My informal, detailed factsheet about abortion with links & videos

Here is a brief 8 minute introductory video of me explaining why I made these factsheets & screen-recordings. (FYI- that was created over two years ago in late 2022 and was based on the political landscape at that time)
https://photos.app.goo.gl/JGRzegUhPTNoidbq8

To see my other screen-recordings about the rest of the abortion-related topics *(like the mental/ physical health risks, abortion coercion, the Turnaway study, abortion under-reporting, Maternal Mortality rates, abortion procedures, babies born alive, abortion survivors, infanticide, fetal pain and development)*, then please see this google doc:
https://docs.google.com/document/d/1J4oduKYqNlmPZJkuv3LifnBqlBQbVFtCoH3f6dU1t6M/edit?usp=sharing

NEW: Pro-life message to Trump administration https://reccloud.com/u/ps8k7pp

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For my detailed explanation and analysis of the basic facts, information, polls, proposed abortion bills and exceptions, please view the following (my very cheap, informal video screen-recording)
PART ONE OF MY FACTSHEET REVIEW:
https://photos.app.goo.gl/jbbMumz1SrwLHAVE7

20% of all pregnancies end by abortion. *(Or, conversely, 80% of all pregnancies end by live birth.)*

About 1 million abortions occur annually in the U.S.

93% of all abortions occur in the FIRST trimester, well before 13 weeks gestation. *(This means that if you only support first trimester abortion, then you already support abortion in "most cases.")*

6% of all abortions occur between 14-20 weeks (early 2nd trimester) amounting to ***60,000 annually***.

About 1% of all abortions occur after 20 weeks (late in the 2nd trimester) or about ***10,000 annually***. *(That's higher than the number of children's deaths caused by gun violence and car accidents, COMBINED.)*

About 14 out of every 1,000 women in the U.S. aged 15-44 have an abortion every year.

> 1,000/14= about 70. That means 1 out of about every 70 women aged 15-44 in each year. 42% of those women had at least one or more abortions before that.
>
> *70/.58=about 120.* ***This means that 1 out of every 120 women aged 15-44 will have their first (or only) abortion in a given year. The 15-44 childbearing age group covers 30 years.***
>
> *120/30 = 4.That means that 1 out of every 4 women have a lifetime chance of having an abortion. Again, conversely, this also means that almost ¾ or 75% of women only choose life for their unborn baby & will never choose abortion for themselves.*
>
> *120 x 100 = 12,000. 12,000/30 = 400. 1/400 = 0.25% lifetime risk to women of ever having a late term abortion after 21 weeks gestation (or about 1 out of every 400 women). Conversely, that means that 399/400 women, or* ***99.75% of all U.S. women will NEVER choose a late term abortion*** ***(beyond 21 weeks gestation).*** *If you add in the abortions at 13-20 weeks, 7/400 or 1.75% lifetime risk to women of ever having a abortion after 13 weeks gestation. Conversely, that means* ***98.25%*** *of all U.S. women will never have an abortion after 13 weeks gestation.*

Medication abortion, via abortion pills, account for 40-50% of all abortions, usually up to 10 weeks gestation. **Reasons cited for getting an abortion include:** Not ready (25%), can't afford a baby (23%), done having kids (19%), don't want to be a single mom (8%), not mature enough (7%), interference with education or career (4%) & other (6%). **Only 4% cited "physical health problems," 3% "fetal health" & less than 0.5% cited rape.**

The source of the above statistics come from these sources:

Abortion in the U.S.: What the data says | Pew Research Center

Facts About Abortion: U.S. Abortion Statistics (abort73.com)

https://www.prb.org/articles/31780-reasons-to-care-about-gun-violence/

Based on the limited, available data: for the year 2018, it was estimated that there were *around almost* ***1,000 abortions after 24 weeks*** gestation, and around ***160 abortions after 28 weeks*** gestation, in the U.S.
https://www.johnstonsarchive.net/policy/abortion/late_term_abortion_usa.html

https://www.motherjones.com/kevin-drum/2019/04/raw-data-abortions-by-week-of-pregnancy/

About 80% of late term abortions are done in abortion clinics, including 100% of **ALL** abortions done after 26 weeks.
https://whonotwhen.com/

"Fully half of unintended pregnancies are due to a failure to use any contraception. Most of the remaining half are due to using contraception inconsistently." Also, ***women choose life for the majority (60%) of unplanned pregnancies.***
Preventing-Unplanned-Pregnancy-2.pdf (brookings.edu)

90% of married women & 55% of never married women become mothers (and that # for single women is CLIMBING).
https://www.pewresearch.org/social-trends/2018/01/18/theyre-waiting-longer-but-u-s-women-today-more-likely-to-have-children-than-a-decade-ago/

Although the majority of Americans support access to abortion, *the majority of Americans support limiting abortion after 12 weeks of gestation.* That includes a slightly higher percentage of women than men! *The majority supports exceptions such as risk to mother's life, rape/incest, major fetal abnormality and nonviable pregnancy.*
Trimesters Still Key to U.S. Abortion Views (gallup.com)

Where Americans Stand On Abortion, In 5 Charts | FiveThirtyEight

A combined *65% of California voters* think abortion should be restricted either to a near-total ban, a restriction at one month pregnancy or at three months pregnancy. Most California Voters Support Limits on Abortion - Rasmussen Reports®

75% of women would support an abortion limit/restriction up to 15 weeks. That compares to 69% of men, 60% of Democrats, 70% of Independents & 84% of Republicans. 10% supported a right of abortion until birth & another 18% would support a ban at 23 weeks.
HHP_June2022_KeyResults.pdf (harvardharrispoll.com)

More Americans Support 15-Week Abortion Ban—But Don't Want Stricter Restrictions—Poll Finds (forbes.com)

The "Pain-Capable Unborn Child Protection Act," which would have banned abortion at 20 weeks, was polled with majority support. *(Banning abortion at 20 weeks and/or requiring all late term abortions be done at a full hospital, might seem like the simpler alternative to alleviate concerns/risks of aborted babies born alive.)* National-Polling_OnePager_2017.pdf (sbaprolife.org)

77% of voters support the "Protect Babies Born-Alive" bill "to ensure that a baby who survives a failed abortion be given the same medical treatment as any other baby born prematurely at the same age." Democrats opposed this bill, too.
Poll: 77 Percent of Voters Want Congress to Protect Babies Born-Alive - SBA Pro-Life America (sbaprolife.org)

The majority of European nations ban abortion at 10-12 weeks. Another 3 European nations ban it at 14 weeks, one bans it at 18 weeks and one at 24 weeks. Abortion is almost completely banned in 2 others except for rape/incest or the mother's life. What are the abortion time limits in EU countries? – Right To Life UK

Updated/recent abortion polls for 2023-2025

Gallup Poll Shows More Americans Want All or Most Abortions Made Illegal - LifeNews.com

Abortion | Gallup Historical Trends

https://x.com/RealAshleyLuna/status/1720223180156190831- *my analysis of a recent poll & implications for third parties*
NPR_PBS-News-Hour_Marist-Poll_USA-NOS-and-Tables_0426_202304211458.pdf

https://x.com/realashleyluna/status/1722418803844468807?s=46 - *my analysis of the 2023 mid-term election results*

https://www.kofc.org/en/resources/communications/polls/2025-kofc-marist-poll-results.pdf

Americans' Opinions on Abortion (kofc.org)
Americans' Opinions on Abortion
Where do Americans Stand on Abortion? - SBA Pro-Life America

Support for legal abortion increased since Roe v. Wade was overturned - AP-NORC (apnorc.org)

Reuters Ipsos Large Sample Poll #3 May 2024.pdf - *Majority OPPOSE a law allowing elective abortion after 15 weeks. Majority SUPPORTS a law guaranteeing federal exceptions for rape and the mother's life.*

A growing number of Americans call themselves 'pro-choice' - but what's really behind it? (liveaction.org) - *misinformation about pro-life laws versus the effect on maternal healthcare is causing some pro-lifers to doubt their positions, affecting recent abortion polls.*

Abortion Experiences, Knowledge, and Attitudes Among Women in the U.S.: Findings from the 2024 KFF Women's Health Survey | KFF

BREAKING: 7 in 10 Voters Want to Roll Back Biden COVID Abortion Drug Policy, Reinstate In-Person Doctor Visits - SBA Pro-Life America

Embryonic/Fetal Development, Pregnancy emergencies

An embryo or fetus is not a "clump of cells." The embryo's heart, spine & brain start forming at 3 weeks from conception (5 weeks gestation) & the heart beats/pumps blood by the end of that week. At 5 weeks from conception (7 weeks gestation), limb buds & facial features are forming, followed by hands/feet at 6 weeks conception, & fingers/toes at 7 weeks conception (9 weeks gestation). Some women were traumatized/shocked to see their embryo, post-abortion. **To see video clips, photos, articles and scientific research findings regarding embryonic fetal development, until 10 weeks gestation, please see my supplemental video of my rebuttal to a recent Guardian article and abortion doctor's "Tissue Project:"** https://reccloud.com/u/a8nmsv2

➡️➡️➡️➡️***As evidence of the facts above about embryonic development, this google doc below has the links to all the websites from my above Supplemental Abortion video:*** https://docs.google.com/document/d/1UFQAtrzYNvLDiBTBBP4T-uXgHjUGvareh6PAIvIFM44/edit?usp=sharing

Unborn babies are FULLY FORMED by 12 weeks gestation. 12 Weeks Pregnant: Symptoms, Belly & More | BabyCenter
https://www.mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/in-depth/fetal-development/art-20046151
https://youtu.be/PlqRxSaTVgc?si=jRRNVc9KYb7DeHAX
https://sarahterzo.substack.com/p/abortionist-wanted-to-run-from-the

Here are 2 quick videos of a baby's development from conception to birth & what they're like in the womb:

A Never Before Seen Look At Human Life In The Womb | Baby Olivia - YouTube
Incredible Video Shows Unborn Babies Jumping Around, Waving, Yawning and Sucking Their Thumb - LifeNews.com

Images of Aborted babies: Abortion - Pro Life - Galleries of Images of Aborted Children

Planned Parenthood, abortion activists and politicians have repeatedly lied about "thousands of women" dying from pre-Roe back-alley abortions, to gain sympathy for pro-abortion laws and make people think that they're "saving women's lives" by supporting abortion. "*There is no evidence that in the years immediately preceding the Supreme Court's decision, thousands of women died every year in the United States from illegal abortions….These numbers were debunked in 1969… by a statistician celebrated by Planned Parenthood.*"
Planned Parenthood's false stat: 'Thousands' of women died every year before Roe - The Washington Post

The pro-choice movement often claims that the co-relation of higher maternal mortality rates in pro-life states proves that the pro-life laws caused those discrepancies. They claim that OB-GYN's are either fleeing to pro-choice states, creating maternity deserts, or delaying miscarriage care to avoid any speculation of an illegal abortion. Certainly many pro-choice OB-GYN's have threatened to abandon their pro-life state's population and/or with-hold care. However, the data shows that pro-life states have a disproportionate higher rate of applications than pro-abortion states, and the shortage of OB-GYN's there is due to the lower rate of job openings available. Pro-life states tend to have more rural and/or poor areas, and areas where the low birth rates force medical providers to drop OBGYN services, so many women lack close, reliable access to quality maternity care, and many of these so-called "maternity deserts" existed well BEFORE the abortion bans. In fact, CA is experiencing a "maternity care crisis" that was getting so bad that the governor signed bills to slow down the hospital closures. The national maternal mortality rate has actually DECREASED since the fall of Roe. Public records also show that Texas hospitals, for example, have continued to provide a comparable number of emergency abortions as before their abortion bans became effective. Yet, other than one doctor who publicly advertised that he performed an illegal abortion, (in order to deliberately invite a lawsuit, which got dismissed), no doctor in Texas has been sued. The majority of deaths included in the Texas maternal mortality rate were found to not be related to pregnancy at all, and out of those pregnancy related deaths, more than half occurred between 1 week & up to 1 year *after birth.*
Anti-abortion laws not to blame for OB-GYN shortages: Study - Washington Examiner
5 biggest lies the abortion industry has told since Roe v. Wade was overturned (liveaction.org)
CDC: Maternal Health Figures Improving Post-Dobbs - Secular Pro-Life (secularprolife.org)
https://docs.google.com/document/d/1q3TFzwt1WDnqWqJhSUONoIvZOSZ5w_b9GexQ4-PKux4/edit?usp=sharing
Handbook of Maternal Mortality: Addressing the U.S. Maternal Mortality Crisis, Looking Beyond Ideology - Lozier Institute

