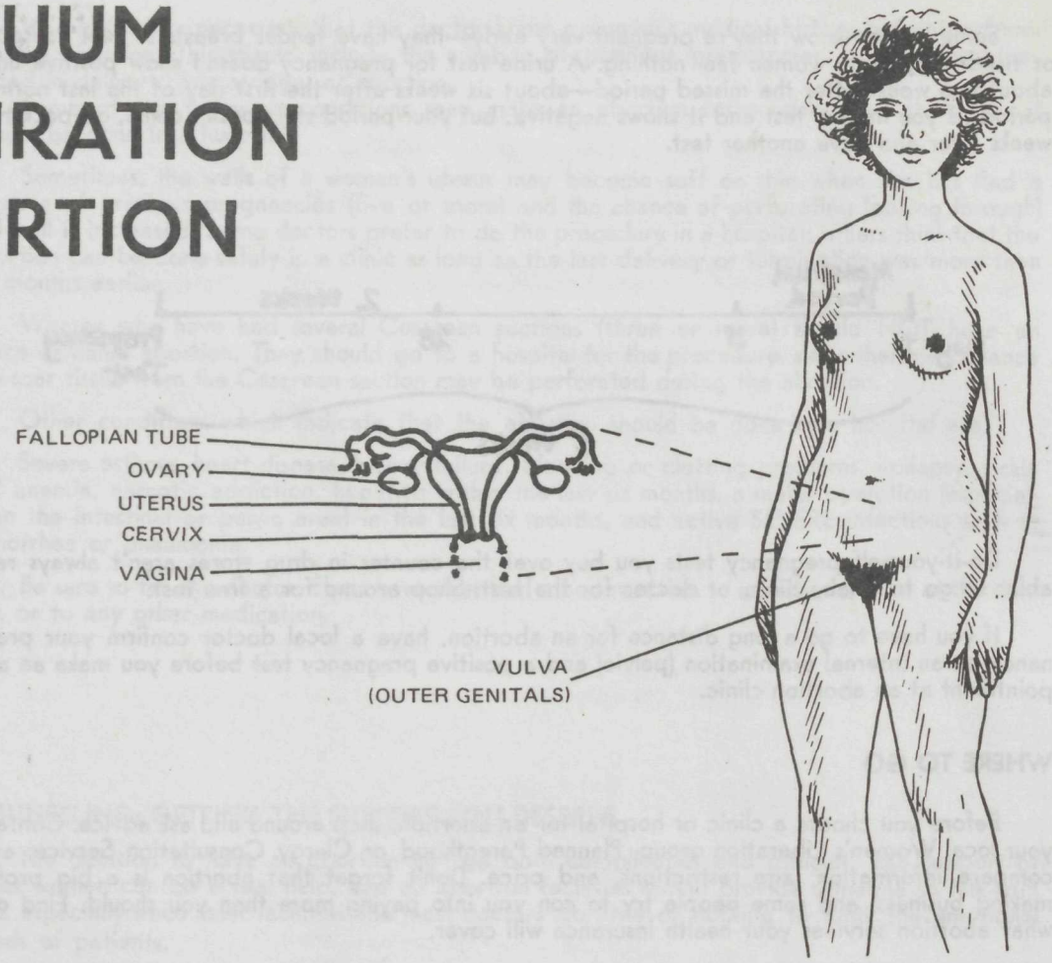
VACUUM ASPIRATION ABORTION

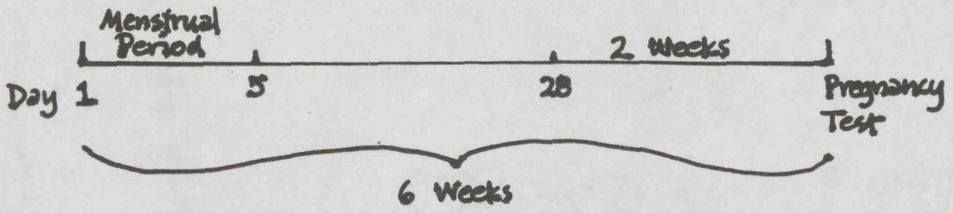


COMMON METHODS OF ABORTION

LENGTH OF PREGNANCY (from first day of last period)	METHOD	
5 to 17 days from missed period	MENSTRUAL EXTRACTION (Endometrial Aspiration) Contents of uterus removed by suction apparatus	
6 to 12 weeks	VACUUM ASPIRATION (Suction Curettage) Contents of uterus removed by suction apparatus. Performed in clinic, hospital or doctor's office. Local or general anesthesia.	D AND C (Dilation and Curettage) Contents of uterus scraped out. Performed in clinic, hospital, or doctor's office. Local or general anesthesia.
12 to 14 weeks	VACUUM ASPIRATION and D AND C occasionally performed. Risks are higher during these weeks. Should be done in hospital. General anesthesia.	
15 to 16 weeks	No safe method in use.	
16 weeks and over	SALINE INJECTION (Salting Out) Some amniotic fluid replaced by salt solution causing miscarriage. Performed in hospital. Local anesthesia.	HYSTEROTOMY (Mini-cesarean) Uterine contents removed by major abdominal surgery. Performed in hospital. General anesthesia.

