilation and Evacuation:

A surgical abortion that is typically performed midway during the second trimester of pregnancy and in which the uterine cervix is dilated and “fetal tissue” (i.e., the baby) is removed using surgical instruments (such as forceps and a curette) and suction—also called D&E.¹⁴

Dilation and Extraction:

A surgical abortion that is typically performed during the third trimester or latter part of the second trimester of pregnancy. The uterine cervix is dilated, and delivery of the baby is induced feet-first through the birth canal. Surgical instruments are used to pierce the skull of the mostly-born child—also called D&X, or partial-birth abortion.¹⁵

Partial Birth Abortion:

This type of late-term abortion is illegal in all 50 states due to the Partial-Birth Abortion Act of 2003¹⁶, which was upheld by the U.S. Supreme Court in 2007. The law bans the Dilation and Extraction procedure, or D&X. This procedure consists of the abortionist, guided by ultrasound, reaching into the uterus and grabbing the unborn baby’s leg or arm with forceps, and pulling the baby into the birth canal, except for the head, which is deliberately kept just inside the womb. (At this point in a partial-birth abortion, the baby is alive.) Then the abortionist jams scissors or a sharp implement into the back of the baby’s skull and spreads the tips of the scissors apart to enlarge the wound. After removing the scissors, a suction catheter is inserted into the skull and the baby’s brains are sucked out. The collapsed head and the rest of the baby are then removed from the uterus.

Chemical Abortion:

Mifepristone (formerly known as RU-486) is an anti-progesterone drug, and when used in combination with misoprostol, forms a two-drug regimen to induce an early abortion. The drug is FDA approved for use up to the tenth week in pregnancy. Mifepristone blocks the natural hormone progesterone, which is necessary for pregnancy, and cuts off blood and nutrients to the unborn baby, slowly starving it to death over one to two days. Then, misoprostol induces labor which causes severe cramping, contractions, and bleeding to expel the baby from the womb. In some states, the regimen is only administered in hospitals or recognized clinics. However, some states allow doctors to prescribe the abortion pill over a video call. This is called a telemedicine or telehealth abortion. In January 2023, the FDA made regulatory changes making the abortion pill available by mail and through retail pharmacies. As of September 9, 2026, a lawsuit in the U.S. Fifth Circuit Court of Appeals from the state of Louisiana seeks a court order for the FDA to reinstate the in-person dispensing requirement for mifepristone. Currently, chemical abortions account for approximately 63 percent of all abortions in the U.S.¹⁷ As of December 2022, there were 32 reported deaths associated with mifepristone since the product was approved in September 2000, including two cases of ectopic pregnancy.¹⁸

Saline Amniocentesis:

Also known as “hypertonic saline” abortion, this method is utilized when the amniotic fluid sac has formed around the baby at 16 weeks of pregnancy. “A needle is inserted through the mother’s abdomen and 50-250 ml (as much as a cup) of amniotic fluid is withdrawn and replaced with a solution of concentrated salt. The baby breathes in, swallowing the salt, and is poisoned. The chemical solution also causes painful burning and deterioration of the baby’s skin. Usually, after about an hour, the child dies. The mother goes into labor about

33 to 35 hours after instillation and delivers a dead, burned, and shriveled baby. About 97 percent of mothers deliver their dead babies within 72 hours.”¹⁹

Abortifacients:

Pills and other forms of birth control are often described as contraceptives even though they often take effect after fertilization, the moment life begins. Birth control pills, implants, or injections can thin uterine walls inside a woman and stop a conceived baby from developing. Other drugs such as Plan B One-Step work directly to prevent development after conception.²⁰ The Food and Drug Administration (FDA) renamed these abortifacients as contraceptives, even though the FDA acknowledges that these drugs often work after fertilization.²¹

“If we accept that a mother can kill even her own child, how can we tell other people to not kill one another?... Any country that accepts abortion is not teaching its people to love, but to use any violence to get what they want.”

—Mother Teresa²²

Abortion Statistics

Since the 1973 U.S. Supreme Court decision in *Roe v. Wade*, there have been nearly **66 MILLION ABORTIONS in the United States.**²³

In 2025, there were an estimated 1,126,000 abortions provided by U.S. clinicians (surgical and chemical prescription via telehealth).²⁴ In contrast, in 2022 – the year that *Roe* was overturned – there were 951,618 abortions.²⁵

Despite *Roe*’s reversal, the number of total annual abortions are increasing.

In 2023, approximately 22 percent of all U.S. pregnancies still ended in abortion.²⁶ In 2024, that number decreased to an estimated 18 percent (excluding spontaneous miscarriages).²⁷

Nearly all abortions – 93 percent – occur during the first trimester (at or before 13 weeks.)²⁸

More than 142,000 women travelled out of state to obtain an abortion in 2025. This number declined from 154,000 in 2024, and 166,000 women in 2023.²⁹

According to 2022 data, approximately 65 percent of abortions were for women aged 20-29 and 10 percent for adolescents.³⁰

Chemical abortions accounted for 63 percent of all U.S. abortions in 2023.³¹

More than 7,000 babies³² have been saved by the [Abortion Pill Reversal Protocol](#).³³

The Rise of Chemical Abortions Via Mail

Since the U.S. Supreme Court's June 2022 decision in *Dobbs v. Jackson Women's Health Organization*, which overturned *Roe v. Wade* and returned abortion policymaking to the states, chemical abortions using the abortion pill regimen of mifepristone and misoprostol have become the dominant method of abortion in the United States.

