

Appendix F

Abortion Procedures

First Trimester

RU-486--This abortion procedure is used during the fifth through seventh week after conception, when the baby has already implanted in the lining of the uterus. Actually RU-486 is a "process" that includes two drugs and supposedly two visits to the abortion clinic. At the first visit, the woman is given Mifepristone (or possibly Mifeprex), which blocks the Progesterone in the mother. Without this nutrient-producing hormone, the embryonic baby withers and dies. Two days later, at the second visit, the mother is given a prostaglandin drug (Cytotec or Misoprostol) and sent home, where hard labor occurs and the baby is "passed" in hours or days.

*Possible complications: prolonged bleeding, nausea, and vomiting, incomplete abortion (thereby necessitating an additional surgical abortion) psychological trauma (with this method, the woman takes an **active** part in the destruction of her own child, she may deliver while she is alone and must come face to face with her child and her actions).*

Suction Abortion--This type of abortion is the most common form and is used when the fetus is 8-12 weeks old. The abortionist first dilates (or opens) the cervix. Then a powerful suctioning tube is inserted into the womb. The suction machine is like a very strong vacuum and is able to suction the baby out of the womb. The abortionist must scrape the womb so that nothing is left behind to cause an infection to the mother. The parts are vacuumed into a small mesh bag and when the abortion is complete, an assistant must make sure there are two legs, two arms, a body and a head, to make sure that the abortion was "complete."

Possible complications: heavy bleeding, infection, and uterine perforation from the suction machine.

Second trimester

D and E (dilation and evacuation) -- As the fetus grows it becomes too big to be suctioned out. Between 13 and 24 weeks the abortionist uses a technique called a D and E abortion. Again the cervix must be forcibly dilated. The abortionist then uses a tong-like instrument. Guided by an ultrasound image of the baby, the abortionist grabs the limbs (arms, legs, etc) with the "tongs" and twists and pulls until the child is dismembered and removed piece by piece. The skull must be crushed before it can be removed. The parts are placed in a basin until the abortion is complete.

Possible complications: profuse bleeding, uterine perforation, incompetent cervix, and blood clots.

Prostaglandin -- During the second trimester, this type of abortion is performed by giving the mother prostaglandin drugs containing hormone-like compounds in order to induce violent contractions, premature labor and delivery at a time when the baby is too young to survive.

Possible complications: Heavy bleeding, extremely hard contractions, blood clots, and uterine rupture.

Saline Abortion (salt poisoning) -- After 16 weeks the fetus is sometimes too big and its muscles and tendons are too "tough" to pull it apart, therefore a saline abortion may be performed. In the procedure, a long needle is inserted through the mother's abdomen into the womb, and a strong salt solution is injected into it. The baby breathes and swallows the salt and is poisoned by it. The outer layer of skin is burned and the baby slowly suffocates to death, a long and agonizing death. The mother will then go into labor about 24 hours later and deliver a dead baby.

Possible complications: Infection, blood clots that can be fatal, extreme pain following the injection while the baby struggles in the womb, severe psychological disturbance from feeling the baby die in the womb, and then delivering a dead child.

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Intracardiac Injection -- A relatively new procedure that can be used in "selective reduction" of multiple child pregnancies, that have become more common with the increased use of fertility drugs. At about 4 months, the abortionist inserts a needle through the mother's abdomen and injects a poison into the heart of one of the babies, in order to kill him or her. This method is also used to destroy a baby that has been identified as having a handicap.

Possible complications: When used as "selective reduction" of multiple babies, the procedure has been known to cause the death of all the babies.

Hysterotomy (C-Section Abortion) -- This technique can be used when the baby is around 24 weeks. It is exactly like a c-section. An incision is made into the womb and the premature baby is lifted out. Then the child's umbilical cord is cut, and he/she is left in a basin to die. Children at this age may move and struggle to breathe.

Possible complications: Heavy bleeding, infection, blood clots and psychological trauma from seeing the child struggle to live.

Second and Third Trimester

Partial Birth Abortion -- This procedure is actually a form of infanticide. It is performed in the late second trimester or third trimester and can be used up until the time of birth. The abortionist dilates the cervix and then through the guidance of an ultrasound image, locates the baby's legs, grabs them with forceps and pulls them down into the birth canal. The legs and the entire body are pulled out of the mother. While making sure the head stays inside the mother, the abortionist jabs a pair of medical scissors into the base of the baby's skull. The hole is widened and a suctioning tube is used to suction out the brains. The head collapses, the baby dies and the abortion is complete.

Possible complications: Cervical incompetence in future pregnancies, uterine rupture caused by turning the fetus in the womb, puncture of the uterus caused by pieces of the baby's broken skull, infection and heavy bleeding.

Methods that cause abortion before implantation -- When the egg and the sperm meet in the fallopian tubes a new human being is created. By approximately one week of life, the newly formed embryo travels to the uterus where it attaches to the lining of the uterine wall, and continues to develop and grow. There are several products that are marketed as contraceptives (a true contraceptive would **prevent** the union of the sperm and the egg) but in reality cause very early abortions by preventing the newly formed human being from attaching to the uterine wall. Included in this category are the intra-uterine device (IUD), Norplant, Depo Provera, Progesterone Only pills, low-dose contraceptive combination pills and the morning-after pills. The "contraceptive pill" can work to prevent ovulation or can thicken the cervical mucus so that it is more difficult for the sperm to travel to the egg. However, it has a "fail-safe function" for the incidences when either of these two contraceptive functions fails, and the egg is fertilized--it makes the lining of the uterus "hostile" to the newly conceived human being so that it cannot implant, and thus causes a very early abortion. The woman never knows when this happens, and most women are not informed of the possible abortifacient property of the pill.*

***Special note: God's perfect design of the human body provides an effective method for the spacing of pregnancies, through fertility awareness. Classes are available and many books have been published outlining this providential method (Natural Family Planning).**

**The information contained in this appendix was compiled from Pro-Life Answers to Pro-Choice Arguments by Randy Alcorn and Why Can't We Love Them Both by Dr. and Mrs. J.C. Wilke.*