

## Introduction

As we begin preparations for the 2014 state legislative sessions, Americans United for Life (AUL), the legal architect of the pro-life movement, has launched the *Women's Protection Project* to highlight abortion's negative impact on women and to recommend specific legislative solutions to the growing concerns regarding the health risks to women from abortion.

The U.S. Supreme Court has repeatedly made clear that the states have a legitimate interest in protecting maternal health from the onset of pregnancy. *Planned Parenthood v. Casey*, 505 U.S. 833, 846 (1992). Moreover, the Court has held that legislative bodies enjoy wide discretion to enact regulations where there is medical uncertainty as to the safety of abortion procedures, both surgical and chemical. *Gonzalez v. Carhart*, 550 U.S. 124, 163 (2007). Whether it involves regulating abortion clinics or establishing the standard of care under which abortions are to be performed, laws predicated on the state's interest in safeguarding maternal health have the strongest potential both to protect women and to withstand potential judicial review.

As the first article in this volume, "Significant Potential for Harm: Growing Medical Evidence of Abortion's Negative Impact on Women," explains, the evidence of abortion's devastating harms to women is overwhelming and growing. Consider this partial list of the short-term and long-term physical and psychological risks associated with abortion:

- **Short-term risks** include blood loss, blood clots, incomplete abortion, infections such as pelvic inflammatory disease, and cervical lacerations and other injuries to organs.
- **Premature birth:** At least 130 studies have shown an increased risk of subsequent premature birth and low birth weight infants following abortion. The increased risk of these serious complications is estimated to be approximately 37 percent after one abortion, 90 percent after two abortions, and further increased risk for each additional abortion.
- **Placenta previa** is the condition during pregnancy in which the placenta covers the cervix, increasing the risks of life-threatening maternal hemorrhage, premature birth, and perinatal child death. Abortion increases the risk of placenta previa in subsequent pregnancies by 30 to 50 percent, and much more so for women who have had multiple abortions.
- **Breast cancer:** It is undisputed that a woman's first full-term pregnancy reduces her risk of breast cancer. Moreover, numerous studies have shown that abortion may increase a woman's lifetime risk of breast cancer. For example, in one study funded by the National

Cancer Institute, pro-choice researcher Dr. Janet Daling found that “among women who had been pregnant at least once, the risk of breast cancer in those who had experienced an induced abortion was 50 percent higher than among other women.”

- **Mental health:** A 2011 study in the *British Journal of Psychiatry* examined 22 studies conducted from 1995 to 2009 and found that women face an 81 percent increased risk of mental health problems following abortion. There were increased risks of 34 percent for anxiety, 37 percent for depression, 110 percent for alcohol abuse, and 155 percent for suicide.
- **Maternal mortality:** Abortion advocates have long incorrectly asserted that abortion is safer than childbirth. Many studies show the opposite, including one that found maternal death to be three times more likely from abortion than from childbirth.
- **Risks of later-term abortions:** Abortion’s risks increase the further into pregnancy it is performed. Beginning at five months of pregnancy, the risk of complications from abortion rises dramatically.

Despite growing evidence to the contrary, abortion advocates have long assured judges, legislators, and the American public that legalized abortion is beneficial to the health and well-being of American women. In support of these arguments, they have devised a litany of purported “advantages” including increased medical safety.

Abortion advocates continue to argue that, as long as abortion remains legal and readily available, the procedure will be safer for women, proper surgical procedures will be followed, and only skilled and reputable gynecologists and surgeons will perform the procedure. Legalized abortion is supposed to ensure that women receive proper care before, during, and after abortion procedures.

However, abortion advocates’ lofty promises have proven false, and American women have instead confronted a different and far more dangerous reality. Today, abortion clinics across the nation have become the true “back-alleys” of abortion mythology. Legalized abortion has not eliminated substandard medical care or kept people without medical licenses from performing abortions. Because abortion is largely unregulated, women who seek legalized abortion continue to witness the use of dirty, unsanitary procedure rooms and unsterile, inadequate instrumentation, and experience the lack of competent post-abortion care. Moreover, legalized abortion has not prevented women from dying from unsafe abortions.

Importantly, there is abundant evidence to support the contention that abortion clinics are the true “back-alleys” that abortion advocates warned us about. AUL has documented that, since 2009, at least 77 abortion providers in at least 24 states have faced investigations, criminal

charges, administrative complaints, and/or civil lawsuits or been cited for violating state laws governing the operation of abortion clinics.

In response to the well-documented risks of abortion and the epidemic of substandard abortion care, the *Women's Protection Project* features seven pieces of expertly crafted AUL model legislation:

- ***Abortion Patients' Enhanced Safety Act*** requiring abortion providers to meet the same patient care standards as other facilities performing outpatient surgeries.
- ***Women's Right to Know Act*** providing a woman, at least twenty-four hours before an abortion, with detailed information regarding her medical and psychological risks; her child's gestational age, development, and pain capability; and the abortion procedure itself.
- ***Parental Involvement Enhancement Act*** strengthening parental involvement laws with requirements for notarized consent forms; identification and proof of relationship for a parent or guardian; and more stringent standards for judicial bypass proceedings.
- ***Child Protection Act*** strengthening requirements that family planning and abortion clinics report all cases of suspected statutory rape and sexual abuse and imposing strict penalties on those who circumvent these laws.
- ***Abortion-Inducing Drugs Safety Act*** protecting women from unsafe "telemed" abortions (where abortion-inducing drugs are administered without a face-to-face examination by a physician) and the growing practice within the abortion industry not to follow FDA-approved protocols for the administration of these dangerous drugs.
- ***Women's Health Defense Act*** limiting abortions at or after five months of pregnancy based on the substantial risks these abortions pose to women's health and the pain felt by unborn children.
- An ***enforcement module*** providing options for the criminal, civil, and administrative enforcement of all abortion-related statutes including the component legislation of the *Women's Protection Project*.

There is much that can be done in 2014 to protect women from the harms inherent in abortion. In that regard, AUL's *Women's Protection Project* provides an excellent blueprint for medically appropriate and protective abortion regulations and limitations.

The legal and policy experts at Americans United for Life look forward to assisting state legislators and policymakers in implementing the legislative and policy goals of the *Women's Protection Project* and Defending Life!

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