



Born-Alive Abortion Survivors: Just the Facts

April 2021 Edition

Key Points

In 2019, Illinois and New York **repealed** existing laws that protect infants that survive abortion, setting off a national debate about medical care for abortion survivors.

Currently, federal law does not ensure that each infant that survives an abortion is given proper medical care, despite 77 percent of Americans supporting these policies.

This issue affects real people. In only nine states that require reporting on abortion survivors, 203 cases of infants that survived an abortion have been reported.

On the 46th memorial of *Roe v. Wade*, New York Governor Andrew Cuomo signed into law the Reproductive Health Act which repealed legal protections for infants who survive abortion.¹ The celebration of this law in New York City, followed by comments by Virginia Governor Ralph Northam which seemed to endorse infanticide, launched the question of born-alive abortion survivors into the conscience of America.

Congress and state legislatures across the country have responded to these radical positions by putting forth legislation to protect infants who survive abortion. However, Democrat politicians have blocked efforts in Congress and in state legislatures to pass the Born-Alive Abortion Survivors Protection Act which requires that life-saving medical care be given to babies born alive after failed abortion attempts. In

This report can be read online at frc.org/bornalive

2019, House Speaker Nancy Pelosi refused to bring this bill up for a vote in the House over 80 times, and Democrat Governors in North Carolina, Wisconsin, and Montana all vetoed similar legislation. There has been much debate and false information spread about these bills and the general nature of infants born alive after an abortion attempt. Here are the facts:

Do babies survive failed abortions?

- Yes. In fact, a 2018 European study done “[t]o evaluate the rate of live birth and the duration of survival after termination of pregnancy [between 20–24 weeks gestation] without feticide” found that over half of these 241 peri-viable pregnancies resulted in live births with a “median survival time” of 32 minutes.²
- In the United States, the CDC reports that from 2003–2014 at least 143 infants died after being born alive during an abortion procedure, and the report admits that this is almost certainly an underestimate.³ There are no federal abortion reporting requirements, which leaves a massive gap in state reporting.
- According to the CDC, of the 143 infant deaths involving induced pregnancy terminations, 97 involved a maternal complication or one or more congenital anomalies. We do not know why the remaining 46 infants were allowed to die.
- The CDC took this data from the National Vital Statistics System (NVSS) Mortality Data in regard to infant deaths, which included deaths occurring to infants who met the legal definition of a live birth, which includes “any sign of life, e.g., breath, heartbeat, pulsation of the umbilical cord, or definite movement of voluntary muscles.”⁴ That’s 143 babies that were reported to be clearly alive and who later died.⁵
- As stated by the CDC: “Data available for 2003 and subsequent years includes not only causes of death coded to ICD-10, but also the original text describing the causes of death as reported on the death certificate by the cause-of-death certifier (usually a physician, medical examiner or coroner).”⁶

- As can be clearly seen, many of the causes of death for the infants were elective or medical terminations—not just fetal abnormalities or maternal medical reasons like abortion advocates would have the public believe.

The CDC report also includes a list of the following terms that were reported on death certificates “that indicate an induced termination of pregnancy” from 2003 to 2014:⁷

- Abortion for maternal medical reasons
- Abruptio placentae following insertion of laminaria for maternal elective abortion
- Attempted elective abortion (mother changed her mind)
- Attempted self-abortion
- Chemical abortion
- Cytotec termination
- Cytotec-induced abortion
- Desires second trimester abortion
- Elective abortion
- Elective induction
- Elective termination
- Elective termination by patient
- Elective termination of pregnancy
- Failed abortion
- Failed medical abortion
- Induced abortion
- Induced delivery
- Induced loss of pregnancy
- Induced termination
- Induced termination of pregnancy
- Induced termination of pregnancy by laminaria placement
- Induction of labor

- Induction of labor for pregnancy termination
- Induction of labor for termination of pregnancy
- Induction termination
- Induction termination of previable infant
- Interrupted elected termination of pregnancy
- Labor induction for pregnancy termination
- Maternal use of abortant
- Medical abortion
- Medical termination
- Medical termination of pregnancy
- Medically indicated termination of pregnancy
- Medically induced termination
- Medication-induced abortion
- Misoprostol-induced abortion
- Patient initiated termination
- Prostaglandin termination
- Self-induced abortion
- Termination induction
- Termination of pregnancy by labor induction
- Termination of pregnancy by prostaglandin
- Termination, elective
- Therapeutic abortion
- Therapeutic termination
- Therapeutic termination of pregnancy
- Voluntary interruption of pregnancy
- Voluntary termination of pregnancy
- VTOP (voluntary termination of pregnancy)

The CDC notes that the language of these terms “is unedited and exactly that used by the cause-of-death certifier.”⁸

How long did those 143 infants survive before their death?

