



Family LIFE

Working for Life, Faith and Family

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Special Edition
FREE

INSIDE THIS SPECIAL EDITION:

- **Information about the Abortion Legislation Bill**
- **How to make your submission**
- **Facts about foetal development and abortion**
- **Tips on how to defend life**
- **Catholic perspective on protecting life**
- **Pledge to help mothers and babies**

Contents

Editorial: Protecting the most innocent	3
The Abortion Legislation Bill what you need to know	4
What does the legislation allow?	5
What are the long term implications?	6
Current abortion law in New Zealand	7
How to make a submission	8
Abortion Legislation Committee Members	9
FLI Press Release regarding the Abortion Bill	10
To women who have had an abortion	11
Every life is precious	12
The physical and psychological impact of abortion	14
Life before birth	16
From the Catechism of the Catholic Church	18
Looking at the 2018 figures:	19
Induced abortion in New Zealand	
Pro-life apologetics: tips on how to defend life	20
Upcoming events	22

Cover Image

5 month pre-born child.
Lennart Nilssen

Family **LIFE**

Working for Life, Faith and Family

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OUR MISSION

To build a culture of life and love by promoting and defending the dignity of human life from conception to natural death, and by promoting marriage between one man and one woman, and the natural family through prayer, education and service.



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Family **LIFE**

Protecting the most innocent

Dear Friend for Life

New Zealand now stands at the threshold of choosing between life and death, with both abortion and euthanasia legislation being considered in Parliament.

With only weeks available for you to have your say in defense of the unborn, their mothers, fathers and other family members, we at FLI urge you to ensure you get your submission in on time. **Thursday 19 September** is when the Abortion Legislation Committee will cease accepting submissions. This magazine is designed to help you speak up. Find out how to make your submission on page 8. The babies are counting on you. Your voice matters!

Pro-abortion organisations such as Family Planning and the Abortion Law Reform Association of New Zealand (ALRANZ) have been agitating for change for years. The noise has become louder and their efforts have gained traction with liberal MPs who hold the same inhumane and unjust position.

Make no mistake, this reform is part of a global push for so-called abortion rights. The key recommendations of International Planned Parenthood Federation's project "*Her in Charge*" include the call for governments to "*create a supportive environment to ensure women can access safe and legal abortion, including the political, social, economic, health and legal frameworks*". Another recommendation is for women to have "*all options available to them: either medical or surgical abortion, in a health facility or at home – whatever they prefer. It is their right.*"

Rights, health care, choice, bodily autonomy are the language of a false freedom. In this context, the rights of powerful people are allowed to deny the very same rights—health care, choice and bodily autonomy—of someone much smaller and vulnerable than themselves.

Induced abortion takes the life of an innocent human being, completely vulnerable and defenceless. This violence, surely belongs in the Crimes Act! For no matter what agonising circumstances surround a woman's decision to undergo an abortion, the reality remains that a life is taken, a life that in

usual circumstances would be protected.

It is said that abortion empowers women, yet it does the opposite. Abortion makes women slaves to their fears and entirely at the mercy of those in her life that she wishes to please... the boyfriend or husband who says she must choose between him or the baby, the mother or father that she does not want to disappoint.

We must always be there for mothers and fathers in their greatest hour of need. We must also be there to love and support those women and men who grieve the loss of their child. They need to know that forgiveness and healing can be theirs.

There is hope! No matter how dark this night becomes, and despite the depravity, senseless denial of all that is right and just, despite the rejection of God – life wins!

Justice demands that the most vulnerable among us - pre-born babies - have their inherent right to life upheld. Without that we fall.

Hold fast to all that you know to be true and live it with courage and a deep and lasting conviction.

Pray! Pray for an end to abortion. Pray for mothers and fathers. Pray that a culture of life will be restored. Pray most of all for the conversion of all those who promote and perform abortions (and the other abominations against life, faith and family).

Those of us who love life, marriage and the family and who strive to love God with all of our hearts, souls and minds are on the right side of history.

As Christ himself says, "Be not afraid."

Yours for God's precious infants



Michelle Kaufman

Communications Director
Family Life International NZ

The Abortion Legislation Bill

What you need to know

New Zealand's Labour government has undertaken a radical move to reform the country's abortion law. The Bill introduced at the beginning of August, sets in motion a process which will potentially legalise abortion on demand up to birth with very few restrictions.

The Abortion Legislation Bill passed its first reading Thursday 8 August in a landslide parliamentary vote of 94 to 23. The vote took place just three days after the proposed extreme law was introduced by Minister of Justice, Andrew Little.

As a result, an Abortion Legislation Committee has been formed. The Committee are now accepting submissions from the public until **Thursday 19 September**.

During a press conference for the Bill's introduction, Little declared that the purpose of the legislative changes *"is to modernise our abortion law"* ensuring that it is *"treated as a health issue and to take it out of the criminal framework that it currently sits in."*

Prime Minister Jacinda Ardern had expressed in the days prior to the vote her happiness that legislation would be going before Parliament, saying it was the furthest any government had gone since the late 1970s. Ardern said that this Bill has the *"greatest chance of succeeding in parliament."*

The Bill's release follows a report of the Law Commission in October 2018, which recommended three alternative approaches to abortion law. The approaches included abortion on demand throughout pregnancy with no restrictions, with some restrictions, or a combination of the two.



Protect pre-born babies from abortion.

Mothers, fathers, and families
also need protecting from the
long-term impact abortion has on their lives.

