



## Dismemberment Abortion

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Dismemberment abortions are a common and brutal type of abortion that involve dismembering a living unborn child piece by piece. According to the National Abortion Federation's abortion training textbook, dismemberment abortions are a preferred method of abortion, in part because they are cheaper than other available methods.<sup>1</sup> In light of the investigative videos released by The Center for Medical Progress, dismemberment abortions could provide more lucrative ends for the illegal trafficking of the body parts dismembered from aborted babies.<sup>2</sup>

One by one, states are recognizing their legitimate "interest in promoting respect for human life at all stages in the pregnancy" by enacting protective measures for the dignity of unborn life and for the safety of the mother as affirmed in *Casey* and *Gonzales*.<sup>3</sup>

### **What is a (D&E) Dismemberment Abortion?**

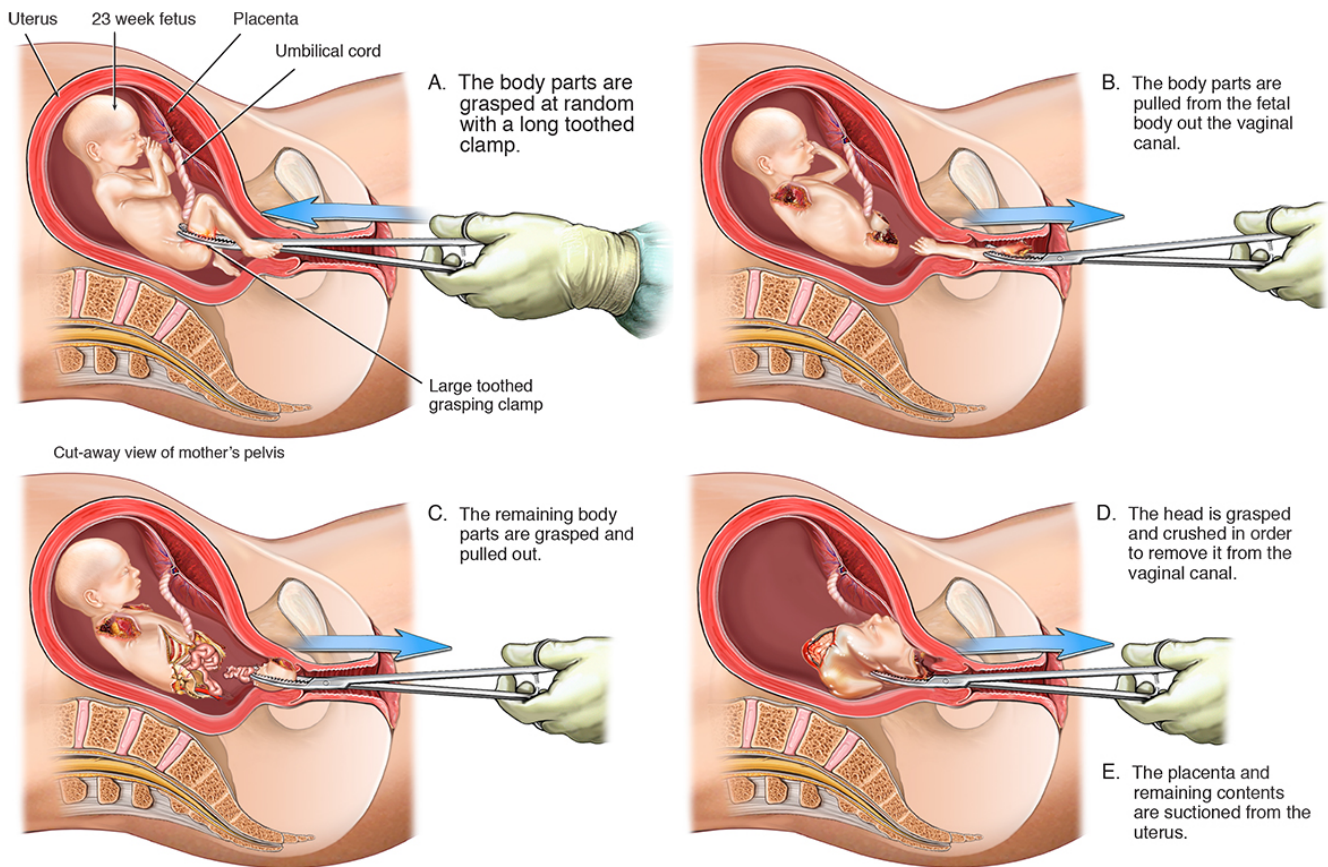
A "dismemberment" or "D&E" (dilation and evacuation) abortion is a surgical abortion procedure used to intentionally dismember the unborn child in which the child is extracted one piece at a time. A D&E abortion is usually committed in the second trimester, between 13 and 24 weeks after the first day of the woman's last menstrual period (LMP), or gestational age.<sup>4</sup> Although dismemberment is not a medical term, it is often used to describe the process by which the abortion is committed on the unborn child.

