okay miriam i'm gonna get started with the housekeeping i think
items for everybody since people are joining us
so hopefully everybody can hear me um i'm just gonna go over some housekeeping items and then we'll get started with
the with the webinar so um just so that you all know hopefully you knew this
previously but this webinar will be recorded and the recording will be sent to you all shortly after this event so if you
missed something or if you have to get off early don't worry we'll be sending this out to you and feel free please to send it to your friends your colleagues
anybody who you think might be interested in what we're talking about tonight but who wasn't able to make it we did receive a
lot of questions ahead of time for the q a part so thank you so much for that we'll try and answer all of your questions
also if a question comes up for you during the the webinar please feel free
to put it in the chat box we are trying to keep this a respectful
and collegial discussion tonight so please remember that in the chat box and and we'll keep our chats
and our comments respectful but please feel free to drop any questions in there you might have also our staff is going
to be dropping resources into the chat box for you all tonight that have to do with some of the things that we'll be
talking about so that will be really really helpful and we'll try to get through as many of those questions as we possibly can but we may not hit
everybody's questions so if we don't and you still have questions about things please go to our website
that's applogaplog.org and go to the resources section where you'll find a lot of
really important resources that i think will be helpful for you also if you have any questions
afterwards or want any follow-up or have ideas for um other topics we could cover in another

webinar please email us at communications applog.org or reach out to us on social
media you can see our handles let's see if i can do it right right up here and you can find us on social media if
you're not already following us so also just as an fyi we did get some questions in ahead of time that were
sort of legal in nature which i totally understand because this is a legal issue right now but because we
are not lawyers we're gonna try to stick to our wheelhouse and answer medical questions which i think are also forefront on a
lot of our minds but there are a lot of great resources out there for legal questions and answers
one of the resources or one of the places we would send you to is the website for americans united for life
their website is aul.org and they have a lot of really great legal analysis of everything that's going on right now so
so just remember if you submit a question but it was legal in nature we may not be covering that tonight so i'm
now going to turn it over to our moderator dr kate carnahan
all right hi there everyone um well welcome we're so happy to have you all here my name is kate carnahan
i am a practicing ob gyn um a former board member of a plug and a current
associate scholar with charlotte lozier institute so happy to see a lot of familiar faces and
names on the list tonight so as you all know the recent news regarding the potential supreme court decision of dobbs versus jackson
with the majority opinion draft league has left a lot of americans with questions about how the end of roe
versus wade um and planned parenthood versus casey would affect the future of women's health care
um as medical professionals i know we have a lot of questions and you know how will this affect our patients and b how
will this affect our practice um so our goal tonight is to really dive into a lot of those types of questions

um it's more important now than ever that we speak out about the truth of what abortion is what it isn't um what
it does to our patients and what the medical literature has to say about it um we need to get these facts out there
and i think don and christina will do a great job of doing that tonight um so the goal tonight uh is mainly to
answer your questions clarify you know how or if this will impact our practices
um the first part of the discussion tonight is going to be just that a discussion between dr christina francis and dr
donna harrison and then we'll do a q a for all of you to get your questions answered that will be moderated by me
um so i'm just going to go ahead and introduce our speakers real quick tonight so first of all donna here dr
donnis harrison hardly needs an introduction but um she's dedicated much of her
professional life to defending women and pre-born children she's a board-certified ob gyn who previously
practiced in private practice before taking over as the ceo of a plug and she's been in that role ever since 2013.
she is a sought-after cme speaker in the us and also internationally she speaks on topics for anything from medical abortion with mifa prystone and misoprostol to adverse
events associated with use of those medications emergency contraception with eulopristol maternal mortality and
abortion morbidity she's an adjunct professor at trinity international university in deerfield illinois
she teaches postgraduate seminars at the annual annually at the center for bioethics and human dignity summer
workshops and she is an associate editor of the peer-reviewed medical journal
issues in law and medicine and then dr christina francis um is a board-certified ob gyn who currently
works as an ob gyn hospitalist she is the current chair of the board of the

board of apog she's also an associate scholar with the charlotte lozier institute a board
member of indiana right to life and a physician member of the abortion pill reversal network
she's always had a passion for human rights and has dedicated significant portion of her life um working in
various countries on behalf of women and children dr francis worked for three years as the
only ob gyn at a mission hospital in rural kenya she returned to the united states in 2014 to work on behalf of
women and children both in the u.s and internationally who are victims of the abortion industry
she's written on issues surrounding women's health and abortion for publications including the wall street
journal newsweek and usa today all right so as you can clearly hear both of our speakers tonight um have
impressive careers and uh you know impressive devotion to this cause so
i'll let you two take it away thank you kate thank you so much and thank you again to everybody who's joining us tonight and uh i know that a lot of people have questions we hope
that our conversation tonight will help answer those and before donna and i get into our conversation um for any of you
who are on who don't know who uh who applaud is we're the american association pro-life ob gyns we are the
largest non-sectarian professional medical organization representing pro-life medical professionals in the
world we have close to 7 000 members mostly in the u.s but we do have some international members and
we serve as a second opinion in this issue in the public square and for our members to
support your practice and so we're happy to be here with you all tonight um
donna as we get into this conversation you know you and i were talking this last week how