Make your submission on the
Abortion Legislation Bill before
THURSDAY 19 SEPTEMBER, 2019

See
FLI.ORG.NZ
for a link to the submission page.

What does the legislation allow?

- **Abortion on demand up to 20 weeks**

The decision is between a woman and her health practitioner. She can refer herself for abortion.

- **Abortion from 20 weeks up to birth with a statutory test**

A woman can refer herself for abortion. The health practitioner will need to “*reasonably believe that the abortion is appropriate*” in her particular circumstance and the woman’s “*physical health, mental health*” and “*well-being*” taken into consideration.

- **Informed Choice and Informed Consent**

Informed choice and consent must be ensured by the health practitioner in all instances.

- **Counselling**

Counselling is not mandatory, however any woman who is considering, or has had an abortion should be given the option.

- **Conscientious Objection**

Health practitioners who do not wish to participate in abortion must refer the woman to the Ministry of Health for a list of practitioners who are willing. While no one can be dismissed because of their objection, an employer can decide whether that objection impacts on their ability to provide the service. If so, the objector’s employment may be legally terminated.

- **Ministry of Health and the Director General of Health**

The Ministry of Health will ensure the Contraception, Sterilisation and Abortion Act is administered correctly. As the Abortion Supervisory Committee will no longer be required, it will be disbanded. Data will be collected and Standards of Care developed by the Director General of Health and the Ministry of Health.

- **“Safe” Areas**

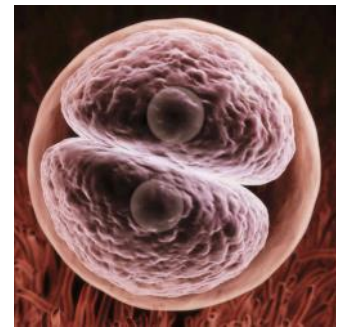
The Bill provides for abortion facilities to request that a “safe area” be implemented around the property. The request would need to be made to the Minister of Health who must deem it necessary and be satisfied it can be “*demonstrably justified in a free and democratic society as a reasonable limitation on people’s rights and freedoms.*”

The exclusion zone of no more than 150m ensures that no pro-life activity can occur within that area. Violation of the regulation would incur a fine of up to \$1000. Police could arrest “offenders” without a warrant.

- **Criminal Offenses**

It will remain a criminal offense to:

- Procure or perform (or attempt to) an abortion if the person doing so is not a qualified health practitioner.
- Assault a pregnant woman and cause the death of her pre-born child.



What are the long-term implications if the Bill becomes law?

- Over time New Zealand can expect induced abortion numbers to increase – that is if accurate data is collected and reported. The law becomes a moral compass for many in society. As abortion on demand becomes more widely accepted, respect for human life will decrease.
- Late term abortions will increase as access becomes easier and acceptance among the general public becomes more common.
- It was the opinion of Andrew Little that Early Medical Abortions (EMA) would be more readily available in a greater number of areas as the only requirement would be a prescription. It can be expected that an increase in complications specific to this method of abortion will occur.
- Health practitioners are not only medical doctors. Expect midwives and nurse practitioners to also be involved in providing abortions, as they already have the ability to prescribe some medications. It will follow this legislation that abortion pills will be added to the list of approved medications to prescribe by those who are not medical doctors, thereby increasing the number of providers over time.
- Currently women must be present at a licensed premises when medical abortion pills are administered. As premises will no longer need to be licensed, the medical abortion protocol is likely to change, allowing women to self-administer at home. When this happens, complications will increase, reported or not.
- Persecution of health practitioners who object. It is possible that some may be dismissed because of the perceived impact their refusal to be involved has on the employer's ability to provide abortions. Future employees will be passed over for jobs because of their objection to abortion.
- The end of prayer and community outreach such as 40 Days for Life outside abortion facilities as "safe areas" are introduced. This will lead to a decrease in lives saved outside abortion centres – both known and known.
- Further implications will arise for people's freedom as a result of the safe areas clause. This clause deems that in a "free and democratic society" it can be at times reasonable to limit "people's rights and freedoms." These are the actions of a totalitarian state, not a free and democratic society.
- Pre-born children are given limited rights under the current Crimes Act. Abortion is legal only under certain circumstances (see next page) and the term "unborn children" is used to refer to those not yet born. In the new legislation, as part of the "modernisation" of the texts, this humanizing term will be changed to "fetus". Although *fetus* means *young one* in Latin, this is an attempt to dehumanize unborn children and therefore remove any status and rights due to them.
- The pro-abortion activists will continue to demand greater access and more "rights", as has been seen in other countries.
- Expect infanticide to be legalised in time, first for babies born alive after abortion, and then for babies not wanted after birth.

Current Abortion Law in New Zealand

Abortion Law is regulated by three Acts: the Crimes Act 1961, the Contraception, Sterilisation and Abortion Act 1977, and the Care of Children's Act 2004.

The **Crimes Act** affords the unborn child limited protection and rights. It also specifically protects women from being convicted for having an abortion if it is believed to be carried out within the exceptions granted below.

Section 187A specifies that two certifying consultants must agree that the abortion is legal for one (or more) of the following reasons:

UP TO 20 WEEKS

- For serious danger to the life, or physical or mental health of the woman.
- Physical or intellectual disability for the unborn child.
- Incest.
- The woman or girl has a significant impairment.
- The following can be taken into account, but are not themselves grounds for lawful abortion:
 - Age of the mother (whether very young or much older).
 - Sexual violation.

