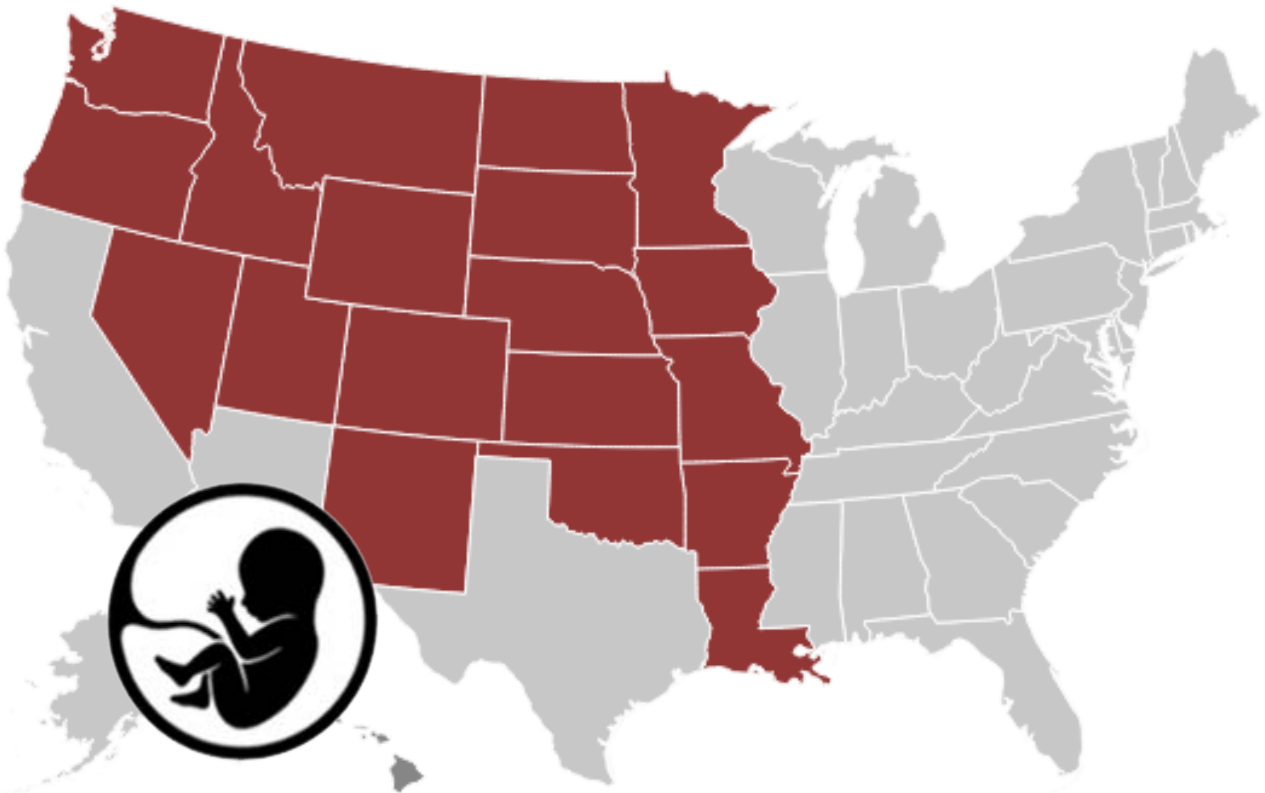


The Truth About Abortion



*The population of these 19 shaded states * equals the approximate number of babies killed in the 62,000,000+ reported surgical abortions since 1973.*

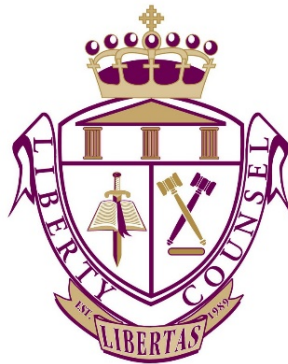
*According to U.S. Census Bureau

*“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 NIV*

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

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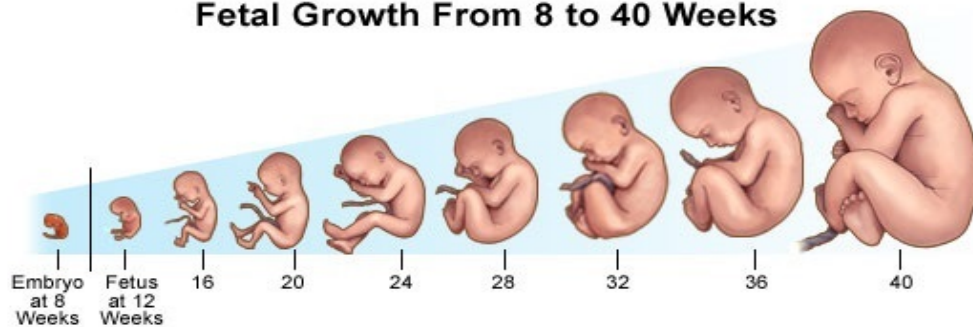
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Stages of Pregnancy

