

Abortion Methods

Since abortion has been legalized there have been many techniques promoted to end the life of a developing unborn child. The following are common methods used to perform abortions and possible complications from the procedures.

First Trimester Abortion Procedures

Suction curettage (vacuum aspiration)

This is traditionally the most extensively used abortion technique. It is performed in 42 percent of abortion procedures in Michigan.¹ In this procedure, the cervix is dilated by a group of instruments. A powerful suction tube with a knife-like edge on the tip is inserted into the uterus. The suction or vacuum dismembers the unborn child and sucks her body parts out of the womb. The abortionist finishes by using the tool to remove the placenta, blood, and amniotic fluid.

Complications of suction curettage

The most frequent post-abortion complication is infection. Infection can occur if any tissue from the baby or placenta is left in the uterus. Another possible complication is uterine hemorrhage. Hemorrhaging can occur if the uterus is perforated during the abortion.²

Dilation and curettage (D&C)

This method for treating miscarriages can also be used to dismember an unborn child. The cervix is dilated so a steel loopshaped knife can be inserted into the uterus. The abortionist then uses this knife to scrape the wall of the uterus. This scraping cuts the unborn child to pieces and removes both the child and placenta from the uterine wall. This procedure is used very rarely in Michigan.

Complications of D&C

The most apparent complication from this procedure is extensive bleeding. Other common complications include infection and uterine perforation.³

RU-486 (abortion pill)

RU-486 is a combination of two drugs used to expel a child from the womb. First, a woman will take mifepristone orally. Mifepristone blocks natural hormones that maintain the nutrient-rich lining of the

uterus. The developing baby dies as the lining of the uterus disintegrates. Between 24 and 48 hours later, the woman takes misoprostol—an ulcer medication—to produce powerful contractions. After taking this drug, the abortion is often completed within hours, but 30 percent pass their children later at work, home, etc.⁴ On the second visit to the clinic, the abortionist is supposed to confirm the death of the unborn child and check for complications. RU-486 abortions can potentially be reversed if the woman has not taken the second pill.⁵ RU-486 accounts for 51 percent of Michigan abortions, making it now the most common abortion procedure.

Complications of RU-486

Clinical trials for RU-486 were performed in the U.S. on 2,121 women from September 1994 to September 1995. The most frequent side effects were bleeding and cramping, but nausea and vomiting were also frequent. 56 women underwent surgical intervention for excessive bleeding, 4 women received blood transfusions; the average duration of bleeding was 13 days. 170 women (8%) of the women didn't abort their unborn children and were encouraged to have a surgical abortion.⁶ No longterm studies involving mifepristone have been done, so no one knows if there are any possible long-term side effects.

Second/Third Trimester Abortion Procedures

Dilation and evacuation (D&E), 12-24 weeks

Also known as a dismemberment abortion, this procedure has become the preferred second-trimester abortion procedure. In Michigan 6 percent of abortions use the D&E method. The cervix is dilated so grasping forceps can be inserted into the uterus. At this stage in development, the child's bones have begun hardening, making dismembering the child through suction or scraping difficult. The abortionist uses these forceps to tear off parts of the child, first the extremities, followed by the torso. The child's head is often too large to be removed from the womb, so the abortionist must crush the skull before removal. When the procedure is over abortion clinic staff will attempt to reassemble the body parts to make sure none were left in the uterus.

Complications of D&E

Bleeding is usually profuse and infection can occur if the abortionist doesn't remove all of the pieces of the child's body from the womb. This procedure, like dilation & curettage, is performed blindly with the abortionist using only his or her sense of feel. If an abortionist isn't careful, the uterus can be perforated.⁷

Saline abortion, 16+ weeks

In this procedure, a needle is inserted into the woman's abdomen and a saline solution is instilled into the amniotic sac. The child breathes in the salt and is poisoned. It usually takes around an hour for the unborn child to die. After 33 to 35 hours the woman goes into labor and delivers a dead, shriveled baby.⁸ Prostaglandins or urea can also be used to induce an abortion in this manner. This procedure is rarely done because of the health risks and potential for the child to be born alive, forcing the abortionist to provide care to the child. In 2020 only 241 abortions involving instillation were reported to the Centers for Disease Control.⁹

Complications of saline abortion

One serious side effect is disseminated intravascular coagulation (DIC), which is uncontrolled blood clotting throughout the body.¹⁰ If the abortionist misses the womb and injects the saline solution into the woman's vascular system, seizures, coma, or death can result.¹¹

Partial-birth abortion (D&X), 20 weeks and beyond

This is a three day procedure. During the first two days, the pregnant woman's cervix is anesthetized and dilated. On the third day the abortionist uses a sonogram to find the child's leg. Once the abortionist has a hold of a leg with forceps, the child is pulled through the birth canal until the whole child is delivered except for the head. The abortionist then forces scissors into the base of the skull and spreads the scissors so a suction catheter can be put into this hole to suck out the child's brains.¹² This procedure is forbidden in Michigan and federally in the U.S.

