

HUMAN LIFE:

A Curriculum



INTRODUCTION

**“FOR YOU CREATED MY INMOST
BEING; YOU KNIT ME TOGETHER IN
MY MOTHER’S WOMB. I PRAISE
YOU BECAUSE I AM FEARFULLY
AND WONDERFULLY MADE.”**

PSALM 139: 13-14

Welcome to “Human Life”, an eight-part pro-life study series designed to impart resources and knowledge that will empower you to champion the message of life for the preborn. I’m Dr. William Lile, D.O., a board certified OB/GYN committed to preserving the sanctity of life from its earliest moments and challenging the widespread societal normalization of abortion. I have devoted my years of training and medical practice to safeguarding the health of all my patients, right down to the tiniest.

In this study, my aim for you is not only to gain a thorough understanding of the scientific and medical aspects of the pro-life stance, but also to engage in meaningful discussions that explore the core values of our faith and humanity. It is my hope

that the tools you gain from watching these comprehensive videos and exploring the thought-provoking questions and exercises that follow them will serve to embolden and equip you in the fight to protect human life at every stage of our development.

Each session of the series will focus on a specific aspect of pro-life apologetics, covering topics such as human fetal development, medical ethics, and the scriptural foundations of a pro-life position. The discussion materials, intended to stimulate critical thinking and reflection, will be grounded in both scientific facts and Biblical convictions.

As you work your way through the lessons in the workbook, either in a group or by yourself, I urge you to start each session of study off with a prayer asking God for His wisdom and guidance on the journey. The Creator who “knit me together in my mother’s womb” has a heart for the preborn, and will surely partner with us in cherishing and protecting these little ones from harm.

Together, let us foster an environment where understanding, compassion, and truth can flourish. Through greater knowledge and loving communication, we can open the eyes of the world to the beauty and significance of every precious life, “no matter how small”.



WHAT IS ABORTION?

MADE IN THE IMAGE OF GOD

Image-bearer of God. 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 8 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.



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 the pregnancy has progressed.

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.

The second most common type of surgical abortion is called a **dilation and evacuation abortion (D&E)**, and is used to end

Abortion:

the taking of a human life that is still in the womb.

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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.

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 life. The 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.**

Laminaria:

A laminaria tent is a small rod of dehydrated seaweed that is inserted in the cervix during a 2nd trimester abortion. The laminaria expands up to ten times its original size, dilating the cervix.



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**

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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.

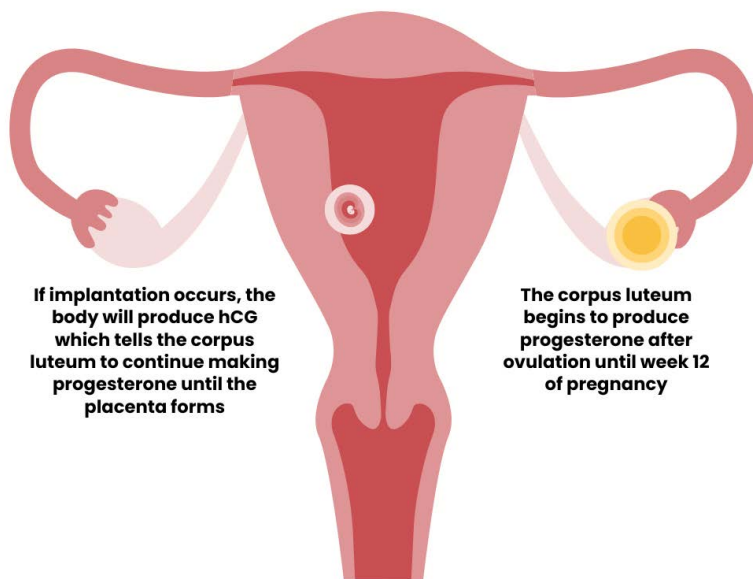
You have probably heard of the “morning after pill” and the “abortion pill”. Though some people mistakenly use the terms interchangeably, **they are not the same thing.**

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.

Progesterone:

the hormone in a woman’s body that supports a pregnancy.

