Made in the image of God Image-bearer of God.

Gen 1:27 "So God created human beings in His own image. In the image of God He created them; male and female He created them."

That's you. That's me. That's every human being ever created, from the very moment of their conception.
As humans, we are unlike any other living creature on earth.
God crafted us in His own image, imbued us with the spark of life, and sent us forth to multiply.
Through the process of reproduction, each new person comes into being as a wholly unique individual—genetically distinct from their mother, genetically distinct from their father, and genetically distinct from the other eight billion people on the planet. Even identical twins don't share 100% of their DNA. Each human life is a new, one-of-a- kind person created in the image of God at the moment of conception.

We all celebrate a birthday, the day recognized when we were born and entered into the world.
But the date of your birth is not when your life truly began.
That happened at the moment of your **conception**, when one cell from your mother met with one cell from your father and united in a new creation:
A genetically unique cell with 23 pairs of chromosomes that will never be exactly duplicated in any other human being, past, present, or future. From that instant, you were you, the one and only, and absolutely distinct among all eight billion people alive in the world!

Surgical Abortion
In the simplest possible terms, abortion means purposely ending a human life before birth.
Historically, society has used a variety of means to attempt to end a life in the womb, but modern abortion falls primarily into two categories:

Surgical And Medical.
The majority of abortions **used to be** performed surgically.
Surgical abortion is still common, using different techniques depending on how far pregnancy has progressed.

1. The most commonly performed surgical abortion is a first trimester abortion, also known as **a suction-aspiration abortion**.

Instruments are used to mechanically dilate the cervix, and then a surgical suction tube is inserted into the uterus. The suction removes the fetus, placenta, as well as any other biological products of the pregnancy.

2. Second most common type of surgical abortion is called a **dilation and evacuation abortion (D&E)** and is used to end second trimester and early third trimester pregnancies.

In a D&E, the mother is anesthetized and her cervix is artificially dilated with either drugs or special sticks called laminaria.
The abortionist then uses steel graspers and a suction wand to dismember and remove the fetus.

3. A late third trimester abortion is a much-debated procedure even in pro-abortion circles. It's called an induction abortion and involves **delivering the child's body intact.**

It is performed when the developing child is too big to be dismembered and removed via D&E.

An early form of induction abortion is known to most people by its more common name: **PARTIAL-BIRTH ABORTION.**

In this procedure, the abortion provider induces labor in the mother, then delivers the baby feet first, allowing him to emerge until the neck is exposed.
The baby's head is still inside the birth canal.
The abortionist pierces the base of the skull with scissors and ends his/her life.

Partial Birth Abortion Ban Act passed by Congress in 2003 made this specific technique illegal.

However, induction abortions are still performed.

Providers skirt the ban by stopping the child's heart with an injection of potassium chloride directly into the baby's heart before delivery to eliminate the risk of delivering a living baby.

Abortion is not healthcare!

Medical Abortion:

Though surgical abortions are still performed in great numbers here in the United States, they are no longer the most common type of abortion.
According to the Guttmacher Institute, **medical abortions** now account for 63% of abortions performed in abortion facilities.
If you add in the abortions that take place at home with pills obtained through mail-order, campus health centers, and other sources, the number is over 650,000 per year.
You have probably heard of the **"morning after pill"** and the "**abortion pill**".

Though some people mistakenly use the terms interchangeably, **they are not the same thing.**
The **morning after pill** is taken by a woman when she has had unprotected sexual intercourse the night before and is concerned that she might be pregnant.
It is a progestin called levonorgestrel.

Progesterone is a naturally occurring hormone that rises and falls in a woman's body, helping to control her menstrual cycle and sustain pregnancy.
When progesterone levels peak after taking the pill and then suddenly drop off, it signals her body to begin her period and any zygote that resulted from recent fertilization is washed out along with the menstrual flow.

In **contrast, the abortion pill** isn't taken the morning after.

It is indicated for the 70th day after the first day of the last menstrual period (FDLMP) (in other words, up to 10 weeks gestation), during early pregnancy, when the baby has not only implanted in the uterine lining, but has developed fingers, toes, and a heartbeat that is visible on an ultrasound.

Most new OB ultrasounds are performed between 7-8 weeks gestation.
At this point, the mother is aware that she is pregnant and has decided on termination, so she takes the abortion pill to start the process.

But what is the abortion pill?
The abortion pill is two different medications: **Mifepristone** and **Misoprostol**.

The resulting abortion takes place into two stages:

1. The first part of the abortion pill, **mifepristone**, works by blocking the signal of life-sustaining hormone.

It stops the fetus from growing and undercuts the physical processes supporting the pregnancy.