Complications of D&X

In order to unnaturally dilate a woman's cervix, an abortionist must insert laminaria, a few at a time, over a 3 to 5 day period. This unnatural dilatation can cause various complications such as large amounts of pain, infection, and an incompetent cervix, which makes it difficult for women to have children in the future. Complications that are possible when the abortionist is reaching for the

child's foot include hemorrhage, uterine perforation, and amniotic fluid embolus. The complications that are possible when the abortionist blindly inserts scissors into the child's skull are laceration of the uterus or cervix by the scissors and could result in severe bleeding and the threat of shock or even maternal death.¹³

Specialized Abortion Procedure

Fetal reduction

With the use of in-vitro fertilization, a specialized form of abortion is being used. This form of abortion is called fetal reduction. When a woman attempts to become pregnant through in vitro fertilization, often multiple embryos are placed in her womb to increase the chance a child will survive. This also increases the probability of a multiple pregnancy, and many women choose to abort one or more of the multiples. During a fetal reduction procedure, a needle is inserted into the heart of the unborn child. The child is then injected with potassium chloride and dies. The least-healthy looking or easiest to reach children are usually aborted. This procedure increases the risk that the surviving child or children will miscarry.¹⁴

Overview of Complications

Short-term health complications:

The following are complications for women which may be identified within a few weeks after an abortion.

Bleeding: Bleeding is often profuse and lasts for days. Some bleeding is so severe that blood transfusions are required.

Infection: The usual infection following an abortion is called pelvic inflammatory disease (PID). PID is difficult to control and can lead to sterility even with prompt treatment. Some women with PID can have chronic pain for the rest of their lives.¹⁵ If an abortionist leaves part of a child inside the womb during an abortion, severe infection may result. This infection would cause severe cramping and bleeding, and if it persists, the woman may have to have a hysterectomy or could die.

Uterine perforation: Poor diagnostic or surgical techniques can cause the uterus to rupture. Other organs may also be damaged or the woman's intestines may herniate through the tear.¹⁶

Embolism: Slicing of the placenta from the uterine wall can cause fluids around the child, pieces of tissue, or blood clots to enter the woman's circulation. These then travel to the lungs of the woman causing potentially severe damage or death.¹⁷

Long-term health complications:

Many of the complications from abortion might not be seen until years after the abortion takes place and might not even be recognized as complications of abortion.

Ectopic pregnancy: An ectopic pregnancy occurs when an embryo implants at a site other than the lining of the uterus. The child will continue to grow in a place outside of the womb, often in the fallopian tube. Surgery is then required to remove the child, in order to save the mother. Studies have shown that women who have abortions increase their risk of having an ectopic pregnancy.¹⁸ The Centers for Disease Control reported that the number of ectopic pregnancies increased from 17,800 in 1970 to 42,400 in 1978 following the legalization of abortion in 1973.

Increase in miscarriages and other pregnancy complications: Studies have shown that abortion during the first pregnancy can cause significant increases in complications with later pregnancies.¹⁹ Another study shows that pregnancy failure is increased 45 percent if a woman has had one previous abortion.²⁰ Other studies showed that premature births, neonatal deaths, and miscarriages in the first and second trimesters of pregnancy were significantly increased in women who had experienced an induced abortion.^{21,22}

Breast cancer: In studies across the United States and in other countries, it has been found that women who have had abortions have a higher chance of getting breast cancer later in life. These are studies that have been done by professionals and are published in respected medical journals. One study, done in 1990, that summarized findings in medical studies from Canada, Denmark, France, Israel, Japan, the United States, and the USSR, found that "abortions, either multiple or occurring before the first full term pregnancy, have been shown to be significantly associated with breast cancer risks."²³ A study done by the National Cancer Institute in Washington found that women who had an abortion increased their risk of getting breast cancer by 50 percent. This risk was more than doubled if the woman's abortion (or first abortion) took place before

the age of 18 or over the age of 30.²⁴ Abortion's link to breast cancer is theorized to exist because abortion is an unnatural procedure which stops the natural condition of a woman's breasts getting ready to produce milk for her child. In early pregnancy, a woman's breast tissue grows and begins to differentiate to cells that will produce milk. An abortion stops this natural process, so many of the cells that would have produced milk are now undifferentiated cells. These cells are much more capable of turning into cancer cells than the cells that were present before she became pregnant.

Sterility: Other complications of abortion, such as infections, can often cause scar tissue in the womb. If the scar tissue covers the opening between the uterus and the fallopian tubes, it is impossible for a sperm to fertilize a woman's egg.

Psychological Consequences

Although a woman might not be harmed physically by an abortion, there is a good possibility that she could be hurt psychologically. Research has provided evidence that having an abortion can have significant negative psychological effects. Researchers have found that at least 19 percent of post-abortive women suffer from symptoms such as, but not limited to: feelings of intense grief or depression because of the abortion, anxiety attacks, difficulty concentrating, irritability, flashbacks to the abortion experience, recurrent thoughts about their aborted child, and nightmares or sleeping disorders.²⁵ Another study found that post-abortive women are at an increased risk of anxiety, mood disorders, and substance abuse.²⁶

The term for this specific group of symptoms is post-abortion syndrome (PAS). PAS has been proposed as a subset of PTSD (post-traumatic stress disorder). People who have PTSD often try to suppress their feelings about a traumatic event. They often want to, but are unable to, express their feelings and emotions about this event. Women with PAS will often do whatever they can to get rid of their feelings of guilt, including drug and alcohol use. Studies have shown that following an abortion women have reported having relationship problems,²⁷ vulnerability to abuse alcohol and use illegal drugs,²⁸ and women who have abortions have a higher death rate from suicide, homicide and accidents than women who gave birth.²⁹

Even though some abortions are performed without complications or emotional trauma, there is no such thing as a safe abortion. In every "successful" abortion, an innocent child dies. The woman might not always be harmed but the child always is.

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