Misrepresentation or Ignorance of Fetal Development as a Factor in Psychological Injury Following Induced Abortion

This article is designed to help provide background information as an aid in passing legislation requiring comprehensive and accurate fetal development information as part of informed consent, or more effectively utilizing current legislation or case law which already requires informed consent for medical procedures generally. This same information may also be of assistance in raising legal claims based upon fraud or deceit or negligent non-disclosure.

Controlling U.S. Supreme Court Decisions

In Planned Parenthood of Central Missouri v. Danforth, 428 U.S. 52 (1976) the U.S. Supreme Court upheld the constitutionality of a Missouri statute which provided that a woman seeking an abortion during the first 12 weeks of pregnancy must certify in writing, prior to the abortion, “that her consent is informed and fully given and not the result of coercion.” The Court in upholding the constitutionality of the statute said, “the decision to abort, indeed, is an important, and often a stressful one, and it is desirable and imperative that it be made with full knowledge of its nature and consequences.”

Subsequently, in Planned Parenthood v. Casey 112 S. Ct. 2791 (1992) the U.S. Supreme Court upheld a Pennsylvania law which required a doctor or a counselor prior to abortion to offer the woman an opportunity to see materials designed to inform her of the probable anatomical and physiological characteristics of the unborn child at two-week gestational increments from fertilization to full term, including pictures representing the development of unborn children at two-week gestational increments, and any relevant information on the possibility of the unborn child’s survival; provided that any such pictures or drawings must contain the dimensions of the fetus and must be realistic and appropriate for the woman’s stage of pregnancy. The materials shall be objective, non-judgmental, and designed to convey only accurate scientific information about the unborn child at various gestational ages. It was further required that the materials shall be available at no cost on request to any person, facility or hospital.

In upholding this provision, the Court recognized an important state interest in “potential life” and further said “it cannot be questioned that psychological well-being is a facet of health. Nor can it be doubted that most women considering an abortion would deem the impact on the fetus relevant, if not dispositive, to the decision. In attempting to ensure that a woman apprehend the full consequences of her decision, the state furthers the legitimate purpose of reducing the risk that a woman may elect an abortion, only to discover...
later, with devastating consequences, that her decision was not fully informed... Requiring that the woman be informed of the availability of information related to fetal development... is a reasonable measure to insure an informed choice, one which might cause the woman to choose childbirth over abortion.” Id. at 2823-24.

Public Support for Information on Fetal Development

Various polls have shown wide public support for information on fetal development as part of informed consent prior to abortion. For example, in a 1989 Maryland poll 72% of those polled said they would require physicians to describe the extent of fetal development. Baltimore Evening Sun, September 5, 1989, p. A6. In a Florida poll 77% versus 14% favored requiring doctors to provide information about the fetus, including his or her health and stage of development. St. Petersburg Times, October 6, 1989 p. 1B

The Importance of Fetal Development in Decision-Making

Women involved in abortion have a wide range of responses as to when they believe human life begins. In a 1989 Los Angeles Times random U.S. survey of 2533 women, 8% reported abortions. Among the women reporting abortions, 11% said they were not sure or were unaware of when human life began, 26% thought that life began at conception, 41% thought life began somewhere in-between conception and birth, and 22% thought that life began at birth. Among these women 33% said abortion was murder, 56% expressed guilt from their abortion, and 26% said they mostly regretted their abortion. Los Angeles Times Survey, March 2 - 10, 1989

Education regarding fetal development can significantly alter pregnancy decision making. Enhanced counseling which includes an initial counseling session of about 1.5 hours with education about pregnancy and fetal development using fetal models and a video in a New Zealand crisis pregnancy center was found to result in a substantial number of additional decisions for childbirth among women who were ambivalent or were considering abortion. In this study, 139 women were identified as being in a crisis situation. At the start of the interview these women were placed into one of three categories, depending on the option initially favored for the outcome of the pregnancy: (1) continuing the pregnancy, (2) ambivalent, or (3) termination by abortion.