Chemical abortions accounted for more than half of all U.S. abortions before *Dobbs* and rose to approximately 63 percent of abortions by 2023.³⁴ This increase has been driven largely by FDA deregulation of abortion drugs under the Biden administration. In 2023, the FDA relaxed restrictions allowing mifepristone to be prescribed through telemedicine and shipped directly to patients by mail without an in-person examination, ultrasound, confirmation of gestational age, or screening for ectopic pregnancy. The expanded access to abortion drugs through telemedicine and mail-order distribution allows abortion providers to circumvent state abortion laws and reach patients across the nation.

While pro-life states that restrict or prohibit most abortions also generally prohibit telemedicine and mailing for chemical drugs within their borders, providers located in less restrictive states rely on telemedicine and interstate distribution networks to provide abortion pills to residents in those pro-life states. Mail-order abortion then creates substantial enforcement challenges because mailed pills are difficult to trace, packages may be sent anonymously, and privacy protections surrounding mail services limit state oversight.

As a result, a growing legal conflict has emerged between states with differing abortion policies. Several states, including New York and California³⁵, have enacted so-called “shield laws” designed to protect physicians and providers who prescribe abortion pills to out-of-state patients. These laws generally seek to prevent cooperation with investigations, subpoenas, extradition requests, or civil actions initiated by states that prohibit or restrict abortion. States such as Texas and Louisiana have challenged these practices, arguing that out-of-state providers are illegally practicing medicine within their jurisdictions and violating state abortion and medical licensing laws. These cases raise fundamental questions about state authority, interstate commerce, telemedicine regulation, and constitutional principles governing recognition of other states’ judicial proceedings. Because lower courts have not yet fully resolved many of these issues, further litigation is expected, and some disputes may ultimately reach the U.S. Supreme Court.

Louisiana has challenged the federal government’s mail-order rules arguing that the FDA’s justifications for remotely dispensing mifepristone were based on flawed or nonexistent safety data. In May 2026, the U.S. Supreme Court voted 7-2 to keep mail-order access to mifepristone available while litigation continues.

According to 2026 data, 81 percent of online vendors are willing to dispense mifepristone to women beyond the FDA’s 10-week gestational limit for the drug.³⁶ The data also shows that numerous online vendors are violating federal law by selling “unapproved and misbranded abortion drugs.”

Nearly 11 percent of women who take Mifepristone experience serious adverse health events, including “sepsis, infection, hemorrhage, need for blood transfusion, hospitalization, emergency

room visits related to the abortion, need for a surgical abortion due to incomplete abortion, and other abortion-specific complications.”³⁷

Who Is Having Abortions?

Race:

- According to the most recent abortion surveillance data (2022),³⁸ Black women make up 12.1 percent of the female population in America, but account for having the majority of abortions at about 39.5 percent. Caucasian women, who make up 58.9 percent of America’s population, obtain almost 32 percent of all abortions. Hispanic women, who make up just 16.4 percent of the female population, account for about 21 percent of abortions. All other races combined account for the remaining 7 percent of abortions.

Age:

- 65 percent of U.S. women having abortions are *in their 20s*.
- Women aged 20-24 obtain 33 percent of all U.S. abortions and teenagers obtain about 10 percent.
- Adolescents under 17 years account for about 2 percent of all abortions, but have the *highest abortion ratio*, 780 abortions for every 1,000 live births.³⁹

Marital Status:

- In 2022, approximately 87 percent of all abortions were performed on unmarried women and 12 percent on married women.⁴⁰

Economic Status:

- In 2022, approximately 41 percent of women obtaining an abortion were living below the poverty line.⁴¹
- The abortion rate of women with Medicaid coverage is three times as high as that of other women.⁴²

Religion:

- According to 2015 data, 70 percent of women getting an abortion consider themselves to be Christian (27 percent Catholic, 26 percent Protestant, 15 percent non-denominational). The remaining 30 percent belonged to other religious faiths (Jewish, Muslim, Buddhist, etc.) or had no religious affiliation.⁴³

Frequency:

