

Tonia Antoniazzi's Amendment (NC1) and Stella Creasy's Amendment (NC20)
Crime and Policing Bill

For: Members of Parliament

Submission by: Centre for Bio-Ethical Reform UK

Address: 23 New Broadway, Tarring Road, Worthing, West Sussex, BN11 4HP

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Dedicated to the memory of over 10,741,486 innocent babies who have tragically lost their lives since the Abortion Act came into effect in 1968 – 6 months after it received Royal Assent. Forever in our hearts.¹

¹ <https://righttolife.org.uk/news/press-release-57th-anniversary-of-abortion-act-coming-into-effect-10741486-lives-lost-since-1968>

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Summary

Two extremely dangerous amendments namely: (NC1) and (NC20) have been tabled to the Crime and Policing Bill to decriminalise abortion. This briefing scrutinises the NC1 and NC20 amendments and the consequences of the removal of abortion from the criminal law. This briefing: reminds us that the Royal Law of love demands that we act to protect and preserve human life; it provides irrefutable scientific evidence that human life begins at conception; it shines a spotlight on CBR UK's *Abortion Views Survey 2023*; it highlights the U.S. Supreme Court overturning two historic rulings, namely *Roe v. Wade* (1973) and *Planned Parenthood of Sotheastern Pennsylvania v. Casey* (1992). The *Dobbs v. Jackson Women's Health Organisation* decisively asserted that in the abortion context, there is now clear consensus that human life begins well before viability, and the significance of the baby's heartbeat and brain activity. In addition, this briefing: provides clear evidence concerning pills by post, it gives comprehensive evidence from two significant U.S. lawsuits pertaining to mifepristone and misoprostol; it acknowledges the implications for dilation and evacuation abortion and partial-birth abortion, sex-selection abortion; it refers to how maternal health increases as gestation increases; it examines the Hippocratic Oath; it reveals the pain of the unborn child; and importantly it concludes with the sixth holy commandment "You shall not murder."

About The Centre for Bio-Ethical Reform UK

The Centre for Bio-Ethical Reform UK (CBR UK) aims to educate the public on the humanity of unborn children and the reality of abortion using scientific evidence, statistics, photography, and a nationwide network of highly trained educators.

Tonia Antoniazzi's Amendment (NC1) to the Crime and Policing Bill

Tonia Antoniazzi's New Clause 1, states:

"Removal of women from the criminal law related to abortion for the purposes of sections 58 and 59 of the Offences Against the Person Act 1861 and the Infant Life (Preservation) Act 1929, no offence is committed by a woman acting in relation to her own pregnancy."

The Sponsor's explanatory is:

"This new clause would disapply existing criminal law related to abortion from women acting in relation to their own pregnancy at any gestation, removing the threat of investigation, arrest, prosecution, or imprisonment. It would not change any law regarding the provision of abortion services within a healthcare setting, including but not limited to the time limit, telemedicine, the grounds for abortion, or the requirement for two doctors' approval."

New Clause 1, tabled by Tonia Antoniazzi MP, seeks to change criminal law so that *"no offence is committed by a woman acting in relation to her own pregnancy"* at any gestation. This means that a woman who induced her abortion at home using pills (or any other method) at any stage of pregnancy, including just before natural birth, would not commit a crime. This amendment to abortion law means self-abortions will, de facto, become possible up to birth for any reason, including sex-selective abortion. In effect, abortion (including all abortions up to birth in any circumstances) would no longer be criminalised under the Offences Against the Person Act 1861 or the Infant Life (Preservation) Act 1929.

IMPORTANT - The NC1 amendment allows the decriminalisation of abortion up to birth for any reason, if it is induced by the woman herself. Primarily, the purpose of the Infant Life (Preservation) Act 1929 is to provide legal protection to a child during the process of being born.² Therefore, if NC1 becomes law, a woman who kills her baby during delivery would not commit an offence.

² According to the sponsor of ILPA: "It really is a Bill designed to prevent children being destroyed at birth." Hansard vol 72 col 269, (1928-9). Cited by John Keown, *Law of Ethics of Medicine: Essays in the Inviolability of Human Life* (OUP, 2012) p.177.

Stella Creasy's Amendment (NC20) to the Crime and Policing Bill

Stella Creasey's New Clause 20

Amendment text

To move the following Clause-

"Application of criminal law of England and Wales to abortion

(1) The Secretary of State must ensure that the recommendations in paragraphs 85 and 86 of the CEDAW report are implemented in respect of England and Wales.

(2) Sections 58, 59 and 60 of the Offences Against the Person Act 1861 are repealed under the law of England Wales.

(3) The Infant Life Preservation Act 1929 is repealed.

(4) No investigation may be carried out, and no criminal proceedings may be brought or continued, in respect of an offence under those sections of the Offences Against the Person Act 1861 or under the Infant Life Preservation Act 1929 under the law of England and Wales (whenever committed).

(5) The Abortion Act 1967 is amended as follows.

(6) In section 6 remove, "sections 58 and 59 of the Offences Against the Person Act 1861, and".

(7) Notwithstanding the repeal of the criminal law relating to abortion, the provisions of sections 1 to 4 of the Abortion Act 1967 remain in place except that section 1 is amended so as to remove the words "a person shall not be guilty of an offence under the law relating to abortion when" and replaced with "a pregnancy can only be terminated when".

(8) The Secretary of State must (subject to section (9)) by regulations make whatever other changes to the criminal law of England and Wales appear to the Secretary of State to be necessary or appropriate for the purpose of complying with subsection (1).

(9) But the duty under subsection (8) must not be carried out so as to-

(a) amend this section,

(b) reduce access to abortion services for women in England and Wales in comparison with access when this section came into force, or

(c) amend section 1 of the Abortion Act 1967 (medical termination of pregnancy).

(10) The Secretary of State must carry out the duties imposed by this section expeditiously, recognising the importance of doing so for protecting the human rights of women in England and Wales.

(11) In carrying out the duties imposed by this section the Secretary of State must have regard in particular to the United Nations Convention on the Elimination of All Forms of Discrimination Against Women and the International Covenant on Economic, Social and Cultural Rights in considering what constitute the rights of women to sexual and reproductive health and to gender equality.

(12) The Secretary of State may (subject to subsection (9)) by regulations make any provision that appears to the Secretary of State to be appropriate in views of subsection (2) or (3).

(13) For the purpose of this section,

(a) “the United Nations Convention on the Elimination of All Forms of Discrimination against Women” or “the Convention on the Elimination of All Forms Discrimination against Women” means the United Nations Convention on the Elimination of All

Forms of Discrimination against Women, adopted by the United Nations General Assembly resolution 34/180, 18 December 1979;

(b) The International Covenant on Economic, Social and Cultural Rights” means the International Covenant on Economic, Social and Cultural Rights 1966, adopted by United Nations General Assembly resolution 2200A (XXI), 16 December 1966; and

(c) “the CEDAW report” means the Report of the Inquiry concerning the United Kingdom of Great Britain and Northern Ireland under article 8 of the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW/C/OP.8/GBR/1) published on 6 March 2018.”

