

## The Response of the Church to Abortion: A Socio-Religious Inquiry

By

**Ekenedilichukwu A. Okolo**

Department of Religion and Human Relations  
Nnamdi Azikiwe University, Awka, Anambra State  
[ea.okolo@unizik.edu.ng](mailto:ea.okolo@unizik.edu.ng)

And

**Divine Maduka Abalogu Ph.D.**

Department of Religion and Human Relations  
Nnamdi Azikiwe University, Awka. Anambra State  
[dm.abalogu@unizik.edu.ng](mailto:dm.abalogu@unizik.edu.ng)

### Abstract

*Discussions on abortion are aged long issue which have gotten divergent responses from scholars according to their personal views. Despite these contributions for and against abortion, the rate seems to still be on the increase especially among the adolescents and as such it demands the attention and the voice of the church as a watchdog and conscience of the society. In an attempt to write this article, the authors make use of qualitative and quantitative research method. The paper finds that abortion has been an aged long issue which has always been practiced within the society. It goes further to observe that there are unethical teachings that are supporting abortion which have made it to continue unabated. The paper concludes that abortion is wrong and should be discouraged, unless in the case of a critical condition in which it is the last resort to saving the life of the mother. It therefore recommends that mothers should try to instill in the consciousness of their daughters the dangers associated with abortion which in some cases can lead to barrenness. It also recommends that the church should rise up in her preaching against abortion not only because of the physical damage done to the bodies but also because of God's rejection of such and the eternal damnation that comes on those that practice same.*

**Keywords:** Response, Church, Abortion, Religious, Inquiry

### Introduction

Abortion is the ending of pregnancy by removing a fetus or embryo before it can survive outside the uterus. An abortion which occurs spontaneously is also known as a miscarriage. According to Grime (2010:81), "an abortion may be caused purposely and is then called an

induced abortion, or less frequently, induced miscarriage”. He goes further to maintain that the word abortion is often used to mean only induced abortions. A similar procedure after the fetus could potentially survive outside the womb is known as a late termination of pregnancy. In the words of Greme (2006), abortion in the developed world is one of the safest procedures in medicine. Hence, this is why Kulier (2011) asserts that modern methods use medication or surgery for abortions. The drug, mifepristone in combination with prostaglandin appears to be as safe and effective as surgery during the first and second trimester of pregnancy. Kapp (2013) is of the view that birth control, such as the pill or intrauterine devices, can be used immediately following abortion. When performed legally and safely, induced abortions do not increase the risk of long-term mental or physical problems. In contrast, Shah (2009) posits that unsafe abortions cause 47,000 deaths and 5 million hospital admissions each year. The World Health Organisation recommends that safe and legal abortions be available to all women.

Sedgh (2012) opines that around 56 million abortions occur each year in the world, with a little under half done unsafely. He goes on to present that abortion rates changed little between 2003 and 2008, before which they decreased for at least two decades as access to family planning and birth control increased. For Culwell (2010) as of 2008, 40% of the world's women had access to legal abortions without limits as to reason. Countries that permit abortions have different limits on how late in pregnancy abortion are allowed. Since ancient times, abortions have been done using herbal medicines, sharp tools, with force, or through other traditional methods. Abortion laws and cultural or religious views of abortions are different around the world. Boland (2008) asserts that in some areas, abortion is legal only in specific cases such as rape, problems with the fetus, poverty, risk to a woman's health, or incest. In many places there is much debate over the moral, ethical, and legal issues of abortion. Those who oppose abortion often maintain that an embryo or fetus is a human with a right to life and may compare abortion to murder. Those who favour the legality of abortion often hold that a woman has a right to make decisions about her own body.

### **Theoretical framework**

The study adopts the theory of crossing and dwelling. This theory by Thomas Tweed (2006) follows the theoretical analysis with an investigation into the importance of defining constitutive terms in various academic disciplines. Understanding that religion is not a native term but it is a term created by scholars for their intellectual purposes. Having defended the importance of defining the term ‘religion’ and after suggesting the shortcomings of contemporary theories, Tweed presents the reader with his own definition of religion. In his definition, Religions are confluences of organic-cultural flows that intensify joy and confront suffering by drawing on human and superhuman forces to make homes and cross boundaries. (Tweed, 2006). He uses the plural form of his constitutive term in order to clarify that interpreters and theorists never find ‘religion-in-general’ rather there are only situated observers encountering particular people in particular contexts. The two major orienting metaphors of his theory ‘dwelling and crossing’ signify that religion is about finding a place and moving across space, and aquatic metaphors (confluences and flows) signal that religions are not reified substances but complex processes. Hence, each religion is a flowing together of currents, some enforced as ‘orthodox’ by institutions traversing multiple fields, where other religions, other transverse confluences, also cross thereby creating new spiritual streams (Tweed, 2006). His use of aquatic and spatial metaphors is an attempt to avoid essentializing religious traditions as static, isolated and immutable substances, choosing to understand them instead as the swirl

