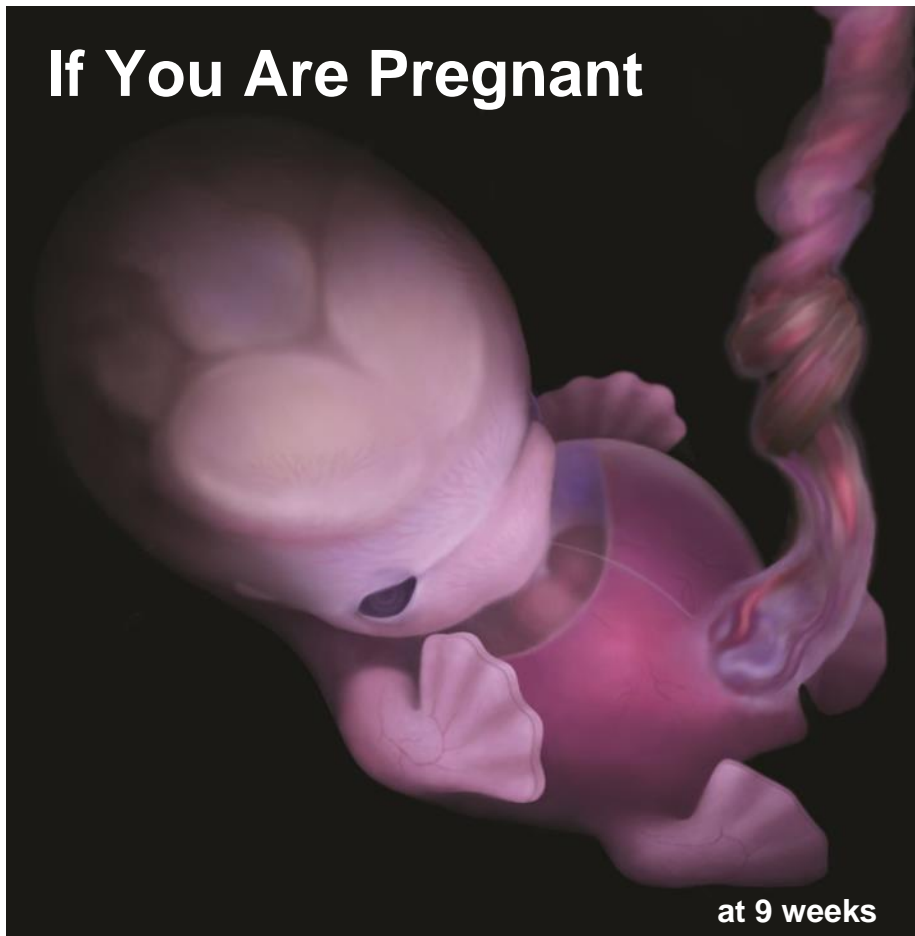


# If You Are Pregnant



*Figure 1 - At 9 Weeks*

**[WomansRightToKnow.org](http://WomansRightToKnow.org)**

The Kansas Department of Health and Environment acknowledges contributions for this publication. Photographs from: Lennart Nilsson (in utero photographs used by permission, *A Child is Born*, Dell Publishing, 1990); Alexander Tsiaras (from *Conception to Birth: a Life Unfolds*, Doubleday 2002); Moore et al (*Color Atlas of Clinical Embryology*, Elsevier 2000); text from Louisiana Department of Health and Hospitals; prenatal development facts adapted and cover photo used with permission from the Endowment for Human Development.

This publication is produced in compliance with K.S.A. 65-6708, thru 65-6710 known as the "Woman's Right-to-Know Act". You have the right to know that by state law, no person shall perform or induce an abortion when the unborn child is viable or pain-capable unless such person is a physician and has a documented referral. The physician who performs or induces an abortion when the unborn child is viable must have a documented referral from another physician not legally or financially affiliated with the physician performing or inducing the abortion. Both physicians must determine that: the abortion is necessary to preserve the life of the pregnant woman; or that a continuation of the pregnancy will cause a substantial and irreversible physical impairment of a major physical bodily function of the pregnant woman. If the child is born alive, the attending physician has the legal obligation to take all reasonable steps necessary to maintain the life and health of the child.

You shall know that:

- A. By no later than 20 weeks from fertilization, the unborn child has the physical structures necessary to experience pain;
- B. There is evidence that by 20 weeks from fertilizations unborn children seek to evade certain stimuli in a manner that in an infant or an adult would be interpreted to be a response to pain;
- C. Anesthesia is routinely administered to unborn children who are 20 weeks from fertilization or older who undergo prenatal surgery;
- D. Less than 5% of all natural pregnancies end in spontaneous miscarriage after detection of cardiac activity and a fetal heartbeat is, therefore, a key medical indicator that an unborn child is likely to achieve the capacity for live birth; and
- E. Abortion terminates the life of a whole, separate, unique, living human being.

