


LIVE ACTION


Live Action's Response To Facebook's False "Fact Check"

1. Background On August 30, 2019, Facebook notified Live Action that two videos affirming the reality that "abortion is never medically necessary" were marked as FALSE. This was determined by a "fact-check" [article](#) quoting two industry abortionists, Daniel Grossman and Robyn Schickler, who both have a vested interest in profiting off of the procedure.

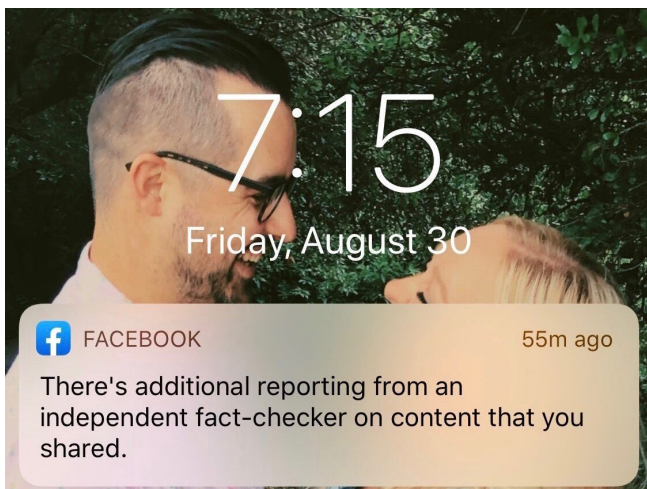
Facebook has informed us that the page of Live Action President Lila Rose, and any links to our website, liveaction.org, now have "reduced distribution and other restrictions because of repeated sharing of false news." Over 3 million people combined follow Live Action and Lila Rose's Facebook pages.

Page Quality

 Your Page has violations

 **False News**
Your Page has reduced distribution and other restrictions because of repeated sharing of false news. People will also be able to see if a Page has a history of sharing false news.
[Learn More](#)

Followers who shared our [pro-life replies video](#), featuring Dr. Kendra Kolb explaining why abortion is never medically necessary, or a recent speech by [Lila](#) on the same subject were also notified that they had shared "false news."





Content shared by **Lila Rose** was rated **False** by an independent fact-checker.



Content published by **liveaction.org** was rated **False** by an independent fact-checker.



Facebook's accusations against Live Action and our content are demonstrably **false**.

2. Thousands of medical professionals affirm Live Action's position and one of the videos that Facebook "fact-checked" features a board-certified medical doctor.

Our recognition that abortion is never medically necessary is affirmed by thousands of medical professionals:

- [2,500 OBGYNS](#) of the American Association of Pro-Life Obstetricians & Gynecologists affirm that that direct abortion – the purposeful destruction of the unborn child – is not medically necessary to save the life of a woman.
- Over 1,000 medical experts signed the [Dublin Declaration](#) declaring "As experienced practitioners and researchers in obstetrics and gynecology, we affirm that direct abortion – the purposeful destruction of the unborn child – is not medically necessary to save the life of a woman."
- One of the [videos](#) in question features Dr. Kendra Kolb, a board-certified neonatologist.

When extreme medical emergencies that threaten the life of the mother arise such as chorioamnionitis or HELLP syndrome, it may be medically necessary to deliver the child early, but this is NOT "abortion to save the mother's life." Elective abortion is the intentional and direct killing of an innocent person. True OBGYNS recognize they are treating two patients, the mother and the baby, and every reasonable attempt to save the baby's life would also be a part of their medical intervention. In fact, AAPLOG (The American Association of Pro-Life ObGYNS), makes clear there is a difference between pre-viable separation and elective abortion. Pre-viable separations are early deliveries done with the intent to save both if possible, but at least to save the life of one. The intent of an abortion is to produce a dead baby.

