

Pro-abortion groups and their allies have a long history of obliterating the truth; this one is particularly cruel

By Laura Echevarria, NRL Director of Communications and Press Secretary

Going to the hospital to deliver a baby is exciting and stressful. Each delivery—just like each mother and baby—is different.

With each of my pregnancies, I had the added stress of having pregnancy induced hypertension and was placed on bedrest for several weeks. With my third delivery, my blood pressure reached life-threatening stroke levels and I was sent to the hospital to be induced. Despite the dangers, my husband and I were excited to meet our surprise baby—a boy—who was very wanted, but a still a surprise after we were told we would struggle to have children.

My sister and my parents had our five-year-old daughter and 17-month-old son well in hand while my husband and I were in the hospital room filling out paperwork. Shockingly, I was part way through the obstetrics intake form when I saw a question asking if in my previous pregnancy history if I a history of abortion.

There was no option for a miscarriage.

I asked the hospital representative how I should respond since I lost my second baby through a miscarriage early in the pregnancy.

Her reply was to check the abortion box.

But, I argued, an induced abortion and a miscarriage are not the same thing.

She told me to check the box anyway.

After further futile argument, I wrote in “miscarriage” and noted that it was a spontaneous abortion, not induced, and circled my answer.

Yesterday, I checked the obstetrics intake form for the local hospital where my children were born (forms are now available online), and the hospital has since changed it to have mothers specify if they’ve had an abortion or miscarriage. But in 2004, I was deeply offended that the loss of my

surgical procedure she needed to remove her deceased baby could have been denied to her due to the wave of pro-life laws that have passed in the states in recent years.

This is not true.

Rep. Clark was trying to equate the treatment for an incomplete miscarriage with

surgical abortions.

But nothing about abortion is natural.

Rep. Clark does a serious disservice to the millions of women, like me, who grieved and still mourn the loss of our babies after a miscarriage.

Just like that moment in the hospital room when I realized that the hospital didn’t care to classify a spontaneous abortion separately from an induced abortion, I was deeply, deeply offended.

Rep. Clark was willing to mislead American women in order to score political points which was reminiscent of another time in the pro-life movement.

In 1995, Congress held hearings on the Partial-Birth Abortion Ban Act, which was based on a model law developed by National Right to Life. The debate over the bill led to over a decade of work by NRLC and its affiliates to see the law passed on the federal level and in many states which the Supreme Court later ruled to be constitutional.

At one point in the Congressional hearings over the partial-birth abortions, pro-abortion groups and affiliated “experts” testified that anesthesia administered to the mother crossed over the placental barrier and killed the unborn baby before a partial-birth abortion procedure was done.

This alarmed anesthesiologists who were



second baby was placed in the same category as an induced abortion.

This week, Rep. Katherine Clark (D-Mass.) used her miscarriage experience to question pro-life laws designed to protect living unborn babies from abortion. I was immediately reminded of my argument with patient records and the rebellious note I wrote on the intake form.

Rep. Clark argued that because her baby had died in utero, and she had an incomplete miscarriage, the

abortion. While a similar surgical procedure is used in both situations, in the first, the procedure is used to clear the uterus of a baby who has *already died* in order to prevent infection in the mother and, in the second, the procedure deliberately takes the life of a *living* unborn baby by tearing her apart—limb from limb.

The abortion industry has already tried to create a narrative that chemical abortions, such as those using mifepristone (RU 486), are “like” a miscarriage and are more “natural” than

The case against chemical abortion

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abortion. And research into such “telemedicine abortions” in the United Kingdom (where they have been legal for the last two years) has shown increases in post-abortion emergency care.

But the dangers don’t end there. Some rural women who receive abortion drugs live far away from the help they would need in the event of serious complications. Moreover, these at-home abortions make it much harder to detect and prevent pressure and coercion.

A 2021 survey found 82 percent of British general practitioners were concerned about individuals falsely obtaining abortion drugs; 87 percent were concerned about the possibility of unwanted abortions coerced by domestic abusers.

Chemical abortions—especially when sent through the mail and ingested at home without supervision or in-person evaluation—raise serious worries about the health and safety of women. We should not ignore them.

Chemical abortion isn’t good for anyone

The reality is that chemical abortions aren’t good for anyone. They aren’t medicine. They are a poison that kills unborn human beings and, too often, harms their mothers as well.

So, as these abortions spread, what can pro-lifers do?

We can inform others about the dangers to women and about the humanity of unborn children. We can advocate legislation to protect against

chemical abortions and to require safety standards. We can support positive alternatives for pregnant women facing difficult circumstances. And we can promote abortion pill reversal (APR), an important new option that allows women who change their minds midway through an abortion to counteract the effects of mifepristone and save their baby.

The battle against chemical abortion has never been more important, and every pro-lifer needs to be part of it.

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hearing from pregnant mothers who were terrified that their babies were going to die if they had to have a surgical procedure involving anesthesia. In a January 1996 memo to members of the media, NRLC’s then-Legislative Director, Douglas Johnson, wrote:

However, the American Society of Anesthesiologists (ASA) recently became so distressed by these claims [that anesthesia administered to the mother killed the unborn baby] that the ASA requested the opportunity to testify before the Senate Judiciary Committee. In its testimony, the ASA said that (a) the

claim that anesthesia kills a fetus/baby has “absolutely no basis in scientific fact,” and (b) the claim is “misleading and potentially dangerous” to pregnant women, since it may deter them from consenting to be anesthetized for medically necessary procedures for fear of harming their babies.

Pro-abortion groups and their allies have a history of rewriting the truth to bend it to their will but trying to draw lines equating miscarriages with abortions is a guaranteed way to offend millions of American women.

Women just like me.

