

## Sample Paper from 2008-2009

The following Senior Project paper is an actual student paper from 2008-2009. It is not necessarily perfect or error-free; however, the research and content demonstrate an advanced level of thinking and writing.

Please note that for the 2009-2010 school year, the prompt and paper rubric have changed slightly. Students should use the 2009-2010 prompt, rubrics, and paper template to complete their senior project.

Running head: ABORTION

Abortion: A Preventable Pandemic

Student Name

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## ABSTRACT

Abortion is the act of terminating a pregnancy before a fetus is considered viable. A viable fetus is a baby that could live outside of the womb. Abortions are legal in all of the fifty states. Abortions became legal in 1973 after the Supreme Court ruled on favor of Jane Roe in the controversial case known as Roe vs. Wade. The majority of all abortions occur within the first trimester of the pregnancy or within the first and thirteenth weeks of pregnancy. Each state has its own regulations regarding abortions. It's a proven fact that the more closely regulated abortions are the less likely it is that a women will have an abortion. In conclusion and in accordance with these facts all fifty states should have the same regulations regarding abortions and abortion procedures.

## Abortion Policy for the United States of America and the State of Idaho

There are over 42 million abortions performed every year worldwide. That equals 115,000 abortions per day. In 2005 there were 1.21 million abortions performed in the United States alone; that equals over 2,000 abortions performed per day.

### Policy Identification

Policy for the state of Idaho states that abortions are legal under strict requirements. The definition of a legal abortion is as follows:

In first and second trimesters: consultation between licensed M.D. and mother determination by M.D. that abortion is appropriate considering various mental, physical, family factors including circumstances of pregnancy (such as rape or incest). Third trimester: must be necessary to preserve life of mother or fetus and M.D. must consult another corroborating physician (Idaho Code§ 18-601 et seq.).

The woman seeking an abortion must give consent after being properly informed of all information deemed a requirement by the state.

Mother must give "informed consent" after information about development of fetus, adoption and other services, risks, etc.; abortion on minor requires written consent of parent unless minor is emancipated, has been given right to self-consent by court, or court finds abortion without consent of parent is in the best interest of the minor, or where medical emergency exists with no time to obtain consent (Idaho Code§ 18-601 et seq.).

The physician(s) performing the operations must also follow strict guidelines. If for any reason the physician does not fulfill all of the requirements it could be seen as an illegal abortion. A physician's requirements are as follows:

First trimester: in hospital or properly staffed clinic or physician's office with arrangements with nearby acute care hospital for complications or emergencies; second trimester: same as first except that procedure must be performed in licensed hospital and in the "best medical interest" of pregnant woman; third trimester: same as second except requires corroboration of consulting M.D. and procedure must be necessary to preserve life of mother or fetus (Idaho Code § 18-601 et seq.).

#### History/Background

Prior to the nineteenth century abortions were legal in the United States. In Colonial America abortions were performed by mid-wives as was the majority of women's medicine at that time. However abortions were not always legal. In the mid-nineteenth century, legislation was passed to ban abortions in an effort to promote the birth of "politically desirable children," i.e. white Anglo-Saxon Protestants, as well as protect young woman who may have chosen to seek a "back alley" abortion. It is estimated that 20 to 25 percent of all pregnancies ended in an abortion by the mid-nineteenth century (Neumann, 2009).

Numerous women's rights movements took place in the 1960s and 1970s. The first victory for abortion reform came in 1967. In the state of Colorado it was deemed legal to obtain an abortion under certain circumstances: when childbirth posed grave danger to the health of the woman, when there was a high likelihood of fetal abnormality, or when the pregnancy developed from incest or rape (Lewis and Shimabukro, 2001). Between 1967 and 1973 one-third of all the states had accepted that an abortion was legal only to preserve the health and/or life of the mother. By the end of 1970 four states had

repealed criminal penalties for abortions performed in the early stages of pregnancy by a licensed physician.

