



Termination of Pregnancy

1. Introduction

- 1.1. Possible reasons for a termination of pregnancy
- 1.2. Consequences of a termination of pregnancy

2. The position of the NAC on termination of pregnancy

3. Elaboration on specific questions

- 3.1. Threat to the mother's life
- 3.2. Permanent substantial abnormalities in the unborn child
- 3.3. Pregnancy as a result of rape
- 3.4. Pregnancy in severely mentally handicapped women or women with severe psychiatric illness
- 3.5. Pregnancy in underage girls
- 3.6. Termination of pregnancy and guilt
- 3.7. Adoption
- 3.8. Participation by our brothers and sisters in abortions
- 3.9. Preventing abortions

4. Brief statement

Appendix

A. Legislation and medical information

- A.1. Legislation on termination of pregnancy
 - A.1.1. Indication regulations (Abortion is legal on specific grounds / in specific indications)
 - A.1.2. The time limit solution (Abortion is legal within a set time limit)
- A.2. Methods of termination of pregnancy
 - A.2.1. Mechanical (instrumental) methods
 - A.2.2. Pharmacological methods
- A.3. Medical risks of a termination of pregnancy



1. Introduction

A termination of pregnancy, also known as abortion, is understood to be a directed termination of an intact pregnancy. The embryo or foetus is killed.

The legitimacy of abortion is a socially controversial topic. The right to life of the embryo or foetus, a woman's right of self-determination, personal responsibility of the parents as well as religious directives and ethical values are topics for discussion here.

This results in very different evaluations and legislation. These extend from freedom of choice for the pregnant woman to a large extent, to a total ban on abortion involving severe punishment. Legal barriers to termination of pregnancy for any reason, however, only exist in very few countries now.

In some countries, abortions were and are even used as a legitimate means of birth control; or pregnancies are terminated because the child does not have the culturally desirable gender.

It can be assumed that despite the legal situation abortions are occurring extremely frequently - annually for 150 million births globally, 40 million abortions are performed.

According to estimates every second termination of pregnancy is performed by medically unqualified people, especially in developing countries. This frequently results in severe health implications or death. From developed countries with strict regulations against abortion, an 'abortion tourism' is taking place into those countries where abortion is allowed.

Most religions, especially Christian churches, are opposed to a termination of pregnancy.

1.1. Reasons for a termination of pregnancy

Despite a certain social acceptability and legal choices, taking the decision in favour of a termination of pregnancy is usually not an easy or superficial process.

Unwanted pregnancy is the most frequent reason for performing an abortion. If contraception is not available – or only available to a percentage of the population - abortion becomes a significant element of birth control.



If mothers already have several children, it could happen that additional children are rejected for financial reasons for example, to enable existing children to have an education or because the limits of her personal capacity to cope have been exceeded. This applies to developed and developing societies.

Detailed reasons given to justify a termination of pregnancy are manifold.

In a social or legal context, the following reasons are most often given:

- The young woman feels too young for a child, is in the middle of her education and training or is still at school. In this situation, it could be the case that the parents suggest an abortion to their pregnant daughter or coerce her into a termination.
- The mother feels too old for a child, has just started working in her profession again and fears a lack of understanding from her friends and family. There are financial worries and a fear of a loss of social status.
- The right relationship is missing.
- The partner does not want children, pushes for a termination, and threatens an end to the relationship.
- The child's father is not known or only a casual acquaintance.
- The child's father lives in another relationship and doesn't want to reveal his unfaithfulness, and pushes for a termination for this reason.
- Traumatizing circumstances like rape or incest have led to pregnancy and make carrying the child to term seem impossible.

Medical problems and conflicts, which lead to a termination of pregnancy, could primarily be as follows:

- Doctors may advise a termination of pregnancy in case of chronic or malignant diseases, which require immediate treatment. Independent of this the mother could be concerned that her body might not cope with the pregnancy or that her condition may be worsened by it. A further concern could be the healthy development of the child despite the mother taking medication.
- In some cases, Doctors suggest a termination because substantial abnormalities were detected during prenatal screening (ultrasound, genetic testing) which will not allow a normal life. Some parents don't accept a handicapped child based on the findings of prenatal screening.

