

Abortion Procedures

The following is a compilation of abortion procedures used when terminating an unwanted pregnancy. These descriptions are graphic and reflect the violent nature of an abortion. Pro-choice groups have argued that the fetus being extracted is no different than a piece of tissue. Some have argued that an abortion is equivalent to an appendectomy or tonsillectomy. As you read these descriptions ask yourself if that is what comes to your mind.

First Trimester

Menstrual Extraction

A very early suction abortion, often done before the pregnancy test is positive.

Suction Aspiration

Suction aspiration, or "vacuum curettage," is the technique used in most first trimester abortions. The doctor performing this procedure first paralyzes the cervix (womb opening). He then inserts a hollow plastic tube with a knife-like tip into the uterus. The tube is connected to a powerful pump with a suction force 29 times more powerful than a typical vacuum cleaner. The suction dismembers the body of the developing baby and tears the placenta from the wall of the uterus, sucking blood, amniotic fluid, placental tissue, and fetal parts into a collection bottle. During this procedure the hose frequently jerks as pieces of the baby become lodged in it. At this time great care must be taken to prevent the uterus from being punctured because it may cause hemorrhaging and necessitate further surgery. Also, infection can easily develop if any fetal or placental tissue is left behind in the uterus. This is the most frequent post-abortion complication.

Dilation and Curettage (D&C)

D & C abortions are very rare today and are only performed during the first 10 weeks of pregnancy. This procedure is similar to the suction (see above) except that after dilating the cervix the doctor performing the abortion inserts a curette, a loop-shaped steel knife up into the uterus. He then cuts the placenta and baby into pieces and scrapes them out into a basin. Bleeding is usually profuse as is the likelihood of uterine perforation and infection.

RU 486

RU-486, the so-called " French abortion pill," is a drug that produces an abortion. It is taken after the mother misses her period. Its effect is to block the use of an essential hormonal nutrient by the newly implanted baby, who then dies, and drops off.

It is important to understand that despite arguments to the contrary, RU-486 is not a contraceptive. This is because it does not prevent fertilization or implantation. It is used only after the mother has missed her period and the baby is at least two to three weeks old, with a beating heart (the fetal heart begins to beat when the woman is four days late for her period). Furthermore, it is no longer effective after two months of pregnancy.

While many people focus solely on the drug, the RU 486 technique actually uses two powerful synthetic hormones with the generic names of mifepristone and misoprostol to chemically induce abortions in women five-to-nine weeks pregnant.

The RU 486 procedure requires at least three trips to the abortion facility. In the first visit, the woman is given a physical exam, and if she has no obvious contra-indications ("red flags" such as smoking, asthma, high blood pressure, obesity, etc., that could make the drug deadly to her), she swallows the RU 486 pills. RU 486 blocks the action of progesterone, the natural hormone vital to maintaining the rich nutrient lining of the uterus. As a result the developing baby essentially starves to death as the nutrient lining disintegrates.

At a second visit 36 to 48 hours later, the woman is given a dose of artificial prostaglandins, usually misoprostol, which initiates uterine contractions and usually causes the embryonic baby to be expelled from the uterus. Most women abort during the 4-hour waiting period at the clinic, but about 30% abort later at home, work, etc., as many as 5 days later. A third visit about 2 weeks later determines whether the abortion has occurred or a surgical abortion is necessary to complete the procedure (5 to 10% of all cases).

There are several serious well documented side effects associated with RU 486/prostaglandin abortions, including prolonged (up to 44 days) and severe bleeding, nausea, vomiting, pain, and even death. At least one woman in France died while others there suffered life-threatening heart attacks from the technique. In U.S. trials conducted in 1995, one woman is known to have nearly died after losing half her blood and requiring emergency surgery.

Methotrexate

This procedure is similar to the one using RU 486, although it is administered by an intramuscular injection instead of a pill.

Originally designed to attack fast growing cells such as cancers by neutralizing the B vitamin folic acid necessary for cell division, methotrexate apparently attacks the fast growing cells of the trophoblast as well, the tissue surrounding the embryo that eventually gives rise to the placenta. The trophoblast not only functions as the "life support system" for the developing child, drawing oxygen and nutrients from the mother's blood supply and disposing of carbon dioxide and waste products, but also produces the hCG (human chorionic gonadotropin) hormone which signals the corpus luteum to continue the production of progesterone necessary to prevent breakdown of the uterine lining and loss of the pregnancy. Methotrexate initiates the disintegration of that sustaining, protective, and nourishing environment. Deprived of the food, oxygen, and fluids he or she needs to survive, the baby dies.

Three to seven days later (depending on the protocol used), a suppository of misoprostol (the same prostaglandin used with RU 486) is inserted into a woman's vagina to trigger expulsion of the tiny body of the child from the woman's uterus. Sometimes this occurs within the next few hours, but often a second dose of the prostaglandin is required, making the time lapse between the initial administration of methotrexate and the actual completion of the abortion as long as several weeks. A woman may bleed for weeks (42 days in one study), even heavily, and may abort anywhere -- at home, on the bus, at work, etc. Those found to be still pregnant in later visits (at least 1 in 25) are given surgical abortions.

