Abortion supporters claim that the anxiety, depression, substance abuse, sleep disorders, and other mental health problems women may experience after abortion are rare and found mostly among women with pre-existing mental health problems. Dozens of large studies from countries maintaining a central database of health records prove otherwise. In Finland, for example, the suicide rate for women in the 12 months following abortion was 3 times that of women generally and 6 times that of women who had given birth in the previous 12 months. Another nationwide study found that, even after controlling for pre-existing conditions, post-abortive women experienced higher rates of substance abuse, anxiety disorders, and suicidal behavior than those who had not had an abortion. Fathers, too, are coming forward for help in dealing with the loss of a child in an abortion.

Grandparents of an aborted child may also grieve their loss and have difficulty forgiving themselves or their child for what happened. A women’s abortion can negatively impact her future children. Fifty-nine studies from 23 countries have found a significant risk of early pre-term birth (EPB, i.e., before 32 weeks) after one or more induced abortions. After two or more abortions, the increased risk of EPB is 180 to 520 percent.6 Pre-term birth contributes to cerebral palsy, lung disease, cognitive impairments, and infant mortality. Later children may also face problems if their mom struggles with depression or substance abuse from an abortion.

Our nation, too, suffers from the loss of 50 million uniquely talented persons whose contribution to society is essential, even in purely economic terms. Across the globe, life expectancy is increasing while the work force and contribute to pension and social security funds. An aging population and a shrinking work force will overwhelm national pro-social security funds. An aging population and a unique talented persons whose contribution to the economy is essential, even in purely economic terms.

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The “Hard Cases”

Children are sometimes conceived as a result of an evil act, such as rape, but a child’s worth does not depend on the circumstances of his or her conception. A child is always a great good in the eyes of God and a source of joy and love to his biological or adoptive family as well. While nurturing such a child to birth requires courage and sacrifice, aborting a child conceived in rape simply answers violence and injustice with even greater violence and injustice. Today many of the babies diagnosed prenatally with a disability are aborted. Frightened parents, unsure of their ability to care for a child with disabilities, need to recognize that God has chosen them to be the parents of this child for a reason. Families raising a child with a disability often write about the unexpected joys and transformative effect of such child on his extended family. Even when a baby has such severe disabilities that she is likely to die before or during birth, parents can find peace by nurturing the baby until God calls her home. They also then avoid the serious physical risks of a late-term abortion.

Very rarely, continuing a pregnancy may put the mother’s life at risk. In certain cases, such as aggressive uterine cancer or an ectopic pregnancy, it is morally licit to remove the threat to the mother’s life by removing the cancerous uterus, or by removing part or all of the Fallopian tube where the child implanted, even though it is foreseeable that the child will die as an indirect effect of such surgery. Abortion, a direct and intentional attack against the child’s life, is never morally licit. The unborn child and his mother have equal human dignity and possess the same right to life. When a medical crisis arises during pregnancy, there are always two patients involved. Doctors should do whatever they can to save both their lives, never directly attacking one—through drugs, surgery or other means—to save the other.

“To defend and promote life, to show reverence and love for it, is a task which God entrusts to every man” (The Gospel of Life, no. 42). Each of us is called to oppose abortion by every legal means available and to support women and families whose circumstances may lead them to seek an abortion. And finally—

“We are asked to love and honour the life of every man and woman and to work with perseverance and courage so that, our time, marked by all too many signs of death, may at last witness the establishment of a new culture of life, the fruit of the culture of truth and love” (The Gospel of Life, no.77).

1 Visit www.HopeAfterAbortion.org to find the Project Rachel office nearest you.
4 One of the reasons the Supreme Court gave for not overturning Roe v. Wade in its 1992 decision in Planned Parenthood v. Casey was that for two decades “people … have organized intimate relationships and made choices that define their views of themselves and their places in society, in reliance on the availability of abortion in the event that contraception should fail.” Planned Parenthood of Southeastern Pennsylvania v. Casey, 505 U.S. 833 (1992).
5 Justice Ruth Bader Ginsburg probably expressed the views of many “elites” when she explained her surprise at the Court’s 1980 decision upholding the Hyde Amendment, which forbids the use of Medicaid funds for abortions: “Frankly I had thought that at the time Roe was decided, there was concern about population growth and particularly growth in populations that we don’t want to have too many of…” (emphasis added; Emily Bazelon, “The Place of Women on the Court,” The New York Times Magazine (July 12, 2009) www.nytimes.com/2009/07/12/maga zine/12ginsburg.html (accessed June 24, 2011).
7 ∏ 2011, United States Conference of Catholic Bishops, Washington, D.C.
Abortive women.

Therefore, if an unwanted pregnancy caused any anxiety, or if the mother were unmarried, young or old—anything was enough to satisfy the health exception. Abortion on demand was now legal for any reason and at any point during pregnancy.

No one in 1973 could have anticipated that by 2011 over 50 million children in the U.S. would die from abortion. No one could have imagined that some abortionists would partially—and even entirely—deliver living, viable infants before killing them—by plunging scissors into the base of their skulls and sucking out their brains or “snipping” their spinal cord after birth. No one could have foretold that staff at some hospitals would induce the birth of babies with a disability, such as Down syndrome, shortly before viability, and callously let the infants die due to their immature lungs, without concern for their human dignity or their inherent right to life. No one would have imagined that fertility specialists would continue to implant multiple embryos, leaving mothers to choose who among their children would die by “selective reduction.”

Effects of abortion

We know that abortion hurts women physically and emotionally. Abortion providers claim a complica-
tion rate of less than 1 percent, yet in one large American study, 17 percent of women reported phys-
ic complications, such as hemorrhaging and pelvic infections. The United Kingdom’s Royal College of Obstetricians and Gynaecologists reports that of 11 percent of abortions involve immediate physical complications, e.g., retained tissue, infections, and pelvic inflammatory disease, which can lead to ectopic pregnancy and sterility. And women continue to die from “safe and legal” abortions in the United States and elsewhere.

The link between abortion and breast cancer con-
tinues to be challenged by abortion supporters, including some in the National Cancer Institute (NCI). Recently, however, a leading NCI researcher co-authored an article which acknowledges a 40 percent increased risk of breast cancer in post-abortive women.