

NEED TO TELL YOUR DAUGHTER THE FACTS? HERE THEY ARE:

# FACTS ABOUT ABORTION

ALSO IN THIS ISSUE: FACTS ABOUT THE MOTHER / ANOTHER RN SPEAKS / ABORTION STATISTICS

## ARE THEY REALLY BABIES BEFORE THEY'RE BORN?

Ultrasound technology clearly shows that, after the first few weeks of life, the preborn child is a fully formed human in the womb, making facial expressions and responding to the sound of his or her parents' voices.

## CAN BABIES FEEL ANYTHING BEFORE BIRTH?

It has been definitely proven that babies can feel pain by the 20th week. Other studies suggest they can feel pain much earlier—earlier than viability, when the mother realizes she has a baby inside her.

## WHEN DOES THE BABY FIRST BECOME A HUMAN BEING?

Careful research, over a period of many years, reveals that the child first becomes a human being—as soon as it begins growing. From that point onward, it is a human being.

## WHEN DOES ITS GROWTH BEGIN?

When the sperm and egg unite. At that instant, rapid growth begins.

## ARE THE METHODS USED TO TERMINATE PREGNANCY HARD ON THE TINY INFANT?

The methods by which preborn babies are terminated are anything but humane. Because the pain receptors develop in the human body before the pain modification system, the pain the infant feels during abortion can be greater than what an adult would feel if subjected to the same treatment.

It is for this reason that, when surgery has to be performed on a preterm baby in the womb to correct life-threatening defects, the physician gives anesthesia to the infant as well as the mother.

## WHAT IS IT THAT MAKES ABORTION SUCH A BAD WAY TO GET RID OF THE BABY?

Babies are aborted in different ways, depending on how old they are at the time.

If the abortion is done during the first trimester (the first three months of life), one of several

methods is used:

One way is when the abortionist gives the mother a drug (like RU-486) to swallow. Because implantation is prevented, this causes the baby to starve to death, along with all the agony that you would experience if you slowly starved to death. The tablet is only given after a period is missed, so the baby is already two or three weeks old and its heart is already developed and beating.

Another way is to cut the baby to pieces with a knife or other sharp tool. Having someone cut you to pieces, little by little—first your legs, then your arms—would be a terrible way to die, wouldn't it?

A third way is to insert a saline solution into the womb. This is a mixture of water with a lot of table salt. When that touches the baby's sensitive skin, it burns horribly and he dies in agony. He is scalded to death. Then he is either expelled from the womb, or he is cut into pieces and pulled out.

During the second or third trimester (during months four through nine), several methods may be used to kill the little child:

One is this: The abortionist reaches into the uterus and—with his hands—twists off the baby's arms; and, then, his legs. Then, after snapping the baby's spine, he pulls him out.

Just as in all other forms of abortion, no anesthetic is given to the infant, to reduce the terrible pain it experiences as it is slowly torn to pieces.

Another way is to deliver the baby's feet first; then the skull is punctured with a pair of scissors, and his brains are sucked out. This collapses the skull and makes it easier to deliver the baby. The abortionist likes this method; for the baby comes out whole. This provides him with lots of baby parts and brain tissue, which he can sell to hospitals, researchers, and the cosmetics industry.

If the baby comes out of the womb still alive, it is drowned in a bucket of water, smothered with its own placenta, or it has its umbilical cord cut so it will slowly die from lack of oxygen.

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# FACIS ABOUT THE MOTHER

## **BUT DOESN'T THE MOTHER FEEL BETTER AFTER THE BABY IS GONE?**

That is what the abortionists claim, but it is not true.

Baby parts left behind in the womb after an abortion can cause life-threatening infections for the mother, if not discovered soon enough. A problem here is that the abortionist operates an assembly line. He wants to quickly get the baby out, so he can go to the next mother, next door, and kill another one. He makes more money this way.

Putting sharp instruments inside the uterus can perforate the uterus and cervix, which can kill women through blood loss. The abortion doctor does not care! He just wants to get the job done and leave the room as quickly as he can, so he can kill another baby in the next room.

Repeated studies, dating from 1985 to the present, reveal that approximately 10 percent of all women having abortions will suffer immediate physical consequences. Very often this is severe hemorrhage, cardiac arrest, undiagnosed ectopic pregnancies, or uterine ruptures. The abortion might result in a major surgery afterward, which is complicated by the fact that the mother did not go to a hospital quickly enough.

Later in life, the woman who has had an abortion may experience complicated pregnancies. Infertility (the inability to bear children) happens later to many women who earlier had an abortion. Sometimes this is due to damage during the abortion to the cervix (which forms the lower, closed floor of the uterus during the pregnancy). The abortionist, in his rush to get into the womb fast, cuts the cervix open and many times it never heals properly later. A weak cervix is not always able to close properly during a later pregnancy, and the baby is ejected from the womb prematurely.

Women who have had abortions are more likely to later deliver prematurely or have babies with low birth weights.