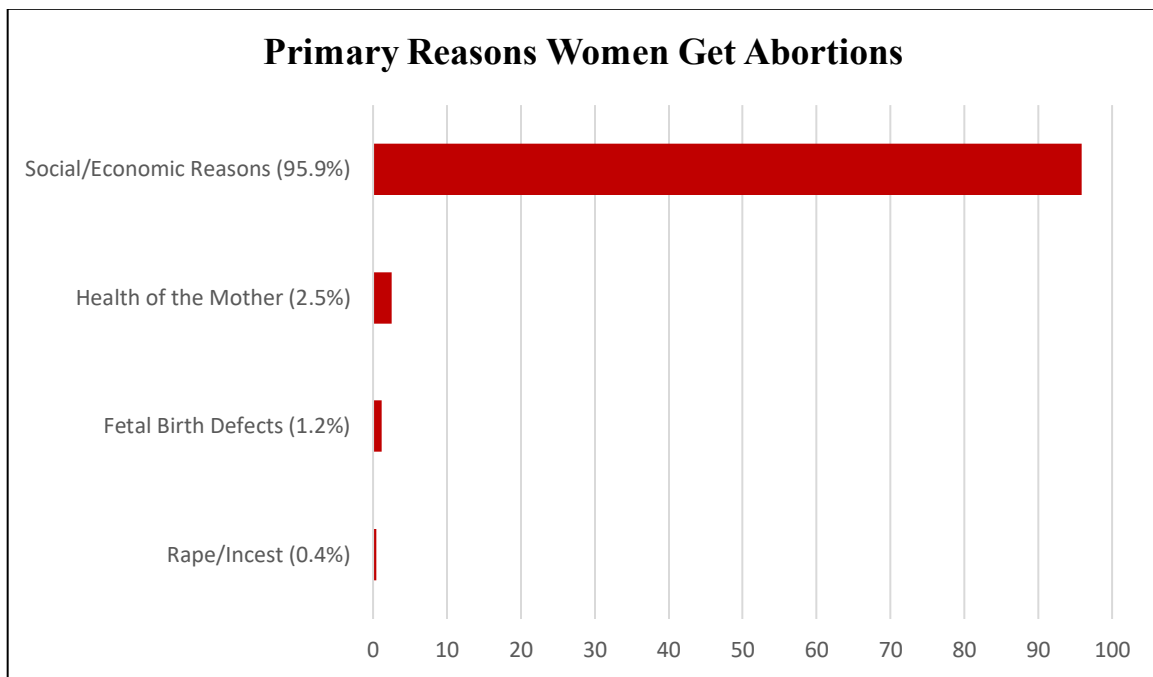
- In 2022, about 56 percent of women having an abortion had not previously had one. Women having had one, two, or three or more previous induced abortions accounted for 24.7 percent, 10.9 percent, and 8.2 percent of abortions, respectively.⁴⁴
- 60 percent of females choosing abortion have already carried and given birth to at least one child before their abortion.⁴⁵

“...Is it surprising that today we have become so morally blind (for wickedness blinds) that we save the baby whales at great cost, and murder millions of unborn children?”

—Alice von Hildebrand, *The Privilege of Being a Woman*⁴⁶

Reasons Women Give for Having an Abortion

While various reasons are cited for women getting an abortion, the majority of women get an abortion because it is most convenient for them. This graph points out that only 0.4 percent of all abortions reportedly occur because of rape or incest.⁴⁷ About **96 percent of all abortions occur for social/economic reasons (i.e., the child is unwanted, the woman is not ready for motherhood, or the woman believes the circumstances are insurmountable).**



Social and Economic Reasons

Almost 96 percent of women explain that they had an abortion because the child was not convenient for them at the time. For example, some women opt for abortion if they think they are financially unstable, it is not the “right time” for her to be a mother, the baby may interfere with her career or education, and/or she is fearful of being a single mother due to relationship issues.

Mental Health of Mother

The mental health of the mother is another reason that is commonly used for abortion. The definition of “mental health” is vague within patient reports. For instance, women have stated on patient forms that: “The mother’s mental health was at risk”; “Emotional health at stake”; and “Mental health.”^{48 49 50}

Physical Health of Mother

When abortions are done to preserve the physical health of the mother or save her life, women often listed their reason to have an abortion on patient health forms as: “Physical health at stake” or “Will suffer substantial and irreversible impairment of major bodily function if pregnancy continues.”

Fetal Defect or Abnormality

Slightly more than 1 percent (1.2 percent) of abortions are performed due to serious genetic fetal abnormalities/defects. These abnormalities can include but are not limited to congenital heart defects, Down syndrome, cleft lip/palate, spina bifida, or Trisomy 18. Birth defects are most often detected through blood screenings and ultrasounds done throughout the pregnancy. However, ultrasounds can be misclassified, and it is possible for genetic blood tests to read false positives.

Rape/Incest

The most common and usually compelling argument that those in favor of abortion use is, “What about if a woman is raped or involved in incest?” However, only **0.4 percent** of abortions are performed on victims of rape or incest. Compare that to the **96 percent** of women who are obtaining abortions for social reasons.⁵¹

About 96% of abortions are done because the baby is an “inconvenience!”

Health Risks Associated with Abortion

“In medical practice, there are few surgical procedures given so little attention and so underrated in its potential hazards as abortion. It is a commonly held view that complications are inevitable.”