| | |
|--|--|
| 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, 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 heart beat 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" long and weighs about one ounce. ⁶ |
| <i>Second Trimester</i> 16 Weeks | Baby moves and kicks, sleeps and wakes, 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 in 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. |

Fetal Growth From 8 to 40 Weeks



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 late-term abortion is now legal in some states.¹⁶ Guided by ultrasound, the abortionist reaches into the uterus, grabs the unborn baby’s leg or arm with forceps, and pulls 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. Also known as Dilation and Extraction, or D&X.¹⁷

RU486 (Mifepristone):

An anti-progesterone drug used in combination with a prostaglandin, to procure early abortion (up to the tenth week in pregnancy). It is administered only in hospitals or recognized clinics and a success rate of 95 percent is claimed.¹⁸ However, some states allow doctors to prescribe the pill over a video call. This is called a telemedicine abortion.^{19, 20}

Saline Amniocentesis:

Also known as “hypertonic saline” abortion, this method is utilized when the amniotic fluid sac has formed around the baby around 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.”²¹

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. Hormones such as progesterone are found in birth control pills, implants, or injections that potentially 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.²² The Food and Drug Administration (FDA) renamed these abortifacients as contraceptives, even though the FDA acknowledges that these drugs often work after fertilization.²³

“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.”

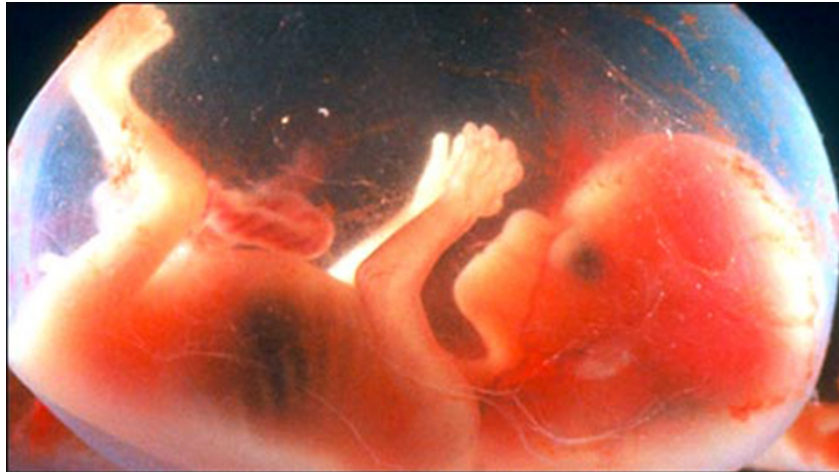
- Mother Teresa²⁴

Abortion Statistics

Since the 1973 U.S. Supreme Court decision in *Roe v. Wade*, there have been more than **62 MILLION ABORTIONS in the United States.**²⁵

In America, there more than 2,362 abortions per day, more than 98 abortions per hour, and one abortion every 96 seconds.²⁶

That means that 18 percent of all U.S. pregnancies end in abortion.²⁷



Roe v. Wade legalized abortions up until the third trimester (28 weeks) when the fetus is deemed “viable”, *UNLESS* the mother is attempting to preserve her health. One example from *Roe V. Wade* of what may be considered harmful to a mother’s health is “**child care.**” This essentially makes it possible for a legal abortion to be obtained at any point in pregnancy.²⁸ In the 1992 *Planned Parenthood v. Casey* case, the Supreme Court went even further in diminishing the parameters which *Roe v. Wade* had put in place regarding the viability of a fetus, by establishing the “undue burden” rule. Under this clause, an “undue burden” is defined as a “substantial obstacle in the path of a woman seeking the abortion of a nonviable fetus.” With this ruling no state laws, even those that may be put in place to protect the unborn child, may come between the mother and her “right” to an abortion.²⁹

“...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*³⁰*

Who Is Having Abortions?