In the 1973 Supreme Court Case of Roe vs. Wade, the Supreme Court ruled that abortions were legal in all fifty states. The Supreme Court ruled in favor of Norma McCorvey a.k.a. Jane Roe (Neumann, 2009). This case determined that it went against women's constitutional rights to prohibit them from making their own decision as to whether or not to terminate a pregnancy. In a similar case, Doe vs. Bolton, it was determined that a state may not prohibit or limit a women's access to receiving an abortion (Lewis and Shimabukuro, 2001). The consequences of these decisions have drastically altered America's perception of unborn babies and unwanted pregnancies. Since 1973 there have been 49,551,703 babies killed in the United States alone (Alan Guttmacher, 2009).

#### Current Situation

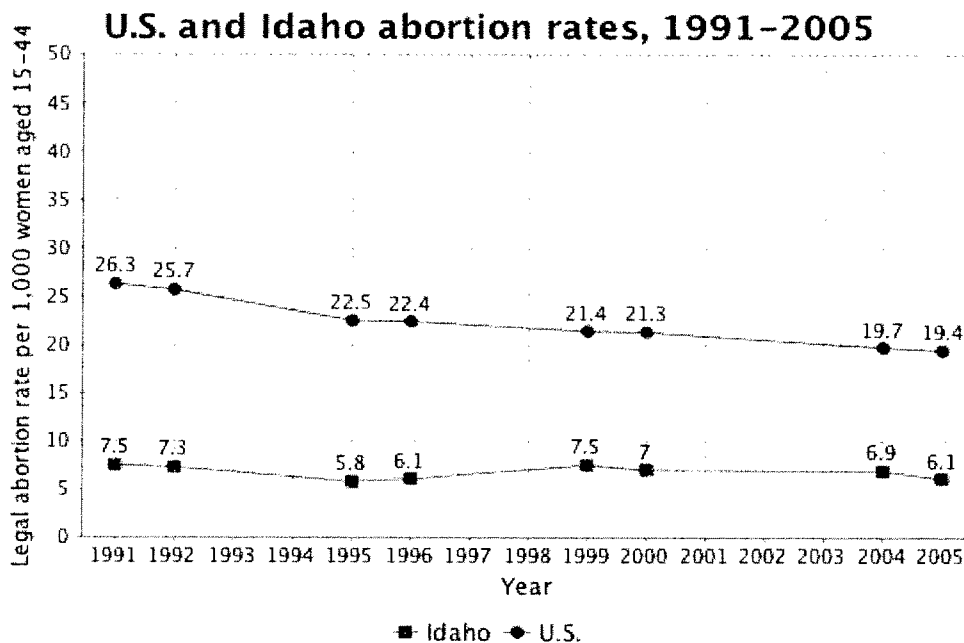
If the national average of abortions continues at its current rate one in three women will have obtained an abortion by the age of 45. In 2005, 62 million women became pregnant in the United States; of those pregnancies 66% resulted in birth, 19% ended in an abortion. The number of recorded abortions totaled 1.2 million. The current national average equals 19.4 abortions for every 1,000 women of child bearing age (Alan Guttmacher, 2009). The average number of abortions differs greatly from state to state depending on their current policies and restrictions.

Each state has its own policies regarding abortions, although every state must follow the law that was passed in 1973. The state of Idaho has some new restrictions regarding abortions effective as of January 2008:

the parent of a minor must consent before an abortion is provided; a woman must receive state-directed counseling that includes information designed to discourage an abortion and then wait 24 hours before the procedure; public funding is available for abortions only in cases of life