Hospitals have indeed placed pregnant women's lives in danger, by delaying/refusing to provide LEGAL abortions even when they are suffering a miscarriage and their pregnancy is no longer viable. This has happened in ALL US states, including California, but when it happens in a pro-life state, it creates headlines and people often blame pro-life laws. However, none of these abortion bans forbid abortions in cases where the pregnancy puts the woman's life at risk, for ectopic pregnancies, or in cases of fetal demise, for example, nor do they require the risk to be "imminent" or at "death's door" (versus "inevitable") to be induced. Many of the women in these cases eventually either sued the provider for malpractice, or they were told multiple times to consider filing a medical malpractice lawsuit or complaint against the medical provider, but had refused to do so and/or were situations that *had nothing to do with the actual law.* Doctors were not "confused" about the law for those cases.
Abortion Policy Allows Physicians to Intervene to Protect a Mother's Life - Lozier Institute
AP blames pro-life state laws for medical negligence... then admits that it happens everywhere (liveaction.org)
NPR's dishonest attempt to blame pro-life laws for medical neglect (liveaction.org)
Texas Pro-Life Laws Should Be Clarified | National Review
Plaintiffs in Texas abortion case should be suing their doctors instead, argues Texas AG (liveaction.org)
GUEST POST: Amber Thurman could have died in a pro-abortion state like Keisha Atkins did. Here's why. (liveaction.org)
Filed Brief: Zurawski v. Texas and Reasonable Medical Judgment - Lozier Institute
State v. Zurawski :: 2024 :: Supreme Court of Texas Decisions :: Texas Case Law :: Texas Law :: US Law :: Justia
https://x.com/LozierInstitute/status/1838584199298646468
An Open Letter to ACOG Regarding Misinformation About Abortion Drugs and State Laws | AAPLOG - American Association of Pro-life Obstetricians & Gynecologists
https://ny1.com/nyc/all-boroughs/news/2024/10/01/lawsuit-amber-thurman-death-emergency-abortion?cid=share_twitter?cid=share_clip

➡️➡️➡️➡️**FOR MUCH MORE DETAILS, LINKS & SCREENSHOTS, PLEASE GO HERE:**
https://docs.google.com/document/d/1G_ORCSFVfVznaSYbJn90VCJ_-QJaD1YjEJmdgfxhmwU/edit?usp=sharing

More on Late Term Abortions

******The majority of late term abortions are usually for socioeconomic reasons, NOT medical reasons!******

Reasons cited for the delays in getting an abortion after 20 weeks included: they "did not suspect they were pregnant until later in pregnancy, and other barriers to care included lack of information about where to access an abortion, transportation difficulties, lack of insurance coverage and inability to pay for the procedure." **VIDEO: https://reccloud.com/u/hnx9z7x**

Abortions Later in Pregnancy | KFF

Late-Term Abortion and Medical Necessity: A Failure of Science - James Studnicki, 2019 (sagepub.com)

Corrigendum - 2019 - Perspectives on Sexual and Reproductive Health - Wiley Online Library

https://www.frontiersin.org/journals/psychology/articles/10.3389/fpsyg.2022.1003116/full

Later Abortion - Secular Pro-Life (secularprolife.org)

https://writer-sarahterzo.medium.com/why-do-people-have-third-trimester-abortions-4ac2a8a33010

Later Abortions and Mental Health: Psychological Experiences of Women Having Later Abortions—A Critical Review of Research - Women's Health Issues

Who Seeks Abortions at or After 20 Weeks? - Foster - 2013 - Perspectives on Sexual and Reproductive Health - Wiley Online Library

https://www.liveaction.org/news/washington-post-abortion-propaganda-later-abortions/

https://www.motherjones.com/kevin-drum/2019/04/raw-data-abortions-by-week-of-pregnancy/

An Abortion Rights Advocate Says He Lied About Procedure - The New York Times

Kermit Gosnell and late-term abortions: An answer to pro-choicers.

Clinton Off on Late-Term Abortions - FactCheck.org

Abortionist Celebrates Killing Unborn Baby at 37 Weeks: "I Do Any Abortion I Think Appropriate" - LifeNews.com

Abortion Clinic Owner Brags She Kills Babies Up to 34-Weeks-Old - LifeNews.com

Some abortionists have even abused the "health" exceptions & so-called "viability" limits of abortion laws.

https://sarahterzo.substack.com/p/the-abortion-to-save-the-life-of?utm_medium=web - *women are coached to claim suicidality for the life exception*

https://www.liveaction.org/news/abortion-baby-killed-mothers-well-being/?utm_content=buffer8ff9a&utm_medium=social&utm_source=twitter&utm_campaign=buffer *- a quick must-read*

Abortion – Just Facts - "The Supreme Court's rulings in *Roe v. Wade* and *Planned Parenthood v. Casey* prohibited states from banning abortion up until birth unless the ban contained an exception for the "health of the mother." Under these rulings (which were overturned in 2022): the "health of the mother" included factors like the '**stigma of unwed motherhood**,' **the work of 'child care,' and 'the distress, for all concerned, associated with the unwanted child.** Any licensed abortion provider had the sole authority to decide if an abortion was necessary to preserve the health of the mother."

Warren Hern: Abortion Absolutist - The Atlantic (archive.ph) "Abortions that come after devastating medical diagnoses can be easier for some people to understand. But Hern [an abortionist] estimates that **at least half, and sometimes more, of the women who come to the clinic do not have these diagnoses.** He and his staff are just as sympathetic to other circumstances… The reason doesn't really matter to Hern. Medical viability for a fetus—or its ability to survive outside the uterus—is generally considered to be somewhere from 24 to 28 weeks. **Hern, though, believes that the viability of a fetus is determined not by gestational age but by a woman's willingness to carry it.** He applies the same principle to all of his prospective patients: If he thinks it's safer for them to have an abortion than to carry and deliver the baby, he'll take the case—**usually up until around 32 weeks,** with some rare later exceptions."

https://abortion.ca.gov/your-rights/your-legal-right-to-an-abortion/ California legally allows abortions for pregnancies well over the typical 24 week viability limit, because (PARAPHRASING) it legally defines any baby who would need NICU treatment or surgery as not meeting the viability standard. The law says that the unborn baby does not legally meet the viability criteria unless "a doctor determines that the fetus could live outside the uterus ***without extreme medical measures***." Also, CA allows mental health exceptions to their limit.
https://scholarlycommons.law.case.edu/cgi/viewcontent.cgi?referer=&httpsredir=1&article=2266&context=caselrev

https://www.hli.org/resources/support-abortion-preserve-womans-mental-health/

Nine U.S. states, plus D.C, allow elective abortion with NO gestational limits at all, for all 9 months, for any reason.

Chart: State-by-State Abortion Laws in the U.S. | Statista

If 'abortion up to birth' isn't 'a thing,' why is it legal in 9 states plus DC? (liveaction.org)

https://x.com/McCormackJohn/status/1834044217548525786

5 Minutes | **Here's 5 minutes of Democrats supporting abortions up to birth**. | By LifeNews.comFacebook | Facebook

https://x.com/courrielche/status/1521363687969214464

While **fetal abnormalities** (such as Down Syndrome) can sometimes be detected in a screening test as early as 10 weeks, there is a high false positive rate. Fetal abnormalities are not fully diagnosed until at least 14-18 weeks when diagnostic tests are done, or might not even be noticed until as late as 20 weeks, when women obtain the baby's first major ultrasound scan.

There are many families willing to adopt babies with developmental disorders or birth defects, although there is not a lot of awareness about adoption as an option. (*Therefore, any second trimester ban on abortion **without exceptions for chromosomal abnormalities** would probably result in an increase of healthy aborted babies because of false positives, and an increase of births for babies with abnormalities not diagnosed until after the time limit.*)

Fetal abnormalities could either be based on a chromosomal or genetic abnormality, or simply an anatomical defect, ranging in severity from mild, moderate, to severe or fatal. It is almost impossible to predict the severity of cognitive defects for developmental disabilities like Down Syndrome.

It's hard enough to raise children, especially if you are a single parent or have low income. But a diagnosis of a fetal abnormality on top of one's pre-existing circumstances, can be crushing, and many families may not feel like they have the capability to add the extra stress to their lives. Even if the severity is mild to moderate, children with major birth defects or developmental disabilities require a lot of extra attention and care, often need continued care as adults, and may have to resort to being dependent on relatives for care, or to group/nursing home arrangements (if the parents are either unable to provide continued care or are deceased).

Down syndrome - Wikipedia

https://www.reddit.com/r/NoStupidQuestions/comments/14das3i/we_found_out_my_soon_to_be_son_is_going_to_have/?utm_source=share&utm_medium=web2x&context=3

There are long waitlists, and residents of group/nursing homes sometimes experience loneliness, neglect or abuse. *(This is also why we need more regulations, oversight and more supportive options for disabled Americans & group/nursing home residents.)*

'Ghost boy' Martin Pistorius trapped inside his body for years reveals he was abused by carers | Daily Mail Online

A Woman With Developmental Disabilities Was Abused in Arizona. The State Promised Changes. It Has Not Made Them Yet. — ProPublica

https://twitter.com/realstewpeters/status/1624853344702398469?s=20 - *warning, extremely upsetting violence against an elderly nursing resident*

https://x.com/TheKevinDalton/status/1884485309250900475 *- 100 year old woman left behind after assisted living home evacuated w/o her during L.A. fires.*

Government Watchdog Warns Of Group Home Dangers (disabilityscoop.com)

The Housing Challenges Facing People With Intellectual Disabilities (nextavenue.org)

Broken Homes – New York City News Service (nycitynewsservice.com)

As their parents get older, who will care for people with disabilities? | America Magazine

Nursing homes allegedly neglected residents, misused $83M in funds: NY attorney general - ABC News (go.com)

Additionally, when an abortion restrictions only allow an exception for a "fatal" abnormality, or "life of the mother", but don't allow an exception for major abnormalities, it leaves out gray areas, such as this distressing scenario, in which the viability may be unlikely but not 100% certain. Alabama mother denied abortion despite fetus' 'negligible' chance of survival - ABC News

I Wish I'd Had A 'Late-Term Abortion' Instead Of Having My Daughter | HuffPost HuffPost Personal *- this story shows that just because someone wished to abort because of imminent fetal death or suffering, it doesn't mean that the mother didn't love or care for her child.*

Mental and physical health risks of abortion vs. childbirth/motherhood

If you want to see my (very cheap, informal) screen-recording video review of the mental health risks of abortion vs motherhood, abortion coercion and the flaws/insights of the Turnaway study, see my video Part 2A:
https://reccloud.com/u/2hu6err

For my screen-recording video about the physical risks of abortion, abortion under-reporting and the super-inflated Maternal Mortality rates, see my video Part 2B:
https://reccloud.com/u/n48imh0

For a 16 minute video about the physical risks of the abortion pill, and the harms of abortion coercion, go here: https://reccloud.com/u/y5e49od

For real-life stories about the abortion pill & more of my commentary about abortion coercion, see this 15 minute video: True Stories about Abortion pills & coercion.mp4 https://reccloud.com/u/3ca4sqj

These websites describe various physical and psychological consequences of abortion, and shows a video about a former abortionist explaining how she came to realize that abortions harmed women:

Abortion Complications - Focus on the Family - "Side effects may include hemorrhaging, perforation of the uterus, cardiac arrest, endo-toxic shock, injuries to adjacent organs, infection resulting in hospitalization, convulsions, ectopic pregnancy, cervical laceration, uterine rupture and even death…. Abortion can also adversely affect future fertility and pregnancies."

Physical Aftereffects of Abortion (theunchoice.com)

https://www.firstthings.com/article/2024/05/the-case-against-the-abortion-pill

https://www.lifenews.com/2023/05/10/obgyn-confirms-fda-hiding-data-on-botched-abortions-from-abortion-pills/

Emergency room visits from abortion pill estimated in the tens of thousands (liveaction.org)

Short-Term Adverse Outcomes After Mifepristone-Misoprostol Versus Procedural Induced Abortion : A Population-Based Propensity-Weighted Study - PubMed

> The majority of women who had an abortion did so in relation to some form of coercion or outside pressure. "Up to 83% wanted to have the baby. In a survey of women who sought help after abortion, 83% said they would have carried to term if they had received support from the baby's father, their family, or other important people in their lives."

Statistics on Coerced Abortions - ClinicQuotes
Forced Abortion Fact Sheet.p65 (theunchoice.com)
Only a Minority of Abortions Are for Unwanted Pregnancies, New Study • AfterAbortion.org
Study: Most women who choose abortion are conflicted about it (liveaction.org)
https://t.co/pHi5jFk3av - ***Stop Coerced Abortions***
https://stopcoercedabortions.com/affidavits/

> "Women who felt pressured to abort, especially from their male partners, families, or other persons, are more likely to report more negative reactions to abortion… more *disruption of daily life, work, or relationships; more frequent thoughts, dreams, or flashbacks to the abortion; more frequent feelings of loss, grief, or sadness about the abortion; more moral and maternal conflict* over the abortion decision; a decline in overall mental health that they attribute to their abortions; and more desire or need for help to cope with negative feelings about the abortion."