### **How is a Dismemberment Abortion Committed?**

To prepare for a D&E, the abortionist must first dilate (widen) the woman's cervix. Generally, this is done by placing laminaria sticks, which are osmotic dilators made from sterilized seaweed, in the cervix 24 hours before the surgery and allowing them to expand. Synthetic osmotic dilators, used to slowly widen the cervix, and misoprostol can also be used for cervical dilation.<sup>5</sup> After the woman's cervix is dilated, a suction catheter is used to suck out the amniotic fluid. The abortionist then uses metal forceps (sopher clamp) with sharp metal "teeth" to grab and tear away parts of the baby until her whole body is extracted from the womb.<sup>6</sup>

Since the baby's skull has usually hardened to bone at this point (calcified), it is often crushed so that it can be removed, creating sharp edges of bone.<sup>7</sup> "A doctor may make 10 to 15 passes with the forceps to evacuate the fetus in its entirety, though sometimes removal is completed with fewer passes. Once the fetus has been evacuated, the placenta and any remaining fetal material are suctioned or scraped out of the uterus" using a curette, a surgical instrument with a scooping hook.<sup>8</sup> The abortionist then examines the different parts to ensure that no body parts of the baby are left (see illustration on following page).<sup>9</sup>

## Dilation and Evacuation Abortion (D&E) of a 23-Week-Old Fetus



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Dr. Anthony Levatino, a 40-year practicing obstetrician-gynecologist and former abortionist who has committed over 1,200 abortions, explains that a dismemberment abortion “involves reaching into a woman’s uterus with forceps and ‘grabbing whatever is there. Maybe you rip off a leg, which is about four-inches long,’ then you pull out ‘an arm, the spine. The skull is the most difficult part. Sometimes there’s a little face staring up at you.’”<sup>10</sup>

### What are the Physical Risks to the Woman?

Second trimester abortions are associated with high rates of complications compared to first trimester abortions. Dismemberment abortion is particularly dangerous to women. The use of sharp instruments in the uterus and the baby’s sharp bone fragments can damage or perforate the uterus, cervix, and neighboring organs. Additional risks include infection from leftover baby body parts, excessive bleeding, preterm birth or miscarriage in a subsequent pregnancy, and maternal death.<sup>11</sup> Here are the figures:

- The sharp edges of bone pose the danger of lacerating the cervix (1 in 46 women).<sup>12</sup>
- Extensive scraping of the womb to remove the placenta can result in excessive bleeding (1 in 139 women).<sup>13</sup>
- Increases risk of pre-mature birth in a subsequent pregnancy (1 in 23 women).<sup>14</sup>
- Uterine perforation (.32 percent of women).<sup>15</sup>

- High risk of cervical damage and scarred tissue.<sup>16</sup>
- Infection (1 in 125 women).<sup>17</sup>
- Incomplete abortion (1 in 139 women).<sup>18</sup>

### Prevalence of D&E Abortion

The abortion rate in the United States has been steadily decreasing since 1980.<sup>19</sup> Still, far too many abortions are committed. A 2014 Guttmacher Institute study reported that over 900,000 abortions took place and nearly all (91.5 percent) were committed at less than or equal to 13 weeks' gestation.<sup>20</sup> According to the CDC, 8.5 percent of abortions are taking place at 14 weeks gestation or higher.<sup>21</sup>

