Rev. 8/17/17

Fact Sheet - A3452/S2026
The NJ Pain Capable Unborn Child Protection Act

- **There is substantial medical evidence that babies in the womb feel pain by 20 weeks, or 5 months post-fertilization.**[i] (Also see Paper entitled, "Science of Fetal Pain" by the Charlotte Lozier Institute.)

- **Babies born prematurely as young as 20 weeks post-fertilization can survive and thrive with appropriate care and treatment.** A groundbreaking New England Journal of Medicine study demonstrates that babies delivered as young as 20 weeks post-fertilization (22 weeks gestation) can survive, and active intervention for treatment greatly improves their survival.[ii]

- **The U.S. is one of just seven countries that allow elective abortions after 20 weeks.**[iii] The six remaining countries that allow abortions past 20 weeks are **China, North Korea, Vietnam, Singapore, Canada and the Netherlands.**[iv]

- **19 states have enacted limits since 2010 on the unborn child's ability to feel pain.**[v]

- **The American people, especially women broadly support this legislation. Quinnipiac, November 2014: 60% support legislation limiting abortions after 20 weeks,** including 56% of Independents and 46% of Democrats.[vi]

- Washington Post, July 2013: **60% of women support a 20-week limit**, with just 24% opposing.[vii]

- Huffington Post, July 2013: **59% support a 20-week limit;** 30% oppose.[viii]

- **Late abortions are not rare, and the majority are performed on an elective basis.** A 2014 Guttmacher Institute fact sheet revealed that **there are an estimated 430 abortion businesses willing to perform abortions at 20 weeks.**[ix]

- **The majority of late-term abortions are performed on an elective basis, according to the testimony of the abortionists themselves.** Dr. Martin Haskell, whose writing on a technique he pioneered called “partial-birth abortion” brought this issue to the attention of the nation, said that 80 % of the abortions he performed this way were purely elective.[x]

- **It is undisputed that the risk to a mother’s health from abortion increases as gestation increases.** The risk of death at 8 weeks gestation is 1 death per 1 million abortions; at 16 to 20 weeks, that risk rises to one death per 29,000 abortions; and at 21 weeks gestation or later, the risk of death is one per every 11,000 abortions.[xi] **This means that a woman seeking an abortion at 20 weeks is 35 times more likely to die from abortion than she was in the first trimester. At 21 weeks or more, she is 91 times more likely to die from abortion than she was in the first trimester.**

- **Late abortions are a factor in increased mental[xii] and physical health problems in women.[xiii]**

- **A3452/S2026 explicitly does not apply in instances where the mother's life is at risk or she would suffer "substantial and irreversible impairment of a major bodily function,"** exceptions that Congress has previously enacted to address concerns about protecting a woman's life.

- As of a September 2014 report, **Children's Hospital of Philadelphia performed more than 1,200 surgeries on children in the womb, using "tools, techniques and experience not available 30 years ago," according to the hospital's Surgeon-in-Chief.[xiv]**

- **In cases where a lethal fetal anomaly does exist, patients and their families can and should be offered the option of perinatal hospice to support them in the same way we do families with an adult member for whom treatment has become futile.[xv]**

- There are now **at least 185 perinatal hospices in the United States and patient and family satisfaction with them is high**. Studies have shown that carrying a fatally ill child to term rather than performing a late abortion does not result in increased maternal mortality.[xvi]

For more information, visit:

www.BabiesintheWombFeelPain.com

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[i] Testimony of Maureen L. Condic, Ph.D., Associate Professor of Neurobiology and Adjunct Professor of Pediatrics at the University of Utah, School of Medicine, Department of Neurobiology and Anatomy Before the Subcommittee on the Constitution and Civil Justice, Committee on the Judiciary, U.S. House of Representatives, May 23, 2013 on H.R. 1797..

[ii] Rysavy MA et al., Between-Hospital Variation in Treatment and Outcomes in Extremely Preterm Infants, N Engl J Med 372, 1801, May 7, 2015.

[iii] http://www.firstthings.com/web-exclusives/2014/02/winning-the-abortion-olympics

[iv] Ibid.

[v] AL, AR, GA, KS, LA,, ND, NE, OK, SC, SD, TX, WI, WV, OH, NC, IA, MS, IN, KY

[vi]http://www.quinnipiac.edu/news-and-events/quinnipiac-university-poll/national/release-detail?ReleaseID=2115

[vii]http://www.langerresearch.com/uploads/1150a4Abortion.pdf

[viii]http://www.huffingtonpost.com/2013/07/11/abortion-poll_n_3575551.html

[ix] Estimate generated from the numbers Alan Guttmacher provides under the "Providers and Services" section. Note: Guttmacher is using LMP dating. http://www.guttmacher.org/pubs/fb_induced_abortion.html

[x] Sprang, M. LeRoy, and Mark G. Neerhof, 1998, "Rationale for banning abortions late in pregnancy," *Journal of the American Medical Association*, 280:744-747.

[xi]L.A. Bartlett et al., Risk Factors for Legal Induced Abortion—Related Mortality in the United States, OBSTETRICS & GYNECOLOGY 103(4):729 (2004).

[xii]Coleman, P.K. (2011). Abortion and Mental Health: A Quantitative Synthesis and Analysis of Research Published from 1995-2009. *British Journal of Psychiatry*, 199, 180-186.)

[xiii]http://www.aul.org/wp-content/uploads/2013/12/Abortions-Medical-Risks-2013.pdf.

[xiv] http://www.chop.edu/centers-programs/center-fetal-diagnosis-and-treatment/volumes-outcomes#.VLQ-OSvF8T-

[xv] Byron Calhoun, M.D., "The Perinatal Hospice: Allowing Parents to be Parents," at https://www.lozierinstitute.org/the-perinatal-hospice/.

[xvi] "Perinatal Hospice and Palliative Care: A Gift of Time," U.S. Listings, at http://perinatalhospice.org/Perinatal_hospices.html#U.S._listings (January 12, 2015).