

1637 W. Big Beaver Rd., Suite G • Troy, Michigan 48084

August 2018

"An educational group for pro-life nurses"

SAVE THE DATE!

Michigan Nurses 🤛 For Life 2018 Conference **Abortion Pill Reversal:** It May Not Be Too Late

Saturday, September 15th • 8:00 a.m.—12:30 p.m. St. Joseph Mercy Oakland, Pontiac, Michigan



An Update on Medical Abortion Reversal

George Delgado, MD is the medical director of APR and Culture of Life Family Health Care. He established the abortion pill reversal program and in April of this year published a second research study involving 261 successful medical abortion reversals. Dr. Delgado is a popular speaker and has made hundreds of presentations on all pro-life issues.



How a CPC Prepares to Offer **Abortion Pill Reversal**

Tracey Fish, MS, PA-C and Kirstie Almy, MS, PA-C are physician assistants at Crossroads Care Center. They perform ultrasounds as well as STD testing and treatment at the center and will be offering APR soon.



Pain Control and Decreased Use of Opioids

Nancy Hauff, PhD, MSN, RN, is Board President of Gianna House and is currently a full-time faculty member at the Wayne State University College of Nursing, teaching undergraduate perinatal nursing. In addition, she continues to work as a staff nurse at the DMC Hutzel Women's Hospital.

Phone: 248.816.8489 Email: info@mnfl.org Web: www.mnfl.org

Presented by:

Michigan Nurses for Life in cooperation with Educational Center for Life A certificate of attendance will be awarded for nurses. The public is welcome.

Michigan Nurses For Life



Our Purpose:

...To raise the consciousness of the nursing profession to protect all human life from conception until natural death

...To form an educated core of nurses who can speak for their profession by acting as a community resource for life issues

...To promote public education and awareness about life issues on both ends of the spectrum, from abortion to euthanasia

...To uphold and defend human life in all stages and conditions of development

Michigan Nurses For Life

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When a Friend is Considering Abortion

Note. This appeared at Life Issues Forum which is a bi-weekly column written by staff of the United States Conference of Catholic Bishops' Pro-Life Secretariat. It was adapted and shortened from the 2017-2018 USCCB Respect Life Program brochure by the same name: www.usccb.org/l-o-v-e.



f someone shared with you that she was pregnant and hadn't ruled out having an abortion, would you know how to

respond? Although the first instinct may be to convince her that abortion ends a baby's life, hearing facts is not the first thing she needs. Research shows that many women in a pregnancy crisis think, "This is the end of my life as I know it." To face the challenges before her, your friend needs to know you care about her for her own sake and she is not alone.

First listening to your friend will help build trust and facilitate openness. Eventually, when she knows you truly care about her and she trusts you, you can share the truth in love. You can share facts about abortion, her own intrinsic worth, and the practical help and support available so she can choose life for herself and her baby.

Consider the four steps of the L.O.V.E. Approach™*: Listen and Learn, Open Options, Vision and Value, and Extend and Empower.

L — Listen and Learn

First, prioritize listening over speaking. You don't have to worry about whether you may say something "wrong," and you don't need to have all the answers. Start by listening to her story.

Ask her about her feelings, thoughts, values, beliefs, and wants. Do not interrupt, except to ask her to expound, when appropriate. Ask open-ended questions, and confirm what you think you are hearing.

O — Open Options

When her story is fully shared, it is your turn to provide factual information, always in a loving and caring way. You might share about the reality of abortion and the wounds that typically result. As they relate to her life, you might share experiences about having a baby, adoption, and marriage. It's most helpful to keep the focus on her.

V — Vision and Value

Awaken a vision in her for a healthier life (a vision she may never have had, or that may have dimmed). Help her value herself differently. She is a special creation, worthy of love. Reassure her there is always hope and she is not alone. She can make positive, life-giving choices. She can do it.

E — Extend and Empower

Provide practical help and support. Her local pregnancy help center (heartbeatinternational.org/worldwide-directory) can offer consultation, lists of community resources, and ultrasound services. Consider keeping such lists of resources in your car, purse, or wallet. Help her plan next steps.

The L.O.V.E. Approach™ is a way to bring Christ's love at a crucial life-saving and life-defining moment. We are created to walk with and support one another. May we not hesitate to reach out in love.

—National Right to Life News Today July 13, 2018

What You Need to Know About Medical Abortion and Abortion Reversal

By Nancy Valko, RN, ALNC



This month Governor Butch Otter signed a law making Idaho the fifth state to mandate that women getting a medical (drug-induced) abortion be told that the abortion may possibly be stopped after the first dose if the woman changes her mind about having the

abortion. This abortion reversal process involves taking the hormone progesterone to counteract the first abortion drug mifepristone and before taking the second drug misoprostol 36-72 hours later that causes expulsion of the unborn baby. There is now a website at www. abortionpillreversal.com for information on abortion reversal that includes a hotline phone number at 1-877-558-0333.