—Dr. Warren Hern, *Abortionist*⁵²

Physical Health Risks⁵³

Surgical Risks

There are many surgical risks associated with abortion, including hemorrhaging, infection, cervix laceration, and uterus perforation. If a woman hemorrhages during or from an abortion, she may require a blood transfusion and risks getting hepatitis. Cervix laceration increases a woman’s risk of miscarriage in future pregnancies, and uterus perforation can cause peritonitis. Peritonitis is a condition where the abdominal lining is inflamed and becomes infected; it is “similar to having a ruptured appendix.”⁵⁴

Chemical Abortion Risks

There are many risks associated with the chemical abortion drug Mifepristone. Mifepristone is manufactured under the label Mifeprex, and comes with a “black box warning,” which is the FDA’s strongest warning for drugs with major risks.⁵⁵ The warning advises abortive mothers can expect cramping, vaginal bleeding, and could potentially see blood clots and tissue. Mifepristone also presents women with an increased risk of severe complications, such as hemorrhage, infection, and incomplete abortion all of which could potentially require hospitalization and/or surgical intervention.⁵⁶ A 2025 study showed that nearly 11 percent of women experience sepsis, hemorrhaging, or another serious adverse event within 45 days after taking Mifepristone.⁵⁷ As of December 2022, there were 32 reported deaths associated with Mifepristone since the product was approved in September 2000, including two cases of ectopic pregnancy.⁵⁸ In addition, from 2000-2021, adverse events regarding Mifepristone included 1,045 hospitalizations, 603 events needing a blood transfusion, and 413 infections.⁵⁹ However, these numbers only include reported cases where researchers believe there are many more cases that have gone unreported.

Ectopic (Tubal) Pregnancy

This condition happens when a fertilized egg attaches, and the embryo begins development outside the uterus. This abnormality is dangerous and can cause the mother to bleed to death if a rupture occurs and emergency medical treatment is not obtained quickly. Abortion increases the risk of ectopic pregnancy anywhere from 8 to 20 times. Research has proven that one abortion procedure increases a woman's risk for having an ectopic pregnancy by 30 percent and having two or more abortions raises the risk 160 percent.⁶⁰ In addition, ectopic pregnancies require an ultrasound to diagnose and usually involve major bleeding.⁶¹ During a chemical abortion where women often undergo the process alone and at home, it can be very difficult to tell the difference between the expected pain and bleeding from the abortion and actual life-threatening complications from an ectopic pregnancy.

Breast Cancer

Females who have undergone an abortion procedure may increase their risk of developing breast cancer later in life. Since the national legalization of abortion in 1973, rates for breast cancer have risen 50 percent.⁶²

Other Consequences for Future Pregnancies

Having an abortion puts both the mother and her future children in risk of various complications during a future pregnancy and delivery. Besides risk of an ectopic pregnancy, there is a higher probability that bleeding will occur in the first trimester and delivery by Cesarean is more likely to be needed. Women who have had two or more abortions are also at a higher risk of miscarrying in the future.

The baby is at an increased risk with a higher chance of being underweight or born prematurely. This can result in various physical problems. These babies (born from a womb which has undergone an abortion in the past) are twice as likely to die a few months after birth.⁶³

The Journal of Reproductive Medicine cited multiple studies (59) that had established a statistical connection in women with premature births who had aborted a previous pregnancy. The results from these studies also show that the risk is even higher if the mother has undergone multiple procedures. Premature babies (born before 32 weeks) often require intensive care after birth and suffer various health complications due to underdevelopment.⁶⁴

Infertility

Approximately 2 to 5 percent of women are rendered sterile after having an abortion. Sterility can result as part of the body's response to the procedure or due to physician error. Secondary infertility, a condition where a woman is unable to conceive or carry a pregnancy to term after having given birth before, is three to four times more likely after an abortion.⁶⁵