AFTER 20 WEEKS

There is no gestational time limit, however, it must be believed that the abortion is necessary to save the life of the woman or girl or to prevent serious permanent injury to her physical or mental health.

ABORTION AND MINORS

By law a girl under the age of 16 must obtain permission from her parent(s) or care-giver(s) for medical procedures, or to administer simple medicine such as Panadol. However, under the **Care of Children Act** this requirement is waived for those seeking abortion.

ADMINISTRATION AND LICENSING

The **Contraception, Sterilisation and Abortion Act** discusses administrative matters including the establishment of the Abortion Supervisory Committee, the licensing of premises, certifying consultants and the approving of counselling services.

Section 44 specifies that a woman may be convicted if she intends to procure a "miscarriage" that doesn't comply with the exceptions in the Crimes Act. She may, under this law, be fined up to \$200. However, no one has ever been convicted.

**The Abortion
Legislation Bill and
current law can be
read online at
legislation.govt.nz**



What happens next?

Members of the public now have the opportunity to share their views through the submission process. Submissions must be received by the newly formed Abortion Legislation Committee by:

Thursday, September 19.

After the Committee receives the public's views, a report will be presented and a second reading and vote will take place. If the Bill passes the second vote, a debate on the bill will occur and amendments can be put forward. Finally, a third reading occurs at which point the fate of the Bill is decided. If it passes, royal assent is granted and the Bill becomes law.

How to make a submission

Please make your submission as soon as possible. Your views must be received by the Abortion Legislation Committee by **Thursday 19th September.**

WRITING YOUR SUBMISSION

Be original - use your own words. Do not copy and paste other people's submissions or information that you find online. If you do, your submission may be dismissed as a form letter, or put together with other similar submissions and counted as only one.

State clearly your side of the debate. Your first sentence should indicate if you support or do not support the Bill and the action you want the members to take. It helps the Committee know from the outset where you are coming from, and it assists those tallying opposition or support for the Bill.

Present your reasoning. This needs to be done in a clear and logical sequence that is easy to follow and clearly states your position. You could:

- Share your own experience or that of someone you know.
- Include references from studies published in recognised journals.
- Share biological facts about pregnancy, health, and the development of the human person (ideally referenced).
- Reference current law, including Human Rights legislation, Contraception, Sterilisation and Abortion Act 1977, Crimes Act 1961, Care of Children's Act 2004.

Remember your audience. The majority of people on the Committee voted in favour of this Bill going through to the Select Committee stage. Many of them are pro-abortion. They don't believe a religious point of view is valid. Make logical arguments. Win them over with your kindness, compassion and love for mothers, fathers, children and families.

HANDY TIPS

- If making your submission online it is a good idea to have written out what you will say before hand rather than writing as you go.
- Use only your name and/or organisation name as this information will be published (this is especially important for written submissions (see below).
- Note that everything you write in your submission will become public. In very rare cases a Committee may allow you to submit evidence in secret. You will need to contact the Committee if you wish to do this.
- You can choose if you would like the opportunity to speak to your submission.
- Submissions are **not** being accepted via email.

WHERE TO SUBMIT YOUR VIEWS

Online:

- The NZ Parliament website has a page for making submissions specifically for this Bill. Visit **fli.org.nz** for a direct link.

Postal Submissions:

- Send to Committee Secretariat, Abortion Legislation Committee, Parliament Buildings, Wellington 6160
- You must include a cover sheet with your contact details: name, phone number, email, address. Also indicate if you would like to speak to your submission. The cover sheet is not published.
- For the main body of your submission, state your name or organisation name and specify it is a submission for the Abortion Legislation Bill. Then write your views.
- If mailing take into consideration how long the mail takes to be delivered from the time you post it.

Your voice matters!

Abortion Legislation Committee Members

Contact Details:

Committee Secretariat

Abortion Legislation
Committee
Parliament Buildings
Wellington 6160

Phone: 04 817 9520
alc@parliament.govt.nz

The Abortion Legislation Committee, chaired by the Hon. Ruth Dyson, has been specifically formed for the discussion of this Bill. As the Bill was introduced to the House by the Justice Minister on behalf of the government, it would ordinarily have been sent to the Justice Select Committee. Just two of the seven committee members voted against the Bill, Agnes Loheni and Anahila Kanongata'a-Suisuiki, raising concerns about how impartial the submission process will be.



Hon. Ruth Dyson
Labour, Committee Chair



Amy Adams
National, Deputy Chair



Anahila Kanongata'a-Suisuiki
Labour



Jan Logie
Green



Agnes Loheni
National



Tracey Martin
NZ First



David Seymour
Act



Press Release

Majority of MPs choose ideology over regard for human life in abortion vote

Family Life International is appalled at the blatant disregard for human life shown by the majority of New Zealand's politicians at the first reading of the Abortion Legislation Bill.

"This Bill denies the humanity of the pre-born child and takes away what little protection they have under the current law" stated Family Life International's spokesperson, Michelle Kaufman.

"The decision to pass the bill through to the next stage makes a mockery of all our talk as a nation of promoting child welfare and protecting our children from abuse."

"Our nation's most vulnerable need protecting for no other reason than that they exist. They are one of us. They are our children. Their location doesn't change that" said Kaufman.

"Calling abortion 'health care' doesn't alter that fact either."

The organisation is concerned that in completely disregarding the rights of vulnerable pre-born children, the members have allowed themselves to be duped by an ideology that believes one's freedoms can infringe on the rights of others.