1.2. Consequences of a termination of pregnancy

An abortion seems to the women and couples in the above mentioned situations to be the best solution in their desperate situation. They might not realize – as they are often under pressure to make a decision in a short space of time - that they will not be able to simply forget this event. Often it accompanies them emotionally and occupies their



thoughts all through their lives. Even when a person's lifestyle and behaviour is not determined by religious values, an abortion is experienced as a norm violation by the conscience and registered as such.

Apart from the medical risks of a termination of pregnancy the invasive procedure can also have psychological consequences. Despite making their own decision women can experience a grief reaction in many cases, which can not be processed partly due to strong feelings of guilt and a lack of acceptance by people in their social circle. During later periods of strain, the grief can resurface in the form of a sickness and can make them ill.

Therefore, the mother or the parents should give serious thought to the medical forecast as well as the social and psychological aspects of a pregnancy or its termination. Even if there are individually understandable reasons for a termination of pregnancy, the Church's viewpoint should carry particular weight because of the significance of the decision.

2. Position of the NAC on termination of pregnancy

The Church - advocate for life

Life is given by God. Human life must be protected and preserved. The New Apostolic Church is an advocate for life.

Life begins with the union of egg cell (ovum) and sperm. The fertilised egg cell (zygote) is an individual life, which enjoys the right to protection. The child's right to life must never be disregarded.

Children are – from the viewpoint of the Christian faith - a gift of God and every human being is wanted, created and loved by God. From the moment of conception, i.e. the fertilization of the ovum, a human being is to be regarded as ensouled.

Termination of pregnancy - transgression of the 5th commandment

The New Apostolic Church rejects abortions as they constitute a transgression of the 5th commandment. The burden of guilt before God which is associated with a termination of pregnancy can vary; God alone determines this. The awareness and intention of the sinner with regards to her actions is the deciding factor here. Likewise, certain influences can play a part, like for example the individual's situation in life, social structures, legal standards in the country or emergency situations.



Experience teaches that even for believing Christians an abortion can be an issue. The reasons why pregnancies are ended are indeed individual, but also depend on the behaviour of people in the social circle the mother or parents move in.

If the life of the mother is at risk according to medical opinion, then the life of the mother needs to be saved. Also in this case the 5th commandment is transgressed, even though the burden of guilt can, by all means, be small.

If there are other reasons for an abortion, another alternative would be to put the child up for adoption after birth.

Respecting the individual's personal responsibility – pastoral support

Because of the importance of the decision the Apostle should be involved in the decision making process; he will arrange the pastoral care.

Mothers or couples who have seriously contemplated the medical, personal and theological aspects, can rely on the respect of the church for their self-responsible decision for or against a termination of pregnancy and can depend on unbiased pastoral care.

From the Church's understanding of sin and guilt and the associated consequences the Church advises both parents to acknowledge the sin before God and to ask for forgiveness.

Abortion is a socially sensitive topic. Confidentiality by ministers is of significant importance!

3. Elaborations on specific questions

3.1. Threat to the mother's life

If a definite, unquestionable threat to the woman by her pregnancy has been detected, then the Church will put aside its serious concerns against a termination of the pregnancy and speak out for saving the mother's life.

In relevant situations the treating physicians might possibly advise in favour of a termination for safety reasons before an actual threat to the mother's life has occurred. In that case careful consideration is appropriate.



3.2. Permanent substantial abnormalities in the unborn child

Substantial abnormalities may occur in the unborn child as a result of genetic defects, chromosomal abnormalities, and exposure to exterior factors during pregnancy such as alcohol, medication or infections.

There are medical guidelines in many countries where doctors have to offer special pre-birth (prenatal) diagnostic tests when there is an increased risk, for example if there is a known genetic disease or if the mother is older.

This kind of prenatal screening concentrates on suspected defects. It can not detect all possible abnormalities and, in particular, not the degree of severity of a disability. On the other hand, it can also not guarantee the birth of a healthy human being.

In some countries it is by now obligatory to conduct a thorough consultation on the possibilities and consequences of such a procedure prior to diagnostic testing in order to make a decision by the mother or the parents easier. Parents have a right to 'ignorance' and are able to decline the procedures offered.

If a defect with substantial physical and/or mental handicap has been diagnosed and the parents have been informed, their reaction often resembles a grief reaction. The hope for a healthy child has been destroyed, they 'lose' their child and initially reject the disabled child. In this situation the advice to end the pregnancy can be a hasty solution. The initial rejection of the handicapped child by the parents can change during the course of the pregnancy so that the child is eventually still accepted lovingly.

