

CHAPTER 19

WHAT KIND AND HOW?

Spontaneous abortions are usually called miscarriages. Most occur at home with little danger to the mother. There is sometimes excessive bleeding, however, or incomplete emptying of the uterus requiring hospitalization, during which the surgeon must gently tease the rotting remnants of the placenta (afterbirth) from the inside walls of the womb with a blunt instrument. Even when this procedure (called a D&C) is needed, there is rarely damage to the mother because the cervix (womb opening) is already softened and partly opened. Infection is rare. Baby parts are seldom found.

What kind of induced abortions are there?

In the first week there are micro-abortions caused by “contraceptive” drugs and devices.

After implantation, there are those induced by drugs such as RU 486, Methotrexate, and prostaglandins.

In the first trimester there are surgical abortions like suction and D&C.

In the second and third trimesters there are instillation types, D&E, intracardiac injections and partial-birth abortions.

What are the first trimester surgical ones?

There are several types:

- **Menstrual extraction:** This is a very early suction abortion, often done before the pregnancy test is positive.
- **Suction-aspiration:** In this method, the abortionist must first paralyze the cervical muscle ring (womb opening) and then stretch it open. This is difficult because it is hard or “green” and not ready to open. He then inserts a hollow plastic tube, which has a knife-like edge on the tip, into the uterus. The suction tears the baby’s body into pieces. He then cuts the deeply rooted placenta from the inner wall of the uterus. The scraps are sucked out into a bottle (see color photo in back of book). The suction is 29 times more powerful than a home vacuum cleaner.
- **Dilatation & Curettage (D&C):** This is similar to the suction procedure except that the abortionist inserts a curette, a loop-shaped steel knife, up into the uterus. With this, he cuts the placenta and baby into pieces and scrapes them out into a basin. Bleeding is usually profuse.

What are second trimester ones?

In the 1970s and ’80s the most common type was saline amniocentesis, or salt poisoning abortions. These are not used much anymore because of danger to the mother. These are done after the 16th week. 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 amniotic fluid. The baby breathes and swallows it, is poisoned, struggles, and sometimes convulses. It takes over an hour to kill the baby. When successful, the mother goes into labor about one day later and delivers a dead baby.

Is it actually poisoning?

Yes. The mechanism of death is acute hyponatremia, or acute salt poisoning, with development of widespread vasodilatation, edema, congestion, hemorrhage, shock, and death.

Galen et al., "Fetal Pathology and Mechanism of Death in Saline Abortion, *Amer. Jour. of OB&GYN*, 1974, vol. 120, pp. 347-355

And other methods?

In the '70s and '80s, prostaglandin drugs were used to induce violent premature labor and delivery. When used alone, there was: "... a large complication rate (42.6%) associated with its use. Few risks in obstetrics are more certain than that which occurs to a pregnant woman undergoing abortion after the 14th week of pregnancy."

Duenhoelter & Grant, "Complications Following Prostaglandin F-2 Alpha Induced Mid-trimester Abortion." *Jour. of OB & GYN*, Sept. 1975

Because of these problems, the D&E, or Dilatation & Evacuation method, was developed and largely replaced the above. It involves the live dismemberment of the baby and piecemeal removal from below.

A pliers-like instrument is used because the baby's bones are calcified, as is the skull. There is no anesthetic for the baby. The abortionist inserts the instrument up into the uterus, seizes a leg or other part of the body, and, with a twisting motion, tears it from the baby's body. This is repeated again and again. The spine must be snapped, and the skull crushed to remove them. The nurse's job is to reassemble the body parts to be sure that all are removed.

This sounds dangerous.

It is, but a report from the U.S. Center for Disease Control, Dept. HEW, stated that it is still safer for the mother than the salt-poisoning or Prostaglandin methods.

“Comparative Risks of Three Methods of Midtrimester Abortion,”
Morbidity and Mortality Weekly Report,
Center for Disease Control, HEW, Nov. 26, 1976

It is reported that every year about 100,000 women are aborted by the D&E method, between 13 and 24 weeks' gestation. Of this, 500 have “serious complications.” This was still judged to have a “lower risk of morbidity and mortality than the infusion procedures.”