"A woman's rights to her autonomy, can never infringe upon the rights of the innocent human life growing within her."

Family Life International has walked alongside women facing unexpected pregnancies for almost three decades, working with thousands over that time.

"Every woman's situation is unique. All the women who come to us are afraid of something and are often relieved when they realise they are not alone and someone cares. Nobody wants an abortion. They want to be given hope and to know that they have other options."

"We must be there for a woman in her greatest hour of need and offer support and practical assistance. Offering to do violence to her pre-born child is not going to solve her current problems, it will only compound them in one way or another" stated Kaufman.

Throughout its history, the organisation has provided programmes for women seeking psychological and spiritual healing after their abortion experience(s).

"The trauma women face after abortion is very real."

"In this Bill there are no checks and balances along the way, it is abortion on demand. In decades to come, if this Bill becomes law, we will see an increase of hurting women and broken families, because abortion impacts fathers and siblings as well."

The diminishing of rights of caring and responsible citizens under this Bill is another concern Family Life International raised. The group is troubled over the right of an employer to dismiss an employee who conscientiously objects.

"The bill states that a medical practitioner may conscientiously object, but still has to refer the woman on to the Ministry. Then, if the employer deems that the employee is a hindrance to the business, it will be legal to dismiss the employee. This is a clear violation of the rights of the medical practitioner who conscientiously objects."

So-called "safe areas" also infringe on the rights of ordinary citizens to freely assemble in a peaceful manner.

"People gather at sites where great tragedy occurs in order to grieve and show solidarity with the victims" explained Mrs Kaufman. "This is normal human behaviour. A grave tragedy occurs inside abortion facilities."

"Citizens also have a duty to warn their fellow human beings of danger and to offer assistance where possible. Caring pro-life people extend to women options that they may not have known existed."

"It comes as no surprise to me that a government that believes it is perfectly legitimate to exercise its power to remove the rights of the most innocent and defenceless among us, the pre-born child, will also exercise that power to take away the rights and freedoms of citizens who speak out against the injustice."

"These are not the actions of a free and democratic society. Both situations set a dangerous precedent" noted Kaufman.

The organisation is grateful to the 23 members of parliament who voted against the Bill.

"These men and women have shown where their priorities lie as politicians and are to be commended for their stand in defense of human life. Those who voted in favour should look to these courageous members and take their lead."



To women who have had an abortion

Iwould now like to say a special word to women who have had an abortion. The Church is aware of the many factors which may have influenced your decision, and she does not doubt that in many cases it was a painful and even shattering decision. The wound in your heart may not yet have healed. Certainly what happened was and remains terribly wrong.

But do not give in to discouragement and do not lose hope. Try rather to understand what happened and face it honestly. If you have not already done so, give yourselves over with humility and trust to repentance. The Father of mercies is ready to give you his forgiveness and his peace in the Sacrament of Reconciliation. To the same Father and his mercy you can with sure hope entrust your child. With the friendly and expert help and advice of other people, and as a result of your own painful experience, you can be among the most eloquent defenders of everyone's right to life. Through your commitment to life, whether by accepting the birth of other children or by welcoming and caring for those most in need of someone to be close to them, you will become promoters of a new way of looking at human life.

Saint John Paul II

Evangelium Vitae #99



Every Life is
Precious



These are just a few of the precious babies who live today because their mums had the support they needed in their greatest hour of need.

Thank you mum for giving me life!



We pledge to any girl or woman, regardless of personal circumstances, every possible help in order that she may give life to her baby.

Gianna's **CHOICE**
Pregnancy options and support
pregnancyoptions.org.nz

The physical and psychological impact of abortion

If induced abortion is to be treated as another health care procedure, then those who promote it as such must be honest and acknowledge that there are very real risks to women, physically, psychologically, socially and spiritually. Here we briefly look at some of the impacts and provide references for the beginnings of a deeper study.

PHYSICAL EFFECTS

In New Zealand it is very difficult to get a true understanding of the physical complications that occur from medical and surgical abortions. Only those complications that are reported by the abortion provider are tallied. If a woman or girl presents to her GP or to an emergency room, she does not have to disclose that she has recently had an abortion, nor will her medical history necessarily reveal this fact. If death does occur, then the abortion as being the cause of death will not appear on the death certificate.

Haemorrhage, perforation of the uterus and retained “products” are commonly recorded by the Abortion Supervisory Committee as complications arising from both medical and surgical induced abortions.

Medical Abortion

Medical abortions are on the rise, and are touted by abortion promoters as being quite safe. Yet, there are a number of significant side effects that are noteworthy, and can be catastrophic. Dr Greg Pike, explains in his paper “Abortion and Women’s Health” notes that “the most common clinically significant adverse events are hospital admission,

blood transfusion, emergency room treatment, IV antibiotics administration, infection and, rarely, death.”¹

Surgical Abortion

In his comprehensive work, *The Facts of Life*,² Dr Brian Clowes, PhD outlines common physical dangers of surgical abortion. These include:

- Uterine perforation.
- Cervical lacerations.
- Death (usually attributed to other causes such as blood poisoning)
- An increased risk of breast cancer, cervical, ovarian and liver cancer,
- Placenta previa in future pregnancies, which puts the mother at increased risk for severe haemorrhage.
- Increased incidence of ectopic pregnancy in future pregnancies. This is when the embryo implants outside the womb.
- Pelvic Inflammatory Disease (PID) which can lead to infertility and an increased risk of ectopic pregnancy.
- An increased risk of developing endometriosis, particularly for teenagers.