Cureus | Effects of Pressure to Abort on Women's Emotional Responses and Mental Health | Article

> "**Abortion coercion**" is a *patriarchal* institution and deserves more awareness. Abortion coercion, whether that's from abusive pressures or threats from your partner, employer or society in general, is institutionalized violence against women & unborn children. Abortion coercion is when a pregnant woman experiences pressure to abort, either because of an unwanted pregnancy arisen from some form of sexual coercion, or because of outside pressures (like from a partner or the hostile economy) to abort a wanted child (whether or not she carries out the abortion or not).

https://www.liveaction.org/news/wife-gop-candidate-abortion-wrecked-life/
Abortion Stories | Abort73.com
Mayra's Story | Stop Coerced Abortions
https://youtu.be/tb32vSth3EI?si=dX_jF0EfK6ZgDbMz

Regardless of if a woman regrets an abortion or not, abortion, and the circumstances surrounding it, an abortion can still feel traumatic or cause inner turmoil sometimes, depending on all the factors involved, or have other mental health consequences. Also, pre-existing "mental illness" is a risk factor for post-abortion trauma, so shouldn't all these things negate the point of offering "mental health" exceptions to abortion bans?

https://www.liveaction.org/i-saw-my-baby/ - *women tell compelling stories about "seeing their baby" after the abortion pill*

https://x.com/NJBeisner/status/1800614635965718928 - *Britney Spears' story - another must listen*

https://x.com/StudentsforLife/status/1743010420758065632?s=20 - must see video

Chemical Abortion - Elizabeth's Story - Lozier Institute - video

Real Stories | This Is Chemical Abortion

'I just want my baby back': Reddit poster shares traumatic abortion pill experience (liveaction.org)

She took the abortion pill at 8 weeks and saw her baby: 'I could see its fingers, its eyes, its feet' (liveaction.org)

Woman describes 'nightmarish' abortion pill experience: 'No one had warned me' (liveaction.org)

https://www.liveaction.org/news/national-helpline-calls-chemical-abortions/

https://x.com/secularprolife/status/1757044188036636886

https://www.liveaction.org/news/boyfriend-pastor-pressured-abortion-pill-feel-die/?utm_content=buffer6cf1b&utm_medium=social&utm_source=twitter&utm_campaign=buffer

https://x.com/conservmillen/status/1848012617358475482

Abortion and mental health: quantitative synthesis and analysis of research published 1995–2009 | The British Journal of Psychiatry | Cambridge Core

Data from the Pregnancy Mortality Surveillance System | Maternal Mortality Prevention | CDC

The abortion pill's significant complications must not be buried or ignored | Live Action

https://lozierinstitute.org/fact-sheet-problems-and-limits-of-the-turnaway-study/?referrer=grok.com

Immediate Physical Complications of Induced Abortion - Lozier Institute

Anticipating Abortion Risks to Mental Health • AfterAbortion.org - "Abortion is statistically linked to elevated risks of suicide attempts and completed suicide, sleep disorders, addiction or misuse of drugs and/or alcohol, bi-polar disorder, depression, anxiety, posttraumatic stress disorder, anger or rage, difficulties parenting, increased risk of premature death, and other emotional or mental health issues."

The list of risk factors for mental health complications of abortion includes: "younger than 20 years of age… have a history of any mental health problems; are feeling any pressure from others to have an abortion… feeling some emotional attachment to this pregnancy or baby; lack of support to keep the baby from significant others… are having an abortion after 12 weeks gestation."

HERE ARE SOME MORE SPECIFIC WAYS, THAT POST-ABORTION MENTAL HEALTH ISSUES CAN APPEAR:

While abortion stress may contribute to mental illness, it is more likely to show up as just negative feelings.[14] Some common feelings are:

- Sadness
- Loss or emptiness
- Anger and a shorter fuse
- Jealously or aversion to pregnant women or babies
- Fear of a doctor's office or other place that reminds you of the abortion
- Shame, guilt, self-blame
- Distanced, or alienation from others
- A "before" and "after" feeling; you are a different person after the abortion
- Overprotectiveness of your children
- Viewing a miscarriage or infertility problems as a "punishment"
- Heightened fear of making wrong decisions

Many women experience more problems in their relationships following an abortion.[14] This can include:

- fear of being judged by one's partner
- more problems with sex
- heightened fear of pregnancy (and another abortion)
- less pleasure with sex
- more conflict with anyone involved in the abortion decision
- compelling anxiety for a replacement pregnancy
- withdrawal and isolation from previous relationships
- new fears regarding emotional or sexual intimacy

"Connectors," like the following, may subconsciously trigger unresolved feelings about a prior abortion: [14]

- seeing babies or pregnant women
- vacuum sounds similar to the abortion machine
- doctor's offices
- the street where the abortion clinic was
- a smell or food you link to a something you at the day of the abortion
- an anniversary reaction: the time of the year of the abortion or the expected due date

Abortion Contributes to Mental Health Problems: Both Sides Agree According to a Comprehensive Medical Review • AfterAbortion.org

To view the rest of my available links regarding the mental health risks/experiences of abortion, you can go to this google doc:
https://docs.google.com/document/d/18fKeY0Wh7kWUqgRilBISV-UASWOXn2YhFRnu6z4REDY/edit?usp=sharing

The "Turnaway Study"

The "Turnaway Study" was a repeatedly debunked study comparing the psychological, physical and socioeconomic outcomes, across a five year period from ending in 2016, for women who underwent abortions versus women who were denied abortions. The study was conducted by a pro-choice advocacy group (ANSIRH), in order to prove that abortion was harmless to women. They *claimed* the psychological stress and health outcomes that accompanied motherhood with low socioeconomic support for the turnaway group outweighed experienced by the abortion recipients, and that 95% of the abortion recipients had no regret. The study failed to compare the turn-away mothers' outcomes, with other mothers of equal socioeconomic status who never sought abortion, so therefore the unknown portion of their negative outcome caused by their shared-in-common socio-economic status cannot be scientifically attributed to the turnaway mother's abortion rejection experience.

Subjects were hand-picked by the abortion clinics themselves and further screened by the pro-choice advocacy group and the pro-choice advocacy group only invited 40% from that originally selected sample to participate. From there, the majority of the invited women refused to participate, then kept dropping off such that by the time the study reached the five year mark, only 17% of the originally invited women remained. So it is embarrassingly impossible for ANSIRH to make claims about the majority of abortion recipients when they did not gain any data or answers to the majority of their own subjects.

The high dropout rate and resistance to answer sensitive abortion questions was consistent with what happened in another study in which the author (of a DIFFERENT study) said, "the reason for non-participants seemed to be a sense of guilt and remorse that they did not wish to discuss. An answer often given was: 'Do not want to talk about it. I just want to forget.'" In another totally different study, resistance to participating and answering study questions was "significantly associated with severity of PTSD."

“While the report and accompanying press release claim that this study proved there is "no evidence of widespread 'post-abortion trauma syndrome,' in fact it did not use any standard scales for assessment of psychological well being.” Also, even though women from the turnaway group did experience their share of stress and anxiety from their experience, the psychological experience of the abortion recipient group should be highlighted as well. For example, “41-66% reported regret, 64-74% sadness, 53-63% guilt, and 31-43% anger just one week after their abortions… [O]ne week after the abortion, 39% of women in the sample had symptoms of post-traumatic stress, and 16% were at risk of post-traumatic stress disorder. Of those at risk, 19% attributed their traumatic reactions to their abortions…

Even at one week after seeking the abortion, those who were turned away and carried to term did NOT have more anxiety, lower self esteem, or less life satisfaction. The negative effects were strictly limited to only the turnaways who went on to get an abortion elsewhere. In other words, the women still seeking abortions had higher rates of anxiety, but those who settled into carrying to term did not have more anxiety… those denied abortion had an average depression score of .13 compared to .44 for women who had an abortion . . . in other words, while turnaways had higher anxiety they had less depression than those who had aborted…

The difference in depression scores was not statistically significant due to the low power of this study, but it demonstrates the authors' tendency to overgeneralize findings in away that minimizes effects of abortion and magnifies the effects of being denied an abortion…After being told they were over the time limit and could not have an abortion, 60% of women denied abortions reported feeling happy about their pregnancy and 43% were happy about being turned away, with 49% reporting they also felt relief a week after being turned away….

One week after abortion denial, 65% of participants reported still wishing they could have had the abortion [35% were happy they did not have it]; after the birth, only 12% of women reported that they still wished that they could have had the abortion." By the first birthday, it dropped to 7% and then down to 4% at the last interview, 4.5 years later. Those "women who had less social support from family and friends and women who had an easy time decision to have the abortion were the ones who were more likely to continue to wish they had received an abortion…

In a 2018 article published in JAMA Pediatrics, researchers reported that 97% of women who aborted and had children later bonded normally to their subsequent babies–**as did 91% of women who gave birth after abortion denial.**

The Overlooked Findings of the Turnaway Study - Americans United for Life

Foster [from the pro-choice advocacy group ANSIRH who did the study] was surprised to find that women who were denied abortions had no additional mental health harm. **"I expected that raising a child one wasn't planning to have might be associated with depression or anxiety. But this is not what we found over the long run. Carrying an unwanted pregnancy to term was not associated with mental health harm. Women are resilient to the experience of giving birth following an unwanted pregnancy, at least in terms of their mental health**."

https://x.com/nicholelizaq/status/1735319984354521595

Turn Away Study - Abortion Risks

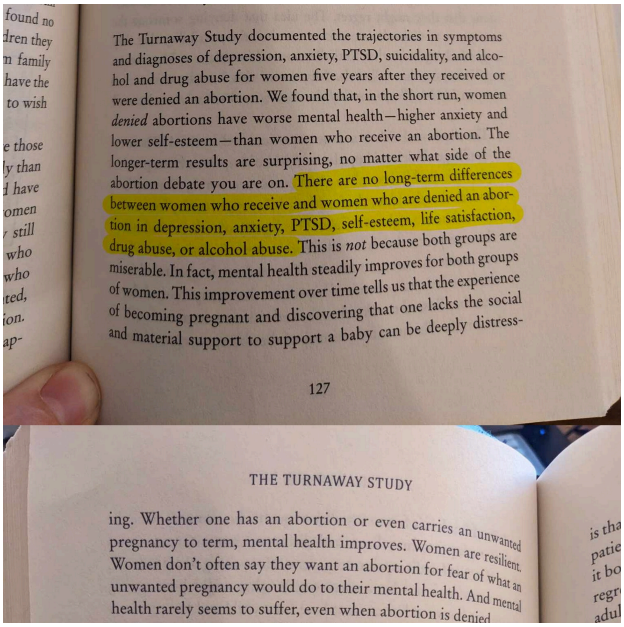
Flawed ‘Turnaway’ Study Claiming Women Do Not Regret Abortions Does Not Settle Debate - Physicians for Life(thelifeinstitute.net)

The Embrace of the Proabortion Turnaway Study - PMC (nih.gov)

The Turnaway Study: a lesson in politically incentivised and twisted science | MercatorNet

The Overlooked Findings of the Turnaway Study - Americans United for Life (aul.org)

Read these excerpts from Diane Foster Greene's actual book!



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The Turnaway Study documented the trajectories in symptoms and diagnoses of depression, anxiety, PTSD, suicidality, and alcohol and drug abuse for women five years after they received or were denied an abortion. We found that, in the short run, women *denied* abortions have worse mental health—higher anxiety and lower self-esteem—than women who receive an abortion. The longer-term results are surprising, no matter what side of the abortion debate you are on. There are no long-term differences between women who receive and women who are denied an abortion in depression, anxiety, PTSD, self-esteem, life satisfaction, drug abuse, or alcohol abuse. This is *not* because both groups are miserable. In fact, mental health steadily improves for both groups of women. This improvement over time tells us that the experience of becoming pregnant and discovering that one lacks the social and material support to support a baby can be deeply distress-

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THE TURNAWAY STUDY

ing. Whether one has an abortion or even carries an unwanted pregnancy to term, mental health improves. Women are resilient. Women don't often say they want an abortion for fear of what an unwanted pregnancy would do to their mental health. And mental health rarely seems to suffer, even when abortion is denied

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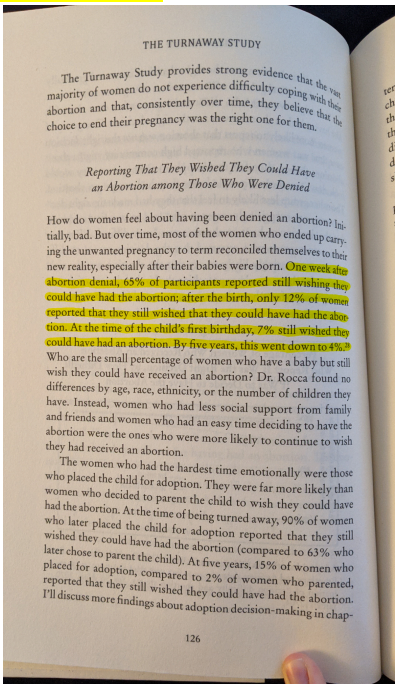

THE TURNAWAY STUDY

The Turnaway Study provides strong evidence that the vast majority of women do not experience difficulty coping with their abortion and that, consistently over time, they believe that the choice to end their pregnancy was the right one for them.

