

Case No. S25A0300
IN THE SUPREME COURT OF GEORGIA

STATE OF GEORGIA,

Defendant-Appellant,

v.

SISTERSONG WOMEN OF COLOR REPRODUCTIVE JUSTICE COLLECTIVE, et al.,

Plaintiffs-Appellees.

On Appeal from the
Superior Court of Fulton County
Superior Court Case No. 2022CV367796

**BRIEF OF ALLIANCE FOR HIPPOCRATIC MEDICINE AS
AMICUS CURIAE IN SUPPORT OF APPELLANT**

ERIK C. BAPTIST*
DALTON NICHOLS*
ALLIANCE DEFENDING FREEDOM
44180 Riverside Pkwy
Lansdowne, VA 20176
(571) 707-4655
ebaptist@adflegal.org
dnichols@adflegal.org

DAVID A. CORTMAN
ALLIANCE DEFENDING FREEDOM
1000 Hurricane Shoals Rd. NE
Suite D-1100
Lawrenceville, GA 30043
(770) 339-0774
dcortman@adflegal.org

*admission pro hac vice forthcoming

Attorneys for Amicus Curiae

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IDENTITY AND INTEREST OF AMICUS CURIAE

The Alliance for Hippocratic Medicine (AHM) is a nonprofit alliance of seven medical associations, representing over 30,000 physicians and other healthcare professionals. AHM upholds and promotes the fundamental principles of Hippocratic medicine. These principles include protecting the vulnerable at the beginning and the end of life. AHM also seeks to achieve the ultimate good for each patient with compassion and moral integrity. Finally, AHM commits to providing healthcare with the highest standards of excellence based on evidence-based medicine. In line with these principles, AHM supports Georgia's fetal-heartbeat law: the Living Infants Fairness and Equality (LIFE) Act.

SUMMARY OF ARGUMENT

The General Assembly passed the LIFE Act to protect preborn human life. H.R. 481, 155th Gen. Assemb., Reg. Sess. (Ga. 2019). The superior court viewed the LIFE Act through an adversarial lens—pitting the preborn child’s interests against the interests of the mother. *SisterSong Women of Color Reprod. Just. Collective et al. v. State*, No. 2022CV367796, slip op. at 11 (Ga. Super. Ct. Sept. 30, 2024). But that lens is fundamentally flawed.

The superior court captured only a small snapshot of the abortion picture. The court assumed that the State’s interest in protecting preborn life conflicts with the interests of women. *Id.* at 12. But there is no conflict. Instead, the LIFE Act accomplishes two harmonious goals.

First, the LIFE Act protects preborn life from the moment you can detect his or her heartbeat. Medical science has advanced since *Roe v. Wade* and *Planned Parenthood v. Casey*. Physicians can now detect a heartbeat as early as six weeks’ gestation. These advancements bolster the General Assembly’s decision to draw the line of protecting life where today’s technology can detect a fetal heartbeat. Because the LIFE Act affirms the mother’s and child’s best interests, the Court should reverse the ruling below.

Second, the LIFE Act protects women’s health. Abortion poses serious risks to women’s physical health. Both surgical and chemical abortions involve potential complications. These complications can

impact future planned pregnancies. And the underreported nature of the data suggests that abortion's dangers may be even greater than what the available numbers suggest.

Even those who support abortion acknowledge that it poses significant risks to women's mental health. Research shows that women who get abortions are at a greater risk of anxiety, depression, and suicide than women who give birth. And that's true even for women with unplanned pregnancies. These abortion-related risks worsen under societal pressures. And they increase as the pregnancy progresses.

ARGUMENT

I. The LIFE Act protects preborn life from the earliest moment a heartbeat can be detected.

The LIFE Act harmonizes women's interests with the sanctity of life. The State has a legitimate interest in "respect for and preservation of prenatal life at all stages of development." *Dobbs v. Jackson Women's Health Org.*, 597 U.S. 215, 301 (2022). This interest stems from the consensus that new unique human life begins at fertilization. The LIFE Act reflects this reality by protecting life from the earliest moment a heartbeat can be detected while protecting future preborn children from the unintended harms of a prior abortion.