KNOWING YOU'RE PREGNANT

Some women know they're pregnant very early—they have tender breasts or feel nauseous or tired—but many women feel nothing. A urine test for pregnancy doesn't show positive until about two weeks after the missed period—about six weeks after the first day of the last normal period. If you have a test and it shows negative, but your period still doesn't come, go back two weeks later and have another test.



Do-it-yourself pregnancy tests you buy over the counter in drug stores aren't always reliable; so go to a lab, clinic, or doctor for the test. Shop around for a free test.

If you have to go a long distance for an abortion, have a local doctor confirm your pregnancy by an internal examination (pelvic) and a positive pregnancy test before you make an appointment at an abortion clinic.

WHERE TO GO

Before you choose a clinic or hospital for an abortion, shop around and ask advice. Contact your local Women's Liberation group, Planned Parenthood or Clergy Consultation Service, and compare information, age restrictions, and price. Don't forget that abortion is a big profit-making business, and some people try to con you into paying more than you should. Find out what abortion services your health insurance will cover.

MENSTRUAL EXTRACTION

There is a new procedure being done on a limited scale called menstrual extraction (or endometrial aspiration). It is done between 5 and 17 days after a woman misses her period. It is a mini-suction (see next section for details on the suction method); the cervix (opening to the uterus) is not dilated (opened). It is over quickly and is usually less painful than any other method. If you do feel pain, you should request a local anesthetic. It ends the pregnancy if you have conceived, and, so far as is known, no problems arise if you are NOT pregnant. The cost is $25-$50.
It should NOT be used as a routine method of birth control, and it should not be used too frequently. Be sure to ask for the report from the lab which examined the tissue. If you are not pregnant, it is an unnecessary medical procedure, and you should investigate why your period was late.

VACUUM ASPIRATION ABORTION

The vacuum aspiration method (sometimes called suction curettage) is generally performed by physicians, although nurses or other health workers could be trained to perform the procedure under medical supervision. A vacuum aspiration abortion can be safely done in a **properly equipped** doctor's office, clinic or hospital on the vast majority of women up to approximately 12 weeks from the first day of the last menstrual period.

The procedure may be done under local anesthetic (the woman is awake but her cervix is numbed) or under general anesthetic (the woman is asleep). For patients with complicated medical histories or patients who are extremely anxious, general anesthesia is often better. Most abortions done in doctors' offices or free-standing clinics use local anesthesia. What is best varies from woman to woman and from facility to facility and should be discussed with the referral group or the doctor.

BEFORE THE ABORTION PROCEDURE

It is absolutely necessary that the doctor know a woman's medical history before performing the abortion. This should include the number of **previous pregnancies** and whether they ended in delivery, miscarriage, or abortion.

Some of the following conditions **may** make an abortion rather risky, and therefore, it should be done in a hospital:

Sometimes, the walls of a woman's uterus may become soft or thin when she has had a number of previous pregnancies (five or more) and the chance of perforating (poking through) the wall is increased. Some doctors prefer to do the procedure in a hospital; others think that the abortion can be done safely in a clinic as long as the last delivery or termination was more than six months earlier.

Women who have had several Cesarean sections (three or more) should NOT have an office or clinic abortion. They should go to a hospital for the procedure, since there is a chance the scar tissue from the Cesarean section may be perforated during the abortion.

Other conditions which indicate that the abortion should be done in a hospital are:

Severe asthma, heart disease, kidney failure, bleeding or clotting problems, epilepsy, sickle cell anemia, narcotic addiction, hepatitis within the last six months, a major operation (especially in the intestinal or pelvic area) in the last six months, and active SEVERE infections such as gonorrhea or pneumonia.

Be sure to tell the doctor if you have ever had a bad reaction to anesthesia, even at the dentist, or to any other medication.

COUNSELING: GETTING THE SUPPORT YOU DESERVE

The decision to have an abortion can be both complicated and difficult. The support of other women can be a real help, and all abortion facilities should provide someone to talk with you, especially since most facilities and most doctors do little or nothing to fulfill the emotional needs of patients.