CEDAW REPORT

Section (1) directs that “The Secretary of State must ensure that the recommendations in paragraphs 85 and 86 of the CEDAW report are implemented in respect of England and Wales.”

It is important that these recommendations are quoted in full, as they would be adopted into the law in England and Wales under this amendment:

85. The Committee recommends that the State party urgently:

a. Repeal sections 58 and 59 of the Offences against the Person Act, 1861, so that no criminal charges can be brought against women and girls who undergo abortion or against qualified health-care professionals and all others who provide and assist in the abortion;

b. Adopt legislation to provide for expanded grounds to legalize abortion at least in the following cases: (i) Threat to the pregnant woman’s physical or mental health, without conditionality of “long-term or permanent” effects; (ii) Rape and incest; (iii) Severe fetal impairment, including fatal fetal abnormality, without perpetuating stereotypes towards persons with disabilities and ensuring appropriate and ongoing

support, social and financial, for women who decide to carry such pregnancies to term;

c. Introduce, as an interim measure, a moratorium on the application of criminal laws concerning abortion and cease all related arrests, investigations and criminal prosecutions, including of women seeking post-abortion care and health-care professionals;

d. Adopt evidence-based protocols for health-care professionals on providing legal abortions particularly on the grounds of physical and mental health and ensure continuous training on the protocols;

e. Establish a mechanism to advance women's rights, including through monitoring authorities' compliance with international standards concerning access to sexual and reproductive health, including access to safe abortions, and ensure enhanced coordination between the mechanism with the Department of Health, Social Services and Public Safety and the Northern Ireland Human Rights Commission;

f. Strengthen existing data-collection systems and data sharing between the Department and the police to address the phenomenon of self-induced abortion.

86. The Committee recommends that the State party:

a. Provide non-biased, scientifically sound and rights-based counselling and information on sexual and reproductive health services, including on all methods of contraception and access to abortion;

b. Ensure the accessibility and affordability of sexual and reproductive health services and products, including on safe and modern contraception, including oral, emergency, long-term and permanent forms of contraception, and adopt a protocol to facilitate access at pharmacies, clinics and hospitals;

c. Provide women with access to high-quality abortion and post-abortion care in all public health facilities and adopt guidance on doctor-patient confidentiality in that area;

d. Make age-appropriate, comprehensive and scientifically accurate education on sexual and reproductive health and rights a compulsory component of curriculum for adolescents, covering prevention of early pregnancy and access to abortion, and monitor its implementation;

e. Intensify awareness-raising campaigns on sexual and reproductive health rights and services, including on access to modern contraception;

f. Adopt a strategy to combat gender-based stereotypes regarding women's primary role as mothers;

g. Protect women from harassment by anti-abortion protesters by investigating complaints and prosecuting and punishing perpetrators.³

IMPORTANT - the CEDAW committee's recommendations are not binding or international law and there is absolutely no justification for introducing them into UK law. CEDAW is a non-binding UN committee.

IMPORTANT - The NC20 amendment removes the legal basis of the Abortion Act 1967. It would de facto legalise abortion up to birth, for any reason, including sex-selective abortion. It would make it extremely difficult to bring abusive partners who cause the death of a precious unborn child to justice, as well as effectively legalising infanticide.

This amendment allows the decriminalisation of abortion up to birth; and means that there would be no way to bring an abusive partner who causes the death of an unborn baby to justice. This amendment directs the Secretary of State to implement recommendations from

³ <https://digitallibrary.un.org/record/1480026?ln=en&v=pdf>

the 2018 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) report, which advised that there should be no criminal penalties for women and healthcare providers involved in abortion. **New Clause 20 would effectively legalise abortion up to birth and there would be no vital protections for precious unborn babies and vulnerable pregnant women.** NC20 states *“No investigation may be carried out, and no criminal proceedings may be brought or continued.”* In effect, an abusive partner would not even be investigated for coercing or causing an abortion. It is outrageous to think that there would be no law under which to charge another party, often an abusive party, who causes the death of an unborn child.

The case of Stuart Worby is a very recent example of the Offences Against the Persons Act 1861 and Infant Life (Preservation) Act 1929 being used to bring perpetrators to justice. In December 2024, Stuart Worby was sentenced for 12 years (later increased by five years) for giving his pregnant partner abortion pills (mifepristone) which tragically caused the death of her 15-week-old baby. Nueza Cepeda, Worby’s friend obtained the pills by lying about being pregnant in a telemedicine consultation. She was sentenced to 22 months in prison (suspended). Worby and Cepeda were convicted under sections 58 and 59 of the Offences Against the Persons Act.⁴

Importantly, NC20 would remove the sections of the Offences Against the Person Act 1861 (OAPA) and Infant Life (Preservation) Act 1929 (ILPA) which form the legal underpinning of the Abortion Act 1967. Currently, the 1967 Abortion Act stipulates when doctors can lawfully perform abortions within this framework, withdrawing these offences would exempt all medical professionals involved with abortion from any criminal liability. **It is extremely serious to think that if the law which underpins the Abortion Act 1967 were repealed; and breaches could NOT even be investigated, these provisions of the Act would have NO LEGAL OR BINDING FORCE.**

It is incredibly distressing to think that NC20 would de facto mean legalising infanticide. Currently, section 60 of the Offences Against the Person Act 1861 (OAPA) make it an offence

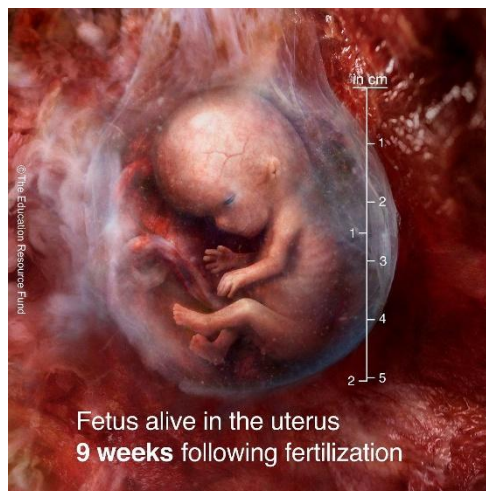
⁴ <https://spuc.org.uk/wp-content/uploads/2025/01/Worby-case-study.pdf>

for anyone, not just the mother, to conceal the birth of a child by disposing of the baby's body. Section 60 of the OAPA is used when infanticide is suspected but cannot be charged due to lack of evidence. New Clause 20 would make it extremely difficult to prosecute someone who performs an abortion at full term or kills a baby during delivery.

The Royal Law of Love Demands That We Act to Protect and Preserve Human Life

First and foremost, the (NC1) and the (NC20) amendments to the Crime and Policing Bill are a violation of God's holy commandment "You shall not murder" (Exodus 20:13). This Royal Law of love demands that we act to protect and preserve human life. Ultimately, all human life is sacred. In the Holy Scriptures we read the glorious truth that humans are created in God's likeness: Then God said "Let us make man in Our image, according to Our likeness" (Genesis 1:26). We are beautiful images of God's creation. We are "fearfully and wonderfully made" (Psalm 139:14).

Human Life Begins at Conception



(Image is from <https://erf.science/#high-resolution>)

As outlined in [The Life Affirmation Declaration](#),⁵ the Holy Bible, and the most up-to-date science affirm that life begins at conception.