After these babies were delivered alive after an attempted termination of their life by an induced abortion, some of them struggled for life for more than 24 hours. The distribution of age at death for deaths involving induced terminations are as follows:⁹

Age at death	Frequency	Percent
<10 minutes	25	17.5
10-59 minutes	35	24.5
1-4 hours	68	47.6
5-23 hours	9	6.3
1 day or more	6	4.2

Are states required to report on born-alive births after a failed abortion attempt?

Yes. With South Dakota passing a law in 2021 to require reporting on children who are born alive during an abortion, there are now nine states that require this type of reporting: Arkansas,¹⁰ Arizona,¹¹ Florida,¹² Indiana,¹³ Michigan,¹⁴ Minnesota,¹⁵ Oklahoma,¹⁶ South Dakota,¹⁷ and Texas.¹⁸ As of 2020, only Arizona, Florida, Indiana, Michigan, and Minnesota have publicly reported any cases, totaling at least 203 cases in which an infant survived an abortion.

- Arizona:** Since 2017 Arizona has reported double digit numbers each year for infants who survive abortion, reporting 10 in 2017,¹⁹ 12 in 2018,²⁰ and 15 in 2019.²¹ The annual abortion reports do not specify whether any of these babies survived past birth or where they are now.

- **Arkansas:** In 2020, Arkansas released their first report detailing abortion complications and the number of infants that survive abortion. This report captured numbers from the day the law was enacted on July 24, 2019 through the end of 2019. However, there were no cases of infants that survived abortion reported.²²
- **Florida:** Florida has reported 27 cases including four in 2015,²³ 11 in 2017,²⁴ six in 2018,²⁵ two in 2019,²⁶ and seven in 2020.²⁷ Florida's reports do not say what happened to the babies after they were born.
- **Indiana:** Indiana requires all physicians who perform a surgical abortion to report whether the child was delivered alive, and if the physician "gave the fetus the best opportunity to survive." As of 2019, Indiana has reported 27 cases in which the infant survived a failed abortion.²⁸
- **Michigan:** Michigan reports on whether there are signs of life after a failed abortion; so far, Michigan has reported 84 such cases, the most of any state.²⁹ Since 2006 Michigan has reported 17 such cases,³⁰ with as many as five in 2011.³¹
- **Minnesota:** Minnesota has reported 19 babies born alive following a failed abortion. With five in 2015,³² five in 2016,³³ three in 2017,³⁴ three in 2018,³⁵ and three in 2019.³⁶ Minnesota also reports on what type of treatment was administered to the child but does not state what gestational age each child was born.
- **Oklahoma:** Oklahoma includes reporting on the number of infants born-alive from abortions in their annual abortion surveillance report, but as of the 2019 report, Oklahoma has not reported any instances of infants that have survived abortion.³⁷
- **South Dakota:** In 2021, South Dakota passed legislation requiring the number of infants who survived an attempted abortion to their Department of Health.
- **Texas:** Texas has included reporting on infants who survive abortion since 2013, but in 2019, the state strengthened their enforcement of born-alive protections.³⁸ The resulting 2019 report indicated six infants were born alive after a failed abortion.³⁹

Here are two personal accounts of abortion survivors:

Gianna Jessen had been in the womb for seven months before her mother went to a Planned Parenthood facility⁴⁰ to have a late-term saline abortion.⁴¹ (Saline abortions rarely if ever happen

anymore in the United States for abortions up to 24 weeks gestation. This technique has been replaced with an equally gruesome one that dismembers a child limb from limb, known as a dilation & excavation, or “D&E.”⁴²⁾ Saline abortions use a saline solution to poison the baby, which burns him or her inside and out, even burning off the outer layer of their skin. The child suffers in these conditions for over an hour until their demise, and the mother must deliver her dead child the next day.