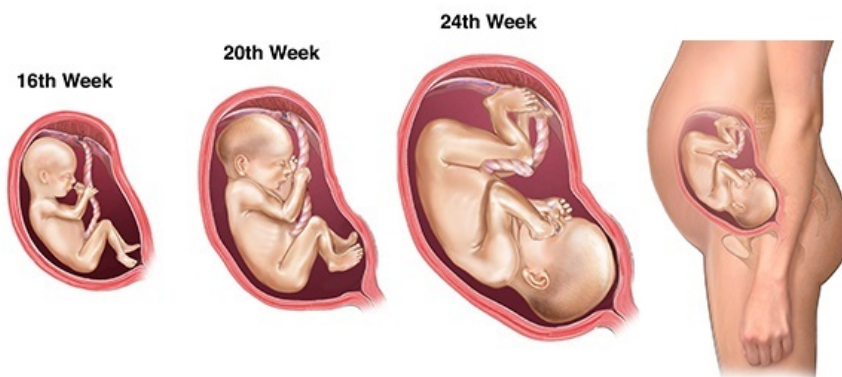
The National Abortion Federation Abortion official textbook states that, "D&E remains the most prevalent method of second-trimester pregnancy termination in the USA, accounting for 96% of all second trimester abortions."<sup>22</sup> That's over 75,000 lives that are brutally ended by dismemberment abortions annually.<sup>23</sup>

### At What Stage of Development is the Unborn Child When a D&E is Committed?

The gruesome technique of dismemberment abortion takes place on an unborn child mere weeks before, or even after, the child reaches a threshold of potential viability outside the mother.<sup>24</sup> By 13 weeks, the child already has these characteristics:

- A beating heart<sup>25</sup>
- Brain waves<sup>26</sup>
- Fingerprints<sup>27</sup>
- Reflexes<sup>28</sup>
- Can hiccup<sup>29</sup>
- Can suck their thumb<sup>30</sup>
- All their organs are done forming<sup>31</sup>

### Second Trimester



In addition, their face now starts to show individual characteristics.<sup>32</sup> Moreover, the humanity of the child can be seen in their proven ability to feel pain at the hands of this horrific abortion technique at 20 weeks.<sup>33</sup>

Advances in perinatology and neonatology have enhanced our understanding of fetal, transitional, and neonatal physiology.<sup>34</sup> The child even at 28 days (four weeks post-fertilization) has the basic organization of the nervous

system established.<sup>35</sup> Those nerves connect pain receptors (nociceptors), which is required for the perception of painful stimuli to the brain's thalamus and subcortical plate by no later than 20 weeks post-fertilization.<sup>36</sup> These nociceptors to the brain appear at the 7th week of gestation and continue to "spread to the rest of the face, the palms of the hands, and the soles of the feet by the 11th week, to the trunk and proximal parts of the arms and legs by the 15th week," and to the entire child's body by the 20th week.<sup>37</sup> After 14 weeks post-fertilization, muscles involved in fetal facial expressions have fully formed, including ones that indicate pain or distress.<sup>38</sup>

With the advancement of technology such as neonatal intensive care units, the limit of viability for unborn babies in the developed world is now earlier than ever before. Premature babies born at 22 weeks are now more likely to survive outside of the womb than previously thought, according to new research in *The New England Journal of Medicine*.

The study looked at 5,000 babies born before 27 weeks of gestation. It found that a significant number of babies who were born at 22 weeks (just over five months of gestation) survived after being medically treated in a hospital. Previously, 22 weeks was considered too early to resuscitate a baby because survival rates were so low. Now, however, babies born at 22 weeks have nearly a 25 percent survival rate if actively treated in a hospital.<sup>39</sup>

