

Types of Abortion

All patients undergoing any type of surgery should receive as much information as possible, including the information mandated through law and other health regulations detailing the procedures and risks of each procedure. Women

undergoing abortion are typically more vulnerable than patients undergoing other types of surgeries; therefore, we must ensure that their choice is indeed fully informed by providing them as much information as possible. Depending on

the gestational age of the unborn child, abortion procedures vary in type and risks. Nonetheless, women should be told these facts as they would with any other surgical procedure. *(Please note the following descriptions are graphic.)*

First Trimester Abortions:

Suction Aspiration

Suction aspiration abortion is used in 96% of induced abortions. A powerful suction tube is inserted into the womb through the dilated cervix. This dismembers the body of the developing baby and tears the placenta from the uterus, sucking them into a container. Great care must be used to prevent the uterus from being punctured during this procedure (which would cause uterine hemorrhage). Infection can easily result if any fetal or placental tissue is left behind in the uterus.

Dilation and Curettage (D&C)

With this technique, the cervix is dilated or stretched to permit insertion of a loop-shaped steel knife (called a curette) in order to scrape the wall of the uterus. This cuts the baby's body into pieces and cuts the placenta from the uterine wall. Bleeding is sometimes considerable since the doctor is blindly scraping with the curette.

RU 486

A woman must take two powerful synthetic hormones—RU 486 and prostaglandin. The technique requires at least three trips to the abortion facility and has significant, well-documented, short-term dangerous side effects, including prolonged and severe bleeding, nausea, vomiting, pain, and death. After the woman ingests the pills at the clinic, she often delivers her deceased child at home in the commode—which further traumatizes her. In the 5% to 10% of the cases when RU 486 fails to cause a complete abortion, the woman undergoes a surgical abortion.

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Second & Third Trimester Abortions:

Dilation and Evacuation (D&E)

Used to remove a child as old as 24 weeks from the womb, this method is similar to the D&C—only forceps are used. Forceps are necessary (rather than a curette) to apply more force in clamping down on the child since his little bones are already calcified. The limbs and parts are then twisted off, and the placenta sliced away. Bleeding is profuse and sometimes prolonged.

Salt Poisoning

This technique is used after 16 weeks of pregnancy, when enough fluid has accumulated in the amniotic fluid sac surrounding the baby. A needle is inserted through the mother's abdomen directly into the sac, and a solution of concentrated salt is injected. When the baby inhales, he swallows the salt, thereby poisoning and burning his esophagus, vocal cords, lungs, and other organs. After about an hour, the child dies, and the mother usually labors approximately a day later, delivering a dead, charred, and shriveled baby. Because some babies lived through this procedure and the insertion of the needle was blind and risky for the woman, this procedure is not used as frequently as other procedures.

(including cardiac arrest and rupture of the uterus) are severe.

Partial-Birth Abortion (D&X)

Also known as Dilation and Extraction, this procedure is used to abort babies who are 20 to 32 weeks gestation—or even later into pregnancy. Guided by ultrasound, the abortionist reaches into the uterus, grabs the baby's leg with forceps, and pulls him into the birth canal. The abortionist delivers the baby's entire body, except for the head. At this point the baby is usually alive. Then the abortionist punctures the back of the baby's skull with scissors and spreads the tips of the scissors apart to enlarge the wound. A suction catheter is then inserted into that wound, and the child's brains are sucked out. The now-collapsed head is removed from the uterus. This procedure is known to cause the child excruciating pain, even though only momentarily.

Prostaglandins

Prostaglandins are hormones which assist the birth process by inducing labor. Injecting concentrations of them into the amniotic sac induces violent labor and premature birth of a child usually too young to survive. Since some babies have survived the trauma of prostaglandin birth and have been delivered alive, oftentimes salt or another toxin is first injected to assure that the baby will be delivered dead. This method is used during the second half of pregnancy. The risks and side effects and complications from prostaglandin use

Hysterotomy

Similar to the Cesarean Section, this method is generally used if the salt poisoning or prostaglandin method fails. Incisions are made in the abdomen and uterus, and the baby, placenta, and amniotic sac are removed. Sometimes babies are born alive during this procedure, which raises questions as to how and when the infants are killed and by whom. If they are treated, rather than left to die (as most are), some infants who survive are subsequently accepted by their natural mothers or placed in adoptive homes. This method offers the highest risk to the health of the mother: the risk of death from hysterotomy is two times greater than from D&E.

Source: Abortion: Some Medical Facts, National Right to Life, www.nrlc.org.

This information has been provided by the Texas Right to Life Educational Fund. For more information, contact us at the following address:



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