MEN AND ABORTION

Men are hardwired to protect and provide. In all the rhetoric around so-called women’s rights, it is often forgotten that men too suffer from abortion decisions. There is a growing movement of men speaking up about their experiences. Regret and guilt are common feelings of post-abortive men. For those who wanted to protect their unborn child, the helplessness that comes with having no legal right to stop the death of his offspring can be devastating.

Only a little research has been done into the long term effects of abortion on men. However, pro-life organisations, including FLI, are increasingly being approached by men who want to tell their stories of pain and regret.

PSYCHOLOGICAL EFFECTS

The psychological effects of abortion are often heavily contested, especially by those who favour abortion. However, those that work with post-abortive women, and women themselves know, that their abortion experience has a significant impact, even if that knowledge appears many years or decades later.

Dr Greg Pike lists a number of psychological effects, referencing significant studies.³ The effects include:

- Emotional distress immediately after the abortion and in the subsequent months. With feelings such as sadness, loneliness, shame, guilt, grief, doubt and regret. However, some women also report feeling relieved, happy and satisfied immediately after their abortion.
- For those whose abortion took place ten years or more previously, cognitive dissonance was present. They described their abortion in negative terms, yet believed that they had made the right choice.
- Post-traumatic stress disorder.
- Substance abuse and self-harm.
- Mental health issues during a subsequent pregnancy including depression, anxiety, post-traumatic stress disorder and substance abuse.
- An increased risk of psychiatric admission compared with women who carry to term.
- Sleep disorders and disturbances.
- Relationship problems.
- Replacement pregnancy phenomenon.
- Strong and persistent grief is likely when abortion has been undertaken for foetal anomaly. The grief is similar to that of a stillbirth, but with the additional knowledge that an abortion was chosen.

TWO IMPORTANT STUDIES

A New Zealand study published in 2013 found that abortion has no value in reducing risks to mental health, however it did increase the likelihood of some mental health problems. Titled *Does abortion reduce the mental health risks of unwanted or unintended pregnancy? A re-appraisal of the evidence* concluded that there was “consistent evidence” that abortion was associated with a “small to moderate” increase in risk for anxiety, misuse of alcohol, substance abuse and suicidal behaviour. The research was conducted by Professors David Fergusson, John Horwood and Joseph Boden for the Department of Psychological Medicine of the University of Otago, in Christchurch. The results were published in the Australian and New Zealand Journal of Psychiatry.⁴

The results of the above study correlate to an earlier one conducted in 2011 by Priscilla Coleman. A meta-analysis of 22 studies published in the British Journal of Psychiatry⁵, this study revealed that women who experienced abortion increased their risk of mental health problems by 81%. This study also found that abortion was associated with a 34% increased risk for anxiety disorders; 37% greater risk of depression; 110% greater risk of alcohol abuse and a 220% greater risk of marijuana use.

HELP IS AVAILABLE

Help is available for anyone who has been impacted by abortion. There are programmes and counselling for those who wish to find a path to healing and wholeness. Mothers, fathers, grandparents and siblings may have things to work through. To find out more about what assistance is available, please phone the team at Gianna's Choice Pregnancy Options and Support on 0800 367 5433.

1. & 3. Pike, G. (2017). Abortion and Women's Health: An evidence-based review for medical professionals of the impact of abortion on women's physical and mental health. (2nd ed). London, United Kingdom: Society for the Protection of Unborn Children. Pages 10 and 21-26.

2. Clowes, B. (2018). The Facts of Life. [DVD] Front Royal, VA, Human Life International.

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Life before birth

The incredible journey of human life from its first moment of existence.

Conception



At **fertilization** (conception) a new human life comes into existence. This new life, called a zygote, has its own DNA, distinct from its mother or father, which carries such information as sex and colour of the eyes. So much information is contained in this one cell that it would take 1.5 million pages to write it out! At around 6 days the embryo will implant in the womb where it will receive the nutrients required to grow.

During **days 18 to 20** the foundations of the brain, spinal cord, and nervous system are laid.

At just **21 days (3 weeks)** after fertilization the heart begins to beat! Often before a woman even knows she is pregnant. The eyes begin to develop at this time and the earliest stages of the ears are now present.

On **days 26-27** the lungs begin to form.⁵ Facial features begin to develop by **days 28-32**.^{6,7,8}

End of the first month.

On **day 41** fingers begin to form and toes a few days later.

At **42 days, six weeks after conception**, nerve connections are created, which will lead to a sense of smell. The brain is divided into 3 parts and joints begin to form.

On **day 44**, buds of milk teeth appear and facial muscles develop. Internal organs are present, but immature. 99% of muscles are present; each with its own nerve supply. Electrical activity is detectable in the brain.¹³

Spontaneous movement begins and over the next four weeks a whole collection of moves will be developed including hiccupping, frowning, squinting, furrowing the brow, pursing the lips, moving arms and legs, head turning, touching the face, breathing (without air), stretching, opening the mouth, yawning, and sucking.

At **8 weeks** the unborn baby is well proportioned, and about the size of a thumb. All organs are present. The liver is making blood, the kidneys function, and the heart beats steadily. The skull, elbows, and knees are forming. Of the 4500 structures in the adult body, 4000 are already present.

End of second month. The embryo is now known as a fetus, Latin for "young one".

At **9 weeks** the genitalia that were forming the 7th week now become visible indicating whether it is a boy or girl.

