A well-known and respected California pastor took a call on his call-in radio show in early February. The female caller tearfully told him she was carrying conjoined twins and her doctor recommended abortion. She asked the pastor what she should do. Shockingly, he said, “It’s awfully hard to actually suggest abortion, but I’m sure that in a case like this where the life expectancy is so bleak, I’m sure that the Lord would not condemn her if she had an abortion.”

It is obvious that pastors must be better informed! You can help by sharing this newsletter with your pastor; hand him a copy or email the link from our website. In hard cases, pastors should first pray for the Lord’s wisdom and then contact CBR or a resource like Choices Medical Clinic (details below). No one should place a doctor’s recommendation to abort over the authority of Scripture which is clear: “Thou shalt not kill.”

Pastors and lay people must realize that God often does miraculous healings in the womb. A friend was hounded by her genetic counselor to abort a child diagnosed with Trisomy 18. For weeks, the “counselor” told Sarah her baby would suffer if she carried to term, never mentioning the intense suffering that abortion would cause her child. But Sarah told her, “I am NOT going to decide the day of my baby’s death!” God honored Sarah and her husband for trusting Him. She had a miraculous healing during the 7th month of pregnancy when her womb rapidly increased to normal size; her son was born healthy and beautiful. Sarah reported that when she gave her pregnancy over to God and stopped being angry about her circumstances, she was at peace.

Another miracle occurred this week. We counseled a Christian woman online whose Kaiser doctors were urging her to abort her baby. She wrote that they’d diagnosed: “…a blocked urethra, cystic kidneys, hole in his heart, fluid in his brain (which will cause developmental problems), underdeveloped lungs because his bladder is taking up his entire abdomen, a club foot, and he is running out of amniotic fluid (when it does run out, the uterus will start crushing him and deforming him).” This mother wrote: “I feel like I am letting God down by taking matters into my own hands. I just can’t suffer any longer and want this ordeal to come to a close.” So she scheduled an abortion.

We urged her to get a second opinion and to trust God, covering principles shared in this column. She emailed us back to report: “We went for our second opinion and God performed a miracle. He healed our baby of every abnormality. The hole in the heart is so small that the doctor could hardly detect it. All the other problems cleared up. The only thing that didn’t look right were the kidneys. If God began this good work, he will finish it. Throughout this whole pregnancy, from the very beginning, the doctors wanted to abort him.”

Together we must work to spare pregnant women from medical scenarios that end in abortion tragedies. I will never forget my dismay when we made a follow-up call to a client at the Pregnancy Help Clinic of Glendale. The counselor did not believe the client was at risk for abortion when she left our clinic, so she was just checking on her progress. She was shocked to learn the client had aborted her baby based on a doctor’s recommendation. From that point, we added a question to our intake form: “What would you do if a doctor recommends that you abort?” We used it as a tool to talk through the importance of contacting us so we could assist her in getting a second opinion.

Why do doctors recommend abortion to their patients? These are the primary reasons:

1) The baby is diagnosed with a disease or disability, generally late in the second trimester.
2) The mother was exposed to a disease or drug that could possibly harm the child.
3) The mother has a significant health condition prior to or caused by the pregnancy.

(Continued on page 2)
DOCTOR RECOMMENDS (Continued from page 1)

4) The mother is deemed too young or too old, thus putting her in a “high risk” category for delivery complications or a genetic condition like Down syndrome in the child.

Obstetrician/Gynecologist Dr. Mary Davenport helped facilitate a debate that CBR Executive Director Gregg Cunningham had with an abortionist at U.C. Berkeley. Dr. Davenport notes that: “Intentional abortion for maternal health, particularly after viability, is one of the great deceptions used to justify all abortion.” (“Is Late-Term Abortion Ever Necessary?” In Focus, FRC, June 2009) If the pregnancy is truly life-threatening, such conditions are commonly diagnosed late in pregnancy. The best solution is generally to deliver the baby as early as it needs to be done to save the mother’s life and hopefully at a point when the baby can survive outside the womb. Dr. Davenport asserts: “Although serious threats to health can occur, there is always a life-affirming way to care for mother and baby, no matter how bleak the prognosis.”

There are important considerations and interventions for pro-lifers who are assisting a woman whose doctor is recommending abortion due to a suspected medical problem with the child.

1) **Be sympathetic, but rock solid on pro-life principles.**
No mother or father wants to be told that their preborn child is very ill or disabled, but the answer is not to kill the child. God desires that people trust Him first and foremost.

2) **Focus on the humanity of the child, whatever his medical condition.** Show the parents the development of their child at www.EHD.org.

3) **Instruct her that God has a purpose for this precious child and God is in control of this pregnancy.** God ordains our days (Psalm 139:16) so urge her to leave the timing of her child’s death to God. Share Isaiah 64:8: “But now, O LORD, You are our Father, We are the clay, and You our potter; And all of us are the work of Your hand.”

4) **Warn her that Satan is a murderer.** He whispers to women the lie that abortion will end their suffering. Proverbs 14:12 says: “There is a way which seems right to man, but its end is the way of death.”

5) **Help her understand that doctors frequently recommend abortion to protect themselves from malpractice lawsuits.** They are not thinking of the mother or child’s best interests. In today’s twisted medical malpractice cases, there are no “wrongful abortion” lawsuits, but there are “wrongful birth” lawsuits.

6) **Urge her to get a second and even third medical opinion, ideally from a physician with sanctity of life ethic.** She should refuse the worldly “wisdom” being pushed on her by genetic counselors and doctors.

