

# *The Post-Abortion Review*

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## Screening for Risk Factors Will Lower Abortion Rates

Study Backs New Legal Tactic to Prevent Unsafe Abortions

An Elliot Institute law review article published in the latest issue of *The Journal of Contemporary Health Law and Policy* concludes that the number of women suffering abortion-related injuries can be dramatically reduced through better pre-abortion screening.

The article includes an analysis of 63 medical studies identifying risk factors that predict negative psychological reactions to abortion. Elliot Institute director Dr. David Reardon, who authored the review, writes that most abortion clinics fail to screen for even the best known risk factors.

He prefaces his explanation for this failure with a citation to a *New York Times* article examining how tough competition in the abortion industry has led to extreme cost-cutting measures.

*Times* reporter Gina Kolata found that if the cost of abortion had kept pace with the cost of other health care services, a typical first-trimester abortion would cost around \$2,250 today. Instead, the cost is around \$300—about the same as was charged in 1973.

“It appears that the cost of doing abortions has been kept low because individualized pre-abortion screening and counseling has been eliminated,” Reardon said. “Instead of receiving personalized counseling, women face a brief, one-size-fits-all intake process.

“By means of this ‘assembly-line’ processing, women are more efficiently slotted into tight surgical schedules. But it also means that those women who would otherwise be identified as poor candidates for abortion are being exposed to unsafe abortions.”

While more research into abortion complications should still be done, says Reardon, who has authored numerous studies on abortion risks, the existing research has identified the key risk factors for reliably identifying those women who are at greatest risk of the most severe negative reactions.

One of the most important risk factors is when women feel pressured by others — parents, male partners, employers, or others — to abort against their own moral beliefs or maternal desires. Research indicates that as many as that 30 to 60 percent of all

women having abortions fit into this category.

Better screening and counseling would help provide these women with the information they need to resist pressure from others. In many cases, counselors could intervene to help explain to those pushing for the abortion why abortion is unadvisable and why they should support the woman’s desire to carry her baby to term.

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This new law review article may help support a new Missouri law that requires abortionists to evaluate patients “for indicators and contraindicators, risk factors, including any physical, psychological, or situational factors which would predispose the patient to or

increase the risk of experiencing one or more adverse physical, emotional, or other health reactions.”

Better pre-abortion screening may provide the least controversial means of reducing abortion rates, Reardon says.

“I can’t imagine how the courts could oppose these efforts to protect women from unnecessary, unwanted, and unsafe abortions,” Reardon said. “No doctor has a right, much less a duty, to perform a contraindicated abortion, especially when the woman hasn’t even been told that she is at a much greater risk of suffering negative reactions.

“Any court that upheld such a distorted right would set a precedent that would undermine the basis of all medical ethics. Even those judges who are most protective of easy access to abortion are unlikely to put the profit margins of the abortion industry ahead of the welfare of women.”

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### Citations

David C. Reardon, “The Duty to Screen: Clinical, Legal and Ethical Implications of Predictive Risk Factors of Post-Abortion Maladjustment,” *The Journal of Contemporary Health Law & Policy*, 2003; 20(1):33-114.

Gina Kolata, “As Abortion Rate Decreases, Clinics Compete for Patients,” *New York Times*, Dec. 30, 2000, A13.



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# Finding Grace

Khristey Walker

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I am the director of a crisis pregnancy center in Houston. I am also a post-abortive woman. I know this is not a big shocker, but I also know that there are many serving in this ministry who are still locked in silence and shame over their own abortions.

When I walked into the crisis pregnancy center almost six years ago, I came as a volunteer. I was actually not 100 percent sure what it was all about, but the Lord had impressed upon my heart at church to get involved.

The application was simple enough until I got to the part, "Have you ever had an abortion?" My heart started to beat faster and I wanted to take the application and run. Why were they asking me this? Surely it was because this was a pro-life ministry and if you had had an abortion, they would not want you here. I lied and wrote, "No."