Articles 1-5 read as follows:

Article 1: The life of a unique human being begins at conception.

Article 2: Every human being is a person created, known and loved by God.

Article 3: God alone has authority to give life and take it away.

Article 4: Children are gifts from God.

Article 5: Society should protect and care for every human being.

As *The Life Affirmation Declaration* outlines under each article and the comprehensive footnotes that accompany them, these are statements of reality which align with science.

According to Dr. Alfred M. Bongiovanni, Professor of Paediatrics and Obstetrics at the University of Pennsylvania stated:

"I have learned from my earliest medical education that human life begins at the time of conception...I submit that human life is present throughout this entire sequence from conception to adulthood and that any interruption at any point throughout this time constitutes a termination of human life."⁶

When in 2021 over [5300 international biologists were surveyed](#) on the question of when human life begins, "96% affirmed the fertilisation view."⁷ The humanity of the unborn child from conception is an established scientific fact, not an opinion. With the introduction of 2D, 3D, and now 4D ultrasound, there is a growing awareness among the public on the matter.

⁵ <https://www.lifeaffirmation.org>

⁶ Report, Subcommittee on Separation of Powers to Senate Judiciary Committee S-158, 97th Congress, 1st Session April 23-24, 1981.

⁷ <https://pubmed.ncbi.nlm.nih.gov/36629778/>

Public Support

In 2022, the Centre for Bio-Ethical Reform UK (CBR UK) [surveyed 874 members of the public in 29 towns and cities across England and Wales](#) regarding their views of UK abortion law.

Significantly:

61% of respondents supported a reduction in the upper abortion limit from 24 weeks to 22 weeks.

A total of 58% of respondents, when given the facts, thought our abortion law should be restricted in some way, with only 11% wanting a relaxation in our laws.

Just under half (46%) of respondents believed current abortion figures too high. Only 1% of respondents believed we should have more abortions.

Over half of respondents (55%) thought aborting a baby because of Down's syndrome was unacceptable, with 6 in 10 (63%) expressing support for reforming our abortion law in this area.

8 in 10 (79%) respondents thought aborting an unborn baby solely because s/he has cleft lip and cleft palate is unacceptable, with 76% expressing support for legal reform in this area.

80% of respondents supported the mandatory introduction of painkillers for the unborn baby during an abortion procedure beyond 12 weeks gestation.

71% of respondents thought "pills by post" abortion was unacceptable. The figure concurs exactly with other polls on the matter and nearly exactly with the government consultation result on the same topic.⁸

⁸ Christian Hacking, *Abortion Views Survey 2023*, April 2023, A Report by the Centre for Bio-Ethical Reform UK.p.3.

Human Life Begins Well Before Viability

Recent legal developments, including the U.S. Supreme Court's ruling in *Dobbs v. Jackson Women's Health Organisation*, question viability as a solid legal basis for abortion laws, advocating for a more substantial foundation rooted in the onset of fetal heartbeat and brain function.

Dobbs v. Jackson Women's Health Organisation decisively asserted that in the abortion context, there is now clear consensus that human life begins well before viability. This consensus requires protection of new human life before viability.⁹ The viability standard is arbitrary and fragile. The cumulative consensus concerning the beginning of human life enables a non-arbitrary decision, one that would protect agreed upon human life from a non-arbitrary developmental moment.¹⁰

Dobbs v. Jackson Women's Health Organisation recognised that new human life and its dignity needs to be protected at least from the moment of quickening. It stated that:

“Failure in this regard would be destructive of human life and dignity. In the modern world, quickening arguably is detectable at the beginning of the heartbeat or, at a minimum, at the beginning of fetal brainstem activity.”¹¹

Significantly, in the 18th century it was understood under the common law that the right to human life arises at least at the moment of quickening. Sir William Blackstone, in his revered *Commentaries on the Laws of England*, wrote that:

“Life is the immediate gift of God, a right inherent by nature in every individual; and it begins in contemplation of law as soon as an infant is able to stir in the mother's womb.”¹²

⁹ *Dobbs v. Jackson Women's Health Organisation* No. 19-1392, 597 U.S. 215 (2022).p.8.

¹⁰ *Dobbs v. Jackson*.p.6.

¹¹ *Dobbs v. Jackson*.p.2.

¹² William Blackstone, *Commentaries on the Laws of England* 125 (1765-69), available at <http://www.gutenberg.org/files/30802/30802-h/30802-h.htm>. 56 Michael S. Paulsen explains the significance of quickening as follows: “For Blackstone, the unborn child was legally a person at the point that the existence of a new infant human life could be detected as actively alive in the womb.” Michael S. Paulsen, *The Plausibility*

The premise of Blackstone's rule was that where human life can be shown to exist, legal personhood exists.¹³

At the U.S. Supreme Court *Gonzales v. Carhart* recognized a "living fetus"¹⁴ from the point of "detectable heartbeat"¹⁵ as an undisputable fact. The human heartbeat is a universally recognized indicator of life. In *Issues in Law and Medicine*, Gregory J. Roden, quoting from *Gonzales v. Carhart*, which upheld the Partial-Birth Abortion Act, Roden stated:

"The [Partial-Birth Abortion Ban] Act does apply pre-viability and post-viability because, by common understanding and scientific technology, a fetus is a living organism while within the womb, whether or not it is viable outside the womb."¹⁶

"Fetus" is a Latin word for young human being. *Black's Law Dictionary* defines fetus as an "unborn child."¹⁷ *The Cambridge English Dictionary* defines fetus as a "young human being...after the organs have started to develop."¹⁸ Undoubtedly, with forty-six human chromosomes and a detectable heartbeat, the fetus is a fellow human being. We are talking about a living human being who undeniably has an inalienable right to life and needs to be legally protected.

The Significance of a Baby's Heartbeat and Brain Activity

Studies show that the detection of a fetal heartbeat and brain activity, as early as 5-6 weeks from fertilisation, indicates the presence of human life and potential viability. This challenges

of Personhood, 74 OHIO ST. L.J. 13, 27 (2013) (further elaborating that "[i]n Blackstone's formulation, there is no distinction—no wedge, so to speak— between biological human life and legal personhood; Blackstone treated them as one and the same in his description of the rights of persons").

¹³ Joshua J. Craddock, Protecting Prenatal Persons: Does the Fourteenth Amendment Prohibit Abortion?, 40 HARV. J.L. & PUB. POL'Y 539 (2017) p.554-555.

¹⁴ In medical jurisprudence. An unborn child, <https://thelawdictionary.org/fetus>

¹⁵ *Gonzales v. Carhart*, 550 U.S. 124 (2007)

¹⁶ *Gonzales v. Carhart*, 550 U.S. 124 (2007)

¹⁷ *Black's Law Dictionary*, s.v. "fetus," September 12, 2019, <https://thelawdictionary.org/search2>

¹⁸ *Cambridge Dictionary*, s.v. "fetus," September 12, 2019, <https://dictionary.cambridge.org/us/dictionary/english/fetus>

the traditional viability standard and supports the recognition of fetal personhood earlier in gestation. *Dobbs v. Jackson Women's Health Organisation* acknowledged that:

"The corollary principle is that if either (1) the circulatory or respiratory functions or (2) any part of the brain, including the brainstem, is active, then human life is deemed to be present. The definition implies that human life begins early in development, during the first trimester, well before viability. Regarding circulatory function, fetal cardiac activity or heartbeat begins a regular rhythm during week four or five of development (week six or seven of gestation). Once fetal cardiac activity or heartbeat has begun, the UDDA indicates that human life is present."¹⁹

Indeed, a child's beating heart in the mother's womb is a universal hallmark of human life. It is incontrovertible.