A. Life begins at fertilization.

Public misconceptions about life’s starting point can be traced to *Roe v. Wade*’s scientific limitations. *Roe* relied on what it called “the well-known facts of fetal development” to support its flawed conclusion that a pre-viability “fetus, at most, represents only the potentiality of life.” 410 U.S. 113, 156, 162 (1973), *overruled by Dobbs*, 597 U.S. at 302. As science and the law have now established, that view was wrong. “From fertilization, an embryo (and later, fetus) is alive and possesses its unique DNA.” *Memphis Ctr. for Reprod. Health v. Slatery*, 14 F.4th 409, 450 (6th Cir. 2021) (Thapar, J., concurring in part) (citing Enrica Bianchi et al., *Juno Is the Egg Izumo Receptor and Is Essential for Mammalian Fertilization*, 508 *Nature* 483, 483 (2014)). The fusion of egg and sperm create a new living human being “in less than a second.” *When Human Life Begins*, Am. Coll. of Pediatricians (Mar. 2017), perma.cc/8XQ3-B5XE.

This fusion, called “fertilization,” is the well-defined beginning point that “generates a new human cell, the zygote.” Maureen L. Condic, *When Does Human Life Begin? A Scientific Perspective*, 1 Westchester Inst. White Paper Series 7 (2008), perma.cc/CUQ5-QYNU. This isn’t just a clump of cells or “merely a unique human cell.” *Id.* Rather, it is “an individual constituted to carry on the activities of life by means of organs separate in function but mutually dependent: a living being.” *Id.* (citation omitted). In a “biological sense,” from

conception, the preborn child is “whole, separate, unique and living.” *Planned Parenthood Minn., N.D., S.D. v. Rounds*, 530 F.3d 724, 736 (8th Cir. 2008) (en banc). About 96% of biologists from over 1,000 academic institutions worldwide hold this view. Steven Andrew Jacobs, J.D., Ph.D, *The Scientific Consensus on When a Human’s Life Begins*, 36 *Issues L. & Med.* 221, 227 (2021), perma.cc/Z5TC-GHLM.

Indeed, “by common understanding and scientific terminology, a fetus is a living organism while within the womb, whether or not it is viable outside the womb.” *Gonzales v. Carhart*, 550 U.S. 124, 147 (2007). “[G]rowth and development are necessary,” but the preborn child “is nonetheless human life.” *Hamilton v. Scott*, 97 So. 3d 728, 746–47 (Ala. 2012) (Parker, J., concurring). Denying that reality—based on the now-defunct viability line no less—would be “arbitrary at best.” *When Human Life Begins, supra*. Given these truths, the legislature chose science over opinion for Georgia’s preborn children.

B. Modern technology can detect a fetal heartbeat at six weeks’ gestation.

The Oxford English Dictionary defines a heartbeat as the “contraction of the heart (or sequence of filling, contraction, and relaxation) by which blood is propelled around the body.” *Heartbeat*, Oxford English Dictionary, perma.cc/3EDF-774A. For “most normal pregnancies,” the preborn child’s “heart is beating” by the end of four weeks’ gestation. *The First Trimester*, Johns Hopkins Med.,

perma.cc/WYL4-96KD. And “peer-reviewed science on babies at 6 weeks’ gestation” shows that, on average, the “heart is actively beating” at 110 beats per minute. *Science: At 6 Weeks, Unborn Baby’s Heart Rate is Approximately 110 Beats Per Minute*, Charlotte Lozier Inst. (Sept. 2, 2021), perma.cc/SHX9-6BPG. Indeed, even Planned Parenthood has conceded that a “basic beating heart” develops during weeks five and six. See Planned Parenthood, *What Happens in the Second Month of Pregnancy?*, WebArchive (July 25, 2022), tinyurl.com/2jvsvh34.