Reporting That They Wished They Could Have an Abortion among Those Who Were Denied

How do women feel about having been denied an abortion? Initially, bad. But over time, most of the women who ended up carrying the unwanted pregnancy to term reconciled themselves to their new reality, especially after their babies were born. One week after abortion denial, 65% of participants reported still wishing they could have had the abortion; after the birth, only 12% of women reported that they still wished that they could have had the abortion. At the time of the child's first birthday, 7% still wished they could have had an abortion. By five years, this went down to 4%.[9] Who are the small percentage of women who have a baby but still wish they could have received an abortion? Dr. Rocca found no differences by age, race, ethnicity, or the number of children they have. Instead, women who had less social support from family and friends and women who had an easy time deciding to have the abortion were the ones who were more likely to continue to wish they had received an abortion.

The women who had the hardest time emotionally were those who placed the child for adoption. They were far more likely than women who decided to parent the child to wish they could have had the abortion. At the time of being turned away, 90% of women who later placed the child for adoption reported that they still wished they could have had the abortion (compared to 63% who later chose to parent the child). At five years, 15% of women who placed for adoption, compared to 2% of women who parented, reported that they still wished they could have had the abortion. I'll discuss more findings about adoption decision-making in chap-

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Notice that in the above book, Greene Foster also said: "**Whether one has an abortion or even carries an unwanted pregnancy to term, mental health improves. Women are resilient…. And mental health rarely seems to suffer, even when abortion is denied…** Women who had less social support from family and friends and women who had an easy time deciding to have the abortion were the ones who were more likely to continue to wish they had received an abortion. The women who had the hardest time emotionally were those who placed the child for adoption."

For parents in general, including single mothers, children *do* bring happiness and deep purpose, more than expected. Motherhood is considered a "TRADE-OFF," not a "sacrifice."

Life With Kids Is Better: Analyzing Public Well-Being Data | Institute for Family Studies

The Cost of Raising Kids Is What Makes Parents Unhappy - The Atlantic

https://youtu.be/sd4KCcQxDok -- "Have Feminists Sold Young Women a Fiction?"

https://www.google.com/books/edition/Sex_Matters/EjIDwAAQBAJ?hl=en&gbpv=1&dq=%22sex+matters%22+and+%22motherhood+is+not+oppression%22&pg=PT6&printsec=frontcover

What *is* hard, as a mom, society's normalization of dysfunctional, anti-mother barriers, policies, tropes and economic and psychological abuses against us, perpetuated by our partners, employers, the family court system and society in general, inflicting chronic turmoil on our lives and mass **Economic Trauma** and **Toxic Stress** on our bodies, amounting to a public health crisis that often then gets passed down to our children. The high cost of developmentally appropriate child-care/babysitting, public school system failures and family court justice system can take a huge toll on parents, especially moms.

https://reccloud.com/u/w3zwetp **my one hour powerpoint entitled, "Collateral Damage of Pro-Choice Ideology" uses evidence & commentary to demonstrate that the combination of anti-woman abortion ideology, systemic coercive control & absent fatherhood, all cause harm to mothers, children and society; that your parental relationship/responsibility and child's personality/development begins in the womb and that abuse against pregnant women can harm the child. This video is a call for cultural change.**

Dear mothers: We can't keep pretending this is working for us

The Economics of Caregiving for Working Mothers - Center for American Progress

Things women do to manage child-care costs - Google Docs

https://x.com/wesyang/status/1690703622567268352 - *harms of full time day-care on babies/children*

https://x.com/trickleupnyc/status/1680770940110532609 - video shows that failing to support pregnant women & mothers causes measurable, physical, long-term harm to children.

https://x.com/Abherald2020/status/1705757088473919733 - a Twitterspace where I discussed these hardships

Moms as primary caretakers - Google Docs

Public Education Crisis - Google Docs

INJUSTICE IN CRIMINAL COURT, DOMESTIC VIOLENCE, FAMILY LAW AND DCSS - Google Docs

Abortion is Not the Solution to the Foster Care Crisis - LifeNews.com

Severe under-reporting of abortion-related deaths vs. the error-ridden, inflated Maternal Mortality rate

Overall, death from legal abortion or childbirth are very rare, either way. A common argument in favor of abortion is that abortion is supposedly safer than childbirth. For example, the below article claims: "Legal induced abortion remains an extremely safe procedure, with a mortality rate of 0.7 per 100,000 procedures. **The published mortality rate for pregnancies ending in a live birth [is] 8.8 deaths per 100,000 live births**." According to their graph, the abortion mortality rate was .3 deaths per 100K abortions at or under 8 weeks gestation, .5 deaths per 100K abortions at 9-13 weeks gestation, **2.5 deaths per 100K abortions at 13-17 weeks, and *6.7 deaths per 100K abortions at 18 or more weeks gestation*,** from 1998 to 2010.

Abortion-Related Mortality in the United States 1998–2010 - PMC (nih.gov)

The comparative safety of legal induced abortion and childbirth in the United States - PubMed (nih.gov)

TAKE NOTE: the mortality rate for late term abortion wasn't even that much lower than the childbirth mortality rate, and that's based on their own, wildly skewed data, viewed retro-actively from pre-existing government & public records, in which abortion-related deaths are extremely under-reported, and pregnancy-related deaths are wildly and falsely over-reported. In addition, *previous studies found that abortion mortality rate was much higher than the child-birth mortality rate,* especially when compared to abortions after 12 weeks gestation.

Rebuttal of Raymond and Grimes - PMC (nih.gov)

Microsoft Word - Deaths - JCHLP - Print to PDF from Win98.doc (afterabortion.org)

Risk factors for legal induced abortion-related mortality in the United States - PubMed (nih.gov)

Medical Science Monitor | Short and long term mortality rates associated with first pregnancy outcome: Population register based study for Denmark 1980–2004 - Article abstract #883338 (medscimonit.com)

Absurd methodological errors and procedures have artificially inflated the official maternal mortality rate and pregnancy death statistics that many of those pro-safety abortion studies rely on as a comparison. For example, in 2003, the United States began mandating that a "pregnancy check-box" be added as an option for all death certificates, a checkbox that would be marked to indicate the deceased was pregnant or recently pregnant. The purpose was to ensure that all pregnancy-related and pregnancy-associated deaths would be counted in the maternal mortality rate. (The maternal mortality rate includes not just direct deaths from childbirth, but also deaths that happened during pregnancy or up to a year following a birth or miscarriage.) However, an unexplainable surge in reporting errors, and the miscoding/under-reporting of abortion, hyper-inflated the maternal mortality rate in comparison to the minimum known, flawed abortion mortality rate.

Is Overreporting of Maternal Mortality Key to High US Rate? (medscape.com)

https://www.eurekalert.org/news-releases/1037372 - *This new study found that the true Maternal Mortality rate might be ONE THIRD of CDC's estimate.*

https://www.ajog.org/article/S0002-9378(24)00005-X/fulltext

"There are no fetal death certificates issued when an abortion occurs. Abortions are often underreported by women and thus do not appear in their medical records. As a result, disease state or complications are not linked to abortion since it is largely not reported and thus, invisible in epidemiological research."

The Maternal Mortality Myth in the Context of Legalized Abortion - PMC (nih.gov)

"There is no accurate or formal mechanism for reporting abortion-related deaths. Indeed, the rules regarding completion of death certificates specifically exclude identifying abortion as a cause of death."

Rehash of Abortion Safety Claim Ignores All Inconvenient Evidence to the Contrary • AfterAbortion.org

In order to comprehend the faulty research in the Raymond and Grimes' article, there is a helpful critique and refutation of it, written by Priscilla K. Coleman, Ph.D., Professor of Human Development and Family Studies at Bowling Green State University. Coleman says:

You need to know that the data reported by abortion clinics to state health departments and ultimately to the CDC significantly under-represents abortion morbidity and mortality for several reasons: 1) abortion reporting is not required by federal law and many states do not report abortion-related deaths to the CDC; 2) deaths due to medical and surgical treatments are reported under the complication of the procedure (e.g., infection) rather than the treatment (e.g., induced abortion); 3) most women leave abortion clinics within hours of the procedure and go to hospital emergency rooms if there are complications that may result in death; 4) suicide deaths are rarely, if ever, linked back to abortion in state reporting of death rates; 5) an abortion experience can lead to physical and/or psychological disturbances that increase the likelihood of dying years after the abortion, and these indirect abortion-related deaths are not captured at all.[1]

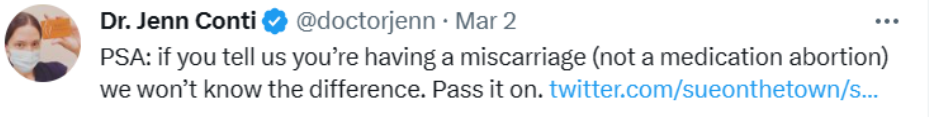
Abortion is Not Safer for Women Than Childbirth | NIFLA.org

In support of the statements above, remember that one BIG reason why abortionists started inducing "fetal demise" (by an injection to stop the baby's heartbeat) was because too many of their patients undergoing two day late term abortions, ended up delivering the baby AT THE HOSPITAL early prior to the scheduled full abortion that would have been on the second day. Inducing "fetal demise on the first day of the two day abortion process basically saves the mom from the predicament of delivering a live, pre-term baby.

Induction of fetal demise before abortion (societyfp.org)

(36) Inhuman: Undercover in America's Late-Term Abortion Industry - Washington, D.C. - YouTube

Abortion providers specifically advise their patients NOT to tell the hospital if they took the abortion pill, by fear-mongering them. (Below is just one recent example.) As a result, abortive and unintended early births are being miscoded as a regular miscarriage and/or unrelated to abortion. Surprisingly, medical abortion leads to more complications and hospital visits than surgical abortion.



https://twitter.com/doctorjenn/status/1631484349513347072?s=20

Dangerous Deception: Not Telling Your Doctor About Abortion Pill Use Increases Health Risks - Lozier Institute

Microsoft Word - IS12E01 Gacek - RU-486 v.03.doc (frc.org)

Immediate complications after medical compared with surgical termination of pregnancy - PubMed (nih.gov)

"***60.9% of abortion-related ER visits following a chemical abortion were being <u>miscoded as miscarriage</u>*** by 2015… Chemical abortion patients whose abortions are misclassified as miscarriages during an ER visit subsequently experience on average 3.2 hospital admissions within 30 days. 86% of the patients ultimately have surgical removal of retained products of conception (RPOC).... an ER physician's misclassification of a failed induced abortion as a miscarriage correlated with higher rates of hospitalization and surgical intervention for RPOC… One possible explanation is that ER physicians may tolerate a higher level of pain, tenderness, or bleeding if they know they are dealing with an induced abortion patient rather than a spontaneous abortion patient experiencing the same symptoms." *(This implies that complications following an abortion are a little more severe than miscarriages at the same gestation, as extra precautions are needed to treat abortion-related complications as opposed to miscarriage-related ones.)*

A Post Hoc Exploratory Analysis: Induced Abortion Complications Mistaken for Miscarriage in the Emergency Room are a Risk Factor for Hospitalization - J. Studnicki, T. Longbons, D. J. Harrison, I. Skop, C. Cirucci, D. C. Reardon, C. Craver, J. W. Fisher, M. Tsulukidze, 2022 (sagepub.com)

"**ER visits miscoded as treatment for [miscarriage] as a percent of abortion-related visits following a confirmed *surgical* abortion are a consistently lower percentage than for those following a chemical abortion, peaking at 39% in 2015**… Treatment in the ER miscoded as for [miscarriage] is consistently and progressively more likely following a chemical abortion than following a surgical abortion… ***<u>An ER visit is significantly more likely to occur following a prior chemical abortion than following a prior surgical abortion [or miscarriage]. A prior live birth is a lower risk factor for post abortion ER visits than is either a chemical or surgical induced abortion</u>*.**

Abortion studies in the United States consistently report lower post-abortion complication rates than are documented in the international scientific literature…. *<u>Mifepristone abortion is consistently and progressively associated with increased morbidity</u>*** in the form of postabortion emergency room utilization among the population of women with publicly funded abortions.** The determination of the causes and potential means of prevention for this burden of illness should have the highest priority of our health agencies and elected officials."

A Longitudinal Cohort Study of Emergency Room Utilization Following Mifepristone Chemical and Surgical Abortions, 1999–2015 - James Studnicki, Donna J. Harrison, Tessa Longbons, Ingrid Skop, David C. Reardon, John W. Fisher, Maka Tsulukidze, Christopher Craver, 2021 (sagepub.com)

Assault on Science

***Non-pregnancy* related deaths are being included in the Maternal Mortality rate**

"Mental health" deaths suffered by pregnant or post-partum women, such as suicide, drug over-doses, homicide and even car accidents, are being counted as "pregnancy-associated" deaths in the maternal mortality rate. "Of 11,782 pregnancy-associated deaths identified between 2010 and 2019, 11.4% were due to **drugs**, 5.4% were due to **suicide**, and 5.4% were due to **homicide**, whereas 59.3% were due to obstetric causes and the remaining 18.5% were due to **other causes**." Pregnancy-Associated Deaths Due to Drugs, Suicide, and Homic... : Obstetrics & Gynecology (lww.com)

"Data from the National Center for Health Statistics death records of 32 states and the District of Columbia from 2005 to 2010 included a temporal pregnancy item on death certificates ("the pregnancy check box") to calculate pregnancy-associated homicides and suicides.9,50 Rates were 2.2 to 6.2 per 100,000 live births for **homicide** and 1.6 to 4.5 per 100,000 for **suicide** deaths. Both of these rates are slightly higher than those for pregnancy-associated mortality involving **opioid overdoses**, although those rates are increasing."