After the counseling which explored various life crisis issues as well as pregnancy and fetal development education, 15 out of 18 who initially favored continuing the pregnancy to term did so; among the 49 who were ambivalent, 35 continued to term, 9 terminated by abortion, 4 had miscarriages and 2 had unknown outcomes; and among the 72 who initially favored termination by abortion, 14 continued to term, 61 had abortions, 11 had miscarriages and 3 had unknown outcomes.


One reason that women who are ambivalent or initially favoring abortion might change their minds with more information and decide to bear a child is because, for many, the abortion decision is conflictual, the options evenly balanced and considerable indecision is present. Abortion, adoption, or motherhood: An empirical study of decision making during pregnancy, MD Bracken, LV Klerman, M. Bracken, Am. J. Obstet. Gynecol. 130(3):251, February 1, 1978.

Karen Yates, a counselor at Southeast Crisis Pregnancy Center in Washington, D.C which serves primarily a black community, reports that for most of the young women she serves, facts about exactly what they would be destroying by having an abortion, are often the “deciding factor” in a woman’s abortion decision. She also reports that 95% of the women she counsels were told by some pro-abortion advocate, their doctors, family planning counselors, or someone else, that the fetus is just a “clump of cells” that it is not really alive. But when the biological facts are fully explained to the women, she says that the vast majority choose not to abort. Nation’s First Black Crisis Pregnancy Center Stresses Family Involvement, Debra Braun, National Right to Life News, January 12, 1984, p.4.

Also, a substantial number of women who seek abortion view the unborn child in the womb as a physical/emotional
extension of themselves. Reasoning in the Personal and Moral Domains: Adolescent and Young Adult Women’s Decision-Making Regarding Abortion, JG Smetana, J. Applied Developmental Psychology 2:211, 1981. Women of this type could particularly benefit from information about fetal development because it would expose them to the fact that there is a separate and distinct being present in the womb.

Ambivalence among women who make appointments at abortion centers is also common. In fact, many abortion clinics offer “options counseling” or general counseling in their advertisements. These clinics are very likely to see substantial numbers of women who have not made up their minds one way or the other. Even without the lure of “options counseling”, women who go to the abortion clinic, may still be ambivalent.

In the study of 252 women members of Women Exploited by Abortion, when later asked if their decision was firm when they went to the abortion clinic, 39% said that it was not, and 44% said they were still looking for options. Despite this ambivalence or desire for options, only 4% reported that the clinic, doctor or counselor helped them to explore their decision. Aborted Women: Silent No More, David Reardon, Westchester, Ill : Crossways Books(1987).

It has also been observed that women who seek abortion frequently have an inhibition of the normal processes of fantasy about the fetus. They will more frequently refer to the fetus as an “it” much more frequently than women who desire to carry to term. They also less frequently ponder the sex of the child, consider possible names or imagine holding the new born. Therapeutic Abortion. Clinical Aspects, Edward Senay, Arch General Psychiatry 23:408, Nov. 1970. Thus, there may be, at least in some women seeking abortion, an element of self-deception and a distancing from the life in her womb as well as ignorance about fetal development.

Beverly Raphael, an Australian psychotherapist has stated that a woman may have required a high level of defensive denial of her tender feelings for the baby to allow her to make a decision for abortion. The Anatomy of Bereavement, B. Raphael, New York: Basic Books (1983) p 238. Repression and denial thus will be present, at least in some circumstances, in women seeking abortion.

