

YOUR RIGHT TO KNOW

M A G A Z I N E

YOUR BODY, YOUR RIGHT TO KNOW

options / evidence-based information / support





Experts suggest several key ways to take care of yourself during a crisis: avoid making major life decisions; engage in enjoyable and healthy activities regularly; ensure you get enough food, water, and sleep; seek emotional support; stay connected with safe people. You have already taken important steps in managing and navigating this experience. Give yourself credit for this and be gentle on yourself through this season.¹

Scientists and medical professionals use a variety of terms to describe preborn humans during their development: fertilized egg, embryo, fetus, baby, etc.

For simplicity, we will use the term “baby” throughout this magazine.

YOU ARE NOT ALONE.

YOU ARE STRONGER THAN YOUR CIRCUMSTANCES



People might offer you their opinions on what you should do, but it's crucial to trust your own feelings in this situation rather than just following others' advice. Before acting on someone else's suggestions, ask yourself, "Is this the best choice for me right now?" If you're unsure, take your time to make a decision that's truly healthy for you. ²

Your pregnancy might be the result of a situation you didn't choose, and it's not your fault. You might feel scared, sad, or hopeless and be tempted to escape your circumstances. Regardless of what you're facing, remember that you are stronger than your situation and you don't have to navigate this alone.

You have the right to decide the outcome of your pregnancy. No one can legally force or coerce you to have an abortion you don't want.¹⁰ Talk with someone who will respect your choice. Not sure how serious your situation is? Speak with one of our patient advocates.

Choose with confidence before you make a decision regarding this pregnancy. You have the right to complete and accurate information on abortion procedures, parenting resources, and adoption. This magazine is designed to help you think through and process the information and your options.

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MY RIGHTS

After Roe

The overturning of Roe did **NOT** make abortion illegal in the US; it gave the states the ability to enact law regarding abortions.³

State laws can and do change. Abortion is currently NOT legal in Texas unless the mother's life is at risk.⁴

Under Texas law, it is NOT LEGAL to provide abortion pills or abortion-inducing drugs by mail. In addition, you should obtain a sonogram and recommended wellness labs prior to having an abortion.^{5,6}

A woman who obtains an abortion (or a woman who has previously obtained an abortion) **CANNOT** be prosecuted or sued. A woman who obtains an abortion will **NOT** be denied medical care due to complications from the abortion.⁷

The overturn of Roe does **NOT** affect access to emergency contraception or birth control.⁴

Ectopic pregnancy care is **NOT** affected by the overturning of Roe. A woman will not be denied medical care for an ectopic pregnancy.⁴

IVF treatment is **NOT** affected by the overturning of Roe.⁸

A miscarriage is **NOT** an elective abortion. A woman will **NOT** be denied medical care for a miscarriage.⁴



References: Texas Health and Safety Code Title 2, Subtitle H, Chapters 170A and 171.

WHAT DO I NEED TO KNOW?

INFORMED DECISION CHECKLIST

○ **AM I PREGNANT?**

Home pregnancy tests are not always accurate. Get your pregnancy confirmed by a medical professional. An ultrasound can tell us if the baby is in the uterus, if the pregnancy is progressing, and how far along you are.

○ **ASK: WILL I FEEL PAIN?**

People experience physical pain differently. A survey of women who had medical abortions at home found that about half experienced more pain than they thought they would. You can assess your own pain tolerance based on past experiences. Pain relief options during a surgical abortion typically include local anesthesia, sedation, and sometimes general anesthesia, which may increase both cost and risk.⁹

○ **ASK: WHAT FEELINGS CAN I EXPECT AFTER THE ABORTION?**

Many women experience initial relief, but months and even years later some struggle with their decision. If this is you, contact us. We are ready to help.

○ **DO I UNDERSTAND THE POTENTIAL RISKS?**

Every medical procedure, including abortion, carries the risk of complications.

You also have the right to:

- 1) Get an explanation of the abortion procedures available
- 2) Assess all risks and side effects, and
- 3) Learn about other options for your pregnancy

○ **FIND A CLINIC THAT OFFERS BOTH SURGICAL AND MEDICAL ABORTIONS.**

One way to prioritize your health when choosing an abortion clinic is to select one that offers both surgical and medical abortion. This helps ensure that the clinic has a full medical staff.

○ **DO I KNOW MY RIGHTS AS A MINOR?**

No one can legally force you to have an abortion, including your parents or the father of the baby. The decision you make must be voluntary and non-coerced. If you are being pressured to get an abortion you don't want, contact us, 911, or call 210-614-7157¹⁰

○ **HAVE I CONSIDERED ALTERNATIVES TO ABORTION?**

Abortion might seem like the best option for your current situation, but it's worthwhile to explore other possibilities. Some women who initially consider abortion find joy in becoming mothers, while others who aren't ready for parenting but aren't comfortable with abortion choose adoption as a brave alternative.

○ **DO I KNOW WHAT TO DO IF I CHANGE MY MIND?**

Abortion is your choice, and you can change your mind at any point before the procedure begins. Women have decided to leave after starting the process or even after taking the first set of pills for a medical abortion (see page 13). This is a decision that will impact you for the rest of your life, so don't let anyone pressure you.