## **WHAT HAPPENS TO THE MOTHER AFTER THE ABORTION?**

In addition to other problems, mentioned earlier, the women who have had an abortion very often feel quite depressed; sometimes it is severe.

Sixty percent of post-abortive women report some

kind of emotional distress. This can range from sleeplessness to sexual dysfunction and worse.

For example, one recent study found that women who have had an abortion are five times more likely to go on hard drugs and/or alcohol, in an attempt to forget what they did.

A study in Finland discovered that the suicide rate among women who have had abortions was three times higher than in the general population of men and women, and six times higher than among women who had given birth to children.

American women tend to attribute their post-abortion emotional problem to guilt (78 percent), inability to forgive themselves (62 percent), suicidal thoughts (36 percent), increased drug or alcohol use (27 percent), relationship problems (27 percent), or sexual problems (24 percent). Two percent had to later be admitted to a psychiatric hospital.

## **ABORTION IS ALSO RUINING OUR NATION**

Since 1973, 55,000,000 (55 million) babies have been slain in the United States alone. That is equivalent to 45 percent of the present population of our nation. Throughout the world, nearly 70 million babies are being killed each year.

Count all the U.S. soldiers who have died on both sides in American wars, since the founding of the nation, and add to this everyone who died in all the wars in the 20th century—and you have less deaths than the number of American babies killed by abortionists since 1973.

“Pro-choice” means “pro-kill.” Abortion is the only legal way to kill people; and thousands are doing it. Not only the baby suffers; the women suffer too. The only ones who gain are the abortionists and the politicians they give campaign donations to, so they will not outlaw killing babies.

The overall result of killing large numbers of innocent babies is, first, to lower the morality of the entire nation. Second, the nation gradually becomes depopulated and is only filled by an inflow of foreign immigrants who do not kill their babies.

Because they are killing their babies, European nations are becoming depopulated. They have had to let lots of Muslims enter and become citizens. If time were to last, Europe would be dominated by Muslims within 30 years. The leading wealthy nations are killing their babies, as ancient Rome did.

# Another RN Speaks

In June 2004, we printed the experiences of a registered nurse who worked for years in our denominational hospitals (*An RN Tells Her Story [WM-1217-1218]*). In this present article, we will share a few brief recollections by a different RN. A number of years ago, he was working in the obstetrics (delivery) department at one of our leading hospitals in southern California (Paradise Valley), when these events occurred.

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“I want to tell you about how abortions can affect the job of a nurse with Christian values. I am an R.N., with a longtime love of labor and delivery duties. I started these jobs back in 1950, when I was there to help deliver the babies we now call the ‘baby boomers.’ It became natural to be very protective of both mother and infant. When I had a job for two years in a 40-crib nursery, I also learned the skills necessary to help save the lives of the ‘premies.’ They are very special infants who need a lot of care if they are to survive the trauma of a premature birth.

“When the Roe vs. Wade law was passed, to make abortions legal, I really thought it would never have any effect with any job of mine. I was wrong! I was working in an Adventist hospital, in the San Diego area, when it was decided that abortions, by injecting super-saturated saline into the uterus, was to be done there. When I went to my night supervisor, to see if this was true, it was confirmed. I told her that I did not want to have anything to do with this procedure. She told me that it was now lawful. I told her that I considered it morally wrong. She told me that the procedure would be done on the day shift; and, since I worked at nights, I would not be involved. I continued to work nights in the delivery room. After a couple of weeks, my supervisor came to see me on my shift. She said that the abortion procedure was not immediate, but started a labor process that usually ended with a delivery at night. The patients would have their labor in a room on the maternity floor, where they would also be delivered. The doctors did not want to come in at night for this and they wanted me to do it. I asked her why me in particular. She said that since these procedures were done only to five-month gestation, that most of the deliveries would be of the breech position. They were afraid that the maternity-floor nurses would not have enough experience to do the deliveries. Then she said, ‘You have more delivery experience than any other nurse here; and they want you.’ I told her again that I wanted no part in abortions. It was against everything I’d been doing since I

graduated from nurse’s training; and I’d been trained in a Catholic hospital in San Francisco. She then told me that the abortion is done and over before I ever came to work. I would only be helping to assist something like a miscarriage. And she cautioned me not to relate my negative feelings to the patient. I told her I had no intention to ever do that; I was a better nurse than that.

“The occasional calls for me to deliver a fetus continued; then I noticed that one was too big to be only five months. I went to the supervisor again. I told her that the last baby I wrapped and placed in the lab was too large to be five months. She argued that I had no way of knowing that. I argued back that almost 15 years in the delivery room and two years taking care of premies taught me how to judge age by size and development. I told her that all the mother had to do was to give a wrong date of her menstrual cycle, to pretend five months. Then I shocked her with this question: ‘What am I supposed to do if the baby is larger and even breathes? knock it in the head?’ ‘You are so crude!’ she said. Then I told her, ‘I am not the crude one here!’ I told her that, if these infants continued to be large, it could very well happen.