how important it is that we have this conversation because it is such a crazy time right now there's a lot going on
there's a lot of information sort of being thrown around in the media on social media people have
so many questions and i know that a lot of people probably on this webinar are hearing a lot of conflicting information
um and so we really just wanted to do this to sort of clear up what we can and and you know give people the tools that
they need to be able to speak to their patients to their colleagues to their friends their family
so i know we're not lawyers i know you're not a lawyer as impressive as your resume is i know it doesn't include being a lawyer but but i do think in
order to understand what a post-role world might look like um we do kind of
need to understand exactly what row is what it did so can you just explain to us just briefly um you know what did roe
v wade and its companion cases mean for the medical community when those decisions were made
yeah no i'm glad you said that because i agree most people don't know what row is and row was actually the reason that
applog exists and how was that because when rogue when the road decision came
down the uh pro-life leadership of acog which was not in a majority of that
point but pro-life leadership of acog said we need to keep a pro-life voice within the american college of objen and
so they incorporated applog we actually filed an amicus brief in row and what that if you are curious it's certain other physicians that's the birth of applause
so prior to roe we did ob gin we cared for ectopics we
treated choreoramianitis and preeclampsia like every ob gyn does and at that time the majority of the
states had some laws forbidding just taking the life of a pre-born human

being but the road decision what rose said was states may make no law
protecting or forbidding or banning or limiting abortion in any way in the first trimester
states in the second trimester can make some laws but only for the health of the mother
considerations and states in the third trimester might make some laws considering potential fetal viability
whatever that means but roe was not the only decision made so roe was issued on the same day as a
companion decision because in all of the trimesters roe said
every one of those regulations that are made if they're made at all have to have a health exception
well what is health the supreme court defined health that same day in dough vs bolton and what doe versus bolton said
is health is any physical psychological social financial or any other reason so it was actually dough
that allowed for abortion through nine months of pregnancy via the health exception so that's something people
don't understand and they say oh every every law has to have a health exception what they're saying is every law has to
be completely nullified by a health exception so the trimester system was invented by justice blackman who was not
a ob gen by any stretch of the imagination it didn't actually exist in obogen conversation until row but he invented that out of thin air and
by issuing these decisions the supreme court actually made itself suddenly the national medical board because now they
were going to decide what laws could be made and what less couldn't be made based on
considerations of health they have no qualifications for doing this well years passed and there was a second
decision called casey that was very important so what casey said was well
the trimester system doesn't really work so we they threw out the trimester system of row and dough and what they

said instead was states can't make any laws before the baby can survive outside the womb
viability but states might make some laws after viability but of course they all have to have a health exception so
what casey did was substitute a viability criteria for
uh for rose trimester system but the viability criteria doesn't work either
because it depends on what hospital you're at it depends on the kind of the you know facilities we have so none of
that made any legal or medical sense it was it was simply um it was simply a
way to allow for people to destroy pre-born human beings for no medical
reason and and that's something that we just simply don't do as hippocratic physicians
so i think one thing that pro-choice lawyers have even acknowledged that there's there's no real basis
in law or in the constitution for the rowan casey decisions so it's really time for the supreme
court to turn this back to the people so overturning roe and doe will turn this back to the people yeah
so i think you know one thing i wanted to point out uh christina is elective
abortion what what is that the difference between what we do as pro-life physicians which is to separate
the mom and the fetus to save the life of the mom but if we could save the life of the fetus we would too
okay so after the baby can survive outside the womb it's simple you do a c-section or you induce her
and before viability before the baby can survive outside when we still will
separate the mom and the baby in order to save the life of the mother if there's no other option
but we never go in and intentionally destroy the baby and that's what people need to understand elective abortion is