But Gianna survived. At that Planned Parenthood facility, Gianna was delivered alive, and because the abortionist was not in the office yet, a nurse called an ambulance to transport her to the hospital. “Had [the doctor] been there, he would have ended my life with strangulation, suffocation, or leaving me to die without a thought,” she says.⁴³

She was diagnosed with cerebral palsy due to oxygen deprivation in the abortion attempt. But she knows she shouldn’t be alive at all: “I was being literally burned alive in my mother’s womb for 18 hours. I should be blind, burned, and dead,” Jessen says.⁴⁴

Melissa Ohden’s biological mother also had a saline abortion. But Melissa survived.⁴⁵ After being born alive, it was found that she was seven months old and weighed two pounds. When the saline abortion was over, she was discarded, but a nurse heard her crying from the medical waste.⁴⁶ Two nurses intervened and rushed her to the NICU. Years later when Melissa found these nurses to thank them for saving her life, they told her “that she kept ‘gasping for breath’ and decided [they] couldn’t just leave her.”⁴⁷

Today Melissa is a pro-life advocate with a master’s degree in social work and is the founder of the Abortion Survivors Network (ASN).

There was no legal or medical requirement to resuscitate Melissa or Gianna. They survived simply because someone acted with compassion.

Aren't there already laws in place against infanticide?

- Currently, there is no federal criminal statute against taking the lives of born-alive infants; criminal charges are applied at the state level.
- Currently, there are no federal requirements for abortionists to provide medical care to infants who survive abortions, nor are there any criminal penalties for neglecting to give care to these babies.
- In 2002, Congress did pass the Born-Alive Infants Protection Act, but this law was only a definitional change stating that all infants who survive an abortion are full persons under the law.⁴⁸ There has not been a single federal prosecution brought against an abortionist since this law was passed even though the CDC admits that at least 143 infants who survived abortion died. The Born-Alive Abortion Survivors Protection Act would require an active duty medical practitioner to treat infants who are born alive after an abortion. At present, if the infant is killed after birth, it would be a crime of infanticide if reported. However, if the practitioner fails to give care to an infant who survives the abortion and dies as a result, the practitioner is not guilty of anything.
- Thirty-six states currently have some form of born-alive protections.⁴⁹ If the federal law passed in 2002 was adequate in protecting infants who survive abortion, then 36 states would not have passed their own born-alive laws to expand on the federal protections. However, among the 36 states with their own born-alive laws, only 18 have the key components of the federal Born-Alive Abortion Survivors Protection Act pending in Congress,⁵⁰ leaving 32 states that do not adequately protect the lives of infants who survive abortion. That is why the federal law adding enforcement tools to prosecute doctors who deny life-saving medical care to infants who survive abortion is necessary.

Shouldn't it be up to the doctor, not politicians to determine the best way to treat a born-alive infant?

- The *Born-Alive Abortion Survivors Protection Act* does not prescribe specific medical procedures that doctors must perform. In fact, the language specifically reads: “Any health care practitioner

present at the time the child is born alive shall exercise the same degree of professional skill, care, and diligence to preserve the life and health of the child as a reasonably diligent and conscientious health care practitioner would render to any other child born alive at the same gestational age.⁵¹ More simply put, the bill requires that doctors do not discriminate against newborn patients because they were born as the result of an abortion attempt.

- The bill also requires that the child be rushed to the nearest hospital. Many contend that moving an infant who survives an abortion to the nearest hospital might not be the best medical practice, but it is critical that the born-alive infant be moved to a hospital because not all abortion clinics have the necessary equipment or trained staff to provide necessary care. Also, it would not be in the child's best interest to have the abortion doctor, who moments before was trying to kill the child, provide life-saving care.

What actually happens to a child born alive after a failed abortion attempt?

There are two options: Either you give care or you decide not to give care. One is humane, the other is murder. Abortionists are not required to report born-alive infants or the methods they use to end the child's life. Given the atrocities against born-alive infants committed by Philadelphia abortionist Kermit Gosnell, it is essential that we enforce and strengthen the principle that born-alive infants are American citizens entitled to the full protection of our laws. We must never forget what happened in one of America's most horrific homicide cases, and we must never allow it to happen again. Revealed in Gosnell's 2013 trial was record proof of what was being done to babies born alive in his facility:⁵²

- "One employee testified in the trial that she witnessed Gosnell snip the necks of more than 30 babies."
- "A 28-week-old baby boy was found frozen in a gallon water bottle."
- "One of the babies was reportedly moving and breathing for 20 minutes before an employee cut the spinal cord."