MacKay et al., “Safety of Local vs General Anesthesia for Second Trimester D&E Abortions”
OB-GYN, vol. 66, no. 5, Nov. 1985, p. 661

Any new methods?

Yes, intracardiac injections. Since the advent of fertility drugs, multi-fetal pregnancies have become common. “The frequency of triplet and higher pregnancies . . . has increased 200% since the early 1970s.” Since these are usually born prematurely and some have other problems, a new method has been developed.

Assisted Repro. Techniques . . . , L. Wilcox,
Fertil. & Sterility, vol. 65, #2, Feb. '96, pg. 361

At about 4 months a needle is inserted through the mother's abdomen, into the chest and heart of one of the fetal babies and a poison injected to kill him or her. This is “pregnancy reduction.” It is done to reduce the number or to kill a handicapped baby, if such is identified. If successful, the dead baby's body is absorbed. Sometimes, however, this method results in the loss of all of the babies.

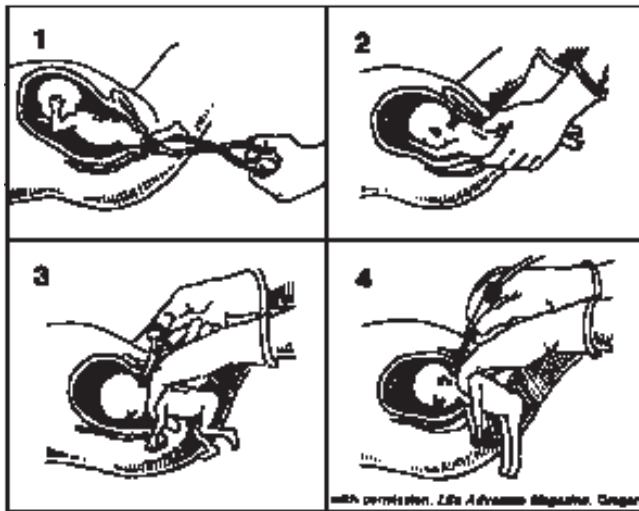
Are there 3rd trimester abortions?

Yes, there are, and as late as 8 months or more. These are done by intracardiac injection. A more recently developed method is the partial-birth abortion, also called “brain suction,” “D&X,” or intact dilation and evacuation methods.

- These are done after 4 or 5 months.

- 80% of babies are normal.
- Most babies are viable.

This is like a breech delivery. The entire infant is delivered out into the air, except the head which is held in the external birth canal. A scissors is jammed into the base of the skull. A tube is inserted into the skull, and the brain is sucked out. The now-dead infant is pulled out. The drawings illustrate this:



Perhaps it's her only choice.

“There are no medical circumstances in which a partial-birth abortion is the only safe alternative. We take care of pregnant women who are very sick, and babies who are very sick, and we never perform partial-birth abortions. . . . There are plenty of alternatives. . . . This is clearly a procedure no obstetrician needs to do.”

F. Boehm, Dr. OB, Vanderbilt U. Med.
The Washington Times, May 6, 1966, p. A1

But isn't it the safest?

To do this was called a "version & breech delivery." This was abandoned decades ago as it was too dangerous. Instead today the much safer Cesarean Section is used.

Dr. Warren Hern, author of *the* late term abortion medical text, said, "I would dispute any statement that this is the safest procedure to use. The procedure can cause amniotic fluid embolism or placental abruption."

AMA News, Nov. 20, 1995, p. 3

Dr. Pamela Smith, Director of Medical Education, Dept. of Ob-Gyn at Mt. Sinai Hospital in Chicago, has stated: "There are absolutely no obstetrical situations encountered in this country which would require partial-birth abortion to preserve the life or health of the mother." And she adds two more risks: cervical incompetence in subsequent pregnancies caused by three days of forceful dilation of the cervix, and uterine rupture caused by rotating the fetus in the womb.