### **Language in Past Abortion Cases Supports a Finding that Dismemberment Bans are Constitutional**

- In 1992, the Supreme Court in *Planned Parenthood v. Casey* affirmed that the state has a profound interest in unborn life, especially when the advances of neonatal technology can demonstrate "that viability marks the earliest point at which the State's interest in fetal life is constitutionally adequate to justify a legislative ban on nontherapeutic abortions" and that "the State has legitimate interests from the outset of the pregnancy in protecting the health of the woman and the life of the fetus that may become a child."<sup>40</sup>
- In the 2000 *Stenberg v. Carhart* decision that struck down a state partial birth abortion ban, Justice Kennedy described human dismemberment abortion in graphic detail in his dissent: "The fetus, in many cases, dies just as a human adult or child would: It bleeds to death as it is torn . . . limb from limb. The fetus can be alive at the beginning of the dismemberment process and can survive for a time while its limbs are being torn off."<sup>41</sup>
- Justice Kennedy further noted: "Dr. Carhart has observed fetal heartbeat via ultrasound with 'extensive parts of the fetus removed,' and testified that mere dismemberment of a limb does not always cause death because he knows of a physician who removed the arm of a fetus only to have the fetus go on to be born 'as a living child with one arm.'"<sup>42</sup>
- In 2007, the Supreme Court upheld the Partial-Birth Abortion Ban Act of 2003, ruling in *Gonzales v. Carhart* that the federal law did not impose an undue burden on a woman's right to abortion: "The government may use its voice and its regulatory authority to show its profound respect for the life within the woman."<sup>43</sup> In fact, in his majority decision, Kennedy said outright that dismemberment abortion "is a procedure laden with the power to devalue human life."<sup>44</sup> In her dissent, even Justice Ruth Bader Ginsburg argued that there is really no difference between partial-birth abortion and dismemberment abortion. "Nonintact D&E could equally be characterized as 'brutal,'" she writes, "involving as it does 'tear[ing] [a fetus] apart' and 'ripp[ing] off' its limbs."<sup>45</sup>

## **What's the Difference Between a D&E and an Intact D&E?**

A surgical dilation & evacuation (dismemberment) abortion as well as an intact dilation & extraction (partial-birth) abortion are committed in the second (13-27 weeks) and third (27-39 weeks) trimesters of pregnancy. An intact D&E, like a regular D&E, begins with dilation of the cervix. Wider dilation of the cervix is needed for an intact D&E due to the goal of extracting a whole baby's body out. "The main difference between the two procedures is that in intact D&E a doctor extracts the fetus intact or largely intact with only a few passes [through the cervix], pulling out its entire body instead of ripping it apart."<sup>46</sup>

In 2003, Congress banned partial-birth abortions, or "intact dilation and extraction," where just seconds before a live birth is complete, the living child is delivered feet-first and its skull crushed before being pulled out of the uterus. At the time, 27 states had already passed laws banning partial-birth abortions. Before the ban, such abortions could usually be committed in the second trimester after 15 weeks and up to the point of viability. In passing the partial-birth abortion ban, Congress rightly stated:

"The Congress finds and declares the following: A moral, medical, and ethical consensus exists that the practice of performing a partial-birth abortion--an abortion in which a physician delivers an unborn child's body until only the head remains inside the womb, punctures the back of the child's skull with a sharp instrument, and sucks the child's brains out before completing delivery of the dead infant--is a gruesome and inhumane procedure that is never medically necessary and should be prohibited."<sup>47</sup>

However, abortionists have found other means to avoid criminal liability for committing abortions on live infants coming out of the womb by inducing fetal demise. This is usually done with such chemicals as potassium chloride or digoxin, which stops the beating heart of the baby. Umbilical cord transection is another method used to kill the baby prior to the D&E, which is completed by expelling the child with the use of labor-inducing prostaglandins, like misoprostol.<sup>48 49</sup>

Both dismemberment abortions (D&E) and partial birth abortions (intact D&E) are incredibly gruesome, inhumane, and unsafe for the mother.

## **How is Dismemberment Abortion Tied to Illegal Fetal Tissue Procurement and Selling?**

Dismemberment abortion is a method that has provided lucrative incentives for those who are willing to engage in the illegal trafficking of body parts and organs.

Videos released by the Center for Medical Progress (CMP) in 2015 uncovered an industry of potentially illegal trafficking of aborted baby body parts for profit and research. In response, the House of Representatives in the 114th Congress established the Select Investigative Panel on Infant Lives in October 2015 to examine these grotesque practices. Their findings uncovered widespread unethical and potentially illegal practices involving the trafficking of baby body parts from abortion businesses to sellers via fetal tissue procurement companies acting like middlemen.