A few weeks into training, I met a woman who spoke openly of her past abortion. She just simply said aloud to me, "I have had an abortion and this is what led me to do this work in the center."

I tried not to stare at her. This was a Christian woman who had just shared with me what I could not even summon out of my own mouth. She became the one I followed week after week, listening to her and learning how she came to a place in life that Jesus healed her heart.

That all sounded great to me, but there was *no way* I was telling her about mine. I even started counseling clients about their own past abortions. I could talk all day long about theirs, but my heart was tightly closed about my own. I kept it a secret for fear of being judged. I did not want to be grouped with what I thought of as "those women."

After a year of working inside the center, I was led by the Lord to apply for the director position that became available. I was nervous and a bit afraid only because I knew this would lead me to be more open about my own past with others who were in higher positions within the crisis pregnancy ministry.

I stayed away from meetings and other CPC directors, and kept to my own center and myself. It became my safety net. What they did not know did not hurt me, right?

In 1999 I attended a training where Sydna Masse of Ramah International was speaking on post-abortion healing ministry. I had to go; it was part of my job and there was no way out. I thought, "I can do this; it won't be a problem for me." I was so very wrong.

The first day of the session I had my first panic attack. I could not focus on the material. I felt sick and

kept holding back tears. With those I could not hold back, I only hoped that this roomful of women would think that I was so moved and touched that I cried for others.

Truly, I was weeping for myself. I sat in the back of the room and prayed that God would not make us get into small groups, because I could not tell these other Christian CPC directors that I was suffering from post-abortion syndrome.

That night in the hotel room, I became so physically sick I almost went to the emergency room. I had heart palpitations and cold sweats and felt like I wanted to faint. I realize now that it was all due to the fact that my own past abortions were resurfacing and I was not mentally or physically ready for it.

I sat through the conference the next day praying that it would end so I could go back to Houston and away from all of this. I was never so glad as when it was over! On the drive back home the Lord spoke very clearly to my heart in the car: "You are not healed." I cried and wept loudly in the car and asked God to help give me the strength I needed.

Upon returning to Houston I went full pace back into my job. I became obsessed with the work. Perhaps I could work it off; perhaps I could work so hard in this ministry that I could somehow atone for my past without truly dealing with it. Sadly, things only got worse. I signed up for two post-abortion Bible studies across town, only to quit before they ever started.

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**I was counseling other women  
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Publisher: David C. Reardon, Ph.D., Director of the Elliot Institute. Managing Editor: Amy R. Sobie. Relevant submissions will be considered for publication but cannot be returned unless accompanied by a SASE. Submit to: [amysobie@juno.com](mailto:amysobie@juno.com). Direct requests for permission to reprint to: Elliot Institute, PO Box 7348, Springfield, IL 62791 or [amysobie@juno.com](mailto:amysobie@juno.com). © 2004 Elliot Institute, unless otherwise noted.



I walked out of one the moment I got into the room.

A year later I attended a required post-abortion training seminar in Houston and heard a woman speak regarding a post-abortion Bible study. It was as though God was placing every opportunity in my path. I watched these women get up and speak with such grace and love and freedom. I knew at that moment that *this* was what I wanted — to be able to speak just like they did, with freedom.

That evening when I got home, I called the woman who had given the talk. I was so afraid that she would judge me for being a fellow CPC director and confessing to her that I — not my client, but I, myself — was suffering from post-abortion syndrome.

I could not get through the phone call and broke down crying. She never said a word, just simply let me cry until I was finished. She then spoke words of comfort and healing to me and encouraged me to sign up for the Bible study. I agreed to do so under one condition — that *no one* would know who I was or what my name was. I truly was that afraid of others finding out.