## INTRODUCTION

This handbook offers some basic facts to help you make an informed decision about your pregnancy. This handbook will tell you about the normal development of your unborn child and about the methods and risks of abortions and medical risks of childbirth.

Your doctor is required to tell you about the nature of the physical and emotional risks of both the abortion procedure and carrying a child to term. The doctor must tell you how long you have been pregnant and must give you a chance to ask questions and discuss your decision about the pregnancy carefully and privately in your own language.

In order to determine the gestational age of the unborn child, the doctor may use ultrasound equipment preparatory to the performance of an abortion. You have the right to view the ultrasound image of the unborn child at no additional expense, and you have the right to receive a picture of the unborn child.

A directory of services is also available. By calling or visiting the agencies and offices in the directory you can find out about alternatives to abortion, assistance to make an adoption plan for your baby, or locate public and private agencies that offer medical and financial help during pregnancy, during childbirth and while you are raising your child.

Furthermore, you should know that:

- A. It is unlawful for any individual to coerce you to undergo an abortion. Coercion is the use of expressed or implied threats of violence or intimidation to compel a person to act against such person's will;
- B. Abortion terminates the life of a whole, separate, unique, living human being;
- C. Any physician who fails to provide informed consent prior to performing an abortion may be guilty of unprofessional conduct and liable for damages;
- D. You are not required to pay any amount for the abortion procedure until the 24-hour waiting period has expired;
- E. The father of your child is legally responsible to assist in the support of the child, even in instances where the father has offered to pay for an abortion; and
- F. The law permits adoptive parents to pay the costs of prenatal care, childbirth and neonatal care.

Many public and private agencies exist to provide counseling and information on available services. You are strongly urged to seek assistance from such agencies in order to obtain guidance during your pregnancy. In addition, you are encouraged to seek information on alternatives to abortion, including adoption, and resources available to postpartum mothers. The law requires that your physician, or the physician's agent, provide this enclosed information.

## HUMAN DEVELOPMENT BEFORE BIRTH

Pregnancy begins at fertilization with the union of a man's sperm and a woman's egg to form a single-cell embryo. This brand new being contains the original copy of a new individual's complete genetic code. Gender, eye color and other traits are determined at fertilization.

Most significant developmental milestones occur long before birth during the first eight weeks following fertilization when most body parts and all body systems appear and begin to function. The main divisions of the body, such as the head, chest, abdomen and pelvis, arms and legs are established by about four weeks after fertilization. Eight weeks after fertilization, except for the small size, the developing human's overall appearance and many internal structures closely resemble the newborn.

Pregnancy is not just a time for growing all the parts of the body. It is also a time of preparation for survival after birth. Starting more than 30 weeks before birth, many common daily activities seen in children and adults begin in the womb. These activities include, but are not limited to, hiccups, touching the face, breathing motions, urination, right- or left-handedness, thumb sucking, swallowing, yawning, jaw movement, reflexes, REM sleep, hearing, taste and sensation.

Unless otherwise noted, all prenatal ages in the rest of these materials are referenced from the start of the last normal menstrual period. This age is two weeks greater than the age since fertilization.

## The First 2 Weeks

Shortly after a woman's period begins, her body begins preparing for the possibility of pregnancy.

Approximately 2 weeks into her cycle, a woman releases an egg from one of her ovaries into a Fallopian tube. Conception is now possible for the next 24 hours or so and signifies the beginning of pregnancy.

After conception, the single-cell embryo has a diameter of approximately 4 thousandths of an inch.

## 2 to 4 Weeks

The cells of the embryo repeatedly divide moving through the Fallopian tube into the woman's uterus or womb. Implantation, the process whereby the unborn child embeds itself into the wall of the womb, begins by the end of the third week and is completed during the fourth week of pregnancy.

## 4 to 6 Weeks



**At 4 weeks**, the unborn child is less than 1/100th of an inch long.

**By 5 weeks**, development of the brain, the spinal cord and the heart is well underway.

The heart begins beating at 5 weeks and one day and is visible by ultrasound almost immediately.

*Figure 2 - 4 to 6 Weeks*

## 6 to 8 Weeks



Figure 3 - 6 to 8 Weeks

**By 6 weeks**, the heart is pumping the unborn child's own blood to such unborn child's brain and body.

All four chambers of the heart are present and more than one million heartbeats have occurred.

The head, chest and abdominal cavities have formed and the beginnings of the arms and legs are easily seen.