Joseph DeCook, Fellow, Am. Col., Ob/Gyn, founder of PHACT (Physicians Ad Hoc Coalition for Truth), stated: "There is no literature that testifies to the safety of partial-birth abortions. It's a maverick procedure devised by maverick doctors who wish to deliver a dead fetus. Such abortions could lead to infection causing sterility." Also, "Drawing out the baby in breech position is a very dangerous procedure and could tear the uterus. Such a ruptured uterus could cause the mother to bleed to death in ten minutes. The puncturing of the child's skull produces bone shards that could puncture the uterus." (Congressman Charles Canady (R-FL), 7/23/02).

Weren't there laws passed to forbid this gruesome method?

Yes. In the U.S., over half of the states passed laws to stop it. These were challenged in court. The U.S.

Supreme Court struck down all of these laws.

Stenberg v. Carhart, US Supreme Court, June 2000

But why kill the infant?

You've said it! Obviously the mother wants to get unpregnant. Even if this is accepted, we must still ask, why kill? Most of these babies are viable. They are only 3 or 4 inches (10 cm) from complete delivery. One gentle pull and the head will come out. Then the cord could be cut, and the infant given to the nurse to take to the intensive care nursery.

There is absolutely no medical reason to kill the baby except that the mother wants him dead.

Are there videos?

Two excellent videos are "The Procedure" by Dan Donahey on partial-birth abortion and "Eclipse of Reason" by B. Nathanson, both obtainable through a Right to Life Office.

What about toxemia, serious diabetes, etc., in late pregnancy?

In these cases the pregnancy may have to be terminated to save the mother's life. But left alone, both might die. Treatment here is not abortion but premature delivery. This attempts to save both lives.

Is surgery on an ectopic pregnancy an abortion?

Some do define this as an abortion, and this is one reason why Right to Life people usually accept a "life of the mother" exception to laws that would forbid abortion.

Until recent years, this required surgical removal of the tube, which at times contained a live human embryo which then would die.

By the time most ectopic surgery is done, the developing baby is dead and often destroyed by the hemorrhage. In any case, such surgery is done primarily to

prevent the death of the mother. This is good medical practice because there is no chance for the baby to survive.

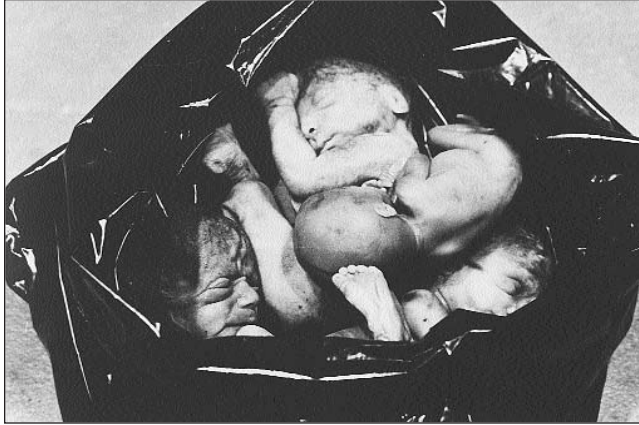
If medical technology were advanced enough to allow transplanting the baby from its pathological location, and placing it into the uterus, then most ethicists would say this should be done. Since this is not possible with present technology, the tiny new baby's life today is lost.

The newest approach is laparoscopic. Through an operating laparoscope, the lump in the tube can be seen. It is now possible to cut this open and suck out the contents. Recent reports tell that, 80% of the time, what is removed is not (no longer?) human life. But it is possible to do what amounts to an intra-abdominal "suction-abortion." This would be a direct attack on the baby and is very disturbing to moralists. This will continue to be debated.

But, for now, the embryonic baby has a zero chance of survival. Without the procedure, both would die. The surgery will save her life, and so, for now, the Right to Life Movement will allow this.

How about removal or treatment of a cancerous or of a traumatized pregnant uterus, or of some other organ while the mother is pregnant?

The same applies. Surgery is done or treatment is given to prevent the death of the mother. The death of the baby, if it occurs, would be an unfortunate and undesired secondary effect. If at all possible, the baby should also be saved.



This was the result of one morning's work in a Canadian teaching hospital. These babies had attained fetal ages of 18-24 weeks (4-5 months) before being killed by abortion.

“In times past, abortion took the life of one, for otherwise two would die. Today, abortion takes the life of one, where otherwise two would live.”

H. Ratner, M.D.

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