very a very purposeful procedure done with the purpose and the intent of destroying that pre-born human being
yeah absolutely absolutely and i want to don i want to go back to a point that you made sort of early on in what you
were just saying in that before the road decision ob gyns medical professionals they were
able to save the lives of women even in states where abortion was illegal they were able to treat ectopic pregnancies
they were able to treat miscarriages they were able to treat choreoamnionitis and they weren't limited in any way and
yet we keep hearing these discussions that you know if roe is overturned and
the decision is returned to the states and again let's emphasize that hopefully most people on this webinar know this
but if roe is overturned it does not mean that abortion becomes illegal in
all 50 states it simply means that the decision returns to the states now will there be states that might outlaw
abortion or have laws in place that that will happen yes but there's going to be states like california and new york and
other states that have very liberal abortion laws where abortion will still be legal so one the end of road doesn't mean that
abortion is illegal in all 50 states but two it also does not mean even if you are living or working in a state where they do make abortion illegal it
does not mean that you are not going to be able to treat women appropriately and
that's really important and that's why it is actually really important that we be very clear about what abortion is
it's the intentional ending of that pre-born human life and we know that because of you know medical science we know that that is a living human being
from the moment of fertilization um in the womb you know 95
of biologists agree that um that life begins at the moment of fertilization and we know that a failed

abortion doesn't mean that you failed to remove the fetus from the mother a failed abortion means that the fetus is
born alive so the intent of an abortion is to end the life of that developing human being so i think it's really
important that we're clear as we proceed in this discussion what we mean when we say
um abortion and you know i'm so glad you brought that up because we're probably all
familiar with the acog statement and we hear it echoed in the media that uh
women will die from ectopic pregnancies because they won't be able to receive treatment so christina can you comment
on that yeah absolutely and and i you know i've received donna you and i were talking i
received multiple texts you know after that that uh draft was leaked where
people were saying is this true i'm hearing that if roe is overturned it means women are going to die because they won't be able to access care for
ectopic pregnancies nothing could be further from the truth and any honest physician any honest
medical professional will know that that's not true because treating an ectopic pregnancy which is legitimately
a life-threatening condition for women all of us who have seen women with ectopic pregnancies know this that is
not the same thing as doing an abortion and not only do we know that from a medical standpoint but also
every state law that i know of um that is either in place or is being proposed
gives an exception for life of the mother and in fact some of them very clearly specify ectopic pregnancies are
not you know the treatment of ectopic pregnancies are not banned by this law and they specify treatment of
miscarriages not banned by this law and yet this is a tactic of fear mongering that's being used by the abortion

industry by its allies and we were you know we at applaud were so very disappointed that acog would have issued
a statement saying that state abortion restrictions would cause women to die because they wouldn't be able to be
treated for ectopic pregnancies when we know this isn't true that's a very clear indication for needing to separate the
mother and the baby the unintended consequence yes is that that child right now will lose his or
her life but our purpose in doing that our intent is to save the life of the mother and we are pro-life in all
circumstances meaning we're pro-life of the mother and we are pro-life of the baby you know the other thing i think we
need to clear up with that is banning certain procedures to be used for abortions such as states
that might ban the dna procedure to be used in an abortion there's a very clear
statement again in those laws that this is only when you have a living fetus so for people that um have miscarried for
women that are going through a miscarriage where the fetus has already passed that can still be treated and should be
treated it's the right thing to do and we see that happening all over the country already even in in like catholic
hospitals who have policies that they will not do abortions but yet they still are able to very um compassionately and
very thoroughly and excellently treat women who have conditions like an ectopic
pregnancy or a miscarriage so again i think it's very important that we be clear about what we're
talking about bans on abortion or restrictions on abortion will not prevent us as medical
professionals from intervening in those rare situations where a woman's life is
endangered by her pregnancy if that happens pre-viability then we do what we
need to do we either induce her labor or with ectopic pregnancy we might treat with surgery or medication in order to

save the woman's life if it happens after that baby is viable there is no question what we should do
we get her delivered we take care of mom and we take care of baby we will not be limited in this sense if row is
overturned so hopefully we've cleared that up and i'm sure there'll be some more questions
during the q and a time but you know donna another concern that i i've been hearing a lot about and i'm sure you
have too is how is this going to affect patients you know families who receive an adverse prenatal diagnosis
um during their pregnancy is this going to mean that they can't have the care that they should have and and you know
how should we as pro-life ob gyns respond to that clinical scenario in order to continue to provide
compassionate care to our patients well this will actually improve care christina because finally patient will
be the patients will be offered better treatment and support rather than just simply saying you have uh you have a try
a baby with trisomy 18 and uh we scheduled your abortion for tomorrow completely ignoring the fact that this
baby is a son or daughter this baby is a grandchild this baby is a sibling this
baby is born into a context center or lives in a context in a relationship and
so we have a practice guide on this very issue and i really would suggest you guys go to the epilogue website under
resources and look up the practice guideline on perinatal hospice because it turns out that if you offer women
to walk with them through a baby through the pregnancy of a baby with a life-limiting diagnosis and you treat
that baby the way you would any other human being with the life limiting diagnosis you offer support you offer
care and it's it's hospice care with the knowledge that this baby probably will
not live very long after birth but you support the family you allow parents to

