



A project of Vigil for Life and Pro-Life Wisconsin

INITIATIVE HANDBOOK

www.vigilforlife.org

Initiative Guidelines

Welcome to the “365 for Life” initiative! This is a new and ambitious initiative of Vigil for Life and Pro-Life Wisconsin to draw on the Madison-area pro-life community to keep a perpetual presence at the Planned Parenthood on Madison’s east side. This has NEVER been done before. Thank you for your sacrifices and contributions to make this possible!

This initiative is self-sustaining and very simple. Vigil for Life and Pro-Life Wisconsin are simply providing the framework for the initiative. It is up to you as a participant to show up for your scheduled time on the sidewalk. Please contact Laura Karlen at 608-445-2064 or laura@vigilforlife.org if you would like a sign or pro-life pamphlets for your time witnessing on the sidewalk. Sign up for the initiative from the Vigil for Life website www.vigilforlife.org under the “Vigil Hours Calendar” link (or <http://vigilforlife.org/calendar/>). We ask that you keep the following guidelines in mind as you participate in this ground-breaking initiative:

- **Remember your schedule.** You will receive reminder e-mails to the e-mail address saved on our online scheduling calendar. We trust that you will be there if you are on the schedule.
- **Be punctual.** It is best that two or more people be on the sidewalks. By showing up on time, your prayer partner will not be alone.
- **You are scheduled for two hours.** Please try to remain on the sidewalks during your scheduled time.
- **Call your prayer partner if you cannot keep your schedule:**
 - If the weather is bad and you are not able to travel safely, please contact your prayer partner so that he/she can decide whether to set out to the sidewalks without you.
 - If you are sick, let your prayer partner know. Please try to arrange for a substitute from the sub list or your own contacts. If you are not able to do so, make sure your prayer partner knows so that he/she can decide whether to set out the sidewalks without you.
 - If you have a new schedule and can no longer keep your prayer time, please contact Laura Karlen at 608-445-2064 as soon as possible. This is preferred to an e-mail.
- **Please dress appropriately for the weather.** If the weather is harsh, you may need to pray from your car according to your discretion.
- **You do not have access to the Our Lady of Victory building unless you are notified otherwise.**
- **If you feel comfortable doing so, we encourage you to reach out to the abortion-minded men and women and to the abortion workers.** We encourage you to bring a loving, compassionate, appropriate sign and/or to hand out pro-life pamphlets. Please contact Laura Karlen at 608-445-2064 if you have questions on what signs are appropriate for peaceful witness on the sidewalk. We need to be love and compassion personified on the sidewalk. If you have already gone through sidewalk counselor training, we especially ask you to consider reaching out to counsel and offer help.
- **Be peaceful and charitable in all interactions on the sidewalks.** You have a right to be on the sidewalk (the same rules for holding signs and respecting trespassing laws apply as they did for 40 Days for Life). You have a right to witness God’s love to all you meet. Let us be Christ to all our neighbors.
- **Contact Laura Karlen at 608-445-2064 or laura@vigilforlife.org with any questions or issues.**
- **Reach out to family and friends to join in our initiative.** This is a community effort, and you can help with the outreach!



Statement of Peace

I, _____, testify to the following:

Print Name

- I will always pursue peaceful solutions to the violence of abortion when volunteering with the “365 for Life” initiative.
- I will show compassion and reflect Christ’s love to all employees, volunteers, and customers of the abortion facility at which I’m holding vigil.
- I understand that acting in a violent or harmful manner disassociates me with “365 for Life” and Vigil for Life.
- I understand that graphic images and profanity are not allowed on any clothing or signs.
- I am in no way associated with the abortion facility by way of employment, informant, volunteer, client, or otherwise.

