

[If you are considering abortion,  
please download the Health and Safety Checklist.](#)

### **Frequently Asked Questions:**

**Q: How are abortions done?**

**A:** Following the questions below, is a description of the various types of surgical and chemical abortion procedures performed in the United States.

RU-486 (Mifepristone), Suction-Aspiration, Dilation and Curettage (D & C), Dilation and Evacuation (D & E), Prostaglandin, Dilation and Extraction (D & X)

**Q: I'm feeling guilt from a past abortion. Is this normal?**

**A:** Many women have found that they have feelings of guilt and confusion following abortion. We offer compassionate post-abortion support... please contact us for details.

**Q: What are the health risks to having an abortion?**

**A:** Risks of any surgical abortion include hemorrhage, infection, infertility, and complications with future pregnancies (i.e. incompetent cervix). There may be other risks for you. It is best to seek medical advice before proceeding with any type of surgical procedure.

**Q: If I have an abortion, will my baby feel pain?**

**A:** Because circumstances vary, the answer to this question will depend both on the stage of fetus development and method of abortion performed.

It has been determined that as early as eight weeks a fetus is capable of experiencing pain. It is at this point in development that the following necessary structures are in place: sensory nerves (which detect pain), the thalamus (part of the brain that receives pain message from sensory nerves), and motor nerves (which are directed by the brain to pull away from the hurt).

In addition, by 13-1/2 to 14 weeks, the entire body surface, except for the back and the top of the head, are sensitive to pain.

**Q: What is "Roe vs. Wade"?**

**A:** This refers to a U.S. Supreme Court case ruled on January 22, 1973 that a constitutional "right to privacy" exists which protects a woman's decision to have an abortion. The court at that time established a trimester system that defined the parameters surrounding legal abortions. Read more about the case at [www.roevwade.org](http://www.roevwade.org).

**RU-486 (Mifepristone)**

RU-486, or Mifepristone, is a chemical method of inducing abortion. It is taken only when a woman is pregnant, up to seven weeks after the beginning of her last menstrual period.

The drug works by blocking progesterone, a crucial hormone during pregnancy. Without progesterone, the uterine lining does not provide food, fluid and oxygen to the developing fetus.

This procedure requires three visits to the abortion provider. During the first visit a dosage of Mifepristone is taken. Then, two days later, a second drug is taken that stimulates the uterus to contract and expel the fetus. Finally, 12 more days later a follow-up examination is required to ensure the fetus has been expelled.

According to one manufacturer, bleeding and cramping are normal occurrences with this procedure. Side effects may include nausea, headache, vomiting, diarrhea, dizziness, fatigue and back pain.

Additionally, one out of 100 women require surgical intervention to stop heavy bleeding. 1

**Suction-Aspiration**

In this method, the cervical muscle ring is first paralyzed and stretched open. A hollow plastic tube with a knifelike edge is inserted into the uterus. Suction is used to remove the fetus, and the placenta is cut from the uterine wall.

**Dilation and Curettage (D & C)**

This procedure is similar to suction-aspiration, though rather than a suction tube this method relies on a loop-shaped steel knife called a curette. The curette is inserted into the uterus and the fetus and placenta are scraped away. Bleeding can be very heavy with this method.

### **Dilation and Evacuation (D & E)**

This type of abortion is done after the third month of pregnancy.

First, the cervix is dilated. Then, Laminaria sticks (made of sterilized, compressed seaweed) are commonly inserted into the cervix. When inserted, the Laminaria sticks absorb moisture and expand, causing the cervix to enlarge. A pliers-like instrument is inserted through the cervix into the uterus and used to tear away parts of the fetus. Once outside the womb, the fetus may then be reassembled to ensure that all body parts have been removed.

### **Prostaglandin**

Prostaglandin is a hormone that is used to induce labor in mid- and late-term pregnancies. To prevent a live birth, the fetus may be injected with drugs and killed prior to delivery.

### **Dilation and Extraction (D & X)**

This procedure, commonly referred to as "partial-birth" abortion, is also used in mid- and late-term pregnancies (from 4 to 9 months).

First, ultrasound is used to identify how the fetus is facing in the womb. Then, forceps are inserted through the cervical canal into the uterus and used to pull the fetus feet first and face down (breech position). The body is then pulled out of the birth canal, except for the head which is too large to pass through the cervix. While the fetus is still alive, surgical scissors are inserted into the base of the skull and spread to enlarge the wound. A suction catheter is then inserted into the skull and the brain is removed. Finally, the skull collapses allowing the fetus to pass completely through the cervix.

**NOTES:** 1. What Every Provider Should Know, MEFEPREX / Danco Laboratories (<http://mifeprex.com>)