A key example is the Select Panel's July 2016 interim update. The Panel found that Advanced Bioscience Resources (ABR) paid Planned Parenthood and other abortion facilities a flat fee of \$45 to \$60 per baby specimen. In 2015 alone, ABR made nearly \$80,000 in payments to its top five abortion facilities from which it procured baby body parts. In turn, ABR sold these organs to customers. Also in 2015, ABR's revenue from the sale of baby body parts to its top six customers equaled \$191,984 including at least 80



baby brains, 36 pairs of eyes, eight hearts, 16 spinal cords, two intact skullcaps, two spinal columns, two skins, and other tissue.<sup>50</sup>

Under Federal law, the National Institutes of Health's *NIH Revitalization Act of 1993* (42 USC 289g-2) prohibits the sale of human fetal tissue if the tissue is sold for "valuable consideration" and "affects interstate commerce," that is, if the fetal tissue is sold for profit. The statute states that "[t]he term 'valuable consideration' does not include reasonable payments associated with the transportation, implantation, processing, preservation, quality control, or storage of human fetal tissue."<sup>51</sup> Any profit that is made after costs are subtracted from payment is in violation of this statute. It is clear that tissue procurement companies and the abortion industry have used and abused this "valuable consideration" loophole to traffic body parts of aborted babies.

Although the NIH has not funded any fetal tissue transplant trials since 2007, the Secretary of HHS, and the president can and should restrict federal funding for research using human fetal tissue obtained from induced abortions – especially when there are ethical ways of obtaining fetal tissue such as from miscarriages and stillbirths. The last 100 years of research has shown that fetal tissue is not as effective as using adult stem cells and other successful modern alternatives to improve health.<sup>52</sup>

### State Legislative Action

- Nine states have **enacted** human dismemberment abortion bans: Kansas (2015), Oklahoma (2015), West Virginia (2016), Mississippi (2016), Alabama (2016), Louisiana (2016), Arkansas (2017), Texas (2017), and Kentucky (2018).
- The dismemberment abortion bans in West Virginia and Mississippi are currently in effect, and have been since May 29, 2016 and July 1, 2016, respectively. The other seven states have had their bans temporarily blocked by litigation and the courts.
- Since 2015, a total of 28 states have **introduced** dismemberment bans: Alabama, Arkansas, Colorado, Florida, Idaho, Illinois, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Nebraska, North Carolina, New Hampshire, New Jersey, New York, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Texas, Utah, and West Virginia.

### Conclusion

Dismemberment and intact dismemberment abortions cause not only extreme pain and a horrific death for the unborn child, they also pose a significant health risk to the mother and incentivize abortion facilities and tissue procurement companies to pursue illicit profit from the sale of baby body parts. This nexus of body parts trafficking and dismemberment abortion diminishes the inherent value and dignity of unborn human life.

We have already seen support for banning dismemberment abortions in Congress and from the American people. We must continue to support these bans at the state and federal level in order to save thousands of unborn lives a year from a gruesome death.

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<sup>1</sup> Maureen Paul, et al., *Management of Unintended and Abnormal Pregnancy: Comprehensive Abortion Care* (Wiley-Blackwell, 2009), 157-159.

<sup>2</sup> “Investigative Footage,” The Center for Medical Progress, accessed June 8, 2018, <http://www.centerformedicalprogress.org/cmp/investigative-footage/>.

<sup>3</sup> *Gonzales v. Carhart*, 550 U.S. 124, 163 (2007) (noting that this standard was consistent with *Planned Parenthood v. Casey*, 505 U.S. 833 (1992). This builds on states’ “unquestionably strong and legitimate interest in encouraging normal childbirth,” as recognized by the Supreme Court in *Beal v. Doe*, and affirmed by the Court in *Maher v. Roe*, *Harris v. McRae*, and *Webster v. Reproductive Health Services*.

<sup>4</sup> Fetal age can be given as “post-fertilization” age meaning the time from conception, or gestational age meaning the time since the last menstrual period (LMP), which is usually easier to determine and occurs approximately two weeks before ovulation and fertilization. Thus, gestational age will be two weeks older than post-fertilization age, i.e., 22 weeks gestation = 20 weeks post-fertilization.

<sup>5</sup> “Abortion Procedures: What You Need to Know – How is a D&E abortion performed?,” Live Action, accessed June 12, 2018, <https://www.abortionprocedures.com/#1466802055946-992e6a14-9b1d>.