Race:

- While Caucasian women obtain about 37 percent of all abortions, their abortion rate is well below that of minority women. Black women are *3.7 times* more likely as white women to have an abortion, and Hispanic women are roughly *1.5 times* more likely.³¹
- According to the most recent census data³², black women make up 12.7 percent of the female population in America, but account for 36 percent of all U.S. abortions. Hispanic women account for 17.5 percent of all U.S. abortions, though they make up just 16.2 percent of the female population. Non-Hispanic, white women, who make up 63.4 percent of America’s female population, account for nearly 37 percent of all U.S. abortions.³³

Age:

- 41 percent of U.S. women obtaining abortions are *younger than age 25*.
- Women aged 20-24 obtain 31.1 percent of all U.S. abortions and teenagers obtain about 10 percent.
- Adolescents under 15 years obtain less than 1 percent of all abortions, but have the *highest abortion ratio*, 701 abortions for every 1,000 live births.³⁴

Marital Status:

- In 2018, 85 percent of all abortions were performed on unmarried women.
- The abortion ratio for unmarried women is 327 abortions for every 1,000 live births. For married women, it is 34 abortions for every 1,000 live births.³⁵

Economic Status:

- Women living with low household incomes account for three-fourths of abortion patients.
- The abortion rate of women with Medicaid coverage is three times as high as that of other women.³⁶

Religion:

- Women who consider themselves Protestants account for 30 percent of all abortions, and Catholics account for 24 percent in the United States. Women of other faiths (Jewish, Muslim, Buddhist, etc.) are responsible for 8 percent, while 38 percent have no religious affiliation.³⁷

Frequency:

- 43 percent of women who have abortions had at least one previous abortion.
- 59 percent of females choosing abortion have already carried and given birth to at least one child before their abortion.³⁸

Reasons women give for having an abortion...

While various reasons are cited for a woman's abortion, the majority of them are for concerns other than health issues. Only 1.5 percent of all abortions reportedly occur because of rape or incest.³⁹ About **75 percent of all abortions occur for social reasons (i.e., the child is unwanted or inconvenient)**.

Breakdown of Social Reasons:

- Sense of responsibility to other individuals
- Unable to financially support a child
- Baby would interfere with work, school or the caring for other dependents
- Fear of being a single mother due to having problems with their husband or partner.⁴⁰

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**⁴¹*

Physical Health Risks⁴²

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.”⁴³

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.

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.

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 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 to be 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.

Becoming Sterile

Approximately two – five percent of women are rendered sterile after having an abortion as part of her body's response to the procedure or physician error. Secondary infertility is three to four times more likely after an abortion.

Sexual Dysfunction

“Thirty to fifty percent of aborted 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 life-style.”⁴⁴

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.”⁴⁵

A British study in 2011 at the Royal College of Psychiatric 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 for depression, 110 percent more likely to abuse alcohol, 230 percent to use marijuana, and 155 percent more had experimented with suicidal actions.⁴⁶

***Note:**

Despite all the research and scientific evidence, Planned Parenthood's website claims: “there's no risk to your future pregnancies or to your overall health...It doesn't cause problems for future pregnancies like birth defects, premature birth or low birth weight, ectopic pregnancy, miscarriage, or infant death.”⁴⁷

However: In 2007, *The Journal of Reproductive Medicine* cited that multiple studies (59) had established a statistical connection the risk of premature births in women 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.⁴⁸

Trends in Abortion Legislation

Former President Barack Obama once said that “no one is pro-abortion,” only pro-choice. This political distinction between empowering women and disposing of a human baby contradicts the former administration’s actions (funding abortion providers and repealing health restrictions for their facilities). However, President Trump has made tremendous strides to defend the sanctity of human life. For example, from 2016 – 2021, the Trump administration made the following accomplishments:

- Reinstated the Mexico City Policy to end federal funding of foreign non-governmental organizations providing family planning abroad if they perform or actively promote abortion as a method of family planning.
- Expanded the Mexico City Policy to more than \$8 billion in global health assistance provided by all Federal departments and agencies—without compromising U.S. support for global health programming, including women’s health programming.
- Published a regulation to prevent the commingling of taxpayer dollars funding the Title X family planning program with projects that perform, promote, or refer for abortion as a method of family planning.
- Allowed Title X family planning grantees to exclude, as subrecipients, organizations that perform or promote abortions.
- Allowed state Medicaid directors more flexibility to set qualification standards for Medicaid providers, including requirements that may exclude abortion providers from the Medicaid program.
- Approved Healthy Texas Women family planning demonstration waiver to provide meaningful family planning and health services while fostering a culture of life and excluding abortion providers.
- Ended HHS funding for new medical research using human fetal tissue obtained from elective abortions, unless authorized by an ethics advisory board.
- Reissued guidance, Interaction of the Emergency Medical Treatment and Labor Act (EMTALA) and the Born-Alive Infants Protection Act of 2002, that hospitals may be required to screen, stabilize, and treat or transfer “every infant who is born alive, at any stage of development” including those born alive after abortions.