Pregnancy-Associated Deaths from Homicide, Suicide, and Drug Overdose: Review of Research and the Intersection with Intimate Partner Violence | Journal of Women's Health (liebertpub.com)

"Researchers at Columbia University Mailman School of Public Health looked at the death certificates of 7,642 people who died while pregnant or had just given birth from 2017 through 2020… During that time, the rate of **overdose deaths** in that group nearly doubled, from 6.56 to 11.85 per 100,000."

Drug deaths among pregnant women hit a record high (nbcnews.com)

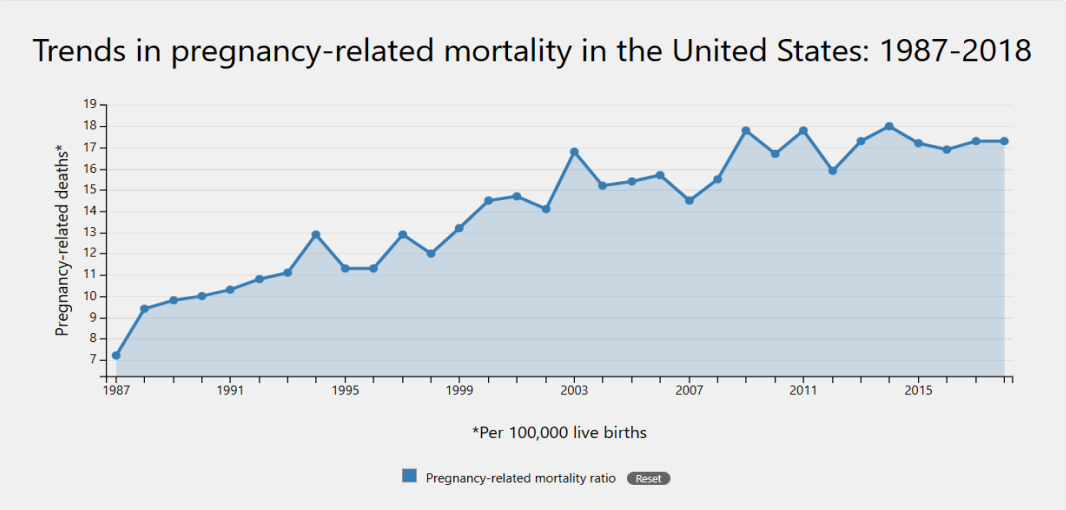
"[This] study, published Friday in JAMA Network Open, analyzed information on 4,535 deaths collected by the US Centers for Disease Control and Prevention's National Center for Health Statistics from 2019 to 2020. The researchers looked at deaths in women who were pregnant or were within a year of giving birth.

Causes not related to pregnancy *accounted for more than half of the women's deaths* in 2020, the researchers say. Accidental drug poisoning was the most common, followed by motor vehicle collisions and homicide, with mortality rates of 12.2%, 5.9% and 5.5%, respectively. The mortality rate involving suicide did not significantly change.

"If you go back to 2015, most of the deaths in this population were from pregnancy-specific causes. I think it was around 60% and 40% were from other causes. By 2020, it's kind of flip-flopped where the majority of the deaths are coming from **other causes**, not pregnancy-specific," Howard said."

Deaths in pregnant or recently pregnant women have risen, especially for unrelated causes such as drug poisoning and homicide | CNN

Notice how the maternal mortality rate seems to have risen exponentially in the last 30 years?



CDC explained:

Since the Pregnancy Mortality Surveillance System was implemented, the number of reported pregnancy-related deaths in the United States steadily increased from 7.2 deaths per 100,000 live births in 1987 to 17.3 deaths per 100,000 live births in 2018. The graph above shows trends in pregnancy-related mortality ratios between 1987 and 2018 (the latest available year of data).

The reasons for the overall increase in pregnancy-related mortality are unclear. Identification of pregnancy-related deaths has improved over time due to the use of computerized data linkages between death records and birth and fetal death records by states, changes in the way causes of death are coded, and the addition of a pregnancy checkbox to death records. However, errors in reported pregnancy status on death records have been described, potentially leading to overestimation of the number of pregnancy-related deaths.[1] Whether the actual risk of a woman dying from pregnancy-related causes has increased is unclear, and in recent years, the pregnancy-related mortality ratios have been relatively stable.

Pregnancy Mortality Surveillance System | Maternal and Infant Health | CDC

While the inflated increase in the official maternal mortality rate may seem alarming, the National Vital Statistics System (NCHS) used the pre-2003 method to show that the actual deaths were not increasing, and that it was a result of both errors in reporting, and correctly catching more pregnancy related deaths:

Table E. Maternal mortality rates using the pre-2003 method: United States, 2002 and 2015–2018

[Rates are per 100,000 live births]

Year	Number of deaths	Rate
2002	357	8.9
2015	345	8.7
2016	345	8.7
2017	442	11.5
2018	331	8.7

NOTE: Data for 2002 are included for comparison with the 2015–2018 values.

SOURCE: NCHS, National Vital Statistics System.

- page 7

It should be noted that deaths from "abortive outcomes" were primarily because of ectopic pregnancy and covered 4.4% of the total pregnancy mortality rate, and 5.6% of the "direct obstetric causes."

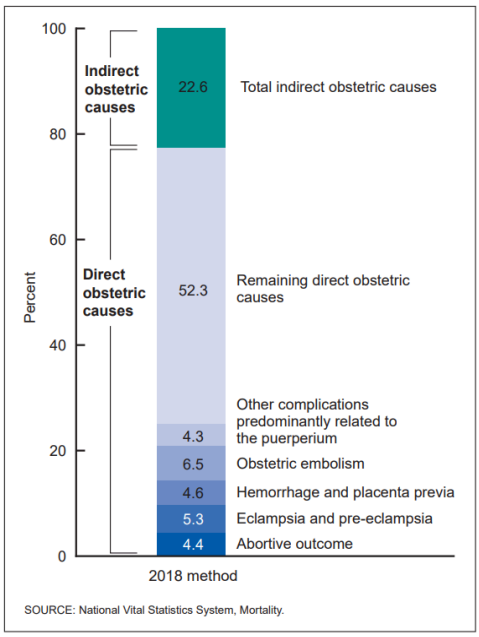


Figure 3. Percent distribution of maternal deaths, by cause of death: United States, 2018

page 6

accounts for about one-half of the deaths. Described in terms of maternal mortality rates, Abortive outcomes, which primarily are ectopic pregnancies, and Hemorrhage of pregnancy and childbirth and placenta previa both occurred at a rate of 0.8 deaths per 100,000 live births in 2018. The rate for Eclampsia

page 5

It's not known how many of these deaths occurred in the first trimester (besides the ectopic-related outcomes). NCHS described some of the absurd over-reporting errors that occurred as a result of the checkbox. ***Many people who had the checkbox marked were never even pregnant at all.*** *In some areas, up to 50% of death certificates with the pregnancy check-box marked had no pregnancy.*

Evidence and Effects of Checkbox Errors

Recent research has demonstrated that errors are common in the reporting of pregnancy status using the checkbox. Rossen et al. reviewed the literature on reporting errors in the checkbox and reported a range of false-positive rates (i.e., indication of pregnancy or pregnancy in the past year when the decedent was not actually pregnant or pregnant in the last year) as high as 50% (11). An analysis conducted internally by NCHS that linked hospital records with death certificates for selected hospitals suggested potential false positive rates of 54% and 56% for the checkbox in 2014 and 2016, respectively. Note, however, that these results are not based on nationally representative data (see Technical Notes, "Checkbox item analysis based on National Hospital Care Survey data linked to National Death Index," for further information).

Davis et al. (12) examined patterns by age and discussed the likelihood of misclassification with increasing age. Subsequent research supported the thought that false positives resulting from errors in the checkbox item were concentrated among decedents in their 40s and 50s (14). Research on data from four states (Georgia, Louisiana, Michigan, and Ohio) found that a pregnancy indicated by the checkbox for those under age 40 was more likely to be corroborated, and a pregnancy for those aged 45 and over was more likely to not be corroborated—for example, 19% of decedents aged 45–49 with a positive checkbox response (i.e., pregnant or pregnant in the last year) had actual evidence of a pregnancy (14).

To evaluate the use of the checkbox for women aged 40 and over, checkbox entries were tabulated by age of decedent and compared with the number of births for these age groups. In the NVSS mortality data for 2013 (including all states except Alabama, Alaska, Colorado, Hawaii, Massachusetts, North Carolina, Virginia, and West Virginia, which did not use the standard checkbox in 2013), 797 deaths of women aged 40 and over had a checkbox entry indicating they were pregnant at the time of death or pregnant in the last year from any cause; 652 of these pregnancies were reported as occurring among those aged 45 and over; and 147 of these pregnancies were reported as occurring over age 85. The number of decedents reported as pregnant or pregnant in the last year is unrealistically large at older ages and, by ages 60–64, far surpasses the reported number of women giving birth in those age groups (Table A).

The exact cause of these errors is unclear. If the checkbox

This new method will be used for all jurisdictions (see Technical Notes, "California data and coding methods"). Procedures will generally remain the same for records with reported terms or phrases indicating pregnancy and obstetric causes in the cause-of-death statement for all ages. The 2018 method introduces two changes to the 2003–2017 method in the coding of maternal deaths. The first change is that coding of maternal (and late maternal) deaths will further restrict application of the checkbox item to decedents aged 10–44 instead of 10–54 as is done with the 2003–2017 method. The checkbox will not be used for decedents aged 45 and over in light of the findings discussed above on the checkbox quality for women in this age group (14). The result is that for female decedents aged 45 and over, maternal codes will not be assigned if the only indication of a pregnancy was in the checkbox using the 2018 coding method. This change does not affect coding procedures for decedents aged 10–44.

The second change involves how causes of death for maternal (and late maternal) deaths are reported on the mortality file. When the pregnancy checkbox item indicated that the decedent was pregnant or pregnant within the preceding year, application of the 2003–2017 method assigned all medical conditions reported on the death certificate for decedents aged 10–54 to maternal codes, rather than to nonmaternal codes for the causes listed on the certificate. However, doing so provided no means of identifying the record as a checkbox-only case without additional information beyond what is normally available in the standard data files (e.g., literal text), and no way to identify potential errors for specific records. In addition, for the checkbox-only records, the maternal codes assigned often retain less detail about the causes reported. The change implemented with the 2018 coding method for decedents aged 10–44 only codes the underlying cause of death to a maternal code when the checkbox is the only indicator of a pregnancy in the last year (i.e., only the underlying cause will be modified, except in cases where the underlying cause is an external or incidental cause, which is the practice regardless of method). The result of this change is that most of the original detail lost when applying the 2003–2017 method is retained, and the record better reflects what was actually reported on the death certificate. In addition, when using this new format, checkbox-only records will be flagged with an indicator on the mortality files.

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To SEE how ridiculous it was, check out how many elderly people had the pregnancy check-box marked.

Table A. Number of births and deaths with positive pregnancy responses in the checkbox: United States, 2013

[Deaths could include any cause (*International Classification of Diseases, 10th Revision* codes A00–Y89) but checkbox entry indicates pregnant at time of death, pregnant within 42 days of death, or pregnant between 43 days and 1 year of death]

Age	Births	Deaths
40–44	134,540	145
45–49	10,329	89
50–54	780	148
55–59	74	33
60–64	7	51
65–69	–	45
70–74	–	51
75–79	–	46
80–84	–	42
85 and over	–	147

– Quantity zero.

NOTE: Alabama, Alaska, Colorado, Hawaii, Massachusetts, North Carolina, Virginia, and West Virginia did not have the standard checkbox in 2013.

SOURCE: NCHS, National Vital Statistics System.

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Even after glaring errors, the checkbox still remains in place as the default setting for ages 10-44. Only "check-mark only" certificates above the age 45 will be excluded from the maternal mortality rate (unless a maternal ICD-9 code is marked as well).

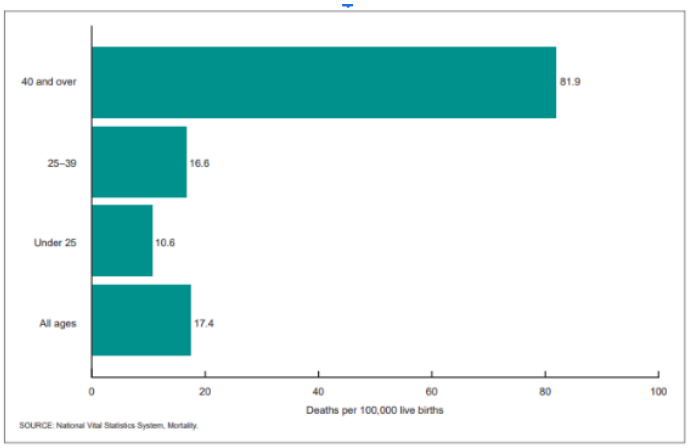

Figure 1. Maternal mortality rates, by age: United States, 2018

Generally, more information is reported on death certificates than is directly reflected in the underlying cause of death. This additional information is captured in multiple cause-of-death data that are available on the data files. Multiple cause-of-death data are retained in two forms: entity axis and record axis. The entity axis preserves details on where causes associated with the codes were reported on the death certificate. The record axis reflects some transformation of the entity axis codes to facilitate analysis, eliminates duplicate codes, and includes the underlying cause code. Record axis and entity axis generally would differ somewhat between coding methods (for examples, see Technical Notes). Using the 2018 method, for checkbox-only records, those aged 10–44 would have only one maternal code, which would appear in the record axis as the underlying cause. The entity axis would consist entirely of nonmaternal codes. Also using the 2018 method, checkbox-only records for those aged 45–54 would consist only of nonmaternal codes in both entity and record axis. For the records with terms or phrases related to pregnancy or obstetric conditions, in the cause-of-death section of the certificate, the multiple-cause data would be the same as before.