<sup>6</sup> *Ibid.*

<sup>7</sup> *Ibid.*

<sup>8</sup> *Gonzales v. Carhart* 2007, <https://caselaw.findlaw.com/us-supreme-court/550/124.html>.

<sup>9</sup> *Ibid.*

<sup>10</sup> John Daniel Davidson, “Texas Court Case Exposes The Gruesome Reality Of Dismemberment Abortion,” *The Federalist*, November 9, 2017, accessed June 12, 2018, <http://thefederalist.com/2017/11/09/court-case-texas-exposes-gruesome-reality-dismemberment-abortion/>; “Testimony of Anthony Levatino, MD before the Subcommittee on the Constitution and Civil Justice,” U.S. House of Representatives, May 23, 2013, <https://judiciary.house.gov/files/hearings/113th/05232013/Levatino%2005232013.pdf>.

<sup>11</sup> “Educational Letter regarding Dismemberment Abortion Bans,” American Association of Pro-Life Obstetricians and Gynecologists (AAPLOG), February 8, 2016, accessed June 12, 2018, <https://aaplog.org/educational-letter-regarding-dismemberment-abortion-bans/>. It’s also important to note that abortion-related mortality increases with each week of gestation, with a rate of 0.1 per 100,000 procedures at 8 weeks of gestation or less, and 8.9 per 100,000 procedures at 21 weeks of gestation or greater. (Linda A. Bartlett, et al., “Risk Factors for Legal Induced Abortion-Related Mortality in the United States,” *Obstetrics and Gynecology* 103 (2004):729-37, accessed June 12, 2018, [https://www.researchgate.net/publication/8648767\\_Risk\\_Factors\\_for\\_Legal\\_Induced\\_Abortion-Related\\_Mortality\\_in\\_the\\_United\\_States](https://www.researchgate.net/publication/8648767_Risk_Factors_for_Legal_Induced_Abortion-Related_Mortality_in_the_United_States).)

<sup>12</sup> Amy M. Autry, et al., “A Comparison of Medical Induction and Dilation and Evacuation for Second-Trimester Abortion,” *American Journal of Obstetrics & Gynecology* 187 (2002): 393-97, accessed June 12, 2018, [https://www.ajog.org/article/S0002-9378\(02\)00140-0/abstract](https://www.ajog.org/article/S0002-9378(02)00140-0/abstract).

<sup>13</sup> *Ibid.*

<sup>14</sup> Stephen T. Chasen, et al., “Dilation and Evacuation at ≥20 Weeks: Comparison of Operative Techniques,” *American Journal of Obstetrics & Gynecology* 190 (2004): 1180-1183, accessed June 12, 2018, [https://www.ajog.org/article/S0002-9378\(03\)02176-8/fulltext](https://www.ajog.org/article/S0002-9378(03)02176-8/fulltext).

<sup>15</sup> Brian R. Pridmore and Dennis G. Chambers, “Uterine Perforation during Surgical Abortion: A Review of Diagnosis, Management, and Prevention,” *Australian and New Zealand Journal of Obstetrics and Gynecology* 39 (1999): 349-353, accessed June 12, 2018, <https://obgyn.onlinelibrary.wiley.com/doi/abs/10.1111/j.1479-828X.1999.tb03413.x>.

<sup>16</sup> The primary nature of this kind of abortion produces a high risk of damage to the cervix, although using Laminaria can decrease that risk. To perform a D&E abortion, as noted in the description, the cervix is stretched and forcibly widened in order to extract the body parts of the baby (which can range from four to seven inches long) using a number of instruments to make several passes (10-15) in and out of the cervix. Using sharp tools to scrap the uterus can weaken the thin lining of the uterine wall, which can cause scarring and/or lead to the inability to implant a fertilized egg in future pregnancies, causing a miscarriage. Scraping of the uterine walls can also cause accidental punctures and lead to hysterectomy (removal of the uterus). (“Effects of Abortion: The Physical Aspects,” Advice & Aid Pregnancy Centers, accessed June 12, 2018, <https://adviceandaid.com/very-real-effects-of-abortion-facts-you-need/>.)