While being on the sidewalk/terrace at the facility providing abortions:

- I will not block the driveway while walking in the public right of way.
- I will not hold or stake signs in the ground of the public right of way.
- I will not talk to the media but direct them to Laura Karlen with Vigil for Life (608-445-2064).
- I will not litter on the city public right of way.
- I will closely attend to children I bring to the prayer vigil.
- I will not threaten, physically contact, or verbally abuse the employees, volunteers, or customers or anyone using the facility.
- I will not vandalize the facility or the private property of those affiliated with it.
- I will cooperate with local city authorities.

Signature: _____ Date: _____

Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Home

Work

Cell

RETURN TO: Vigil for Life – Madison

(Vigil for Life, 917 S. Whitney Way, Apt. 4, Madison, WI 53711 or info@vigilforlife.org)

www.vigilforlife.org

Promotional Materials

“365 for Life” Initiative Bulletin Announcement –just copy and submit!

Your help is needed to keep a perpetual vigil at the Planned Parenthood abortion facility in Madison (3706 Orin Road, Madison, WI 53704) as part of Vigil for Life’s new initiative “365 for Life.” Beginning with 2 hours of vigil each day that Planned Parenthood is open, we can witness to the gift of life on the sidewalks so that babies are saved and abortion-minded men and women avoid the devastation of abortion. Get involved in our vigils every Monday, Tuesday and Wednesday from 9:00-11:00 a.m. and every Thursday and Friday from 1:00 -3:00 p.m. Sign up online at <http://vigilforlife.org/calendar/> or by calling Laura Karlen at 608-445-2064.

Flyers and other materials are available at www.vigilforlife.org.

Sidewalk Counseling Training Guidelines and Tips

- Being a sidewalk counselor or a prayer partner are both roles grounded in love because God is Love, and we are God's instruments.
- Practical goals for sidewalk counseling: 1) Get the person to stop to talk to you 2) Get the person in need to a crisis pregnancy center (CPC).
- Broader goals for sidewalk counseling: 1) Convert hearts so that babies' lives can be saved, now or in the future 2) Be love and compassion personified because you are encountering the victims of abortion.
- Be prepared:
 - Materials: CPC information, pictures of fetal development, abortion procedure information, contraception information, lawsuit information, Rachel's Vineyard information, fetal models, graphic images (for use at the right time). We will provide an informative brochure. Other materials are available for purchase at the American Life League's website at www.all.org.
 - Prayer: Ask the Holy Spirit for guidance in the words you will speak –this is not all on you. Put on the armor of Christ out there.
 - Know your materials and be prepared with a few “talking points” and your favorite pamphlets in your hand. Practice, because you will only have a few seconds in reality.
 - Know the hours of the abortion clinic. Know the hours, location and services of the CPC to which you will be referring women. Visit the CPC to get a better idea.
 - Know about fetal development.
 - Check the weather and dress appropriately.
 - Consider your appearance and present yourself professionally.
 - Know your rights on the sidewalk (you can be on the sidewalk and terrace/parkway without blocking entrance into the parking lot and without setting down items/signs on the ground).
 - Think about your personal limitations: what personal information are you willing to give out? Can someone get in the car with you to head over to the CPC?
 - The police may be called by the abortion mill. Follow the police's instructions and let an attorney rectify the situation later. This will prevent your arrest.
- Who are we dealing with here? Everyone coming and going from the clinic is in pain. Many may be afraid of you because of what the abortion workers have told them or because of the media. Women can be considering abortion for a variety of reasons: her parents are forcing her; her husband/boyfriends is forcing her; she has concerns about a medical issue; she seemingly doesn't care about the life of her child; she is too tormented to make a decision; she is sick during pregnancy; or, she feels incompetent to support a child. These concerns can be met with assurances of help from you or a CPC, information about the effects of abortion and genuine care from you. Remind the parents, husband or boyfriend that this child is their own flesh and blood, worthy of their protection.
- Your position on the sidewalk: If you are the sidewalk counselor, you want to be where you have the best view of people coming and going while having the room to engage the people going in. Remain vigilant. If

you are the prayer partner, you will stand back from the sidewalk counselor so that you do not intimidate the clients with a group of people standing around.

