

Abortion Methods¹

Menstrual Extraction

This procedure is performed before a pregnancy test is obtained, usually between 5-6 weeks from the woman's last menstrual period (LMP).¹ The woman's cervix is dilated manually with metal rods or by inserting absorbent laminaria (sticks made of compressed seaweed²) into the entrance of the uterus, which expands as the laminaria absorb fluid.³ Dilation can also be achieved with a combination of laminaria and manual dilation.⁴ A suction device is then inserted into the uterus. The contents of the womb are suctioned out. If the woman was pregnant, the child is removed along with the placenta.⁵

Mifepristone/the Abortion Pill (formerly known as RU-486)

This is an antiprogesterone drug that blocks receptors of progesterone, a hormone a woman's body produces to establish and maintain pregnancy. Mifepristone breaks down the lining of the uterus so that the pregnancy cannot continue. It is not effective enough to be given alone. Incomplete abortions often occur when mifepristone is given alone, so it is usually administered with a prostaglandin such as misoprostol, which causes the uterus to contract and expel the dead embryo and placenta.⁶ Mifepristone induces abortion only when it is used early in pregnancy.⁷

The FDA has approved its use for up to 49 days after the first day of the last menstrual period,⁸ but effectiveness decreases substantially after 49 days LMP.⁹

Methotrexate

This drug, given by injection or occasionally orally, stops fetal cell division. Misoprostol, a prostaglandin, is inserted vaginally several days after the methotrexate is administered in order to cause uterine contractions. Methotrexate is most effective when used through 7 weeks LMP.¹⁰

Suction Aspiration (Suction Curettage)

The woman's cervix is dilated and a suction instrument with a blade-like tip is inserted into the uterus. The placenta and the embryo or fetus is cut into pieces and suctioned out.¹¹ This procedure is usually performed up to 16 weeks gestation (16 weeks from the woman's last menstrual period).¹²

Dilatation and Evacuation (D & E)

The woman's cervix is dilated by inserting absorbent laminaria (sticks made of compressed seaweed¹³) into the entrance of the uterus, which expands as the laminaria absorb fluid.¹⁴ Dilation can also be achieved with a combination of laminaria and manual dilation.¹⁵ Next, forceps are inserted into the uterus to pull the limbs of the fetus one at a time into the birth canal.

¹ <http://www.usccb.org/issues-and-action/human-life-and-dignity/abortion/abortion-methods.cfm>

The limbs are pulled from the trunk while the trunk and head remain lodged in the uterus. Finally, the trunk and head are extracted. Afterwards, a suction device may be used to remove any remaining tissue from the uterus. The doctor may use some means of killing the child before it is removed in order to soften the fetal tissues and make dismemberment easier.¹⁶ Sometimes, a saline or urea solution is injected to ensure the child's death prior to its removal with forceps.¹⁷ Other times, the membranes are ruptured and the umbilical cord is cut 24 hours before the removal of the child's body in order to ensure its death and thereby the softening of its tissues.¹⁸ D & E is usually only performed up to 24 weeks gestation.¹⁹

Dilation and Extraction (D & X)

The woman's cervix is dilated for approximately two days before delivery with absorbent laminaria that are inserted (5-7 the first day and 15-25 the second day) into the entrance of the uterus. The laminaria open the entrance as they absorb fluid. The day of the surgery, they are removed and the membranes are ruptured. An ultrasound is used to locate the fetus' position in the womb. The doctor locates the fetus' lower extremities, inserts large, grasping forceps through the vagina and cervical canal and into the uterus where he can grasp the child's leg. The leg is pulled through the vagina until the lower extremities, torso, shoulders, and upper extremities are delivered. The child is situated spine up, face down with the head lodged at the opening of the cervix. There is usually not enough dilation for the skull to pass through. The doctor runs his fingers along the spine to find the base of the skull. Blunt, curved scissors are inserted into the skull and spread to enlarge the opening. The scissors are removed and a suction catheter is inserted into the skull to remove the brain. The head collapses and the now dead child is delivered. The placenta is removed with forceps and a suction curette is used to scrape the uterine wall for any tissue left in the womb.²⁰ This procedure can be performed from 20 weeks into the pregnancy (second trimester) until full terms (40 weeks LMP).²¹