○ **DO I KNOW MY BLOOD TYPE?**

Pregnant women who are Rh negative should receive an injection of RhoGAM[®] to prevent the formation of antibodies that may harm current or future pregnancies.¹⁶

○ **HAVE I RECEIVED BACKGROUND INFORMATION ABOUT THE ABORTION PROVIDER?**

If you schedule an abortion, ask for the name of the doctor or healthcare professional in charge. Find out if they are licensed, board-certified, and if there are any malpractice cases or disciplinary actions against them. You can check online at: www.docinfo.org

○ **DO I KNOW HOW THE CLINIC HANDLES COMPLICATIONS DURING A PROCEDURE?**

Ask if the abortion doctor has admitting privileges to a hospital nearby if an emergency occurs. Make sure the clinic has a plan to provide any follow-up or emergency care if complications arise during or after the procedure.

○ **HAVE I BEEN TESTED?**

Have I been tested for STD/STIs? Pelvic infections can occur after an abortion. Any surgical procedure can be complicated by infection. Individuals may carry an STI and not know it because they often do not have symptoms.^{12, 13, 14, 15}

FIRST TRIMESTER⁸⁸

4 WEEKS LMP

5 WEEKS LMP

6 WEEKS LMP

7 WEEKS LMP

8 WEEKS LMP

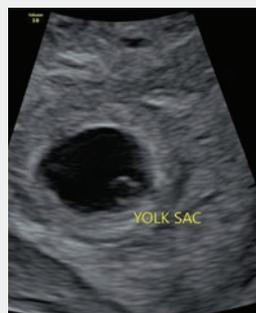
At 4 weeks from your last menstrual period (LMP), you have likely just taken a pregnancy test after a couple days with no period. Along with the rapid physical changes that your body is making in early pregnancy, you are probably feeling an array of different emotions: mostly shock, some fear, possibly anger, and more disbelief.

Your baby is scientifically referred to as an embryo. **The cells that will become vital organs, such as the future heart and brain, are developing.** The blood vessels begin to form. Your baby's weight is less than 1 ounce and length is around .31 centimeters (cm).^{37, 38, 39, 40}

5 weeks 1 day



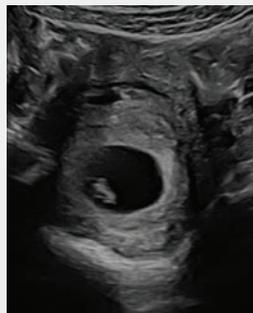
At 5 weeks LMP the gestational sac has formed. This is a week of rapid development, and as early as 5 weeks 5 days, cardiac activity can be visible. The yolk sac, which feeds baby in early development, is also developing.^{37, 38, 39, 40, 41, 42}



5 weeks 4 days

By 6 weeks your baby's heart begins to form and starts to beat. The brain and the spinal cord begin to form. **The lungs, liver, stomach and other major organs** begin developing. The arm and leg buds (the structures that will become the limbs) are present. The eyes and ears begin to form. Your baby is around 0.6 cm.⁴³

6 weeks 5 days



At 7 weeks your baby is 1 cm long from head to bottom. This measurement is called the crown-rump length. The brain is growing rapidly and this results in the head growing faster than the rest of the body. The embryo has a large forehead, and the eyes and ears continue to develop. The limb buds start to form cartilage, which will develop into the bones of the legs and arms. The arm buds get longer and the ends flatten out - these will become the hands. Nerve cells continue to multiply and develop as the brain and spinal cord (the nervous system) begin to take shape.^{37, 38, 39, 40}

8 weeks 1 day



Now at 8 weeks, your baby's developing heart beats with a regular rhythm. **Facial features — the eyes, nose, lips and tongue — start to form.** All essential organs have begun to form. The spinal nerves begin to develop. The brain continues to develop. The arms and legs grow longer. The fingers and toes are developing. Sex organs are beginning to form. Your baby is 1.27 cm long.⁴³

At conception, a unique individual is created, with their gender, hair, and eye color already determined. During the first 7 days, this new life grows and travels toward the uterus. It is loaded with stem cells full of potential: ready to form every part of their body.^{44, 45}

BABY DEVELOPMENT⁸⁸

9 WEEKS LMP

10 WEEKS LMP

11 WEEKS LMP

12 WEEKS LMP

13 WEEKS LMP

During week 9, the baby's eyelids are fully formed, have fused shut, and will open again during week 28. All the baby's joints, including the knee, elbow, shoulder, ankle, and wrist joints, are working and allowing the baby to move about freely within the amniotic sac. Your **baby's heart has divided into four chambers**, and the valves are beginning to develop. Your baby can also make a fist and may begin sucking his/her thumb.^{37, 38, 39, 40}



9 weeks 2 days

By 10 weeks, your baby has his or her first spontaneous movements (movements that happen on their own). Elbows are formed, and fingernails appear. External ears begin to take final shape, and facial features continue to develop. Cells that sense touch begin to form. The nerves that will control your baby's organs are formed. Activity in your baby's brain can be recorded. After the end of this week, the baby is scientifically referred to as a fetus.⁴³

Your baby is about 3.17 to 3.8 cm from head to bottom.