Other women who obtain abortions may project the bad feelings they may have about themselves onto the fetus in the womb. For some women the fetus is not represented as a baby in fantasy, dreams, or reality, but rather as an aspect of thebad self or as a bad internal object that must be expelled. Analysis of such patients reveals an early relationship with the mother which is suffused with frustration, rage, disappointment and guilt. Loss of the fetus is experienced as a relief rather than a loss as if the continuing bad mother had not given permission for the child to be a mother herself. Pregnancy, Miscarriage and Abortion, Dinora Pines, Intl Journal of Psychoanalysis 71 :301 (1990); see also Abortion-Pain or Pleasure?, Howard W. Fisher in The Psychological Aspects of Abortion, Ed. D. Mall WF Watts (1979) pp. 39-52. (Incomplete separation from mother may lead to rejection of maternal role.)

Misrepresentations Regarding Fetal Development at the Abortion Clinic

The stage of fetal development at the time of abortion is an important consideration of women. However, abortion facilities routinely and consistently misrepresent or omit this important information. In a brochure written by Carol Everett, formerly involved in abortion clinics in Texas, she says that each woman asks the question: “Is it a baby?” The answer is “No, it is a production of conception (blood clot or glob of tissue).” What I Saw in the Abortion Industry, Carol Everett, Easton Pub. Co. Box 1064, Jefferson City, MO 65201 (1988)

In a 1989 investigation of Florida abortion facilities, a Miami Herald reporter posing as a potential client in a Florida abortion clinic said, “What about the baby. I’m worried about hurting the baby.” “What baby, answered the clinic owner. “there’s just two periods there that will be cleared out.” The woman then said, “You mean I’m not pregnant?” “Oh, you’re pregnant. But there is no baby there... two periods and some water. If you don’t terminate, then it will become a fetus, and after birth then it will become a baby.” An Abortion, Sontag, Miami Herald, September 17, 1989, Tropic at pg. 14.
In another report, a woman who had an abortion while in college when she was three months pregnant, recalled asking an abortion counselor, "What does a three month fetus look like? "Just a clump of cells", she answered matter of factly. A year later at a friend's house someone was passing around pictures of fetuses in various stages of development. "When I saw that a three month old 'clump of cells' had fingers and toes and was a tiny, perfectly formed baby, I became really hysterical. I'd been lied to and misled." Later, she and her husband visited almost every abortion clinic in Cleveland to see if other women were also poorly informed and badly served. She subsequently said, "What we heard was incredible. One counselor told us the fetus did not resemble a human being until seven months; another said five months and so it went." Are You Sorry You Had an Abortion?, Milton Rockmore, Good Housekeeping, July, 1977, pp. 120-121, quoting Julie Engel. See also quote of Georgia Denk at 162-163. (Two inch long baby born alive was not "bloody tissue" as she originally thought.) In another instance a Wisconsin woman wrote to a U.S. Senator and described her abortion group counseling experience. She said: "a uterine model was brought in which contained only a nucleus of cells with protons and neutrons revolving around it - not at all a 10-12 wk. fetus which was really there. The fetus was only referred to as a "by-product" of conception." Letter from Shelly Banda to Senator Gordon Humphrey, June 10, 1986.

A review of various forms used by abortion facilities to obtain consent of the woman prior to the abortion, reveals that there is no reference to any baby or even fetus or embryo. For example, a form entitled Facts About Early Abortion used by a Planned Parenthood affiliate defines abortion as "a procedure to terminate a pregnancy". Disposition of remains is called "removal of tissue". An incomplete abortion is described as "retained contents of the uterus". The language is deliberately selected to deny any presence of another being and avoids any references to a developing baby, fetus, or embryo.

Even if the abortion facility is located in a state where the attending doctor is required by state law to provide accurate information regarding fetal development, as part of informed consent to abortion, misleading and inaccurate information may still be provided. Consider the following statement in a patient consent form purportedly describing fetal development in the first trimester.