Sexual Dysfunction

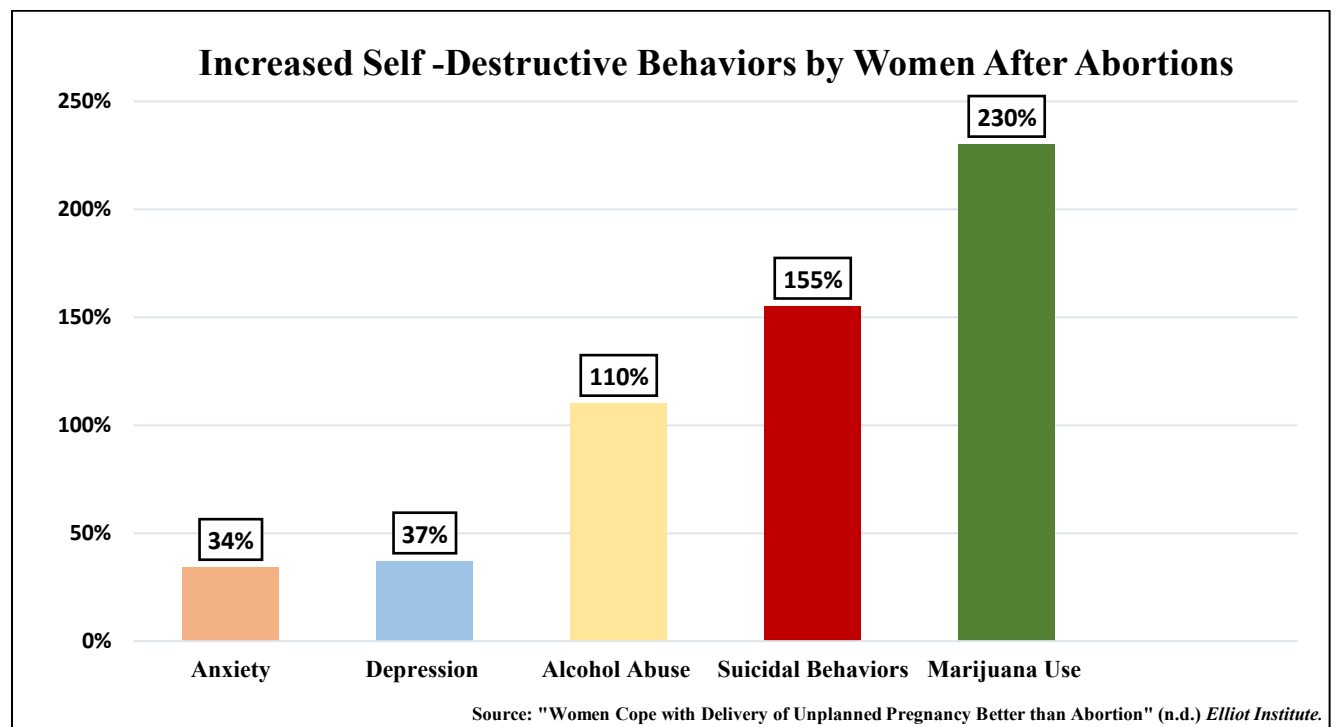
"Thirty to fifty percent of aborted [abortive] women report experiencing sexual dysfunctions, of both short and long duration, beginning immediately after their abortions. These problems may include one or more of the following: loss of pleasure from intercourse, increased pain, an aversion to sex and/or males in general, or the development of a promiscuous lifestyle."⁶⁶

Mental Health Risks

Post Abortion Syndrome (PAS):

Professional psychiatrists and counselors who have interacted with women after their decision to undergo an abortion can identify strong parallels between the suffering of their patient compared to dealing with PTSD, or Post-Traumatic Stress Disorder. This disorder is a mental and emotional illness as the result of a traumatic experience and can inhibit the daily functions of an individual. As a result of having an abortion, many women have needed professional help to cope with various issues, including “intense fear, anxiety, sense of helplessness, feeling of loss of control, emotional numbing, difficulty recalling event, guilt, pain, grief, depression, irritability, angry outbursts, aggressive behavior, sleep difficulties, sexual dysfunction, flashbacks, nightmares, anniversary reactions, withdrawal from relationships, avoidance of children, pessimism regarding future, drug and/or alcohol abuse, and suicidal thoughts.”⁶⁷

A study published in the journal *Frontiers in Neuroscience* provides additional evidence of the harmful biological and behavioral effects of drug-induced abortion. Traditionally, Planned Parenthood and other abortion providers have claimed that the abortion pills are safe and have no adverse effects. The Franciscan University three-year study, which was conducted by a team of behavioral neuroscientists who do not have ties to the abortion industry, clearly indicates that there are negative consequences such as depression, anxiety, loss of appetite and decreased self-care after terminating a viable pregnancy using mifepristone and misoprostol (the two abortion pills commonly used).^{68 69}



A British study in 2011 at the Royal College of Psychiatrics found correlations between abortion and destructive behavior, determining that women who chose abortion are 81 percent more likely to experience mental health issues. By comparing women who had undergone an abortion procedure with those who had not, the post-abortive women had a 34 percent higher rate for anxiety, 37 percent higher for depression, 110 percent more likely to abuse alcohol, 230 percent more likely to use marijuana, and 155 percent more had experimented with suicidal actions.⁷⁰

Key Cases Involving the Previous Federal Legalization of Abortion

***Roe v. Wade* (1973)**

Facts of the Case: A Texas woman, under the alias of “Jane Roe” to protect her identity, sought to terminate her pregnancy by abortion. Texas law prohibited abortions except to save a pregnant woman’s life. After granting certiorari, the Supreme Court heard arguments twice. The first time, Roe’s attorney, Sarah Weddington, could not locate the constitutional hook of her argument for Justice Potter Stewart. Her opponent, Jay Floyd, misfired from the start. Weddington sharpened her constitutional argument in the second round. Her new opponent, Robert Flowers, came under strong questioning from Justices Potter Stewart and Thurgood Marshall.

Question: Does the Constitution embrace a woman’s right to terminate her pregnancy by abortion?