2. The second element of the abortion pill, **misoprostol** (brand name Cytotec) is a prostaglandin, which causes a woman to have contractions.

Doctors use Cytotec all the time to induce labor in women giving birth to full-term babies.
About 25 micrograms of Cytotec is needed to cause contractions for **the safe delivery of a full-term, eight-pound baby**.
A woman proceeding with the second stage of a medical abortion, however, is given 800 micrograms.
It results in elevated levels of cramping, bleeding, and pain for the mother, and is 98% effective in killing a baby in the womb up to 10 weeks gestation.

This is dangerous for babies. But it is dangerous for mothers as well!

The symptoms expected during a medically induced abortion—cramping, bleeding, and pain—are the same symptoms caused by an **ectopic pregnancy**.

An **ectopic pregnancy** is an emergency, one that often requires surgery or emergency medical therapy to save the life of the mother.

A woman with an ectopic pregnancy who has taken the abortion pill, which does not end this type of pregnancy, is in danger of mistaking her symptoms for the usual side effects of medical abortion and failing to get the emergency treatment she needs.

Her life is at stake, and medical abortion increases her risks.

Abortion is not healthcare!

A new development in [Reproductive Rights] is Complex Family Planning:

In all forms of medicine, the goal is to provide high quality health care to patients. Most states in the U.S. have drafted a **Patient Bill of Rights** to ensure that each patient gets the best possible care from the medical professionals they trust.

Medicine preserves life. Abortion ends it. Abortion is not health care!

Because many States lack a sufficient number of physicians who could provide late-term abortions, a new discipline has opened up in OB/GYN training programs.

This fellowship is called Complex Family Planning.

This 2-year fellowship, called "**Complex Family Planning**," trains doctors to perform abortions when a pregnancy has advanced too far for a medical abortion or suction–aspiration abortion.
Sometimes they'll perform risky selective reduction abortions, in which a woman who is pregnant with multiples can choose to take the life of one or two of those babies and leave the rest.
Not only does this often cause psychological distress to the mother (how do you choose among your children?), but it also increases the risk of miscarrying all the babies.

Conversely, with the care provided by Maternal Fetal Medicine and Neonatologists, outcomes for mothers and babies in multiple births are overwhelmingly positive.

Late-term abortions end pregnancies in the second or even third trimester.

Babies of this gestational age are moving around, reacting to stimuli, and growing in size daily.
They can be treated in the womb for congenital conditions through medicine or live-saving surgery.

Though small, they are patients, just as their mothers are.

Despite the protections seemingly offered by the Patient Bill of Rights, Complex Family Planning programs are now included in at least 29 different training programs throughout the United States.

Conclusion

In the practice of obstetrics and gynecology, the goal is healthy mothers and healthy babies.

It is a branch of medicine dedicated to the celebration and support of new life.

"**First, do no harm**," commands the Hippocratic Oath.

It is a promise that most physicians swear to uphold when they begin their medical careers.

But abortion is harm!

If performed as designed, it doesn't heal or nourish or save;
it takes the life of an innocent baby in the womb.
Abortion is not healthcare.

In this Nov. 2025 election, our current legislators have already worded & approved an Amendment to the VA. State Constitution that [if passed] will allow for abortions up to the time of birth.

- You may ask how can this be if Roe vs. Wade was overturned by the Supreme Court?
- Because the stance on abortion has been passed to each State to make its laws.

In this election, we have the opportunity and responsibility as followers of Jesus to stand and protect the Creation of life which our Heavenly Father originally made.

I encourage you to take the Biblical World View of the Bible which states plainly:

Psa. 127:3 "Children are a gift from the LORD; they are a reward from Him."

Mark 10:13-16 shows Jesus welcoming and blessing children when even the disciples thought they weren't important:

"One day some parents brought their children to Jesus so He could touch and bless them. But the disciples scolded the parents for bothering Him.

14 When Jesus saw what was happening, **He was angry with His disciples**. He said to them, "Let the children come to Me.

Don't stop them! For the Kingdom of God belongs to those who are like these children. **15** I tell you the truth, anyone who doesn't receive the Kingdom of God like a child will never enter it." **16** Then He took the children in His arms and placed His hands on their heads and blessed them."

Prov 31:8-9 “Speak up for those who cannot speak for themselves; ensure justice for those being crushed. **9** Yes, speak up for the poor and helpless, and see that they get justice.”

> “As you do not know the way the spirit comes to the bones in the womb of a woman with child, so you do not know the work of God who makes everything.” (Ecclesiastes 11:5)
>
> “You formed my inmost being; you knit me together in my mother’s womb.” (Psalm 139:13)