Legal abortion by vacuum aspiration is most safely and easily performed during the first three months of pregnancy, because of the very small size of the developing embryo or fetus and the placenta. During the first month of pregnancy, no embryo or fetus is recognizable, even under microscopic examination. By the end of the second month of pregnancy, an embryo may be able to be identified by microscopic examination, but cannot be seen by the naked eye. By the end of the third month, a fetus can be seen with the naked eye and it may measure up to 6 cm. in length and weigh 14 grams. Although most external body parts can be seen in rudimentary form, the sex of the fetus generally cannot be determined by visual inspection. At all stages of pregnancy during the first three months, all tissue in the uterus generally can be easily removed by aspiration through a narrow plastic tube 1 cm. or less in diameter.

There are several inaccurate or misleading statements relative to first trimester development. At no point is there any reference to when the fetus might take on a human appearance. The overall intent appears to make it seem that the fetus is very small, hardly can be seen, if at all, is also poorly developed and grows quite slowly particularly during the first few months up to 13 weeks gestation. However, the embryo or fetus is not nearly as small during this period as represented in the statement and could be seen with the naked eye without resort to a microscope.

According to information in a leading medical text on embryology and fetal development, the crown-rump (C-R) length at 8 gestational weeks is about 13 mm. which is slightly more than one-half inch; at 7 gestational weeks it is about 8 mm. which is about 5/16ths of an inch; and at 6 gestational weeks is about 4 mm., which is between 1/8th and 3/16ths of an inch. The Developing Human, Clinically Oriented Embryology, KL Moore, TVN Persaud, Philadelphia: WB Saunders Co. (1993). Thus, even at six gestational weeks the fetus can be seen with the naked eye.

The statement also appears to attempt to convey the
idea that the maximum length at the end of the third month is 6 cm. The figure of 6 cm. is at least partially correct. According to the medical text The Developing Human, the 6 cm. length is the average crown-rump (C-R) length not the maximum length and the gestational ages given are + or - 4 days which makes a significant difference since the reference tables in the text cite changes in size and weight as well as other developmental features at increments of one day.

Also, the C-R length is not the total length of the fetus. The total length would be the crown-foot (C-F) length which is significantly longer. For example in a study which attempted to develop standards of fetal growth for the U.S.A., at 12 gestational weeks, the median C-R length is 7.8 cm. while the mean C-F length is about 12 cm with a range of about 5-16 cm.

A fetus also gains weight rapidly, particularly during the later part of the first trimester. For example, according to the same article on fetal growth standards, the median weight (50 percentile) at 12 weeks gestational age is 21.1 grams with a range 11.1 grams at 25 percentile to 31.4 grams at 75 percentile; at 13 weeks gestational age the median weight (50 percentile) is 35.3 grams with a range 22.5 grams at 25 percentile to 55.4 grams at 75 percentile; at 14 weeks gestational age the median weight (50 percentile) is 51.4 grams with a range of 34.5 grams at 25 percentile to 76.8 grams at 75 percentile.

A important conclusion to be drawn from this data is that the weight of a fetus at a particular stage of gestation varies significantly depending on individual situations and can change greatly with only an increase of 1 week in gestational age.

Possibly the most obvious misleading area is the lack of information about the development of a myriad of embryonic and fetal functions during the first trimester. For example, the medical text The Developing Human states that "organ systems develop during the fourth to eight weeks (fertilization age), and, by the eighth week (fertilization age), the embryo has a distinctly human appearance", p. 70. The text further states that the heart begins to beat at 22 days after fertilization (5 weeks and 1 day gestational age) and at 26-27 days after fertilization (40-41 gestational days), the heart prominence is distinct. p.78. The neural plate from which the nervous system develops, appears during the third week since fertilization.

A failure to advise a woman seeking an abortion when the embryo or fetus has a distinctly human appearance, or failure to provide information indicating the presence of human life at the time of abortion, would be an omission of relevant and material information.