From the experience of caring for handicapped people and their families it can be said that...

- Life in itself – despite a disability – is valuable.
- Life can be fulfilled despite a disability.
- People with a disability usually value their lives and are possibly contented with it.
- It is not uncommon for parents to develop a special love for their handicapped children.
- Handicapped or sick people often have particular abilities. People with Down syndrome for example can develop excellent social know-how, which can even be enriching for affected families.
- Children with a disability can also have a stabilising influence on a marriage/family.
- It can be helpful to make contact with affected families or self-help support groups.

Abnormalities which are not compatible with a life after birth or where children die shortly afterwards are considered separately when a prenatal diagnosis is made. In such cases an abortion is often suggested by the medical profession.



Even if there are humanly understandable reasons for rejecting a severely impaired child, the Church's point of view should – bearing in mind the significance of the decision - be taken into consideration. Should there be a desire for a discussion with a minister, the Apostle (or someone designated by him) is primarily available to help; he will arrange the pastoral care.

In principle it must be said that the killing of human beings who are sick or unwanted is contrary to Christian teaching. This ultimately also includes killing unborn children who would probably die after birth or only survive for a short time.

The minister should show understanding, independent of the decision taken, and ensure unconditional soul-care.

3.3. Pregnancy as a result of rape

Terminations of pregnancy following a rape are rare according to official statistics.

Women who have been raped are usually physically as well as psychologically traumatised. They often suffer from Post-Traumatic Stress Disorder (PTSD). This includes the re-living of the event, so-called 'flashbacks', which manifest themselves as nightmares, emotional numbness, jumpiness, overexcitability, fears and avoidance of social contacts as well as sexual relationships.

If pregnancy results from the rape, the re-living of the situation can be intensified by the child. The aggression of the mother against the rapist and her bitterness (mostly unconscious) can be directed towards the unwanted child. If the woman becomes conscious of this, it can lead to guilt complexes and further psychological disorders. This conflict can also impact significantly on the development of the child.

Problems which could be significant in the pastoral care of a woman who was the victim of rape:

- She will be un-easy to talk about the subject openly, especially with a man/ minister. (There may be suitable sisters in the Church district, who could be points of contact in these cases).
- Her self- confidence could be shattered.
- She could feel dirty.
- Some women feel wrongly that they are partly to blame.

Placing blame on the woman for the rape must be categorically avoided. Psychotherapeutic counselling for the woman is recommended. She must not be prevented from pressing criminal charges.



Ministers are advocates for the conceived life. Therefore, they will show the greatest consideration for the experience and situation of the woman on the one hand, but they will on the other hand also talk about carrying the pregnancy to term and the possibility of giving the baby up for adoption.

3.4. Pregnancy in severely mentally handicapped women or women with severe psychiatric illness

Depending on the type and severity of the illness, severely mentally handicapped or people with severe psychiatric illness cannot take on personal responsibilities, so that a legal representative (parents, guardian) takes over this responsibility. In these cases, it is also usually not possible for people with these conditions to care for a child as their father or mother.

In these situations, one should consider whether the continuation of a pregnancy is a responsible cause of action considering the implications for mother and child.

The church will not give up its attitude to life, but will ultimately respect the decision made by the person responsible.

3.5. Pregnancy in underage girls

A pregnancy in underage girls can present serious problems, if their education has not been completed and their personal development into adulthood seems unfinished. Often, the expectant mother has no independent income. She is therefore usually not able to care for her child on her own, so that in such a case the decision over the continuation of the pregnancy is rarely made by the pregnant girl herself.

In order to support her in her situation and to accept the new life, the father of the child as well as the parents of the pregnant girl and of the father should be involved in the counselling and soul-care. For this the consent of the expectant mother is necessary.

Support centres can give advice on financial support and social security benefits.



3.6. Termination of pregnancy and guilt

Abortions are contrary to the fifth commandment and are therefore a sin. The responsibility for a termination lies with both parents. The guilt before God resulting from sin can be minimal in some of the circumstances described. Practical experience shows nevertheless that the feelings of guilt can sometimes be considerable. Asking God for forgiveness and receiving grace can also help coming to terms with the termination emotionally.