**At 6 weeks**, the unborn child measures less than  $\frac{1}{4}$  of an inch long from head to rump.

**At 6½ weeks**, rapid brain development continues with the appearance of the cerebral hemispheres.

**At 7½ weeks**, the unborn child reflexively turns away in response to light touch on the face. The fingers also begin to form on the hand.

## 8 to 10 Weeks



Figure 4 - 8 to 10 Weeks

The unborn child is about  $\frac{1}{2}$  inch from head to rump.

**By 8½ weeks**, the bones of the jaw and collarbone begin to harden.

Brainwaves have been measured and recorded by this point in gestation.

**By 9 weeks**, the hands move, the neck turns and hiccups begin.

Girls also now have ovaries and boys have testes.

The unborn child's heart is nearly fully formed and the heart rate peaks at about 170 beats per minute and will gradually slow down until birth.

Electrical recordings of the heart at 9½ weeks are very similar to the EKG tracing of the unborn child.

## 10 to 12 Weeks



*Figure 5 - 10 to 12 Weeks*

**By 10 weeks**, intermittent breathing motions begin and the kidneys begin to produce and release urine. All the fingers and toes are free and fully formed, and several hundred muscles are now present.

The hands and feet move frequently and most unborn children show the first signs of right- or left-handedness.

Pain receptors in the skin, the sensory nerves connecting them to the spinal cord and the nerve tracts in the spinal cord that will carry pain impulses to the brain are all present by this time.

Experts estimate the 10-week unborn child possesses approximately 90% of the 4,500 body parts found in adults. This means approximately 4,000 permanent body parts are present just eight weeks after fertilization.

Incredibly, this highly complex unborn child weighs about 1/10th of an ounce and measures slightly less than 1¼ inches from head to rump.

The eyelids are temporarily fused together by 10½ weeks.

**By 11 weeks**, the head moves forward and back, the jaw actively opens and closes, and the unborn child periodically sighs and stretches. The face, palms of the hands and soles of the feet are sensitive to light touch.

The unborn child begins thumb-sucking and swallowing amniotic fluid.

The uterus is now present and girls' ovaries now contain reproductive cells that will give rise to eggs later in life.

Yawning begins at 11½ weeks.

The 12-week unborn child weighs less than 1 ounce and measures about 3 inches from head to heel.

**At 12 weeks**, fingerprints start forming, while fingernails and toenails begin to grow.

The bones are hardening in many locations.

The heartbeat can be detected with a hand-held Doppler fetal monitor or external heart rate monitor.

**By 13 weeks**, the lips and nose are fully formed and the unborn child can make complex facial expressions.

## 14 to 16 Weeks



Figure 6 - 14 to 16 Weeks

The unborn child weighs about 2 ounces and measures slightly less than 5 inches from head to heel.

**At 14 weeks**, taste buds are present all over the mouth and tongue.

The unborn child now produces a wide variety of hormones. Also, the arms reach final proportion to body size.

**By 15 weeks**, the entire unborn child, except for parts of the scalp, responds to light touch, and tooth development is underway.

The unborn child weighs about 4 ounces and measures slightly less than 7 inches from head to heel.

**At 16 weeks**, a pregnant woman may begin to feel the unborn child move. The unborn child also begins making several digestive enzymes.

**Around 17 weeks**, blood cell formation moves to its permanent location inside the bone marrow, and the unborn child begins storing energy in the form of body fat.

## 18 to 20 Weeks



Figure 7 - 18 to 20 Weeks

**By 18 weeks**, the formation of the breathing passages, called the bronchial tree, is complete. The unborn child will release stress hormones in response to being poked with a needle.

**At 18 weeks**, the unborn child weighs around 6 ounces and measures about 8 inches from head to heel.

**By 19 weeks**, the unborn child's heart has beaten more than 20 million times.

## 20 to 22 Weeks



Figure 8 - 20 to 22 Weeks

**By 20 weeks**, nearly all organs and structures of the unborn child have been formed.

The larynx, or voice box, moves in a way similar to movement seen during crying after birth.

The skin has developed sweat glands and is covered by a greasy white substance called vernix, which protects the skin from the long exposure to amniotic fluid.

The 20-week unborn child weighs about 9 ounces and measures about 10 inches from head to heel.

**At 21 weeks**, breathing patterns, body movements and the heart rate begin to follow daily cycles called circadian rhythms.

## 22 to 24 Weeks



Figure 9 - 22 to 24 Weeks

**By 22 weeks**, the cochlea, the organ of hearing, reaches adult size and the unborn child begins hearing and responding to various sounds.

All the skin layers and structures are now complete.

The unborn child reacts to stimuli that would be recognized as painful if applied to an adult human.

**By 22 weeks**, some infants can live outside the womb with specialized medical care, and survival rates have been reported as high as 40% in some medical centers.