¹⁹ *Dobbs v. Jackson*, p.15.

Evidence Concerning Pills by Post

Case study: Carla and Lily Foster

On 12 June 2023, Stoke-on-Trent Crown Court sentenced Carla Foster, a 44-year-old mother of three, to 28 months' imprisonment for the "offence of administering poison with intent to procure a miscarriage." (Subsequently, the sentence was reduced to 14 months and was suspended.) Carla Foster knowing that she was over 24 weeks pregnant, told a BPAS operative that she was seven weeks into pregnancy. She was then posted abortion pills. The pills by post tragically resulted in Carla inducing the abortion of baby Lily at 32-weeks' gestation. The pills by post policy caused an illegal and late term abortion, it exposed a traumatised mother to prosecution and very sadly meant the death of baby Lily.

Case study: Bethany Cox

In August 2023, Bethany Cox was charged with child destruction and procuring her own miscarriage "by poison/use of instrument."²⁰

The National Network of Designated Health Care Professionals

The National Network of Designated Health Care Professionals recorded cases of women taking abortion pills when "too far along in their pregnancy, resulting in a small number of aborted babies being born alive.

Admission from BPAS that remote abortion carries the "risk" of live birth

BPAS itself admits that remote abortion carries the "risk" of live birth:

"If you are treated without an ultrasound scan to date your pregnancy – the gestation of your pregnancy may be later than realised (less than 1 in 1,000). This can mean the abortion

²⁰ <https://www.telegraph.co.uk/news/2023/08/15/bethany-cox-denies-illegal-abortion-lockdown-misoprostol/>

treatment fails, or there is more pain or bleeding, you may see a recognisable foetus or in extreme circumstances a live birth (1 in 10,000).”²¹

Remote abortion at home is limited to 10-weeks’ gestation, because the risk of an incomplete abortion and the incidence of harmful side effects increases with each week of gestation.

In January 2021, a response to a Freedom of Information request to the Care Quality Commission revealed 19 serious incidents involving the delivery of a fetus with a gestation greater than expected; 11 of the cases were women who had used pills by post. Out of the total 19 cases, 13 were over 20 weeks.²²

Studies show the risks for women that have abortions over the 10-week limit. A UK study of more than 50% of women having abortions after 13 weeks required subsequent surgical intervention.²³ A Brazilian study found that for telemedicine abortions with a gestational age over 13 weeks, the completion rate was just 48%, and 45% required surgical intervention.²⁴

Evidence showing that pills by post can facilitate coercion and abuse

In 2022, a major BBC-commissioned poll on reproductive coercion found that 15% of women aged 18-44 in the UK had experienced pressure to terminate a pregnancy.²⁵ 5% of women had experienced physical violence with the intention to force a miscarriage. Significantly, 3% of women had been given something (tablets/substance) to cause an abortion without their

²¹ <https://www.bpas.org/abortion-care/abortion-treatments/the-abortion-pill/remote-treatment>

²² <https://percuity.files.wordpress.com/2021/02/complications-from-ema-kd210211.pdf>,p3

²³ “For medical abortion after 13 weeks of gestation, surgical evacuation may be required either at the time for retained placenta or later for persistent retained products of conception. Quoted rates for surgical intervention vary widely between studies and across different regimens, from 2.5% in one study up to 53% in a UK multicentre study. https://www.rcog.org.uk/globalassets/documents/guidelines/abortion-guideline_web_1.pdf

²⁴ Gomberts R et al. (2014) Provision of medical abortion using telemedicine in Brazil. *Contraception* 89:129-133.

²⁵ Since many participants were in the younger age bracket, the lifetime prevalence will be higher still for all of these statistics. ComRes, 2022. Reproductive Coercion Poll – BBC Radio 4 {online}. Available from: <https://comresglobal.com/pols/reproductive-coercion-poll-bbc-radio-4-8-march-2022>

knowledge or consent. This had more than doubled from 2% in women aged 35-44 to 5% in women aged 18-24.

At home abortions are putting women's health at risk

A study by Endler et al. (2019) of a Women on Web telemedicine abortion trial found that surgery was needed for 12.5% of women with a gestational age of less than 9 weeks, and 22.6% for women with a gestational age of over 9 weeks.²⁶

Significantly, in February 2021, Analysis of Freedom of Information requests from 17 hospitals, 2 ambulance services and the Care Quality Commission (CQC) revealed:

4 illegal cases with serious complications being investigated by the CQC where women took these pills beyond 24 weeks.

11 illegal cases with serious complications being investigated by the CQC of women taking these pills beyond 10 weeks.

Data revealing complication rates had risen from 1.7 women per 1000 to 7.5 women per 1000.

An average of 39 calls a month being made to 999 ambulance services from distraught women having taken the abortion pills.

An average of 20 ambulances per month being sent to attend these women.

495 women a month attending hospital due to incomplete abortion.

²⁶ Endler M et al. (2019) Safety and acceptability of medical abortion through telemedicine after 9 weeks of gestation: population-based cohort study. BJOG 126609-618

250 women a month requiring surgery to remove “retained products of conception.”²⁷

A further investigation published in October 2021 made FOI requests to the 127 NHS Trusts and Foundation Trusts which provide acute hospital services. The investigation found:

5.9% of women having an induced medical abortion are subsequently treated at an NHS hospital for complications arising from an incomplete abortion with retained products of conception (RPOC).

3.0% of women require a surgical evacuation of retained products of conception.

2.3% of women having an induced medical abortion are subsequently treated at an NHS hospital for haemorrhage.²⁸

In 2020, the Medical Abortion failure rate reported by Marie Stopes Australia was 5%. One in 20 of women being treated with abortion pills in its facilities needed additional medical intervention to address complications due to an incomplete abortion.

Two Significant U.S. Lawsuits Pertaining to Mifepristone (known as “RU-486” and “Mifeprex,” also referred to as “Subhart H”) and Misoprostol

In November 2022, in the U.S. district court for the Northern District of Texas Amarillo Division, the Alliance Defending Freedom (ADF) argued that the U.S. Food and Drug Administration (FDA) on behalf of the Alliance of Hippocratic Medicine (AHM) and others exceeded its regulatory authority and ignored safety concerns when it approved mifepristone more than two decades ago. This lawsuit is considered the most significant case to make its way through the courts since the overturning of Roe versus Wade.