Even doctors who support abortion are reluctant to prescribe methotrexate for abortion because of its high toxicity and unpredictable side effects. Those side effects commonly include nausea, pain, diarrhea, as well as less visible but more serious effects such as bone marrow depression, severe anemia, liver damage and methotrexate-induced lung disease.

Second and Third trimester

Salt Poisoning a.k.a. "Candy Apple Babies:"

This procedure is otherwise known as "saline amniocentesis," "salting out," or a "hypertonic saline" abortion. It is used after 16 weeks of pregnancy, when enough fluid has accumulated in the amniotic fluid sac surrounding the baby.

When performed, a needle is inserted through the mother's abdomen and 50-250 ml (as much as a cup) of amniotic fluid is withdrawn and replaced with a solution of concentrated salt. The baby breathes in, swallowing the salt, and is poisoned. During this process the baby often struggles, and sometimes convulses. The chemical solution also causes painful burning and deterioration of the baby's skin. Usually, after about an hour, the child dies. The mother goes into labor about 33 to 35 hours after instillation and delivers a dead, burned, and shriveled baby although some have actually survived and been delivered alive.

NOTE: Hypertonic saline may initiate a condition in the mother called "consumption coagulopathy" (uncontrolled blood clotting throughout the body) with severe hemorrhage as well as other serious side effects on the central nervous system. Seizures, coma, or death may also result from saline inadvertently injected into the woman's vascular system.

Why "candy apple" babies?

The corrosive effect of the salt solution often burns and strips away the outer layer of the baby's skin. This exposes the raw, red, glazed-looking subcutaneous layer of tissue. The baby's head sometimes looks like a candy apple. Some have also likened this method to the effect of napalm on innocent war victims. This technique was originally developed in concentration camps in Nazi Germany. (source: Abortion and Social Justice, NY: Sheed & Ward, 1972)

Dilatation (Dilation) and Evacuation (D&E)

D & E's are generally performed during the second trimester (4-6 months) of pregnancy and have largely replaced saline and chemical abortions, which too frequently resulted in live births. When performing a D & E, a pliers-like instrument (forceps with a sharp metal jaw) are needed because the baby's bones are calcified, as is the skull.

During this procedure the doctor performing the abortion inserts the forceps into the uterus. He then seizes a leg or other part of the body and, with a twisting motion, tears it from the baby. This is repeated again and again. Furthermore, there is no anesthetic for the baby. The spine must then be snapped, and the skull crushed to remove them. If not carefully removed, sharp edges of the bones may cause cervical laceration. Bleeding from this procedure may be profuse. The nurse's job is to reassemble the body parts to be sure that all are removed.

NOTE: Dr. Warren Hern, a Boulder, Colorado abortionist who has performed a number of D&E abortions, says they can be particularly troubling to a clinic staff and worries that this may have an effect on the quality of care a woman receives. Hern also finds them traumatic for doctors too, saying "there is no possibility of denial of an act of destruction by the operator. It is before one's eyes. The sensation of dismemberment flow through the forceps like an electric current."

D & X (Partial Birth)

Under this procedure the cervix is dilated to allow passage of ring forceps. A foot or lower leg is located and pulled into the vagina. The baby is then extracted in breech fashion until the head is just inside the cervix. At this point the baby's legs hang outside its mother's body. With the baby face-down, scissors are

plunged into its head at the nape of the neck and spread open to enlarge the wound. A suction tip is then inserted and the baby's brain is removed. Once this is done the skull collapses and the baby is delivered. Sharp and suction curettage is continued until the walls of the womb are clean.

Note: Despite the protest of virtually all pro-choice groups, a ban on this procedure was signed into law by President George W. Bush in 2003. Earlier bills were submitted to President Clinton but were vetoed.

Hysterectomy

This method is usually used late in pregnancy and is likened to an "early" Caesarian section. The mother's abdomen and uterus are surgically opened and the baby is lifted out. Unfortunately, many of these babies are very much alive when removed. To kill the babies, some abortionists have been known to plunge them into buckets of water or smother them with the placentas. Still others cut the cord while the baby is still inside the uterus depriving the baby of oxygen.

Prostaglandin Abortions

Three forms, two are injected and one is a vaginal suppository. Its first approved use was for "the induction of mid-trimester abortions." The hormone produces a violent labor and delivery of whatever size baby the mother carries. If the baby is old enough to survive the trauma of labor, it may be born alive, but is usually too small to survive.

Miscellaneous Techniques

The techniques listed above are the most common, yet abortionists throughout history have tried all kinds of techniques for killing gestating babies. Here's one such account:

Sarah Brown's mother had carried her to full term, 36 weeks, when she decided to abort her baby. That was on July 13, 1993. The abortionist stabbed Sarah in the brain three times with a needle filled with poison. But something went "wrong"; two days later she was born alive in a Wichita, Kansas, hospital. Bill and Marykay Brown obtained temporary custody of the baby within 24 hours of her birth and adopted her 30 days later. "For the first few months she seemed to be progressing normally, although she was blind," said Marykay Brown in a 1998 interview with *National Right to Life News*. "She had acute hearing, and was beginning to try to speak." But at about six months Sarah suffered a stroke and never fully recovered. Mrs. Brown says Sarah never spoke or walked, but "she recognized us and learned to smile."

Sources:

How are Abortions Performed? William F. Colliton, M.D., Director of Medical Affairs, American Life League, Inc.