Abortion Procedures and Risks

RU-486 "Abortion Pill" (Time frame varies)

RU-486 induces a chemical/medication abortion. It involves 2 medications. The first medication, Mifepristone, is given in a clinic. It shuts off the blood supply to the embryo. The second medication, Misoprostol, is taken at home, inducing contractions to empty the uterus. Expect strong cramping, bleeding, nausea and vomiting. A final visit to the clinic is necessary to ensure the abortion has gone to completion. (8%-10% of women will require a surgical abortion to complete the process.)

Risks & Side Effects:

- Abortion Failure (Incomplete Abortion)
- Bleeding & Hemorrhage
- Infection (RU-486 suppresses the immune system)
- Severe Pain/Cramping
- Nausea/Vomiting/Diarrhea/Fever/Chills/Headache/Dizziness

***Not advised for women who have anemia, bleeding disorders, liver or kidney disease, seizure disorder, acute inflammatory bowel disease, or use an intrauterine device (IUD).**

CAUTION*: A chemical/medication abortion occurs in private, as such you may not be expecting to see the results of ending your pregnancy. For example, viewing a discernable head and limbs.*

For information on RU-486 Reversal: 24/7 Hotline 1-877-558-0333 or abortionpillreversal.com

Manual Vacuum Aspiration (within 7 weeks after LMP)

The cervix is stretched with dilators wide enough to allow the abortion instruments to pass into the uterus. A hand held syringe is attached to tubing that is inserted into the uterus and the fetus is then suctioned out.

Suction Curettage - most common in-clinic abortion (within 6 to 14 weeks after LMP)

The cervix is opened with a dilator. The doctor inserts tubing connected to a suction machine into the uterus. The suction pulls the fetus's body apart and empties the uterus. A variation of this procedure is called Dilation and Curettage (**D&C**). In this method, the doctor uses a curette, a loop shaped knife, to scrape the fetus out of the uterus.

Dilation & Evacuation –"D&E" (within 13 to 24 weeks after LMP)

The developing fetus doubles in size between the 11th and 12th weeks of pregnancy, making the body of the fetus too large to be broken up by suctioning. In this procedure, the cervix is opened wider than in a first trimester abortion, allowing the doctor to pull out the fetal parts with forceps. The fetus's skull is crushed to ease removal.

Late Term Abortion -"Induction Abortion" (from 20 weeks after LMP to full term)

A lethal dose of the heart medication, Digoxin is injected into the fetus's heart or amniotic fluid giving the fetus a fatal heart attack. The cervix is treated for 2-3 days to prepare it for delivery of the deceased fetus. On the final day, the woman is given the drug Oxytocin, to induce contractions leading to vaginal delivery.

Risks of Abortion: Heavy or Persistent Bleeding, Infection, Sepsis, Incomplete Abortion, Allergic Reaction to Drugs, Damage to the Cervix, Scarring of the Uterine Lining, Perforation of the Uterus, Damage to Internal Organs, Breast cancer, Death. Abortion is linked to subsequent preterm births and increased risk for mental health issues.

Effect on Future Pregnancy: Scarring or other injury during an abortion may prevent or place at risk future wanted pregnancies. The risk of miscarriage is greater for women who abort their first pregnancy.

Reminder- It is important to know your blood type before receiving a chemical or surgical abortion

References: www.americanpregnancy.org, http://abortionpillrisks.org, www.FDA.gov, https://aaplog.org/wp-content/uploads/2013/07/McCaffreys-article.pdf, https://doi.org/10.1192/bjp.bp.110.077230

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