- Your presence on the sidewalk: You are peaceful, prayerful, helpful, joyful and appealing, attempting to win the person over to your side and recognizing that everyone involved in abortion is a victim. Exude confidence. Be serious and focus on the task at hand, avoiding socialization where possible. When you are not actively sidewalk counseling, you are in prayer or studying your materials, fortifying your efforts. Have your literature ready in your hand with your talking points prepared.
- What to say: “Hi, my name is...Are you going into the clinic?... Are you pregnant?... There are resources available for you... Help yourself and spare yourself the pain of abortion... You already have a child inside of you... This (the mill) is a dangerous place.” Be ready to share information on fetal development, adoption, the abortion procedure (surgical or chemical), effects of abortion, material help/CPC resources, and job opportunities for abortion workers (hopefully!). Continue to share the help that is available and speak about the child as a human baby. End on a positive note, saying, “We’re praying for you. You can come back out and talk to us.”
- What NOT to do: 1) don’t carry harsh signs; signs should be held away from the sidewalk counselor 2) don’t approach clients with a hellfire and brimstone tone 3) don’t yell or condemn 4) don’t focus on evangelization if you haven’t yet engaged the client 5) don’t interrupt another sidewalk counselor 6) don’t step away from a sidewalk counseling session to help another person 7) don’t expect visible rewards to feel successful on the sidewalk 8) don’t picket or protest while sidewalk counseling 9) don’t argue, especially after a client says he/she is not interested 10) don’t get arrested.
- Congratulate the woman who turns away from the abortion facility and connect her with the help you promised her.
- You are representative of the pro-life movement and Christians. Represent well.
- God can use YOU to convert hearts and save lives! Be faithful and obedient.

Sidewalk Counseling Methods Links

- Sidewalk.com –Various Methods

<http://www.sidewalkcounseling.com/>

- Karen Black Method (Atlanta Method)

<http://www.sidewalkcounseling.com/black.php>

- Pro-Life Action League Method (Chicago Method)

<http://prolifeaction.org/sidewalk/>

- Helpers of God’s Precious Infants (Helpers Method)

<http://www.helpersbrooklynny.org/>

Important Resources and Contact Information

- Vigil for Life, www.vigilforlife.org
Laura Karlen, laura@vigilforlife.org, 608-445-2064
- Pro-Life Wisconsin, www.prolifewisconsin.org
Peggy Hamill, info@prolifewisconsin.org, 262-796-1111
- American Life League, www.all.org
540-659-4171
- Alliance Defense Fund –Legal Concerns, www.alliancedefensefund.org/
800-TELL-ADF (835-5233)
- Thomas More Society –Legal Concerns, www.thomasmoresociety.org/
info@thomasmoresociety.org, 312-782-1680
- American Center for Law and Justice –Legal Concerns, www.aclj.org/
757-226-2489
- Non-Emergency Police Contact, City of Madison
(608) 266-4275
- CareNet of Dane County, www.carenetdane.org/
608-259-1606 (business line), 1-800-395-HELP (client services)
- Pregnancy Helpline, pregnancyhelpline.net/
608-222-0008 (24/7 helpline)
- Our Lady of Hope Clinic, ourladyofhopeclinic.org/
(608) 819-8544

Sidewalk Counselor Agreement

As sidewalk counselor with Vigil for Life, I, _____ (print name), agree to follow the guidelines and suggestions for sidewalk counselors, which include foremost a complete commitment to peace and compassion. I will never intimidate with my presence or words, instead offering kindness and help to all who enter the abortion facility, men and women clients as well as abortion workers. I will never argue with clients or workers, especially if my help is declined. I will not bring signs with me to sidewalk counsel but will focus on prayer and engaging clients in conversation to convert hearts. I will use the sidewalk counseling materials suggested or approved by Vigil for Life while I am sidewalk counseling on behalf of Vigil for Life.