The changes incorporated with the 2018 method (see Technical Notes for examples) are summarized as:

- Coding of maternal deaths will restrict application of the checkbox item to decedents aged 10–44. The checkbox will not be applied in the coding of cause of death for decedents aged 45 and over when no other cause-of-death information related to pregnancy is indicated on the certificate; however, the original checkbox entries will be retained on the file for this age group.
- If the checkbox is the only indication of a pregnancy for female decedents aged 10–44, a maternal code will be assigned as the underlying cause, except in cases where the underlying cause is an external or incidental cause, which would not be coded as maternal regardless of coding method. A maternal code will be assigned only to the underlying cause and not to other conditions reported on the certificate. The other original causes will be retained on the record.

Cases in which a pregnancy or obstetric condition is reported in the cause-of-death section will continue to be coded as maternal deaths regardless of age.

Maternal Mortality in 2018

In 2018, a total of 658 women were identified as having died of maternal causes in the United States (Table 1) using the 2018 coding method. The maternal mortality rate for 2018 was 17.4 deaths per 100,000 live births. The maternal mortality rate increases with successively older age groups (Figure 1), with the rate for women aged 40 and over (81.9) equal to 7.7 times that for women under age 25 (10.6).

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Consistent with prior reports, the impact of the checkbox on MMRs was greatest for nonspecific causes of maternal death (4,13,15), including maternal deaths due to other obstetric conditions not elsewhere classified (O95–O99), and a group of nonspecific causes of maternal death (O26.8, O95, O99.8). These causes of death are more likely the ones for which the checkbox may be the only indication of a current or recent pregnancy and where errors in the pregnancy checkbox would have the greatest impact, inflating MMRs related to these causes. Consequently, errors in the application of the checkbox (indicating a current or recent pregnancy when that is not the case) may lead to deaths due to cancer or infectious disease, for example, being coded to a maternal cause of death. A companion report that examined MMRs during 2015–2016 without considering the checkbox information found that heart conditions and cancer were the causes of death most frequently identified when death certificates were re-coded without considering the pregnancy checkbox. Because these causes of death are more common with increasing age, errors in the application of the checkbox have a disproportionate impact on MMRs among older women. Additionally, deaths due to nonmaternal causes of such as unintentional injury may erroneously receive one of these nonspecific codes if the pregnancy checkbox indicates a current or recent pregnancy, depending upon what information appears in part 1 or part 2 of the death certificate (15,39,40).

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National Vital Statistics Reports Volume 69, Number 2 January, 2020 (cdc.gov) - pages 2-4, 7

Vital and Health Statistics, Series 3, Number 44 (cdc.gov) - page 17

The resolutions CDC described are not enough because the reporting errors were NOT confined to just older Americans. A report from the "Maternal Mortality Review Committee" said that "out of the 650 potentially pregnancy-related deaths," 97 of them were determined to have had no pregnancy. Out of the remaining "pregnancy-associated deaths," only 175 were considered "pregnancy-related" deaths. The lowest percentage of "pregnancy-related deaths" (compared to mere "pregnancy associated deaths") occurred in women under the age of 30. The Committee identified the "pregnancy check-box" as the reason for those errors.
MMRIAReport.pdf (cdcfoundation.org)

Handbook of Maternal Mortality: Addressing the U.S. Maternal Mortality Crisis, Looking Beyond Ideology - Lozier Institute -
discusses the problem, and suggested policies to resolve them. It also noted that in Texas, the majority of deaths included in their state maternal mortality rate were found to not be related to pregnancy at all, and out of those pregnancy related deaths, more than half occurred between one week up to one year after birth.

Fact Sheet: National Abortion Reporting, It Is Time to Upgrade - Lozier Institute - *another policy solution discussed*

A little bit about Planned Parenthood & the abortion industry

Abortion is a billion dollar business for Planned Parenthood and the money that abortion rights groups spend on lobbying and political contributions far exceeds the spending from anti-abortion groups. Even corporations benefit

from abortion, and therefore offer abortion transportation assistance, as they basically admit employees choosing motherhood would hurt the bottom line and that motherhood may sabotage their job stability with them.

New Report Shows Planned Parenthood Raked in $1.5 Billion in Taxpayer Funds Over 3 Years | The Heritage Foundation

The SECRET Abortion Clinics Don't Want You To Know, Revealed By An Insider | Huckabee - YouTube

Abortion rights groups consistently spent more on lobbying and political contributions than their counterparts. So what happened? • OpenSecrets

Why Big Business Loves Abortion - Ethics & Public Policy Center (eppc.org)

Planned Parenthood uses minimizing language to describe women's emotions after an abortion on their website in this way: "It's totally normal to have a lot of different emotions after your abortion. Everyone's experience is different, and there's no "right" or "wrong" way to feel. *Most people are relieved and don't regret their decision. Others may feel sadness, guilt, or regret after an abortion*. Lots of people have all these feelings at different times. These feelings aren't unique to having an abortion. People feel many different emotions after giving birth, too. It's rare to have serious, long-term effects on your mental health after an abortion. But everybody's different, and certain things can make coping with an abortion hard. Most people feel better if they have someone supportive to talk to after an abortion."

What facts about abortion do I need to know? (plannedparenthood.org)

Planned Parenthood also explains that "serious, long-term emotional problems after an abortion… are more likely to happen in *people who have to end a pregnancy because of health reasons, people who do not have support around their decision to have an abortion, or people who have a history of mental health problems*."

Are In-Clinic Abortion Procedures Safe? (plannedparenthood.org)

Abortion clinics pressure staff with monthly quotas and the "counselors" use scripted sales techniques to coerce women into abortion. Staff aren't allowed to use words like "fetus" or "baby."; they have to call it "tissue."

(60) Why I Left the Abortion Industry (Part 1) - Abby Johnson, Sue Thayer, and Annette Lancaster - YouTube

'Don't you dare look at that!' Women say abortion workers refused to let them see their ultrasound (liveaction.org)

https://x.com/LifeNewsHQ/status/1820546968583868720

https://www.liveaction.org/news/women-coerced-forced-abortions-planned-parenthood

We Lied to Them

Hurting Myself and Others

Testimony of Deborah Henry, former Abortion Provider

Mayra's Story | Stop Coerced Abortions

https://t.co/pHi5jFk3av - ***Stop Coerced Abortions***
https://stopcoercedabortions.com/affidavits/

Throughout their website, Planned Parenthood repeatedly dehumanizes unborn babies and erases them from the experience. For example, unborn babies are referred to as "pregnancy tissue" and abortion is defined as merely ending a "pregnancy." Violent abortion methods are described as using "gentle suction and medical tools" to "empty your uterus." Their FAQ's make no mention of possible pain or experiences that the unborn baby might have. (Also, they avoid words like "woman" or "mother" on their abortion or birth control pages & instead say "people," "you" & "your.")

In-Clinic Abortion Procedure | Abortion Methods (plannedparenthood.org)

https://www.liveaction.org/news/dont-look-women-abortion-workers-refused-ultrasound/

I was told the abortion pill would be no big deal. It was horrific. (liveaction.org)

What abortion procedures are really like

*If you want to see my (informal, very cheap) screen-recording video **PART 3A**, showing what abortion procedures are really like, the prevalence & effectiveness (or shocking lack thereof) of anesthesia & fetal digoxin shot on aborted babies, and why these abortion practices often lead to babies being aborted or born all while still alive, go here:*
https://reccloud.com/u/u6ude8x

This 39 minute video summarizes what second trimester & late term abortions are like, stories about babies born alive, pre-mie survival rates and my proposed solutions: https://reccloud.com/u/hnx9z7x

Former abortionist demonstrates what various abortion procedures really entails! For example, the D & E involves tearing off the unborn baby's limbs with medical tools, and crushing their skull until their brains spill out. D & E is the most common method for late term abortion, followed by abortion by induction (basically inducing the labor with the baby intact). *(Bear in mind that the use of general anesthesia for abortions was much more common in Dr. Levantino's time as an abortionist, but that is no longer the case today.)*

(60) Abortion Procedures 1st, 2nd, and 3rd Trimesters - YouTube

https://x.com/LiveAction/status/1841855735812038701

Abortionist felt like she was 'flying' when she first crushed a preborn baby's skull (liveaction.org)

Microsoft Word - 3-30-04 SF Transcript.doc

General anesthesia for abortion is rarely used because of high risks; sedation is only offered *sometimes*.

Pain Management during Surgery for Spontaneous Abortion in Early Pregnancy: Paracervical Block (anesthesioljournal.com)

Safe_Abortion_E.pdf (who.int)

Epidemiologic Notes and Reports Maternal Deaths Associated with Barbiturate Anesthetics -- New York City (cdc.gov)

Abortion Providers | Her Choice Clinic

In-Clinic Abortion | Planned Parenthood of Illinois

Local anesthesia or numbing medications do NOT provide any anesthesia effects to the fetus (only general anesthesia can do that). *Some* sedatives, administered to the woman via IV, can immobilize the fetus, but aren't enough to protect the fetus from pain.

Fetal and Maternal Analgesia/Anesthesia for Fetal Procedures - FullText - Fetal Diagnosis and Therapy 2012, Vol. 31, No. 4 - Karger Publishers

Remifentanil for Fetal Immobilization and Maternal Sedation... : Anesthesia & Analgesia (lww.com)

Fetal Pain: A Systematic Multidisciplinary Review of the Evidence | Pain Medicine | JAMA | JAMA Network

Even with anesthesia, the delays and dilution lowers its effectiveness for fetuses because abortion is done right away without enough time for the fetus to completely absorb it. **Many abortionists routinely do NOT "induce fetal demise" prior to the abortion**, because it's often not recommended for pre-viable pregnancies under 22 weeks gestation and usually the abortion procedure itself ends the unborn baby's life anyway. **Therefore, thousands of unborn babies are getting violently dismembered *alive* and *awake*, via the D & E procedure, every year!** In fact, "induction of fetal demise" (via injection to stop the baby's heartbeat prior to the abortion procedure) was even less common before the 2003 partial-birth ban.

Induction of fetal demise before pregnancy termination: Practices of Family Planning providers - PMC (nih.gov)

Induction of fetal demise before abortion (societyfp.org)

Second-trimester surgical abortion practices in the United States - Contraception (contraceptionjournal.org)

What Are the Types of Abortion Procedures? (webmd.com)

Second Trimester Labor Induction Abortion (michigan.gov)

CHRG-109hhrg24284.pdf (govinfo.gov) *see page 74-75, 83*

Saline abortions and hysterotomy abortions

"Saline abortions" (which is one type of "*intrauterine instillation"),* is a type of abortion that was much more common in the past, but may still be used on very rare occasions to this day, against living unborn babies after 16 weeks gestation up to the third trimester. "It's called salt poisoning. Upon injection of the salt, that is, saline, into the woman's amniotic fluid, the baby swallows and breathes it in. He usually struggles for life for about 45 to 60 minutes with repeated convulsions, for the salt water swells his brain cells," he said. "*The woman feels her baby convulsing again and again until he finally dies. The corrosive salt water* ***burns the outer layer of skin from his body*** *and he develops the red appearance of inflammation*."

One reason why the saline abortion method fell out of favor was because of the higher rate of babies being born alive. Some babies survived and grew up. Melissa Ohden is one example. As a pro-life advocate, many women who had the saline abortion told her about "how *they actually felt their child thrashing about in their womb* after the delivery of the toxic salt solution as it started to poison them."

While rare, it's possible that up to a few hundred unborn babies are killed via saline abortion every year. *(Disclaimer: I need to research this part further, because saline abortions is only ONE type of "intrauterine instillation.")* For example, in 2020, 46 states reported a total of 241 "intrauterine instillations" to the CDC, at a rate of 0.00044% of all the abortions those states reported to them that year. However, those figures did not include the abortions from five states, California, Illinois, Louisiana, Maryland, New Hampshire, and Tennessee. Since there are over a million abortions per year in the U.S., .00044 x 1 million = there could be around 440 potential intrauterine instillations every year, which is, on average more than one baby every day.

