

ABORTION TECHNIQUES

Abortion is not a benign procedure. It is the violent and unnatural destruction of a living human being. Listed below you will find information on the various methods used to “terminate a pregnancy”.

Suction Aspiration or Vacuum Aspiration Abortion:

Suction Aspiration abortion (also called Vacuum Aspiration) is the most common abortion procedure in practice today. About 90% of all abortions happen in the first trimester, and this method accounts for the vast majority of those first trimester abortions. For the procedure to begin, the woman’s cervix must be manually dilated with a series of rods to allow for the the insertion of a hollow plastic tube with a sharp cutting-tip. This tube is connected to a suction machine that is able to pull the tiny embryo or fetus apart (killing him or her in the process). The remains are sucked out of the mother and deposited into a collection cannister. The placenta must then be cut away from the inner wall of the woman’s uterus before it, too, can be sucked into a collection bottle. Suction Aspiration Abortions are not generally performed before the 7th week or after the 15th.

This is how the procedure is described by a typical abortion provider (available online).

Medical Abortion (like Mifepristone / RU-486):

Recently, non-surgical abortion techniques have increased in frequency, but have not taken hold like many predicted. Medical abortions are a two-step procedure generally requiring three trips to an abortion facility that can be performed on embryos in the the first six or seven weeks of pregnancy. Patients that smoke, have asthma, high blood pressure or are obese cannot take the necessary drugs for a medical abortion. Those that do qualify begin the process by taking the first pill (RU-486 or mifepristone) to block the hormone (progesterone) that maintains the uterus’ nutrient lining during pregnancy. Once the uterus is compromised, the embryo starves and dies. Two days later, the woman returns to the abortion facility for a dose of misoprostol to initiate uterine contractions. Most women will expel the dead embryo within four hours of taking the second drug. The final visit must take place two weeks later to ensure that the abortion has taken place. If it hasn’t, which is true in 5-10% of all cases*, a surgical abortion will then be required.

This is how the procedure is described by a typical abortion provider (available online).

This is one abortion providers comparison between medical abortion and suction abortion (available online).

* Élisabeth Aubeny and É.É.Baulieu, “Contraception with Ru 486 and an orally active prostaglandin,” C.R. Acad. Sci. Paris (III), Vol. 312 (1991), pp. 539-545, obtained a 95% completion rate with women 49 days amenorrhea or less. Carolyn McKinley, et al, “The effect of dose of mifepristone and gestation on the efficacy of medical abortion with mifepristone and misoprostol,” Hum. Reproduc., Vol. 8 (1993), pp. 1502-1503, obtained a completion rate of 89.1% for women 50-63 days amenorrhea.

Dilatation & Curettage (D&C) or Sharp Curettage Abortion:

In a Dilatation & Curettage abortion, a sharp curette is used to dismember and remove the embryo or fetus from the mother’s uterus (instead of the suction cannula used in the above procedure). The curette is

inserted directly into the mother's uterus and used to scrape, first, the baby and then the placenta out of the uterus and through the cervix. Bleeding is generally profuse. Dilation & Curettage may also be used in non-abortive circumstances to treat abnormal uterine bleeding, dysmenorrhea, etc.

Dilation and Evacuation (D and E) Abortion:

Dilation and Evacuation is a 2nd trimester abortion procedure. For the procedure to take place, the woman's cervix must first be dilated, usually with laminaria, over a two or three day period prior to the abortion. Laminaria sticks are made of sterilized and compressed seaweed that can be inserted into a woman's cervix. Here, they begin expanding from moisture absorption, resulting in an enlarged cervix. When the woman returns for the actual abortion to take place, forceps are inserted through the enlarged cervix into the uterus. The abortion provider then uses the forceps instrument to dismember the fetus by seizing a leg or arm and twisting it until it tears off and can be pulled out of the uterus. This will continue until only the head remains. Finally the skull is crushed and also pulled out. The body parts must then be reassembled to ensure that the entire baby has been removed.

This is how the procedure is described by a typical abortion provider (available online).

Saline Injection Abortion:

Dilation & Evacuation abortions have largely replaced the saline variety). Their extreme risk to the mother has removed them from common practice today. In saline abortions, done after the 16th week, a large needle is inserted through the woman's abdominal wall and into the baby's amniotic sac. A concentrated salt solution is injected into the amniotic fluid resulting in acute hyponatremia or acute salt poisoning. The baby breathes in and swallows the solution and is usually dead within a couple hours. Dehydration, hemorrhaging of the brain, organ failure, and burned skin also contribute to the fetus' demise. The mother generally goes into labor the next day and delivers a dead baby.

Dilation and Extraction (D and X) / Partial Birth Abortion:

Dilation and Extraction (often called partial birth abortion) is used during the 2nd or 3rd trimester and is usually performed on a viable baby. The Ultrasound-guided procedure is essentially the breach delivery of a live baby. Forceps, inserted through the cervical canal, are used to position the fetus so that it can be delivered feet first and face down. The child's body is then pulled through the birth canal, but the head (too large to pass through the cervix) is left inside. With arms and legs exposed (and likely flailing), the abortion provider then inserts blunt surgical scissors into the base of the fetal skull and spreads the tips apart. A suction catheter is inserted into the skull and the brain is sucked out. The skull collapses until the baby's head can pass through the cervix.