11 weeks

Your baby is now around 4 cm long from head to bottom, which is about the size of a fig. The head is still supersized, but the body is growing quickly. The fingers and toes are separating out. **There are tiny fingernails and miniature ears.** Although your baby is kicking around inside your womb, you probably won't feel anything for several more weeks.^{37, 38, 39, 40}

At 12 weeks, your baby moves but you cannot feel the movements. All the body parts and organs are present and growing. The heartbeat can be heard with an electronic device. The baby grows rapidly. The body grows longer, and the neck lengthens. Fingernails appear. Teeth buds begin to form. Your baby weighs about half an ounce and is about 6.35 cm long from head to bottom.

See 37, 38, 39, 40, 45



13 weeks

This is the last week of the first trimester. At 13 weeks pregnant, your baby is around 7.4 cm and tiny bones are beginning to form in his/her arms and legs. **Vocal chords are forming** and the baby's eyes continue to develop. Ten tiny fingers are developing ridges that will hold baby's everlasting and unique fingerprints. They will be fully formed in the next few weeks.^{37, 38, 39, 40}

Scientists still debate when a preborn baby starts to feel pain. Some believe that the baby can only react involuntarily to pain. However, substantial research indicates that babies in the womb do experience pain, impacting their life even after birth.⁴⁷

BABY DEVELOPMENT CONTINUED

28 weeks



SECOND TRIMESTER: WEEKS 13-26

Month 4:

Taste buds form, gender differences in behavior can be depicted: females move their jaws more often than males. Poking a needle in the baby's abdomen causes a stress hormone to release. Research suggests that at 15 weeks gestation, the baby can experience pain.^{44, 46}

Month 5:

Hair begins to grow. The inner ear is fully developed & the fetus can respond to a growing range of sounds.⁴⁸

Month 6:

This is considered the age of viability because survival becomes possible for babies born around this point.⁴⁹



THIRD TRIMESTER: WEEKS 27-40

Month 7:

The baby can produce tears. Your baby's lungs, digestive system, brain and nervous system are formed and continue to develop.⁵⁰

Month 8:

Babies put on weight in the last few weeks of development. Fingernails and toenails are present.⁵¹

Month 9:

Your baby's lungs and brain are rapidly developing in the last few weeks of pregnancy. Baby is fully developed and considered full-term and is ready to be born!⁵¹



THE ABORTION PILL

THE FEDERAL DRUG ADMINISTRATION (FDA) HAS ONLY APPROVED CHEMICAL ABORTION THROUGH THE FIRST 10 WEEKS OF PREGNANCY.



Medical abortion uses medicine to end a pregnancy instead of surgery and is used early in pregnancy –70 days (10 weeks) or less from the first day of your last menstrual period. This method should be done under a doctor's supervision. The medicines used for a medical abortion cause bleeding, cramping and passing of the baby and other tissue. In some cases, excessive bleeding may require blood transfusions, treatment with medication, surgery or saline transfusions. Severe infection is a known risk following a medical abortion.^{43,66}

When having a medical abortion, your doctor will give you mifepristone (formerly called RU-486 and sometimes referred to by the brand name Mifeprex®) during an office visit. It is taken by mouth in the clinic. Your doctor or pharmacist will typically send you home with a second medication called misoprostol, which is taken 24–48 hours later. After placing the misoprostol inside your cheeks or under your tongue, or inserting the pills vaginally, you will have vaginal bleeding and pass clots, the baby and all remaining uterine contents. Misoprostol causes the uterus to contract, cramp and bleed and may cause nausea, diarrhea and other side effects. Bleeding usually lasts 9–16 days and may last up to 30 days.^{43,67}

THE DETAILS

The abortion pill (also known as Mifeprex, mifepristone, or RU-486) uses two drugs and is approved by the Food and Drug Administration (FDA) for use in women up to 70 days (10 weeks) after their last menstrual period (LMP). However, it is used “off label” beyond 10 weeks. This method is the most common form of medical abortion. ^{61, 62, 63}

How does it work?

Mifepristone blocks the effect of the hormone progesterone, which is necessary for the continuation of pregnancy. The baby’s connection with the uterus is lost, usually causing his or her death over the next few days. ^{64, 65, 67}

On the first day, mifepristone is swallowed. 24 - 48 hours later, misoprostol tablets are taken. This drug causes cramping that expels the baby. Cramping can be intense, and bleeding typically lasts one to two weeks. By 10 weeks LMP, the growing baby is over one inch in length with clearly recognizable arms, legs, hands, and feet. ^{39, 90}

It is critical that follow-up care occurs one to two weeks after taking the first pill to determine if the procedure is complete and to assess whether there are complications.

Typical side effects include severe cramping/abdominal pain, bleeding, nausea, weakness, fever and chills, vomiting, headaches, diarrhea, and dizziness. ^{45, 69}

What are the risks? ^{17, 70, 91}

Information on adverse events related to the abortion pill is limited for several reasons. Provider reporting of complications is voluntary, and women may not always disclose their abortion when seeking follow-up care. These factors, among others, make collecting accurate statistics challenging. While reported data suggests that the risk of death is low, serious complications can still occur. Due to these risks, the abortion pill is available only by prescription. Federal regulations require abortion providers to inform patients about the potential for serious complications and how to manage them. The percentage of all abortions that are performed using medication goes up each year, meaning that more and more women will be at risk for these complications.

