

Another Look at Abortion

Uniquely You

From your first moments of existence, you had all the DNA that would determine your sex, facial features, physique, and the color of your skin, hair, and eyes. At 24 days, your heart began beating. By 8 weeks, all your organs were present, and your unique fingerprints were forming. Ultrasounds show that by 18 weeks, you could swim, somersault, suck your thumb, and even cover your ears if you heard loud music. If you'd been born just 23 weeks after conception, your chance of survival would be 50-80 percent; by 25 weeks, it's over 90 percent, and that's still *months* before full-term birth.¹

Now, if someone takes an innocent person's life after he or she is born, it's against the law; just minutes before birth, it's legal in most states and called abortion. The only real difference is a declaration by the United States Supreme Court in *Roe v. Wade* (1973).

By 18 weeks in your mother's womb, you could swim, somersault, suck your thumb, and even cover your ears if you heard loud music.

Abortion Is Permitted Up to Full-Term Birth

Many people don't realize how unrestricted legal abortion is, misled by *Roe's* claim that states may ban abortions after viability "except when it is necessary to preserve the life or health of the mother." ("Viability" is when the baby has a reasonable chance of survival outside the womb.) But in *Roe's* companion case, *Doe v. Bolton*, the Court defined "health" to include "all factors—physical, emotional, psychological, familial, and the woman's age—relevant to the wellbeing" of the mother. That seems broad enough to permit virtually any abortion post-viability.

The Supreme Court, however, has yet to be confronted with a challenge to a post-viability ban that will test *Doe's* breadth. Indeed, 20 states currently ban late-term abortions subject to a narrow exception for the mother's life or physical health (not for emotional, psychological, familial, or age-related reasons). Most of these laws have gone unchallenged, but they are hard to enforce even if they are constitutionally permissible.

Effects of Abortion

Abortion results in the death of a child. For many mothers, abortion causes severe and long-lasting emotional, psychological, and spiritual trauma. Many women experience overwhelming guilt, shame, and grief. Other effects have also been documented: depression, withdrawal from others, eating disorders, self-punishing behaviors like "cutting," sexual dysfunction and problems with intimacy, alcohol and drug dependency, problems bonding with other or subsequent children, abortion-related nightmares, and other sleep problems.²

Family relationships may suffer as the aborted child's father, grandparents, or other family members experience their own guilt, grief, or loss. Even if the mother keeps her abortion secret, family members can be distressed by changes in the mother's behavior and mental or emotional health.³

What the Church Teaches

The Church has consistently taught that every human life is precious and worthy of protection. Every intentional abortion is gravely wrong.⁴ In April 2018, Pope Francis wrote: "Our defence of the innocent unborn ... needs to be clear, firm and passionate, for at stake is the dignity of a

human life, which is always sacred and demands love for each person, regardless of his or her stage of development.”⁵

The Church does not approach difficult pregnancy decisions with a false “either/or” mentality, pitting mother against child. For example, a baby conceived in rape is not an aggressor deserving death by abortion. She is innocent, like her mother. They both deserve compassionate care and support, not more violence. Abortion doesn’t bring healing or peace, but both can be found in the courageous decision to give birth to the baby.

Today, many babies diagnosed prenatally with a disability are aborted. Frightened parents, unsure of their ability to care for such a child, can trust that God gave *them* this child for a reason. Parents raising children with disabilities often write about the unexpected joys and transformative effect on their families.⁶

Even when the disabilities are so severe that the baby is likely to die before or soon after birth, “many parents who carried their children to term say that protecting their baby and honoring his or her natural life, no matter how brief, was profoundly healing.”⁷

Very rarely, continuing a pregnancy may put a mother’s life at risk—for example, because of a tubal pregnancy or aggressive uterine cancer. It is morally licit to remove the threat to the mother’s life by removing the cancerous uterus or the fallopian tube where the child implanted, even though it is foreseeable that the child will die as an indirect and unintended result of such surgery. But abortion—a direct and intentional taking of a child’s life—is never morally permissible.

What Are We to Do?

Love them both! Support women who need help during *and after* difficult pregnancies through the work of your diocesan Respect Life office and local pregnancy care centers.

Educate yourself and others about struggles some experience after abortion, and find out where to refer those seeking help at www.hopeafterabortion.org. If you feel called to support your local ministry, contact your diocesan Project Rachel Ministry office for ways you might help.

Stay informed about key federal legislation and the voting records of your elected representatives by visiting www.humanlifeaction.org and www.usccb.org/prolife. Stay updated on state issues by signing up to receive information from your state Catholic conference or diocesan pro-life office.

Most importantly, pray daily for the end to abortion, that all mothers and children experience the loving support of the Church community, and that all who suffer after abortion find healing and peace.

¹ “Fetal Development,” Perinatology.Com; <http://perinatology.com/Reference/Fetal%20development.htm>; J.L. Hopson, “Fetal Psychology,” *Psychology Today*, Sept. 9, 1998 (last reviewed June 9, 2016); <https://www.psychologytoday.com/us/articles/199809/fetal-psychology>.

² D.P. Sullins, “Abortion, substance abuse and mental health in early adulthood: Thirteen-year longitudinal evidence from the United States,” *SAGE Open Med.*, Sept. 23, 2016; <http://journals.sagepub.com/doi/full/10.1177/2050312116665997>; P.K. Coleman et al., “Women Who Suffered Emotionally from Abortion: A Qualitative Synthesis of Their Experiences” *Journal of American Physicians and Surgeons* 22:4 (2017) 113-118; <http://www.jpands.org/vol22no4/coleman.pdf>; G. Pike, “Abortion and Women’s

Health,” Society for the Protection of Unborn Children, 2017;

https://www.spuc.org.uk/abortion/~/_media/C69E4B25A78D433F94780BD29240CA21.ashx.

³ P.K. Coleman et al., “Women Who Suffered Emotionally from Abortion: A Qualitative Synthesis of Their Experiences” *Journal of American Physicians and Surgeons* 22:4 (2017) 113-118;

<http://www.jpands.org/vol22no4/coleman.pdf>; P.K. Coleman et al., “Induced Abortion and Intimate Relationship Quality in the Chicago Health and Social Life Survey,” *Public Health* 123:4 (2009) 331-8;

<https://www.ncbi.nlm.nih.gov/pubmed/19324381>.

⁴ *Catechism of the Catholic Church*, 2nd ed., 2271.

⁵ Pope Francis, *Gaudete et Exsultate*, (Libreria Editrice Vaticana), 101.

⁶ See also: United States Conference of Catholic Bishops, “A Perfect Gift” (Washington, DC: United States Conference of Catholic Bishops, 2018).

⁷ United States Conference of Catholic Bishops, “Supporting Families Who Receive a Prenatal Diagnosis,” (Washington, DC: United States Conference of Catholic Bishops, 2015).

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