- “Gosnell severed the spine of one breathing, moving, born-alive baby and put the body in a plastic shoebox for disposal.”
- “When authorities searched Gosnell’s office, they found bags and bottles holding aborted fetuses scattered throughout the building.”
- Many other horrific details were brought as evidence before a grand jury. You can find a comprehensive list in this *Washington Examiner* article of all the horrible offenses committed by Gosnell on helpless infants.⁵³

Houston area abortionist Douglas Karpen’s alleged actions were just as disturbing:⁵⁴

- Karpen’s ex-assistant, Deborah Edge, testified that “When he did an abortion, especially an over 20-week abortion, most of the time the fetus would come completely out before he either cut the spinal cord or he introduced one of the instruments into the soft spot of the fetus in order to kill it.... or actually twisting the head off the neck with his own bare hands.”
- “It was still alive because it was still moving and you could see the stomach breathing.”
- “The women described one occasion where a fetus that Karpen thought was dead suddenly ‘opened its eyes and grabbed (the doctor’s) finger’ after he wrenched it from the womb. However, it met a similar fate to the other fetuses at the clinic.”
- The three witness who worked for Karpen were interviewed extensively in a video.⁵⁵
- “In 2012, Operation Rescue began acquiring evidence against Karpen from his former employees. That evidence included photographs depicting the bodies of two infants that were clearly in their third trimester of pregnancy, which were said to have been aborted by Karpen. Those photos were provided directly to Operation Rescue in November 2012, by the former Karpen employee who took them with her cell phone. They depicted wounds that could not have occurred while the baby was still inside the womb.”⁵⁶
- Unfortunately, a Texas grand jury cleared Karpen of any wrong-doing, saying they could find “no evidence of criminal behavior.”⁵⁷ However, the evidence gathered at the Karpen trial was handed over to the House Select Investigative Panel on Infant Lives, where the findings were so egregious that on December 7, 2016 they referred allegations of the Karpen case to the DOJ for investigation.⁵⁸

- As of May 11, 2018, the investigation of abortionist Douglas Karpen has been “forwarded to the FBI Houston field office for ‘any action deemed necessary’ related to the murder of killing babies after failed abortions.”⁵⁹

In an infamous tweet by Planned Parenthood abortionist Leah Torres, she admits to severing the vocal cords of unborn babies in a reply to a commentator about infanticide:

“...You know fetuses can’t scream, right? I transect the cord 1st so there’s really no opportunity, if they’re even far enough along to have a larynx. I won’t apologize for performing medicine...”⁶⁰

How often are late-term abortions committed?

The latest abortion surveillance report from the U.S. Centers for Disease Control (CDC) on abortion surveillance in the United States reported that 5,175 abortions were done past 21 weeks in 2016, which accounted for 1.2 percent of all abortions committed in the U.S. that year.⁶¹ The CDC abortion surveillance system does not distinguish abortions by week above the 21-week threshold. There is a lack of reporting on abortions committed after this point, which means that these numbers are based on voluntary state reporting to the CDC and the Guttmacher Institute, a pro-abortion research organization.

General consensus applies “late-term” terminology to abortions that occur after 20 weeks gestation and beyond, at which point we scientifically know that a child can feel pain, and at which point some babies are proven to be viable. Only 20 states prohibit abortions of babies after 20 to 22 weeks.⁶²

How are late-term abortions committed?

Abortions committed between 13 and 24 weeks are usually completed via “dismemberment” or “D&E” (dilation and evacuation). 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. As described in our “Dismemberment Abortion” brief:

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 ... 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.⁶³

Such a gruesome technique is committed when we know scientifically that an unborn child is able to feel pain and is just weeks—if not days—away from the point of viability.

In some cases when a dismemberment abortion is too difficult to commit on a baby that has passed the point of viability, an “induction of fetal demise” by lethal injection is used to stop the child’s beating heart before inducing labor. This ensures the child is not pulled out alive.⁶⁴

Aren’t late-term abortions only committed when the baby has a fetal abnormality?