**Between 20 and 23 weeks**, rapid eye movements begin, which are similar to the REM sleep pattern seen when children and adults have dreams.

The 22-week unborn child weighs just less than 1 pound and measures about 11 inches from head to heel.



## 24 to 26 Weeks



Figure 10 - 24 to 26 Weeks

**By 24 weeks**, more than 30 million heartbeats have occurred. Survival rates for infants born at 24 weeks have been reported as high as 81 percent.

**At 24 weeks**, the unborn child is about 12 inches from head to heel and weighs about 1¼ pounds.

**By 25 weeks**, breathing motions may occur up to 44 times per minute.

## 26 to 28 Weeks



Figure 11 - 26 to 28 Weeks

**By 26 weeks**, sudden, loud noises trigger a blink-startle response in the unborn child and may increase body movement, heart rate and swallowing.

The lungs begin to produce a substance necessary for breathing after birth. The survival rate of infants born at 26 weeks has been reported as high as 95 percent.

The 26-week unborn child weighs almost 2 pounds and measures about 14 inches from head to heel.

**By 27 weeks**, the thigh bone and the foot bones are each about two inches long.

## 28 to 30 Weeks



Figure 12 - 28 to 30 Weeks

**By 28 weeks** the sense of smell is functioning and the eyes produce tears.

Nearly all infants born between this point and full term survive.

The 28-week unborn child weighs more than 2½ pounds and measures about 15 inches from head to heel.

**By 29 weeks**, pupils of the eyes react to light.

## 30 to 32 Weeks



Figure 13 - 30 to 32 Weeks

**At 30 weeks**, the unborn child weighs about 3¼ pounds and measures about 16 inches from head to heel.

**By 31 weeks**, the heart has beaten more than 40 million times and wrinkles in the skin disappear as more fat deposits are formed.

## 32 to 34 Weeks



*Figure 14 - 32 to 34 Weeks*

**By 32 weeks**, breathing movements occur up to 40% of the time.

The 32-week unborn child weighs about 4 pounds and measures about 17 inches from head to heel.

## 34 to 36 Weeks



*Figure 15 - 34 to 36 Weeks*

**By 34 weeks**, true alveoli, or air "pocket" cells, begin developing in the lungs.

The 34-week unborn child weighs about 5 pounds and measures about 18 inches from head to heel.

## 36 to 38 Weeks



Figure 16 - 36 to 38 weeks

**At 36 weeks**, scalp hair is silky and lies against the head.

**At 36 weeks**, the unborn child weighs about  $5\frac{3}{4}$  pounds and measures about  $18\frac{1}{2}$  inches from head to heel.

**By 37 weeks** the unborn child has a firm hand grip and the heart has beat more than 50 million times.

## 38 to 40 Weeks



Figure 17 - 38 to 40 Weeks

**The 38-week** unborn child weighs about  $6\frac{3}{4}$  pounds and measures about 19 inches from head to heel.

At term, the umbilical cord is typically 20 to 24 inches long.

The unborn child initiates labor, ideally around 40 weeks, leading to childbirth.

**At full term**, newborn babies typically weigh between 6 and 9 pounds and measure between 18 and 21 inches from head to heel.

## METHODS AND MEDICAL RISKS

There are three ways a pregnancy can end: a woman can give birth, have a miscarriage or she can choose to have an abortion. If you make a voluntary and informed decision to have an abortion, you and your doctor will need to consider how long you have been pregnant before deciding which abortion method to use. Your doctor is required to use ultrasound equipment to establish the estimate of gestational age.

Based on data from the Centers for Disease Control and Prevention (CDC), the risk of maternal death as a direct result of a legally induced abortion is less than one per 100,000.

### From 2 to 12 Weeks

**Abortion Methods:** Early non-surgical abortion or Vacuum Aspiration

#### Early Non-Surgical (Medical) Abortion

- This procedure is used only in the earliest stages of pregnancy. A drug is given to stop the development of the pregnancy.
- A second drug is given by mouth or placed in the vagina, causing the uterus to contract and expel the unborn child and placenta.
- After receiving these drugs, women might experience cramping of the uterus, pelvic pain or bleeding, and pass clots, tissue and the unborn child within hours or days. A follow-up visit is necessary 12 to 18 days after the drug is administered.

#### Possible Side Effects and Risks

Side effects may include nausea or vomiting, diarrhea, warmth or chills, headache, dizziness, fatigue, inability to get pregnant due to infection or complication of an operation, allergic reaction to the medicines, hemorrhaging that may require treatment with an operation, a blood transfusion, or both; incomplete removal of the unborn child, placenta, or contents of the uterus requiring an operation; or rarely, death.