Conclusion: The Court held that a woman’s right to an abortion fell within the right to privacy (recognized in *Griswold v. Connecticut*) protected by the Fourteenth Amendment. The decision gave a woman total autonomy over the pregnancy during the first trimester and defined different levels of state interest for the second and third trimesters. As a result, the laws of 46 states were affected by the Court’s ruling.⁷¹

***Doe v. Bolton* (1973)**

Summary: *Doe v. Bolton* is the companion case for *Roe v. Wade*, the landmark Supreme Court case that established a “substantive due process” right to abortion. In *Roe*, Justice Harry Blackmun wrote that *Roe* and *Doe* “are to be read together.” In the *Doe* 7-2 opinion by Justice Blackmun, the Court elaborated on the “health exception” established in *Roe*. In cases where an abortion is necessary in order to preserve the life or health of the mother, the state must permit an abortion even after viability. According to the majority, the doctor’s medical judgment as to the health of the mother may be “exercised in the light of all factors—physical, emotional, psychological, familial, and the woman’s age—relevant to the wellbeing of the patient.”⁷²

***Planned Parenthood v. Casey* (1992)**

Facts of the Case: The Pennsylvania legislature amended its abortion law in 1988 and 1989. Among the new provisions, the law required informed consent and a 24-hour waiting period prior to the procedure. A minor seeking an abortion required the consent of one parent (the law allows for a judicial bypass procedure). A married woman seeking an abortion had to indicate that she notified her husband of her intention to abort the child. Several abortion clinics and physicians challenged these provisions. A federal appeals court upheld all the provisions except for the spousal notification requirement.



Question: Can a state require women who want an abortion to obtain informed consent, wait 24 hours, and, if minors, obtain parental consent?

Conclusion: Even before the Supreme Court reversed *Roe v. Wade* in *Dobbs*, states were permitted to impose reasonable restrictions on an abortion, including waiting periods, informed consent provisions, and parental notification requirements.

The Case That Revoked the “Constitutional Right to Abortion”

Dobbs v. Jackson Women’s Health Organization (2022)

Facts of the Case: In 2018, Mississippi passed a law called the “Gestational Age Act,” which prohibits all the abortions, with few exceptions, after 15 weeks’ gestational age. Jackson Women’s Health Organization, the only licensed abortion facility in Mississippi, and one of its doctors filed a lawsuit in federal district court challenging the law and requesting an emergency temporary restraining order (TRO). After a hearing, the district court granted the TRO while litigation proceeded to discovery. After discovery, the district court granted the clinic’s motion for summary judgment and enjoined Mississippi from enforcing the law, finding that the state had not provided evidence that a fetus would be viable at 15 weeks, and the Supreme Court precedent prohibits states from banning abortion prior to viability. The U.S. Court of Appeals for the Fifth Circuit affirmed.⁷³

Question: Is Mississippi’s law banning nearly all abortions after 15-weeks’ gestational age unconstitutional?

Conclusion: On June 24, 2022, the U.S. Supreme Court voted 5-4 to overturn the 1973 *Roe v. Wade* and 1992 *Planned Parenthood of Southeastern Pennsylvania v. Casey* abortion decisions. Justice Alito authored the opinion of the Court, overturning *Roe v. Wade* and *Planned Parenthood v. Casey*. Justice Samuel Alito was joined by Justices Thomas, Gorsuch, Kavanaugh, and Barrett. Chief Justice Roberts authored a concurring opinion saying he agreed that the viability standard had no basis in the Constitution and that it should be discarded, but he did not vote to overturn *Roe* and *Casey*. Justices Breyer, Sotomayor, and Kagan jointly authored a dissent to the opinion.⁷⁴

“We end this opinion where we began. Abortion presents a profound moral question. The Constitution does not prohibit the citizens of each State from regulating or prohibiting abortion. *Roe* and *Casey* arrogated that authority. We now overrule those decisions and return that authority to the people and their elected representatives.”⁷⁵

State Legislation Regarding Abortion

The issue of abortion has now been turned over to the states. Most blue states will go on to expand on “abortion rights” and work to codify *Roe v. Wade* through their state legislatures. Meanwhile, many red states had trigger laws that were set to go into place if/when *Roe* was overturned. These trigger laws completely ban abortion except in cases such that a mother’s life is at risk, or the mother was a victim of rape or incest. Other red states had Pre-*Roe* laws that have been reinstated with the overturning of *Roe*. Lastly, there are states that are somewhat in the middle of this issue. These states may or may not move to restrict or protect abortion. This mostly has to do with the current and potential future legislators and executives in office. Legislators or activists may also attempt to get state constitutional amendments regarding abortion on the ballots for voters to decide. That is why it is important to stay informed on the current initiatives in all states. Learn more from resources such as:

Liberty Counsel’s [“States that are Protecting Unborn Children”](#)

Family Research Council “Pro-Life Laws in the States” Interactive [Maps](#)

A 2026 [summary](#) of abortion laws in all 50 states and the District of Columbia, from National Right To Life Committee.

Hopefully, the developing legislation in red states, and the continuing perseverance in purple and blue states, will lead to ending abortions and the slaughtering of innocent children.

“Life, no matter how young, is not expendable and, no matter how ill or aged, is not to be weighed on a cost-benefit scale.”

