

CLICK HERE FOR
DIGITAL EDITION

The Manila Times

EUROBET

vs Opinion Regions World Sports Business Special Reports T

Tech Times | Life & Times | Show Times | Expats & Diplomats | Hi! Society | Hea

11:28 PM PHT



290,633 people like this. [Sign Up](#) to see what your friends like.

Google™ Custom Search

IL CALCIO
I SCOMMETTE

about babies and pain

11:41 pm



2

G. Quijano

This Friday's Zenit News Agency daily dispatch reports of what Italian Neonatologist Dr. Carlo Bellieni told the Catholic interviewer.

Babies have too often been overlooked, with little attention being paid to their special needs. Dr. Carlo Bellieni is a neonatologist based in Siena, Italy.

Bellieni explained that babies suffer more than older patients and that the same stimulus can be harmful but terrible with long-term consequences in a baby. He also pointed out that if we proceed with respect it will be easier for doctors, nurses and caregivers to do the same with

Dr. Bellieni told Zenit, "recently published a research paper that reviewed scientific trials in which babies were subjected to everyday painful events for which an analgesic treatment exists."

One of the results of these trials, he found, was that in some cases pain treatment is given to a group of babies while another group of babies serves as a control group, receiving only a placebo.

Such practices are not acceptable, Bellieni stressed, because while the pain procedures used in these studies are apparently minor, for example, heel stabs, they are not so minor for infants. "And the question we raise is why pain treatment is still scarcely used in these clinical trials, despite the great advances in analgesic treatment for babies," he added.

Bellieni questioned if parents are really able to give authorization for treatments to be carried out on babies when the best interest of the child is not the aim. "An adult can agree to undergo risks or pain in the name of the scientific progress; but a baby cannot give his/her consent," he said.

Babies, he explained, are not able to conceptualize pain, as an adult is able to do, and even minimal pain

is disruptive for a baby. “Therefore, they should be handled with extreme care: some treatments acceptable for you, are terrible for a baby.”

“We can be deceived by the scarce reactivity of some babies, but this does not mean that they do not feel pain because scientific studies show that they feel it,” Bellieni added.

Two years ago, Live Action News, the publishing arm of the Pro-Life Live Action NGO, a youth led organization dedicated to building a culture of life and advancing human rights, whose goal is to educate the public about the dignity of every person and use investigative journalism to expose threats against the vulnerable and defenseless, released an investigative report titled, “Nurses share heartbreaking stories of what happens to babies who survive abortions” (April 12, 2013).

Here is a digest of that report.

Often when a baby is born alive during an abortion procedure, the child is kept in the abortion clinic until he or she dies. In rare cases, the abortionist himself takes action to kill the baby. But sometimes the baby is transferred to a hospital, where he can be given medical care. Unfortunately, it is the policy of many hospitals simply to allow these babies to die.

Nurse Kathleen Malloy, from Jacksonville, Florida, witnessed the death of one baby who was born after a saline abortion and transferred to her hospital. Melanie Green of Last Days Ministries quoted Malloy in her pamphlet “Children: Things We Throw Away?” Malloy tells her story:

“I worked the 11 p.m. to 7 a.m. shift, and when we weren’t busy, I’d go out to help with the newborns. One night I saw a bassinet outside the nursery. There was a baby in this bassinet – a crying, perfectly formed baby – but there was a difference in this child. She had been scalded. She was the child of a saline abortion.

“This little girl looked as if she had been put in a pot of boiling water. No doctor, no nurse, no parent, to comfort this hurt, burned child. She was left alone to die in pain. They wouldn’t let her in the nursery – they didn’t even bother to cover her.

“I was ashamed of my profession that night! It’s hard to believe this can happen in our modern hospitals, but it does. It happens all the time. I thought a hospital was a place to heal the sick – not a place to kill.

“I asked a nurse at another hospital what they do with their babies that are aborted by saline. Unlike my hospital, where the baby was left alone struggling for breath, their hospital puts the infant in a bucket and puts the lid on. Suffocation! Death by suffocation!,” Malloy said.

