

Labor induction abortion carries the highest risk for problems, such as infection and heavy bleeding. When medicines are used to start labor, there is a risk of rupture of the uterus. Possible complications of labor induction include infection, heavy bleeding, stroke and high blood pressure. Other medical risks may include blood clots in the uterus, heavy bleeding, cut or torn cervix, perforation of the wall of the uterus, pelvic infection, incomplete abortion, anesthesia-related complications.

Hysterotomy (similar to a Caesarean Section)

This method requires that the woman be admitted into a hospital. A hysterotomy may be performed if labor cannot be started by induction, or if the woman or her fetus is too sick to undergo labor. A hysterotomy is the removal of the fetus by surgically cutting open the abdomen and uterus. Anesthetic medication, given into the woman's vein or back, or inhaled into the lungs, is administered so the woman will not feel the surgery.

Possible Complications

- severe infection (sepsis)
 - blood clots to the heart and brain (emboli)
 - stomach contents breathed into lungs (aspiration pneumonia)
 - severe bleeding (hemorrhage)
 - blood clots in the uterus
 - pelvic infection
 - anesthesia-related complications
 - injury to the urinary tract
 - heavy bleeding
 - retention of pieces of the placenta
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Dilation and Extraction

This method may be performed between 20 and 32 weeks gestation. Sponge-like tapered pieces of absorbent material are placed into the cervix. This material becomes moist and slowly opens in the cervix. It will remain in place for one to two days. A second or third application of the material may be necessary. After a local or general anesthesia has been administered, the fetus and placenta are removed from the uterus with medical instruments such as forceps, suction and curette (a spoon-like instrument). It may be necessary to dismember the fetus.