

## HEALTH & SCIENCE

### Methods of Abortion



**SURGICAL ABORTIONS** involve an invasive procedure:

**Vacuum Aspiration** is done in the first trimester. A hollow plastic suction tube is inserted into the dilated cervix. The uterus is emptied by either a manual syringe or high-powered suction machine. The broken pieces of the child are pulled through the hose.

**Dilation and Suction Curettage (D & C)** is similar to the vacuum aspiration, but generally used after 14 weeks. After the child is suctioned out of the uterus, the abortionist inserts a curette and cuts the placenta and umbilical cord into pieces and scrapes them out into a basin. The uterus is suctioned out to be sure no body parts have been left behind. Bleeding is usually profuse.

**Dilation and Extraction (D & E):** The cervix must be dilated considerably farther than in 1st trimester abortions. Forceps are used, since the baby's bones are calcified. The abortionist uses the forceps to grab the baby's leg or other body part and with a twisting motion tears it from the body. The spine is snapped and the skull crushed. The body parts must be reassembled and counted to assure that the entire baby has been removed and nothing remains in the womb.

**Induction or Prostaglandin Abortion:** Labor is induced using prostaglandin drugs, and the cervix is dilated. To ensure that the baby is dead upon delivery and to start uterine contractions, saline or urea is injected. To guarantee against a live birth, Digoxin or potassium chloride may be injected directly into the baby's heart to kill the child before delivery. Other times the child may be delivered alive and left without medical intervention until the child dies. This method is used in the 2nd or 3rd trimester.

**Dilation and Extraction (D & X or partial-birth abortion):** The mother undergoes 2 days of dilation. The abortionist performs an ultrasound to locate the child's legs and feet. Forceps are used to pull the legs into a feet-down position. The abortionist uses his hands to deliver the child in a manner similar to a breech birth. The head remains inside the birth canal. Surgical scissors are used to pierce the child's head at the base of the skull and forced open to enlarge the skull opening. A suction catheter is then used to remove the brain tissue. This machine is 29 times more powerful than a household vacuum.

**CHEMICAL/MEDICAL ABORTIONS** involve the administration of drugs specifically intended to abort the child or drugs which, at least part of the time, may prevent implantation.

**Emergency Contraception (EC) - Plan B:** EC contains synthetic (not naturally occurring) progesterone and is a large dose of the common birth control pill. It is designed to be taken within 72 hours after 'unprotected sex'.

EC works in 3 ways. It attempts to stop ovulation, stop fertilization by impeding the transportation of sperm to the egg, or stop implantation by altering (thinning) the lining of the endometrium so that the embryo cannot implant and receive nourishment from the mother. The first 2 methods are contraceptive, but if they fail, the third method causes an abortion, since it occurs after fertilization.

**Ulipristal Acetate (UPA) - ella** is a selective progesterone receptor modulator (SPRM). SPRMs block the action of the hormone progesterone, which is necessary for ovulation and implantation and maintaining the lining of the uterus to support the embryo. Mifepristone (RU-486) is also an SPRM. ella is billed as an EC, even though it acts similar to RU-486. It is designed to be taken within 5 days of 'unprotected sex', and is thought to inhibit or delay ovulation in order to prevent fertilization. However, ovulation may have already occurred. ella can also alter the lining of the uterus, which will prevent an embryo from implanting, causing an abortion.

**RU-486 - Mifeprex (The Abortion Pill):** Mifeprex blocks the action of progesterone, which is needed to maintain the lining of the uterus and provide oxygen and nutrients for the child. Mifeprex is used with Cytotec (misoprostol). Cytotec causes uterine bleeding, which can be profuse, strong contractions and expulsion of the child. A woman receives the Mifeprex pills on the first visit, returns 2 days later for the misoprostol, and a third visit is required to verify that the abortion is complete. The 'failure' rate of this method is 8% at 7 weeks, and up to 23% at 8 or 9 weeks. If the child survives this abortion attempt, there is a higher risk of mental and/or physical birth defects from the misoprostol.

**Hormonal Contraceptives:** All hormonal contraceptives including the pill, mini pill, patch, vaginal ring, intrauterine device (IUD), or injection can work in one of 3 ways: prevent ovulation, prevent fertilization or prevent implantation. As stated earlier, the first 2 methods are contraceptive, but if they fail, the third method causes an abortion.

**Risks and side effects** from abortion include breast cancer, post-abortion grief which may result in emotional and physical disturbances (including depression, insomnia, nervousness, guilt and regret, alcohol and drug abuse, and suicidal thoughts), complications in future pregnancies (including excessive bleeding, premature delivery, placenta previa, retention of the placenta, cervical damage and sterility), pelvic inflammatory disease (PID), uterine perforations, and tubal (ectopic) pregnancy. Risks from hormonal birth control include blood clots, ectopic pregnancy, bacterial infections, increased susceptibility to the AIDS virus and increased risk of cervical and breast cancer. Studies have also shown an increase in sexually transmitted infection rates since EC became widely available. Sources: Human Life Alliance, 'Do you have an open mind?', and [www.all.org](http://www.all.org)

Written by Regina Carbonaro 631-243-1435