Today, medical professionals can detect a fetal heartbeat through a vaginal ultrasound at six weeks’ gestation. *Early Fetal Development*, Am. Pregnancy Ass’n, perma.cc/7SUW-8VAC. This embryonic heartbeat “is best detected using doppler ultrasonography.” *The Science Behind Embryonic Heartbeats—A Fact Sheet*, Charlotte Lozier Inst. (Nov. 3, 2021), perma.cc/9H4X-EDBY. “Ultrasonography does not measure electrical activity” but instead “measures pulses of high-frequency sound reflected off solid objects.” *Id.* The ultrasound may detect the heartbeat “as a regular flutter.” *Early Fetal Development*, Am. Pregnancy Ass’n, *supra*.

In normal pregnancies without intervention, a detectable heartbeat at six to eight weeks’ gestation equates to a 98% live birth rate. *Science: At 6 Weeks, Unborn Baby’s Heart Rate is Approximately 110 Beats Per Minute*, *supra*. The LIFE Act thus safeguards preborn

children who are overwhelmingly destined to live absent an abortion by protecting their lives from the earliest moment of detection.

C. Abortion threatens preborn children in future pregnancies.

Even by conservative estimates, for decades abortion has caused the deaths of approximately one million preborn children in the United States every year. *Fact Sheet: Abortion in the United States*, Guttmacher Inst. (June 2024), perma.cc/ZUE9-9YWM. But abortion's direct subjects are not the only ones who have been hurt by abortion. Past abortions can also hurt preborn children in subsequent pregnancies.

Studies show a link between abortion and preterm birth in later pregnancies. American Association of Pro-life Obstetricians & Gynecologists (AAPLOG), *Induced Abortion & the Increased Risk of Maternal Mortality* 7 (Aug. 13, 2019), perma.cc/236K-PLE6. Based on an analysis of 59 statistically significant studies, researchers concluded that induced abortion increased the incidence of preterm birth by about 31.5%. AAPLOG, *Abortion and Risks of Preterm Birth* 3 (Nov. 2019), perma.cc/3Y5Z-YZYW.

And the risk increases after each abortion. One meta-analysis of studies found a 25% increased risk of premature birth in a subsequent pregnancy after one abortion, 32% after more than one, and 51% after more than two. AAPLOG, *Induced Abortion*, *supra*, at 7. Another meta-

analysis found a 35% increased risk of low birth weight after only one abortion and an alarming 72% after two or more abortions. *Id.*

Preterm birth is a major issue. It poses various short- and long-term health problems for the baby. Short-term complications impact breathing, the heart, the brain, temperature control, gastrointestinal function, metabolism, and the immune system. *Premature Birth*, Mayo Clinic, perma.cc/3DT5-3XG2. Long-term complications include cerebral palsy and cognitive impairment, along with vision, hearing, dental, behavioral, and psychological problems. *Id.*

The LIFE Act thus is a reasonable measure to protect preborn children from the harms of abortion.

II. The LIFE Act supports women's entire well-being.

A. The LIFE ACT protects women's physical health.

Abortion poses a plethora of physical risks for women. The immediate physical risks include organ damage, hemorrhage, and more—including death. Abortion can also impact women's physical health long-term. Further, abortion can impair future pregnancies. And the amount of underreported data suggests that abortion may be even more harmful than the known data suggests. As this evidence proves, abortion is not the routine healthcare decision that its proponents make it out to be.

1. Abortion harms women's physical health.

Surgical abortion can physically harm women in two ways: injury and death. Surgical abortion can cause “[s]evere” physical injuries. AAPLOG, *Induced Abortion, supra*, at 7. Even experienced abortion providers could damage adjacent organs or major blood vessels in the uterus. *Id.* (citation omitted). These injuries often require an emergency hysterectomy, bowel resection, bladder repair, or other repair. *Id.*

Late-term abortions bring their own risks. In very late-term abortions, the abortion provider often induces labor to complete the abortion. *Id.* at 6. These labor-induction abortions often risk immediate maternal hemorrhage. *Id.* And such hemorrhaging requires an invasive surgical procedure to extract retained placental tissue. *Id.*

These complications can also lead to maternal death. *See* Suzanne Zane et al., *Abortion-Related Mortality in the United States 1998–2010*, 126 *Obstetrics & Gynecology* 258 (Aug. 2015), perma.cc/V73F-8TCF. Surgical abortion can cause death through hemorrhage, sepsis, anesthesia complications, and cardiac events. AAPLOG, *Induced Abortion, supra*, at 7. These physical risks support legislative efforts to protect women and children from abortion early in pregnancy.

