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RELEASE: DECEMBER 11, 1981

THE DREADED COMPLICATION

The "dreaded complication" is the term applied to the problem that confronts a woman, her doctor and her nurses when an abortion produces a live baby. The U.S. Center for Disease Control estimates that 400 to 500 of these "complications" occur every year, which means they are at least an everyday occurrence.

Only a handful of these live births reach public attention, when occasionally an effort is made to prosecute the doctor who allowed or helped the baby to die. Usually, the abortion live births are hushed up after the initial shock and confusion. Every now and then, an abortion-baby lives and is adopted.

The doctor is often not present when the dreaded complication happens; hours before, he injected the saline solution that induced the delivery, and then he departed. The nurses and hospital staff are left with the emotional trauma but no guidelines.

Abortion live births usually occur in the last trimester of pregnancy. Unfortunately, abortions are legal through the ninth month up to the moment of natural birth because of the Supreme Court decision in Roe v. Wade (1973). The woman need only find a doctor who will perform it.

Justice Harry Blackmun, speaking for the 7-to-2 pro-abortion majority stated, "For the stage subsequent to viability, the State in promoting its interest in the potentiality of human life may, if it chooses, regulate, and even proscribe, abortion except where it is necessary, in appropriate medical judgment, for the preservation of the life or health of the mother." But elsewhere in the decision, the mother's health is so broadly defined that all the state laws attempting to restrict third-trimester abortions have been held unconstitutional or are unenforceable.

Here is how Roe V. Wade spelled out the reasons a mother may use to have an abortion: "Maternity, or additional offspring, may force upon the woman a distressful life and future. Psychological harm may be imminent. Mental and physical health may be taxed by child care. There is also the distress, for all concerned, associated with the unwanted

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child, and there is the problem of bringing a child into a family already unable, psychologically and otherwise, to care for it."

The Court said, "All these are factors the woman and her responsible physician necessarily will consider in consultation." But Dr. Bernard Nathanson, who admits to having presided over 60,000 abortions, stated recently that the mother's consultation with her doctor was merely one of the phony "shibboleths" he helped to "coin" in order "to galvanize our troops."

Dr. Nathanson says that "about 98 to 99 percent of all abortions are not medically indicated ... they're motivated by some variation of convenience, which means the reasons are social, not medical." The woman has made up her mind and asks the doctor to be the "instrument" of her decision.

And so the third trimester abortions continue and produce the dreaded complications. The babies born alive are sometimes left in the laundry sink or in a bedpan to die, or are choked or smothered with a towel. Occasionally a valiant nurse tries to save its life. 24-week, 1-1/2-pound babies are now surviving if they get good care.

It is apparent that abortion live births will not only continue, but will become much more frequent. There are various reasons for late-term abortions (including miscalculation), but the growth reason is the growing popularity of genetic testing to discover fetal defects, combined with the number of pregnancies among older affluent women (who thought they didn't want babies when they were younger, but changed their minds when their biological clock began to run out of time).

An abortion decision made on the basis of genetic testing almost certainly will occur in the last trimester because the test, amniocentesis, cannot be done until the 15th or 16th week, and then it takes several weeks for the test cultures to grow. Sometimes the test is inconclusive and must be repeated. Also, there is a vast potential for third-trimester abortions as a result of a mother's decision that she would prefer a baby of the other sex.

As genetic and sex testing becomes more popular, and as modern medical techniques enable smaller and smaller infants to survive, the problem of abortion-live-births will become greater. How long can our nation refuse to face up to the problem of the "dreaded complication"?

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