#### Vacuum Aspiration

- Local anesthetic is applied or injected into or near the cervix to prevent pain to the mother.
- The opening of the cervix is gradually stretched. This is done by the insertion of a series of dilators, each one thicker than the previous one, into the opening of the cervix. The thickest dilator used is about the width of a fountain pen.
- After opening is stretched, a clear plastic tube is inserted into the uterus and attached to a suction system. The unborn child and placenta are then removed.
- After the tube has been removed, a spoon-like instrument called a curette may be used to gently scrape the walls of the uterus to be sure it has been completely emptied of the unborn child and the placenta.

#### Medical Risks

Immediate medical risks may include the following: blood clots in the uterus, heavy bleeding, cut or torn cervix, perforation of the wall of the uterus, pelvic infection, incomplete abortion, anesthesia-related complications; fertility can be diminished in rare instances as a consequence of infection; or rarely, death.

Possible long-term medical risks are discussed in this handbook.

## From 13 to 21/22 Weeks

**Abortion Methods:** Dilatation and Evacuation (D&E), Labor Induction or Dilatation and Extraction (D&X)

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

- Sponge-like tapered pieces of absorbent material are placed into the cervix. This material becomes moist and slowly opens the cervix.
- Sponge-like material will remain in place for several hours or overnight.
- A second or third application of the material may be necessary.
- Intravenous medications may be given to the mother to ease pain and prevent infection.
- After a local or general anesthesia is given to the mother, the unborn child and placenta are moved from the uterus with medical instruments such as forceps and suction curettage. Occasionally for removal, it will be necessary to dismember the unborn child.

### **Medical Risks**

- Immediate medical risks may include the following: blood clots in the uterus, heavy bleeding, cut or torn cervix, perforation of the wall of the uterus, pelvic infection, incomplete abortion, anesthesia-related complications; fertility can be diminished in rare instances as a consequence of infection; or rarely, death.
- Possible long-term medical risks are discussed in this handbook.

### **Labor Induction**

- Labor induction may require a hospital stay.
- Drugs are given to terminate the pregnancy and start labor in one of three ways; placed in the cervix, directly into the woman's vein or by inserting a needle through the mother's abdomen and into the amniotic sac (bag of waters).
- Labor will usually begin in 2-4 hours.
- If the afterbirth (placenta) is not completely removed during labor induction, the doctor must open the cervix and use suction curettage.

### **Medical Risks**

- Labor induction abortion carries the highest risk for problems such as infections and heavy bleeding.
- When drugs are used to start labor, there is a risk of rupture of the uterus.
- Other immediate medical risks include the following: blood clots in the uterus, heavy bleeding, cut or torn cervix, perforation of the wall of the uterus, pelvic infection, incomplete abortion, anesthesia-related complications, or rarely, death.
- If the labor induction method is used, there is a small chance that a baby could be delivered alive.

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

- This procedure is commonly known as a partial birth abortion. It is illegal to perform or induce a partial birth abortion except to save the life of the mother. (Note: No person shall perform or induce a partial birth abortion on an unborn child unless such person is a physician and has a documented referral from another physician who is licensed to practice in this state, and who is not legally or financially affiliated with the physician performing or inducing the abortion, and both physicians provide a written determination, based upon a medical judgment that the partial birth abortion is necessary to save the life of the mother whose life is endangered by a physical disorder, physical illness or physical injury, including a life-endangering physical condition caused by or arising from the pregnancy itself.)
- This type of abortion, in very rare circumstances, can be done after 16 weeks gestation. It is done in a hospital.
- The doctor will dilate (open) the cervix. The doctor will grasp the unborn child's foot with an instrument and deliver the child except for the head. While the head is kept in the birth canal, an incision is made in the back of the head, a tube is inserted, and suction is applied. The contents of the unborn child's skull are suctioned out, the bones of the head collapse, and the child is delivered dead.
- Possible side effects include the following: hole in the uterus or other damage, injury to bowel or bladder, blood clots in the uterus, heavy bleeding, cut or torn cervix, perforation of the wall of the uterus, pelvic infection, incomplete abortion, anesthesia-related complications, inability to get pregnant; or rarely, death.

## **Abortion Methods: Labor Induction or Hysterotomy**

### **Labor Induction**

- Labor induction may require a hospital stay and is not performed in a clinic setting.
- Drugs are given to terminate the pregnancy and start labor in one of three ways: placed in the cervix, directly into the woman's vein or by inserting a needle through her abdomen and into the amniotic sac (bag of waters).
- If the afterbirth is not completely removed with the unborn child during labor induction, the doctor must open the cervix and use suction or instrumental curettage.
- Labor and delivery of the unborn child during this period are similar to childbirth.
- The duration of labor depends on the size of the unborn child and the readiness of the uterus.
- Your doctor may find it necessary to use instruments to scrape the uterus and make sure that the unborn child, placenta and other contents of the uterus have been completely removed.
- The chance of living outside the uterus increases as gestational age increases. In the event the baby removed is alive, any physician or other medical personnel attending the baby is required by law to provide the type and degree of care and treatment which in the good faith judgment of the physician is commonly provided to any other person under similar conditions and circumstances.

