One Key Distinction: Life Versus Health

Should we allow abortion for a threat to the health of the mother? If so, we are placing the health of one human being (the mother) over the life of another (the child). This seems clearly wrong. There is no other circumstance in which we would allow someone to kill an innocent person to protect herself from a health threat. We don't allow those who are exposed to disease to kill those who exposed them, do we? No. When someone's health is threatened by the existence of another, we attempt to remove the one threatening and treat the one threatened. We can do this in the case of the pregnant woman whose health is affected by her child. We can remove the child (as soon as possible for him to live) and treat the mother of her condition.

REFERENCES

Stand to Reason: www.str.org

https://www.spuc.org.uk/youth/student_info_on_abortion/mothers

www.babycenter.com/refcap/830.html#0

http://www.personhoodinitiative.com/successful-ectopic-pregnancies.html

Prepared for PPL by Martha E. Leatherman, MD, member of PPL Board of Directors

Presbyterians Pro-Life
RESEARCH, EDUCATION & CARE, INC.
P O Box 461, Glenshaw, PA 15116
(412) 487-1990 Email: PPL@PPL.org Web: PPL.org

Tough Questions

Content adapted from Stand to Reason

Presbyterians Pro-Life
RESEARCH, EDUCATION & CARE, INC.

What About the Life of the Mother?

A Pro-Life Response

There is little in the debate over abortion that galvanizes people and brings out our heartfelt compassion more than the situation in which a mother's life is endangered by continuing a pregnancy. As Christians, we love all of the life that God has created, and pray that the beautiful blessing of a new life will not threaten that of the mother who carries him. Presbyterians Pro-Life is committed to defending all life from conception to natural death, and that includes the lives of pregnant women. From this Biblical position, we can examine the issues surrounding this difficult set of circumstances.

What is Abortion?

Direct abortion is the deliberate killing of an unborn child. Treatment intended to save the life of the mother that results in the death of the child is not a direct abortion. So, treatment in which the aim of the intervention is to save the mother but that involves the unavoidable death of the unborn baby is not abortion.

What Are the Life-Threatening Conditions?

There are actually very few truly life-threatening conditions that would lead even to the consideration of killing an unborn baby, and with many of these threats, we can treat the mother and save the child. According to Dr. Alan Guttmacher of Planned Parenthood, "Today it is possible for almost any patient to be brought through pregnancy alive, unless she suffers from a fatal illness such as cancer or leukemia, and, if so, **abortion would be unlikely to prolong, much less save, life**." (emphasis mine) A recent study out of the United Kingdom found that between 1968 and 2011, only 0.006% of abortions were performed to save the life of the mother.

PREECLAMPSIA *(Toxemia):* Occurs in 1 in approximately every 12 pregnancies (5% - 8%). This is a condition of swelling, elevated blood pressure, and protein in the urine. This condition can be effectively treated either by delivery (after 36 weeks) or by bed rest (prior to 36 weeks). Delivery can also be attempted after 24 weeks with reasonable assurance the fetus will live. In some cases delivery prior to 24 weeks may be necessary although the likelihood of the child's survival is reduced. In all of these cases, the doctors attempt to deliver the child and care for her after birth--not perform abortion with the deliberate intention of killing the child.

ECLAMPSIA *(Toxemia with Seizures):* Occurs in 1 in approximately 2000 pregnancies (.05%). This condition is marked by seizures that are caused by pregnancy (as opposed to some other known factor). Treatment is the same as for Preeclampsia, but this condition is more severe, usually requiring delivery either naturally or by C-section.

PLACENTA PREVIA*:* Occurs in 1 in 200 pregnancies (.5%). The placenta covers all or part of the cervix. Although this condition has the potential to be life-threatening, with proper medical management (usually bed rest, but sometimes hospitalization), both mother and child can be protected from harm. In the case of an early placenta previa, sometimes the baby does not survive (i.e. miscarriage), but that is a natural occurrence, not caused by deliberate abortion. There is no moral wrong here; this is simply a specific case of miscarriage, in which no person causes or intends the child's death.

PLACENTAL ABRUPTION: Occurs in 1 in 100 pregnancies (1%). The placenta detaches from the uterine wall. If not treated, this can harm both mother and child. Again, abortion is not the treatment in this case. When the placenta has detached from the uterine wall, the child is already at grave risk of death. The treatment is designed to prevent further detachment from the uterus. In very rare cases, massive bleeding occurs when the placenta detaches, in which case, if the placenta is not surgically removed (along with the baby), both mother and baby will die. In such cases, the decision is made to try to save the life of the mother, understanding that there is a risk that the baby will die, and that this is preferable to both mother and baby dying.

DYSTOCIA: Prior to the turn of the twentieth century, one type of dystocia (any case of abnormal or difficult labor) – when the baby's head is too large to pass through the mother's pelvis – presented pregnant women in developed countries with an agonizing choice to save her child (by undergoing a dangerous and probably lethal Caesarean Section) or to save her own life (by undergoing a craniotomy operation that crushed the baby's skull). Even today, this choice may still be presented to some women in developing countries where C-sections are not routine. The position of Presbyterians Pro-Life in such situations is that first, this is not an issue in the United States or other developed countries where the majority of elective abortions take place, and second, that our efforts should be to improving maternal care in developing countries rather than promoting abortion.

ECTOPIC PREGNANCY: In an ectopic pregnancy, the newly conceived human being implants on the wall of the fallopian tube (or some other tissue) instead of on the wall of the uterus. As the embryonic human being grows, the fallopian tube will rupture causing severe blood loss and probably death. In these cases, there is no way to save the child's life. If we do nothing, both human beings will die. Because we believe it is better to save one life than to lose two, we remove the child (causing his death) and save the mother. The death of the child is an unintended, although foreseen, consequence. It should be noted that there are some (albeit rare) cases where a mother has successfully delivered an ectopic pregnancy.

OTHER CASES: In most other cases of life endangerment, we can treat both mother and child. For example, a pregnant woman with cancer can be treated while the baby tolerates the chemotherapy given to the mother. (See Thomas Murphy Goodwin's excellent article on high-risk pregnancy management at www.firstthings.com/ftissues/ft9603/articles/goodwin.html)