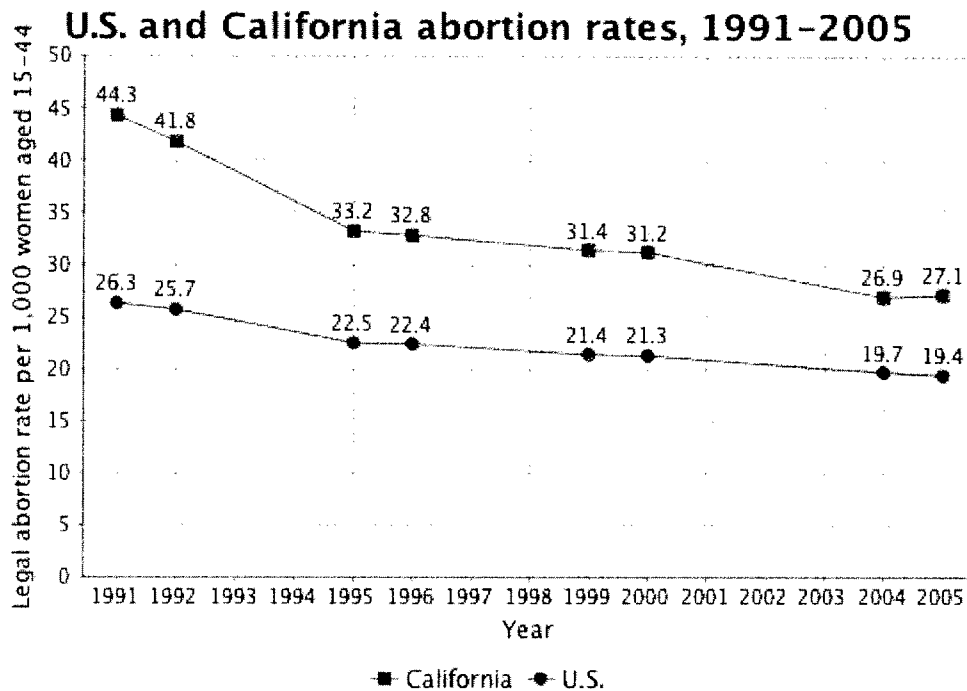
endangerment, rape or incest; abortion is covered in private insurance only in cases of life endangerment, unless an optional rider is purchased at an additional cost (Alan Guttmacher, 2009).

According to statistics from 2005 1,810 women in the state of Idaho obtained an abortion (Alan Guttmacher, 2009). According to national averages Idaho has one of the lowest abortion rates among all fifty states. Idaho averages 6.1 abortions for every 1,000 women of child bearing age. The state only accounts for 0.2 of the 19.4 abortions per 1,000 women in the United States. The following chart shows the abortion statistics of Idaho compared to the national average.



In comparison the state of California currently has no restrictions on abortions. California’s lack of restrictions along with their larger population drastically changes the statistics. According to statistics from 2005; 887,900 women became pregnant. Of those pregnancies 62% resulted in birth;

23% ended on an abortion. In California 208,430 abortions were recorded. This leaves California with an average of 27.1 abortions for every 1,000 women of reproductive age. Abortions in the state represent 17.3 of those 19.4 abortions per 1,000 women in the United States (Alan Guttmacher, 2009). As the statistics show, the lack of restrictions definitely affects the way women chose to proceed in these situations. Below is a chart showing the national average weighted against that of California.



Abortion procedures are becoming more and more common. With advances in medicine abortions are becoming less of an issue for medical professionals; thus making abortions easier to access than ever before. According to the Alan Guttmacher Institute 52% of women who obtain abortions are younger than 25 years old. In the United States teenagers “i.e. a person from puberty through the age of 19” account for 20% of all abortions (Howard-Barr, 2005).

With so many abortions occurring on a regular basis it makes you wonder: what is making all these women kill their unborn children? According to the Alan Guttmacher Institute 1% of abortions occur because of rape or incest. 6% of all abortions are due to health risks, and 93% of abortions

are for social reasons. Social reasons means that the majority of abortions in the United States occur because the babies these women are carrying are unwanted or inconvenient.