Lack of Fetal Development Information in Abortion Counseling Standards

Abortion counseling standards do not include any provision for information on fetal development. For example, according to the National Abortion Federation, counseling involves providing written and verbal information about the nature of the procedure and its medical risks. Counselors take a medical history for the use of the doctor, educate the patient, put her at ease, and provide her with emotional support. Administrative Counseling and Medical Practices in National Abortion Federation Facilities, Landy and Lewit, Family Planning Perspectives 14(5):257-262, Sept/Oct, 1982; Standards for Abortion Care, National Abortion Federation: Washington DC (1987,1990).

In another article on abortion counseling written by Uta Landy, again, there is no requirement for, or even consideration of, educating the woman on embryology or fetal development. Instead, abortion counselors only describe the choices available- abortion or childbirth, the medical risks associated with the procedure, provide contraceptive counseling and provide emotional support. Abortion Counseling-A New Component of Medical Care, Uta Landy, Clinics in Obstetrics and Gynecology, 13(1):33, March, 1986

Nor does the leading text book on abortion practice have any requirement that information on embryology or fetal development be part of the counseling process. Abortion Practice, Warren M. Hern, Alpenglo Graphics: Boulder, CO (1990).
Misrepresentations in Films Produced by Abortion Advocates

Films made by proponents of legalized abortion may also attempt to depict the outcome of an early abortion as evidence of lack of any possible humanity of the fetus. This is evident in a doctoral dissertation entitled The rhetoric of visual images: an analysis of pro-choice / pro-life films by Barbara Pickering (1992) which studied three pro-choice films. For example, in one film produced by The Fund for the Feminist Majority entitled Abortion for Survival (1989), a clinician is seen removing the contents of a small pouch following an abortion. A small amount of blood and remains are spread on a glass dish. A second scene demonstrates the aspiration syringe. The contents of the syringe are emptied onto a piece of cloth. An observer states that “what appears in both scenes amounts to only several tablespoons of blood and tissue” (As a comment on this scene it should be pointed out that the film apparently never depicts the fetal child before the destructive act, nor is the gestational age described). In the study of these three films, the researcher concludes “The ‘voice of the fetus’ is silenced in the pro-choice films. In large part, the fetus is simply absent”. Pro-choice films do not include fetal models. In describing the results of an early abortion, the researcher concludes, “while the fetus is presented as an image, it has no ‘voice’ as tissue, it is a mere object, not a victim”. The rhetoric of visual images: an analysis of pro-choice / pro-life films, Barbara Pickering, Dissertation Abstracts Intl, 54, p. 1149A, Oct, 1993. According to reports of former abortion clinic employees, sometimes films of this type are used at abortion facilities in place of counseling.

General Ethical Standards for Disclosure

In order to obtain truly informed consent, “a description of the fetus is relevant to a woman’s decision about abortion, and to claim that this information does not pertain directly to the abortion procedure is to deny that a second being is involved. Women deserve to know exactly what would be removed before they make a decision. The doctor who protects them from the facts to preserve them from anxiety and guilt has made a moral decision on their behalf... and to deprive a woman contemplating abortion of a description of the fetus, whether or not she requests it, is to deprive her of truly informed consent.” Regulating Abortion Services (letter), Virginia P. Riggs, M.D., New England Journal of Medicine, February 7, 1980, p. 350.

The requirement of a truly informed consent is also required by the Council on Ethical and Judicial Affairs of the American Medical Association. The Council has stated that the principles of medical ethics do not prohibit a physician from performing an abortion in accordance with good medical practice and under circumstances that do not violate the law. The Council also states under the requirement of informed Consent that “The patient’s right of self-decision can be effectively exercised only if the patient possesses enough information to enable an intelligent choice... an exception is made when risk-disclosure poses such a serious psychological threat of detriment to the patient as to be medically contraindicated. Social policy does not accept the paternalistic view that the physician may remain silent because divulgence might prompt the patient to undergo needed therapy. Rational, informed patients should not be expected to act uniformly, even under similar circumstances, in agreeing to or refusing treatment.” Current Opinions of The Council on Ethical and Judicial Affairs of the American Medical Association. American Medical Association (1989) Sections 2.01, 8.08.