### **Medical Risks**

- Possible complications of labor induction include infection and heavy bleeding.
- When drugs are used to start labor, there is a risk that the uterus could rupture.

- Other immediate medical risks may include the following: blood clots in the uterus, heavy bleeding, cut or torn cervix, perforation of the wall of the uterus, pelvic infection, incomplete abortion, anesthesia-related complications; fertility can be diminished in rare instances as a consequence of infection; or rarely death.

### **Hysterotomy (similar to a Caesarean Section)**

- This method of abortion requires that the woman be admitted into a hospital. It is performed when labor induction fails or is not possible.
- A hysterotomy is the complete removal of the unborn child by surgically cutting open the abdomen and uterus. Anesthetic medication, given intravenously or into the woman's back, or by breathing the anesthetic, is administered so the woman will not feel the pain of the surgery. The unborn child is killed in the uterus prior to removal.

### **Medical Risks**

- Complications with this method of abortion are similar to those seen with other abdominal surgeries and administration of anesthesia, such as severe infection (sepsis); blood clots to the heart and brain (emboli); stomach contents breathed into the lungs (aspiration pneumonia); severe bleeding (hemorrhage); and injury to the urinary tract.
- Other possible immediate risks include: blood clots in the uterus, heavy bleeding, pelvic infection, retention of pieces of the placenta, anesthesia-related complications; or rarely, death.
- Postoperative care includes close observation for excessive vaginal bleeding.
- Possible long-term risks are discussed in this handbook.

## **WHAT IF THE CHILD IS DETERMINED TO BE VIABLE?**

The chance of the unborn child living outside the uterus (viability) increases as the gestational age increases. The doctor must tell you the probable gestational age of the unborn child at the time the abortion would be performed.

By Kansas law, no person shall perform or induce an abortion when the unborn child is viable or pain-capable unless such person is a physician and has a documented referral.

The following steps must be taken:

1. The physician who performs or induces an abortion when the unborn child is viable must have a documented referral from another physician not legally or financially affiliated with the physician performing or inducing the abortion.
2. Both physicians must determine that the abortion is necessary to preserve the life of the pregnant woman or that a continuation of the pregnancy will cause a substantial and irreversible impairment of a major physical bodily function of the pregnant woman.

If the child is born alive, the attending physician has the legal obligation to take all reasonable steps necessary to maintain the life and health of the child.

### **Medical Emergencies**

When a medical emergency requires the performance of an abortion, the physician shall tell the pregnant woman, before the abortion if possible, of the medical indications supporting the physician's judgment that an abortion is necessary to prevent substantial and permanent damage to any of the pregnant woman's major bodily functions.



In the case of a medical emergency, a physician also is not required to comply with any condition listed above which, in the physician's medical judgment, he or she is prevented from satisfying because of the medical emergency.

## MEDICAL RISKS OF ABORTION

### Medical Risks

The risk of complications for the woman increases with advancing gestational age. *(See the previous pages for a description of the abortion procedure that your doctor will be using and the specific risks listed in those pages.)*

**The following is a description of the risks cited in those pages:**

**Pelvic Infection (sepsis):** Bacteria (germs) from the vagina or cervix may enter the uterus and cause an infection. Antibiotics may clear up such an infection. In rare cases, a repeat suction, hospitalization or surgery may be needed. Infection rates are less than 1% for suction curettage, 1.5% for D&E, and 5% for labor induction.

**Incomplete abortion:** Unborn child parts or other products of pregnancy may not be completely emptied from the uterus, requiring further medical procedures. Incomplete abortion may result in infection and bleeding. The reported rate of such complications is less than 1% after a D&E; whereas, following a labor induction procedure, the rate may be as high as 36 percent.

**Blood clots in the uterus:** Blood clots that cause severe cramping occur in about 1% of all abortions. The clots usually are removed by a repeat suction curettage.

**Heavy bleeding (hemorrhage):** Some amount of bleeding is common following an abortion. Heavy bleeding (hemorrhaging) is not common and may be treated by repeat suction, medication; or rarely, surgery. Ask the doctor to explain heavy bleeding and what to do if it occurs.

**Cut or torn cervix:** The opening of the uterus (cervix) may be torn while it is being stretched open to allow medical instruments to pass through and into the uterus. This happens in less than 1% of first trimester abortions.