“About a week later there was a notice from the lab, saying that all fetuses brought to the lab would now be weighed and measured. Anyone heavier than certain weights or longer than certain lengths would be returned to the mother for burial. It was proof to me that they noticed too. A few weeks passed; and it was my night off. My relief R.N. was herself six months pregnant. She was called to the floor to deliver one; and it took a couple of breaths. The R.N. screamed; the maternity nurses hurried to the room and found the nurse unconscious on the floor. She was taken to E.R.; her husband was called, and she was transported home. I asked about her a couple of times and was informed that she had decided to leave nursing.

“When I returned to work, I was called again to deliver a ‘salting out fetus.’ We were calling it by this name now. The infant was too large for a five-month fetus. I said nothing about it to anyone, because I knew it would have to be handled through the lab. It was their jurisdiction to do something about it. She asked me if I had delivered a fetus three nights ago. I told her I had. She asked me if I had said anything to the mother about the baby’s size. I told her I had not. She asked me, then, if I had discussed the case with anyone in the lab that night. I told her the lab was empty and I assumed that the tech was out drawing a speci-

4 men out on some floor. I asked what all these questions were about. She said that the baby had been returned to the mother for burial. The mother blamed me for it; and she intended to sue me for the cost. I asked the supervisor if she had seen the notice from the lab about larger infants. When she said she had not, I asked her to come to the delivery room with me, where I showed it to her. She asked when it had been put up; and I showed her that it was dated almost a month ago. She told me that she had not been aware of this notice; and that changed everything. I was not to worry about being sued. I then told her that I had taken all I intended to take. I gave her two weeks notice to find another position in that hospital or I would be finding one in another hospital. She said that I was needed right where I was working. I told her that after two weeks I would not be working labor and delivery anymore. I told her that many workers in that hospital told me about Ellen G. White standing at that spot

and saying a hospital would be built right there. She then pointed out the exact spot to have a well dug. The water is still coming up from that same place. I told the supervisor that if Ellen G. White knew what the hospital was being used for now, she must be turning over in her grave.

"I soon was working in another part of the hospital. It was a good job; but I was not doing my main love in nursing anymore. I opened a newspaper on my break one night. And there was an article from a town in Oregon about an R.N. who delivered an infant from a 'salting out procedure'; and the baby breathed and kept breathing. The R.N. called the head of pediatrics about the baby. He examined it immediately and admitted the infant to the burn unit. The procedure burns the skin of the infant, besides killing it. I sat there and read it again. Then I whispered to myself, 'There but for the grace of God go I!'"

## Abortion Statistics - Right Now

**THROUGHOUT THE WORLD**—In 54 countries (61% of the world's population), abortions are legal. In 97 countries (39% of the world's population), abortions are illegal. There are approximately 46 million abortions conducted each year, 20 million of them obtained illegally. There are approximately 126,000 abortions conducted each day.

**IN THE UNITED STATES**—Approximately 1,370,000 abortions occur annually in the U.S., according to the Alan Guttmacher Institute. In 2001, 1.31 million abortions took place. 88% of abortions occur during the first 6 to 12 weeks of pregnancy. 60% of abortions are performed on women who already have one or more children. 47% of abortions are performed on women who have already had one or more abortions. 43% of women will have had at least one abortion by the time they are 45 years old.

**DEMOGRAPHICS—Age:** The majority of women getting an abortion are young. 52% are younger than 25 years old and 19% are teenagers. The abortion rate is highest for those women aged 18 to 19 (56 per 1,000 in 1992).

**Marriage:** 51% of women who are unmarried when they become pregnant will receive an abortion. Unmarried women are 6 times more likely than married women to have an abortion. 67% of abortions are from women who have never been married.

**Race:** 63% of abortion patients are white; however, black women are more than 3 times as likely to have an abortion and Hispanic women are 2.5 times as likely.

**Religion:** 43% of women getting an abortion

claimed they were Protestant while 27% claimed they were Catholic.

**REASONS GIVEN FOR THE ABORTION**—25.5% of women deciding to have an abortion want to postpone childbearing. 21.3% of women cannot afford a baby. 14.1% of women have a relationship issue or their partner does not want a child. 12.2% of women are too young; their parents or others object to the pregnancy. 10.8% of women feel a child will disrupt their education or career. 7.9% of women want no (more) children. 3.3% of women have an abortion due to a risk to fetal health. 2.8% of women have an abortion due to a risk to maternal health.

**CONTRACEPTIVES AND ABORTION (U.S.)**—54% of women having an abortion said they used some form of contraceptives during the month they became pregnant. 90% of women who are at risk for unplanned pregnancies are using contraceptives. 8% of women having an abortion say they have never used contraceptives.

**PRO-LIFE VS. PRO-CHOICE**—According to a *USA Today*, *CNN Gallup Poll in May 1999*, 16% of Americans believe abortion should be legal for any reason at anytime during pregnancy and 55% of American believe abortion should be legal only to save the life of the mother or in cases of rape or incest.

According to a *Gallup Poll in January 2001*, people who considered themselves to be pro-life rose from 33% to 43% in the past 5 years. Those considering themselves pro-choice declined from 56% to 48%.