The first night of our group meeting, I was met with other CPC directors who immediately came up to me and wanted to know if I was leading a group. I had to look at the ground and whisper, “No, *I am the group.*”

I sat by the door, ready to bolt out if a question was asked of me. I truly think I physically shook through the entire night. I decided this was it. It was too tough. I could not do it. I would walk out of the ministry rather than deal with this pain in front of others.

The following week my husband urged me to go back. Only because of him being so insistent did I go. I turned and exited the freeway twice to go home, but the Lord spoke to me each time and urged me to go on.

I did finish those twelve weeks. It was the hardest thing I have ever done in my entire life. The first few weeks I almost came to despise my group leader, Karen. She made me truly seek out what was so deep in my heart that I could not stand the sight of myself. Not only did I have to face the loss of my own children, but I also had to confess in front of others my own sin. I had been living a lie

out of fear. I was so ashamed that the enemy had kept me in bondage in my own ministry for fear of others knowing that I, a CPC director, had aborted her own children years ago. Today Karen is one of my closest friends and prayer partners.

I walked out of those twelve weeks free from guilt and understanding the true meaning of God’s grace. During the twelve weeks I actually became pregnant with my daughter, whom I named Grace because the word meant so much to me.

I would like to say that I was healed instantly, but that is not the case. It took a good year of truly reminding

myself of God’s mercy and reading and seeking God in this area of my life. The more I spoke of my past and confessed, the easier it became. God met me in every conversation I had regarding the abortions.

I am not 100 percent healed; I do not believe I ever will be until I arrive in heaven. It is a struggle but one I do not dwell on any more. I know freedom now, I understand forgiveness, and I accept *grace*.

Today, post-abortion ministry is my heart — perhaps because my own abortions were locked in my heart for so long. I speak to pastors’ wives who are still holding it in for fear of being judged, and other CPC counselors who hear me speak and then, weeping, come to me and say, “I lied on my own application.”

I thought the Lord led me into the crisis pregnancy ministry because I hated abortion after what it had done in my own life. But now I don’t believe that.

I think the Lord led me here so that I can prayerfully be a testimony to others who are involved in this ministry that you don’t have to be ashamed or afraid. Confess your sin, open your heart, and trust that the Lord will meet you there. He will put those in your path who will love you, encourage you, and be such an important part of your healing, just as He did for me. It is His promise to us!

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*Khristey Walker is director of CPC Southeast Houston. She can be contacted at (713) 944-1730.*

## Memorial Contributions

**In memory of**  
William Knapp  
Frances Kuhn  
Max Rohner

*Gifts to the Elliot Institute in memory of loved ones or to celebrate birthdays, anniversaries, or other special occasions will be acknowledged in this publication unless otherwise requested.*

*For those of us who are post-abortive, often the very things we have to face are the same fears that caused us to choose abortion in the first place. The paradox is that facing these things — pride, self-love, fear of abandonment, etc. — is what will set us free from them.*

Theresa Bonopartis, Lumina Post-Abortion Ministries



# How to Reverse the Gender Gap

## An Important Breakthrough for Pro-Life Candidates

At least *one of every four* women has had an abortion. For most, it's a painful memory. Candidates who understand this and address the issue with compassion can convert "pro-choice" votes to pro-life votes.

Studies show that women who have had abortions *don't* support the radical pro-abortion agenda. They actually dislike abortion. But many who already suffer guilt, grief, and pain resent the perceived indifference of pro-life candidates. They're drawn to candidates who understand the pressures women face and the need for better alternatives.

In short, they want political leaders to help women, not to judge them.

### Pro-Life and Pro-Woman

As an internationally known leader in post-abortion research, education, and outreach, the Elliot Institute understands abortion's impact on women, men, and society. The strategy outlined here stems from new research, personal testimonies, opinion polls, the guidance of post-abortion counselors, and the proven principles of psychology, common sense, and compassion. All of these factors point toward the missing link, which can:

- convert the "fence-sitters,"
- energize grassroots pro-lifers,
- end legal and illegal abortion,
- secure a pro-woman/pro-life coalition,
- heal a divided nation, and
- unify *without* moral compromise.