At the clinic, counseling in groups and/or individually should include an explanation of the abortion technique, instructions on care after the abortion, and discussion about your plans for birth control afterward. When abortion was first made legal, counseling was introduced to help women deal with conflicts and worries about abortion. Now that abortion is a more common procedure, such counseling isn't always needed.

The counselor often stays with you during the procedure. The support of another woman by your side, speaking to you, explaining what is going on, or just holding your hand can make the procedure go more easily.

After it's over, don't hesitate to keep asking questions if you have them. Counseling and support should be available as a part of all abortions and many other procedures as well. Too often, it is left out.

TESTS

Some tests are advisable before an abortion. Naturally, a pregnancy test should be positive. Other tests routinely performed at the abortion clinic may include: blood clotting time, hemoglobin and hematocrit (the last two show if a woman is anemic—loss of blood in a woman with severe anemia is dangerous). You may also haveyour blood typed (for example, A,B or O) and/or a sickle cell test. Venereal disease (gonorrhea and syphilis) tests should be a routine part of abortion testing.

If a woman has Rh negative blood (and the man is Rh positive), the fetus may be Rh positive. There is a small but real possibility that during the abortion fetal blood may mix with the woman's. If so, she may build up antibodies that will react against a fetus in a **future Rh positive** pregnancy. To prevent this, the woman's Rh blood type is tested before the abortion. If she is negative, she is given a shot of a blood derivative called **Rhogam** within 72 hours after the procedure. If the man is also Rh negative or the woman doesn't want any children in the future, there is no need to have the shot. It costs $40-50.

THE PROCEDURE

It is better not to eat for eight hours before the procedure to minimize discomfort and possible nausea from any drugs you may be given. But you can have hard candy or drinks containing sugar.

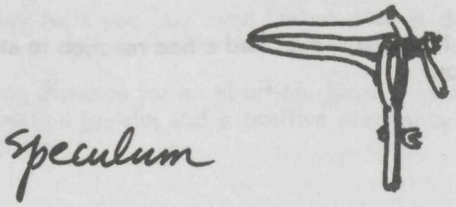
The woman's blood pressure should be taken before, during, and after the procedure. A change in the blood pressure can indicate internal bleeding if the uterus has been damaged.

The procedure is done with the woman lying down on the examining table with her feet in stirrups or her legs suported by knee pads.

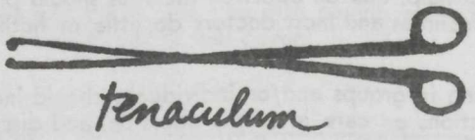
The doctor then performs a **bi-manual** exam, inserting two fingers into the vaginal canal, holding the cervix with his/her fingers, and placing the other hand on the top of the abdomen to feel the size and position of the uterus.

At this point the woman may be given a tranquilizing injection to help her relax and/or an intravenous drip (I.V.) into her bloodstream. The drip usually contains a glucose (sugar) mixture or pitocin, a hormone that helps the uterus contract to its original size after the fetal material is removed.

The vaginal area is thoroughly cleaned with antiseptic solution. It is unnecessary to shave off the pubic hair.



The doctor then inserts an instrument called a **speculum** which keeps the walls of the vagina apart and allows a good view of the cervix (the mouth or opening of the uterus). This does not hurt, but it can feel like pressure.

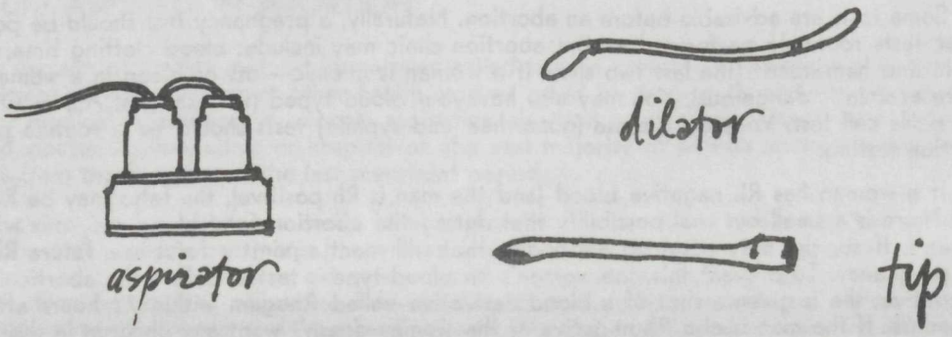


The cervix is then grasped with a **tenaculum** (which feels like a slight pinch). The tenaculum will be held throughout the rest of the procedure to keep the cervix steady.