- Issued an Executive Order on Protecting Vulnerable Newborn and Infant Children, reinforcing requirement that all hospitals in the United States to provide medical treatment or an emergency transfer for infants who need emergency medical care—regardless of prematurity or disability.
- Issued guidance to clarify that a hardship exemption from the Obamacare individual mandate is available if all affordable plans offered through the Federal exchanges in an individual’s area include abortion coverage, contrary to one’s beliefs.
- Issued final rules protecting religious orders, pro-life organizations, and other organizations and individuals that have religious or moral objections to providing coverage for contraceptives, including those they believe cause early abortions, in their health insurance plans.
- Issued regulations on Obamacare to protect life and conscience, including:
 - Requiring Obamacare insurers to issue separate invoices for insurance coverage of abortions.
 - Reversing Obama administration’s efforts to force recipients of certain federal funding to provide or pay for abortions.⁴⁹

Abortion Laws by State

Individual states have abortion laws regarding the following:

- **Physician and Hospital Requirements:** 38 states require an abortion to be performed by a licensed physician. 19 states require an abortion to be performed in a hospital after a specified point in the pregnancy, and 17 states require the involvement of a second physician after a specified point.
- **Gestational Limits:** 43 states prohibit abortions, generally except when necessary to protect the woman’s life or health, after a specified point in pregnancy.
- **“Partial-Birth” Abortion:** 21 states have laws in effect that prohibit “partial-birth” abortion. 3 of these laws apply only to post viability abortions.
- **Public Funding:** 16 states use their own funds to pay for all or most medically necessary abortions for Medicaid enrollees in the state. 33 states and the District of Columbia prohibit the use of state funds except in those cases when federal funds are available: where the woman’s life is in danger or the pregnancy is the result of rape or incest. In defiance of federal requirements, South Dakota limits funding to cases of life endangerment only.
- **Coverage by Private Insurance:** 12 states restrict coverage of abortion in private insurance plans, most often limiting coverage only to when the woman’s life would be endangered if the pregnancy were carried to term. Most states allow the purchase of additional abortion coverage at an additional cost.
- **Refusal:** 45 states allow individual health care providers to refuse to participate in an abortion. 42 states allow institutions to refuse to perform abortions, 16 of which limit refusal to private or religious institutions.

- State-Mandated Counseling: 18 states mandate that women be given counseling before an abortion that includes information on at least one of the following: the purported link between abortion and breast cancer (5 states), the ability of a fetus to feel pain (13 states) or long-term mental health consequences for the woman (8 states).
- Waiting Periods: 25 states require a woman seeking an abortion to wait a specified period of time, usually 24 hours, between when she receives counseling and the procedure is performed. 12 of these states have laws that effectively require the woman make two separate trips to the clinic to obtain the procedure.
- Parental Involvement: 37 states require some type of parental involvement in a minor's decision to have an abortion. 27 states require one or both parents to consent to the procedure, while 10 require that one or both parents be notified.
- Ultrasound Requirement: 13 states require verbal counseling or written materials to include information on accessing ultrasound services; 26 states regulate the provision of ultrasound by abortion providers; 4 states mandate that an abortion provider perform an ultrasound on each woman seeking an abortion and requires the provider to show and describe the image; 10 states mandate that an abortion provider perform an ultrasound on each woman seeking an abortion, and 8 of these require the provider to offer the woman the opportunity to view the image; 9 states require that a woman be provided with the opportunity to view an ultrasound image if her provider performs the procedure as part of the preparation for an abortion; 6 states require that a woman be provided with the opportunity to view an ultrasound image before having an abortion.^{50 51 52}

Concerning Legal Constraints

- Abortion is excluded from public funding and unavailable to military personnel and their dependents as a medical procedure.
- Abortion is a common medical procedure that is not routinely taught in medical schools. It is also a procedure that doctors and pharmacists can decline to perform.⁵³
- Abortion facilities, providers, and patients are subject to unprecedented and increasing regulation.

Hopefully, the developing legislation supporting ultrasounds, the defunding of Planned Parenthood, and banning abortions will continue to be pursued by lawmakers for the sake of millions of unborn children.