A "hysterotomy" abortion is another rare, but still available abortion procedure. It's basically a c-section. Here are various quotes from three different doctors:

"The child is alive and often breathing when he is delivered, but because it has been removed from the mother by an abortion rather than by delivery, it is then killed, either directly, by drowning or asphyxiation, for example, or indirectly by exposure."

"When aborted, such babies move their arms and legs and try to breathe but, due to their immaturity, they finally die on the table with the help of the willful neglect of the medical personnel. And if the baby is still alive when the obstetrician is finished caring for the mother, in order that the next case may come into the delivery room, the baby may even be put to death by suffocation."

"I can remember going over and looking at the baby when we were done with the surgery and the baby was still alive. You could see the chest was moving and the heart was beating, and the baby would try to take a little breath, and it really hurt inside, and it began to educate me as to what abortion really was."

There were 72 hysterotomies reported by 46 states in 2020, a rate of .00013% of the abortions reported to CDC. However, again those figures exclude 5 states (California, Illinois, Louisiana, Maryland, New Hampshire & Tennessee), and there's a million abortions a year. .00013 x 1 million = potentially around 130 hysterotomy abortions every year, which would be 2-3 times every week.

Aborted babies have also been subject to experiments.

State reports reveal gruesome abortion procedures once thought obsolete are still being committed (liveaction.org)

Ohden Testimony.pdf (senate.gov)

Abortion Surveillance — United States, 2020 | MMWR (cdc.gov)

"One negative aspect of these [hysterotomy] abortions is that the ***fetus may be delivered alive*** and then must be ***left to die*** of respiratory failure, a disturbing task for all persons involved."

https://www.sciencedirect.com/topics/medicine-and-dentistry/third-trimester-pregnancy

Babies born alive & infanticide

To view my screen-recording of under-cover video clips, born-alive stories, infanticide & preemie survival rates, go to ***Part 3B***:

https://reccloud.com/u/qys02g5

To view a 5 minute video depicting the violence of abortion & infanticide, go here:
https://www.facebook.com/1097975880/videos/678614551302130/

Every year, some aborted babies initially survive the abortion & are *born alive.* After the live birth, they usually die minutes or hours later from either passive neglect or outright violence. These numbers are underreported & easy for abortion clinics to hide, for obvious reasons. Unlike regular hospitals, there's no mothers looking for a breathing child after abortion, or asking a hospital to investigate her aborted baby's death.

Second-trimester abortion and risk of live birth - American Journal of Obstetrics & Gynecology (ajog.org)

(36) Inhuman: Undercover in America's Late-Term Abortion Industry - Washington, D.C. - YouTube - *MUST WATCH: This abortionist spells it out for you!*

https://youtu.be/rzgwlvfQGRQ - *MUST WATCH: preview for documentary about corruption of abortion clinics & babies born alive*

Undercover Footage From DC Abortion Facility Highlights Human Rights Abuses Against Women & Children - YouTube - video

Inhuman: Late-Term Abortion | Live Action - other videos

Undercover Video Suggests AZ Abortion Doctor Skirts Law, Highlights Need for SB 1367 | Center for Arizona Policy (azpolicy.org) - video

GRAPHIC WARNING Gosnell Abortions - TheBlaze - YouTube - video

Video Exposes Horror of Houston Abortion Clinic - YouTube - video

https://youtu.be/l5Yrj9lkypU?si=_VFTnSxY-dbvgida - pro-life campaign commercial by Ron Paul

https://youtu.be/WXc1wdCx0GE?si=TwsYSYDRBNKOd1HZ - video about live experiments and dissections, "It's OK"

https://x.com/LilaGraceRose/status/1899853132827398540?s=20 - video testimony of organ procurement company

Planned Parenthood reportedly tells mother: We will 'break the baby's neck' if he's born alive (liveaction.org)

Ala. suspends license of abortionist who bragged about cutting preborn babies' vocal cords | U.S. News (christianpost.com)

Aborted babies discovered in DC may indicate infanticide after attempted abortions (liveaction.org

Nurse traumatized by gasping abortion survivor was met with callousness: 'You didn't see that' (liveaction.org)

Abortion profiteers say selling abortion pill is a 'great business model' for them (liveaction.org)

Helpline founder sees spike in women 'seeing their fully formed babies' after abortion pill | Live Action

Ambulance dispatches and 999 calls responding to abortion pill concerns have risen by 64% since 2019 – GB News investigation

Two Abortions and a Racist - by Amy (Doc) Chai (substack.com)

It's no myth: Data indicates thousands of children may survive abortions every year (liveaction.org)

Fetal Survival in Second-Trimester Termination of Pregnancy... : Obstetrics & Gynecology (lww.com)

PayPerView: Abortion and Infant Mortality on the First Day of Life - Karger Publishers

Unintended Live Births Following Second Trimester Pregnancy Termination by Labor Induction - PubMed

Report: Babies survive abortion attempts every month in New Zealand | Live Action

Born Alive after an Abortion Archives - ClinicQuotes

*Melissa Ohden 2021 June 16 Written Testimony .pdf (senate.gov)

Kansas Rep: I saw a baby survive an abortion and that's why I sponsored a law | Commentary (yahoo.com)
My abortion failed and I had to give birth to a live, crying baby who died an hour later in my arms

Home - The Abortion Survivors Network - *located over 640 abortion survivors (who survived into adulthood) since 2012*

https://www.govinfo.gov/content/pkg/GPO-CHRG-OCONNOR/pdf/GPO-CHRG-OCONNOR-5-5.pdf

Between ***30-61%*** of all babies born pre-maturely at 22 weeks, and ***55-78%*** of babies born at 23 weeks, *who receive active treatment from the NICU*, ***survive*** to hospital discharge, according to the studies below. (30-50% of surviving babies who were born 22-24 weeks will have zero to mild "neurological impairment.") For every additional week of gestation, survival rates and outcomes significantly increase (for example, with survival rates of ***at least 70%*** at 24 weeks, ***80%*** at 25 weeks, about ***90%*** at 26-28 weeks and **95%** at 32 weeks, if actively treated by the NICU).

Mortality, In-Hospital Morbidity, Care Practices, and 2-Year Outcomes for Extremely Preterm Infants in the US, 2013-2018 - PMC (nih.gov)

Outcomes following a comprehensive versus a selective approach for infants born at 22 weeks of gestation - PubMed (nih.gov)

Survival Among Infants Born at 22 or 23 Weeks' Gestation Following Active Prenatal and Postnatal Care | Neonatology | JAMA Pediatrics | JAMA Network

Neurodevelopmental outcomes at 18 months' corrected age of infants born at 22 weeks of gestation - PubMed (nih.gov)

Management and outcomes of periviable neonates born at 22 weeks of gestation: a single-center experience in Japan - PubMed (nih.gov)

https://www.unsw.edu.au/content/dam/pdfs/research/2023-12-npesu/2024-01-Report-of-the-Australian-and-New-Zealand-Neonatal-Network-2017.pdf

Outcomes at 18 to 22 Months of Corrected Age for Infants Born at 22 to 25 Weeks of Gestation in a Center Practicing Active Management - PubMed (nih.gov)

Association Between Year of Birth and 1-Year Survival Among Extremely Preterm Infants in Sweden During 2004-2007 and 2014-2016 - PMC (nih.gov)

Resuscitation, survival and morbidity of extremely preterm infants in California 2011-2019 - PubMed

Survival of Infants Born at 22 to 25 Weeks' Gestation Receiving Care in the NICU: 2020-2022 - PubMed

A few states (generally right-leaning states) mandate that babies born alive be treated & sent to the NICU, but the rest of the states either lack such protections, or worse, a few states (like California, Colorado & Maryland) *seem* to legally allow/protect post-abortion infanticide. Democrats opposed the federal "Protect Babies Born-Alive" bill, too.

More media claims infanticide isn't happening. Here's what the data says. (liveaction.org)

Donald Trump Was Right. Harris and Walz Want Abortions Up to Birth and Infanticide - LifeNews.com

The Facts on the Born-Alive Debate - FactCheck.org

FRC Action - *OB-GYN defends the "protect Babies Born-Alive" bill*

118_Born_Alive_2023.pdf (abortion survivors.org)

House Democrats on the Born-Alive Abortion Survivors Protection Act | National Review

Capacity for fetal pain

To view my detailed screen-recording for all the scientific arguments, testimony & research findings I have about fetal pain, and video clips of unborn babies moving around in the womb or reacting to pain, see Part 3C:

https://reccloud.com/u/rrndjhm

Contrary to popular misconceptions, unborn babies *can* feel pain. There is lots of scientific evidence showing that, as early as 8 weeks, but especially around the 14 to 20 week window. Skeptics point out that unborn babies might not have the brain development to emotionally manage or contextualize the pain as well as older babies, so pain may be experienced differently, but it is still pain. The main people on the frontlines, advancing the science and management of fetal pain, are the doctors who treat premature and unborn babies as their patients. Fetal surgeons & NICU doctors acknowledge the existence of fetal pain and regularly protect babies well before the typical viability threshold from fetal pain, while abortion doctors, whose primary patient is the mom only, often get defensive & recoil from this topic.

https://youtu.be/nOMQV9wAav0 ***- 4 minute video***

https://youtu.be/0CTzJRF8v24?si=Q103Bfz1ZweVsdja ***- - includes a 7 minute video***

Fact Sheet: Science of Fetal Pain - Lozier Institute

https://www.doctorsonfetalpain.com

Reconsidering fetal pain | Journal of Medical Ethics (bmj.com)

Fetal Pain in the First Trimester - Bridget Thill, 2022 (sagepub.com)

Fetal and Maternal Analgesia/Anesthesia for Fetal Procedures - FullText - Fetal Diagnosis and Therapy 2012, Vol. 31, No. 4 - Karger Publishers

https://www.sciencedirect.com/science/article/abs/pii/S1521689624000260?via%3Dihub

Direct evidence of fetal responses to noxious stimulations: A systematic review of physiological and behavioral reactions - ScienceDirect\

CHRG-109hhrg24284.pdf (govinfo.gov)

Doctor Who Witnessed Abortion: "The Baby Was Cut Into Pieces of Tissue and the Skull Was Crushed" - LifeNews.com

The Silent Scream (Full Length)- *The Silent Scream, shows a real-life ultra sound recording of 12 week baby being aborted*

Neonatology Professor: Unborn Babies Feel Pain at 20 Weeks - LifeNews.com

Appearance of fetal pain could be associated with maturation of the mesodiencephalic structures - PubMed (nih.gov)

Fetal Pain: The Science Behind Why It Is the Medical Standard of Care - PMC (nih.gov)

The fetal pain paradox - PMC (nih.gov)

An Evidence-Based Discussion of Fetal Pain and Stress | Neonatology | Karger Publishers

Fetal plasma cortisol and beta-endorphin response to intrauterine needling - PubMed (nih.gov)

Fetal responses to inadvertent contact with the needle during amniocentesis - PubMed (nih.gov)

New insights into fetal pain - PubMed (nih.gov)

WATCH THIS AMAZING VIDEO BELOW. *IT WILL CHANGE YOUR VIEWS ABOUT ABORTION*. It shows unborn babies 8 ½ to 14 weeks gestation reacting to the pain of a needle. After viewing it, ask yourself, how would you expect an unborn baby to react to the pain of an abortion?

Don't Forget commercial

https://youtu.be/KkK4d9pIneE?si=PfJ4YItcyiQ8hOGo

Unborn babies as young as 20 weeks gestation can cry! Do Babies Cry in the Womb? Plus, What It May Mean (healthline.com)

They can also grimace and squirm in response to pain.

Sorting pain out of salience: assessment of pain facial expressions in the human fetus - PMC

Study shows baby in the womb reacting to anaesthetic injection (righttolife.org.uk) ***- includes an 18 second video***

Doctors have always disagreed on when fetal pain begins. They used to think it was 35 weeks. I have also heard them claim 29, 26 or 24 weeks. Concern and awareness about fetal pain increased, in contradiction to past supposed medical "consensus," due to direct observations of attending doctors and nurses treating extremely prematurely born infants, who increasingly began surviving at earlier gestations than when the previous medical consensus was formulated. Below are two articles from the ***1980s*** with interesting insight about that.

Surgery Without Anesthesia: Can Preemies Feel Pain? - The Washington Post

Researchers Study Babies' Sensitivity to Pain - Los Angeles Times (latimes.com)

This study from 2009 claimed that fetuses do not feel pain because "the fetus is almost continuously asleep and unconscious partially due to endogenous sedation…. The fetus is mainly asleep, although it shows vigorous continual activity, including breathing, eye openings, and facial expression…. Furthermore, the fetus is sedated by the low oxygen tension of the fetal blood and the neurosteroid anesthetics pregnanolone and the sleep-inducing prostaglandin D2 provided by the placenta. The most parsimonious, yet challenging, interpretation of these data are that *in utero* the fetus is mostly in a state of "unconsciousness." …The delivery from the mother's womb [and the stress of being born] thus causes arousal from a "resting," sleeping, state *in utero*."

