For a Life-Affirming Consensus:  
*An Open Letter*

Dear Sisters in Christ,

In response to your recent open letter in which you expressed your concerns about women's health and restrictions on reproductive care, we write to share with you our own experiences as medical professionals who regularly care for women and children.

We are Catholic women who are doctors, physician assistants, and nurses, board-certified in obstetrics and gynecology, family medicine, pediatrics, psychology, neonatology, radiology, maternal-fetal medicine, pediatrics, and midwifery. Collectively, we are experts in maternal health, pregnancy complications, fetal pain, fetal development, perinatal hospice, newborn and premature baby care, postpartum depression, post-abortion aftermath, infertility, and abortion complications.

We come from racially, socioeconomically, and ethnically diverse backgrounds, and care for equally diverse patients. Together we have accompanied thousands of women through their pregnancies, delivering babies, correcting adverse outcomes and complications from abortions, and addressing post-abortion infertility issues. Those among us who treat women who have miscarried or who are diagnosed with an ectopic pregnancy have always been permitted to do so in the context of our Catholic faith and have never been deterred because of Catholic medical and ethical directives.

We wish to share with you how “following the science” has only strengthened our understanding of the Catholic Church's “unchanged and unchangeable” teaching on abortion. In doing so, we hope to expand your own understanding of the humanity of the unborn and the God-given dignity that they possess as members of the human family.

You rightly draw attention to the fact that women “do not make decisions in isolation.” As medical professionals who interact with pregnant women on a daily basis, we have seen first hand the coercion that can be present in an abortion decision. As you know all too well, some corporations will now pay $4,000 for one of our patients to travel for an abortion, but will not offer her paid maternity leave. Or there's the man who says he “will be there” for his girlfriend if she chooses abortion; but if she chooses life, is nowhere to be found. Or someone like the struggling single mother who finds she is pregnant again the same week her baby's father is incarcerated. And so on. In each of these scenarios, it is our ethical duty as healthcare professionals—and moral obligation as Catholics—to care for both the mother and her child, to uphold the human dignity of both, and to protect and defend both.

“It is our ethical duty as healthcare professionals—and moral obligation as Catholics—to care for both the mother and her child, to uphold the human dignity of both, and to protect and defend both.”
We have seen first-hand the damage that 50 years of abortion on demand has imposed on women. We grieve that our equality in business, education, politics, and society has often come at the expense of the lives of millions of unborn human children. We are deeply saddened, but not surprised, that legal abortion did not result in a society that fully accommodates pregnancy and childbirth, but rather continues to undermine the unique gift that has been entrusted to us as women: bearing and nurturing new life. In fact, our medical training teaches us that this is precisely what healthy bodies are able to do.

At the same time, we marvel at the advances in medical care that allow us to get to know our unborn patients at earlier and earlier stages. We are grateful that the age of viability for our unborn patients has (as of this writing) dropped to 21 weeks and that fetal surgery can be performed as early as 16 weeks gestation. We have seen the relief on the faces of mothers and fathers when we are able to tell them the wonderful news that their baby’s congenital defect can now be corrected in utero, and that pediatric anesthesiologists will make certain their unborn child does not experience pain.

“We have seen first-hand the damage that 50 years of abortion on demand has imposed on women.”

We have treated prematurely born infants and children, corrected abortion complications (like perforated uteruses and sepsis) in our hospital emergency rooms, and counseled post-abortive women suffering from depression and regret. Through perinatal hospice programs, we have compassionately accompanied families who are given an adverse prenatal diagnosis, holistically caring for both mother and baby, assuring that the child has a painless and peaceful transition to the Lord and that he or she is celebrated and welcomed in this life, no matter how brief that time may be.

Our gifts and talents in our individual areas of expertise are given each day in service of women and children, for the good of society. We see no conflict in simultaneously being faithful daughters of the Church.

We would welcome a “comprehensive agenda” that would better genuinely support women and families. But we cannot in good conscience support that agenda if human rights violations like abortion are offered as a solution to unplanned or unwelcome pregnancies. Abortion is not healthcare, and it is not a solution to social and economic difficulties.

We would also like to extend an invitation to you: Will you discuss abortion with us in a frank and honest conversation that includes science, faith, and reason? Are you willing to take in our experiences as medical professionals, as well as those of our patients? Are you open to meeting with us in a public forum where the harms of abortion to women will be laid bare?

We would like to unite our efforts as Catholic women, so that together we can arrive at a life-affirming consensus that will benefit not only women, but the Church and greater society.

We look forward to hearing from you.

Sincerely,

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To read the “Open Letter from Catholic Women: Reclaiming Public Debates about Abortion and Reproductive Justice” from Faith and Public Life, to which the women above have responded, please click [here](#).