be parents and you allow them to love their child as a normal thing because they do love their child these are
wanted babies and not that wantedness is any different but but there's something particularly cruel about saying you've
got a trisomy 18 and we'll take care of that problem as though this were not a
human being when in fact it is a human being and as far as genetic problems man if you search deep enough in your dna
you're we're all got genetic problems of some sort or another and ultimately the duration of a person's life naturally
you know if it's a short duration that doesn't mean we kill them ahead of time we don't shoot children who have cancer
we don't you know we just don't do that that's not what a human compassionate just society does
so it brings up another point i that really bothers me we have to stop using the
phrase this baby is incompatible with life if the baby is alive
by definition the baby is compatible with life i mean it's a tautology of course the baby's alive so it's it's a
living human being so we have to stop using that terminology and this is a particularly passionate issue
for me because i've experienced both sides of the spectrum i have i have given patients diagnoses of anencephaly
i have given patients diagnosis of trisomies and and with that
also the promise that i will be there for you i will come in for that delivery i will i will walk through this with you
and your family and that that makes the difference what you say to this person whether you
whether you uh identify with your patients and understand they need they need a rock in in a world that's
swirling around them but i've also experienced it from the other side i had my first son who was
diagnosed postnatally with congenital heart disease aortic stenosis and and he died at two
and a half and with my second son in utero we got a fetal echo

and of course it showed again aortic stenosis so we were looking at i mean i walked
through the pregnancy with an adverse prenatal diagnosis which was incredibly difficult incredibly difficult
because you it's hard to be happy when you know your baby's gonna die right after he's born right so
my son my second son matthew was born and he had no aortic stenosis at all
he was completely normal on the extra uterine echo now i was committed
to loving matthew for as long as his life was going to be but
my heart broke for those women who were given adverse prenatal diagnoses but not
told what how how accurate is this diagnosis i mean even the fda came out
and and with a warning about non-invasive prenatal testing because the non-invasive prenatal testing says
things like 99 sensitivity what that means is that it doesn't miss it doesn't
produce false negatives the specificity is only 30 so if you have a positive
their their true positive rate is 30 for down syndrome in a normal population
so that means two-thirds of the diagnoses of down syndrome by non-invasive prenatal
testing are wrong and yet women are aborting based on this kind of information so i think
maybe in a post-real world in states that do limit ban abortion
maybe we'll get some compassionate care and some accurate treatment you know for for these women i think the whole field
of objen will improve because we'll be will be called on to actually help and
support and care for women through their pregnancy as we should be
right right right you're you're absolutely right don
and thank you so much for being willing to share your personal experience because you know i know knowing you that

that was something painful that you walk through but you also then understand what it's like to be in that patient's
shoes and you know and i i too have talked to patients who have been in that situation and have had a hard time
actually finding a physician who was willing to fight for them and their child and
you know not recommend termination at every visit and so we know that this is something that patients want and we know
that perinatal hospice is something better that we can we can offer them um we're running short on time on our
discussion time which we have so many things we wanted to discuss but we want to make sure we're leaving time for questions but i'll wrap up finally donna
with one more sort of question because this really is in your wheelhouse and your area of expertise you know we keep
hearing that if we overturn roe and states make abortion illegal that women are going to return to back alley
abortions they're going to return to um you know coat hank that abortions um is this true and and also can you tell us sort of where we're at
right now with with a replacement for um quote-unquote coat hanger abortions um
that's actually being pushed by the abortion industry now yeah so in every nation that has
legalized abortion total numbers of abortion have increased as has total
numbers of abortion mortality and in countries like chile where abortion was legalized and then made
illegal for the from the pro-abortion side you'd think oh maternal mortality must have
skyrocketed no maternal mortality continued to decrease and abortion mortality decreased because the
total numbers of abortion decreased when abortion was made illegal and that that just makes complete sense
the the maternal mortality numbers were falling everywhere in the world because of antibiotics and skilled birth