Women are increasingly anti-abortion, as are Americans in general. Research shows Americans understand that abortion kills a child, but they are also concerned about addressing the challenges faced by women — especially those devastated by coerced, unwanted abortions.

It needn't be "either/or." When pro-woman/pro-life candidates advocate for both the unborn *and* women, everybody — except the billion-dollar abortion industry — wins.

### Unwanted Abortions: A Watershed Issue

Up to 60 percent of all abortions are unwanted . . . pushed by boyfriends, husbands, parents, and others.

Abortion is typically coerced, not chosen — 70 percent of women who abort do so against their own values and desires. Significantly, most said they *would have given birth if they'd had support* from the father, their families, and friends. In addition to spotlighting the need for pro-woman pregnancy resource programs, this finding

underscores the reality that we can save babies by helping their mothers.

### Abortion and Domestic Violence

Easier access to abortion has made it easier for others to insist that a woman end her pregnancy, often because it affects *them*. Many women are pressured by threats of abandonment or abuse if they refuse to have an abortion.

- Men have literally forced abortions to avoid the cost or "inconvenience" of a child. Women have had their wombs stabbed, shot or beaten.
- Women risk murder if they refuse abortion. Homicide is the *number one cause of death* during pregnancy.
- Young incest victims face the added risk of being forced to abort so rapists can hide and repeat sexual abuse.

A recent poll by the Center for the Advancement of Women reveals that preventing domestic violence — not protecting legal abortion — is the number one "women's issue." Ninety-two percent of women ranked preventing domestic violence as their *top concern*. Most oppose abortion on demand. Keeping abortion legal was their *next to last* priority.

Nearly half of voters polled consider coerced abortions a *common* or *very common* problem. They're also concerned about domestic violence. Voters say they are more likely to support candidates who will work to end coerced, unwanted abortions, as well as pregnancy-related violence against women who refuse to abort.

### The Abortion Experiment Has Failed

The 1960s abortion advocates claimed abortion would improve women's lives. It was supposed to help reduce domestic violence, poverty, child abuse, single-parent homes, and the number of children born with handicaps. None of these ends has been achieved. Research shows:

- Pregnant women are more likely to be abused, not less.
- Post-abortive women stay on welfare longer than those who give birth.
- Couples with a history of abortion are more likely to abuse their later "wanted children."
- Abortion is linked to at least a doubling of premature deliveries — the leading cause of birth defects.

Women who have abortions report lower overall health and require an 80 percent increase in doctor visits. Compared to delivering women, they are 2.6 times more likely to be hospitalized for

**Silence on this issue  
implies judgment of  
post-abortive women.**



psychiatric illness, five times more likely to start abusing drugs and alcohol, and seven times more likely to commit suicide.

Abortion is not safer than childbirth. Compared to women who deliver, women who abort are 3.5 times more likely to die in the year after abortion or delivery.

When studied for eight years after a pregnancy, aborting women were more than 5 times more likely to die from cerebrovascular disease than women who gave birth. Strokes and heart disease are related to depression and anxiety, both of which are linked to abortion.

### Advocate for Both Women and Unborn Children

Americans know that abortion has failed women. They will support compassionate pro-life candidates who are also pro-woman.

According to former Planned Parenthood president Fay Wattleton, “There is significant and growing support for severe restrictions on abortion rights.”

A *Los Angeles Times* poll found that 74 percent of women who admit having had a past abortion described abortion as “morally wrong,” and 81 percent agreed that women feel guilt after their abortions.

These women want political leaders to spare other women, like themselves, from dangerous, unwanted abortions — as long as it is done in a way that doesn’t point a finger of blame at them or other women.

While most post-abortive women don’t discuss their grief and pain, the word is leaking out.

