

## Abortion Procedures

Abortion is defined as the death of the child before birth. A miscarriage is technically a spontaneous abortion, but the word abortion is now used primarily to describe the deliberate ending of the child's life before birth. There are various methods used at different stages of pregnancy. Brief videos illustrating the procedures (with simply drawn figures,) and narrated by former abortionists, are available at [AbortionProcedures.com](http://AbortionProcedures.com). Most of the information below also comes from that website, where the original references can be found. References are given for additional information.

### **“Pill or Medical” Abortion - used up to 10 weeks gestation.**

The most common and effective method uses two different chemicals. Mifepristone (or RU-486) blocks progesterone, which is necessary for the uterine lining to continue to nourish the child. This drug is taken at the abortion facility or doctor's office. After taking the pill, the mother is sent home to complete the abortion. Twenty-four to forty-eight hours later, she takes the second drug, misoprostol (also known as Cytotec). This drug stimulates the uterus to contract, and the dead baby is expelled. The contractions are intense and painful, and are accompanied by heavy bleeding, which may last from several hours to days. Many women also experience nausea, vomiting, or other symptoms, and usually continue to bleed for 9 – 16 days. There is no medical supervision to determine if intervention is needed to replace blood loss or treat any other complications. The woman must also dispose of her baby's remains, and may see her baby's body before flushing it down the toilet. Another visit is necessary to ensure that the abortion is complete. If the abortion is not complete, a surgical abortion may be necessary to complete the process.

RU 486 was approved for use in the U.S. in September 2000. In 2023, medication abortions accounted for 63% of all non-hospital abortions in the United States, not counting self-managed abortions with pills purchased online.[1]

**Note: Abortion Pill Reversal.** Despite many claims to the contrary, including from the American College of Obstetricians & Gynecologists (ACOG), Planned Parenthood, and others, medication abortion can now be reversed by administering large quantities of bio-identical progesterone within 3 days of taking the first pill. Over 5,000 babies have been saved, with a success rate of 68% if taken within 72 hrs.[2]

### **Suction (or Aspiration) D & C abortion**

Metal rods or medication are used to dilate the woman's cervix. A suction catheter is then inserted into the uterus to vacuum the child from the womb. The force of the suction is approximately 10 to 20 times the force of a household vacuum cleaner. After the suction, a sharp metal instrument called a curette is used to remove fetal tissue remaining on the interior walls of the uterus. An ultrasound can be done immediately after the procedure to detect possible fetal remains still in the uterus, which would be followed by additional curettage.[3]

Risks include infection, especially if fetal tissue remains in the uterus, and difficulties with later pregnancies due to damage to the uterus or cervix. .

This method should not be confused with routine D & C's done on non-pregnant women for reasons other than undesired pregnancy (to treat abnormal uterine bleeding, dysmenorrhea, etc.).

### **Dilation and Evacuation (D and E) or Dismemberment Abortion**

This type of abortion is usually done from 13 to 24 weeks of pregnancy, with the fetus being 3 – 12 inches long. Mothers can begin to feel the baby move between 16 – 20 weeks, and with appropriate care given, most babies

could survive if born at 24 weeks.

The cervix is first dilated, using laminaria sticks (made from sterilized seaweed). The sticks absorb moisture and expand, thus enlarging the cervix. Further dilation may be done with instruments. The amniotic fluid is suctioned away. A sopher clamp, a gripping tool with sharp “teeth” 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. Bleeding from the procedure may be profuse, and risks of infection, puncture of the uterus, and tearing of the cervix are greater than with earlier abortions. A staff member must then reassemble the body parts to be sure that all of them were removed.

### **Induction Abortion**

This procedure is used for abortions at 25 weeks gestational age to full term. At this stage, the child is nearly fully developed and could survive outside the womb. The abortionist will therefore kill the baby in the uterus in injecting a drug that causes cardiac arrest, and then induces labor for the dead child to be delivered. (Killing a child is legal inside the womb, but not outside the womb.) A large needle is used to inject digoxin into the fetus, inducing a fatal heart attack. If the drug is injected only into the amniotic fluid around the child, the baby will live longer but still not survive. The cervix is packed with laminaria to gradually dilate the cervix, and the woman is given a drug (misoprostol) to prepare the cervix for labor. The woman is sent home and returns the next day to receive more laminaria and more misoprostol. On day 3 or 4, the woman is given oxytocin to induce labor, and delivers a dead baby.

### References:

1. <https://www.kff.org/womens-health-policy/fact-sheet/the-availability-and-use-of-medication-abortion/>, updated 1/6/2025.
2. <https://www.heartbeatinternational.org/our-work/apr> 3/1/25
3. <https://obgyn.onlinelibrary.wiley.com/doi/full/10.1002/uog.2654>