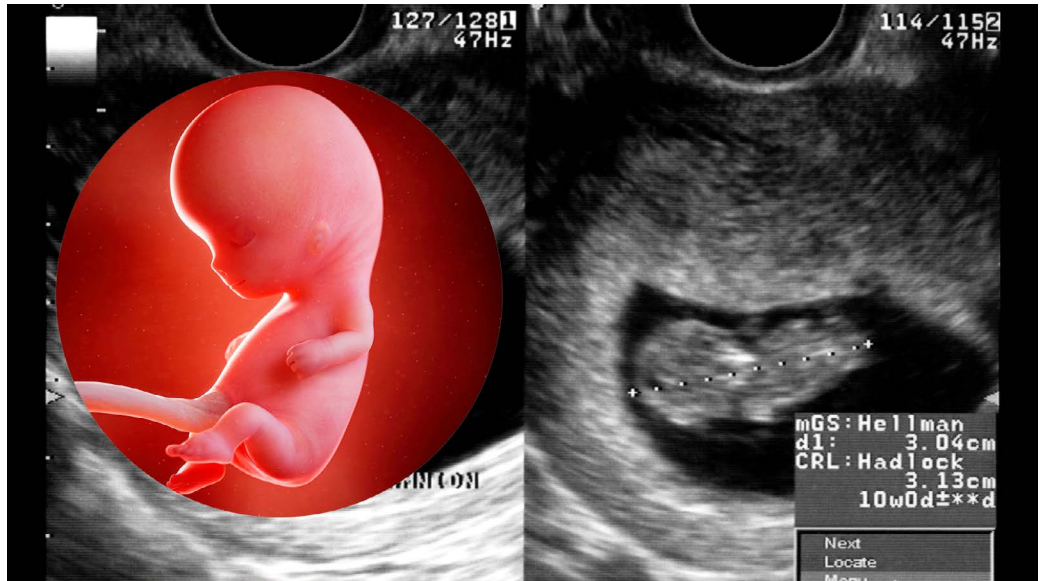


In contrast, **the abortion pill** isn’t taken the morning after. It is indicated for the 70th day after the first day of the last menstrual period (FDLMP) (in other words, up to 10 weeks gestation), during early pregnancy, when the baby has not only implanted in the uterine lining, but has developed fingers, toes, and a **heartbeat** that is visible on an ultrasound. Most new OB

WHAT IS AN ABORTION?

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?

In actuality, the abortion pill is two different medications, **mifepristone** and **misoprostol**, and the resulting abortion takes place into two stages.



Ultrasound image of a baby at 10 weeks gestation

When a woman becomes pregnant, progesterone plays a key part in preparing her body to sustain and nourish the new life growing within her uterus. It thickens the uterine lining and stimulates glands in the endometrium to deliver oxygen and nutrients from the mother. High levels of progesterone in early pregnancy contribute to a healthy and well-developed baby.

The first part of the abortion pill, **mifepristone**, works by blocking the signal of this life-sustaining hormone. It stops the fetus from growing and undercuts the physical processes supporting the pregnancy.

The second element of the abortion pill, **misoprostol** (brand name Cytotec) is a prostaglandin, which causes a woman to have uterine contractions. Doctors use Cytotec all the time to induce labor in women giving birth to full-term babies. Only about **25 micrograms** of Cytotec is needed to cause contractions for the safe delivery of a full-term, 8 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,

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and is **98% effective** in killing a baby in the womb up to 10 weeks gestation.

Obviously, 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. **1% of all pregnancies are ectopic** (also known as tubal) pregnancies, and untreated tubal pregnancies are the **number one cause of pregnancy related maternal death** in the first trimester. 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.**

Ectopic Pregnancy:

a life-threatening condition during pregnancy where the embryo has implanted outside of the uterus, most commonly in the fallopian tube

ABORTION PILL REVERSAL

Not every woman who performs the first step of a medical abortion regimen completes the abortion. Many women, after taking the mifepristone to block progesterone function, realize they have made a mistake and wish to continue their pregnancies. As long as she hasn't proceeded to taking the Cytotec, there is a window of about **72 hours** after taking mifepristone in which it is possible to **reverse** the effects and save the baby.

The solution is micronized **progesterone** (a medication called prometrium). Prometrium is bioidentical to the mother's own progesterone. Progesterone is used by doctors all the time to support pregnancies, particularly in patients who have experienced multiple miscarriages due to having lower levels of the hormone. By giving progesterone to a mother who has taken mifepristone, the damage done by the drug is minimized, and the pregnancy can often continue successfully. A nationwide network of over 500 physicians have documented reversing the effects of the abortion pill and saving the lives of babies over **5,000** times as of 2024! In my own practice, I've attempted to reverse 19 medical abortions, resulting in 15 happy, healthy babies and 15 thankful mothers.

WHAT IS AN ABORTION?

COMPLEX FAMILY PLANNING

In all forms of medicine, the goal is to provide high quality health care to patients. In fact, most States in the U.S. have drafted a **Patients Bill of Rights** to insure 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.**

NOT EVERYONE AGREES, UNFORTUNATELY.

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

This fellowship called **Complex Family Planning**, this 2-year fellowship 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?), 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. However, 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.

Fellowship:

a medical fellowship is additional training a doctor completes to specialize in a certain field such as oncology, high-risk obstetrics, etc.

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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.**

LESSON VOCAB

Progesterone: a steroid hormone released by the corpus luteum that stimulates the uterus to prepare for pregnancy and plays a part in the regulation of the menstrual cycle.

Corpus Luteum: a hormone-secreting structure that forms in an ovary after the release of an ovum.

Mifepristone: a synthetic steroid that inhibits the action of progesterone.

Misoprostol: a prostaglandin that signals the uterus to contract.