

It is not unusual for later-term chemical abortions to include use of prostaglandins to induce contractions. These drugs often produce side effects, including diarrhea, vomiting, and pain. Occasionally, the fetus will “explode through the uterine wall.”⁴

INTACT DILATION AND EXTRACTION

Technically called Intact Dilation and Extraction or D&X, the partial-birth abortion is performed on babies from the fifth month of development until birth. This procedure, which takes three days to complete, has prompted controversy because of its particularly brutal nature. The abortionist begins by dilating the woman’s cervix for two days. On the third day, the abortionist pulls the baby through the birth canal feet first, leaving only the head inside.

The abortionist then punctures the base of the skull with surgical scissors, inserts a tube and vacuums out the brain tissue, causing the skull to collapse. Women having partial-birth abortions are “within inches of having a live baby born, and [abortionists] kill it within minutes.” As Sen. Don Nickles (R-Oklahoma) correctly observed, “[I]f there is a couple inches’ movement [sic]— then the abortionist would be liable for murder.”⁵ CWA’s former state director in Illinois, Karen Hayes, was very instrumental in getting partial-birth abortion banned at the federal level. She publicized an alarming practice at Christ Hospital of Oak Lawn, a Chicago suburb, and many other places. The hospital performed “live-birth abortions,” which it called “therapeutic.”

While society may want to legitimize abortion through sanitized medical jargon and “new and improved” techniques, the fact remains that abortion—whether performed by “morning-after pills” or through the gruesome partial-birth abortion procedure—takes the life of an innocent child.⁵

Endnotes:

1. Pro-Life Action Guide (as cited in John Ankerberg and John Weldon, *When Does Life Begin? And 39 Other Tough Questions About Abortion* (Brentwood, TN: Wolgemuth & Hyatt, Publishers, 1989), 144)
2. Pro-Life Action Guide (as cited in J.C. Willke, M.D., *Why Can’t We Love Them Both: Questions and Answers About Abortion* (Cincinnati, OH: Haynes Publishing, Inc., 1997), 119.
3. Ibid.
4. Pro-Life Action Guide (as cited in Frank A. Chervanek, M.D., et al., “When is Termination of Pregnancy During the Third Trimester Morally Justifiable?”, *The New England Journal of Medicine* 310, no. 8 (23 February 1984): 501-4.)
5. “Floor statement preceding vote on partial birth abortion ban veto override,” Sen. Don Nickles, 26 September 1996 (<http://nickles.senate.gov/legislative/releases/pbabanfs.cfm>).
6. “An Overview of Abortion Laws.” Guttmacher Institute, 2019. (<https://www.guttmacher.org/state-policy/explore/overview-abortion-laws>)

ABORTION

THE METHODS



**PARTIAL-BIRTH ABORTION
IS BANNED IN 20 STATES.⁶**

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A Resource of Concerned Women for America

ONE OUT OF EVERY THREE CHILDREN conceived in America since 1972 HAS DIED A BRUTAL DEATH THROUGH

ABORTION.

Since *Roe v. Wade* opened the floodgates to abortion in America, the abortion industry has developed a number of chemical and surgical methods to destroy a developing person.

1st Trimester

SUCTION-ASPIRATION

This is the most common surgical method used in first-trimester abortions. In a suction-aspiration abortion, the abortionist numbs the cervix and stretches it open. He/she then inserts a hollow plastic tube with a knife-like edge into the uterus and suctions the baby's body into a bottle. The baby's body is torn apart. Since the suction is much more powerful than a home vacuum cleaner, the placenta—well-connected to the uterus's lining—is also torn away.

D&C

The abortionist inserts a loop-shaped steel knife into the uterus and scrapes the wall, concentrating where he/she encounters resistance. He/she cuts the placenta and the baby into pieces and either scrapes or suctions them out into a basin. This method generally produces considerable bleeding. D&C abortions also usually require anesthesia.



RU-486

Used at five to seven weeks of pregnancy, RU 486 kills an unborn baby whose heart has already begun to beat.¹ The FDA requires it to be taken by the seventh week of pregnancy and combined with Cytotec, a drug that induces contractions to expel the dead baby. (Cytotec's manufacturer rejects the drug's use for this purpose and sent a letter to all U.S. physicians saying so.) RU-486 has been marketed as quick and easy, but it requires follow-up trips to the clinic. Its side effects can include severe bleeding, nausea, vomiting, and pain.

In some cases it has caused death.

METHOTREXATE

It is currently used as a prescription drug to treat cancer and auto-immune diseases such as rheumatoid arthritis. The fact that the drug acts as an abortifacient was considered an undesirable side effect. Now, abortion advocates are ready to use it as a chemical abortion method. However, it comes with a strong warning that patients using the drug should be under a doctor's care and be informed of all risks, since it can have serious side effects due to its high toxicity. Side effects include nausea, diarrhea, liver damage, and lung disease.

2nd Trimester

D&E

During a D&E, the woman's cervix "must be dilated more widely because surgical instruments are used to remove larger pieces" of the unborn child. After dilating the cervix, the doctor inserts narrow forceps. He/she then methodically cuts the baby into pieces. In this procedure, the woman may receive intravenous fluid and an analgesic or sedative. If the baby is beyond 14 weeks, oxytocin can be administered to get the uterus to contract and shrink.

3rd Trimester/Late term



HYSTEROTOMIES

Hysterotomies are identical to a Cesarean section—but the intent is to destroy the child. The umbilical cord may be clamped, which suffocates the baby. This procedure nearly always results in a live birth.²

INSTALLATION TECHNIQUES

Used after the 16th week, is saline amniocentesis, or a "salt-poisoning" abortion. "A large needle is inserted through the abdominal wall of the mother and into the baby's amniotic sac. A concentrated salt solution is injected into the baby's amniotic fluid. As the baby breathes and swallows the poison, it struggles and sometimes convulses."³ The solution causes the child's tissues and organs to hemorrhage, and large bruises appear over the baby's body as arteries and veins rupture. The solution chemically burns away most of the baby's outer skin. The baby suffers for over an hour, and the mother delivers a dead baby about one day later. Nazi Germany originally developed this procedure in the concentration camps.

INTRACARDIAC INJECTION

Intracardiac injections involves injecting a poison—such as digoxin—into the unborn baby's heart. This ensures the baby is stillborn. The mother's cervix is opened over a one to four-day period. Once the cervix opens, labor is induced, and the mother delivers a dead baby. Lastly, a D&C is performed.