At **10 weeks** fingerprints begin forming, as do fingernails. The eyelids fuse together to protect the eyes. In month 7 they will open again.

At **11 weeks** the fetus begins "practicing" breathing. She urinates.

A **12 week** unborn child will swallow and respond to skin stimulation. Fine hair begins to grow on the upper lip, chin and eyebrows.

End of third month and the first trimester.

3 weeks



6 weeks



8 weeks



12 weeks



References:

Information presented here is adapted from a pamphlet produced by Heritage House '76, Inc. Full references can be obtained from Family Life International NZ.

Main source texts:

Carlson, B., Human Embryology & Developmental Biology, Toronto: Mosby Publication; 3rd edition, 2004.

Moore, K. and Persaud, T., The Developing Human, Clinically Oriented Embryology, 6th Edition, Philadelphia: W.B. Sanders, 1998.

O'Rahilly, R. and Muller, F., Human Embryology and Teratology, 3rd Edition, New York: John Wiley and Sons, Inc., 2001.

Tsiaras, A. and Werth, B., From Conception to Birth, a Life Unfolds, New York: Doubleday, 2002.



20 weeks



At **4 months** nostrils and toenails become visible. She may suck her thumb, turn somersaults and have a firm grip. She begins developing sleeping habits.

Somewhere between 4 and 5 months, mum will be able to feel baby kick.

A baby born around **23 or 24 weeks** (5 1/2 to 6 months) is considered "viable" meaning that he or she has a good chance of survival outside of the womb. Medical practitioners will consider offering treatment at this stage.

At **7 months** the eyelids that were fused shut in week 10, now open.

End of the second trimester.

The **final weeks** are spent growing and getting ready to live in the outside world. Pregnancy generally lasts 38 weeks from conception. Full-term babies can be born anywhere from 37 to 42 weeks after the mother's last menstrual period (LMP).

Learn more about the development of the unborn child and watch incredible videos of life inside the womb at **ehd.org**

Pregnancy can be dated two ways. The dates on this page refer to the time from fertilization (conception), and the development of the actual human being. Typically, pregnancy is dated from the woman's last menstrual period (LMP). Arrive at conventional dating by adding two weeks to the above dates.





From the Catechism of the Catholic Church

The following are quotes from the Catechism of the Catholic Church regarding induced abortion. See numbers 2270 to 2275 for the full text. The reader is encouraged to peruse the entire Catechism, in particular those sections relating to the dignity of the human person and to that of the natural moral law. A vast number of Encyclical and Apostolic Letters and other documents pertaining to the subject at hand are also available to study on the Vatican website.

2270 Human life must be respected and protected absolutely from the moment of conception. From the first moment of his existence, a human being must be recognized as having the rights of a person - among which is the inviolable right of every innocent being to life.⁷¹

2271 Since the first century the Church has affirmed the moral evil of every procured abortion. This teaching has not changed and remains unchangeable. Direct abortion, that is to say, abortion willed either as an end or a means, is gravely contrary to the moral law:

"You shall not kill the embryo by abortion and shall not cause the newborn to perish."⁷⁴

God, the Lord of life, has entrusted to men the noble mission of safeguarding life, and men must carry it out in a manner worthy of themselves. Life must be protected with the utmost care from the moment of conception: abortion and infanticide are abominable crimes.⁷⁵

2272 Formal cooperation in an abortion constitutes a grave offense. The Church attaches the canonical penalty of excommunication to this crime against human life. "A person who procures a completed abortion incurs excommunication latae sententiae,"⁷⁶ "by the very commission of the offense,"⁷⁷ and subject to the conditions provided by Canon Law.⁷⁸ The Church does not thereby intend to restrict the scope of mercy. Rather, she makes clear the gravity of the crime committed, the irreparable harm done to the innocent who is put to death, as well as to the parents and the whole of society.

2273 The inalienable right to life of every innocent human individual is a *constitutive element of a civil society and its legislation*:

"The inalienable rights of the person must be recognized and respected by civil society and the political authority. These human rights depend neither on single individuals nor on parents; nor do they represent a concession made by society and the state; they belong to human nature and are inherent in the person by virtue of the creative act from which the person took his origin. Among such fundamental rights one should mention in this regard every human being's right to life and physical integrity from the moment of conception until death."⁷⁹

"The moment a positive law deprives a category of human beings of the protection which civil legislation ought to accord them, the state is denying the equality of all before the law. When the state does not place its power at the service of the rights of each citizen, and in particular of the more vulnerable, the very foundations of a state based on law are undermined.... As a consequence of the respect and protection which must be ensured for the unborn child from the moment of conception, the law must provide appropriate penal sanctions for every deliberate violation of the child's rights."⁸⁰

2274 Since it must be treated from conception as a person, the embryo must be defended in its integrity, cared for, and healed, as far as possible, like any other human being.

Prenatal diagnosis is morally licit, "if it respects the life and integrity of the embryo and the human fetus and is directed toward its safe guarding or healing as an individual.... It is gravely opposed to the moral law when this is done with the thought of possibly inducing an abortion, depending upon the results: a diagnosis must not be the equivalent of a death sentence."⁸¹

71 Cf. CDF, *Donum vitae* I, 1.

74 *Didache* 2, 2: *SCh* 248, 148; cf. *Ep. Barnabae* 19, 5: *PG* 2, 777; *Ad Diognetum* 5, 6: *PG* 2, 1173; *Tertullian, Apol.* 9: *PL* 1, 319-320.