The American College of Obstetricians and Gynecologists (ACOG) has made a statement similar to that of the AMA. In an ACOG Committee opinion entitled Ethical Dimensions of Informed Consent, its affirms that, “informed consent is an expression of respect for the patient as a person; it particularly respects a patient’s moral right to bodily integrity, to self-determination regarding sexuality and reproductive capacities, and to the support of the patient’s freedom within caring relationships.” The ACOG Committee opinion stresses that relationships have particular significance in addition to the notion of autonomy. An important principle is comprehension and it states “comprehension requires information, it implies
the disclosure of information and a sharing of interpretations of its meaning by a medical professional. The accuracy of disclosure, insofar as it is possible is governed by the ethical requirement of truth telling. Ethical Dimensions of Informed Consent, ACOG Committee Opinion 108, Washington DC ACOG (1992) published in Women's Health Issues 3(1):1-10, Spring, 1993.

Studies of the Impact on Women From Misrepresenting the Nature of the Fetus

In a study of 252 women members of Women Exploited by Abortion (WEBA) an average of 10 years postabortion, women were asked if they were given information about the biological nature of the fetus as part of their counseling at the abortion clinic. 90% of the women said 'not at all' and only 2% said that fetal development had been thoroughly or even moderately discussed. Women were also asked whether or not they had felt “well informed about the procedure and fetus through other sources before seeking an abortion.” In response, 90% claimed they had little or no prior knowledge, 5% stated they had only moderate knowledge, and only 4% claimed to have been well enough informed to consult abortion and fetal development through prior knowledge. This sample of women had over a 90% incidence of long-term negative psychological effects from abortion.

In the WEBA study counseling at Planned Parenthood clinics about fetal development was not much better than abortion clinics generally. In a sub-sample of 53 women who received counseling and/or abortions at Planned Parenthood clinics, 85% responded “not at all” when they were asked if they were given information about the biological nature of the fetus and only 8% said they were well enough informed about the abortion procedure and the fetus prior to the abortion. Aborted Women: Silent No More, David C. Reardon, Chicago: Loyola Press (1987).

In another study based upon a self-reported questionnaire of 344 women surveyed between 1988-93 at Akron Pregnancy Services, Akron, Ohio, an average of about 6 years after their abortion, women were asked if they had been adequately informed about fetal development. Among this sample 54% said “yes”, 38% said “no”, and 9% had no response. The average age of these women at the time of their abortion was about 18 years with 38% being 17 or younger. Some of the women in this study appeared to repress or deny aspects of their abortion experience as 10.5% did not respond when asked about gestational age and 22% could not remember the type of abortion. A high incidence of guilt, remorse and regret as well as other adverse psychological effects was prevalent in this sample. Physical and Psychological Injury in Women Following Abortion: Akron Pregnancy Services Survey, Lee E.H. Gsellman, Association for Interdisciplinary Research in Values and Social Change Newsletter 5(4):1-8, Sept/Oct. 1993.

In yet another 1990 survey of 232 women at various crisis centers in 39 different states, found that one of the reasons for long term negative psychological sequelae was dissatisfaction, guilt, or anger with counseling information, or education related to the pregnancy or abortion. The women used words such as deceptive, misleading, and betrayed to describe this dissatisfaction or anger and often the realization of this came years later.

One woman was quoted as saying, “The 'counselor' told me it was 'just a blob of cells', to picture a mulberry, that's what it looked like. I guess the woman who did the abortion was the doctor. There was no dialogue with her other than the abortion itself. None of this bothered me at the time- now I have a lot of feeling about all of this.”

Another woman said, “I now realize, because of the medical evidence, that my baby was already a baby when I destroyed his life. Not just a nothing blob. I'm angry at those in the medical profession who close their eyes to the truth, take life, and cause untold trauma to those who don’t know better. An informed and educated choice is the only choice. The ignorant really don’t have a choice at all. They are deceived for a price.” Canonical Variates of Post Abortion Syndrome, Helen P. Vaughan, Institute for Pregnancy Loss: Portsmouth, NH (1990), pp. 63-71.