Signature

Date

E-mail Address

Phone Number

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Signature

Date

E-mail Address

Phone Number

For Before and After a Period of Counseling Outside an Abortion Center

Before Praying or Counseling outside an abortion center:

Prayer to the Trinity > Psalms

If Catholic:

- Sacrament of Penance
- Attend Holy Sacrifice of the Mass and visit the Tabernacle
- Invoke the saints, especially: St. Gabriel, St. Raphael, and St. Michael

After Praying or Counseling outside an abortion center there is a need to pause, grieve and heal. One needs to pray (if Catholic try to visit the Tabernacle):

1. Entrustment to Divine Providence - Letting Go – Giving them to the Lord

- Entrust all souls to the Lord, His Most Sacred Heart and the Immaculate Heart of Mary
- *“Father, forgive them, they know not what they do.”* Luke 23:34
- *“A sower goes out to sow his seed...Whoever has ears to hear ought to hear.”* Luke 4:4-15
- *“Where two or more gather in His Name...”* Matt 18:20
- *“If anyone wished to come after Me, he must deny himself and take up his cross daily and follow Me.”* Luke 9:23

2. Mourn the loss of the child’s life and the jeopardy of the parents’ and abortion provider’s souls

- *“Blessed are they who mourn”* Matt 5:4
- *“Do not fear the one who can destroy the body, but not the soul; rather, fear the one who can destroy both body and soul.”* Matt 10:28
- *“Can a mother forget her infant, be without tenderness for the child of her womb? Even should she forget, I will never forget you.”* Isaiah 49:15

3. Acknowledge Your Loss – investment of time, prayer, study, risk of safety or arrest, jeopardy to reputation, opportunity cost incurred, commute and travel, your prayer intent, presence in diabolical situations.

4. Seek Healing – though some hurts I remember and others I do not, there is never a small hurt

- sadness--*“Come to Me, all you who labor and are burdened, ¹⁶ and I will give you rest.”* Matt 11:28
- hurts – verbal, looks or physical contacts, taunts
- rejection, alienation and isolation
- betrayal
- helplessness -*“But I have stilled and quieted myself, just as a small child is quiet with its mother.”* Psalm 131:2
- sense of failure
- hopelessness-*“I have told you this so that you might have peace in Me. In the world you will have trouble, but take courage, I have conquered the world.”* John 16:33
- self-recriminations – saying or doing the wrong thing
- loss – baby, mother, father, etc
- anger – *“The wrath of a man does not accomplish the righteousness of God.”* James 1:20

- *“Be angry but do not sin; do not let the sun set on your anger, and do not leave room for the devil.” Eph 4:26*
- *“We who are strong ought to put up with the failings of the weak and not to please ourselves; let each of us please our neighbor for the good, for building up. For Christ did not please himself; but, as it is written, “The insults of those who insult you fall upon Me.” Romans 15:1-3*
- *“Blessed are the merciful, for they shall receive mercy.” Matt 5:7*
- *“And to strengthen Him an angel from heaven appeared to Him.” Luke 22:43*
- *“Forgive us our trespasses as we forgive those who trespass against us.” Matt 6:12*

5. Remaining Non-Judgmental

- *Then Jesus said, “Father, forgive them, they know not what they do.” Luke 24:34*
- *“Whosoever is without sin, cast the first stone.” John 8:7*

6. Overcoming despair with hope

- *“So shall My word be that goes forth from my mouth; It shall not return to Me void, but shall do my will, achieving the end for which I sent it.” Isaiah 55:11*
- *Pray all of the Beatitudes Matt 5 “Let us not grow tired of doing good, for in due time we shall reap our harvest, if we do not give up.” Gal 6:9*
- *“That all things work together for good to those who love God.” Romans 8:28*

[- **Remember**, it is not what is suffered, rather it is who suffers – Jesus Christ- And every child, mother, father, abortion provider and collaborator is destined to be “Another Christ” in this world] Houslander, Caryll, “Wood of the Cradle, Wood of the Cross”

Questions? Need Help?