3.7. Adoption

As an alternative to a planned abortion, giving the child up for adoption presents a possibility.

In case of an adoption (accepting a child as one's own) a parent-child relationship develops without regard to the natural parentage.

Aside from the well-known incognito adoption where there is no connection between the biological parents and the child and his family, there is the option of 'semi-open adoption', where contact can be maintained between birth parents and child by means of letters and photos via a neutral address. In the case of an 'open adoption' both birth parents and adoptive parents know each other and maintain contact long-term. Open adoptions often occur within a family or among friends. Further information can be obtained in literature on the subject and relevant internet sites.

3.8. Participation of our brothers and sisters in abortions

Every individual is responsible for their actions. That also applies to brothers and sisters in faith, who are actively involved in abortions. When brethren come into (moral) conflict with their conscience in these instances, they should turn to their Apostle who will arrange the pastoral care.

There is legislation in most countries which determines that nobody must be forced to take part in a termination of pregnancy.



3.9. Preventing abortions

Family planning by methods or drugs which avoid the fusion of egg cell and sperm is supported, thereby preventing unintended pregnancy which could result in a termination of pregnancy.

4. Brief statement

The New Apostolic Church understands itself as an advocate for life. The fertilised egg cell (ovum) is already an individual life which enjoys the right to protection.

The New Apostolic Church rejects terminations of pregnancy because they constitute a transgression of the fifth commandment. The guilt before God associated with it can vary greatly depending on individual circumstances.

Even if there are humanly understandable reasons in favour of a termination of pregnancy the viewpoint of the Church should carry particular weight considering the significance of the decision.

Mothers or couples who have given serious thought to the medical, personal and theological perspectives can rely on the respect of the Church for their self-responsible decision for or against a termination of pregnancy and on unbiased pastoral care.



Appendix

A Legislation and medical information

A.1. Legislation relating to termination of pregnancy

Legislation relating to termination of pregnancy varies considerably worldwide. Legal grounds for abortion are marked with an X in the following extract:

Country	In order to save the life of the mother	To maintain physical health	To maintain mental health	Rape or incest	Foetal handicap	Economic or social reasons	On request
---------	---	-----------------------------	---------------------------	----------------	-----------------	----------------------------	------------

Land	Um das Leben der Frau zu retten	Um die körperliche Gesundheit zu erhalten	Um die geistige Gesundheit zu erhalten	Vergewaltigung oder Inzest	Fetale Behinderung	Wirtschaftliche oder Soziale Gründe	Auf Wunsch
Deutschland	X	X	X	X	X	X	X
England	X	X	X		X	X	
Frankreich	X	X	X	X	X	X	X
Österreich	X	X	X	X	X	X	X
Polen	X	X	X	X	X		
Italien	X	X	X	X	X	X	X
Russland	X	X	X	X	X	X	X
Schweiz	X	X	X				
USA	X	X	X	X	X	X	X
Kanada	X	X	X	X	X	X	X
Argentinien	X	X	X	X			
Südafrika	X	X	X	X	X	X	X
Kongo	X						
Demo Rep Kongo	x						
Kenia	X	X	X				
Niger	X						
Ghana	X	X	X	X	X		
Nigeria	X	X	X				
Zambia	X	X	X		X	X	
Uganda	X	X	X				
Israel	X	X	X	X	X		
Saudi Arabien	X	X	X				
Türkei	X	X	X	X	X	X	x

(as of 2013)

In case of a fundamentally established ban, abortion is permitted in most countries in particular cases of hardship within a certain time limit and in particular indications. Sometimes it remains illegal but will not be prosecuted in the criminal court. Frequently there is a combination of a time limit regulation (mostly in the 10.-12. week of gestation) and indication regulation (medical, child-related and criminological indication)



A.1.1. Indication regulations

By 'Indication' we refer to the reasons for which a termination of pregnancy may be legally permitted.

A **medical indication** applies if the termination of pregnancy is necessary, considering current and future circumstances, in order to avert a risk to the mother's life or the risk of serious impairment of the physical and mental health of the expectant mother; in these cases, no time limit exists.