A federal ban on Dilation and Extraction abortions (Partial-Birth Abortions) was signed into law in 2003 and was upheld by the Supreme Court in 2007.²²

1. Warren M. Hern, *Abortion Practice* (Philadelphia, PA: J.B. Lippincott Company, 1990), 120.
2. *Ibid.*, 112.
3. *Ibid.*, 110.
4. *Ibid.*, 113.
5. *Ibid.*, 120.
6. Planned Parenthood Federation of America, Inc., "Mifepristone: Expanding Women's Options for Early Abortions in the United States," Planned Parenthood, www.plannedparenthood.org/issues-action/abortion/state-abortion-restrictions/reports/mifepristone-expanding-womens-options-early-abortion-united-states-6128.htm (accessed Sept. 26, 2008).
7. Planned Parenthood Federation of America, Inc., "The Difference Between Emergency Contraception and Medication Abortion," Planned Parenthood, www.plannedparenthood.org/issues-action/birth-control/ec-mabortion-6138.htm,

- (accessed April 24, 2008). 8Food and Drug Administration. "Mifeprex (mifepristone) Information." FDA, <http://www.fda.gov/Cder/Drug/infopage/mifepristone>, (accessed Sept. 25, 2008).
8. RU486Facts.org: Medical Information about RU486 (Mifepristone), "Effectiveness of RU486 plus misoprostol," RU486Facts.org, www.ru486facts.org/index.cfm?page=effectiveness, (accessed Jan. 6, 2009).
 9. Hatcher MD, MPH, Robert A. et al, *Contraceptive Technology* (New York: Ardent Media, Inc., 2004), 685.
 10. Hern, Warren M, *Abortion Practice* (Philadelphia, PA: J.B. Lippincott Company, 1990), 114.
 11. Planned Parenthood. "In-Clinic Abortion" (Planned Parenthood Federation of America, 2008), available at www.plannedparenthood.org/health-topics/abortion/in-clinic-abortion-4359.htm#methods.
 12. Hern, Warren M, *Abortion Practice* (Philadelphia, PA: J.B. Lippincott Company, 1990), 112.
 13. *Ibid.*, 110.
 14. *Ibid.*, 113.
 15. Haskell, Martin MD. "Second Trimester D&X, 20 Weeks and Beyond – D&E for Late Second Trimester Abortions," Presentation at National Abortion Federation Conference: "Second Trimester Abortion: From Every Angle – Fall Risk Management Seminar." (Dallas, TX, Sept. 13-14, 1992), 28.
 16. Hern, Warren M, *Abortion Practice* (Philadelphia, PA: J.B. Lippincott Company, 1990), 126-135.
 17. Haskell, Martin MD. "Second Trimester D&X, 20 Weeks and Beyond – D&E for Late Second Trimester Abortions," Presentation at National Abortion Federation Conference: "Second Trimester Abortion: From Every Angle – Fall Risk Management Seminar." (Dallas, TX, Sept. 13-14, 1992), 28.
 18. Planned Parenthood. "In-Clinic Abortion" (Planned Parenthood Federation of America, 2008), available at www.plannedparenthood.org/health-topics/abortion/in-clinic-abortion-4359.htm#methods.
 19. Haskell, Martin MD. "Second Trimester D&X, 20 Weeks and Beyond – D&E for Late Second Trimester Abortions," Presentation at National Abortion Federation Conference: "Second Trimester Abortion: From Every Angle – Fall Risk Management Seminar." (Dallas, TX, Sept. 13-14, 1992), 29-31.
 20. *Ibid.*, 27, 33.
 21. *Gonzales v. Carhart*, 550 U.S. 124 (2007).