- *Few believe abortion helps.* A 2002 national opinion poll found that only 16 percent of adults believe abortion generally makes women’s lives better. The majority believe it is more likely to hurt a woman’s life.
- *Few believe women are fully informed.* 74 to 90 percent believe abortionists don’t fully disclose the emotional risks to their patients.

A majority of those polled said they’d be more likely to vote for candidates who support grief counseling after abortion. Even 63 percent of voters identifying with the “pro-choice” label would prefer such a candidate. Seventy-four to 81 percent consider researching women’s emotional reactions to abortion a priority.

Downplaying the abortion issue only implies judgment and widens the gap. Voters consistently respond to compassionate pro-life leaders who offer solutions, not blame.

### The Real Pro-Woman Candidate

The pro-life movement has *always* helped both babies and women. Yet pro-abortionists frame the issue as a choice between women or “blobs of tissue.”

Don’t accept this spin! We must always insist that the welfare of women and their children are intertwined. Anything that hurts one, hurts both. Abortion hurts *both*. Pro-woman/pro-life candidates help *both* women and their unborn children.

### Substitute “Poor-Choice” for “Pro-Choice”

Don’t let pro-abortionists hide behind “pro-choice” rhetoric, which disguises that fact that abortion is a poor choice at best — one that causes women needless suffering.

Pro-abortionists should be called “*poor choice*” because they are more concerned with protecting the abortion industry’s profits than with promoting the welfare of women. Abortion is a poor choice; women deserve better.

Learn more about the advantages of using poor-choice rhetoric at [www.poorchoice.org](http://www.poorchoice.org).

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© 2004 Elliot Institute. Feel free to share this article with pro-life politicians in your area.

Also, see the Elliot Institute booklet *Reversing the Gender Gap*, an essential guide to help pro-life candidates articulate a pro-woman/pro-life position and reframe the abortion debate in their favor. For more details, see the box below.

## Get the Candidates’ Guidebook

### Help Put Pro-Life Candidates in Office

For more complete details about the pro-woman/pro-life strategy discussed above, please read our pocket guide, *Reversing the Gender Gap: Touch the Hearts, Win the Trust, Earn the Votes of 30 Million Post-Abortive Women*.

This 60-page booklet lays out a practical strategy that will help pro-life candidates break through the deadlock on the abortion issue, put their poor-choice opponents on the defensive, and articulate a compassionate and honest pro-woman/pro-life position that will win votes.

*Reversing the Gender Gap* has been praised by pro-life leaders, post-abortive women, and politicians alike for its “brilliant” approach to the abortion issue. As one leader writes, “This message will get women’s votes!”

We hope to get this booklet into the hands of all pro-life politicians and political candidates, from the White House to local government. You can help by ordering copies to distribute to politicians in your area.

In addition, a free e-book copy is available for download on our web site. **You can order the printed booklet by calling 1-888-412-2676, or download the free e-booklet at [www.afterabortion.info/reports](http://www.afterabortion.info/reports).**

You can also encourage political candidates in your area to sign up for our politicians’ email list for free updates, talking points, sound bites, research, and model legislation. To sign up, send a blank email to [politics@afterabortion.info](mailto:politics@afterabortion.info).



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# Key Facts About Abortion

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## 1. Most Abortions Are Unwanted

- 52 percent of women who suffer post-abortion trauma report being “forced by others” into unwanted abortions.
- The National Abortion Federation reports that one in five women served by their clinics are philosophically and morally opposed to abortion. Other research indicates that up to 70 percent of women seeking abortion are morally opposed to it.
- The Alan Guttmacher Institute, Planned Parenthood’s research affiliate, reports that the primary reasons women abort are a lack of financial resources and emotional support.
- Journal articles by National Abortion Federation officials verify that many women in a crisis pregnancy situation may be making hasty, ill-considered decisions for abortion.
- Of 252 women who experienced post-abortion complications:
  - 66 percent said their counselor’s advice was very “biased” toward choosing abortion;
  - 40 to 60 percent said they were uncertain of their decision prior to counseling, of whom 44 percent were hoping to find an alternative to abortion during their counseling session.
  - Only 5 percent were encouraged to ask questions, and 52 to 71 percent felt their questions were sidestepped, trivialized or inadequately answered.
  - Over 90 percent said they weren’t given enough information to make an informed choice.
  - Over 80 percent said it was very unlikely they would have aborted if they had not been so strongly encouraged to abort by others, including their abortion counselors.