The Emergence of Human Consciousness: From Fetal to Neonatal Life | Pediatric Research (nature.com)

However, this more recent study, from 2021, asserted that theories about "fetal sleep due to neuroinhibitors in the blood… now seem obsolete. This review shows that neuroinhibitors give fetuses at most some transient sedation, but not a complete analgesia, that the cerebral cortex is not indispensable to feel pain, when subcortical structures for pain perception are present, and that maternal anesthesia seems not sufficient to anesthetize the fetus. Current drugs used for maternal analgesia pass through the placenta only partially so that they cannot guarantee a sufficient analgesia to the fetus. Extraction indices, that is, how much each analgesic drug crosses the placenta, are provided here. We here report safety guidelines for fetal direct analgesia. In conclusion, the human fetus can feel pain when it undergoes surgical interventions and direct analgesia must be provided to it. IMPACT: Fetal pain is evident in the second half of pregnancy. Progress in the physiology of fetal pain, which is reviewed in this report, supports the notion that the fetus reacts to painful interventions during fetal surgery. Evidence here reported shows that it is an error to believe that the fetus is in a continuous and unchanging state of sedation and analgesia."

Analgesia for fetal pain during prenatal surgery: 10 years of progress - PubMed (nih.gov)

One article (that was last reviewed in 2016) pointed out that "birth may be a grand occasion, [but] it is a trivial event in development. Nothing neurologically interesting happens…. the real action starts weeks earlier. At 32 weeks of gestation--two months before a baby is considered fully prepared for the world, or "at term" --a fetus is behaving almost exactly as a newborn…. 'Behavior doesn't begin at birth… It begins before and develops in predictable ways.' One of the most important influences on development is the fetal environment." Fetal Psychology | Psychology Today

Besides, it's common knowledge that fetuses are NOT in the "sleep" state 100% of the time, and even if they were, they can be woken up by various disturbances.

https://www.usnews.com/news/articles/2012/05/04/study-fetuses-can-wake-up-in-the-womb

Sleep-wake cycles in normal fetuses - PubMed (nih.gov)

Other Studies/articles, arguing <u>against</u> the possibility of pre-viability fetal pain:

Gestational Development and Capacity for Pain | ACOG

Fetal Pain: A Systematic Multidisciplinary Review of the Evidence | Pain Medicine | JAMA | JAMA Network

Study finds 29-week fetuses probably feel no pain and need no abortion anesthesia - PubMed - political

Study Finds 29-Week Fetuses Probably Feel No Pain and Need No Abortion Anesthesia

When Can a Fetus Feel Pain in the Womb? (webmd.com)

When is the Capacity for Sentience Acquired During Human Fetal Development? | Request PDF (researchgate.net)

rcog.org.uk/media/gdtnncdk/rcog-fetal-awareness-evidence-review-dec-2022.pdf

The above recent RCOG statement was criticized because its statement that fetal pain before 28 weeks was "not likely" was not supported by the studies cited. Also, RCOG previously had re-assured everyone that fetal pain wasn't possible because of the now de-bunked theory about fetal sleep and neuroinhibitors. This is horrifying because a large percentage of their OB-GYN's do not administer any fetal pain killer or sedative.

The RCOG statement on foetal pain: Still much to do - Bellieni - 2023 - European Journal of Pain - Wiley Online Library

Half of NHS Trusts recognise fetal pain during late term abortion - Christian Concern

Scientists believe that even *BEES* are sentient beings, capable of pain and perhaps deserve anesthesia. Shouldn't unborn babies be given the same (if not, MORE) consideration?
https://twitter.com/RealAshleyLuna/status/1670850134304002048?s=20

A SAMPLING OF *OTHER* RECENT LAWS/PROPOSED BILLS

The Med Ed Efforts in FL, TX and Beyond to Protect Women's Lives - SBA Pro-Life America (sbaprolife.org)

Fact Sheet: National Abortion Reporting, It Is Time to Upgrade - Lozier Institute

Handbook of Maternal Mortality: Addressing the U.S. Maternal Mortality Crisis, Looking Beyond Ideology - Lozier Institute

https://docs.google.com/document/d/1UFF-o_BzSZjKEyiO_vtVF3-jH8TEUvwe_KuV5aHL6VA/edit?usp=sharing

https://www.legislation.qld.gov.au/view/pdf/bill.first.exp/bill-2024-003 - *Australian born alive bill*

The Federal "Women's Health Protection Act" that Democrats are trying to pass in Congress is actually more radical than "codifying Roe v. Wade into law." It allows "health" as a vague exception to the 24 week ban, potentially allowing an abortion until birth for "emotional health" or minor physical health reasons.

SFLAction Says A Vote Over the Deceptively Named "Women's Health Protection Act" Will Be Scored - Again - Students For Life of America

Lies, Damn Lies, and the Women's Health Protection Act - Lozier Institute

H.R.8296 - 117th Congress (2021-2022): Women's Health Protection Act of 2022 | Congress.gov | Library of Congress

Here is information about the Texas' abortion laws. History of Abortion Laws - Abortion Laws - Guides at Texas State Law Library

Here is information about the Mississippi's previous 15 week abortion ban bill: HB1510SG.pdf (state.ms.us)

Here's information about California's most recent, liberal but extremely vague, abortion bill, Prop. 1. Prior to Prop 1, women in California already had the right to abortion until 24 weeks. While Prop 1 did pass with a majority of voters (due to high emotions when Roe v. Wade was defeated), note that *Proposition 1 did not change or affirm any gestational time limit.*

Californians will vote on abortion rights. But for any point in pregnancy? : Shots - Health News : NPR

California legally allows abortions for pregnancies over the typical 24 week viability limit, because (PARAPHRASING) it legally defines any baby who would need NICU treatment as not meeting the viability standard. The law says that the unborn baby does not legally meet the viability criteria unless "a doctor determines that the fetus could live outside the uterus ***without extreme medical measures***." (Remember-most premature babies need extra medical interventions, yet the CA bill does not define which measures are "extreme.")
https://abortion.ca.gov/your-rights/your-legal-right-to-an-abortion/

https://codes.findlaw.com/ca/health-and-safety-code/hsc-sect-123464.html

The majority of European countries ban abortion at 10-12 weeks. Another 3 European countries ban abortion at 14 weeks, one bans it at 18 weeks and one at 24 weeks. Abortion is almost completely banned in 2 other countries except to protect the life of the mother or rape/incest.
What are the abortion time limits in EU countries? – Right To Life UK

Quote from Andrew Yang in 2020, when asked how he would appeal to pro-life Americans:

> "**I think we have get back to the point where no one is suggesting that we be celebrating an abortion at any point during in the pregnancy.** There was a time in Democratic circles where we used to talk about it **being something that you don't like to see** but that should be within the freedoms of the woman and the mother to decide.
>
> And so, to me I think there is a really important tone to set on this where you don't just say we're absolutists about it. Though I have to say I am relatively absolutist on this, like I think that it should be completely up the woman and her doctor and the state should not be intervening all the way through pregnancy.
>
> **But it's a tragedy to me if someone decides that they don't want to have a child and they're on the fence and then maybe at some point later**, it's a very, very difficult personal decision and it's something that we should be very, very sensitive to. **I think that celebrating children, family, like these are universal human values** and if we manage to lead on that and say that we also stand for women's reproductive rights, I believe we can bring Americans closer together on a really, really important personal issue."

Abortion supporters outraged after pro-choice candidate labels abortion a 'tragedy' (liveaction.org)

Quote from Barack Obama, in his 2008 Father's Day speech:

"But if we are honest with ourselves, we'll admit that what too many fathers also are is missing — missing from too many lives and too many homes. They have abandoned their responsibilities, acting like boys instead of men. And the foundations of our families are weaker because of it….

Yes, we need more cops on the street. Yes, we need fewer guns in the hands of people who shouldn't have them. Yes, we need more money for our schools, and more outstanding teachers in the classroom, and more after-school programs for our children. Yes, we need more jobs and more job training and more opportunity in our communities.

But we also need families to raise our children. We need fathers to realize that responsibility does not end at conception. We need them to realize that what makes you a man is not the ability to have a child — it's the courage to raise one.

We need to help all the mothers out there who are raising these kids by themselves; the mothers who drop them off at school, go to work, pick up them up in the afternoon, work another shift, get dinner, make lunches, pay the bills, fix the house, and all the other things it takes both parents to do. So many of these women are doing a heroic job, but they need support. They need another parent. Their children need another parent. That's what keeps their foundation strong. It's what keeps the foundation of our country strong."

https://www.c-span.org/video/?c5020495/user-clip-barack-obama-fathers-day

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Robert F. Kennedy Jr. tweet, 2024

“Abortion has been a notoriously divisive issue in America, but actually I see an emerging consensus — abortion should be legal up until a certain number of weeks, and restricted thereafter. Even in the reddest of red states, voters reject total abortion bans. And on the other end, almost no one supports gruesome third-trimester abortions except to save the life of the mother.

I've been a medical freedom advocate for my entire career and have fought for bodily autonomy, and I trust women’s maternal instincts. What if the baby has some fatal condition that ensures it will survive just hours or days after birth in intense suffering? Can we, should we, legislate such painful decisions and take them away from the mother? Is a bureaucrat or judge better equipped than the baby’s own mother to decide?

Cases like this are why I am leery of inserting the government into abortion. I had been assuming that virtually all late-term abortions were such cases, but I’ve learned that my assumption was wrong. Sometimes, women abort healthy, viable late-term fetuses. These cases of purely “elective” late-term abortion are very upsetting. Once the baby is viable outside the womb, it should have rights and it deserves society’s protection.

I learned this because I was willing to listen — to my family, advisors, supporters, and others who shared their perspectives. My promise to myself and to America is that I will continue to listen and incorporate what I learn into my decisions.

I support the emerging consensus that abortion should be unrestricted up until a certain point. I believe that point should be when the baby is viable outside the womb. Therefore I would allow appropriate restrictions on abortion in the final months of pregnancy, just as Roe v. Wade did. That is the principle that will guide my actions as President, whether implemented by Congress, the states, or in court. It is the right policy for our country. It is the will of the people.

But there is more to it than that. We should be looking at why there are so many abortions in the first place. The biggest reason according to studies is affordability. Almost three-quarters of women cite economic reasons to explain why they chose to abort a pregnancy. So, we have developed a policy that we call “More Choices, More Life.” We can reduce abortion across the board by supporting motherhood, supporting parents, and supporting families. Soon we’ll unveil our plan for universally affordable child care, which will cap child care expenses at 10% for most families. And we will support women in need so that abortion isn’t their only choice.”

https://x.com/RobertKennedyJr/status/1789121919951704481

Robert F. Kennedy's official campaign stance on his website:

"Abortion is one of the most divisive issues in American politics. We've been offered two positions — pro-life and pro-choice — with hardly any room between or outside them. This wedge issue keeps Americans fighting with each other and destroys our most promising alliances. Robert F. Kennedy Jr.'s policy won't end the debate, but it offers a way forward that most Americans can support. It is called "More Choices, More Life."

Robert F. Kennedy Jr. is a medical freedom advocate and supports a woman's right to choose until a fetus is viable. At the same time, Kennedy's policy will dramatically reduce abortion in our country, and it will do so by offering more choices for women and families, not less.

A lot of women, when they get pregnant, feel they can't afford to have a baby. There isn't a lot of support to raise a child in this society. You can't call yourself pro-life if you are concerned only with life before birth. What about after birth? We have to make our society as welcoming as possible to children and to motherhood.

The centerpiece of More Choices, More Life is a massive subsidized daycare initiative. We will safeguard women's reproductive rights while redirecting the funds being spent on the war in Ukraine to subsidize community- and home-based daycares, along with stay-at-home parents. Instead of padding the pockets of our weapons manufacturers, we will pay 100% of care for the three million children under five who live beneath our poverty line. And we will cap the cost at 10% of family income for everyone else. These payments will not be available to corporate daycare chains or the hedge funds that own them. They will fund only single-location small businesses — as well as parents who decide to stay home with their children.

Universal childcare has the potential to add $1 trillion to our GDP, according to Moodys. And since economics is a major driver of abortion, this policy will do more to lower abortion rates than any coercive measure ever could.

On top of this policy, we will also strengthen our adoption infrastructure to make it the best in the world. We will increase the child tax credit, and we will fund sanctuaries for women in need to have babies, places like Auntie Angie's House, where they get support not just in pregnancy and birth but also in those precious months afterwards. That way, their only "choice" isn't abortion. They have another choice, a viable choice to give birth."

More Choices, More Life | Kennedy24

“I want more babies in the United States of America. I want more happy children in our country and I want beautiful young men and women who are eager to welcome them into the world and eager to raise them… **We need a culture that celebrates life at all stages, one that recognizes and truly believes that the benchmark of national success is… whether people feel that they can raise thriving and healthy families in our country**.” - JD Vance
https://x.com/LifeNewsHQ/status/1882871125706961139

“Unless we resolve this, and understand that life is precious, and that we must protect life, *then we can’t protect liberty*.” - **Ron Paul**

Ron Paul’s pro-life campaign commercial:
https://www.youtube.com/watch?v=I5Yrj9IkypU

“Thank you to Donald Trump for talking about INFANTICIDE. I stand against late term abortion. I stand against the Democrats’ war on fully formed 9 month babies.” **- Scott Presler**