Abortion procedures become more dangerous as the pregnancy progresses because the body changes and the required abortion techniques become more complex. *Id.* One study found that the risk of death increases by 38% each week after eight weeks' gestation.

AAPLOG, *Induced Abortion*, *supra*, at 3; see also Linda A. Bartlett et al., *Risk factors for legal induced abortion-related mortality in the United States*, 103 *Obstetrics & Gynecology* 729 (Apr. 2004), perma.cc/7SEE-M92D (same). After 21 weeks, the risk of death is 76.6 times higher. AAPLOG, *Induced Abortion*, *supra*, at 7. Another study reported that, here in the United States, “the death rate from legal induced abortion performed at 18 weeks gestation is more than double that observed for women experiencing vaginal delivery.” Patrick J. Marmion, M.D., M.P.H. & Ingrid Skop, M.D., *Induced Abortion and the Increased Risk of Maternal Mortality*, 87 *Linacre Q.* 302, 302 (2020), perma.cc/8D29-VZJ2. And a Danish study reported that the risk of death after a late-term abortion was 615% higher than that after childbirth. *Id.* at 307. These numbers shouldn’t be ignored.

2. Chemical abortions pose even greater risks than surgical abortions.

Chemical abortions are now more prevalent than ever. The Guttmacher Institute reported that chemical abortions accounted for 63% of all United States abortions in 2023—up from 53% in 2020. *Medication Abortions Accounted for 63% of All US Abortions in 2023, an Increase from 53% in 2020*, Guttmacher Inst. (Mar. 19, 2024), perma.cc/NWN2-99VD. Abortion drugs often lead to serious health risks that require follow-up medical intervention.

The Food and Drug Administration’s label for the abortion drug mifepristone warns that approximately one in 25 women will end up in the emergency room after taking these drugs. Food and Drug Administration, Mifeprex Label, at 8 tbl. 2, <https://tinyurl.com/3a6c6mm8>. The label also shows a direct correlation between gestational age and the increased need for surgical intervention—at a tenfold increase. *Id.* at 13 tbl. 4. Further, these drugs have a black box warning to women that they could experience “[s]erious and sometimes fatal infections and bleeding” after taking these drugs. *Id.* at 1.

Studies have highlighted these dangers for years. A study of Finnish women from 2000–2006 compared women who had chemical abortions with women who had surgical abortions. Maarit Niinimäki, M.D. et al., *Immediate Complications After Medical Compared with Surgical Termination of Pregnancy*, 114 *Obstetrics & Gynecology* 795 (Oct. 2009), perma.cc/YE9P-Q4BK. Hemorrhage and incomplete abortions were more likely for women who had chemical abortions. *Id.*

Equally concerning, a 2009–2010 California study revealed that chemical abortions produced complications four times more often than surgical abortions. Ushma D. Upadhyay, Ph.D., M.P.H. et al., *Incidence of Emergency Department Visits and Complications After Abortion*, 125 *Obstetrics & Gynecology* 175 (Jan. 2015), perma.cc/F3UB-NEMF. In no way were chemical abortions safer than surgical abortions.

Here too, the data reveals the need for laws protecting women and children from abortion early in pregnancy. A study of over 45,000 women showed that about 5% required surgery to complete a chemical abortion. Elizabeth G. Raymond et al., *First-Trimester Medical Abortion with Mifepristone 200 mg and Misoprostol: A Systematic Review*, 87 *Contraception* 26, 30 (2013), tinyurl.com/mwrath44. The risk of abortion failure—and thus the need for surgery—was higher for pregnancies with a gestational age greater than 8 weeks. *Id.* at 26. Indeed, the risk of incomplete abortion and infection increases with increasing gestational age. *Fact Sheet: Risks and Complications of Chemical Abortion*, Charlotte Lozier Inst. (Aug. 23, 2023), perma.cc/B6X3-YHYB. These known risks are likely increased with the recent ease of access to obtaining mifepristone without in-person consultation.