## 2. Most Wouldn’t Have Aborted if Given Support

- 83 percent of those suffering post-abortion trauma said they would have carried to term if they had received support from boyfriends, families, or other important people in their lives.
- Studies of women who sought but did not have abortions show that few, if any, later regret their decision or suffer psychological problems from having an unintended child.

## 3. Abortion May Be Legal, But it’s Not Safe

- The standard of care is often inadequate to protect

women’s health. Some abortionists move from state to state to avoid investigations and patient complaints.

- Peer-reviewed research in major medical journals shows serious potential side effects, such as infertility, depression, and increased risk of death from all causes, including suicide.
- Most abortionists don’t screen for risk factors or determine whether abortion will benefit their patients. Proper screening would *eliminate 70 percent or more of all abortions*.
- Some abortion providers admit lack of expertise in counseling or failure to cover all the aspects of the abortion decision that might be relevant to women considering abortion.
- Many abortion “counselors” are unlicensed and untrained. Some are hired to “sell” abortions and ease women’s concerns so they will be more likely to abort, thus increasing clinic profits.
- More than 80 percent of all abortions are done in non-hospital facilities, at clinics devoted solely to providing abortions and birth control services. Most abortions are done by a stranger who has no relationship with the patient, either before or after the procedure. Often women do not return for post-surgical care.

## 4. Abortion Doesn’t Solve the Problem

- Women face a considerable risk of falling into a repeat abortion pattern. Approximately 45 percent of all abortions are now repeat abortions.
- Women who have more than one abortion face an even greater risk of experiencing multiple physical and psychological complications.

## 5. Abortion is Unwanted Even in the Hard Cases

- In a survey of 192 women who became pregnant through rape or incest, many said they only aborted because they felt pressured to do so. Most reported that abortion only increased their grief and trauma and that they would now advise against it.
- *None* of those who gave birth said they wished they had not given birth or that they had chosen abortion instead.

*A copy of this fact sheet, complete with citations, and other fact sheets and resource materials are available on the Elliot Institute web site. Go to [www.afterabortion.org](http://www.afterabortion.org) and click on the “Vault” link to download materials.*



# New Study Shows Abortion's Negative Impact

Findings Underscore Elliot Institute Studies Showing Emotional Problems After Abortion

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A new survey of Norwegian women has found that those who undergo abortions are more likely to experience negative feelings afterwards than are women who have miscarriages.

Women were asked to chart their feelings at 10 days, six months, and two years after experiencing an abortion or miscarriage. The results showed that 17 percent of the post-abortive women surveyed scored high on a scale measuring "avoidance" symptoms — such as avoidance of reminders of the abortion and nightmares or flashbacks. Aborting women were also more likely to experience feelings of regret, guilt, and shame.

In contrast, only 3 percent of the women who had experienced miscarriages had such symptoms, researchers said. Those women who experienced negative feelings soon after the abortion or miscarriage were also more likely to experience negative feelings later on, suggesting that women struggling with a past abortion are not just able to "get over it."

The study, published in the March/April 2004 edition of *Psychosomatic Medicine*, joins a growing list of studies showing that abortion harms women. This research includes studies from the Elliot Institute, which found that, compared to women who gave birth, women who experienced abortion had higher rates of:

- **Inpatient Psychiatric Hospitalization.** Women who had

abortions were 2.6 times more likely to require inpatient psychiatric care in the first 90 days following abortion, and rates of psychiatric treatment remained significantly higher among aborting women for at least four years.