A **paracervical block** (local anesthetic), usually xylocaine or novacaine (a substance similar to that used in a dentist's office), is injected into the cervix. This numbs the cervix. The injection is relatively painless, as the cervix is a muscle and has few nerve endings in it.

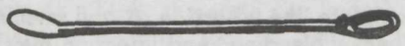
The cervix is then dilated (opened) slowly with sterile, generally stainless steel, instruments called **dilators.** They are from 6 to 12 inches long and vary in diameter from the size of a matchstick to the width of a piece of chalk and are slightly curved on the ends. The cervix is dilated with the smallest dilator first and then with larger and larger dilators until it is opened wide enough for the tip of the aspirator to enter the uterus.

A woman may experience what feels like very heavy menstrual cramps while the cervix is being dilated. If the cervix has been dilated before (e.g., during miscarriage, delivery, or previous abortion), the cramping is usually less. Dilation usually takes less than two minutes.



The aspirator or suction machine consists of a vacuum-producing motor connected to two bottles. A hollow tube several feet long is attached to the bottles. A variety of different sized sterile hollow tips can fit on the end of this tube. These tips are either stainless steel or disposable plastic and are approximately 6 inches long. The diameter of this tip varies with the length of the pregnancy.

This tip is inserted through the open cervix into the uterus. The machine is turned on, and the fetal material is removed by gentle pulling on the uterine walls and drawn through the tip, through the plastic tube, and into the bottle.



curette

The abortionist may use a **curette** (a rod-shaped instrument with a triangular or spoon-shaped end) to make sure all fetal material has been removed by gently scraping the uterine walls.

The aspiration generally takes two to five minutes. As the uterus is emptied of fetal material it contracts back to its original size, and these muscle contractions may cause quite strong cramps, which generally subside 10 to 30 minutes after the procedure is over.

After an abortion with local anesthesia you should rest for at least an hour. After general anesthesia, the recovery time depends on how you feel and the hospital or clinic policy.

The fact is that there is a certain amount of pain involved in an abortion. The amount of pain a woman feels depends on several things: the doctor's technique (particularly how well he gives the anesthetic), the woman's particular pain threshold which can vary widely with different women, and very significantly, the woman's psychological frame of mind.

Women who have been told frightening stories about the dangers of illegal abortions done by butcher techniques; women who have been made to feel guilty over exercising their RIGHT to have or not to have children; or women who would like to have a child but cannot do so because of financial or other reasons may be especially anxious and find the procedure more painful.

POSSIBLE COMPLICATIONS

The chance of complications from an aspirator abortion is very low. Based on New York City Board of Health figures for abortions performed on 228,000 women, complications resulting from vacuum aspirations occurred in just slightly more than 3 out of every 1,000 women.

Hemorrhage

Hemorrhage (loss of more than one pint of blood) may be caused by laceration (scratching) or **perforation** of the uterine wall or failure of the uterus to contract. Perforating the wall of the uterus with dilator, aspirator tip, or curette may cause hemorrhage.

Hemorrhage can occur during or after the procedure. It should not be confused with the normal spotting or flow (similar to a normal period) which follows the abortion and which may be present for two to three weeks after the abortion. Heavy bleeding (approximately twice the flow of the woman's normal period), often accompanied by heavy clotting, may indicate that all the fetal material was not removed or that the uterus has not contracted down to normal size.

Infection

Another complication is **infection** which may result from unsterile methods, from a lowered resistance after the abortion which allows already present infecting agents to spread, from tissue left in the uterus which breeds germs, or from germs entering through the vaginal canal or tampons, through douching, or having intercourse before the uterus has had a chance to heal totally. An infection may also be started if the uterus is perforated, allowing germs to spread to other internal organs.

A temperature of over 100.5°, heavy cramping, nausea, or vomiting are all danger signs which can warn of infection.

Perforation

Occasionally one of the instruments may poke through the uterine wall, making a small hole or **perforation.** These generally heal themselves with time. If a large perforation occurs, the doctor generally knows right away by the amount of bleeding and pain during the procedure and recovery time.

Incomplete Abortion

The doctor may also fail to remove all the fetal material in which case a woman may need to be admitted to a hospital for a D and C (dilation of the cervix and curettage or scraping of the uterus) to complete the abortion. A foul smelling vaginal discharge, cramping, nausea, vomiting, prolonged heavy bleeding, and infection may indicate a possible **incomplete** abortion.

Hemorrhage occurs in about 1.2 out of every 1,000 women; infection accounts for complications in 1 out of every 1,000 women; perforation in 2.4 of every 1,000 women; and retained tissue (incompletes) in about 1.2 of every 1,000 women having aspiration abortions.

