

Week 7



Week 10



Week 8



Week 11



Week 9



- Day 1 - conception takes place.
- 7 days - tiny human implants in mother's uterus.
- 10 days - mother's menses stop.
- 18 days - heart begins to beat.
- 21 days - pumps own blood through separate closed circulatory system with own blood type.
- 28 days - eye, ear and respiratory system begin to form.
- 42 days - brain waves recorded, skeleton complete, reflexes present.
- 7 weeks - thumb sucking.
- 8 weeks - all body systems present.
- 9 weeks - squints, swallows, moves tongue, makes fist.
- 11 weeks - spontaneous breathing movements, has fingernails, all body systems working.
- 12 weeks - weighs one ounce.
- 16 weeks - genital organs clearly differentiated, grasps with hands, swims, kicks, turns, somersaults, (still not felt by the mother.)
- 18 weeks - vocal cords work – can cry.

- 97% of women having abortions reported experiencing pain during the procedure, [81] which more than a third described as "intense," [82] "severe" or "very severe." [83] Compared to other pains, researchers have rated the pain from abortion as more painful than a bone fracture
 - 81: American Journal of Obstetrics and Gynecology, Vol 133 No. 5 p. 489
 - 82: Health Care for Women International Vol 12 page 296
- Studies also reveal that younger women tend to find abortion more painful than do older adults, [85] and that patients typically found abortion more painful than their doctors or counselors expected. [86]
 - 85: Study by the journal Pain vol. 36 page 343
 - 86: Washington Post Jan 23 1983 p. A13
- COMPLICATIONS such as these are common, as are bleeding, hemorrhage, [88] laceration of the cervix, [89] menstrual disturbance, [90] inflammation of the reproductive organs, [91] bladder or bowel perforation, [92] and serious infection. [93]
 - 47% of all abortions result in some type of physical complication
 - 22% miscarried a later wanted child
- INFERTILITY/FUTURE MISCARRIAGE: curettage can damage the lining of the uterus and lead to permanent infertility. [94] Overall, women who have abortions face an increased risk of ectopic (tubal) pregnancy [95] and a more than doubled risk of future sterility. [96] Perhaps most important of all, the risk of these sorts of complications, along with risks of future miscarriage, increase with each subsequent abortion. [97]
- BREAST CANCER: A study of more than 1,800 women appearing in the *Journal of the National Cancer Institute* in 1994 found that overall, women having abortions increased their risk of getting breast cancer before age 45 by 50%. For women under 18 with no previous pregnancies, having an abortion after the 8th week increased the risk of breast cancer 800%
- EMOTIONAL "They report horrible nightmares of children calling them from trash cans, of body parts, and blood," Franz told the Congressional panel. "When they are reminded of the abortion," Franz testified, "the women re-experienced it with terrible psychological pain ... They feel worthless and victimized because they failed at the most natural of human activities -- the role of being a mother." [106]
- Women who have an abortion are six times as likely to commit suicide as those who instead choose life

Vacuum Aspiration

The cervix is dilated with metal rods. A plastic tube, called a cannula, is inserted into the uterus. The tube is connected to a machine which works very much like a vacuum cleaner.

Many women are not prepared for this procedure because they have been told it is quick and easy. Women have also been told that the pain they will feel is similar to menstrual cramps, but a little more painful. They are reassured that they will be given a local anesthetic. Despite the use of a local anesthetic, many women find this method extremely painful.

The suction is quite powerful. It must pull the fetus and the placenta from the wall of the uterus, and also cut them into small enough pieces to pass through the cannula and tubing. At this point the doctor must scrape the lining of the uterus with a sharp instrument called a curette. The doctor will then suction again to be sure that no fetal tissue or parts remain in the uterus.

If even a tiny piece of tissue remains in the uterus, severe infection can develop. This infection can lead to bleeding, cramping, fever, and even sterility. It may result in pelvic inflammatory disease (PID), an inflammation of the reproductive organs that can recur for years and cause scarring that makes it difficult to conceive a child. Infection may also be a sign that the uterus was injured. Surgery, and occasionally a hysterectomy, may have to be performed if prompt medical attention is not given to the problem.