of transluvia currents where religious and nonreligious streams propel religious flows. With this in mind, he describes religions as sacrosapes and thereby inviting scholars to attend to the multiple ways that religious flows have left traces, transforming peoples and places, the social arena and the natural terrain. This theory is found suitable in this work because the church as a subset of religion does not limit herself and teaching to only the geographical enclave of the church but cuts across other issues in the society to make its contribution notable. This is made clear in this study as the church delves into addressing the issue of abortion which is one of the bioethical issues in the society.

### **Understanding the typologies of abortion**

There are virtually two major types of abortion which are (a.) induced abortion and (b.) spontaneous abortion.

**Induced abortion:** A pregnancy can be intentionally aborted in several ways. The manner selected often depends on the gestational age of the embryo or fetus, which increases in size as the pregnancy progresses. Specific procedures may also be selected due to legality, regional availability, and doctor or a woman's personal preference. Reasons for procuring induced abortions are typically characterized as either therapeutic or elective. An abortion is medically referred to as a therapeutic abortion when it is performed to save the life of the pregnant woman, prevent harm to the woman's physical or mental health, terminate a pregnancy where indications are that the child will have a significantly increased chance of premature morbidity or mortality or be otherwise disabled or to selectively reduce the number of fetuses to lessen health risks associated with multiple pregnancy. Schorge (2008) opines that an abortion is referred to as an elective or voluntary abortion when it is performed at the request of the woman for non-medical reasons. Confusion sometimes arises over the term "elective" because "elective surgery" generally refers to all scheduled surgery, whether medically necessary or not.

**Spontaneous abortion:** Spontaneous abortion, also known as miscarriage, according to Churchill (2008) is the unintentional expulsion of an embryo or fetus before the 24th week of gestation. This gives reason to why Annas (2007:669) asserts that a pregnancy that ends before 37 weeks of gestation resulting in a live-born infant is known as a 'premature birth' or a 'preterm birth'. When a fetus dies in utero after viability or during delivery, it is usually termed 'stillborn'. Premature births and stillbirths are generally not considered to be miscarriages although usage of these terms can sometimes overlap.

Furthermore, Annas (2007) observes that only 30% to 50% of conceptions progress past the first trimester. The vast majority of those that do not progress are lost before the woman is aware of the conception, and many pregnancies are lost before medical practitioners can detect an embryo. Between 15% and 30% of known pregnancies end in clinically apparent miscarriage, depending on the age and health of the pregnant woman. 80% of these spontaneous abortions happen in the first trimester. Also Stoppler (2004) in his own view posits that most common cause of spontaneous abortion during the first trimester is chromosomal abnormalities of the embryo or fetus, accounting for at least 50% of sampled early pregnancy losses. Other causes include vascular disease (such as lupus), diabetes, other hormonal problems, infection and abnormalities of the uterus. Advancing maternal age and a women's history of previous spontaneous abortions are the two leading factors associated with a greater risk of spontaneous abortion. A spontaneous abortion can also be caused by accidental trauma, intentional trauma or stress to cause miscarriage is considered induced abortion or feticide.

## Methods of Practicing Abortion

Gestational age is the major factor considered in deciding which abortion methods are practiced. In this section, the researchers will look at different methods of abortion which among others are:

**a. Medical Abortion:** According to Creinin and Gemzell (2009) medical abortion is the one induced by abortifacient pharmaceuticals. Medical abortion became an alternative method of abortion with the availability of prostaglandin analogs in the 1970s and the antiprogestogen mifepristone (also known as RU-486) in the 1980s. The most common early first-trimester medical abortion regimens use mifepristone in combination with a prostaglandin analog (misoprostol or gemeprost) up to 9 weeks gestational age, methotrexate in combination with a prostaglandin analog up to 7 weeks gestation, or a prostaglandin analog alone. Mifepristone-misoprostol combination regimens work faster and are more effective at later gestational ages than methotrexate-misoprostol combination regimens, and combination regimens are more effective than misoprostol alone. This regime is effective in the second trimester.