attendants and you know oxytocin the things that you guys know that's that's what causes women to die is hemorrhage
infection but what happened is very interesting in the u.s it turns out that around 2000 we
reached a mater in maternal mortality and then the u.s maternal mortality has increased in fact
it's still increasing and i find it very interesting because it was in 2000 that
chemical abortion was also introduced mifaprex and misoprostol and i'm not saying all of the maternal mortality
increases due to mifaprex but i will say it's very interesting that we had a steady decline until this change a
significant change in abortion appeared on the horizon so
what do we have now is a situation where the abortion industry is pushing dangerous abortion they're pushing do it
yourself through the male nephaprex with no screening for rh incompatibility no
ruling out ectopic no knowledge of what a woman's actual
gestational age is and they don't tell women that if you're past 13 weeks
you've got a one out of three chance of hemorrhaging and needing emergency surgery for retained tissue
so how many women can pinpoint the difference between 9 and 12 weeks how many women can pinpoint the difference
between 12 and 14 weeks guys this is going to be a disaster and the abortion industry is pushing this chemical coat
hanger all that they say in the interest of women but it's not in the interest of women it's in the interest of an
ideological push to destroy pre-born human beings and we as objens need to
speak out about how dangerous this is i mean i didn't even mention the fact that they can't get rhogam that's going to
cause them to have rh iso immunization you know in the next pregnancies it's
just uh it's obscene that acog is pushing this kind of stuff yeah absolutely well and i think it's

important to point out these restrictions were lifted and this this push for diy
abortion happened starting back in july of 2020 and then the fda solidified it just this
past december so let's all remember going forward that this was all done prior to any decision on roe v wade so
this wasn't done because women couldn't access abortion in certain states because states made abortion illegal
this happened again it started in july of 2020 during the pandemic and then the fda solidified
this in december of 2021 stating that women don't need to have an in-person visit which means they don't need to have an ultrasound
and if any of you are surprised by this that acog would be supporting something like this
not establishing gestational age even though their own document says that
women will be wrong up to 50 percent of the time about their due dates based on their lmp i would encourage you to check
out their um their practice bulletin on medication abortion all of this is very
clearly stated there that you don't you can screen for ectopic pregnancy based on risk factors and symptoms alone that
you can you don't have to do an ultrasound to confirm gestational age um so this is very dangerous and like tana
said it really is going to be used as a chemical coat hanger for women and you know regardless we may have people
watching this webinar who are um supporters of abortion rights and i would say this is an area where those of
us on both sides of this this issue should be in agreement this does not represent good health care for women and
we know that women will suffer more complications and i think it's very reasonable to think that more women are going to die especially if they live remote from a hospital that can provide
emergency surgical services or transfusion services you know if they live very rural they are going to suffer

the consequences of this of the lies that they're being told by the abortion industry so um and again we have a lot more information on this on our website but we are four minutes over now of getting to our q a time so um so i'm gonna turn it back over to uh kate to moderate our q a time awesome well thank you so much that was an awesome conversation um i learned a lot and it's just great listening to your two minds go back and forth um i'm just gonna kick you off with something that i was thinking of a lot during your conversation which was i feel like we spend so much of this debate or this conversation on this topic defending what abortion isn't what we don't want trying to just clarify truth you know explaining that treating an ectopic or a miscarriage isn't an abortion um explaining that overturning roe versus wade isn't a ban on abortion across the country we spend so much time clarifying these things that we never actually get to make the case for what it is that we we believe or why we believe it so i'm just curious if you know and i think this would be helpful for doctors out there who might get asked a similar question if you could clear all of that away and you could stop going on the defensive and you had somebody just you know in good faith ask you open-ended question why do you think it's okay to overturn roe versus wade and why do do you feel that it's good or okay to um make you know to restrict abortion basically you know to go back to the heartbeat laws or even further than that um you know why why would you support that and you know i know we all can answer that question you know with a friendly friend uh you know within this friendly audience but sometimes it gets a lot harder when we actually get to make our case for somebody who you know maybe doesn't agree with us or maybe is open-minded to considering changing their opinion

what's how would you what what conversation would you have if you could do that
sure sure um kate that's a great question and i i think you're right i think a lot of people are probably
getting a question similar to that so you know what i would say is um for me and for
76 to 93 of ob gyns in this country who don't do abortions overturning roe will
actually have no impact on our medical practice at all because we don't do abortions as part of our medical practice and why don't we do abortions
as part of our medical practice well there's a few reasons one is that when we have a pregnant woman in front of us
one of the greatest joys and challenges of being an ob gyn is that when i'm taking care of a pregnant woman i'm
taking care of two patients and we all know who take care of pregnant women what a challenge that can be but an
exciting challenge and we do in fact have two patients again that pre-born child that fetal human being that
embryonic human being is a distinct living and whole human being from the moment of fertilization and that is
without a doubt scientific fact and so because of that our job as physicians
which we have a pleasure to be able to do is to take care of both of those human beings in front of us to maximize
both of their health to the best you know possible chance that we can to hopefully get that baby to term
but to also manage complications that might arise and so my duty to my patients um supersedes any sort of um
political commitment that i might have or ideological commitment that i that i might have as far as you know thinking
that abortion is a good thing i i'm committed to the health of my patients
and to maximizing their health while at the same time practicing ethical medicine and the only way to do

