

# What is Abortion?

## Nine Ways to Kill an Unborn Child

**(1) Suction:** To abort an early pregnancy the Doctor inserts a tube through the opening of the womb and connects it to a suction apparatus. The vacuum is so powerful that the baby is instantly broken up into a fluid mass of blood, tissue, and cartilage. It quickly passes through this tube and is collected in a bottle.

**(2) Dilation and Curettage (D&C):** In this technique the doctor stretches or dilates the mouth of the womb to admit a forceps or curette. He then reaches in and drags or scrapes out the baby and afterbirth. The surgeon must work by touch alone, often cutting the baby into several pieces in order to get it out. The head may be crushed with the forceps to reduce its size for withdrawal. Bleeding is profuse until the womb is scraped completely empty. The bits and pieces of the baby are then disposed of.

**(3) Dilation and Extraction (D&E):** Used after 13 weeks. The mother's cervix is dilated and the live, preborn child is dismembered with pliers-like forceps. With a twisting motion, the baby's body is torn apart, the spine is snapped and the skull crushed. Baby parts are often left inside the mother's womb, causing serious complications and sometimes death to the mother.

**(4) Saline Amniocentesis:** The doctor can stick a large needle through the mother's belly into the womb. After withdrawing some fluid, a strong, sterile, saltwater solution is injected-in effect pickling the baby alive. The baby may thrash about for a few moments, but soon it becomes perfectly still and dies. In about 24 hours labor will start and the mother will deliver a burned dead baby. This technique can be used right up to the end of a pregnancy.

**(5) Partial Birth Abortion:** In a late second and third trimester partial birth abortion the doctor turns the unborn child into the "breech" position (feet first) and pulls the child from the mother until all but the head is delivered. He or she then forces scissors into the base of the skull and inserts a catheter to suction out the child's brain. This procedure is used when the provider wants to sell the babies organs for profit.

**(6) Inter-cardiac Injection:** Poison is injected into the chest or heart of the baby via a long needle inserted through the mother's abdomen. The dead baby is absorbed. Sometimes this results in the loss of all the babies during "pregnancy reduction" in multi-fetal pregnancies.

**(7) RU-486:** Mifeprex blocks the action of the hormone progesterone, which is needed to maintain the lining of the uterus providing oxygen and nutrients for the embryo. Without it, the baby dies. Mifeprex is used in conjunction with Cytotec (misoprostol) which is taken two days after Mifeprex, causing uterine bleeding (sometimes profuse), strong contractions, and expulsion of the baby.

The pregnant woman first visits the abortionist to obtain three Mifeprex pills, returns two days later to receive Misoprostol, and a third time to verify that the abortion is complete. The failure rate of this method is about 8% if the pills are taken within 7 weeks and up to 25% at 8-9 weeks. If the baby survives, there is an extremely high risk that he or she will suffer mental and/or physical birth defects from the Cytotec. Note that Mifeprex can be used in the first, second and third trimester.

**(8) Birth Control Abortions:** Methotrexate, Norplant, IUDs, prostaglandins and Depo-Provera cause millions of early chemical abortions each year. The Pill has a "backup" abortifacient action if conception takes place.

**(9) Larger babies to be aborted may require an abdominal operation similar to a Cesarean section. The womb is cut open and the baby lifted out. It usually squirms and moves its arms and legs. It tries to breathe and may manage a feeble cry. If the lungs are too immature to function normally, it will soon stop moving, but frequently the heart continues to beat for several hours before it dies.**

In an article entitled "Interview with an Insider" Carol Everett, a former director of four abortion clinics, revealed the following:

**Q. What is the governing force behind the abortion industry?**

**A.** Money, it is a very lucrative business, the largest unregulated industry in our nation. The product, abortion, is skillfully marketed and sold to the woman at a crisis time in her life.

**Q. Do clinics give women all the facts?**

**A.** No. In my experience, the clinic personnel denied the personhood of the child and the pain caused by the procedure. Every woman has two questions, "Is it a baby?" and "Does it hurt?" The personnel always answered, "No," lying to secure the consent of the woman and to collect her money. Women were told that we were dealing with the "product of conception" or a "glob of tissue". They were told that there would be only slight cramping, whereas, in reality, an abortion is excruciatingly painful. I know because I had one.

**Q. How did you dispose of an aborted baby?**

**A.** In our clinics we used a heavy-duty garbage disposal.

**Q. What complications did you witness?**

**A.** In the last 18 months I was in the business, we were completing over 500 abortions monthly and killing or maiming one woman out of 500. Common complications include perforations or tears in the uterus. Many of those result in hysterectomies. The doctor might cut or harm the urinary tract, which then requires surgical repair. A complication that is rarely publicized is one in which the doctor perforates the uterus and pulls the bowels through the vagina, resulting in a colostomy. Some of them can be reversed, others must live with the colostomy for the remainder of their lives.

**Q. Why did you get out of the business?**

**A.** I finally realized that we weren't helping women – we were exploiting them.

The harm inflicted on women is not limited to the physical. It is not unusual for post abortive women to suffer for the rest of their lives with feelings of grief, depression, anger and guilt. If you happen to be such a woman click on the "Hope After Abortion" link below.

Occasionally, when it serves their purpose, abortion providers will tell the truth. On March 30, 2004 Dr. Amos Grunebaum, a specialist in maternal fetal medicine at New York Hospital testified against the Partial-Birth Abortion Ban Act passed by congress in the fall of 2003. He said, "the law was so vague that it could outlaw virtually any type of abortion performed in the second trimester because **the fetus is sometimes still alive as it is brought outside the body.**"

This is a startling admission given the standard arguments used in favor of abortion. The fact that the baby is **still alive** once outside of the mother is an acknowledgment that the baby was alive while it was still in the mother. It is also an acknowledgment that an abortion kills a living baby. Thank you Dr. Grunebaum.

In 1981 World-famous geneticist, Dr. Jerome Lejune, testified before congress. He said in part: "At two months of age, the human being is less than one thumbs length from the head to the rump. He would fit neatly into a nut shell, but everything is there – hands, feet, organs, brain – all are in place. If you look closely, you would see the palm creases. Looking still closer with a microscope, you could detect the finger prints – every document is available to give him his national identity card! With the extreme sophistication of technology we have invaded his privacy. ... We now know what he feels, we have listened to what he hears, smelled what he tastes and we have really seen him dancing full of grace and youth. Science has turned the fairy-tale of Tom Thumb into a true story."

**Elizabeth Cady Stanton**, 19th century feminist said about abortion: "When we consider that women are treated as property, it is degrading to women that we should treat our children as property to be disposed of as we see fit."

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Have you ever seen photos of actual aborted babies? If not, we suggest you visit [www.Prolife.com](http://www.Prolife.com) to see how horrifying abortion really is. Yes, it is shocking, but I believe people should have all of the facts before they form an opinion.