²⁷ Duffy, K., 2021 d. *Hospital Treatments for Complications from Early Medical Abortions* [online]. Available from: <https://percuity.files.wordpress.com/2021/02/complications-from-ema-kd210211.pdf>

²⁸ Duffy, K., 2021c. *FOI Investigation into Medical Abortion Treatment Failure* [online]. Available from: <https://percuity.files.wordpress.com/2021/10/foi-ma-treatment-failure-211027.pdf>

Importantly, below are relevant articles from the lawsuit that need to be carefully considered in the context of NC1 and NC20:

2. The FDA failed America's women and girls when it chose politics over science and approved chemical abortion drugs for use in the United States. And it has continued to fail them by repeatedly removing even the most basic precautionary requirements associated with their use.

7. The only way the FDA could have approved chemical abortion drugs was to use its accelerated drug approval authority, necessitating the FDA to call pregnancy an "illness" and argue that these dangerous drugs provide a "meaningful therapeutic benefit" over existing treatments.

8. But pregnancy is not an illness, nor do chemical abortion drugs provide a therapeutic benefit over surgical abortion. In asserting these transparently false conclusions, the FDA exceeded its regulatory authority to approve the drugs.

9. What is more, the FDA needed to disavow science and the law because the FDA never studied the safety of the drugs under the labelled conditions of use despite being required to do so by the Federal Food, Drug, and Cosmetic Act (FFDCA). The agency also ignored the potential impacts of the hormone-blocking regimen on the developing bodies of adolescent girls in violation of the Paediatric Research and Equity Act (PREA). And the FDA disregarded the substantial evidence that chemical abortion drugs cause more complications than even surgical abortions.

10. Since then, the FDA has not followed the science, reversed course, or fixed its mistakes—all to the detriment of women and girls. Instead, the FDA has doubled down on its actions and removed the few safeguards that were in place.

11. In March 2016—fourteen years after two Plaintiffs filed a citizen petition with the FDA asking the agency to withdraw its approval of chemical abortion drugs - the FDA rejected these Plaintiffs' petition despite their explanations that the agency violated federal laws by

approving these drugs and ignoring the substantial evidence that these drugs harm women and girls.

12. On the same day that the FDA rejected the citizen petition and mere months before another U.S. presidential election, the FDA also made “major changes” to the chemical abortion drug regimen, eliminating crucial safeguards for pregnant women and girls.

13. For example, the FDA extended the permissible gestational age of the baby for which a pregnant woman or girl may take chemical abortion drugs—from seven weeks to ten weeks.

14. Numerous studies have demonstrated that there is an increased risk from chemical abortion drugs to pregnant women and girls as the baby’s age advances from seven weeks to ten weeks because the surface area of the placenta as well as the size of the baby significantly grow during these three weeks.

16. These major changes failed to satisfy the rigorous scientific standards of the FFDCA and violated PREA’s requirement for a specific safety assessment of these changes on pregnant girls who undergo the revised chemical abortion drug regimen.

17. Realizing a profit-making opportunity in the rapidly growing chemical abortion business, another entity sought the FDA’s approval to market and distribute a generic version of mifepristone. In 2019, the FDA obliged and approved the generic drug—without requiring any new clinical investigations or studies that evaluated the drug’s safety and effectiveness under the requirements of the FFDCA, nor any specific safety assessments on girls as set forth under PREA.

19. In December 2021—two-and-a-half years after two Plaintiffs filed a citizen petition asking the FDA to restore and strengthen the pre-2016 chemical abortion drug regimen or, at minimum, to preserve the few remaining safeguards for women and girls—the FDA rejected almost all of these Plaintiffs’ citizen petition. The FDA issued its denial despite their discussion of how the agency violated the law by ignoring the growing and substantial evidence that these dangerous drugs harm women and girls.

20. On the same day that it rejected the citizen petition, the Biden FDA also announced that it would permanently allow abortionists to send chemical abortion drugs through the mail.

21. This decision not only harms women and girls who voluntarily undergo chemical abortions, but it also further helps sex traffickers and sexual abusers to force their victims into getting abortions while preventing the authorities from identifying these victims. In fact, the State of Texas has recognized that “[d]ue to the potentially high number of trafficking victims who undergo abortion procedures, abortion facility employees are uniquely situated to identify and assist victims of sex trafficking.”

59. The chemical abortion drug regimen requires the use of two drugs: (1) mifepristone (also known as “RU-486” and “Mifeprex”) and (2) misoprostol.

60. As an endocrine disruptor, mifepristone is a synthetic steroid that blocks progesterone receptors in the uterus of a woman or girl. The hormone progesterone is necessary for the healthy growth of a baby and the maintenance of a pregnancy. When a woman or girl ingests the chemical abortion drug mifepristone, the drug blocks the action of the natural hormone progesterone, chemically destroys the baby’s environment in the uterus, blocks nutrition to the baby, and ultimately starves the baby to death in the mother’s womb.

61. Because mifepristone alone works less than 25 percent of the time to complete the abortion, the FDA’s chemical abortion drug regimen mandates the use of a second drug—misoprostol—to induce cramping and contractions in an attempt to expel the baby from the mother’s womb.

62. The only other FDA-approved use of misoprostol is to reduce the risk of gastric ulcers induced by nonsteroidal anti-inflammatory drugs (NSAIDs) in patients at high risk of complications from gastric ulcers and patients at high risk of developing gastric ulceration. Misoprostol’s label warns that the drug “should not be taken by pregnant women to reduce the risk of ulcers” by NSAIDs.

63. The use of these two chemical abortion drugs causes significant injuries and harms to pregnant women and girls.

64. For example, upwards of ten percent (10%) of women who take chemical abortion drugs will need follow-up medical treatment for an incomplete or failed chemical abortion, with an average of thirty-nine percent (39%) of women requiring surgery if taken in the second trimester.

65. Twenty percent (20%) of females will have an adverse event after taking chemical abortion drugs—a rate four times higher than with surgical abortion. This includes over fifteen percent (15%) of females experiencing haemorrhaging and two percent (2%) having an infection during or after taking chemical abortion drugs.

66. Chemical abortions are over fifty percent (50%) more likely than surgical abortions to result in an emergency department visit within thirty days, affecting one in twenty females.

68. For those women and girls who take chemical abortion drugs, there is a significant increase in risk of complications as the baby's gestational age increases. One study found that, after nine weeks' gestation, almost four times as many women and girls experience an incomplete abortion, nearly twice as many suffer an infection, and over six times as many women and girls require surgical abortion after consuming the chemical abortion drugs.

69. Chemical abortion drugs have heightened risks for women and girls with certain blood types. In fact, if a woman or girl with a Rh-negative blood type is not administered certain medication (Rhogam) at the time of her chemical abortion, she could experience isoimmunization, which threatens her ability to have future successful pregnancies. If a Rh-negative woman or girl is left untreated, her future baby will have a fourteen percent (14%) chance of being stillborn and a fifty percent (50%) chance of being born alive but suffering neonatal death or brain injury. Around fifteen percent (15%) of the U.S. population is at risk of this blood condition.

71. The risk of chemical abortions is not only physical: women and girls have described that their chemical abortion experiences harmed their mental health and left them feeling unprepared, silenced, regretful, or left with no other choice before undergoing a chemical abortion.

