

ABORTION

THE METHODS

1st Trimester

ASPIRATION ABORTION: D&C ABORTION OR SUCTION ABORTION

An aspiration (suction) D&C (Dilation and Curettage) abortion is a surgical abortion performed at a clinic. Using tools or medication, the woman's cervix is dilated, or widened, so that the abortionist can access the baby. The abortionist then inserts a suction machine with the force of 10 to 20 times that of a vacuum cleaner to vacuum the baby from the mother's womb. To ensure that the suction has left nothing behind, a curette (sharp, metal, medical surgical instrument) is inserted into the mother and used to scrape out any remains of the child. The D&C method produces considerable bleeding and usually requires anesthesia.²

RU-486

Termed a "medical" abortion, RU 486 kills an unborn baby whose heart has already begun to beat. This form of abortion consists of a woman taking pills of Mifepristone (RU-486) and Misoprostol (also known as Cytotec). Mifepristone is administered at an abortion clinic or doctor's office.* It blocks the mother's natural production of "progesterone" for her child, cutting off blood and nourishment to the baby. The unborn child begins to starve to death. Between 24-48 hours later, the woman takes Misoprostol. This drug causes the mother to contract and bleed in order to force the child out of the womb.³

Its side effects can include severe cramping, contractions, and heavy bleeding, nausea, vomiting, diarrhea, and headache. In some cases, it has caused maternal death.

*In December 2021, the FDA announced its permanent removal of the "in-person dispensing requirement" for Mifepristone, making the abortion pill readily available through mail and telehealth services without the supervision of a physician.⁴



More than 61 million children conceived since 1972 have lost their lives to abortion.¹ 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.

2nd Trimester

D&E (DILATATION AND EVACUATION)

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. The abortionist inserts a large suction catheter that empties the amniotic fluid before inserting a sopher clamp to grasp on to the baby's arms and legs and pull them from the uterus. A sopher clamp is a grasping instrument with rows of sharp teeth. These sharp "teeth" are used to tear the baby limb from limb. This is why D&E abortions are often called dismemberment abortions. Live Action's Abortion Procedures project website that has been approved for accuracy by physicians, notes the most difficult part of the procedure is usually finding, grasping and crushing the baby's head.⁵ The curette is again used in this procedure to scrape the uterus, making sure that none of the placenta or any of the body parts of the baby are remaining inside the womb. It is critical in this stage of development that the abortionist reassembles the dead, aborted baby to make sure each body part is accounted for, and nothing was left behind.

3rd Trimester/Late term

INDUCTION ABORTION

Induction abortions are performed at 25 weeks or later when a baby is almost fully developed and past the age of viability. This abortion method is particularly traumatizing in that it mimics birth. Additionally, this baby could be delivered and live outside the womb. Instead, the abortionist first kills the baby inside the mother's womb and then induces the mother's labor to deliver her stillborn child. This abortion takes place over the course of 3-4 days.

Day 1: To be sure the baby will be delivered dead, the abortionist injects a lethal dose of digoxin or potassium chloride through the woman's abdomen and into the heart, torso, or head of the unborn baby. The lethal dose causes fatal cardiac arrest, ending the baby's life. If the needle misses and is released into the amniotic sack, it will still kill the baby, but it will be a much slower death. The abortionist will also insert multiple laminaria sticks into the woman's cervix as in a D&E abortion.

Day 2: The abortionist replaces the laminaria with new laminaria and confirms the baby is dead via ultrasound. If the child is still alive, a second lethal dose of digoxin or potassium chloride will be administered. Labor-inducing drugs may also be administered.

Day 3 or 4: The woman either returns to the clinic to deliver her dead baby or she goes into labor at home or wherever she is staying and waits on the toilet for the abortionist to arrive.

If the child does not come out whole, the induction abortion will revert to a D&E abortion with the use of clamps and forceps to dismember and remove the rest of the baby piece by piece.⁶

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.

Partial birth abortion as banned in 21 States.⁷

Endnote sources available upon request.

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