Bleeding: Vaginal bleeding normally lasts for 9-16 days but 1% of women bleed enough to require a D&C to stop the bleeding. ⁷¹

Infection: According to the FDA, since 2000 a very small percentage of U.S. women have died of sepsis (an overwhelming total body infection) after taking the abortion pill. Physicians are alerted to consider this complication in any woman who feels ill after taking the abortion pill. ^{55, 72}

Undiagnosed ectopic pregnancy:

The abortion pill will not end an ectopic pregnancy (when the embryo attaches outside the uterus, usually in a fallopian tube). ⁷³

If this condition is not treated early, there could be a risk of the tube bursting, internal hemorrhage, and sometimes death.

Failed abortion: The abortion pill regimen doesn’t always cause an abortion, or it is incomplete, meaning that pregnancy tissue remains inside the uterus. A failed abortion means that the pregnancy is unintentionally continuing. Some women opt to continue their pregnancies when this happens. A surgical abortion is usually done for an incomplete or failed abortion. Failed and incomplete rate increases with advancing gestational age. ^{72, 73}

Risk of fetal malformations: There is no evidence that mifepristone causes fetal abnormalities, but research links misoprostol (the second drug) used during the first trimester with a small risk of certain types of malformations in pregnancies that continue. ⁷⁴

Because of these risks, abortion providers are required to warn patients to seek immediate medical care for: ^{55, 75}

- Sustained fever, severe abdominal pain, prolonged heavy bleeding, or fainting
- Symptoms that last more than 24 hours after taking misoprostol: abdominal pain/discomfort, “feeling sick,” weakness, nausea, vomiting or diarrhea, with or without fever
- These symptoms could be a sign of serious complications, or just expected side effects.

ABORTION PILL FAILURE RATE ^{43, 85}

Gestational Age	Less than 49 days LMP	50-60 Days LMP	57-63 Days LMP	64-70 Days LMP (10 Weeks)
Percentage of Complete Abortion	98	97	95	93
Failure Rate Percentage	2	3	5	7
Estimate of Failed Abortions Annually ⁸⁵	9,800 Women Affected	14,800 Women Affected	24,600 Women Affected	34,500 Women Affected

COMPLICATIONS & RISKS: ^{72, 53, 54}

- See baby parts expelled
- Incomplete abortion
- Life-threatening bleeding (see pg. 14)
- Undiagnosed ectopic pregnancy
- Life-threatening infection

WHO SHOULD **NOT** TAKE THE ABORTION PILL? ^{43, 72}

Women who:

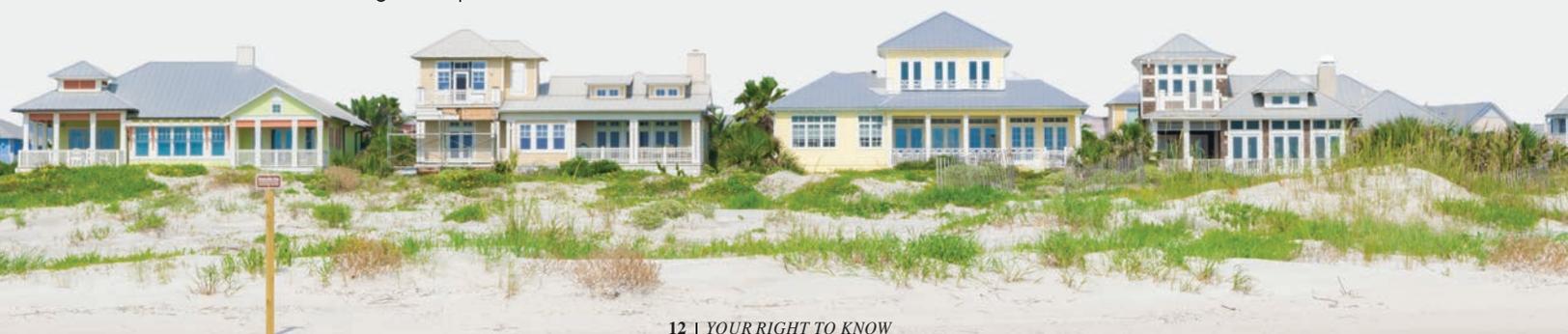
- Have or may have an ectopic pregnancy
- Have an IUD
- Are long-term steroid users
- Take blood thinners
- Have chronic adrenal failure
- Have a bleeding disorder
- Are over 10 weeks pregnant
- Have previously had a cesarean section

ABORTION PILL REVERSAL: ⁸⁵

- After taking the first pill, some women regret their choice and want to reverse it.
- Using the natural hormone progesterone, medical professionals have been able to save 64-68% of pregnancies through abortion pill reversal.
- Call 877-558-0333 to begin the process.