72. Abortionists exacerbate this harm to a woman's or girl's mental health by not adequately informing her about what she will see when she self-administers chemical abortion drugs at home or in a hotel. For example, one woman was surprised and saddened to see that her aborted baby "had a head, hands, and legs" with "defined fingers and toes."

153. In the 2000 Approval, the FDA informed the Population Council that the agency was "waiving the paediatric study requirement for this action on this application." Without explanation of the effects of chemical abortion drugs on puberty or substantiation of its decision, the FDA asserted that "there is no biological reason to expect menstruating females under age 18 to have a different physiological outcome with the regimen."

154. The FDA nonetheless highlighted the findings of one limited study that included 51 subjects under 20 years of age. The agency explained that the approved labelling states that the safety and efficacy for girls under 18 years of age "have not been studied" because the raw data from this limited study had not been submitted for review, the paediatric population was not part of the NDA indication, the data on safety and effectiveness were only reviewed for the indication's age group (18–35 years of age), and the clinical trials excluded patients younger than 18 years old.

157. Therefore, since the 2000 Approval, the FDA has continued to allow pregnant girls of any age to take chemical abortion drugs—despite never requiring a study specifically designed to determine the safety and effectiveness of these drugs.

255. The Alliance for Hippocratic Medicine, the AAPLOG, the American College of Paediatricians, and the Christian Medical & Dental Associations have members in Texas and around the country who have treated and will continue to treat women and girls who have

suffered complications from the FDA's unlawful approval of chemical abortion drugs and subsequent elimination of the safeguards necessary to protect women and girls.²⁹

Notably, is the U.S. Supreme Court Brief from 2023 – Alliance for Hippocratic Medicine v. Food and Drug Administration. Amici are 109 Members of the United States Congress, 17 Senators and 92 Members of the House of Representatives, representing 32 States. In statement of interest of amici curiae, it affirms:

“As pro-life elected representatives, Amici are committed to protecting women and girls from the harms of the abortion industry. By approving and then deregulating chemical abortion drugs, the FDA contravened its own regulations, and failed to follow Congress’ statutorily prescribed drug approval process to the detriment of patient welfare. The FDA’s lawless actions ultimately have endangered women and girls seeking chemical abortions.”³⁰

The main points of the argument:

The FDA exceeded its Subpart H authority by approving mifepristone.

The FDA misclassified pregnancy as a “life-threatening illness.”

Chemical abortions do not provide a “meaningful therapeutic benefit” over surgical abortions.

The FDA’s approval of mifepristone subverted patient health and safety safeguards within federal laws.

²⁹ IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF TEXAS AMARILLO DIVISION
ALLIANCE FOR HIPPOCRATIC MEDICINE, on behalf of itself, its member organizations, their members, and these members’ patients; AMERICAN ASSOCIATION OF PRO-LIFE OBSTETRICIANS AND GYNECOLOGISTS, on behalf of itself, its members, and their patients; AMERICAN COLLEGE OF PEDIATRICIANS, on behalf of itself, its members, and their patients; CHRISTIAN MEDICAL & DENTAL ASSOCIATIONS, on behalf of itself, its members, and their patients; SHAUN JESTER, D.O., on behalf of himself and his patients; REGINA FROSTCLARK, M.D., on behalf of herself and her patients; TYLER JOHNSON, D.O., on behalf of himself and his patients; and GEORGE DELGADO, M.D., on behalf of himself and his patients, Plaintiffs, v. U.S. FOOD AND DRUG ADMINISTRATION; ROBERT M. CALIFF, M.D., in his official capacity as Commissioner of Food and Drugs, U.S. Food and Drug Administration; JANET WOODCOCK, M.D., in her official capacity as Principal Deputy Commissioner, U.S. Food and Drug Administration; PATRIZIA CAVAZZONI, M.D., in her official capacity as Director, Center for Drug Evaluation and Research, U.S. Food and Drug Administration; U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; and XAVIER BECERRA, in his official capacity as Secretary, U.S. Department of Health and Human Services, Defendants. COMPLAINT

³⁰ Alliance for Hippocratic Medicine, et al., v, Food and Drug Administration, et al.,p.1-2.

The FDA's failure to adhere to the FDCA's drug approval process has created significant health and safety risks to women and girls. The FDA endangers pregnant adolescents seeking chemical abortion drugs by subverting the paediatric study requirement.

In the conclusion, it decisively states:

"If the Court grants the FDA and/or Danco's petitions for a writ of certiorari, then Amici urge the Court to grant Alliance for Hippocratic Medicine's conditional cross-petition. The FDA unlawfully approved mifepristone as a "life-threatening illness" under Subpart H, and subverted patient safeguards within federal laws. The FDA's actions have endangered women and girls seeking these dangerous drugs."³¹

Implications for Dilation and Evacuation (D and E) Abortion

Dilation and evacuation (D and E) abortion involves the use of surgical instruments to dismember the unborn child in the womb. As indicated by official U.K. Government records, around 1,100 such procedures were performed beyond 20 weeks gestation in 2021.

This procedure contrasts with "Feticide and Evacuation," which stops the baby's heartbeat with an injection before removal. Despite being outlawed beyond 15 weeks gestation in some U.S. states, D and E procedures remain commonplace in the UK beyond 14 weeks gestation, raising concerns about its barbarity and risks to maternal health.

Significantly, on March 19th, 2018, Mississippi enacted House Bill 1510, entitled the "Gestational Age Act" ("the Act").³² The Gestational Age Act prohibits abortions after 15 weeks' gestation. Dilation and evacuation abortions "involve the use of surgical instruments to crush and tear the unborn child apart before removing the pieces of the dead child from the womb,"³³. Accurate anatomical diagrams of abortion procedures can be viewed at the

³¹ Ibid. p.27.

³² Gestational Age Act, ch. 393, § 1, 2018 Miss. Laws (codified at MISS. CODE ANN. § 41-41-191).

³³ Mississippi Code 41-41-191 (2019)

website Nucleus Medical Media³⁴, a medically reviewed visual database used by educators and professionals. CBR UK uses actual footage³⁵ of elective abortions from each trimester.

The Legislature opined that:

“The intentional commitment of such acts for nontherapeutic or elective reasons is a barbaric practice, dangerous for the maternal patient, and demeaning to the medical profession.”³⁶

Notably, it found that abortion carries risks to maternal health that increase with gestational age, and it reported that the State of Mississippi has legitimate interests in protecting women’s health.³⁷ Specifically, abortions performed after eight weeks’ gestation, the relative physical and psychological risks escalate exponentially as gestational age increases.³⁸ The Legislature found that “as the second trimester progresses, in the vast majority of uncomplicated pregnancies, the maternal health risks of undergoing an abortion are greater than the risks of carrying a pregnancy to term.”³⁹

Furthermore, the Legislature reported the medical complications from dilation and evacuation procedures include, but are not limited to: incomplete abortions (retained tissue); blood clots; heavy bleeding or haemorrhage; pelvic infection; injury to the bowel or bladder; laceration, tear, or other injury to the cervix; puncture, laceration, tear, or other injury to the uterus; depression; anxiety; substance abuse; and other emotional or psychological problems. In addition, abortions performed after 15 weeks’ gestation, there is a higher risk of requiring a blood transfusion, a hysterectomy, or other reparative surgery.⁴⁰

³⁴ Nucleus Medical Media, *Abortion Search Results* (accessed 6 June 2025), <https://nmal.nucleusmedicalmedia.com/results?q=abortion>.