Chemical abortion’s alleged convenience advantages pale in comparison to these heightened health risks. As chemical abortions become more prevalent, the need for laws like the LIFE Act become more necessary.

3. Abortion complicates future pregnancies.

An abortion impacts more than the pregnancy that it ends. Abortion opens the door to potential complications in subsequent pregnancies from reproductive-organ injury. Some of these complications can be severe and life-threatening.

The reason for this is that abortion brutally interrupts a natural process. A surgical abortion forcibly opens a cervix that should remain closed until natural childbirth, and that risks causing cervical trauma and cervical incompetence in future pregnancies. AAPLOG, *Induced Abortion, supra*, at 7. Abortion can also cause the now-weakened cervix to dilate earlier in a subsequent pregnancy and predispose the woman to premature rupture of membranes, intrauterine infections, and sepsis. *Id.* Several studies have found that abortion makes women more likely to deliver before 32 weeks and before 37 weeks in subsequent pregnancies—and the odds are higher if the woman has had two or more prior abortions. Research Committee, *Practice Guideline 5: The Association Between Surgical Abortion and Preterm Birth: An Overview*, 37 *Issues L. & Med.* 179, 180 (2022), perma.cc/8A4H-E3EE.

Surgical abortions can also impair the placenta. The placenta is a vital organ that develops in pregnancy to support the preborn child: it provides oxygen and nutrients to the child and removes waste from the child's blood. *Placenta: How it works, what's normal*, Mayo Clinic, perma.cc/NGR4-DGRL. Instrumental trauma during a surgical abortion may cause “faulty placentation” in later pregnancies. AAPLOG, *Induced Abortion, supra*, at 7. This can then cause Placenta Accreta Spectrum (PAS), an “abnormal placentation in which the placenta invades into the cervix, uterine wall, or other adjacent organs.” *Id.*

PAS is a life-threatening pregnancy complication. PAS can cause injury or death through severe and sometimes life-threatening hemorrhage—often requiring a blood transfusion. Alison G. Cahill, M.D., MSCI et al., *Placenta Accreta Spectrum*, 132 *Obstetrics & Gynecology* 259, 259 (2018), perma.cc/2J3A-H9PT. The American College of Obstetricians and Gynecologists notes that, “even in the most optimal setting, substantial maternal morbidity and, occasionally, mortality occur.” *Id.* at 263. PAS makes women more likely to require a hysterectomy at birth or during the postpartum period. *Id.* at 259. Women with PAS are also more likely to have longer hospital stays. *Id.* So by reducing the prevalence of abortion, the LIFE Act helps to reduce the risk of serious complications in planned pregnancies.

4. Deficiencies in the available data undermine the claim that abortion is safe.

Against this backdrop of evidence, abortion proponents claim that abortion is safe. So what explains that claim? Four known deficiencies in the available data.

First, the number of reported abortions varies wildly. The Centers for Disease Control (CDC) reported 620,327 abortions in 2020 based on data from state central health agencies. Katherine Kortsmit, Ph.D. et al., *Abortion Surveillance—United States, 2020*, CDC (Nov. 25, 2022), perma.cc/2A2W-XY9E. But the Guttmacher Institute, based on data from abortion providers, reported 930,160 abortions that same year.

Rachel K. Jones et al., *Abortion Incidence and Service Availability in the United States, 2020*, 54 Persps. Sexual & Reprod. Health 128, 131 & tbl. 1 (2022), tinyurl.com/2s3hzn9. Such large disparities in the abortion numbers inevitably lead to large disparities in abortion-related statistics.