—Mat Staver, Founder and Chairman of Liberty Counsel⁷⁶

Agenda of Planned Parenthood

On its website, Planned Parenthood boasts that it is “the nation’s leading provider” of sexual health care and “the largest provider of sex education. However, “parenthood” is least on their list of priorities. Planned Parenthood is a multi-billion-dollar abortion chain that kills more unborn babies in abortions than any other group in the U.S. According to Planned Parenthood’s 2024-2025 Annual Report, it reported more than \$2.1 billion in revenue and a new record high of 434,450 abortions in that year.⁷⁷ In addition, it performed nearly 57 abortions for every one prenatal service indicating abortion is its priority over prenatal care.

Since 2015, Planned Parenthood’s prenatal services declined by more than 55 percent and cancer screenings fell by more than 42 percent. Between 2023 and 2024 alone, Planned Parenthood reported decreases in miscarriage care by 21 percent, preventive care visits by 3.2 percent, and cancer screenings by 8.6 percent which indicates a sustained reduction in general health services in favor of abortion.

In fact, Planned Parenthood controls 38.5 percent of the U.S. market share of abortions, according to data from both pro-life and pro-abortion organizations.⁷⁸ As its 2024-2025 report reads, this includes providing chemical abortion via telehealth in 24 states, and helping more than 171,000 people since the 2022 *Dobbs* decision with “funding for transportation, lodging, meals, and dependent care while traveling to appointments.”

The Political Agenda

Planned Parenthood is the nation’s largest advocate for unfettered access to abortion in state and federal legislatures. Under the guise of “health care,” “reproductive freedom,” “bodily autonomy,” and “family planning,” the organization challenges abortion bans, “right to know” laws, parental involvement laws, partial-birth abortion bans, and demands taxpayer funding of abortion.

Targeting Minorities

The abortion movement in the United States has deep ties to eugenics—a pernicious ideology that seeks to eliminate those deemed “unfit” or “undesirable.” Planned Parenthood founder, Margaret Sanger, has a legacy of deeming minority races and the disabled as “unfit” for society and targeting unborn children based on race, sex, and disability. Sanger once wrote, “We do not want the word

to go out that we want to exterminate the Negro population.”⁷⁹ The link between abortion and racist eugenics are plainly evident in Sanger’s life work, in which she advanced the “Negro Project,” gave a speech to the Ku Klux Klan, and advocated eugenic breeding for “the gradual suppression, elimination and eventual extinction, of defective stocks—those human weeds which threaten the blooming of the finest flowers of American civilization.”⁸⁰

Put simply, the eugenicist abortion movement denies the fundamental truth that every human being possesses inherent dignity and worth and instead empowers the billion-dollar syndicate of Planned Parenthood to determine which lives are worth living.

Today, Planned Parenthood is the largest abortion provider in the United States and continues its founder’s legacy. Planned Parenthood has 86 percent of its abortion facilities in or near minority neighborhoods in the 25 U.S. counties with the most abortions.⁸¹ These 25 counties contain 19 percent of the U.S. population and are home to 28 percent of the U.S. black population and 37 percent of the U.S. Hispanic/Latino population. In 12 of these counties, blacks and Hispanics/Latinos are more than 50 percent of the population. In contrast, blacks are only 12.6 percent of the U.S. population and Hispanics, and Latinos are 16.3 percent.⁸²

Unethical Profit Motive

Planned Parenthood officials have been caught on videotape discussing their trafficking of the body parts of aborted babies. As a result, Planned Parenthood and its government allies are attacking Sandra Merritt, a courageous pro-life grandmother who exposed the abortion giant’s horrific selling of baby body parts. Sandra and her co-defendant, David Daleiden, the founder of the Center for Medical Progress, are the first undercover journalists to be charged with a crime for undercover recordings made in the public interest in the history of California. The weight of the evidence demonstrates that the prosecution against Sandra is politically motivated, selective and discriminatory.

Liberty Counsel defended Sandra in both criminal and civil cases against the vicious two-front attack launched against her by California’s attorney general and Planned Parenthood.⁸³ After eight years of prosecuting Sandra, the California Attorney General’s office agreed to a plea deal to end this criminal case with no prison time and no fines for her role in the undercover journalism and [videos](#) that exposed Planned Parenthood’s trade in aborted baby body parts.



(Picture of baby's body after abortion in first trimester)

Liberty Counsel and the Sanctity of Human Life



Liberty Counsel is a nonprofit litigation, education, and policy organization dedicated to advancing religious freedom, the sanctity of human life, and marriage and the family. We accomplish this mission through litigation, education, and public policy. We have been involved in defending human life from fertilization to natural death.

Frequently Asked Questions About Abortion

When does human life begin?

According to standard biology books used in public schools: "Human development begins at fertilization, the process during which a male gamete or sperm unites with a female gamete or oocyte (ovum) to form a single cell called a zygote. This highly specialized, totipotent cell marked the beginning of each of us as a unique individual" (pg. 16). "A zygote is the beginning of a new human being" (pg. 2).⁸⁴

After how many weeks of development is a baby able to survive outside the mother's womb?