75 *GS* 51 # 3.

76 ⇒ *CIC*, can. 1398.

77 ⇒ *CIC*, can. 1314.

78 Cf. ⇒ *CIC*, cann. 1323-1324.

79 CDF, *Donum vitae* III.

80 CDF, *Donum vitae* III.

81 CDF, *Donum vitae* I, 2.

STATISTICS

LOOKING AT THE 2018 FIGURES INDUCED ABORTION IN NEW ZEALAND



13,282

REPORTED ABORTIONS

36

EVERY DAY

255

PER WEEK

AGES OF WOMEN OBTAINING ABORTIONS

52%

WOMEN IN 20s

38%

WOMEN 30+

PERCENTAGE OF
WOMEN AGED 30+
OBTAINING
AN ABORTION IS
INCREASING.
27% IN 2008



1 IN 5

PREGNANCIES ENDED IN ABORTION

TEEN ABORTION
RATE HAS
DECREASED FROM
26.2 IN 2008
TO 8.4 PER 1,000
IN 2018
(15-19 YEAR OLDS)

60%

OCCURED
BEFORE 10
WEEKS OF
PREGNANCY

56

OCCURED
WEEK 21
ONWARDS

{13} WERE
24 WEEKS +

Every year in June, the reported abortion statistics for the previous year are released by Statistics New Zealand. The information on this page is taken from that release. As you read these figures, pause and reflect on the fact the **numbers are talking about human lives - unborn children, mothers, fathers, families.**

Then join with us at FLI as we work to make abortion unthinkable.



MORE THAN HALF OF
WOMEN WHO HAD AN
ABORTION WERE
ALREADY MOTHERS

58%

OF WOMEN HAD AT
LEAST ONE PREVIOUS
LIVE BIRTH
UP FROM 51% IN 2008

SINCE 1977 MORE THAN

500,000

PRE-BORN LIVES LOST
WOMEN WOUNDED
FAMILIES IMPACTED

IN THE LAST
10 YEARS

581

11-14 YEAR OLD GIRLS
HAVE HAD AN ABORTION
PARENTAL KNOWLEDGE &
CONSENT WAS NOT NEEDED

TYPES OF ABORTION PROCEDURES

3,183

MEDICAL ABORTIONS

10,050

SURGICAL ABORTIONS

49 SURGICAL
PROCEDURES
AFTER FAILED
MEDICAL
ABORTION



27

LICENSED PREMISES
PERFORMED ABORTIONS NATIONWIDE

- 3987 AT EPSOM DAY AUCKLAND
- 1621 AT LYNTHURST/CHRISTCHURCH & CHRISTCHURCH WOMEN'S COMBINED
- 1496 AT WELLINGTON REGIONAL HOSPITAL

Pro-life apologetics tips on how to defend life

As the abortion debate heats up all manner of slogans are being bandied about by students, promoters of abortion and politicians alike.

These sound bites, such as “a woman has a right to choose” and “women are not criminals” are phrases which avoid deep analysis or thought and appeal to the emotions and psyche of both the speaker and the listener.

It is vitally important to not get distracted by the quips. What is at stake is the life of an innocent human being. A pre-born child that, while residing within his mother and completely dependant on her, is at the same time, a distinct being from her. **There is no greater human rights issue than this: the right to life of an innocent and vulnerable human being in his mother’s womb.**

We must not forget about the women (or men for that matter). This may be their most darkest moment in life. A woman contemplating abortion needs to be encouraged and supported. **She needs to be given real options that don’t pit her hopes and dreams against her baby.** She needs to know that she is not alone.

In any conversation or debate it is important to remember you are interacting with another human being. A person, who despite their beliefs - and possibly their terrible actions - is worthy of respectful and truthful discussion. Always attack the ideas, never the person.

Space in this publication does not allow us to look comprehensively at each objection to the pro-life position. However, the following page looks at some common pro-abortion rhetoric and provides some simple responses.

What methods of induced abortion are used in New Zealand?

The following methods are commonly used in New Zealand.

Medical Abortion

Also known as the “abortion pill” or RU-486. If undertaken in the ninth week of pregnancy, or earlier, it is referred to as Early Medical Abortion (EMA). There is no time limit, however, a stay in hospital is likely for those carried out in the second trimester or beyond.

Surgical Abortion

- Manual Vacuum Aspiration (MVA) can be used up to 10 weeks of pregnancy.
- Dilation and Curettage (D&C) also known as vacuum aspiration. Typically used in the first trimester, and possibly the first few weeks of the second trimester.
- Dilation and Evacuation (D&E) A surgical method used from 14 weeks.
- Feticide is employed after 24 weeks to ensure the baby is delivered dead.

Other Methods of Abortion

There are other abortion methods used throughout the world including, Partial Birth Abortion (D&X), saline and hysterotomy. At present it is impossible to confirm if these methods are used in New Zealand.

For details of what happens in each of these abortion procedures please visit fli.org.nz/life-faith-family-resources/abortion

ARGUMENT 1: It's not a human being it's just a blob of tissue

- Fetus is just a part of the woman's body
- It's not a baby, it has not meaningful life, life begins at birth

You say: When a woman is pregnant, science tells us that the new life she carries is a completely and fully new human being from the moment of fertilization. The baby living in her mother is as distinct and unique a separate person/human being as I am from you. This human being, as we all do, has the unalienable right to life and deserves full protection under the law.