³⁵ Centre for Bio-Ethical Reform UK (CBR UK), *Abortion Reality – Actual Footage of Elective Abortions by Trimester* (accessed 6 June 2025), <https://abortionreality.com>.

³⁶ Gestational Age Act, ch. 393, § 1, 2018 Miss. Laws (codified at MISS. CODE ANN. § 41–41–191).

³⁷ Gestational Age Act, ch. 393, § 1, 2018 Miss. Laws (codified at MISS. CODE ANN. § 41–41–191).

³⁸ L. Bartlett et al., Risk factors for legal induced abortion mortality in the United States, *Obstetrics and Gynaecology* 103(4):729 (2004).

³⁹ Mississippi Code 41-41-191 (2019)

⁴⁰ Mississippi Code 41-41-191 (2019)

The medical complications from D and E procedures further underscore the need for the abolition of this kind of abortion.

Partial-Birth Abortion

Partial-birth abortion is a gruesome and inhumane procedure. It kills a child who is merely inches away from birth. The procedure is disturbingly similar to the killing of a precious newborn baby and blurs the moral and legal lines between infanticide and abortion. Horrifically, the vast majority of infants killed during partial-birth abortions are alive until the very end of the procedure. Medical science has established that a preborn baby can feel pain when subjected to painful stimuli like that inflicted during a partial-birth abortion procedure. Fetal pain experts believe that a preborn child's perception of pain can be even more intense than that of newborn infants and older children subjected to the same stimuli.⁴¹

According to Americans United for Life, a partial-birth abortion is never medically necessary to preserve a woman's health and instead poses serious health risks to the woman. These serious risks include, but not limited to: an increased risk of cervical incompetence, as a result of cervical dilation that makes it difficult or impossible for a woman to successfully carry a subsequent pregnancy to term; an increased risk of uterine rupture, abruption, amniotic fluid embolus, and trauma to the uterus, as a result of converting the child to a footling breech position-a procedure which, according to a leading obstetrics textbook, "there are very few, if any, indications for other than for delivery of a second twin;" and a risk of lacerations and secondary haemorrhaging, as a result of a physician blindly forcing a sharp instrument into the base of the preborn baby's skull while he or she is lodged into the birth canal-an act which potentially could result in severe bleeding and subsequent shock.⁴²

Sex-Selection Abortion

⁴¹ Partial-Birth Abortion Ban Act – Model Legislation and Policy Guide. Americans United for Life: <https://www.aul.org>

⁴² Ibid.

Sex-selection abortion is an abortion undertaken to kill a child of undesired sex. The United Nations Population Fund (UNFPA) reports that since the 1990s, some areas have seen up to 25% more male births than female births.⁴³ It is difficult to determine how many girls have been lost to sex selection. *The 2020 State of World Population Report* indicates that more than 140 million females are missing today due to both sex-section abortion and female infanticide.⁴⁴

Maternal Health Increases as Gestation Increases

Evidently, abortion's risks to maternal health increases as gestation increases. DNA tests can reveal a baby's sex as early as seven weeks into pregnancy, diagnostic tests for genetic abnormalities are carried out between 15- and 22-weeks' gestation.⁴⁵ Women undergoing abortions later in pregnancy are exposed to increased health risks. For example, risk of death at 8 weeks' gestation is one 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.⁴⁶ A woman seeking an abortion at 20 weeks is 35 times more likely to die from the abortion than she was in the first trimester. At 21 weeks or more, she is 91 times more likely to die from an abortion than she was in the first trimester.⁴⁷

The Hippocratic Oath

First and foremost, the practice of abortion contravenes the Hippocratic Oath and the ethical standards of the General Medical Council to "do no harm." Aborting a vulnerable unborn child is undoubtedly the ultimate harm. The medical profession is entrusted to protect

⁴³ *Gender-biased Sex Selection*, United Nations Population Fund (July 27, 2020), <https://www.unfpa.org/gender-biased-sex-selection>.

⁴⁴ Daniel Baker et al., *State of World Population*, United Nations Population Fund (2020), https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_PUB_2020_EN_State_of_World_Population.pdf.

⁴⁵ Prenatal Genetic Screening Tests: What Are the Different Types of Prenatal Genetic Screening Tests?, Am. Coll. Of Obstetricians and Gynecologists (Oct. 2020), <https://www.acog.org/womens-health/faqs/prenatal-genetic-screening-tests>.

⁴⁶ Linda A. Bartlett et al., Risk Factors for Legal Induced Abortion-Related Mortality in the United States, 103 *Obstetrics and Gynecology* 729 (2004).

⁴⁷ Prenatal Nondiscrimination Act - Model Legislation and Policy Guide. Americans United for Life: <https://www.aul.org>

human life, not to end it prematurely. The abortion procedure takes a human life; and definitively it is not healthcare. The integrity of the medical profession must be preserved as healers that safeguard human life. Human life is sacred and a gift given by Father God.

The Pain of the Unborn Child

Importantly, at the U.S. Supreme Court *Gonzales v. Carhart* acknowledged that at 12 weeks, the unborn child has assumed “the human form”⁴⁸ in all relevant aspects. Moreover, by 12 weeks, the parts of the central nervous system leading from peripheral nerves to the brain are sufficiently connected to permit the peripheral pain receptors to detect painful stimuli.⁴⁹ The Mississippi Legislature found that, “at twelve weeks, an unborn human being...senses stimulation from the world outside the womb.”⁵⁰ Significantly, Dr. Maureen Condic, a Professor of Neurobiology at the University of Utah who specializes in the development and regeneration of the nervous system indicated that fetuses may be able to feel pain as early as ten weeks from the last menstrual period (LMP), when “[t]he neural circuitry responsible for the most primitive response to pain...is in place.”⁵¹ At that point, the “fetus...actively withdraw[s] from...painful stimulus.”⁵² Furthermore, Dr. Condic noted that it was “universally accepted”⁵³ that a fetus has a neural network “capable of pain perception”⁵⁴ at some point “between 14–20 weeks”⁵⁵ LMP. She found various studies which showed that fetuses physically respond to painful experiences, including “a recent review of the evidence”⁵⁶ that “conclude[d] that from the [fifteenth week LMP] onward, ‘the fetus is extremely sensitive to painful stimuli, and that this fact should be taken into account when performing invasive medical procedures on the fetus.’”⁵⁷ Based on that evidence, the Mississippi Legislature argued that nontherapeutic (that is, medically unnecessary)

⁴⁸ *Gonzales v. Carhart*, 550 U.S. 124, 160 (2007)

⁴⁹ Sekulic et al., *supra* note 65, at 1034–35.

⁵⁰ Gestational Age Act, ch. 393, § 1(2)(b)(i)(6), 2018 Miss. Laws 606, 607.