Excessive, uncontrolled bleeding (hemorrhaging) can also occur during or after a suction abortion. The larger the fetus, the more of a chance there is of excessive bleeding, but any woman can suddenly start hemorrhaging during an abortion. Blood transfusions, which increase the risk of exposure to the HIV virus and hepatitis, may be needed.

There is also a risk that scar tissue will form in the uterus. During the pregnancy, the placenta roots itself into the wall of the uterus, and often after suctioning, the abortionist must scrape the wall of the uterus to remove all remnants of the placenta. This can leave areas where the normal uterine lining cannot grow again, making it difficult to conceive because the embryo cannot implant on the scar tissue.

Scar tissue may block the Fallopian tubes, either partially or completely. If the tubes are completely blocked, conception is impossible. If they are partially blocked, sperm may pass through the Fallopian tubes and fertilize an egg, but the zygote is then unable to leave the tube and move into the uterus. As the embryo starts to grow in the Fallopian tube, the woman may experience a great deal of pain. This condition is called an "ectopic" or "tubal" pregnancy. If the tube is not removed surgically, it will burst, resulting in internal hemorrhaging and possible death.

During the pregnancy, the uterus becomes softer, and easier to perforate. Perforations may be "mild to severe," and may also cause scarring and hemorrhaging. Remember which organs are nearby. If the abortionist is not careful, he can pull part of the intestine through the uterine wall. In the event of a perforation, it is sometimes necessary to remove the uterus to control bleeding.

Dilation and Curettage

Dilation and Curettage (D & C) is seldom used because the risks are higher than with vacuum aspiration. D & C is similar to the vacuum aspiration. The cervix is dilated so that surgical instruments can enter the uterus. Once the cervix has been sufficiently dilated, a curette is used to scrape the uterine wall to remove the placenta and any remains of the fetus.

This procedure takes longer to perform than suction aspiration, and anesthesia is almost always required. There is less bleeding and less chance of hemorrhaging, but in other ways the risks are greater. The cervix must be dilated more, thus there is a greater chance of damage to the cervical muscle. There is also a greater chance of the uterus being perforated.

Second- and Third-Trimester Abortions

Once the pregnancy is beyond 12 weeks, abortion becomes more difficult and the risks are greater. By 12 weeks, the baby has grown to about three inches long. The skeleton is hardening as bone replaces cartilage, and the skull is too large to pass through the cannula. The uterus is much larger, and there is a much greater chance of hemorrhaging. Four types of abortions are performed during the second and third trimesters: dilation and evacuation, saline instillation, prostaglandin, and hysterotomy.

Dilation and Evacuation

By 12 weeks the baby has grown to be about the size of a human palm. The bones are hardening, and the skull is too large to be passed through the cannula and tubing. The abortionist alternates between cutting and tearing the fetus into pieces and vacuuming out the contents of the uterus. The skull of the baby must be crushed with forceps and drawn out carefully, because the jagged pieces of bone can tear the cervix. This procedure is used most often in late abortions for two reasons: (1) it is believed to be safer for the woman, and (2) it ensures that the baby will be delivered dead. The risks of bleeding, infection, and perforation of the uterus are much higher than in a first-trimester abortion.

Post Abortion Depression/Suicide

symptoms that are common among post-abortive women.

- Depression: numbness, not being able to feel anything, withdrawal from others, frequent crying, suicidal thoughts or actions.
- Guilt and/or remorse: preoccupation with the baby, avoidance of pregnant women, babies, etc.
- Sleep disturbances: nightmares, sleeplessness, or sleeping too much.
- Anger, directed at themselves (leading to self-destructive behavior) or at others.
- Increased use of drugs, alcohol, food, etc., to escape the pain.
- Sexual dysfunction: decreased sexual desire, fear or anxiety every time a man touches her, pain with intercourse.
- Mourning: grieving over the child, often in dysfunctional ways, such as getting pregnant again to replace the child who was lost to abortion.