In very early abortion up to 7 weeks gestation, medical abortion using a mifepristone-misoprostol combination regimen is considered to be more effective than surgical abortion (vacuum aspiration), especially when clinical practice does not include detailed inspection of aspirated tissue. Early medical abortion regimens using mifepristone, followed 24–48 hours later by buccal or vaginal misoprostol are 98% effective up to 9 weeks gestational age. If medical abortion fails, surgical abortion must be used to complete the procedure. In consonance with this point, Kapp and Herten (2009) asserts that medical abortion regimens using mifepristone in combination with a prostaglandin analog are the most common methods used for second-trimester abortion.

**b. Surgical Abortion:** This is a vacuum aspiration abortion at 8 weeks gestational age (6 weeks after fertilization). Up to 15 weeks' gestation, suction-aspiration or vacuum aspiration is the most common surgical methods of induced abortion. Manual vacuum aspiration (MVA) consists of removing the fetus or embryo, placenta and membranes by suction using a manual syringe, while electric vacuum aspiration (EVA) uses an electric pump. These techniques differ in the mechanism used to apply suction, in how early in pregnancy they can be used and in whether cervical dilation is necessary.

Manual Vacuum Aspiration (MVA) also known as 'mini-suction' and 'menstrual extraction' can be used in very early pregnancy and does not require cervical dilation. Dilation and curettage (D&C), the second most common method of surgical abortion is a standard gynecological procedure performed for a variety of reasons, including examination of the uterine lining for possible malignancy, investigation of abnormal bleeding and abortion. Curettage refers to cleaning the walls of the uterus with a curette. The World Health Organization recommends this procedure, also called sharp curettage only when MVA is unavailable.

From the 15<sup>th</sup> week of gestation until approximately the 26<sup>th</sup>, other techniques must be used. Dilation and evacuation (D&E) consists of opening the cervix of the uterus and emptying it using surgical instruments and suction. After the 16<sup>th</sup> week of gestation, abortions can also be induced by intact dilation and extraction (IDX) (also called intrauterine cranial decompression), which requires surgical decompression of the fetus's head before evacuation. IDX is sometimes called 'partial-birth abortion', which has been federally banned in the United States.

In the third trimester of pregnancy, induced abortion may be performed surgically by intact dilation and extraction or by hysterotomy. Hysterotomy abortion is a procedure similar to a

caesarean section and is performed under general anesthesia. It requires a smaller incision than a caesarean section and is used during later stages of pregnancy. First-trimester procedures can generally be performed using local anesthesia, while second-trimester methods may require deep sedation or general anesthesia.

**c. Labour Induction Abortion:** In places lacking the necessary medical skill for dilation and extraction or where preferred by practitioners, an abortion can be induced by first inducing labour and then inducing fetal demise if necessary. This is sometimes called 'induced miscarriage'. This procedure may be performed from 13 weeks gestation to the third trimester. Although it is very uncommon in Nigeria, more than 80% of induced abortions throughout the second trimester are labour induced abortions. Only limited data are available comparing this method with dilation and extraction. Unlike D&E, labour induced abortions after 18 weeks may be complicated by the occurrence of brief fetal survival, which may be legally characterized as live birth. For this reason, labor induced abortion is legally risky in Nigeria

**d. Other methods of Abortion:** Historically according to Riddle (1997), a number of herbs reputed to possess abortifacient properties have been used in folk medicine, tansy, pennyroyal, black cohosh, and the now-extinct silphium. Ciganda and Laborde (2003) assert that the use of herbs in such a manner can cause serious even lethal side effects, such as multiple organ failure and is not recommended by physicians. Abortion is sometimes attempted by causing trauma to the abdomen. The degree of force, if severe, can cause serious internal injuries without necessarily succeeding in inducing miscarriage.

Reported methods of unsafe, self-induced abortion include misuse of misoprostol and insertion of non-surgical implements such as knitting needles and clothe hangers into the uterus. These methods are rarely seen in developed countries where surgical abortion is legal and available. All of these and other methods to terminate pregnancy may be called induced miscarriage.