Generally, 24 weeks is considered the viability point of the fetus. However, with technology and neonatal intensive care, it has been known that babies born as early as 22 weeks have survived. Survival for early premature births is rare, however, the babies that do survive are at high risk for various conditions and disabilities.⁸⁵ Babies born at 24 weeks have a 60-70% chance of survival; babies born at 28 weeks have an 80-90% chance of survival and a low chance of having health issues.⁸⁶

When does the unborn baby's heart begin to beat?

The heartbeat begins about 21 days after conception.⁸⁷

When does the baby's brain begin to function?

Electrical brain waves have been recorded as early as 40 days.⁸⁸

When do most abortions occur?

Ninety-four percent of all abortions happen during the first trimester, prior to the 13th week, despite the growth and development of organs that occur early on.⁸⁹

What does the Bible say about abortion?

While the Bible never uses the term “abortion,” the following verses reflect His care for His creation (even in the womb), and His righteous anger at the murder of the innocent:

Exodus 20:13 – “You shall not murder.”

Psalms 139:13-16 – “For you created my inmost being; you knit me together in my mother’s womb. I praise you because I am fearfully and wonderfully made; your works are wonderful, I know that full well. My frame was not hidden from you when I was made in the secret place, when I was woven together in the depths of the earth. Your eyes saw my unformed body; all the days ordained for me were written in your book before one of them came to be.”

Psalms 106:35-38 – “But they mingled with the nations and adopted their customs. They worshiped their idols, which became a snare to them. They sacrificed their sons and their daughters to false gods. They shed innocent blood, the blood of their sons and daughters, whom they sacrificed to the idols of Canaan, and the land was desecrated by their blood.”

Psalms 127:3 – “Children are a heritage from the LORD, offspring a reward from him.”

Pro-life Action Steps

Now that you know the facts regarding the tragedy of abortion in our country, it is important to take a stand against this atrocious act of killing our innocent unborn. Let us not abandon those who cannot yet defend themselves. Let us stand up for their right to life.

Simple tips and resources to help you get involved:

- Pray for those who have been affected by abortion.
- Educate yourself in advocating for the sanctity of human life.
- Find and support organizations in your state that are involved in the pro-life movement.
- Organize a rally with other pro-life organizations.
- Vote only for candidates who stand for the sanctity of human life.
- Write a letter to the editor of your local newspaper or magazine.
- Contact your local representatives and encourage them to introduce and vote for laws that uphold life.
- Share your views on social media.
- Volunteer at a local pregnancy resource center.

- Volunteer as a sidewalk counselor outside an abortion center.
- Educate yourself about adoption alternatives.



The key is to stay informed and actively involved. Discuss the facts with your family and friends and inform your pastors and local government of the importance of taking a stand for the sanctity of human life.

Contact Liberty Counsel at liberty@lc.org or (407) 875-1776 for more information.

Glossary

Definitions taken from Merriam-Webster Dictionary unless otherwise noted⁹⁰

Abortion: The termination of a pregnancy after, accompanied by, resulting in, or closely followed by the death of the embryo or fetus, such as a spontaneous expulsion of a human fetus during the first 12 weeks of gestation.

Conception: The process of becoming pregnant by fertilization or implantation or both.

Curettage: A surgical scraping or cleaning by means of a curette.

Curette: A surgical instrument that has a scoop, ring, or loop at the tip and is used in performing curettage.

Embryo: The developing human individual from the time of implantation to the end of the eighth week after conception.

Feticide: The act of causing the death of a fetus.

Fetus: A developing human from usually two months after conception to birth.

Genocide:

The deliberate and systematic destruction of a racial, political, or cultural group.

Infanticide: The killing of an infant.

Planned Parenthood: The collective name of global members of the International Planned Parenthood Federation (IPPF). The Planned Parenthood Federation of America (PPFA) is the U.S. affiliate of IPPF and one of its larger members. PPFA provides “reproductive healthcare,” maternal, and child health services. The organization’s status as the United States’ leading provider of surgical abortions has put it at the forefront of national debate over that issue. Planned Parenthood Action Fund Inc. (PPAF) is a related organization that lobbies the U.S. political system for pro-abortion legislation, comprehensive sex education, and access to affordable health care.*⁹¹

Selective Reduction/Termination: Abortion of one or more but not all embryos in a pregnancy with multiple embryos

Therapeutic Abortion: Abortion induced when pregnancy constitutes a threat to the physical or mental health of the mother. (Note: What the law constitutes as being a “threat to the mental health of the mother” can even include reasons such as a woman not wanting to work to care for her child. In other words, “therapeutic” abortions may occur for the mother’s personal convenience.)

Trimester: A period of three or about three months; especially any of three periods of approximately three months each into which a human pregnancy is divided

Zygote: The result of the sperm successfully fertilizing the ovum. The zygote is a single cell that contains the genetic material of both the mother and the father.⁹²

All Bible verses used are the NIV translation.

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