Agenda of Planned Parenthood

Planned Parenthood Federation for America (PPFA) boasts on its website “About Us” page: “Planned Parenthood is a trusted health care provider, an informed educator, a passionate advocate, and a global partner helping similar organizations around the world. Planned Parenthood delivers vital reproductive health care, sex education, and information to millions of people worldwide.”⁵⁴ However, “parenthood” is least on their list of priorities. Planned Parenthood is a billion-dollar abortion chain that kills more unborn babies in abortions than any other group in the U.S. According to Planned Parenthood’s 2018-2019 Annual Report, it reported a record number 345,672 abortions, while providing fewer actual health care services and seeing fewer patients.⁵⁵

The Political Agenda

Planned Parenthood is the nation’s largest advocate for abortion in state and federal legislatures, challenging “right to know” laws, parental involvement laws, partial-birth abortion bans, and demanding taxpayer funding of abortion.

Targeting Minorities

Planned Parenthood’s founder, Margaret Sanger once wrote, “We do not want the word to go out that we want to exterminate the Negro population.”⁵⁶

Planned Parenthood has 86 percent of its abortion facilities in or near minority neighborhoods in the 25 U.S. counties with the most abortions. 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.⁵⁷

Unethical Profit Motive

Planned Parenthood officials have been caught on videotape discussing their trafficking of the body parts and organs 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 is defending Sandra in both criminal and civil cases against the vicious two-front attack launched against her by California’s attorney general and Planned Parenthood.⁵⁸



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

Key Cases Involving the 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 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 forty-six states were affected by the Court’s ruling.⁵⁹

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 this 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.”⁶⁰

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 twenty-four-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, without violating their right to abortion as guaranteed by *Roe v. Wade*?

Conclusion:

In a 5-to-4 decision, the Court reaffirmed the basic holding of *Roe*, but upheld the majority of the Pennsylvania provisions. “For the first time, the justices imposed a new standard to determine the validity of laws restricting abortions. The new standard asks whether a state abortion regulation has the purpose or effect of imposing an ‘undue burden,’ which is defined as a ‘substantial obstacle in the path of a woman seeking an abortion before the fetus attains viability.’ Under this standard, the only provision to fail the undue-burden test was the husband notification requirement.” The opinion for the Court was unique: The plurality opinion was authored by only three Justices.⁶¹

Gonzales v Carhart (2007)

Facts of the Case: In 2003, Congress passed the Partial-Birth Abortion Ban Act which banned the partial-birth procedure of abortion that killed the baby by puncturing its skull while being delivered out of the birth canal.

Question: Does the Partial-Birth Abortion Ban Act place undue burden on women trying to access their right to abortive services?

Conclusion: The Supreme Court upheld the federal law which prohibits partial-birth abortions.²² However, in thirty-one states there is still legal space to perform similar, late-term abortions that are just as horrific and escape from violating “partial-birth” laws because of nuances in procedure and legal definition.⁶²

“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 Counsel⁶³

Liberty Counsel and the Right to 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 even 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 (i.e., an embryo).” (pg. 2).⁶⁴

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 gestation point have survived. Survival for early premature births is rare, however, and the babies are high risk for various conditions and disabilities.⁶⁵ Babies born at 24 weeks have between 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.⁶⁶

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

The heartbeat begins about 21 days after conception.⁶⁷

When does the baby’s brain begin to function?

Electrical brain waves have been recorded as early as forty days.⁶⁸

When do most abortions occur?

Eighty-nine 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.⁶⁹

What does the Bible say about abortion?

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

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

Psalms 139:13-16 NIV “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 NIV “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 NIV “Children are a heritage from the LORD, offspring a reward from him.”

Steps to Taking Pro-life Action

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 for publication.
- Contact your local representatives and encourage them to create and vote for laws that uphold life.
- Share your views on social media.
- Volunteer at a local crisis pregnancy center.
- Volunteer as a sidewalk counselor outside an abortion center.
- Educate yourself about adoption alternatives.



The key is to stay informed and to stay 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 noted⁷⁰

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

Fetus:

A developing human from usually two months after conception to birth

Feticide:

The act of causing the death of a fetus

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 in 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.*⁷¹

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.⁷²

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⁷ Id.

⁸ Stages of Development of the Fetus- Women’s Health Issues (n.d.) Retrieved July 6, 2017, from <http://www.merckmanuals.com/home/women-s-health-issues/normal-pregnancy/stages-of-development-of-the-fetus>

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