Patrick A. O'Donnell
 Servants of Our Lady of Guadalupe
 PO Box 39
 Dodge, WI 54625
 857-540-4008
 pat@prebornChrist.com

Additional Resources

Information on Planned Parenthood from their website: <http://www.ppwi.org/>

Madison East (CRHC) – Madison, WI

**3706 Orin Road
Madison, WI 53704**

P: 608.241.3767 | F: 608.241.3854

Operated by: Planned Parenthood of Wisconsin, Inc.

Hours of Operation

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Open	9:00am	8:00am	8:00am	8:00am	9:00am	--	--
Close	5:00pm	4:00pm	6:00pm	6:00pm	5:00pm	--	--

Emergency contraception (morning after pill) and pregnancy testing are offered during all hours the center is open.

All other services require an appointment.

If you need emergency contraception (morning after pill), you can walk in any time the health center is open.

Abortion Services

- abortion pill (medication abortion)
- in-clinic abortion
- sedation options (medication to make the abortion more comfortable)
- pre- and post-abortion patient education
- post-abortion follow-up exams
- referrals for abortion-related counseling

Here's what you need to know about abortion services at this health center:

Abortion Pill (Medication Abortion)

Abortion pill (medication abortion) is offered up to 9 weeks after the start of your last menstrual period. If your last period was more than 9 weeks ago, read about our in-clinic abortion services below.

Abortion pill (medication abortion) services are available by appointment only.

In-Clinic Abortion

In-clinic abortion is offered up to 19 weeks after the start of your last menstrual period. If your last period was after 19 weeks, we can still help. Call us for a referral list of health care providers in your area that offer other abortion services.

In-clinic abortions are available by appointment only.

Birth Control Services

- birth control implant (Implanon)
- birth control patch (Ortho Evra)
- birth control pill
- birth control shot
- birth control vaginal ring (NuvaRing)
- diaphragm
- condom
- female condom
- emergency contraception (morning after pill)
- fertility awareness method
- IUD (Mirena)
- IUD (ParaGard)
- spermicide

Birth control services are available:

- during all business hours by appointment

Pregnancy Testing, Options & Services

- pregnancy testing
- abortion services
- abortion referrals
- adoption referrals
- fertility awareness education
- pregnancy planning services
- trained staff to discuss your options with you if you are pregnant

Pregnancy testing and services are available:

- during all business hours on a walk-in basis

Women's Health Services

- checkups when you have a reproductive/sexual health problem
- breast exams
- cervical cancer screening
- colposcopy
- cryotherapy
- incontinence education
- infertility education
- mammogram referrals
- Pap test
- routine physicals for women age 12 and older
- urinary tract infections — testing and treatment
- vaginal infections — testing and treatment
- Other services we may provide include help with irregular periods or no periods, painful periods, painful sex, bleeding between periods, menstrual problems (premenstrual syndrome) or even a lost tampon.

Women's health services are available:

- during all business hours by appointment

Fetal Development Basics

ZYGOTE

A single sperm penetrates the mother's egg cell, and the resulting cell is called a zygote. The zygote contains all of the genetic information (DNA) necessary to become a child. Half of the genetic information comes from the mother's egg and half from the father's sperm. The zygote spends the next few days traveling down the Fallopian tube and divides to form a ball of cells.

BLASTOCYST

The zygote continues to divide, creating an inner group of cells with an outer shell. This stage is called a blastocyst. The inner group of cells will become the embryo, while the outer group of cells will become the membranes that nourish and protect it.