<sup>17</sup> Sharon L. Achilles and Matthew F. Reeves, “Prevention of Infection after Induced Abortion,” *Contraception* 83 (2011): 295-309, accessed June 12, 2018,

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[https://www.researchgate.net/publication/50375292\\_Prevention\\_of\\_infection\\_after\\_induced\\_abortion\\_release\\_date\\_October\\_2010\\_SFP\\_guideline\\_20102](https://www.researchgate.net/publication/50375292_Prevention_of_infection_after_induced_abortion_release_date_October_2010_SFP_guideline_20102).

<sup>18</sup> Amy M. Autry, 2002.

<sup>19</sup> Sarah McCammon, "U.S. Abortion Rate Falls To Lowest Level Since Roe v. Wade," NPR, January 17, 2017, accessed June 11, 2018, <https://www.npr.org/sections/thetwo-way/2017/01/17/509734620/u-s-abortion-rate-falls-to-lowest-level-since-roe-v-wade>.

<sup>20</sup> Rachel K. Jones and Jenna Jerman, "Abortion Incidence and Service Availability In the United States, 2014," Guttmacher Institute, *Perspectives On Sexual and Reproductive Health* 49 (2017): 17-27, accessed June 12, 2018, <https://www.guttmacher.org/journals/psrh/2017/01/abortion-incidence-and-service-availability-united-states-2014>.

<sup>21</sup> ("Abortion Surveillance – United States, 2014," Centers for Disease Control and Prevention, November 24, 2017, <https://www.cdc.gov/mmwr/volumes/66/ss/ss6624a1.htm>).

<sup>22</sup> Maureen Paul, et al., 2009.

<sup>23</sup> The Guttmacher Institute reported that over 926,200 abortions were performed in the U.S. in 2014 ("Induced Abortion in the United States," Guttmacher Institute, January 2018, [https://www.guttmacher.org/sites/default/files/factsheet/fb\\_induced\\_abortion.pdf](https://www.guttmacher.org/sites/default/files/factsheet/fb_induced_abortion.pdf)). The Centers for Disease Control and Prevention reported that abortions committed between 14 to 20 weeks in the U.S. in 2014 was 7.2 percent, and abortions committed after 21 weeks was 1.3 percent ("Abortion Surveillance – United States, 2014," Centers for Disease Control and Prevention, November 24, 2017, <https://www.cdc.gov/mmwr/volumes/66/ss/ss6624a1.htm>). Therefore, the total percentage for weeks 14 through 21 would be 8.5 percent. The D&E abortion method was used 96 percent of the time for second trimester abortions. Therefore, 96 percent of 8.5 percent of total abortions (926,200) would be over 75,000 human beings annually subjected to dismemberment abortion.

<sup>24</sup> Istvan Seri and Jacquelyn Evans, "Limits of Viability: Definition of the Gray Zone," *Journal of Perinatology* 28 (2008), accessed June 12, 2018, [https://www.researchgate.net/publication/5406618\\_Limits\\_of\\_viability\\_definition\\_of\\_the\\_gray\\_zone](https://www.researchgate.net/publication/5406618_Limits_of_viability_definition_of_the_gray_zone).

<sup>25</sup> "Fetal Development," Perinatology.com, accessed June 12, 2018, <http://perinatology.com/Reference/Fetal%20development.htm>.

<sup>26</sup> "13 weeks pregnant: fetal development," BabyCenter, November 2016, accessed June 12, 2018, <https://www.babycentre.co.uk/13-weeks-pregnant>.

<sup>27</sup> Ibid.

<sup>28</sup> "Fetal Development," Perinatology.com.

<sup>29</sup> K.J.S. Anand, Bonnie J. Stevens, Patrick J. McGrath, *Pain in Neonates and Infants* (Edinburgh: Elsevier, 2007).

<sup>30</sup> Ibid.

<sup>31</sup> "Fetal Development," Perinatology.com.

<sup>32</sup> "14 weeks pregnant," BabyCenter, June 2016, accessed June 12, 2018, [https://www.babycenter.com/6\\_14-weeks-pregnant\\_1103.bc](https://www.babycenter.com/6_14-weeks-pregnant_1103.bc).

<sup>33</sup> Arina Grossu, "What Science Reveals about Fetal Pain," Family Research Council, October 2017, <https://downloads.frc.org/EF/EF15A104.pdf>.

<sup>34</sup> Istvan Seri and Jacquelyn Evans, 2008.

