

## Answers to Life Quiz

**1. What is NaProTechnology and how does it differ from mainstream gynecology?**

NaProTECHNOLOGY (Natural Procreative Technology) is a new women's health science that monitors and maintains a woman's reproductive and gynecological health. It provides medical and surgical treatments that cooperate completely with the reproductive system. Mainstream gynecology often used hormones to disrupt the natural functioning of the woman's cycle, rather than working with it. See [www.Naprotechnology.com](http://www.Naprotechnology.com)

**2. Hundreds of thousands of human embryos are being created each year in the U.S., with the process of In Vitro Fertilization (IVF). For every 1000 created, about how many are born?**

Estimates from available data are that for every 1000 embryos created, about 400 die in vitro, about 320 die in the womb, about 140 are frozen indefinitely, and only about 140 are born.

**3. Hormonal contraceptives, such as the pill, patch, or DePo shots, are designed to prevent ovulation and therefore pregnancy. But with lower doses, ovulation sometimes occurs. What other mechanism of action is important for women to know about?**

Any hormonal method of contraception can also act to thin the lining of the uterus and prevent any child that might be conceived from implanting in the womb. It is then not acting to prevent conception but as an abortifacient.

**4. Why and how was pregnancy re-defined in the 1960's?**

The mechanism of action of the IUD, which became popular in the US in the late 1960's, was to prevent implantation of the young embryo. In order to market the product as one that prevented pregnancy, pregnancy was redefined to begin at implantation rather than conception, or fertilization, when the egg and sperm unite to form a new human being.

**5. What is "emergency contraception"? Why is the name deceptive?**

Emergency contraception refers to techniques used to prevent pregnancy from resulting from intercourse which has already occurred. How it works depends on where the woman is in her cycle when it is taken. If it is taken after ovulation, fertilization may have already occurred as well. The product then works to prevent implantation, not conception, and so the term "contra –[against] conception" is not accurate. The term "emergency" also implies a risk of harm if action is not taken. Pregnancy is a natural result of intercourse, not a disease to be prevented.

**6. What are the two abortion techniques used in the first trimester of pregnancy?**

The two methods used are the suction or aspiration surgical abortion, and the pill (RU486) or medical abortion. The pill abortion is limited to up to ten weeks after the 1<sup>st</sup> day of the woman's last period (LMP). The suction abortion can be used up to thirteen weeks.

**7. Where online can you find videos explaining abortion techniques?**

[www.abortionprocedures.com](http://www.abortionprocedures.com)

**8. At what age does the heart of the child-in-utero begin to beat?**

Three weeks after conception (about 5 weeks after the 1<sup>st</sup> day LMP) the heart begins to beat, and is beating regularly by four weeks (6 wks. LMP)

**9. At what age does the child-in-utero have ten fingers and ten toes, and is readily identifiable as a “baby”?**

At eight weeks after conception the child has arms and legs, eyes and ears, and separate fingers. Head is a large portion of the body. At nine weeks the toes have separated and the head is a slightly less proportion of the total body length. [Eight - ten weeks are acceptable answers.]

**10. Where is help available 24/7 for women considering abortion?**

[www.Optionline.org](http://www.Optionline.org) - online chat available, or 800-712-HELP.

**11. What are three important messages to convey to a woman considering abortion?**

[Any 3 of the following are acceptable answers]

1. I care about **you** (not just about her baby). Show this by being willing to listen to her, not judging her.
2. **You don't have to face this alone.** There is help available – abortion is not your only choice.
3. It is important for you to get all the facts before you decide. Abortion facilities are in business to sell abortions. Pregnancy centers gain nothing from your decision, but are willing to help you in many ways just because they care about you.
4. **So many women have deeply regretted their abortions.** There are serious risks of both physical and emotional negative consequences of abortion.

**12. About how often is abortion coerced? Who might be doing the coercion?**

According to The Forced Abortion Fact Sheet from [www.AfterAbortion.org](http://www.AfterAbortion.org), 64% of women are coerced. Coercion can come from boyfriends, husbands, parents, abortion facility workers (who have quotas to make and pressure for an immediate decision), and even bosses.

**13. What are two ways that women respond to abortion in the short term?**

The most common immediate reaction is relief. Women may work extra hard at school or at work to ensure that their sacrifice was “worth it.” Another common result is anniversary depression for a short time each year either around the time of the abortion, or the time the child would have been born.

**14. Name at least three possible long term symptoms of post-abortion trauma.**

Depression and higher risk of suicide, isolation or relationship problems, increased use of alcohol or drugs, general anxiety disorder, anger, eating disorders, nightmares or sleep disturbances.

**15. A new friend confides that she works at an abortion clinic but hates her job. How can you help her?**

Refer her to [www.abortionworker.com](http://www.abortionworker.com) for help to leave her job. Once she quits, she can get transitional financial help, help with her resume and finding a job, legal help if needed, and emotional and spiritual support over the long term. Many of the client managers were once abortion workers themselves.