that in the field of ob gyn you know our medical ethics is based on the hippocratic oath which expressly forbids
abortion because it recognized the fact that killing has no place in the practice of medicine we are in a
practice of healing and that's what we are meant to do and so not only does abortion end the life of one of my
patients so that would be obviously completely unethical for me to do but it also causes significant harm for my
other patient for my maternal patient there are more than 170 studies that show a link between surgical abortion
and preterm birth and future pregnancies there are more than i think there's
40 to 50 studies that show a statistically significant link between abortions done prior to a first full
term birth and breast cancer we know that women who have abortions even even when you compare them to women who carry
to term unintended pregnancies they have a much higher risk of men adverse mental health outcomes including up to a seven
times increased risk of suicide an elective abortion carries no health benefits for my patient none whatsoever so why would i as a physician um you know recommend something or do something to my patient that has significant risks and harm and has no
health benefit and so instead what we need to provide is life-affirming care where we sit down with our patients who
find themselves in a difficult situation and instead of putting the band-aid of an abortion on it that's going to cause
them harm later down the road actually sit with them and figure out what it is that they need to maximize their health
to maximize their child's health and to help their family in the you know going forward to be healthy as well
and you know i want to i want to just share a story that's actually happened to me multiple times because when we
exhibit at acog or acnm or at any of the medical conferences there's always
people that come up you know who say you know well if you

well usually a little angry at first but then but then share that they had an
abortion and they didn't know any of this and i had one woman who say angrily to me at the end of yelling at me she
said where were you when i had my abortion and then she just broke down in tears and i you know all i could do is
say i'm so sorry i wish we had had the information when you were in that point of decision
but if you ever want to let your heart break go to the guttmacher institute and google reasons women abort it has
nothing to do with empowerment it has to do with i didn't have enough money my boyfriend left my parents caused me
to do it this is not empowerment guys this is coercion and when we allow elective abortion we
we facilitate a coercive environment that says women should treat pregnancy as a disease when in fact pregnancy is a beautiful thing it's healing for the woman it's healing it's
good it's human flourishing and and we should uh what i would like to see
is a society which celebrates womanhood and we have the unique capacity of
bringing life into the world and being a place in our body where life happens that's a wonderful gift you know so i
would love to see us all celebrate that and be able to help our patients through
a difficult time like christina was saying recognize what's pushing them to
do something that they ordinarily wouldn't do if they were in different circumstances
so that's what i would like to see awesome thank you so much i just love love
hearing you you guys talk and i think you know i think that sharing your excitement for
womanhood and just the positivity and the genuine compassion and love that you have for that um

i think that that kind of thing is really what speaks to people and and wins hearts and minds on this argument
so keep it up um the next question that's coming from
the group that i thought would be a good one to go to would be um what case do you quote of saving the
mother that would have to include an abortion and i am just going to tag on to that to
maybe address that in terms of pre and post viability you know does that even exist at all
okay so i'll i'll take a i'll take a step at it so and i'll use my own clinical experience
all right so i have a mom who came in at 17 weeks with gonorrhea sepsis
temp was 104 blood pressure was 60 over doppler
and we had a fetal heartbeat so what did i do i got ready to start the pitocin
because when you have a mom crashing and burning in front of you and you understand that choreoamnionitis
moves in terms of minutes not hours then you have to intervene to save
as much life as you can in this case i was not going to be able to say that oh she had ruptured membranes too
so i was not going to be able to save that baby so fortunately for me by the time we started the iv she delivered but had she not delivered i would have
induced her because there's a recognition and it you know i wish i could give you every clinical scenario
where this happens but there is a recognition especially as an experienced objen where you say
i have a certain amount of time that i have to act and not acting as acting
okay for me to do nothing is to act in a manner that's going to lead to this woman's death
okay even if i did nothing because i could have done something so there is no such thing as inaction there's there's

action and there's action so my action when i have no other choice is to maximize the amount of human life saved
and the baby was not going to make it and i needed to do what i could for the mom so that's an example pre-viability
post viability when the baby can survive outside that's what we have crashed c-sections for guys
you know that's right she comes in proclamatic yeah you stabilize her and you do a section
or it depends on how much time you know based on the clinical scenario if you have time to induce that'd be great but if you don't have time to induce that's
why we have c-sections that's why we're trained in in empty meters and ob gyn is trained in emptying the uterus at every
gestational age we don't have to intentionally empty the uterus on a living baby in order to kill that baby
so hey i hope that helps yeah absolutely well and another i think important point to to make as well is you know if a woman is post viability
and and truly does have a life-threatening condition actually an abortion at that stage a
second or third trimester abortion actually takes much much longer than doing an emergency
c-section so if her life really is threatened actually the most expedient thing to do
is to do a c-section and deliver that baby let that baby be cared for and then care for the mother um and and you know
one final point to make is that physicians who are working in abortion facilities are not doing abortions to save the life of the mother if they're working in an abortion facility these
women are being taken care of in the hospital setting and so i think that's important um to point out as well yeah
i think that's a great explanation i think um after the new york law acog had
a statement that basically listed every complication of pregnancy pprom accreta preeclampsia