Second, the number of abortion-related complications is unknown. Only about half the states require abortion providers to report complications from abortions. *Abortion Reporting Requirements*, Guttmacher Inst. (Sept. 1, 2023), perma.cc/RHM7-A8KZ. And only a quarter of the states require healthcare professionals along with the abortion centers to report abortion complications they've had to treat. Tessa Cox, *Analysis: FDA Decision Ignores Data on Complications, Puts Women at Risk*, Charlotte Lozier Inst. (Dec. 16, 2021), perma.cc/MP77-WXGY. The absence of reporting requirements in so many states supports the conclusion that abortion complications are substantially underreported.

Third, the number of abortion-related maternal deaths is also unknown and underreported. Studies have shown that at least 50% of abortion-related maternal deaths are not reported as pregnancy-related on death certificates. Isabelle L. Horon, *Underreporting of Maternal Deaths on Death Certificates and the Magnitude of the Problem of Maternal Mortality*, 95 Am. J. Pub. Health 478, 478 (2005), perma.cc/KVG8-WSUK. Relatedly, there is no consistent definition of

an abortion-related maternal death, and therefore there is no consistent categorization of these types of deaths. See Ingrid Skop, M.D., *Handbook of Maternal Mortality: Addressing the U.S. Maternal Mortality Crisis, Looking Beyond Ideology*, Charlotte Lozier Inst. (Jan. 6, 2023), perma.cc/HYT7-25KZ.

Fourth, there is a natural underreporting of mental-health issues as well. A broad mental-health study conducted by the Charlotte Lozier Institute reported that women who had received an abortion were four times more likely to drop out of the survey when probed about their experience. David C. Reardon, Ph.D. & Tessa Cox, *Whose Choice? Pressure to Abort Linked to Worsening of Subsequent Mental Health*, Charlotte Lozier Inst. (Feb. 7, 2023), perma.cc/HA2J-VRDZ.

Given these deficiencies in the data, the claim that abortion is safe for women is unfounded. And in light of the evidence showing the risks associated with abortion, the LIFE Act is a reasonable attempt to protect women and children from the harms of abortion.

B. The LIFE Act protects women’s mental health.

Pregnancy is a life-altering event for all women. Many women feel joy, hope, and promise when they hear the news. But pregnancy can also induce fear, worry, and stress for many. Research reveals that abortion can exacerbate that stress. The superior court decried the lack of a mental-health exception in the LIFE Act. *SisterSong*, slip op. at 18–

19. But the General Assembly did not neglect women’s mental health. Even those who support abortion acknowledge that it can harm women’s mental health.

1. Abortion harms women’s mental health.

Abortion comes with well-documented mental health risks. A “majority” of women who get an abortion are at risk of “adverse” mental-health issues. AAPLOG, *Abortion and Mental Health* 4 (Dec. 30, 2019), perma.cc/UQ9Y-4G9K. “Delivering a baby may have a protective emotional effect whereas induced abortion may have a deleterious emotional effect.” AAPLOG, *Induced Abortion*, *supra*, at 7 (citing Priscilla K. Coleman, *Abortion and Mental Health: Quantitative Synthesis and Analysis of Research Published 1995–2009*, 199 *Brit. J. Psychiatry* 180, 183–84 (2011), perma.cc/F44X-LRBJ (drawing data from 22 studies to find consistently increased mental-health risks post-abortion as opposed to post-delivery or no pregnancy)).

The abortion-related statistics are grim. In 2011, Dr. Priscilla Coleman published a meta-data study of over 160,000 women who had had an abortion. Coleman, *supra*, at 180. The results showed that post-abortive women experienced an 81% increased risk of mental-health problems compared with those who did not undergo an abortion, and the “strongest effects were observed with women who had had an abortion compared with women who had carried to term.” *Id.* at 183. These women also experienced a 34% increased risk of anxiety, a 37%

increased risk of depression, and a 155% increased risk of suicidal behavior. AAPLOG, *Induced Abortion, supra*, at 8 (citation omitted).