TRAVELING OUT OF STATE FOR AN ABORTION? TO PROTECT YOUR HEALTH & SAFETY, HERE'S WHAT YOU MIGHT BRING:

- A support person who will be able to drive you to the ER if needed, and will comfort you through hard moments such as vomiting and intense cramping/bleeding
- Feminine wipes or fragrance-free baby wipes for easy clean up
- Phone and charger
- Pads
- Cozy items (blankets, fuzzy socks)
- An extra pair of underwear and clothes (sweatpants are great)
- Tylenol – avoid ibuprofen as it can increase bleeding
- Snacks
- Fluids such as water and Pedialyte
- A heating pad



ONLINE ABORTION PILL? *DOING IT YOURSELF IS RISKY*



WHAT ABOUT JUST MISOPROSTOL?^{58, 59, 60}

This drug is a prostaglandin (a group of lipids with hormone-like actions that your body makes primarily at sites of tissue damage or infection) and was FDA approved to reduce risk of stomach ulcers in people taking anti-inflammatory drugs, but is used off-label to cause abortions.

How does it work? Misoprostol causes the uterus to contract. Given in repeated doses inserted vaginally, or placed beneath the tongue, your body will cramp and expel the baby.

What are the risks? Failed abortions occur at a higher rate when done with one medication than the complete abortion pill regimen. When an abortion fails or is incomplete, a surgical abortion is usually performed. Compared with the abortion pill, misoprostol abortions cause a greater number of women to experience complications like hemorrhage, nausea, vomiting, diarrhea and fever.⁸⁹

The abortion pill is distributed under strict safety regulations. Buying these medications online can be risky as it avoids crucial health safeguards. Because drugs purchased online are not the Food and Drug Administration (FDA) approved versions of the drugs, these pills often lack FDA approval and manufacturing controls, leaving their contents uncertain.

Some websites offer instructions for performing a self-administered abortion, but following these guides can be very dangerous and may or may not end your pregnancy.^{55, 56}

WHAT?

The Abortion Pill:
Mifeprex, Mifepristone,
RU-486

WHEN?

Up to 10 weeks LMP

HOW?⁷³

Day 1: Swallow mifepristone, eventually causes baby's death

Day 2 or 3:

Take misoprostol, cramping expels baby

Day 7 to 14:

Follow up with provider to check if abortion is complete

SIDE EFFECTS?⁷³

- Severe cramping
- Bleeding
- Nausea
- Weakness
- Fever and chills
- Vomiting
- Headaches
- Diarrhea
- Dizziness

TIPS TO PROTECT YOURSELF WHEN ORDERING PILLS ONLINE

Your online pharmacy is likely safe if it: ^{94,95}

- Always requires a doctor's prescription
- Provides a physical address and telephone number in the US
- Has a licensed pharmacist on staff to answer your questions
- Is licensed with a state board of pharmacy

Your online pharmacy may be unsafe if it:

- Does not require a doctor's prescription
- Is not licensed in the United States and by a state board of pharmacy
- Does not have a licensed pharmacist on staff to answer your questions
- Sends medicine that looks different than what you receive at your local pharmacy, arrives in packaging that is broken, damaged, in a foreign language, has no expiration date, or is expired
- Offers deep discounts or prices that seem too good to be true
- Charges you for products you never ordered or received
- Does not provide explicit written protections of your personal and financial information
- Sells your information to other websites
- If you order the abortion pill online, it's essential to make sure you are taking a regulated drug and not an unidentified substance. The FDA requires all US prescription and over-the-counter (OTC) drugs to have an imprint code. If your pill has no imprint code, it could be a vitamin, diet, herbal, energy pill, or an illicit or foreign drug.
- Mifeprex is a light yellow, cylindrical tablet imprinted with "MF." It is packaged in a single-dose blister pack. ⁹¹
- Mifepristone is either a brown oval pill imprinted with "A33" or a round light-yellow pill imprinted with "S." It is packaged in a single-dose blister pack. ⁹⁶



EARLY SURGICAL ABORTION: *SUCTION*



HOW DOES IT WORK?

For very early pregnancies (4-7 weeks LMP), a thin plastic tube is inserted into the uterus. It is attached to a manual or electric vacuum device which is used to suction out the embryo/fetus.

Before the procedure, patients may be given pain medication, a sedative, or both. For the procedure, women may receive local anesthesia injected or applied in the area of the cervix. Women may also receive general anesthesia that will put them to sleep so that pain is not felt during the procedure. The doctor inserts a speculum to hold open the vagina and injects or applies local anesthesia.

Next, a plastic tube is inserted through the cervix and into the uterus, then attached to an electric or manual vacuum device. The suction pulls the baby's body out of the uterus.⁴⁵

WHAT?

Suction Curettage

WHEN?

Up to 13 Weeks

HOW?

- Speculum is used to hold open the vagina
- Local anesthetic injected in the cervix
- Plastic tube inserted in the uterus & connected to an electric or manual vacuum device that pulls the baby's body apart and out
- The curette may also be used to scrape any remaining parts of the baby out of the uterus
- Procedure usually takes 10-15 minutes

WHAT ARE THE RISKS?