A saline abortion is performed by injecting the caustic saline solution into the amniotic fluid that surrounds an unborn baby in the second trimester. The baby breathes in the fluid, which burns her lungs and scorches her skin, causing her to die within several hours.

The mother then goes through labor to give birth to the dead baby. This type of abortion is seldom performed today because it led to so many live births and because it was dangerous to women; it had the potential to cause severe damage to the woman’s body if the saline was injected into her bloodstream. A similar procedure where poison is injected into the baby’s heart, or, in some cases, the amniotic fluid, still takes place today and is used in the late second and third trimesters.

The baby Malloy watched die never had a name and never had a chance to live.

In a similar situation, Gianna Jessen, who was also aborted by the saline method, was given medical care and survived. She is now a pro-life activist. She has a website.

A 2002 article in *The Journal of Clinical Nursing* seems to indicate that nurses encounter babies born alive after abortions with some frequency. According to the article:

“In the case of late termination, the death of the fetus before delivery, though usual, is not inevitable except in rare cases of extreme physical abnormality[.] ... At times the fetus will actually attempt to breathe or move its limbs, which makes the experience extremely distressing for nurses. Also, whereas the woman will probably go through this process once in her lifetime, nurses may go through it several times a year or even in the same week.”

The article quotes author and lecturer Annette D. Huntington, BN, Ph.D. saying that abortion live births are a “regular occurrence.”

Premature Baby

Another nurse who found herself in the terrible position of caring for an aborted baby told her story in the newsletter of Friendship Pregnancy Center (now called Women’s First Choice Center) in Morristown, New Jersey. Her story, which can be read in its entirety here, is heartbreaking. On the night the aborted baby came in, three premature babies from a nearby hospital were being taken care of. Two of the three were in danger of dying, and doctors struggled to save their lives. While the doctors were engaged in the struggle to help these two wanted babies, the aborted baby was brought in.

The nurse from Labor and Delivery walked into our unit carrying a blanket and stating “This is a prostaglandin abortion. He has a heartbeat so we brought him over.” The baby was placed under a radiant warmer and I was told the rest of the facts. The gestational age of the baby was given to be 23 weeks by ultrasound. The mother had cancer and had received chemotherapy treatments before discovering that she was pregnant. The parents had been told that their baby would be horribly deformed because of the chemotherapy.

I looked at the baby boy lying before me, and saw that from all appearances he was perfect.

He had a good strong heartbeat. I could tell this without using a stethoscope because I could see his chest moving in sync with his heart rate. With a stethoscope I heard a heart pumping strongly. I look at his size and his skin — he definitely looked more mature than 23 weeks. He was weighed and I discovered that he was 900 grams, almost two pounds. This was almost twice the weight of some babies we have been able to save. A doctor was summoned. When she arrived the baby started moving his tiny arms and legs flailing. He started trying to gasp, but was unable to get air into his lungs. His whole body shuddered with his efforts to breathe. We were joined by a neonatalist and I pleaded with both doctors saying, “The baby is viable — look at his size, look at his skin — he looks much older than 23 weeks.”

It was a horrible moment as each of us wrestled with our own ethical standards. I argued that we should make an attempt to resuscitate him, to get him breathing. The resident doctor told me, “This is an abortion. We have no right to interfere.”

The specialist, who had the responsibility for the decision, was wringing his hands and quietly saying, “This is so hard. Oh, God, it’s so hard when it’s this close.” In the end, I lost. We were not going to try to resuscitate this baby. So, I did the only thing I could do.

Dipping my index finger into sterile water and placing it on his head, I baptized the child.



Soci

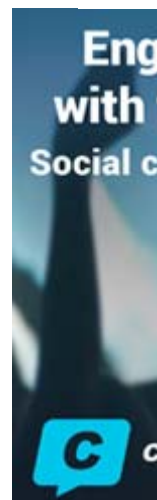
Manil

TH
East
Sunny

TH
Fren
DAMA



From
18h



Then I wrapped him in blankets to keep him warm, and held him. These were the only measures I could take comfort the baby under the circumstances, no matter how much I wanted to do more. I held this little boy, who was still gasping for breath, trying to stay alive on his own. As the tears flowed down my face, I prayed to God that he would take this child into his care, and that he would forgive me for my own part in his death. After a while, he stopped gasping. His heart continued to beat, but the beating became slower and weaker until it finally stopped. He was gone.”