- No. Very few late-term abortions are committed on babies who have fatal birth defects. A study conducted by the Guttmacher Institute suggests that most women seeking later term abortions are not doing so for reasons of fetal anomalies or life endangerment.⁶⁵ The women in this study offered the same reasons for obtaining an abortion as those who seek abortion earlier in pregnancy.
- The study surveyed 1,209 post-abortive women from nine different abortion facilities in the U.S., asking them what their main reason was for having an abortion. Of the women surveyed, 957 of them provided a main reason for having an abortion, with only 3 percent saying they aborted because of fetal health issues.⁶⁶

Percentage	Reason
25%	Not ready for a child
23%	Can’t afford a baby

19%	Done having children
8%	Don't want to be a single mother
7%	Not mature enough to raise a child
4%	Physical health problems
4%	Would interfere with education or career
3%	Fetal health problems
<0.50%	Victim of rape

Aren't late-term abortions only committed if the child's prognosis is severe?

Baby Elouise

As we know, medical diagnoses are not always correct, and doctors should never say “never.” Who are we as human beings to deem someone unfit or unworthy of a chance at life? Take baby Elouise for example.

After a 20-week ultrasound, doctors in the UK told 26-year-old Bethan Simpson that her daughter Elouise had spina bifida, “a condition in which the area around the developing spinal cord fails to properly close,” and recommended that Bethan have an abortion.⁶⁷ She and her husband told the *Daily Mail* that doctors “did say it would be a pretty bleak outcome” and they wondered, “how could we bring a child into this world with such a poor quality of life? She may not have had the use of her lower limbs as well as dysfunctional bladder and kidneys.”⁶⁸

But after seeking a second opinion at another hospital, they learned of a surgical option that could actually help their child instead of terminating her for having physical challenges. The surgery was performed on baby Elouise at 25 weeks, and she was born on April 1, 2019. Her parents report that she is healthy and doing well.⁶⁹

Many people go on to live full and meaningful lives even with a disability. A disability does not diminish a person's worth and they should not be treated as such by withholding from them a chance at life through abortion.

Because of the success of Elouise's groundbreaking surgery, the UK's National Health Service has announced that it plans to make the spina bifida surgery available widely in the UK sometime later this year. The surgery has already been successfully done many times in the United States and in Belgium.

Don't women only get late-term abortions for the sake of their health?

Dr. Mary L. Davenport is a practicing OB-GYN and former abortionist who examines the medical necessity of late-term abortion in our brief, "Is Late-Term Abortion Ever Necessary?":

Although most late-term abortions are elective, it is claimed that serious maternal health problems require abortions. Intentional abortion for maternal health, particularly after viability, is one of the great deceptions used to justify all abortion.⁷⁰

She went on to point out that pregnant women with complicated health issues are frequently "given wrong diagnoses, or incomplete information, and not offered any alternatives other than abortion."⁷¹

This is proven by Dr. Thomas Murphy Godwin, an expert in maternal fetal medicine, premature labor, heart disease in pregnancy, and ethical issues. In an article in *First Things*, he points to what we know objectively:

Certain conditions that can be diagnosed in advance are associated with risk of maternal mortality greater than 20 percent: pulmonary hypertension (primary or Eisenmenger's syndrome), Marfan's syndrome with aortic root involvement, complicated coarctation of the aorta, and, possibly, peripartum cardiomyopathy with residual dysfunction. Taken altogether, abortions performed for these conditions make up a barely calculable fraction of the total

abortions performed in the United States, but they are extremely important because they have been used to validate the idea of abortion as a whole. They stand as a sign that abortion is in some cases unavoidable[,] [sic] that it can be the fulfillment of the good and natural desire of the mother to live. It should be emphasized how rare these conditions are.

...

If we examine other conditions associated with lesser though still significant risk of maternal mortality (conditions for which abortion is often recommended), we find that in many cases the prognoses are changing, both because of a better understanding of the natural history of the disease and because of advances in therapy. Here is the paradox, however. As the actual risks to the mother diminish because of medical advances, concern about maternal and fetal risks from complications of pregnancy is still offered as a justification for many abortions.⁷²

Why are abortions recommended then?

