

# ABORTION TECHNIQUES

## "Very Early" Abortion



Designed to be used as soon as a pregnancy can be chemically detected.

After widening the cervix, the abortionist inserts into the uterus a long flexible suction tube which is attached to a vacuum syringe. Using ultrasound, the abortionist locates the tiny human embryo in the womb and applies suction to tear the developing baby from the uterine wall.

## Suction Aspiration/Vacuum Curettage



A powerful suction tube with a sharp cutting edge is inserted into the womb through the dilated cervix. The suction dismembers the body of the developing baby and tears the placenta from the wall of the uterus, sucking the contents into a collection bottle.

## Dilatation and Curettage (D&C)



Here, the cervix is dilated or stretched to permit the insertion of a loop shaped steel knife. The body of the baby is cut into pieces and removed and the placenta is scraped off the uterine wall.

## RU 486



The RU 486 procedure requires at least three trips to the abortion facility. In her first visit, the woman is given the RU486 pills, which block the action of progesterone, the natural hormone vital to maintaining the rich nutrient lining of the uterus. The developing baby starves 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 to expel the body of the embryonic baby. A third visit about 2 weeks later determines if the abortion has taken place. At least 4% must return for surgical abortions.

## Methotrexate



Another multi-visit procedure. In the first visit, a woman receives an intramuscular injection of methotrexate, a powerful drug anti-metabolite which is often used to fight cancer. Methotrexate attacks the fast growing cells of the trophoblast, the tissue surrounding the embryo that eventually gives rise to the placenta. As the trophoblast breaks down, the baby dies as she is deprived of needed food, oxygen, and fluids.

A prostaglandin vaginal suppository given three to seven days later triggers expulsion 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. Those shown to be still pregnant in later visits (at least 1 woman in 25) are given surgical abortions.

## Dilatation and Evacuation (D&E)



Forceps with sharp metal jaws are used to grasp parts of the developing baby, which are then twisted and torn away. This continues until the child's entire body is removed from the womb. Because the baby's skull has often hardened to bone by this time, the skull must sometimes be compressed or crushed to facilitate removal.

## Instillation Methods



After fluid is withdrawn, chemicals are injected into the amniotic sac to kill the baby and initiate contractions. Saline poisons the child and burns the baby's skin. Other methods such as urea and prostaglandins mainly work by initiating violent contractions, but are generally less effective than saline. Sometimes, chemicals such as potassium chloride or digoxin are injected directly into the baby's heart, triggering cardiac arrest.

## Partial-Birth Abortion



Used in the fifth and sixth months of pregnancy, and sometimes later.

Guided by ultrasound, the abortionist reaches into the uterus, grabs the unborn baby's leg with forceps, and pulls the baby into the birth canal, except for the head, which is deliberately kept just inside the womb. (At this point in the abortion, the baby is alive.) Then the abortionist punctures the base of the baby's skull with a long surgical scissors or other instrument. He enlarges the wound and inserts a catheter (tube), which is connected to a powerful suction machine that sucks the baby's brain out. The abortionist then withdraws the now-collapsed skull from the uterus.

## Hysterotomy



Similar to the Caesarean Section, this method is generally used if chemical methods such as salt poisoning or prostaglandins fail. Incisions are made in the abdomen and uterus and the baby, placenta, and amniotic sac are removed.

*For more detailed information on the various abortion techniques and documented evidence on some of the serious physical and psychological risks associated with these techniques, contact the National Right to Life Educational Trust Fund at 419 7th St., NW, Suite 500, Washington, D.C. 20004 and ask for the publication *Abortion: Some Medical Facts*.*



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