The blastocyst reaches the womb (uterus) around day 5, and implants into the uterine wall on about day 6. At this point in the mother's menstrual cycle, the lining of the uterus has grown and is ready to support a baby. The blastocyst sticks tightly to the lining, where it receives nourishment via the mother's bloodstream.

EMBRYO

The cells of the embryo now multiply and begin to take on specific functions. This process is called differentiation. It leads to the various cell types that make up a human being (such as blood cells, kidney cells, and nerve cells).

There is rapid growth, and the baby's main external features begin to take form. It is during this critical period (most of the first trimester) that the growing baby is most susceptible to damage. The following can interfere with the baby's development:

- Alcohol, certain prescription and recreational drugs, and other substances that cause birth defects
- Infection (such as rubella or cytomegalovirus)
- Nutritional deficiencies
- X-rays or radiation therapy

WEEK BY WEEK CHANGES

The period of time between conception and birth during which the fetus grows and develops inside the mother's womb is called gestation. In humans, the length of pregnancy, or gestational age, is the time measured from the first day of the woman's last menstrual cycle to the current date. It is measured in weeks.

The time interval of a gestation plus 2 weeks is called the gestation period, and the length of time plus 2 weeks that the baby has spent developing in the womb is called the gestational age. For more information on gestation, see:

Gestational age

The following list describes specific changes that occur in the womb:

- Week 3 of gestation (embryo development); week 5 of pregnancy
 - The brain, spinal cord, and heart begin to develop.
 - The gastrointestinal tract begins to develop.
- Weeks 4 to 5 of gestation; week 6 - 7 of pregnancy
 - Arm and leg buds become visible.

- The brain develops into five areas and some cranial nerves are visible.
- The eyes and ear structures begin to form.
- Tissue forms that develops into the vertebra and some other bones.
- The heart continues to develop and now beats at a regular rhythm.
- Rudimentary blood moves through the main vessels.
- Week 6 of gestation; week 8 of pregnancy
 - The arms and legs have grown longer, and foot and hand areas can be distinguished.
 - The hands and feet have fingers and toes (digits), but may still be webbed.
 - The brain continues to form.
 - The lungs begin to form.
- Week 7 of gestation; week 9 of pregnancy
 - Nipples and hair follicles form.
 - Elbows and toes are visible.
 - All essential organs have begun to form.
- Week 8 of gestation; week 10 of pregnancy
 - The eyelids are more developed.
 - External features of the ear begin to take their final shape.
 - Facial features continue to develop.
 - The intestines rotate.

The end of the eighth week marks the end of the "embryonic period" and the beginning of the "fetal period."

- Weeks 9 to 12 of gestation; weeks 11 to 14 of pregnancy
 - Eyelids close and will not reopen until about the 28th week.
 - The face is well formed.
 - Limbs are long and thin.
 - Genitals appear well differentiated.
 - Red blood cells are produced in the liver.
 - The head makes up nearly half of the baby's size.
 - The baby can make a fist with its fingers.
 - Tooth buds appear for the baby teeth.
- Weeks 13 to 16 of gestation; weeks 15 to 18 of pregnancy
 - The skin is almost transparent.
 - Fine hair called lanugo develops on the head.
 - **Meconium** is made in the intestinal tract.
 - More muscle tissue and bones have developed, and the bones become harder.
 - The baby begins to make active movements.
 - The liver and pancreas produce fluid secretions.
 - Sucking motions are made with the mouth.
- Weeks 17 to 19 of gestation; weeks 19 to 21 of pregnancy
 - The baby can hear.
 - The baby makes more movements.
 - The mother may feel a fluttering in the lower abdomen.
- Week 20 of gestation; week 22 of pregnancy
 - Lanugo hair covers entire body.
 - Eyebrows and lashes appear.
 - Nails appear on the fingers and toes.
 - The baby is more active with increased muscle development.
 - The mother can feel the baby moving.
 - The fetal heartbeat can be heard with a stethoscope.
- Weeks 21 to 23 of gestation; weeks 23 to 25 of pregnancy