Ironically, all the while the nurse was holding the dying aborted child, doctors were struggling to save the life of another premature (but wanted) child in the very same room, less than 5 feet away. Sadly, this baby died as well – but she was given every possible medical treatment, while the aborted baby was completely ignored.

Another nurse, Joan S. Smith, told the following story:

It was a night I'll never forget. It was 11 pm and my colleague Karen and I “scrubbed in” at the beginning of our shift in the Special Care Nursery of a large teaching hospital. . . . Without warning, a harried nurse rushed into the doorway.

Her white uniform seemed out of place in the area of the hospital where only surgical scrubs are worn.

“Here, take this,” she said, thrusting into my hands a small silver specimen pan covered with a paper towel.

“What is it?” I asked, realizing by the look on her face that something was very wrong.

“It’s an abortion at 22 weeks gestation, delivered on our floor. But it’s alive,” she explained, then turned on her heel and was gone. I removed the paper towel to see the perfectly formed body of a baby boy curled up in the cold metal pan. . . . Karen came over to help. “This happens every so often,” she explained sadly. She had trained at the hospital and worked there for over 15 years.

[After a doctor Joan called simply told her to do nothing but fill in the time of death for the baby]:

Stoking his tiny arm, I tried to sort out my jumble of emotions. I felt powerless, angry, and overwhelmed by sadness. How could our medical system be so full of ironies?

Here I was surrounded by medical technology, which was of no avail to this tiny child. I wondered if the parents even were told that their son had been admitted to the hospital as a live birth with footprints taken, and identification number and band given, a physician notified of his birth- yet all of this merely an unpredicted complication of a routine abortion. It took nearly four hours until that tiny heart slowed to a stop.

With tears in my eyes, I wrapped his body for the morgue. This was all of a life this child would ever know. He would never know the warmth of a mother’s embrace. No one would ever celebrate his birth. He would never even be given a name.

It is not unheard of for a baby born at 22-23 weeks to survive with medical treatment. Little Amillia Taylor was born at just 21 weeks and six days and weighed less than 10 ounces. She survived and is a healthy toddler today. Amillia’s mother actually had to lie to get the doctors to treat her baby – they had a policy of not treating children born before 23 weeks.

A German baby born at 21 weeks and five days also survived. Her story can be found here [in this issue

of Live Action News.]. The article also cites the example of a Canadian baby who was born before 22 weeks and survived.

Cases of late-term abortions blur the line between abortion and infanticide. Clearly, when a baby can survive on its own, even for short while, it becomes obvious that abortion is the killing of a human being. In reality, life is a continuum from conception to natural death – although babies aborted at later stages of development are more fully developed, abortion is murder from the very beginning. But stories of babies born alive and then denied medical care are heart-wrenching and a terrible indictment of our society, which permits such atrocities.



One Response to *The truth about babies and pain*



Edgar G. Festin says:

November 16, 2015 at 2:49 am

Filipinos should become more aware of the abortion crimes committed in the USA!

[Reply](#)

Leave a Reply

Your email address will not be published. Required fields are marked *

Name *

Email *

Website

Comment

We will be glad to publish your opinion and relevant information you would like to share with our readers in our comment section. We do not however publish ad hominem criticisms, vulgar language, and off-topic comments. The views expressed in this comment section do not necessarily reflect that of the Manila Times' editors and stockholders.

Can't find your comment? Please check our [comment guideline](#).

Post Comment

Confirm you are NOT a spammer

Contact Info



Address: 2/F Sitio Grande Building 409 A.
Soriano Avenue, Intramuros Manila 1020
Philippines
Tel. : +63 (02) 524 5664 up to 67
Fax: +63 (02) 528-1729
Email: newsdesk@manilatimes.net
opinion@manilatimes.net