Serious immediate physical complications are infrequent with early surgical abortion, but are significant if they happen to you. They may include hemorrhaging, infection, incomplete abortion, and increased risk of infertility. Damage to the cervix, uterus, or other internal organs is also possible.⁴⁵

SURGICAL ABORTION

ABORTION METHODS FOR SECOND AND THIRD TRIMESTERS

WHAT	Dilation & Evacuation (D&E)	D&E After Viability	Labor Induction
WHEN	15+ Weeks	23+ Weeks	2nd & 3rd Trimester
HOW	<ul style="list-style-type: none"> • Cervix softened using laminaria and/or vaginal medication for 2 days before procedure • Local anesthetic & sedation given, or general anesthesia, if available • Cervix further stretched open with metal dilating rods • Forceps used to pull baby parts out through the cervix • Account for all the parts of the baby • A curette or suction is used to remove any remaining tissue or blood clots 	<ul style="list-style-type: none"> • Takes 2-3 days. Lethal injections may be given to stop the baby's heart • Cervix softened & dilated for 3 days prior using laminaria & vaginal medication • General anesthesia may be used, if available, or IV sedation & local anesthetic • Surgical instruments used to grasp & pull baby parts out through the opened cervix • Baby's skull is typically crushed before removal • An alternative procedure, "intact D&E," attempts to remove the baby in one piece, reducing risk to the mother 	<ul style="list-style-type: none"> • Lethal injections may be given to end the life of the baby • Cervix softened using laminaria and/or vaginal medications for 2-3 days • Medications given to induce labor & reduce pain • Labor & delivery of deceased baby
RISKS & SIDE EFFECTS	<ul style="list-style-type: none"> • Incomplete abortion with retained tissue • Heavy bleeding • Reactions to anesthesia • Infection • Organ damage • Risk of complication & death increases with duration of pregnancy 	<ul style="list-style-type: none"> • Increased risk to the life & health of the mother • Anesthesia complications • Heavy bleeding • Embolism • Infection • Organ damage 	<p>RISKS</p> <ul style="list-style-type: none"> • Hemorrhage • Need for a blood transfusion • D&C for retained placenta • Uterine rupture <p>SIDE EFFECTS</p> <ul style="list-style-type: none"> • Abdominal pain • Severe cramping • Nausea • Vomiting • Diarrhea • Headaches • Dizziness • Fever and Chills

SEE PAGE 17 FOR DETAILS & CITATIONS

THE *DETAILS*

Dilation & Evacuation (D&E): ⁷⁶

Most second trimester abortions are performed using this method. Local anesthesia, oral or intravenous pain medications and sedation are commonly used. General anesthesia may be used, if available.

How does it work?

The cervix must be opened much wider than in a first trimester abortion because the baby is larger. Usually, numerous laminaria are placed in the cervix for 2-3 days before the procedure.

The day of the procedure, the amniotic fluid around the baby is drained. The cervix is dilated using metal rods. Surgical instruments are used to pull fetal parts through the opened cervix, as the baby is too large to fit through the suction tubing in one piece. Some doctors use lethal injections to end the baby's life a few days before the procedure. ^{77,78}

Removed fetal parts are tracked so that none are left inside. Lastly, a curette, and/or the suction machine, are used to clear remaining tissue or blood clots.

What are the risks? Incomplete abortion with retained tissue is one of the more common complications of surgical abortion. Other risks include heavy bleeding, infection from incomplete abortion, blood clots, and organ damage such as a torn cervix, punctured uterus, or injured bowel. Infection may cause scarring of the pelvic organs. Risk of death is present, though statistically low. ⁴⁵

D&E After Viability: 23+ weeks LMP

This procedure typically takes 2-3 days and risk to the life and health of the mother increases with advancing gestational age. General anesthesia is usually recommended if available, otherwise intravenous sedation is often used. To avoid the birth of a baby who may survive, digoxin or potassium chloride may be injected in the amniotic fluid, umbilical cord, or fetal head or heart prior to the procedure. This causes death and is done to comply with the federal Partial Birth Abortion Ban Act of 2003, which prohibits ending the baby's life after he or she has been partially removed from the woman's body. ^{77,78,82}

How does it work? The standard technique uses the same procedure as the D&E. The amniotic fluid is drained, the cervix is dilated, and then forceps are used to grasp and tear the baby's body apart and through the cervix. The operator keeps track of the body parts to reduce the risk of leaving any baby remains behind, which could cause complications.

An alternate procedure is called "Intact D&E." The goal of this procedure is to remove the fetus in one piece, thus reducing the risk of leaving parts behind or causing damage to the woman's body. Ultrasound is used to locate the baby's feet. Forceps are used to grasp the feet and pull them through the cervix. Much of the baby's body is delivered in one piece through the cervix. It is often necessary to crush the baby's skull, since it is difficult to dilate the cervix wide enough to bring the head out intact. The suction machine and/or a curette are used to remove the placenta and clear remaining tissue or blood clots. ^{82,95}

What are the risks? Besides complications from anesthesia, risks include heavy bleeding, embolism, infection, and damage to the reproductive organs, bowel, bladder and blood vessels. ^{76,78}

Labor Induction - 2nd and 3rd

Trimester: This procedure induces abortion by using drugs such as mifepristone, misoprostol, or pitocin to cause labor and delivery of the baby and placenta. This procedure may be selected because the provider does not perform late term D&E, patient preference, or so an autopsy of the baby may be done afterwards.