⁵¹ <https://docs.house.gov/meetings/JU/JU10/20130523/100904/HHRG-113-JU10-Wstate-CondicM-20130523.pdf>

⁵² *Ibid.*

⁵³ Case: 18-60868 Document: 00515236528 Page: 20 Date Filed: 12/13/2019 App.21 No. 18-60868

⁵⁴ *Ibid.*

⁵⁵ *Ibid.*

⁵⁶ *Ibid.*

⁵⁷ *Ibid.*

abortions after 15 weeks LMP are “brutal and inhumane”⁵⁸ and, as such, undermine the State’s interest in the life of the unborn child.⁵⁹

At the U.S. Supreme Court *Dobbs v. Women’s Health Organisation*, it was acknowledged that “even more neural circuitry for pain detection and transmission develops between sixteen and twenty weeks, including spinothalamic fibres, which are responsible for the transmission of pain from the periphery to the thalamus.”⁶⁰ Furthermore, by the time the unborn child reaches eighteen weeks, painful stimuli will cause the baby in utero to exhibit stress-induced hormonal responses.⁶¹ Studies have found that “the fetus reacts to intrahepatic vein needling with vigorous body and breathing movements.”⁶² Also, the fetus reacts to such stimuli with “hormonal stress responses,” with rising hormone levels “independent of those of the mother.”⁶³

Today, the “evidence for the subconscious incorporation of pain into neurological development and plasticity is incontrovertible.”⁶⁴ Every modern review of prenatal pain consistently issues the same interpretation of the data that “by ten to twelve weeks, a fetus

⁵⁸ Gestational Age Act, ch. 393, § 1, 2018 Miss. Laws (codified at MISS. CODE ANN. § 41–41–191).

⁵⁹ Judge Jones has made similar observations: “[N]eonatal and medical science . . . now graphically portrays, as science was unable to do 31 years ago, how a baby develops sensitivity to external stimuli and to pain much earlier than was then believed.” *McCorvey v. Hill*, 385 F.3d 846, 852 (5th Cir. 2004) (Jones, J., concurring). She noted that the record contained “submissions from numerous individuals, each holding an MD or PhD, reporting that unborn children are sensitive to pain from the time of conception, and relying on peer reviewed, scientific journals.” *Id.* at 852 n.6 (also citing David H. Munn et al., *Prevention of Allogeneic Fetal Rejection by Tryptophan Catabolism*, 281 *SCIENCE* 1191 (1998), and Patrick W. Mantyh et al., *Inhibition of Hyperalgesia by Ablation of Lamina I Spinal Neurons Expressing the Substance P Receptor*, 278 *SCIENCE* 275 (1997)). She ultimately concluded that, “if courts were to delve into the facts underlying Roe’s balancing scheme with present day knowledge, they might conclude that the woman’s ‘choice’ is far more risky and less beneficial, and the child’s sentience far more advanced, than the Roe Court knew.” *Id.* at 852.

⁶⁰ Ritu Gupta et al., *Fetal Surgery and Anesthetic Implications*, 8 *Continuing Educ. Anesthesia, Critical Care & Pain* 71, 74 (2008).

⁶¹ Stuart W. G. Derbyshire, *Can Fetuses Feel Pain?*, 332 *Brit. Med. J.* 909, 910 (2006).

⁶² Xenophon Giannakouloupoulos et al., *Fetal Plasma Cortisol and β -endorphin Response to Intrauterine Needling*, 344 *Lancet* 77, 77–78 (1994).

⁶³ Rachel Gitau et al., *Fetal Hypothalamic-Pituitary-Adrenal Stress Responses to Invasive Procedures are Independent of Maternal Responses*, 86 *J. Clinical Endocrinology & Metabolism* 104, 104 (2001).

⁶⁴ Curtis L. Lowery et al., *Neurodevelopmental Changes of Fetal Pain*, 31 *Seminars Perinatology* 275, 275 (2007).

develops neural circuitry capable of detecting and responding to pain.”⁶⁵ And that even more sophisticated reactions occur as the child in the womb develops further.⁶⁶

Notably, a [2020 UK Parliamentary report](#) backed by 20 MP’s from all the main political parties was less clear on the point but still had this to say:

“From reviewing the evidence, arriving at a distinct position on when it is possible to assert the earliest gestation at which the foetus can feel pain is not possible. What is very clear, however, is that the foetus does manifest stress responses from around 18 weeks gestation of a kind that can be seen in children and adults in relation to whom the stress responses would certainly be associated with pain.”

Conclusion

In closing, we acknowledge that some of the content in this briefing is very disturbing. Perhaps you may like to take time to pause. There is always grace in the pause. If you would like to, you may join us in praying The Lord’s Prayer from the Gospel of Luke chapter 11, verses 2-4 (New King James Version):

“Our Father in heaven,
Hallowed be Your name
Your Kingdom come.
Your will be done on earth as it is in heaven.
Give us day by day our daily bread.
And forgive us our sins,
For we also forgive everyone who is indebted to us.

⁶⁵ See, e.g., Carlo V. Bellieni & Giuseppe Buonocore, Is Fetal Pain a Real Evidence 25 J. Maternal-Fetal & Neonatal Med. 1203, 1203–08 (2012); Richard Rokyta, Fetal Pain, 29 Neuroendocrinology Letters 807, 807–14 (2008).

⁶⁶ See Royal Coll. of Obstetricians & Gynaecologists, Fetal Awareness: Review of Research and Recommendations for Practice 5, 7 (Mar. 2010), available at <https://www.rcog.org.uk/globalassets/documents/guidelines/rcogfetalawarenesswpr0610.pdf> [<https://perma.cc/4V84-TEMC>] (last visited July 28, 2021); Susan J. Lee et al., Fetal Pain: A Systematic Multidisciplinary Review of the Evidence, 294 J. Am. Med. Ass’n 947, 948–49 (2005); see also App. 76a, 84a–85a.

And do not lead us into temptation,
But deliver us from the evil one.”

Here at CBR UK we wholeheartedly encourage you to vote against these extremely dangerous and iniquitous amendments (NC1 and NC20) to the Crime and Policing Bill. Undoubtedly, every precious mother and her beautiful unborn child are intrinsically worthy of life. Both lives matter. A mother and her unborn child have inherent dignity and deserve protection by the rule of law regardless of sex, illness, or disability.

It is critical that you and your fellow MPs establish justice on behalf of women and unborn babies. We encourage all parliamentarians not to reject God’s holy commandment “You shall not murder,” as disobeying the Lord’s Royal Law is incredibly serious. In Psalm 94:20-23 we read that God Almighty will remove His stamp of approval upon their administrations and withhold fellowship since the:

“...throne of iniquity, which devises evil by law,
Have fellowship with You?
They gather together against the life of the righteous,
And condemn innocent blood.
But the Lord has been my defense,
And my God the rock of my refuge.
He has brought on them their own iniquity,
And shall cut them off in their own wickedness;
The Lord our God shall cut them off.”

The conclusion of the whole matter of abortion is incontrovertible, in the light of the sixth commandment and King Solomon’s statement in the book of Ecclesiastes 12:13, “Fear God and keep His commandments, for this is man’s all.” In Micah 6, verse 8, we are each reminded:

“He has shown you, O man, what is good;
And what does the Lord require of you?

But to do justly,
To love mercy,
And to walk humbly with your God?"