### **The Response of the Church**

The Church opposes all forms of abortion procedures which, direct purpose is to destroy an embryo, blastocyst, zygote or fetus, since it holds that human life must be respected and protected absolutely from the moment of conception. The Catholic catechism states that from the first moment of his existence, a human being must be recognised as having the rights of a person among which are the inviolable right of every innocent being to life. However, it does recognize as morally legitimate certain acts which indirectly result in the death of the fetus, as when the direct purpose removal of a cancerous womb. Canon 1398 of the 1983 Code of Canon Law imposes automatic (*latae sententiae*) excommunication on Latin Catholics who procure a completed abortion, if they fulfill the conditions for being subject to such a sanction. Eastern Catholics are not subject to automatic excommunication, but by Canon 1450 of the Code of Canons of the Eastern Churches, they are to be excommunicated by decree if found guilty of the same action and they may be absolved of the sin only by the eparchial bishop. In addition to teaching that abortion is immoral, the Catholic Church also makes public statements and takes actions in opposition to its legality.

Karkabi (2008) is of the view that many and in some countries, most Catholics disagree with the official position of the Catholic Church, which opposes abortion and its legality with views ranging from allowing exceptions in a generally pro-life position to acceptance of complete legality and morality of abortion. Smith (2008) viewed that there is a negative correlation between Mass attendance and agreement with the official teaching of the Church on the issue;

that is, frequent Mass-goers are far more likely to be pro-life, while those who attend less often (or rarely or never) are more likely to be pro-choice.

**a. Church Doctrine:** According to the United States Conference of Catholic Bishops, Pro-Life Activities website, the Catholic Church has condemned procured abortion as immoral since the 1st century. According to Frank (2007:4), some early Christian doctrinal documents rejecting abortion are the Didache, the Letter of Barnabas and the works of 2nd century writers; Tertullian and Athenagoras of Athens. Bauerschmidt (1999) asserts that in the 5th century, St. Augustine of Hippo vigorously condemned the practice of induced abortion as a crime, in any stage of pregnancy. Although he accepted the distinction between ‘formed’ and ‘unformed’ fetuses mentioned in the Septuagint translation of Exodus 21:22-23, a text that he observed did not classify as murder, the abortion of an ‘unformed’ fetus, since it could not be said with certainty that it had already received a soul.

**b. Belief in Delayed Animation:** It was commonly held even by Christians, that a human being did not come into existence as such immediately on conception, but only some weeks later. Saint Anselm of Canterbury (1033–1109) maintains that no human intellect accepts the view that an infant has the rational soul from the moment of conception. Supporting this view, David (2007) asserts that abortion was viewed as a sin, but not as murder until the embryo was animated by a human soul. A few decades after Anselm's death, Catholic canon law in the *Decretum Gratiani*, stated that ‘he is not a murderer who brings about abortion before the soul is in the body’. This Aristotelian view of delayed ensoulment was abandoned by the 17th century, when the conviction prevailed that the soul was present from the moment of conception, and the scientific proof in 1827 of the existence of the female ovum and in 1875 of the involvement of the union of a gamete from each parent in conception reduced speculation about a delayed substantial change.

However, even when church law, in line with the then generally accepted theory of delayed ensoulment assigned different penalties to earlier and later abortions, abortion at any stage was considered a grave evil. Thus Thomas of Aquinas accepted the Aristotelian theory that a human soul was infused only after 40 days for a male fetus and 90 days for a female. According to David (2004), abortion of an unsouled fetus is always unethical, a serious crime, a grave sin, a misdeed and contrary to nature. He goes on to assert that this sin, although grave and to be reckoned among misdeeds and against nature is not something less than homicide nor is such to be judged irregular unless one procures the abortion of an already formed fetus.

**c. Unintentional Abortion:** The principle of double effect is frequently cited in relation to abortion. A doctor who believes abortion is always morally wrong may nevertheless remove the uterus or fallopian tubes of a pregnant woman, knowing the procedure will cause the death of the embryo or fetus, in cases in which the woman is certain to die without the procedure, examples is aggressive uterine cancer and ectopic pregnancy. In these cases, the intended effect is to save the woman's life, not to terminate the pregnancy and the death of the embryo or fetus is foreseen as a side effect, not intended even as a means to another end. That is, the death of the fetus is not the means to an end but an undesirable and unavoidable consequence. Thus chemotherapy or removal of a cancerous organ does not abort the fetus in order to cure the cancer, but instead, it cures the cancer while also having the foreseen indirect result of aborting the embryo or fetus.

