

MYTH 04

"MOST ABORTIONS ARE DONE FOR COMPELLING REASONS."



MYTH #4: "MOST ABORTIONS ARE DONE FOR COMPELLING REASONS."

Of the many abortions committed in the U.S. each year, only 1-3 percent are for the "hard cases" of **rape, incest, fetal anomalies, and danger to the mother's life**. That means 97 percent are for **financial or emotional strain**, or other undefined reasons. Let's look in more detail about how this is broken down. Three quarters of women who obtain an abortion say they cannot afford a child or that having a baby would interfere with school, work, or the ability to care for dependents; 86 percent are unmarried;[6] 59 percent have at least one child; 24 percent are currently in school; 13 percent of women having abortions identify as evangelical Christians, 24 percent as Catholics, and 17 percent as Protestants.[37]

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Our country saw the numbers of abortions increase ten-fold when it was legalized, so it is clear that most women would not pursue an abortion if it were not legally permissible and readily available.[38]

It is estimated that 25-30 percent of American women have had an abortion. About half of women who obtain abortions were not using any contraception. But this means half of them were using a method of contraception which failed to prevent pregnancy. In the first year of contraceptive use, 16 percent of teens become pregnant. Despite our best efforts, contraceptives often fail—43 percent of abortions are repeats.[39] Despite reassurances to the contrary, there are many women who do use abortion for birth control. Some women are pressured by their families, male partners, and friends to have abortions even if they are not sure this is what they want to do.[40]



Stop for a minute to really think about what these numbers represent. Lack of resources and family support seems to encourage many women to choose abortion. The majority of these women are already mothers, and presumably love their children, and yet are in circumstances where they are not willing to give birth to another child. Teens are often encouraged to embrace their sexuality and are told that as long as they practice responsible contraception and "safe sex," there is no risk. Yet half of women who conceive undesired pregnancies were using contraception.[41] Though Christian adults are often opposed to abortion, many of their daughters are having abortions. What a tragedy. Abortion affects nearly everyone!

It is often assumed that **late-term abortions** are usually obtained for compelling reasons such as "life of the mother" and "severe fetal abnormalities," but that is an incorrect assumption. Most are obtained for the very **same elective reasons** that earlier abortions are obtained. Post-viable abortions account for only a small percentage (1.3 percent) of total abortions in America. Yet, that still means there are about 15,000-18,000 potentially viable babies aborted yearly after the 20th week of pregnancy.[42] **Most of those aborted are healthy babies being carried by healthy women**. Currently, many babies survive when born prematurely as early as 22 weeks gestation. This is only a little over halfway through a normal pregnancy duration. Yet, we continue to allow their elective killing. Recently, the U.S. Senate failed to pass the Pain Capable Unborn Child Protection Act.[43]



Although it is possible not to know about a pregnancy, my experience as an obstetrician has revealed that most women know or suspect that they are pregnant, but they may be reluctant to admit it to their parents or unsupportive partners. Women are often forced or **coerced** into a late abortion when the pregnancy becomes obvious, even though this may not have been their "choice."[44] One study found that as many as 58 percent of women felt that they had their abortions in order to "make others happy," with over 28 percent saying they had the abortion because "they feared their partner would leave them" if they did not.[45]

A large study confirmed the elective nature of most late abortions: 10.3 percent of U.S. abortions are committed after the first trimester with the following breakdown: 6.2 percent between 13-15 weeks, 4 percent at or after 16 weeks (includes 1.3 percent after viability). Reasons given for the abortion were: "not knowing about the pregnancy," "trouble deciding about the abortion," and "disagreeing about the abortion with the man involved."[46] Another study found 50 percent of women having second trimester abortions delayed the procedure due to **indecision**, and 33 percent due to the **difficulty of the decision**.[47] With all this indecision, it is likely that another change of mind could occur for the woman after going through with the abortion, and the choice

could be regretted. These studies did not report the number of "**hard cases**," because apparently there were so few. The state of Florida keeps statistics on the reasons for all abortions in the state, and they found incest accounted for only 0.001 percent of all abortions, rape 0.085 percent, health of mother 0.5 percent, life of mother 0.065 percent, and serious fetal anomalies 0.66 percent.[48]

Interestingly, although we are often told that late abortions occur because a woman has trouble finding funding,[49] one study showed that these abortions were more frequently funded with health insurance (and that they cost about four times the amount a first trimester abortion costs).[50] A similar study in England and Wales found 11 percent of abortions occurred after the first trimester (a similar number to the U.S. despite available funding through socialized medicine). The reasons were also similar: 41 percent indecision, 30 percent procrastination, 23 percent relationship changed.[51]

One of the most frequent myths about late-term abortion is that it may be necessary to save a woman's life. Don't get me wrong. It is clearly the standard of care for any physician to intervene in a pregnancy that presents a risk to the mother's life, as long as no direct action is taken to terminate the life of the unborn child.[52] However, these life-threatening situations occur far less commonly than one may assume. Some examples are ectopic pregnancy, infection due to extremely premature rupture of membranes, severe hypertension, and certain cardiac conditions. The law has never limited intervention in these circumstances, even in countries in which all elective abortion is illegal. In reality, there are really only a few **rare preexisting maternal cardiac conditions** that have a high mortality rate such as Marfan's syndrome with aortic root involvement, complicated coarctation of the aorta, and peripartum cardiomyopathy with residual dysfunction. Even **cancers** can usually be treated by delaying treatment or using chemotherapies that are less toxic to a fetus. Surgical intervention outside of the uterus can also allow for treatment of cancers in pregnancy.[53]

It should also be noted that an ectopic pregnancy will inevitably become a miscarriage, as there is no chance the fetus can reach viability in a location such as a fallopian tube, so intervention for this condition always occurs early in pregnancy, and no physician considers this an abortion. Interventions later in pregnancy are more correctly termed "premature parturition." In these cases, the purpose of delivery is not to kill the fetus, as in elective abortion, but to save the life of the mother, and the life of the fetus, or to save the life of at least one of them. This can be done in such a way, induction or C-section, that the baby can be saved if possible.