The first abortion reversal was performed by Dr. Matthew Harrison in 2007 and by 2015, he claimed that more than 213 babies had been saved. Although not always successful, abortion reversal has resulted in hundreds more babies alive today. Last December, the California Board of Registered Nursing finally notified Heartbeat International that it can now grant continuing education units (CEUs) to nurses who study the life-saving process known as Abortion Pill Reversal.

Planned Parenthood and other abortion groups are not pleased.

As I wrote in my February 16, 2017 blog "Are Mail Order Abortions Coming?" medical abortions rates now rival surgical abortion rates while abortion clinics are closing at a record pace because of factors like "economic difficulties," "a generally hostile atmosphere and declining demand." Thus, the medical abortion procedure has become more appealing to groups like Planned Parenthood and now there are even efforts to provide more medical abortions by telemedicine even though a 2014 study found more complications with medical abortions than surgical ones.

THE PROMOTION AND CHANGING CRITERIA FOR MEDICAL ABORTION

In a disturbing March 27, 2018 Medscape article, "Medical Abortion in Very Early Pregnancy," Peter Kovacs, MD, PhD touts a study that allegedly shows medical abortion is now safe even "as soon as early pregnancy is diagnosed" and even before an ultrasound can show if the unborn baby is developing outside the womb. This abnormality is called an ectopic pregnancy and, if not detected early, can result in life-threatening complications and surgery. Ectopic pregnancy occurs in 1-2% of all pregnancies.

But as even Dr. Kovacs admits:

"Under well-controlled conditions using sedation and appropriate pain control, surgical termination of pregnancy is associated with minimal bleeding or pain. However, it can be associated with **surgical complications (trauma, heavier bleeding, infection),** which can lead to further interventions.

Medical abortion can be **more painful** because the products of conception have to be expelled from the uterus, and it is accompanied by **prolonged bleeding**. Still, medical abortion **obviates surgical complications** and is significantly cheaper." (Emphasis added)

He recommends "(A)propriate patient selection (no increased risk for or symptoms of ectopic pregnancy, appropriate follow-up to confirm successful abortion, patient compliance)" as obviously important. (Emphasis added)

CONCLUSION

Planned Parenthood tells women that having a medical abortion (at home, of course) is just "kind of like having a really heavy, crampy period" with large clots and that "(a)ny chills, fevers, or nausea you have should go away pretty quickly."

And that:

"People can have a range of emotions after having an abortion. Most people feel relief, but sometimes people feel sad or regretful. This is totally normal. If your mood keeps you from doing the things you usually do each day, call your doctor or nurse for help" along with numbers to call for "free, confidential, and non-judgmental emotional support after an abortion." (Emphasis added)

But two things Planned Parenthood does not tell women about is medical abortion reversal and the availability of real assistance with a problematic pregnancy including crisis pregnancy centers that now outnumber abortion clinics in the US.

Women need—and have a right—to know about both these alternatives. It's up to all of us to make sure as many women as possible know this.

—Nancy Valko's Blog, A Nurse's Perspective on Life, Healthcare and Ethics, March 30, 2018

SAVE THE DATE!

MOVEMENT IN MOTION YOUTH BUS TRIP TO WASHINGTON, DC, Registration Sept. 1 – Oct. 15

For details, call Lynn: 248-816-8489

NATIONAL DAY OF REMEMBRANCE, Sat., Sept. 8

White Chapel Cemetery, Troy For details, call RTL - LIFESPAN: 734-524-0162

40 DAYS FOR LIFE, Sept. 26 - Nov. 4

Find a location near you, visit: www.40daysforlife.com

LIFE CHAIN, Sunday, Oct. 7, 2:00 – 3:30 p.m.For a location, call RTL - LIFESPAN: 734-524-0162



For Life

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If you would like to add or delete a name from our mailing list, please contact Michigan Nurses For Life at 248-816-8489. Thanks!

From the President

Dear Colleague,

"May you live in interesting times." That is frequently noted as a curse or a blessing, but which ever it is, we are surely living in interesting times.

Starting with the U.S. Supreme Court decision turning back the California law requiring prolife pregnancy help centers to give their clients information on how to access abortion clinics to the retirement of Justice Kennedy and the nomination of Brent Kavanaugh by President Trump to replace him, it is clearly interesting times for the pro-life movement.

The NIFLA v. Becerra decision relieves pro-life pregnancy centers from the burden of what five Justices said was "forced government speak" and therefore a violation of the 1st Amendment. California was seeking to require such help centers to provide information on abortion and a list of names and addresses of abortion providers to their clients.

The nomination of Brent Kavanaugh has abortion supporters claiming everything from "death to millions of women" to "a return to back alley abortions" because they fear that Kavanaugh might vote to reverse Roe v. Wade if such a case were presented to the Supreme Court. No one knows how he would vote but that does not stop the hysteria. And even if Roe v. Wade were found unconstitutional, that would not mean an end to abortion in our country. It would mean that voters in each state would decide if abortion would be permitted in their state and the process would take a very long time.

So, watch with attention these interesting times and remember to promote the protection of all human life. Diane Trombley