**d. Ectopic Pregnancy:** An ectopic pregnancy is one of a few cases where the foreseeable death of an embryo is allowed, since it is categorized as an indirect abortion. This view was also advocated by Pius XII in a 1953 address to the Italian Association of Urology, using the Thomistic Principle of Totality (removal of a pathological part to preserve the life of the person)

and the Doctrine of Double Effect. The only moral action in an ectopic pregnancy where a woman's life is directly threatened is the removal of the tube containing the human embryo (Salpingectomy). The death of the human embryo is unintended although foreseen.

The use of methotrexate and salpingectomy remains controversial in the Catholic medical community and the Church has not taken an official stance on these interventions. The Catholic Health Association of the United States, which issues guidelines for Catholic hospitals and health systems there, allows both procedures to be used. The argument that these methods amount to an indirect abortion revolves around the idea that the removal of the fallopian tube or in the case of methotrexate, the chemical destruction of the trophoblastic cells (those which go on to form the placenta), does not constitute a direct act on the developing embryo. Individual hospitals and physicians however, may choose to prohibit these procedures if they personally interpret these acts as a direct abortion. Despite the lack of an official pronouncement by the Church on these treatments, Stulberg (2012) asserts that in a 2012 survey of 1,800 Ob/Gyns who work in religious hospitals, only 2.9% of respondents reported feeling constrained in their treatment options by their employers, suggesting that in practice, physicians and healthcare institutions generally choose to treat ectopic pregnancies.

**e. Embryos:** The Church considers the destruction of any embryo to be equivalent to abortion and thus opposes embryonic stem cell research. The papal encyclical (*Humanae vitae*) states that, 'We are obliged once more to declare that the direct interruption of the generative process already begun and above all, all direct abortion even for therapeutic reasons are to be absolutely excluded as lawful means of regulating the number of children'.

**f. Sanctions:** Catholics who procure a completed abortion are subject to excommunication (*latae sententiae*) according to the Canon Law (1398). This means that the excommunication does not need to be imposed (as with a *ferendae sententiae* penalty), rather being expressly established by canon law, it is incurred *ipso facto* when the delict is committed (a *latae sententiae* penalty). Canon law states that in certain circumstances, the accused is not bound by a *latae sententiae* penalty, among the ten circumstances listed are commission of a delict by someone not yet sixteen years old or by someone who without negligence does not know of the existence of the penalty or by someone 'who was coerced by grave fear, even if only relatively grave, or due to necessity or grave inconvenience'.

Furthermore, in a 2004 memorandum by Joseph Cardinal Ratzinger, Catholic politicians who consistently campaign and vote for permissive abortion laws should be informed by their priest of the church's teaching and warned to refrain from receiving the Eucharist or risk being denied it until they end such activity. This position is based on Canon 915 of the 1983 Code of Canon Law and has also been supported in a personal capacity by Archbishop Raymond Leo Cardinal Burke, Prefect of the Apostolic Signatura and the highest judicial authority in the Catholic Church after the pope himself.

## Conclusion

The researchers have made a deliberate attempt to examine the issue of abortion with the view of noting the response of the church to it. Findings indicate that the church holds the view that life once conceived, must be protected with utmost care; hence abortion and infanticide are abominable crimes. The church holds strongly that human life must be absolutely respected and protected from the moment of conception. This is because she affirms that from the time the ovum is fertilized, a new life is begun which is neither that of the father nor of the mother; it is

rather the life of a new human being with his own growth. It is therefore concluded that abortion is totally condemned by the church and is punishable by the doctrine of the church. Notwithstanding, in situation where the life of the mother is in danger or where the baby's life is endangered with no further option left, abortion can be the last resort.

## Recommendations

The researchers recommend that abortion maybe allowed when the life of the mother is in danger and is the last option to save the mother. Mothers should try to instill in the consciousness of their daughters the dangers associated with abortion. This is because it leads to the damaging of the woman's system which in most cases leads to barrenness.

Furthermore, the church should rise up in her preaching against abortion not only because of the physical damage done to the body but because of God's rejection of such and the eternal damnation that comes on those that practice same.

The government should also not relent in making laws that will punish and prosecute those indulging in such act, which will serve as a precautionary measure.

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