<sup>35</sup> Thomas W. Sadler, *Langman's Medical Embryology* (Baltimore: Lippincott, Williams, and Wilkins, 2009).

<sup>36</sup> Bakker S. Van Scheltema and Oepkes D. Vandenbussche, Fetal Pain, *Fetal and Maternal Medicine Review* 19:4 (2008): 311-324.

<sup>37</sup> Anand, et al., 2007.

<sup>38</sup> Miki Sato, et al., "4D Ultrasound Study of Fetal Facial Expressions at 20-24 Weeks of Gestation," *International Journal of Gynecology and Obstetrics* 126 (2014): 275-279, accessed June 12, 2018, [https://www.researchgate.net/publication/262570748\\_4D\\_ultrasound\\_study\\_of\\_fetal\\_facial\\_expressions\\_at\\_20-24\\_weeks\\_of\\_gestation](https://www.researchgate.net/publication/262570748_4D_ultrasound_study_of_fetal_facial_expressions_at_20-24_weeks_of_gestation).

<sup>39</sup> Matthew A. Rysavy, et al., "Between-Hospital Variation in Treatment and Outcomes in Extremely Preterm Infants," *The New England Journal of Medicine* 372 (2015): 1801-1811, accessed June 12, 2018, <https://www.nejm.org/doi/full/10.1056/NEJMoa1410689>.

<sup>40</sup> *Gonzales v. Carhart*, 550 U.S. 124, 163 (2007) (noting that this standard was consistent with *Planned Parenthood v. Casey*, 505 U.S. 833 (1992)).



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<sup>41</sup> *Stenberg v. Carhart*, 530 U.S. 914, 958-959 (2000).

<sup>42</sup> *Ibid.*

<sup>43</sup> *Gonzales v. Carhart*, 550 U.S. 124, 157 (2007).

<sup>44</sup> *Gonzales v. Carhart*, 550 U.S. 124, 158 (2007).

<sup>45</sup> *Gonzales v. Carhart*, 550 U.S. 124, 182 (2007) (Ginsburg, J., dissenting).

<sup>46</sup> *Gonzales v. Carhart*, 550 U.S. 124, 137 (2007).

<sup>47</sup> 18 USC 1531: Partial-birth abortions prohibited, <http://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title18-section1531&num=0&edition=prelim>.

<sup>48</sup> J. Diedrich and E. Drey, "Induction of Fetal Demise Before Abortion," *Contraception* 81 (2010): 462-473, accessed June 12, 2018, [https://www.societyfp.org/\\_documents/resources/InductionofFetalDemise.pdf](https://www.societyfp.org/_documents/resources/InductionofFetalDemise.pdf).

<sup>49</sup> Lynn Borgatta and N. Kapp, "Labor Induction Abortion in the Second Trimester," *Contraception* 84 (2011): 4-18, accessed June 12, 2018, [https://www.societyfp.org/\\_documents/resources/guidelines2011-1.pdf](https://www.societyfp.org/_documents/resources/guidelines2011-1.pdf).

<sup>50</sup> "The Transfer of Fetal Tissue and Related Matters," Chairman and Majority Members of the Select Investigative Panel - Interim Update to the U.S. House of Representatives, July 14, 2016, [https://archives-energycommerce.house.gov/sites/republicans.energycommerce.house.gov/files/documents/114/analysis/20160714Interim\\_Update.pdf](https://archives-energycommerce.house.gov/sites/republicans.energycommerce.house.gov/files/documents/114/analysis/20160714Interim_Update.pdf).

<sup>51</sup> "Statute on Fetal Tissue Transplantation Research (1993)," Office for Human Research Protections, U.S. Department of Health and Human Services, accessed June 11, 2018, <https://www.hhs.gov/ohrp/regulations-and-policy/guidance/public-law-103-43/index.html>.

<sup>52</sup> "Final Report," Select Investigative Panel of the Energy & Commerce Committee - U.S. House of Representatives, December 30, 2016, 399-400, [https://archives-energycommerce.house.gov/sites/republicans.energycommerce.house.gov/files/documents/Select\\_Investigative\\_Panel\\_Final\\_Report.pdf](https://archives-energycommerce.house.gov/sites/republicans.energycommerce.house.gov/files/documents/Select_Investigative_Panel_Final_Report.pdf).