The majority of all terminated pregnancies occur in the first trimester. The pregnancy is considered in the first trimester between the 1<sup>st</sup> week and the 13<sup>th</sup> week. In all fifty states it is legal to obtain an abortion within the first trimester (Howard-Barr, 2005). 89 percent of all abortions occur between the 9<sup>th</sup> and 12<sup>th</sup> weeks of a pregnancy. It is also legal to obtain an abortion in the second trimester of pregnancy. Abortions during the second trimester account for 10% of all abortions (Alan Guttmacher, 2009). Abortions that occur in the third trimester are only legal if it is necessary to preserve the life/health of the mother; these abortions account for 1% of the abortions in the United States. That one percent equals out to about 16,450 third trimester abortions each year (Alan Guttmacher, 2009).

There are a number of different abortion procedures done depending on the trimester in which an abortion is to be performed. During the first trimester there are numerous abortion procedures. One of the most common types of early abortions is known as a medical abortion (American Pregnancy Assoc, 2007). A medical abortion is also known as RU486, non surgical abortion, abortion pill, and/ or a medication abortion. This particular procedure is only an option until the eighth week of pregnancy. A medical abortion usually requires multiply visits to the clinic. On the first visit a woman is given the drug Mifepristone; this drug ends the pregnancy. After waiting 24- 72 hours the women then takes the drug Misoprostal; this drug causes the uterus to contract, expelling the pregnancy. The second visit to the clinic consists of an examination to ensure that all of the pregnancy was removed (FWHC, 2008).

Other options during the first trimester include vacuum aspiration and IPAS syringe also known as an MVA. Both of these options are available between the 6<sup>th</sup> and 13<sup>th</sup> weeks of pregnancy (FWHC, 2008). The vacuum aspiration procedure is done in three steps. The first step is an injection

into the cervix to numb it. The second is the insertion of a soft, flexible, straw-like tube into the uterus. The third step consists of the tube being attached to a strong vacuum that sucks out the contents of the uterus, thus ending the pregnancy (FWHC, 2008). The IPAS syringe is also known as a quiet abortion. The procedure is the same as the vacuum aspiration except that the tube is connected to a handheld pump. The physician then uses the pump to suction out the contents of the uterus; both procedures take about 5 minutes (FWHC, 2008).

Second semester abortions are more complex. One of the options for a second trimester abortion is dilation and curettage also known as a D&C. This procedure can be performed between the 13<sup>th</sup> and 15<sup>th</sup> weeks of pregnancy (American Pregnancy Assoc, 2007). Another procedure is “dilate and evacuate” also known as a D&E, and can be performed between the 15<sup>th</sup> and 21<sup>st</sup> weeks of pregnancy. This procedure is also known as a dismemberment abortion. The baby is removed from the uterus in small pieces. The physician uses forceps to pull parts of the fetus out, the head and spine are then crushed and removed as well (Willke, 2006). The third but rarely used option is an induction abortion. During this procedure salt water, urea, or potassium chloride is injected into the amniotic sac (the liquid surrounding the fetus); prostaglandins are inserted into the vagina and pitocin is injected intravenously (American Pregnancy Assoc, 2007). The combinations of these substances kill and expel the fetus. This procedure is also rarely used during the third trimester.

A third trimester abortion occurs after the 21<sup>st</sup> week of pregnancy. This procedure is known by a few names: dilation and extraction, D&X, intact D&X, intrauterine cranial decompression, and a partial birth abortion (American Pregnancy Assoc, 2007). In this procedure labor is induced and the baby is turned so that the feet will be delivered first. The baby is delivered up to the head; at which point an incision is made at the base of the skull and a suction tube is inserted. The baby’s brain is then sucked out until the skull collapses and the head is delivered.

### Differing Viewpoints

Since the legalization of abortions in 1973 there has been much controversy. The two major parties in this debate that has lasted over three decades are those that are “pro-life” and those that are “pro-choice.” Those people that call themselves pro-life activists are strongly against all abortions. They speak out against abortions and try to prevent them. In the past there have been some extreme acts of violence against their counter parts. In 1978 there were numerous clinics bombed and several physicians murdered (Howard-Barr, 2005).