The abortion decision can also be a traumatic event. Women who “disagree” with their partners in the abortion decision are more likely to have post-traumatic stress disorder (PTSD). AAPLOG, *Abortion and Mental Health, supra*, at 6. PTSD is a psychiatric disorder that inflicts those who have experienced or witnessed a traumatic event. *What is Posttraumatic Stress Disorder (PTSD)?*, Am. Psychiatric Ass’n, perma.cc/TEY3-WJWA. The effects of PTSD can “last long after” the traumatic event. *Id.*

These risks also aren’t momentary concerns. Abortion instigates long-term mental-health battles for many women. Most social- and medical-science scholars agree that at least 20% to 30% of women who’ve had an abortion suffer “serious” and “prolonged” psychological harm. AAPLOG, *Abortion and Mental Health, supra*, at 6; *see also* Kornelia Zareba et al., *Psychological Effects of Abortion. An Updated Narrative Review*, 25 E.J. Med. 477, 477 (2020), perma.cc/QB35-CUQS (recognizing the growing attention researchers have been paying to the “psychological consequences associated with abortion”). Abortion thus likely yields approximately 260,000 new mental-health cases each year. AAPLOG, *Abortion and Mental Health, supra*, at 6.

Abortion can also lead to an increased risk of suicidality. In a 2002 study examining 173,279 California Medicaid patients, researchers

found that post-abortive women had a 154% higher risk of suicide compared to women who gave birth. Hannah Howard, *New Study: Elevated Suicide Rates Among Mothers after Abortion*, Charlotte Lozier Inst. (Sept. 10, 2019), perma.cc/R353-RVAU. The study concluded that this heightened risk “persist[s] over time and across socioeconomic boundaries.” David C. Reardon et al., *Deaths Associated with Pregnancy Outcome: A Record Linkage Study of Low Income Women*, 95 S. Med. J. 834–41 (Aug. 2002), perma.cc/HH5T-BYC9.

Other countries have seen similar results. A 2019 Italian study found that post-abortive women were twice as likely to commit suicide than those who had given birth. Howard, *New Study, supra*. Worse still, a 1996 Finnish study found that post-abortive women were six times more likely to commit suicide than those who had given birth. Mika Gissler et al., *Suicides After Pregnancy in Finland, 1987–94: Register Linkage Study*, 313 Brit. Med. J. 1431, 1433 (1996), perma.cc/ZB75-USEB.

These risks also underscore the need for laws protecting life early in pregnancy. Research shows that women who had an abortion during the second or third trimesters experienced an “elevated risk” of mental-health concerns. Priscilla K. Coleman et al., *Late-Term Elective Abortion and Susceptibility to Posttraumatic Stress Symptoms*, J. Pregnancy, 2010, at 8, perma.cc/3N3U-ZGP9. These women were more likely to report experiencing traumatic memories and images, including reliving

their abortions. *Id.* at 8. This led Dr. Coleman to conclude that these symptoms would “likely require[] active professional intervention.” *Id.* The LIFE Act accounts for these risks by protecting women and their children from the harms associated with abortion beginning at six weeks gestation.

2. Social pressures exacerbate the harm abortion causes to a woman’s mental health.

Societal and other circumstantial pressure to get an abortion is real. One national study found that 61% of women who had abortions experienced a “high level” of pressure to abort. David C. Reardon & Tessa Longbons, *Effects of Pressure to Abort on Women’s Emotional Responses and Mental Health*, Cureus, Jan. 31, 2023, at 8, perma.cc/DW8A-SM32. Those women also reported increased mental-health challenges. Reardon, *Whose Choice?*, *supra*.

In one 2004 survey, 14% of women who reported the reasons that contributed to their decision to have an abortion cited a lack of support from their partner as a reason they chose to abort. Lawrence B. Finer et al., *Reasons U.S. Women Have Abortions: Quantitative and Qualitative Perspectives*, 37 *Persps. on Sexual & Reprod. Health* 110, 113 (2005), perma.cc/ZU4Y-BHE2. Similarly, 14% cited that their husband or partner wanted them to get an abortion. *Id.* Up to 25% cited not wanting others to know about the pregnancy. *Id.* And 6% cited their parents pressuring them to have an abortion. *Id.*

By protecting preborn and maternal life, the LIFE Act helps address the many mental-health risks associated with abortion.