A **child-related indication (eugenic indication)** applies if there is a risk of substantial physical or mental impairment for the child potentially caused by the mother's illness. In Germany a child-related indication is not acceptable. A termination on the grounds of an abnormality in the child would, in this case, be justified as an unacceptable burden for the parents caused by the disability of the child. This would constitute a medical indication.

A **criminological indication** applies when pressing reasons lead to the assumption that the pregnancy is due to a sexual offence (sexual abuse of children, rape, sexual coercion or sexual abuse of those incapable of consent). The termination on the grounds of a criminological indication is only permitted at the beginning of the pregnancy depending on legislation.

In some countries a **social indication** exists, i.e. legal abortion for families with many children or in other cases of hardship.

Indication regulations – specifically the medical indication – have been introduced in most countries.

A.1.2. The time limit regulation

In several countries a termination of pregnancy is possible within a well-defined time period without specific reason.



A.2. Methods of termination of pregnancy

A2.1. Mechanical (instrumental) methods

Suction Curettage

Suction curettage is used as a method of termination in the early stages of pregnancy (6th to approximately 12th week of pregnancy). In this procedure the opening of the uterus (cervix) is dilated using thin rods (laminaria). After this a suction pipe (cannula) is inserted through the cervix, and the foetus is extracted together with the placenta and other uterine contents.

Curettage (surgical)

Curettage is a procedure by which the uterus -after dilation- is scraped with a so-called curette (a spoon-like instrument) whereby the amniotic sack with the embryo and the uterine lining are removed.

A.2.2. Pharmacological Methods

By using pharmacological methods, the placenta's function can be disrupted and contractions can be induced.

Medical abortion

Mifepristone (RU-486 – the 'abortion pill') an anti-gestational drug that prevents a fertilized egg from attaching to the uterine wall by blocking the action of progesterone and by disrupting placental function. This leads to the expulsion and death of the fertilized egg. Sometimes this treatment is associated later with a synthetic prostaglandin (Miso-prostol) which causes contractions of the uterus and induces labour – facilitating the expulsion of the fertilized egg.

Late medical abortions

Terminations of pregnancy for medical reasons (medical indication) can also be performed after the 14th week of pregnancy (in Germany approx. 2 percent of all terminations). The standard method in these cases is mifepristone followed by prostaglandin in many countries.

In case of a late termination - from the 22nd week of pregnancy at the earliest- a child may survive. In order to prevent a live birth in case of a viable foetus, the blood supply



through the umbilical cord is often cut and potassium chloride is injected which causes a cardiac arrest ('feticide').

Feticide

Feticide is the intentional destruction of one or more foetuses in the womb of the mother. It is performed as a late medical termination.

This procedure is performed for the purpose of reducing multiple pregnancies, but also to terminate a pregnancy in case of detected foetal deformities.

The "morning-after pill"

Emergency contraceptives (ECs) or the "morning-after pill" are intended – in contrast to an abortion - to try and avoid a possible pregnancy. Morning-after pills contain either levonorgestrel or ulipristal acetate.

The effect of the "morning-after pill" depends on the moment it is taken.

If taken prior to ovulation it delays ovulation by several days so that fertilisation cannot take place.

If taken after ovulation has taken place the 'morning-after' pill seems to be ineffective. Therefore, it is possible that implantation and the further development of the fertilised egg is not influenced.

The data volume which medical societies base these findings on is admittedly very small.

Preventing the implantation or further development of the fertilised egg would be contrary to the Church's position in terms of protecting life in the best possible way from the moment of fertilization.

A.3. Medical risks of a termination of pregnancy

According to estimates by the World Health Organisation (WHO) 70,000 women die during the estimated 40 million terminations of pregnancy every year almost exclusively as a result of illegal abortions and/or abortions performed in unsuitable conditions. This applies particularly to developing countries where the cost of a termination of pregnancy performed by a medically qualified individual can often not be paid. In such situations an abortion is sometimes attempted by the mother herself, or unqualified personnel, using illegally obtained medication or mechanical methods. Organic complications like infections and injuries can occur which can also subsequently lead to an inability to have children, premature births and even the death of the mother.



Terminations of pregnancy can often also lead to psychological problems in the mother, or existing problems can be exacerbated. Feelings of guilt can frequently be experienced in different degrees of intensity. Self-reproach does not allow for a grieving process to take place. The consequences are often new pregnancies in quick succession together with an exaggerated fear during pregnancy.