3. The **"independent fact checker"** made blatantly false claims about the content flagged.

They said: *"While it is possible for early delivery to preserve both the life of the mother and child in the event of a life-threatening condition, as the video suggests, it does not mention that this is only applicable when a fetus' gestational age is advanced enough that its survival outside the womb is possible (generally >24 weeks old). In situations where a fetus has not developed sufficiently, it would not be possible for expedited delivery to save its life. "*

And yet, this is exactly what one of the videos flagged says:

Dr. Kendra Kolb: "Some babies do need to be delivered before they are able to survive outside of the womb, which occurs around 22 to 24 weeks of life. Those situations are considered a preterm delivery, not an abortion. " *The Pro-Life Reply to: "Abortion is never medically necessary" -*
<https://www.youtube.com/watch?v=5TmomK2RB2A>

In the other video flagged, Lila makes it clear that preterm delivery is not abortion, even if the child does not survive. Furthermore, she makes it clear that in cases where it is certain the baby cannot survive, such as ectopic pregnancy, removing the child from the womb is still not abortion. Abortion is the direct and intentional killing of the preborn child.

Abortion is NEVER medically necessary -
<https://www.facebook.com/liveaction/videos/508975856517573/?v=508975856517573> 3

Additionally, Live Action has been consistent in other video content on this issue that children delivered preterm may not be able to survive outside the womb:

Dr. Anthony Levatino: "You never need late term abortion to save a woman's life. If necessary, you accomplish the delivery. Now, did every one of those children make it because they were preterm? No. But at least they had a chance. And most of them did make it." *A Conversation with a Former Abortionist -*
<https://www.youtube.com/watch?v=ysl1tRnk-ig>

Dr. Kendra Kolb: "You know, in that 22 to 24 week zone, you know, that's still a bit of a gray zone, as far as the outcomes, as far as the survival goes." *Late Term Abortion Lies Debunked by Neonatologist -*
<https://youtu.be/Q0ZI8HHdFpY>

3. The American Association of Pro-Life OBGYNs, a group of 2,500 OBGYNs responded to Facebook “fact check” with these statements:

Statement from Dr. Donna Harrison, Executive Director of AAPLOG:

“These fact-checkers need to be fact-checked. They are in error to claim that elective abortion is medically necessary to save the life of the mother. They did not cite even one example where an abortion, the intentional killing of a living child in utero, would be superior to delivering that child. The two Live Action videos state that there will be cases when a child is delivered too early to survive outside of the womb in order to save a mother’s life. There is a very big difference between pre-viable separations and elective abortion. In these situations where a mother and her fetus must be separated in order to save the life of the mother we would try to optimize the conditions of the separation so that the fetus has the best possibility to live. But there are cases when the baby will not survive the separation due to gestational age. We call these previable separations. These separations are done with the intent to save both if possible, but at least to save the life of one. Previa separations are not the same as elective abortions. The intent of an abortion was made very clear at the Supreme Court hearings over the Partial-Birth Abortion Ban. The abortionists argued that the product the abortionist is paid to produce is a dead baby, and that is what distinguishes a delivery from an abortion. The intent of a delivery is to produce, if possible, both a live baby and live mom. The intent of an abortion is to produce a dead baby.”

Medical Background from AAPLOG Chairman of the Board, Dr. Christina Francis:

“To address the claims of abortion needed for placenta previa and HELLP: Placenta previa is a condition in which the placenta covers the cervix, making a vaginal delivery impossible due to the possibility of life-threatening hemorrhage if labor occurs. These are frequently diagnosed in pregnancy on ultrasound around 20 weeks, however, approximately 90% of these will resolve on their own before delivery. If significant hemorrhage occurs due to placenta previa (which again is so rare prior to viability that no incidence is even reported), the patient should be taken for an emergency C-section which is the most expedient way to get her bleeding under control. It would be medically dangerous and irresponsible to try to do an abortion since any instrumentation through the cervix would pierce the placenta and cause immediate massive bleeding. **An abortion would take significantly longer in this case and be much riskier for the mother.**

Secondly, the incidence of pre-eclampsia with severe features and/or HELLP syndrome prior to viability is exceedingly rare. Per the Society of Maternal Fetal Medicine, the incidence of severe pre-eclampsia prior to 34 weeks is only 0.3% of all pregnancies (incidence of HELLP syndrome would be significantly lower). Prior to 22-24 weeks, the incidence is significantly lower. It is not the common situation in the pre-viable period that Drs. Grossman and Shickler would like people to believe. When HELLP syndrome does occur, it necessitates early delivery - not an abortion. In this situation, separation of the mother and fetus can occur in a way that respects the dignity of both of their lives, and if possible, save both.”