- **Outpatient Psychiatric Treatment.** Women who had abortions were more likely than delivering women to require outpatient psychiatric care.
- **Clinical Depression.** Compared to women who carried their first unintended pregnancies to term, women who aborted their first pregnancy were at significantly higher risk of clinical depression as measured an average of eight years after their first pregnancies.
- **Long-Term Clinical Depression.** Analysis of a federally funded study of American women found that after abortion, women were 65 percent more likely to be at risk for long-term clinical depression after controlling for age, race, education, marital status, history of divorce, income level, and prior psychiatric state.
- **Substance Abuse.** Compared to women who carried to term, aborting women were five times more likely to subsequently abuse drugs or alcohol.

*For more information on these studies, visit the Elliot Institute web site at [www.afterabortion.org](http://www.afterabortion.org).*

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# Resources

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## ***Beyond Regret***

Video & Resource Guide

Paraclete Press, PO Box 1568, Orleans, MA, 02653.  
1-800-451-5006 or [www.paracletepress.com](http://www.paracletepress.com). \$69.95 /  
video and resource guide. ISBN: 1-55725-301-3.

Many women and men are suffering emotionally from their involvement in terminating a pregnancy, and they are not sure where they can turn for help in a society that is deeply divided over the issue of abortion. A new video from Paraclete Press, “Beyond Regret: Entering into Healing and Wholeness After an Abortion,” offers a safe way to begin to find help and emotional healing after an abortion.

Featuring post-abortive women and men as well as counselors who specialize in post-abortion assistance, “Beyond Regret” covers topics such as acknowledging the emotional pain, accepting responsibility for the choice to have an abortion, forgiving yourself and others, and grieving the loss of the aborted child.

The video features Sydna Masse, president of Ramah International post-abortion ministry and author of *Her Choice to Heal: Finding Spiritual and Emotional Peace After Abortion*; and Stephen Arterburn, host of the daily national radio program *New Life Live* and founder of New Life Clinics, which provide Christian counseling throughout the United States and Canada.

With honesty and gentleness, this video encourages post-abortive women and men of all ages and backgrounds to seek hope, help, and healing. Accompanying the video is a support guide that lists practical steps to take for healing, suggests thoughts about which to journal, and lists numerous resources and organizations related to post-abortion healing.

## ***Grieving Reproductive Loss: The Healing Process***

Kathleen Gray and Anne Lassance

Baywood Publishing Company, PO Box 337, Amityville,  
NY 11701. 1-800-638-7919 or [www.baywood.com](http://www.baywood.com). \$45.95  
plus \$5.50 s/h. Hardcover, 232 pp. ISBN: 0-89503-227-9.

One in four pregnancies ends in miscarriage; one in 80 ends in stillbirth. As many as one in six couples experience problems with infertility. More than one million elective abortions are performed in the U.S. each year, and more than 100,000 in Canada.

Bereaved parents suffer not only reproductive loss and the tragic death of a child, but also the loss of parts of themselves, the loss of a future life with that child, and the loss of hopes and dreams. The grief associated with these losses is often ignored, minimized, or denied. Yet individuals who have suffered these losses can experience profound grief and emotional pain. Their grief needs to be acknowledged by themselves and others.

Written by Kathleen Gray and Anne Lassance of the Centre for Reproductive Loss in Toronto, Canada, *Grieving Reproductive Loss* acknowledges the devastating impact these losses can have. Written in “plain language,” the book attempts to bring about a greater understanding of the grief associated with reproductive loss.

The authors developed the “Healing Process Model” to help bring about constructive, healthy grieving and healing of a person’s body, mind, and spirit. The guidelines of the Healing Process Model can be used for recognizing, acknowledging, and intervening in reproductive loss by the bereaved parents themselves, their friends and family, and their health care providers — whether or not they have been trained in grief care.

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