previa and said you know these are all the reasons why abortion in the third trimester is necessary and i just
thought that was really um medically dishonest
because i i even had an abortion provider that i trained with admit there's no reason for and you would
never offer an abortion to a patient you know with one of those complications so be ludicrous if an ob gyn was to do that
so right and kate can i just point out one more quick thing on that too and it just sort of highlights again i think the
importance of differentiating between an abortion and an indicated premature
separation of mom and baby um is because when we use the terminology abortion in those scenarios where we legitimately do have to separate the two of them but we can do so in a way that that respects the dignity of that that fetal human
being and leaves them intact and gives mom and dad an intact baby to hold and grieve but when we use the word abortion
i also think that women then have unnecessary guilt if they think that they've gone through an abortion and it actually was
you know an indicated early delivery because their life was in danger then they live with that guilt so it's i think it's important for our patients too to understand that that's not the same thing as an abortion and if i can just add one more thing you know if you
look at sorry if you look at the at the supreme court case gonzalez v carhart
that made partial birth abortion illegal the abortionists were asked why didn't they simply deliver the baby they have
they have almost all the baby out but just the head and the abortion said because we're not doing a birth we're
doing an abortion and the purpose of an abortion is to guarantee that baby is dead see we
never in ob do something to guarantee the death of our patients we just don't do that and and so the term abortion
really i think ought to be called elective abortion because it's not the separation of the mom and baby to save

the baby's life or save the mom's life it's a separation for the purpose of producing a dead baby
great point um so i'm gonna pivot to um two questions
kind of combined two questions here that came in um the first one is kind of what exactly are the stats on the stance of
ob gyns i think you know i'll just kind of add in there maybe talk uh about abortion in general or
overturning roe and then another question is if most of us are pro-life or it you know are we
most of us pro-life then why do you suppose acog is so pro-abortion
well let me let me answer the last question first because i'm old enough to be cynical enough that if
two and two adds up to five you follow the money and i would love to see somebody
unpack where acog gets its funding from because i don't know it's it's a remarkable
thing when you have 75 to 93 percent of ob gyns who do not do abortions not because they
don't know how we all know how to empty a uterus at any gestational age they don't do abortions because they
recognize that that's their second patient that they'd be killing that's why they don't do it so
how can acog persist it it is an excellent question for acog
since they've never pulled their membership and they do not represent their members on this issue
absolutely and you know we've seen since you know donna said that aflog came into existence in 1973 and the big reason was
because acog filed a pro-abortion amicus brief which was a significant departure from their prior stance on abortion in
the roe v wade case and and the group of physicians who formed applog actually started um then applog and and filed a
pro-life amicus brief since then acog has become progressively more pro-abortion not pro-choice
pro-abortion um pro-expanding access at all costs they have never once not even

one time supported an abortion restriction anywhere in any state or on a national level they have always stood
against them even common sense abortion restrictions like barbaric partial birth
abortion procedures um like standing against admitting and admitting privileged law out of louisiana even though the abortion facility involved in that case had radiologists and
ophthalmologists performing their surgical abortions any ob gyn who is on
this webinar knows that a radiologist or an ophthalmologist have no business instrumenting a woman's uterus and yet
that's what they were defending and so they just have been on this crusade to
support abortion even when it means honestly medical malpractice what they
are calling for in medication abortion is medical malpractice they are calling for women regardless of their
gestational age because they're saying you don't even need to confirm it to just be given this medication without an
in-person visit no screening for intimate partner violence no screening to see if this woman is trafficked it is
medical malpractice they did not advocate for that in any other aspect of
medicine but when it comes to abortion they have put a political agenda
maybe a financial agenda we don't know but for sure a political agenda ahead of the health of women and um and i think
it's important for us to know that and you know and i'll say too while we know that you know we quote the stats because
it's what we have from surveys that 76 to 93 of ob gyns don't perform abortions
now does that mean all of those ob gyns are openly pro-life or even consider
themselves pro-life we don't have those numbers so i don't know i would i would bet that probably