**Perforation of the uterus wall:** A medical instrument may go through the wall of the uterus. The reported rate is 1 out of every 500 abortions. Depending on the severity, perforation can lead to infection, heavy bleeding; or both. Surgery may be required to repair the uterine tissue and in the most severe cases, hysterectomy may be required.

**Anesthesia-related complications:** As with other surgical procedures, anesthesia increases the risk of complications associated with abortion. The reported risk of anesthesia-related complications is around 1 per 5,000 abortions.

**Rh Immune Globulin Therapy:** Protein material found on the surface of red blood cells is known as the Rh Factor. If a woman and her unborn child have different Rh factors, she must receive medication to prevent the development of antibodies that would endanger future pregnancies.

# Medication Abortion Reversal

## Medication Abortion using Mifepristone

A medication abortion using Mifepristone is a two-step process involving two medications:

- Mifepristone is the first medication in the two-step process. Mifepristone (RU-486) is designed to block your body's production of the growth hormone progesterone. Often referred to as the "pregnancy hormone," progesterone promotes growth in a human fetus throughout pregnancy. By blocking progesterone, the medication prevents an existing pregnancy from progressing.
- Misoprostol is the second medication in the two-step process. *Misoprostol* induces cramping, bleeding, and contractions to empty the uterus of a pregnancy. Misoprostol taken 24 to 48 hours after Mifepristone.

## Abortion Pill Reversal

Abortion Pill Reversal (APR) is a medical procedure wherein a woman receives a large influx of progesterone to attempt to reverse the effects of Mifepristone and allow a woman to continue a pregnancy. If APR occurs before taking the second step of a medication abortion with mifepristone, the pregnancy may have a chance of continuing. The outcome of a reversal attempt cannot be guaranteed.

It's best to start the reversal procedure within the first 24 hours of taking Mifepristone. Contact your doctor as soon as possible to obtain more information on the APR process and if it will work for you. After hours, contact the **24/7 Abortion Pill Reversal hotline** at 1-877-558-0333 to understand your options for beginning a reversal using APR.

## LONG-TERM MEDICAL RISKS

### **Future Childbearing:**

Some complications associated with an abortion, such as infection or a cut or torn cervix, may make it difficult or impossible to become pregnant in the future or carry a pregnancy to term. The 2007 Institute of Medicine report *Preterm Birth: Causes, Consequences, and Prevention* lists a prior first trimester induced abortion as an immutable medical risk factor associated with preterm birth. A 2009 analysis of international studies concluded prior induced abortions are associated with a significantly increased risk of low birth weight and preterm births, and that the risk increased as the number of previous induced abortions increased. Preterm babies, who have higher risk of death, also have the highest risk for lasting disabilities, such as cerebral palsy, mental retardation, and visual and hearing impairment.

### **Breast Cancer:**

Your chances of getting breast cancer are affected by your pregnancy history. If you have carried a pregnancy to term as a young woman, you may be less likely to get breast cancer in the future. However, your risk is not reduced if your pregnancy is ended by an abortion. There are also studies that have found an increased risk of breast cancer after induced abortion, but other studies have found no risk. A 2003 National Cancer Institute panel reviewing studies at that time concluded there was no increased risk; however, study and review of the relationship continue. NCI recognizes research that shows pregnancy and breastfeeding both reduce a woman's lifetime cumulative exposure to hormones that otherwise might increase her risk of breast cancer. Pregnancy and breastfeeding also cause breast cells to mature in order to produce milk, and some researchers hypothesize those cells are more resistant to cancer. Women who have a family history of breast cancer or who have clinical findings of breast disease should seek medical advice from their physician.

## PSYCHOLOGICAL RISK OF ABORTION

After having an abortion, some women suffer from a variety of psychological effects ranging from malaise, irritability, difficulty sleeping, to depression and even posttraumatic stress disorder. The risk of negative psychological experiences may increase if a woman has previously suffered from mental health problems.

Talking with a counselor or physician may help a woman to consider her decision fully before she takes any action. Many pregnancy resource centers offer counseling services; a list of centers is available in the resource directory.

## MEDICAL RISKS OF CHILDBIRTH

Women who are more likely to experience problems during and after a pregnancy are those who did not obtain prenatal care early in the pregnancy and/or didn't continue with that care and those with generally poor health and life styles, e.g. smoking, alcohol and drug use. Continuing a pregnancy and delivering a baby is usually a safe, healthy process. Based on data from the CDC, the risk of the woman dying as a direct result of pregnancy and childbirth is less than 13 in 100,000 live births.

Continuing your pregnancy also includes a risk of experiencing complications that are not always life-threatening.

