

Post-Birth Abortion

This article is from the “Edifying the Body” section of the Church of God Big Sandy’s website, churchofgodbigandy.com. It was posted for the weekend of Feb. 2, 2019. A version of the article was posted at cnsnews.com on Jan. 30.

By Emily Ward

RESTON, Va.—Governor Ralph Northam, a Democrat, explained how a post-birth abortion would proceed. NBC Washington’s Julie Carey asked Northam whether he supported a bill proposed by Virginia Delegate Kathy Tran (D), which would allow abortions—up to the moment of birth.

In response, Northam said that a baby born alive could be “kept comfortable” and then “resuscitated if that’s what the mother and the family desired”—the implication being that the baby could be left to die if the family decided they did not want to keep their child.

“In this particular example, if a mother is in labor, I can tell you exactly what would happen,” Northam said. “The infant would be delivered. The infant would be kept comfortable. The infant would be resuscitated if that’s what the mother and the family desired, and then a discussion would ensue between the physicians and the mother.”

Northam also said he thought that the reaction to Tran’s bill was “really blown out of proportion.” He also emphasized that the decision to allow babies to die should be left to “the mothers and their providers.”

“We want the government not to be involved in these types of decisions,” Northam said. “We want the decision to be made by the mothers and their providers, and this is why, Julie, that legislators, most of whom are men, by the way, shouldn’t be telling a woman what she should and shouldn’t be doing with her body.”

Comments by Kathy Tran

During her introduction of House Bill 2491 on Monday, Tran admitted that her bill would allow abortions even as a woman was in labor. Below is a transcript of the exchange between Tran and Delegate Todd Gilbert (R), the Virginia House Majority Leader.

Gilbert: “How late in the third trimester could a physician perform an abortion if he indicated it would impair the mental health of the woman?”

Tran: “Or physical health.”

Gilbert: “Okay. I’m talking about the mental health.”

Tran: “So, I mean, through the third trimester. The third trimester goes all the way up to 40 weeks.”

Gilbert: "Okay, but to the end of the third trimester?"

Tran: "Yep. I don't think we have a limit in the bill."

Gilbert: "So, where it's obvious that a woman is about to give birth—she has physical signs that she is about to give birth—would that still be a point at which she could request an abortion if she was so certified? She's dilating."

Tran: "Mr. Chairman, that would be a, you know, a decision that the doctor, the physician and the woman would make, at that point."

Gilbert: "I understand that. I'm asking if your bill allows that."

Tran: "My bill would allow that. Yes."

Comments by Ralph Northam

Here is an excerpt of the interview between Carey and Northam on Wednesday:

Carey: "Governor, as you know, the issue of abortion rights emerges every year in the General Assembly session—this year, no exception—there was a very contentious committee hearing yesterday, when Fairfax County Delegate Kathy Tran made her case for lifting restrictions on third-trimester abortions, as well as other restrictions now in place, and she was pressed by a Republican delegate about whether her bill would permit an abortion even as a woman is, essentially, dilating—ready to give birth—and she answered that it would permit an abortion at that stage of labor. Do you support her measure? And explain her answer."

Northam: "You know, I wasn't there, Julie, and I certainly can't speak for Delegate Tran, but I will tell you, one, the first thing I would say is, this is why decisions such as this should be made by providers, physicians, and the mothers and fathers that, that are involved.

"There are, you know, when we talk about third trimester abortions, these are done with the consent of, obviously, the mother, with the consent of the physicians—more than one physician, by the way—and it's done in cases where there may be severe deformities, there may be a fetus that's non-viable.

"So, in this particular example, if a mother is in labor, I can tell you exactly what would happen. The infant would be delivered. The infant would be kept comfortable. The infant would be resuscitated if that's what the mother and the family desired, and then a discussion would ensue between the physicians and the mother.

"So, so, I think this was really blown out of proportion, but, again, we want the government not to be involved in these types of decisions. We want the decision to be made by the mothers and their providers, and, and this is why, Julie, that legislators, most of whom are men, by the way, shouldn't be telling a woman what she should and shouldn't be doing with her body."

Carey: "And do you think multiple physicians should have weigh in, as is currently required? She's trying to lift that requirement."

Northam: "Well, I think it's always good to get a second opinion, and for, for at least two providers to be involved in that decision, because these decisions shouldn't be taken lightly, and so, you know, I would certainly support more than one provider."