CONCLUSION

Through the LIFE Act, the people of Georgia have chosen to protect preborn children from the earliest moment that a heartbeat can be detected. At the same time, the LIFE Act safeguards women's physical and mental health from abortion's dark risks.

This court should reverse the superior court's decision below.

This submission does not exceed the word-count limit imposed by Rule 20(5).

Respectfully submitted,

By: /s/ David A. Cortman

ERIK C. BAPTIST*
DALTON NICHOLS*
ALLIANCE DEFENDING FREEDOM
44180 Riverside Pkwy
Lansdowne, VA 20176
(571) 707-4655
ebaptist@adflegal.org
dnichols@adflegal.org

DAVID A. CORTMAN
ALLIANCE DEFENDING FREEDOM
1000 Hurricane Shoals Rd. NE
Suite D-1100
Lawrenceville, GA 30043
(770) 339-0774
dcortman@adflegal.org

*admission pro hac vice forthcoming

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Attorneys for *Amicus Curiae*

CERTIFICATE OF SERVICE

I hereby certify that on December 19, 2024, I caused a true and correct copy of the foregoing amicus brief to be served on all parties by email as follows:

Christopher M. Carr
Attorney General
Stephen J. Petranj
Solicitor General
Ross W. Bergethon
Principal Deputy Solicitor General
Office of the Attorney General
40 Capitol Square SW
Atlanta, GA 30334
spetranj@law.ga.gov

Counsel for the State of Georgia

Julia Blackburn Stone
Sarah Brewerton-Palmer
Katherine Gamsey
Caplan Cobb LLC
75 Fourteenth St. NE, Suite 2700
Atlanta, GA 30309
jstone@caplancobb.com
spalmer@caplancobb.com
kgamsey@caplancobb.com

Attorneys for All Plaintiffs-Respondents

Tiana S. Mykkeltvedt
Michael B. Terry
Jane D. Vincent
Amber Greenaway
Bondurant Mixson & Elmore LLP
1201 W. Peachtree St. NW, Suite 3900
Atlanta, GA 30309
mykkeltvedt@bmelaw.com
vincent@bmelaw.com
greenaway@bmelaw.com

Attorneys for All Plaintiffs-Respondents

Julia Kaye
Rebecca Chan
Brigitte Amiri
Johanna Zacarias
American Civil Liberties Union Foundation, Inc.
125 Broad St., 18th Floor
New York, NY 10004
jkaye@aclu.org
rebeccac@aclu.org
bamiri@aclu.org
jzacarias@aclu.org

*Attorneys for SisterSong Women of Color Reproductive Justice
Collective, Atlanta Comprehensive Wellness Clinic, Atlanta Women's
Medical Center, FemHealth USA d/b/a Carafem, Summit Medical
Associates, P.C., and Drs. Cwiak, Haddad, and Lathrop*

Cory Isaacson
Nneka Ewulonu
American Civil Liberties Union Foundation of Georgia, Inc.
P.O. Box 570738
Atlanta, GA 30357
cisaacson@acluga.org
newulonu@acluga.org

Attorneys for SisterSong Women of Color Reproductive Justice Collective, Atlanta Comprehensive Wellness Clinic, Atlanta Women's Medical Center, FemHealth USA d/b/a Carafem, Summit Medical Associates, P.C., and Drs. Cwiak, Haddad, and Lathrop

Jiaman ("Alice") Wang
Cici Coquilette
Center for Reproductive Rights
199 Water St., 22nd Floor
New York, NY 10038
awang@reprorights.org
ccouillette@reprorights.org

Attorneys for Feminist Women's Health Center and Medical Students for Choice

Kyla Eastling
Ella Spottswood
Planned Parenthood Federation of America
123 William St., Floor 9
New York, NY 10038
kyla.eastling@ppfa.org
ella.spottswood@ppfa.org

Attorneys for Planned Parenthood Southeast, Inc.

/s/ David A. Cortman

David A. Cortman
Attorney for *Amicus Curiae*