7) **Inform her that medical diagnoses are often wrong,** especially when made on preborn children who cannot be directly visualized and examined.

Dr. Davenport discussed fetal problems in her article:

Fetal problems are the other serious rationale for considering abortion, and diagnosis of these abnormalities has multiplied with the increased use of ultrasound in pregnancy. Ultrasound studies of fetal anatomy are often done at 18-20 weeks, so abortions done as a result of these scans are late abortions. But ultrasound is imperfect and analysis of the images can result in inaccurate interpretations. Pregnant women who have declined abortion for fetuses diagnosed by ultrasound with fatal birth defects such as Potter’s syndrome (kidney disease with no amniotic fluid) or thanatophoric dwarfism (a fatal form of skeletal disease), have sometimes ended up giving birth to normal babies. Other parents have resisted recommended abortions for serious anatomical problems such as prune belly syndrome, omphalocele, congenital absence of the diaphragm, and other severe birth defects, and had their babies undergo surgical repair after birth. C. Everett Koop, M.D., the former surgeon general and renowned pediatric surgeon, was asked during the partial-birth abortion hearings if he had treated children “born with organs outside of their bodies” (omphalocele). Dr. Koop replied, “Oh, yes indeed. I’ve done that many times. The prognosis usually is good….the first child I ever did, with a huge omphalocele much bigger than her head, went on to develop well and become the head nurse in my intensive care unit many years later.”

Even if a baby is born with a terminal (fatal) condition, we encourage parents to treasure the time they have with their child, be it minutes or weeks or months. Parents can build sweet memories of holding, kissing and caring for their child. How much better to follow the example of this couple in “99 Balloons” rather than have an abortion on your conscience!

http://www.youtube.com/watch?v=th6Njr-qkq0.

CBR helped open Choices Medical Clinic in Kansas. Choices

(Continued on page 3)
AbortionNO.org Proves To Be a Resource for All Types of People

CBR’s website has proven to be a powerful resource for all types of people who look to us for information and assistance. The following recent communications will demonstrate how your support of our work has a global, life-saving effect.

ACTIVISTS
“‘I have always hated abortion especially considering my mother did not have an abortion when pregnant with a child that died 24 minutes after being born, and it [AbortionNo.org] made me realize how sickening abortion actually is. … I was searching for info on abortion so I can send a letter to a senator on why abortion should be illegal and found this on Google. (13-year-old male, Jenison, MI, Feb. 14, 2011)

“I am even more opposed and want to volunteer in some fashion to try to prevent abortions. Seeing that tiny leg bone is something I will never forget. (54-year-old female, Clackamas, OR, Feb. 18, 2011)

INTERNATIONAL PRO-LIFERS
“I want to educate people about the cruelty of abortion that they may stop this injustice done to the innocent human beings. (52-year-old male, India, Feb. 23, 2011)

POST-ABORTION
“The photos break my heart and I want to help stop abortion. I cannot vote for legal abortion anymore. My justification for the abortion I had at 19 isn’t acceptable to me anymore. I wish I wouldn’t have killed my child.” (39-year-old female, Mariposa, CA, Feb. 22, 2011)

PRO-ABORTS
“I will be pro-choice forever and I will raise all my children if I choose to have any to be pro-choice. No one should be forced to be pregnant or parent.” (18-year-old female, Spencer, Iowa, Feb. 24, 2011) She found our website because a “Planned Parenthood story said something about it, so I looked it up.” The abortion photos are now in her mind and from our experience, she may become pro-life in spite of herself!

FILMMAKERS
“At first thank you for your website. We are Armenian filmmakers/producers. Now we are going to start shootings of our new feature film… We have watched [CBR’s] abortion video, which demonstrated in your website. And think it is the best one which describes the horror and cruelty of this meaningless action. So we would like to ask you, if possible please send us HD format of this video in order to use it in our film….” (A. A., Armenia, Feb. 25, 2011) CBR is the only pro-life group in the world of which we are aware that can provide such resources due to our vast photographic and film library.

March for Life 2011

On January 24, 2011, CBR returned to the March for Life in Washington, D.C. CBR-Midwest coordinated the display which included our Genocide Awareness Project (GAP) signs and the Obama Awareness signs, plus the Reproductive “Choice” Campaign trucks. We see great merit in sharing our message with the crowd full of students who are glad to get the day off school, but who may be nominally pro-life. Teachers have reported to us the sobering effect that our display has on their students.

Help CBR – Donate Frequent Flyer Miles
Consider donating your frequent flyer miles to CBR to help meet our travel needs in the U.S. as well as to fulfill some international requests for help.

DOCTOR RECOMMENDS (Continued from page 2)

medical staff developed an excellent perinatal hospice program whose team of experts helps families of preborn babies diagnosed with terminal conditions. Visit http://www.choicesmcwichita.org/perinatal-hospice/what-is-it/ or http://www.perinatalhospice.org/Perinatal_hospices.html to learn more about perinatal hospice and where it is available.

Technologies and physician judgments are fallible, and it is ultimately God who is in control of the womb. One of CBR’s physician colleagues is a published research diagnostician. In one study, he was monitoring preborn children who had been diagnosed with various conditions, including congenital diaphragmatic hernia. He was surprised to find that sometimes these conditions resolved upon subsequent ultrasound examinations!
“My justification for the abortion I had at 19 isn’t acceptable to me anymore. I wish I wouldn’t have killed my child.”

39-year-old female, Feb. 22, 2011
AbortionNO.org web survey