How does it work? Digoxin or potassium chloride may be injected into the baby's head, the amniotic fluid, umbilical cord, or fetal heart prior to labor to avoid delivery of a living baby. The cervix is softened using laminaria and/or medications such as mifepristone. Next, misoprostol and/or pitocin are typically used to induce labor. In most cases, these drugs result in the delivery of the dead baby, followed by the placenta. Oral or intravenous pain medication is often given. Occasionally, the uterus must be scraped to remove the placenta. ^{76,78}

What are the risks? Potential complications include hemorrhage and the need for a blood transfusion, retained placenta requiring a D&C, and possible uterine rupture. For your health and safety, these abortions should be done in a facility capable of emergency surgery and blood transfusion. ⁹⁵

AM I AT RISK

FOR EMOTIONAL OR PHYSICAL PROBLEMS IF I CHOOSE ABORTION? I'LL STILL BE ABLE TO HAVE A BABY LATER, RIGHT?

IT'S CONTROVERSIAL.

You have the right to understand the likely and possible side-effects of your decision. With that said, the data about the long-term effects of abortion are incomplete. Scientific bias and failure to tie complications to the abortion procedure makes determining the extent of the long-term health risks associated with abortion difficult.^{17, 18}

EMOTIONAL

After abortion, some women say they initially felt relief and looked forward to their lives returning to normal. Other women have reported negative emotions after abortion that linger unresolved. For some, problems related to their abortion emerge months or even years later.²⁰ There is evidence that abortion is associated with a decline in long-term emotional, physical, and mental health. Data shows at least one-third of women experience serious, prolonged negative psychological struggles.¹⁹ Some studies suggest that abortion increases the risk for:⁴⁵

- Clinical depression and anxiety
- Drug and alcohol abuse
- Symptoms consistent with post-traumatic stress disorder (PTSD)
- Suicidal thoughts and behavior

Some studies indicate that abortion may be associated with more negative psychological outcomes compared to either miscarriage or carrying an unintended pregnancy to term.

RELATIONAL

Pregnancy often affects a woman's most important relationships. Many couples choose abortion to preserve their relationship, yet research reveals that couples who choose induced abortion are at increased risk for problems in their relationship.

Women experiencing lack of support or pressure to abort from their partners were more likely to choose abortion.

Women who face intimate partner violence are significantly more likely to choose abortion.

After abortion, some women find that their experience of sexuality changes. Some may experience a short- or long-term lack of interest, discomfort, or decreased satisfaction.

Teens and women who live with their parents may want to consider making a plan before sharing their news with family. How would your partner, best friend, or parents respond to your pregnancy? To an abortion? No matter how your loved ones react, it's important to make your own best decision.



COULD ABORTION AFFECT ME LATER?

IF YOU SAID “YES” TO ANY OF THESE, THEN YOU ARE AT AN INCREASED RISK OF HAVING MENTAL HEALTH PROBLEMS AFTER ABORTION: ^{60, 92}

- Being pressured or coerced to abort
- Have, or previously had, mental health problems before abortion
- Feeling uncertain or having difficulty making the decision
- Have strong religious beliefs against abortion
- Want the pregnancy
- Have past childhood sexual abuse or unresolved traumatic experiences
- Lack of emotional/social support
- Believe abortion is against your values
- Feel the need to keep the abortion a secret
- Feel attached to the pregnancy

Evidence suggests that abortion does not reduce mental health risks for women who became pregnant unexpectedly and may actually increase those risks. Having a risk factor doesn't mean you will get a certain condition, it just means that the possibility is greater compared to someone who does not have the risk factor. ²⁷



Abortion & Prematurity

Studies have shown that induced abortion raises a woman's future risk of delivering a premature ("preemie") baby. This risk exists for even one very early surgical abortion and increases with each additional one. Premies have a higher risk of: ^{29, 30, 31}

- Intellectual disability
- Autism
- Cerebral palsy
- Epilepsy
- Blindness
- Stomach problems
- Serious infections
- Deafness
- Brain hemorrhages
- Breathing problems

WHAT ARE THE FACTS ON HAVING A BABY?⁴⁵

There are complications associated with pregnancy and childbirth. The most common complications of pregnancy include:

- Tubal or ectopic pregnancy (where the baby grows outside of the uterus)
- High blood pressure
- Complicated delivery
- Premature labor
- Depression
- Infection
- Diabetes
- Hemorrhaging (heavy bleeding)

You can reduce the risk for problems or complications in any pregnancy by:

- Getting early and regular prenatal care.
- Eating a well-balanced diet and getting regular exercise.
- Avoiding tobacco, alcohol or drugs that your doctor hasn't prescribed for you.

During labor, the uterus contracts and pushes to deliver the baby. The baby may be delivered through the woman's vagina or by a surgical procedure called cesarean section or c-section.

Early prenatal care ensures healthy outcomes for both mom and baby until they can connect with an OB/GYN physician.



WHAT ABOUT ADOPTION?