Pro- life activists are mostly concerned with moral questions. Questions such as when is a fetus considered a baby, when does life begin, do we as humans have to right to take another’s life? They firmly believe that life begins from the moment of conception. The baby has a brain and a heartbeat therefore that baby has just as much a right to life as the mother. They consider having an abortion murder (Pro-life vs. Pro-choice).

The other side of the argument comes from the pro- choice activists; they believe that it is solely the woman’s choice as to whether she has the baby or not (Howard-Barr, 2005). These activists are concerned with the woman’s rights. They feel that the unborn child has no rights, that the mother’s rights are more important than that of her non viable pregnancy. They feel it is the government’s responsibility to make it legal and safe for women to exercise their constitutional right. They feel that no one should be allowed to force a woman to have a baby that she does not want or isn’t ready for (Pro-life vs. Pro-choice).

### Policy Recommendation

According to the information given previously, abortion rates are completely out of control. All of the states are allowed to enforce their own regulations on abortions. According to statistics states that have regulations have a lower rate of abortions (see charts on pages 6 and 7).Because of

this abortion regulation should be consistent in all fifty states. All states should have regulations concerning minors. That is they should require parental consent before a minor is allowed an abortion. States should also require counseling for women looking into abortion as an option. Ultra sounds should be required before all abortions as well as a detailed explanation of fetal development. Alternative options such as adoption, and support groups should be made readily available to all women as well as education on contraceptive methods for future reference. This can help the problem because women will have a better education prior to making any decisions regarding an abortion and/or child birth, as well as alternative options if they choose to forego and abortion. If we could prevent unwanted pregnancies we could remove the need for abortions.

## References

- Alan Guttmacher Institute, The and Planned Parenthood's Family Planning (1998). Abortion Facts. Retrieved January 30, 2009, from The Center for Bio-Ethical Reform Web site: <http://www.abortionno.org/resources/fastfacts.html>
- Feminist Women's Health Clinic, (2008, December 22). Types of Abortion Procedures. Retrieved February 28, 2009, from FWHC Services Web site: <http://www.fwhc.org/abortion/ab-procedures.htm>
- Howard-Barr, Elissa (2005). The Truth about Sexual Behavior and Unplanned Pregnancy. New York, NY: An Imprint of Infobase Publishing.
- Idaho Code §18-601 et seq. (<http://law.findlaw.com/state-laws/abortion/idaho/> 2009)
- Lewis, J and Shimabukuro, Jon O. (2001, January 28). Abortion Law Development: A Brief Overview. Retrieved February 5, 2009, from Almanac of Policy Issues Web site: [http://www.policyalmanac.org/culture/archive/crs\\_abortion\\_overview.shtml](http://www.policyalmanac.org/culture/archive/crs_abortion_overview.shtml)
- Neumann, Caryn E (2009). Abortion: Overview. In Issues: Understanding Controversy and Society. Retrieved January 30, 2009, from ABC-CLIO's Issues subscription website.
- "Pro-life vs. Pro-choice." 123HelpMe.com. 08 Mar 2009  
<http://www.123HelpMe.com/view.asp?id=82377>.
- (2007). Types of Abortion Procedures. Retrieved February 20, 2009, from American Pregnancy Association Web site: <http://www.americanpregnancy.org/unplannedpregnancy/abortionprocedures.html>
- Willke, J.C. (2006). Why Can't We Love Them Both. Retrieved March 2, 2009, from abortionfacts.com Web site: [http://www.abortionfacts.com/online\\_books/love\\_them\\_both/why\\_cant\\_we\\_love\\_them\\_both\\_18.asp](http://www.abortionfacts.com/online_books/love_them_both/why_cant_we_love_them_both_18.asp)