Treatment for complications should be the responsibility of the facility where the abortion was done, with no added expense to the woman.

AFTERCARE

Before you leave the abortion facility, you should be given a sheet of instructions about how to care for yourself in the next few weeks. It should include a phone number where you can reach the doctor who performed the abortion. If you are worried or anxious, don't hesitate to call for advice. You should see a doctor for a checkup after two weeks.

Medication

Some doctors prescribe **ergotrate** or other drugs which help the uterus contract back to pre-pregnant size (this helps prevent infection and bleeding). Other doctors only prescribe this drug if the uterus was quite large or if there was a good deal of bleeding during the procedure.

Ampicillin, tetracycline, or some other antibiotic may be prescribed. Some doctors think this medication prevents infection, but others don't prescribe it because they think an antibiotic just covers up symptoms that may require further treatment.

If infection (temperature of more than 100.5°) or bleeding (more than twice her normal period) should occur, the woman should stop any strenuous activity and contact a doctor immediately. Normally a woman can go back to her normal activities as soon as she feels well enough after she leaves the facility.

To prevent infection: Don't douche or use vaginal deodorants,

Don't take tub baths,

Don't use tampons,

Don't have intercourse (oral, manual or genital)

For two weeks after the abortion.

Two weeks after the abortion is the time to have a checkup.

Abortion does NOT make it more difficult to get pregnant again. In fact, you can get pregnant right after an abortion, so don't have intercourse until you have some form of contraception. The diaphragm with jelly, birth control pills, the IUD, and condom with foam are the best methods. Foam alone, withdrawal, using the 'safe period' (rhythm), or douching usually won't keep you from getting pregnant again.

NOT JUST A MEDICAL PROCEDURE

Abortion is more than a medical right, it's one of the ways we control our lives. It is a social and political issue.

As you know, on January 22, 1973, the U.S. Supreme Court ruled that women have a right to abortion. The Court decided that:

—in the first 12 weeks of pregnancy, the state cannot restrict abortion. The decision to have an abortion is to be made by the woman and her doctor.

—in the second trimester (weeks 13-24), the state can impose restrictions in areas that are "reasonably related to maternal health," such as restrictions on medical facilities and persons that perform abortions and on abortion procedures.

—in the third trimester (24 weeks to term), the state can, if it chooses, prohibit or place restrictions on abortion. But the state cannot prevent an abortion if the physical or mental health of the woman is in jeopardy.

This argument is based on the 9th and 14th Amendments to the U.S. Constitution. The Court extended the "right to privacy" to include a woman's right to terminate her pregnancy.

There is no doubt that this decision is a victory for all women. But we have learned from our experience in New York City where abortion has been legal for several years that we must keep watch on the way abortions are provided.

— We must beware of unskilled abortionists.

— We must watch for restrictions that are built into state laws, into local regulations, or into hospital procedures. We must make sure that they are in the BEST INTERESTS OF WOMEN.

— We must be aware that businessmen (often doctors) in the multimillion dollar abortion business will use this law to make profits without necessarily meeting our needs as women. Vacuum aspiration abortions in New York cost between $100 and $200; saline abortions cost from $300 to $400, and they could cost much less.

We must keep watch for profiteering of every sort. Report any abuses you encounter to your local Women's Liberation groups, Planned Parenthood, or Health Department.

— We must be aware that economists and population controllers may try to use legalized abortion to pressure women (especially poor women) who **want** babies to have abortions. For example, women have been led to believe that welfare departments can refuse aid to women who do not agree to an abortion. This is illegal. Any woman who feels that an agency or institution is pressuring her to have an abortion against her will should contact a local Women's Liberation group, Welfare Rights Organization, or sympathetic consumer or legal group.

— We must see abortion as only one aspect of the quality health care we need to control our bodies.

— We must make it clear that control of our bodies means the RIGHT TO BEAR CHILDREN as well as the right not to, and that we need free maternity care, paid maternity leave, and free comprehensive day care.

The fact that there are unwanted pregnancies is only a symptom of how society has alienated us from our bodies. The fact that there is no truly adequate form of birth control and that we must keep such close watch on profiteering doctors are only two examples of how little the medical industry cares about our needs and rights.

It is not enough to have the 'legal' right to abortion. It is not enough to lower slightly the price of abortion to any other medical procedure. These successes must be a part of an ongoing struggle by women to ensure that this society changes to meet everyone's needs.

Health Organizing Collective
of Women's Health & Abortion Project.
577 Sixth St.,
Brooklyn, N.Y. 11215

Second Revision 5/73

Other pamphlets available.
Saline Abortions
The Gynecological Check Up
Infections of the Vagina
Venereal Disease