In another study of 30 women who reported long term stress from their abortion, 67% reported that there was insufficient or inaccurate information about the development of the
fetus or embryo at the time of their abortion. Behavioral reactions reported by more than 60% of the women included frequent crying, inability to communicate with others concerning the pregnancy and abortion experience, flashbacks after the abortion experience, sexual inhibition, suicidal ideation, and increased alcohol use. The Psycho-Social Aspects of Stress Following Abortion, Anne C. Speckhard, Sheed & Ward: Kansas City (1987).

Trauma from viewing exactly what has been aborted has arisen in abortion malpractice cases. In one instance reported by forensic psychologists, a woman identified as “G” had a first trimester abortion. During the preabortion counseling, “G” asked if this was a baby and her counselor assured her that it was just a clump of tissue. Shortly after her abortion she took a shower at home. Afterwards she felt something strange and looked down at the bathroom floor: “I looked down and it had two eyes, the formation of a nose and a mouth; the rib cage was sticking out. It was all broken up. You could even see an arm. You could just see what it was.” In her shock and panic, she quickly picked it all up and took it into the kitchen and put it in the cupboard. Then she started to shake and cry. Abortion Malpractice: When Patient Needs and Abortion Procedure Collide, Vincent Rue and Anne Speckhard, Association for Interdisciplinary Research Bulletin 9(1):1,3, Nov./Dec 1995.

In another abortion malpractice case, a woman underwent a first trimester abortion procedure at a facility in New York City. Other than signing some forms, she did not receive any counseling. After the abortion procedure she felt severe cramps and when her condition worsened, she asked her boyfriend to take her to the hospital. While on the toilet in the hospital, she had a spontaneous miscarriage and delivered a 4 1/2 inch fetus, a baby boy still attached to the umbilical cord. She started to scream. A doctor delivered the placenta and held up the fetus and said... “This is a fetus... a baby... it is not just some tissue passed.” The woman had depression, nightmares and sleeplessness as a result. She also became withdrawn and was reluctant to resume sexual relations with men for a substantial period of time. At the time of her trial she was still suffering from emotional trauma. Ferrara v. Bernstein, 613 NE2d 542 (N.Y. Ct. App. 1993).

In another study — 25 women who reported being distressed following abortion were compared to another 25 women who reported more relieved or neutral responses. It was found that among the factors that distinguished the two groups, the distressed group expressed regrets at misunderstanding the nature of the fetus at the time of the abortion, e.g. believing it to be a clump of cells with no bodily form, or of being given inaccurate information by medical personnel. The distressed group also reported more feelings of loss following abortion (48%) compared to the non-distressed group (none), and were more likely to want to replace the fetus, have depressive feelings at anniversary dates, or other adverse psychological reactions. Post-Abortion Perceptions: A Comparison of Self-Identified Distressed and Nondistressed Populations, G. Kam Congleton and Lawrence Calhoun, Int’l Journal of Social Psychiatry 39(4):255, 1993.

**Conclusion**

The misrepresentation of the stage of development of fetal life by counselors in abortion clinics or on forms provided to the women at the time of abortion appears to be substantial and widespread. No knowledge on fetal development is required of abortion counselors in standards developed by the National Abortion Federation, in abortion counseling articles or in medical textbooks describing the practice of abortion. However, information on this subject is relevant and material to a decision regarding childbirth or abortion and it has been shown that such information can make a difference in decision-making.

Many woman may be ignorant about fetal development or may deny the presence of a separate and distinct being for psychological reasons. Thus, there is a need for comprehensive information on the subject as part of the requirement of informed consent. Many women who are provided false or misleading information on fetal development report this to be a significant factor in subsequent emotional and psychological distress following induced abortion.

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