With modern surgical techniques, a C-section delivery is usually very safe, even in an extremely sick woman. (One out of three pregnancies in our country are delivered this way.) By comparison, a dilation and evacuation abortion usually

necessitates between one and three days of cervical ripening in order for the surgeon to enter the uterus. If a woman were truly sick enough to need emergent delivery, this much of a delay would only worsen her condition. In addition, a delivery by induced labor or C-section, even if the baby dies during the course of the delivery, allows the woman to mourn, hold, photograph, and bury her baby, if desired. In the event of a fetal abnormality, an autopsy can be performed to assist with counseling for future pregnancies. A dilation and evacuation (D&E) dismemberment abortion, of course, does not allow for any of that. While few OB/GYNs other than high volume late-term abortionists have the clinical skills to commit a late-term D&E, due to its complexity and high incidence of complications, all OB/GYNs can perform inductions or C-sections, thus allowing the woman's own physician to care for her in her distress.[54]

Even late-term abortionists have acknowledged the rarity of late-term abortion to save a woman's life. Dr. Rose Middleman, former medical director of the Pittsburgh Planned Parenthood, stated in 1972, "It's extremely rare, if nonexistent, for a physician to have a medical reason to abort a woman in the 7th or 8th month."[55] Likewise, abortionist Dr. Don Sloan stated, "If a woman with a serious illness… gets pregnant, the abortion procedure may be as dangerous for her as going through the pregnancy… The idea of abortion to save the mother's life is something that people cling to because it sounds noble and pure—but medically speaking, it probably doesn't exist."[56]

NOTES

36 "Women Who Have Abortions," National Abortion Federation, https://prochoice.org/wp-content/uploads/women_who_have_abortions.pdf.

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38 Barbara J. Syska, Thomas W. Hilgers, and Dennis O'Hare, "An Objective Model of Estimating Criminal Abortions and its Implication for Public Policy," *New Perspectives on Human Abortion* (University Publications of America, 1981), https://trove.nla.gov.au/work/25741201?q&versionId=31013907; "Abortion Surveillance — United States, 2014," Centers for Disease Control and Prevention, accessed November 27, 2018, https://www.cdc.gov/mmwr/volumes/66/ss/ss6624a1.htm.

39 Ibid.

40 Colin Lecroy, "Hidden Abuse of Women: Coerced Abortions," *National Review*, August 31, 2017, accessed November 27, 2018, https://www.nationalreview.com/2017/08/forced-abortion-coerced-women-pregnancy-economic-pressure-pro-life-help/.

41 "Women Who Have Abortions."

42 Rachel K. Jones and Lawrence B. Finer, "Who Has Second Trimester Abortions in the United States?" Contraception 85 (2012): 544-551, accessed November 27, 2018, http://www.contraceptionjournal.org/article/S0010-7824(11)00625-1/pdf.

43 Alexandra Desanctis, "Senate Fails to Pass 20-Week Abortion Ban," *National Review*, January 29, 2018, accessed November 27, 2018, https://www.nationalreview.com/blog/corner/abortion-ban-senate-vote-fails-pass-pain-capable-unborn-child-protection-act/.

44 "Why Abortion in America has become a Social Problem," AfterAbortion.com, accessed November 27, 2018, http://www.afterabortion.com/social.html.

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46 Jones and Finer.

47 Finer, et al., "Timing of steps and reasons for delays in obtaining abortions in the United States," *Contraception* 74 (2006): 334-344, accessed November 27, 2018, https://www.guttmacher.org/sites/default/files/pdfs/pubs/2006/10/17/Contraception74-4-334_Finer.pdf.

48 "U.S. Abortion Statistics," Abort73.com, accessed November 27, 2018, http://www.abort73.com/abortion_facts/us_abortion_statistics/.

49 "Later Abortion," Guttmacher Institute, January 2017, accessed November 27, 2018, https://www.guttmacher.org/evidence-you-can-use/later-abortion.

50 Gretchen E. Ely, "The Undue Burden of Paying for Abortion: An Exploration of Abortion Fund Cases," *Social Work in Health Care* 56 (2017): 99-114, accessed November 27, 2018, https://www.researchgate.net/publication/311628544_The_undue_burden_of_paying_for_abortion_An_exploration_of_abortion_fund_cases.

51 Roger Ingham, et al., "Reasons for Second Trimester Abortions in England and Wales," Reproductive Health Matters 16 (2008): 18-29, accessed November 27, 2018, https://www.tandfonline.com/doi/full/10.1016/S0968-8080%2808%2931375-5.

52 It should be noted here that FRC's position (in line with Christian ethics) is that in the extremely rare cases in which the mother's life is at risk during a pregnancy, doctors are ethically free to take the appropriate medical action necessary to save the life of the mother, even if this action (or actions) indirectly cause the death of the unborn child.

53 Thomas Murphy Goodwin, "Medicalizing Abortion Decisions," *First Things*, March 1996, accessed November 27, 2018, https://www.firstthings.com/article/1996/03/003-medicalizing-abortion-decisions.

54 "Premature Delivery is Not Induced Abortion," American Association of Pro-Life Obstetricians and Gynecologists, accessed November 27, 2018, https://aaplog.org/premature-delivery-is-not-induced-abortion/.

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56 Don Sloan and Paula Hartz, *Choice: A Doctor's Experience with the Abortion Dilemma* (New York: International Publishers, 2002), 45-46.