- **Caesarean section (c/s) delivery.** Occurs in about 30 out of every 100 births.
- **Infection.** Approximately 4 out of every 100 women experience an infection after childbirth and are treated with antibiotics. Lack of treatment may lead to infertility or more serious infections.
- **Bleeding.** Heavy bleeding may occur as a result of clotting problems, tears in the placenta prior to delivery or if pieces of the placenta remain in the uterus after delivery.

**Need for Rh Immune Globulin:** As part of prenatal care, the woman will have a blood test to find out her blood type. If the pregnant woman is Rh negative and the father is Rh positive, she can make antibodies (sensitization) that can attack the red blood cells of the unborn child if the unborn child is Rh positive. This sensitization can occur any time the unborn child's blood mixes with the mother's blood; during pregnancy or after an abortion, miscarriage, ectopic pregnancy or amniocentesis.

To prevent the development of antibodies the woman can receive shots (immunizations) of Rh immune globulin (RhIg), one at 28 weeks of pregnancy and the other following a miscarriage or delivery of a baby. The only known side effect of the immunization for the woman is soreness from the shot or a slight fever. There is no risk of infection with human immunodeficiency virus (HIV) with the globulin.

If the woman who is Rh negative does not receive the Rh immune globulin, the unborn child's red blood cells may be damaged, leading to anemia, serious illness or death of the unborn child or newborn.

### Causes of Complications in Pregnancy

- Severe bleeding
- Blood clots in the lungs
- High blood pressure
- Seizures or strokes
- Severe infection
- Abnormal functioning of the heart
- Anesthesia-related complications and/or death

Altogether, these causes account for approximately 80% of all deaths relating to pregnancy. Unknown or uncommon causes account for the remaining 20% of deaths relating to pregnancy. Women who have chronic severe diseases are at greater risk of death than are healthy women.

## **PREGNANCY, CHILDBIRTH AND NEWBORN CARE**

You may or may not qualify for financial help for prenatal (pregnancy), childbirth and neonatal (newborn) care, depending on your income. If you qualify, programs such as the state's medical assistance program, called KanCare, will pay or help pay the cost of doctor, clinic, hospital and other related medical expenses to help you with prenatal care, childbirth delivery services and care for your newborn baby.

A listing of agencies that are available to provide or assist you to access financial assistance or medical care is available by calling toll free at 1-888-744-4825.

## **WHAT ABOUT ADOPTION?**

Women or couples facing an untimely pregnancy who choose not to take on the full responsibilities of parenthood have another option, which is adoption.

Counseling and support services are a key part of adoption and are available from a variety of adoption agencies and parent support groups across the state. A list of adoption agencies is available. Call toll free at 1-888-744-4825.

There are several ways to make a plan for adoption, including through a child placement agency or through a private attorney. Although fully anonymous adoptions are available, some degree of openness in adoption is more common, such as permitting the birth mother to choose the adoptive parents.

A father only has the right to consent to an adoption or refuse consent and raise the child if he provides support for the mother during the last six months of the pregnancy.

## **THE FATHER'S RESPONSIBILITY**

The father of a child has a legal responsibility to provide for the support, educational, medical and other needs of the child. In Kansas that responsibility includes child support payments to the child's mother or legal guardian. A child has rights of inheritance from the father and may be eligible through him for benefits such as life insurance, Social Security, pension, veteran's or disability benefits. Further, the child benefits from knowing the father's medical history and any potential health problems that can be passed genetically. A father's and mother's rights are equal regarding access, care and custody.

Paternity can be established in Kansas by two methods:

- A. The father and mother, at the time of birth, can sign forms provided by the hospital acknowledging paternity and the father's name is added to the birth certificate; or
- B. A legal action can be brought in a court of law to determine paternity and establish a child support order.

Issues of paternity affect your legal rights and the rights of the child. More information concerning paternity establishment and child support may be obtained from any regional office of the Kansas Department for Children and Families, Division of Child Support Enforcement.

## INFORMATION DIRECTORY

The decision regarding your pregnancy is one of the most important decisions you will ever make. There are lists of state, county and local health and social service agencies and organizations available to assist you. You are encouraged to contact these groups if you need more information so you can make an informed decision.

Individuals may call the Kansas Department of Health and Environment's toll free line at 1-888-744-4825 to receive a copy of this handbook, *"If You are Pregnant"* and a *Directory of Available Services* that list agencies which offer alternatives to abortion with a special section listing adoption services and a list of providers who offer free ultrasound services. Service providers (e.g. physicians, hospitals, abortion clinics) may obtain copies and certification forms by calling toll free at 1-888-744-4825.

## ADDITIONAL RESOURCES

Kansas Department for Children and Families: [www.dcf.ks.gov](http://www.dcf.ks.gov)

Resource Directory: 1-888-744-4825