Children whose birth parents choose adoption know that **they are wanted** — first by the mom and dad who gave them life, and also by their adoptive family. Studies indicate that children who were adopted as infants are **better positioned economically, academically and emotionally** than those children raised in foster care or by biological parents who do not feel equipped to care for them. ²⁸

Regardless of the parenting option you choose, **investigating adoption is a mature and responsible decision**. You can take your time because exploring adoption requires no commitments — and in most states adoption cannot be legally finalized until after the baby is born. Birth parents get to **be in control of the adoption plan** they make and can choose between three types of adoption: open, partially open, and closed. These types of adoption are **very different from foster care**. In foster care, the birth mother has very little say and control, and the placement is temporary with the goal of reuniting the child with his mother and/or father. **In voluntary private adoption, the birth mother gets to be in control of when and with which family the child is adopted by.** ⁷⁹



3 DIFFERENT TYPES OF VOLUNTARY, PRIVATE ADOPTION

OPEN

You choose the type of family your child grows up in. You communicate with the adoptive parents and child throughout their life. You may even have ongoing visits with the child and adoptive parents. Though open adoption is not legally enforceable in the state of Texas, many adoptive families *want* the birth mother involved in their child's life. ⁸⁰

PARTIALLY OPEN

You can choose the type of family your child grows up in. You may learn how your child is doing through pictures or letters that the adoption agency or lawyer shares with you. You usually will not know your child's full name or location.

CLOSED

If you decide that you do not want contact with your child while he or she is growing up, the adoption agency or lawyer will choose your baby's new family. You and the family won't know any details about each other's identity, but the agency may share medical information that will help the family care for your child.

REAL QUESTIONS

How do I tell them?

Telling your loved ones about your pregnancy can be scary. You may expect them to react in a certain way, but their responses could still surprise you.

Consider telling your partner first, especially if you are in a healthy relationship. Look for an undistracted time to share the big news. Tell them about what you are thinking and feeling. Ask your partner to share their thoughts and feelings with you, too. Some people need space to process their emotions before sharing. They may think that their only option is to support “whatever decision you make” when deep down they may feel

differently. They may be frightened about being a parent, but excited at the same time. If that’s your partner, give them the extra time they need and talk about it more later. Their support will make all the difference as you move forward with your plans.

Your family may be disappointed, or even angry, to hear about your pregnancy and it may take them a while to get over their initial reaction. They have their ideas for your future, and what they think is the best for you, but ultimately it is your life to live. Make decisions you can live with long-term, no matter what anyone else says.

Talk to a supportive friend to make a plan for telling others about your pregnancy. Telling your loved ones about your future plans will show them that you are taking charge of your own life and will build their confidence in you. Explain how you hope to handle pregnancy-related decisions. You may not have all the details worked out, and that’s okay. It may feel scary to have these conversations on your own. Support from your local pregnancy center can help you with this.

Do I have to choose between my baby and my future?

Some people may tell you that you can’t achieve your dreams if you have a baby now. But why not? Sometimes the best changes in life are unplanned. What if you’re strong enough to realize that your dreams are flexible? What if you adapt to unexpected circumstances?

We all need help sometimes and you may have more support than you think. Many women have found the resources and courage they need to make positive decisions and live without regrets.



REAL ANSWERS

What if my partner won't support me?

Women who choose abortion often say they didn't feel like they had enough support to have their baby. If that's you, talk with your partner about your decision. Share your true thoughts and feelings and consider asking your partner to get counseling with you.

Sometimes support can come from unexpected places. If you know you can't rely on your partner, where else can you turn? Family and friends, as well as your faith community or a local pregnancy center, may have resources that will be helpful to you. Take the time to explore all of your options.



Why should I confirm my pregnancy?

A significant number of early pregnancies end on their own in miscarriage, and a smaller number grow in the wrong place — outside of the uterus, which can be life-threatening. An ultrasound exam can confirm that your pregnancy is in the uterus, developing and is living. This information is helpful as you make this decision: abortion or continuing with your pregnancy.^{81, 84}

What can I do about people pressuring me?

Being strong can be hard, but this is your decision and you will be most affected by what you decide. It is illegal for anyone to force you to make the decision they want.

If someone is pressuring you to make a quick decision, explain your needs and try to involve them in counseling to explore your positive options. There is help available if someone is trying to force you to get an abortion.

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WHAT DO I DO NEXT?

1. Apply for Medicaid or look into private insurance (if offered through your employer).
2. Attend your follow-up appointment here to verify that the pregnancy is continuing to develop normally.^{82, 87}
3. Work through the *Informed Decision Checklist* on page 7.
4. _____

WHAT RESOURCES ARE AVAILABLE TO HELP ME?



Scan QR code or [click here](#) to view our comprehensive list of resources. From food banks to housing to hotlines, we've got you covered.

Your Texas Benefits offers a broad range of services, including medical coverage, food assistance, and limited utility assistance.

Scan QR code or [click here](#) for details.



Our free classes help you lay a foundation for successful parenting. Get support and resources (diapers, wipes, formula and more!) with our incentive-based parenting classes. *Ask about early prenatal care!* Scan QR code or [click here](#) to learn more.

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