- Bone marrow begins to make blood cells.
- The lower airways of the baby's lungs develop but still do not produce surfactant (a substance that allows the alveoli to open for gas exchange).
- The baby begins to store fat.
- Week 24 of gestation; week 26 of pregnancy
 - Eyebrows and eyelashes are well formed.
 - All eye parts are developed.
 - The baby has a hand and startle reflex.
 - Footprints and fingerprints are forming.
 - Air sacs form in lungs.
- Weeks 25 to 28 of gestation; weeks 27 to 30 of pregnancy
 - Rapid brain development occurs.
 - The nervous system is developed enough to control some body functions.
 - The eyelids open and close.
 - The respiratory system, while immature, has developed to the point where gas exchange is possible.
- Weeks 29 to 32 of gestation; weeks 31 to 34 of pregnancy
 - A rapid increase in the amount of body fat occurs.
 - Rhythmic breathing movements occur, but the lungs are not fully mature.
 - The bones are fully developed, but still soft and pliable.
 - The baby's body begins storing iron, calcium, and phosphorus.
- Week 36 of gestation; week 38 of pregnancy
 - Lanugo begins to disappear.
 - Body fat increases.
 - Fingernails reach the end of the fingertips.
- Weeks 37 to 40 of gestation; weeks 39 to 42 of pregnancy
 - Lanugo is gone except for on the upper arms and shoulders.
 - Fingernails extend beyond fingertips.
 - Small breast buds are present on both sexes.
 - Head hair is now coarse and thicker.

A LIST OF MAJOR PHYSICAL SEQUELAE RELATED TO ABORTION¹

- **DEATH:** The leading causes of abortion related deaths are hemorrhage, infection, embolism, anesthesia, and undiagnosed ectopic pregnancies. Legal abortion is reported as the fifth leading cause of maternal death in the United States, though in fact it is recognized that most abortion related deaths are not officially reported as such.(2)
- **BREAST CANCER:** The risk of breast cancer almost doubles after one abortion, and rises even further with two or more abortions.(3)
- **CERVICAL, OVARIAN, AND LIVER CANCER:** Women with one abortion face a 2.3 relative risk of cervical cancer, compared to non-aborted women, and women with two or more abortions face a 4.92 relative risk. Similar elevated risks of ovarian and liver cancer have also been linked to single and multiple abortions. These increased cancer rates for post-aborted women are apparently linked to the unnatural disruption of the hormonal changes which accompany pregnancy and untreated cervical damage.(4)
- **UTERINE PERFORATION:** Between 2 and 3% of all abortion patients may suffer perforation of their uterus, yet most of these injuries will remain undiagnosed and untreated unless laparoscopic visualization is performed.(5) Such an examination may be useful when beginning an abortion malpractice suit. The risk of uterine perforation is increased for women who have previously given birth and for those who receive general anesthesia at the time of the abortion.(6) Uterine damage may result in complications in later pregnancies and may eventually evolve into problems which require a hysterectomy, which itself may result in a number of additional complications and injuries including osteoporosis.
- **CERVICAL LACERATIONS:** Significant cervical lacerations requiring sutures occur in at least one percent of first trimester abortions. Lesser lacerations, or micro fractures, which would normally not be treated may also result in long term reproductive damage. Latent post-abortion cervical damage may result in subsequent cervical incompetence, premature delivery, and complications of labor. The risk of cervical damage is greater for teenagers, for second trimester abortions, and when practitioners fail to use laminaria for dilation of the cervix.(7)
- **PLACENTA PREVIA:** Abortion increases the risk of placenta previa in later pregnancies (a life threatening condition for both the mother and her wanted pregnancy) by seven to fifteen fold. Abnormal development of the placenta due to uterine damage increases the risk of fetal malformation, perinatal death, and excessive bleeding during labor.(8)
- **HANDICAPPED NEWBORNS IN LATER PREGNANCIES:** Abortion is associated with cervical and uterine damage which may increase the risk of premature delivery, complications of labor and abnormal development of the placenta in later pregnancies. These reproductive complications are the leading causes of handicaps among newborns.(9)
- **ECTOPIC PREGNANCY:** Abortion is significantly related to an increased risk of subsequent ectopic pregnancies. Ectopic pregnancies, in turn, are life threatening and may result in reduced fertility.(10)
- **PELVIC INFLAMMATORY DISEASE (PID):** PID is a potentially life threatening disease which can lead to an increased risk of ectopic pregnancy and reduced fertility. Of patients who have a chlamydia infection at the time of the abortion, 23% will develop PID within 4 weeks. Studies have found that 20 to 27% of patients seeking abortion have a chlamydia infection. Approximately 5% of patients who are not infected by chlamydia develop PID within 4 weeks after a first trimester abortion. It is therefore reasonable to expect that abortion providers should screen for and treat such infections prior to an abortion.(11)
- **ENDOMETRITIS:** Endometritis is a post-abortion risk for all women, but especially for teenagers, who are 2.5 times more likely than women 20-29 to acquire endometritis following abortion.(12)
- **IMMEDIATE COMPLICATIONS:** Approximately 10% of women undergoing elective abortion will suffer immediate complications, of which approximately one-fifth (2%) are considered life threatening. The nine most common major complications which can occur at the time of an abortion are: infection, excessive bleeding, embolism, ripping or perforation of the uterus, anesthesia complications, convulsions, hemorrhage, cervical injury, and endotoxic shock. The most common "minor" complications include:

infection, bleeding, fever, second degree burns, chronic abdominal pain, vomiting, gastro-intestinal disturbances, and Rh sensitization.(13)

- **INCREASED RISKS FOR WOMEN SEEKING MULTIPLE ABORTIONS:** In general, most of the studies cited above reflect risk factors for women who undergo a single abortion. These same studies show that women who have multiple abortions face a much greater risk of experiencing these complications. This point is especially noteworthy since approximately 45% of all abortions are for repeat aborters.
- **INCREASED RISKS FOR TEENAGERS:** Teenagers, who account for about 30 percent of all abortions, are also at much high risk of suffering many abortion related complications. This is true of both immediate complications, and of long-term reproductive damage.(14)
- **LOWER GENERAL HEALTH:** In a survey of 1428 women researchers found that pregnancy loss, and particularly losses due to induced abortion, was significantly associated with an overall lower health. Multiple abortions correlated to an even lower evaluation of "present health." While miscarriage was detrimental to health, abortion was found to have a greater correlation to poor health. These findings support previous research which reported that during the year following an abortion women visited their family doctors 80% more for all reasons and 180% more for psychosocial reasons. The authors also found that "if a partner is present and not supportive, the miscarriage rate is more than double and the abortion rate is four times greater than if he is present and supportive. If the partner is absent the abortion rate is six times greater." (15)
- **INCREASED RISK FOR CONTRIBUTING HEALTH RISK FACTORS:** Abortion is significantly linked to behavioral changes such as promiscuity, smoking, drug abuse, and eating disorders which all contribute to increased risks of health problems. For example, promiscuity and abortion are each linked to increased rates of PID and ectopic pregnancies. Which contributes most is unclear, but apportionment may be irrelevant if the promiscuity is itself a reaction to post- abortion trauma or loss of self esteem.
- **NOTES**
 1. An excellent resource for any attorney involved in abortion malpractice is Thomas Strahan's Major Articles and Books Concerning the Detrimental Effects of Abortion (Rutherford Institute, PO Box 7482, Charlottesville, VA 22906-7482, (804) 978-388.) This resource includes brief summaries of major finding drawn from medical and psychology journal articles, books, and related materials, divided into major categories of relevant injuries.
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