not all of them do however as donna said all of us as obgyns technically are trained in how to
empty a uterus at any gestational age so those ob gyns could choose to do abortions if they wanted to but i think
it's because as she said there's something inside of them that knows that that's our second patient and
as physicians we don't kill our patients we are there to heal and to help care
for our patients great point um
so i will just add one more question and then i think we're getting close to the end but something that's
um kind of spirals off of this thought and i've been thinking about a lot is do you
think in the in a post roe v wade world that there's the risk that we'll see
a lot of um ethical standards in our field being compromised um especially with regards
to like use accurate um interpretation of ultrasound and that
kind of thing um with our colleagues and how can we prevent those types of things
you know is it is that our role to promote laws or rules within the profession or i don't
know that's something i i can just see potentially happening where all the sun you know oh what do you want what are
your plans for this pregnancy oh i don't see a heartbeat type thing um this is where we have to as physicians say what is an ethical physician what's medicine for
i mean we we have certain ethical standards that we hold ourselves to honesty truth-telling you know giving accurate information to patients we don't tell patients with a normal uterus
that they have they have a deadly cancer and so we need to schedule the hysterectomy tomorrow i mean that's just
an unethical thing to do and lying about data is an unethical thing to do and and
as physicians i think the most important thing we can do is explain to our fellow physicians look we do hold each other to

an ethical standard we do expect truth telling we expect accurate informed consent that's just
part of being a medical professional we're not used car salesmen we're not uh
we're not vending machines we're not providers we are physicians who practice
professionally medicine according to medical ethics and that that ethic has
been for 2 500 years the hippocratic oath which explicitly forbids taking the life of our patients yeah and i think
you know kate i think the point that you bring up too just really emphasizes the importance of
getting the truth out there of what's in the medical literature about abortion as well um because you know i do think that
a lot of physicians uh refer their patients for abortion because they believe that that's the
compassionate thing to do or you know they believe that's the right thing to do for their patient because maybe they
don't know about the increased risk of preterm birth and adverse mental health um
events and um breast cancer and you know all of the other all of the other complications that we see or the
complications that we see with medication abortion which has a four times higher rate of complications than
surgical abortions but they're not being taught this because that information is being actively suppressed by the allies
of the abortion industry and so you know i think it's even more important that we get this information into the hands of
medical professionals so that they can give their patients truly informed consent so if they know that this
medication abortion is going to be really dangerous for their patient then my hope is they wouldn't be tempted to
you know fudge the data on an ultrasound and say that she has a miscarriage and then give her mifi pristina misoprostol

because they would understand the danger that they're going to put their patient into and so it's important that physicians be educated it's also
important that the public be educated and women because women deserve informed consent they deserve to know the truth
they don't deserve to be told what to do by the abortion industry or um you know
a physician who just thinks you know she's got an unattended pregnancy the best thing for her is probably going to be an abortion they deserve fully
informed consent and that's you know that's what we're trying to provide them and we want to equip medical
professionals to be able to give their patients fully informed consent awesome all right well we only have a few minutes left so i will um and the
questions there um christina if you want to kind of wrap us up wrap up okay all
right well thank you so much again to everybody who joined and i'm sure that there are probably many many questions
that we weren't able to get to man time just really goes by fast and and there's a lot to to sort of
unpack in this issue so um so i think we'll probably plan to do another one of these um so if you have ideas of you
know things that still questions burning questions that you have or whatever please feel free to let us know either
in the chat box or at communications applog.org just as a wrap-up again you know i think
we'll continue to do these but please go to our website go to that resources tab um don't you know don't
take what we told you as the gospel truth go and check it out we encourage you to the data is there we promise what
we said the data is there to back us up so please use the resources on our website um also if you become a member
you have access to a lot more resources so if you would like to join that log if you're not already a member just go to

our website aaplog.org and click on the join now if you're a medical professional we'd
highly encourage you to do that it is more important than ever that we all be equipped to defend the lives of our
patients both in our practice but also in the public square so um please join
us so that you can continue to get more information also if some of this information you heard was you've never
heard it before and it was intriguing to you coming up next february we will have an entire weekend of this we have a
national conference every year um where we provide um you know scientific
medical presentations that talk about the latest research and the latest issues surrounding life so please feel
free to join us um for our conference next february and then um we also one last thing we have a limited series
podcast that's going to be coming out that delves into this issue even more what is a post-role world going to look
like for uh medical professionals and so again if you join applog even as an
associate member to get on our mailing list you'll be notified when that's coming out we hope to have the first
episode drop very soon so um please um like i said sign up for our our emails
so that you can be notified when that comes out i think it's going to be a really useful podcast series for people
so thank you again we can't thank you guys enough for joining us now or if you're watching this later um please
feel free to reach out to us if you have any questions we are here to support you we are here to help you have winsome
conversations with your colleagues with your patience with your family and your friends so thank you so much and
hopefully we'll see you again soon