ARGUMENT 2: A woman has the right to control her own body

- We can't force a woman to carry a pregnancy to term against her will
- Every woman should have the right to control her own body, aka "reproductive freedom"
- It's a private decision between a woman and her doctor—the government should stay out of our bedrooms!

You say: Every mother is faced with profound decisions to make for herself and her child, but these decisions can never include the right to kill her baby. Mothers have a right to be fully informed about the facts at least 24 hours before making this life or death decision for themselves and their child.

ARGUMENT 3: Every child a wanted child and other social arguments

- It's unfair to bring an unwanted child into this world, it leads to child abuse
- The poor need to limit their children or they will be forever on welfare
- Overpopulation and quality of life

You say: We will never end poverty in our world simply by killing poor children. The baby is not the real problem, the circumstances are. Killing this child will never help address those issues. It often makes it worse. A poor mother is still poor the day after her child is aborted. Only now she's the mother of a dead baby.

ARGUMENT 4: The hard cases

- What if the baby has a deformity?
- What if the woman is a victim of rape or incest?

You say: We don't cure illness by killing the patient. When a family learns that the child they are expecting may have a special need, that family needs support and good solid medical information—not the death of their most fragile member.

You say: When a woman has been the victim of rape/incest, she has been the victim of a terrifying act of violence. Tragically, we are sometimes faced with a second victim of this great crime committed by the rapist, a baby. The cruellest thing that can happen to the woman in question is to now be pitted against her child, who is the second victim. The key word is "support" - for both victims, mother and child.



**No one wants
an abortion
as she wants an ice
cream cone
or a Porsche.
She wants an
abortion
as an animal,
caught in a trap,
wants to gnaw
off its own leg.**

**Frederica
Mathewes-Green**

The above is an extract from the publication "When They Say... You Say. Defending the Pro-Life Position & Framing the Issue by the Language We Use." Olivia Gans Turner and Mary Spaulding Balch. National Right to Life Committee, Inc. USA



UPCOMING EVENTS

AUCKLAND

To find out more about any of the Auckland or nationwide activities please **contact the St John Paul II Centre for Life 09 629 4361**

Weekly Prayer outside AMAC

Every Wednesday • 9:30am to 10:30am
Outside the Auckland Medical Aid Centre

283-289 Dominion Road • Mt Eden

Gather on the opposite side of the road.

Join us at Calvary in praying for the pre-born children in danger of death, their mothers and fathers and the abortion workers. Your presence saves lives!

DUNEDIN

To find out more about any of the Dunedin activities please **contact Philippa O'Neill 03 479 0294**

Rosary for Life

Every Monday and Friday • 5:00pm to 6:00pm

Moran Chapel • The Octagon • Dunedin

Praying for the respect for life in New Zealand. The hour of prayer concludes with the Angelus. All welcome.

NATIONWIDE

Pilgrimage for Life

1 to 18 September • Nationwide

Culminating in Wellington on 18 September

On 1 September, one group will leave Cape Reinga with a statue of the Immaculate Heart of Mary, while another group will depart from Bluff with the Sacred Heart of Jesus. The two statues will travel throughout the country and meet in Wellington on 18 September, the day before the Abortion Legislation Bill submissions close.

An itinerary can be found at fli.org.nz/prolifeevents.

For more information contact

Clare Dargaville 022 1912 886 or email life@fli.org.nz.

WELLINGTON

To find out more about any of the Wellington activities please **contact Clare McClean 021 231 7954**

Vigils for the Unborn

Saturday 21 September, 21 October & 16 November • 10:00am

St Anne's Catholic Church • Emmett St • Newtown

The vigil begins with Holy Mass, followed by Eucharistic Adoration. During Adoration there will be a Rosary procession to the local abortion centre, Te Mahoe, which is located at Wellington Regional Hospital.

Mass and Adoration before the National March for Life

Friday 6 December • 7:00pm

St Mary of the Angels • 17 Boulcott St • Wellington
Cardinal Dew will offer Holy Mass on the evening prior to the National March for Life. Followed by one hour of Eucharistic Adoration in preparation for the March for Life. This is not an official March for Life event, it is organised by FLI with the assistance of the NZCBC.

WELLINGTON VIGILS FOR THE UNBORN

SATURDAY | 10 AM

21 September

21 October

16 November

**St Anne's Catholic Church
Emmett Street, Newtown**

FLI.ORG.NZ/PROLIFEEVENTS



PILGRIMAGE *for Life*

Sunday 1st to Wednesday 18th September



UNPLANNED

WHAT SHE SAW CHANGED EVERYTHING

SCREENING IN NZ CINEMAS

FROM SEPTEMBER!

FIND OUT WHERE AT
FAN-FORCE.COM/SCREENINGS



**FOLLOW US
AND HELP REBUILD
THE**
culture

Resources and news at
FLI.ORG.NZ



**LIFE
WINS**



NATIONAL MARCH FOR **LIFE** NEW ZEALAND

Join us

**Saturday
7 December
Civic Centre to
Parliament Grounds 2pm**

Gather at the Civic Centre, 101 Wakefield Street, Wellington
from 12pm for pro-life stalls, sausage sizzle
and family-friendly entertainment.



marchforlife.nz





Pregnant?

Think you might be? Need help?

**You are not alone.
Let's chat.**

Gianna's **CHOICE**
Pregnancy options and support

027 448 80 70 or 0800 367 5433

pregnancyoptions.org.nz

Life can be unexpected. We are here to *help.*