As Dr. Davenport observes:

An unfortunate reality is that the legal burden for the physician is severe if all possible risks of continuing the pregnancy are not communicated to the patient. In the U.S., multi-million-dollar court judgments for “wrongful life” are allowed if the patients assert that they would have had an abortion had they known a particular problem might have ensued. It is impossible to foresee and enumerate each and every possible complication. But if abortion is recommended, even with minimal or no justification, there is no legal penalty.⁷³

Can babies survive at 20-weeks post-fertilization?

Yes. As discussed in our paper “What Science Reveals About Fetal Pain,” babies can now survive outside the womb at 20 weeks post-fertilization with active treatment:

Due to developments in technology, babies who are considered “extremely preterm” can now survive outside the womb as early as 20 weeks post-fertilization, if treated, a May 2015 *New*

England Journal of Medicine study revealed. The study looked at nearly 5,000 extremely premature babies born between 22 and 27 weeks. Of the 357 babies born at 22 weeks gestation (20 weeks post-fertilization), 79 were actively treated. Eighteen of the 79 babies who were actively treated survived (23 percent).

Of the 755 babies born at 23 weeks gestation (21 weeks post-fertilization), 542 were actively treated. Of the 542 who were actively treated, 180 babies survived (33 percent).

There are about 5,000 premature babies born annually in the U.S. between 22 and 23 weeks (20 to 21 weeks post-fertilization). Dr. David Burchfield, the chief of neonatology at the University of Florida said, “It confirms that if you don’t do anything, these babies will not make it, and if you do something, some of them will make it.”

Another July 2016 study about “Survival Among Infants Born at 22 or 23 Weeks’ Gestation [20 to 21 weeks post-fertilization] Following Active Prenatal and Postnatal Care” showed that 67 percent of the infants who received active care survived until hospital discharge without severe complications. More specifically, “of 106 liveborn infants (45 born at 22 weeks and 61 born at 23 weeks and 6 days), 20 (19 percent) received palliative care (17 born at 22 weeks and 3 born at 23 weeks), and 86 (81 percent) received active care (28 born at 22 weeks and 58 born at 23 weeks). Of the 86 infants who received active care (mean [SD] maternal age, 32 [6] years), 58 (67 percent) survived until hospital discharge (17 born at 22 weeks and 41 born at 23 weeks). Eighty-five infants survived without severe complications, with 1 infant born at 22 weeks excluded because of missing data.”⁷⁴

Conclusion

Having protections for infants who survive abortion is the issue at hand—not abortion rights or women’s rights. This is about offering medical care to a child who has now become the patient. Because the vast majority of states do not require reporting on born-alive victims or require that they receive medical care, cases like Gosnell and Karpen are only made known by those who have the courage to

come forward. We must decide as a country where we stand on this issue: to either pursue humane protections for those most vulnerable in our society or continue to subject innocent human life to the whims of abortionists.

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¹ Patrina Mosley, M.A., former Director of Life, Culture, and Women’s Advocacy at FRC, contributed to this publication.

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⁴ Ibid.

⁵ With regard to infant deaths, the NVSS Mortality Data only included deaths occurring to those infants born alive and did not include fetal deaths (stillbirths).

⁶ “Mortality Records with Mention of International Classification of Diseases-10 code P96.4 (Termination of Pregnancy): United States, 2003-2014,” Centers for Disease Control and Prevention.

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⁸ Ibid.

⁹ Ibid.

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¹¹ “36-2301,” Arizona State Legislature, accessed February 9, 2020, <https://www.azleg.gov/ars/36/02301.htm>.

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- ²⁸ Data cited here was provided to the Charlotte Lozier Institute by the Indiana State Department of Health, Division of Vital Records. Most of the Indiana Induced Termination of Pregnancy (ITOP) reports are not publicly accessible, but the Indiana Department of Health collects this data regularly and this page hosts the collection, or ITOP reports, or information to request data on ITOP reports from 2000 to 2018: <http://www.lb7.uscourts.gov/documents/118-cv-19043.pdf>.

²⁹ Data for 1997-2006 provided to the Charlotte Lozier Institute by the Michigan Department of Health and Human Services. Data for 2006-2018 provided by the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics.

³⁰ “Induced Abortions in Michigan, January 1 through December 31, 2008,” Michigan Department of Community Health Division for Vital Records and Health Statistics, 36, <https://www.mdch.state.mi.us/pha/osr/annuals/Abortion%202008.pdf>.

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