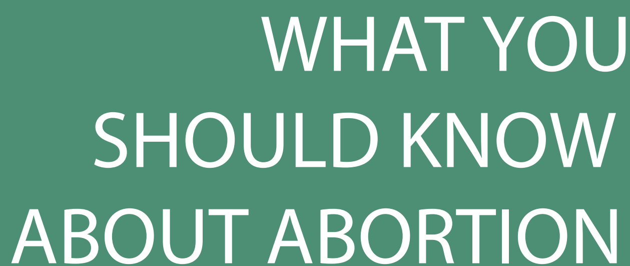

WHAT YOU SHOULD KNOW ABOUT ABORTION

It is the public policy of the state of Idaho to prefer live childbirth over abortion:

> "The Supreme Court of the United States having held … that the states have a "profound interest" in preserving the life of pre-born children, Idaho hereby expresses the fundamental importance of that "profound interest" and it is herby declared to be the public policy of this state that all state statutes, rules and constitutional provisions shall be interpreted to prefer, by all legal means, live childbirth over abortion." Idaho Code § 18-601

State law also recognizes that there are potentially serious consequences of abortion and childbirth:

> "That the medical, emotional and psychological consequences of abortion and childbirth are serious and can be lasting, particularly when the patient is immature." Idaho Code § 18-602(1)(c)

Finally, it is the public policy of Idaho that this type of decision must be informed:

> "That informed consent is always necessary for making mature health care decisions." Idaho Code § 18-602(1)(h)

ABORTION

ABOUT THIS BROCHURE

If you are pregnant, the information in this brochure will hopefully offer some of the basic information in order for you to make an informed decision about whether to proceed with an abortion or continue with your pregnancy to live childbirth.

This brochure will afford you information on the various methods of abortion commonly used, as well as the medical risks associated with abortion. In addition, this brochure discusses the potential medical and emotional risks and side effects of abortion, along with some common medical risks associated with carrying a baby to term.

INTRODUCTION

While this brochure presents some of the risks that could arise in any pregnancy, your physical and emotional makeup, as well as your pregnancy, is unique.

If you are considering an abortion, you should talk to a doctor about abortion procedures, their risks, and alternatives. **It is your right to be fully informed about the procedure, complications, and reasonable foreseeable risks involved in an abortion and, under state law, it is a doctor's legal responsibility to provide you that information.**

In addition, Idaho law states:

- That, with limited exceptions, you must be given this booklet and all other materials 24 hours before an abortion is performed (Idaho Code § 18-610);
- You must be given a test to ensure you are pregnant before an abortion is performed (Idaho Code § 18-609(3));
- You cannot consent to have an abortion if there is not sufficient time for you to make your decision and you are coerced by another person to proceed with an abortion.

You may also benefit from talking to a trusted friend, family member, clergy, or counselor about the important decision you are facing.

DEFINITION OF TERMS

The following terms will be used throughout this brochure and will be emphasized in *italics* the first time they are used. They are defined here in order to expand your understanding of the methods and risks of abortion and childbirth.

ABORTION: Induced abortion is the act of ending a human pregnancy by either taking medication (**medical abortion**) or through surgery (**surgical abortion**). The intention is to terminate the human pregnancy for purposes other than childbirth.

CANNULA: A small suction tube used to remove the human fetus and placenta from a pregnant woman's uterus.

CAESAREAN: When a doctor must cut open a pregnant woman's belly to remove the human fetus.

CURETTE: A small spoon-shaped instrument used to scrape the walls of the uterus.

CERVIX: The opening of a woman's uterus.

EVACUATE: To empty a pregnant woman's uterus.

EMBRYO: The medical term used to describe a portion of the human developmental process during pregnancy that occurs after fertilization. Initially, the combined egg and sperm is called a zygote. The zygote quickly divides into a cluster of different types of cells which form the human embryo.

FETUS: The human developmental stage from 11 weeks after the pregnant woman's last menstrual period (9 weeks after fertilization); thereafter, the embryo (see above) is referred to as a human fetus.

FIRST TRIMESTER: The first 3 months (13 weeks) of a pregnancy.

FULL TERM: A human is considered full term (ready for birth), at 40 weeks after the last menstrual period (38 weeks after fertilization).

GESTATIONAL AGE: The age of a developing human embryo or fetus, stated in either menstrual weeks or weeks after fertilization (see definitions following).

INDUCE: To bring about; to cause a pregnant woman to begin labor.

LABOR: The contractions of the uterus that deliver the human fetus.

MENSTRUAL WEEKS: The age of a developing human embryo or fetus measured from the first day of the pregnant woman's last normal menstrual period. Fertilization usually occurs about 2 weeks after the menstrual period began. This method of measuring is most often used by health care providers.

PLACENTA: The organ attached to the uterus that provides nourishment from the pregnant woman to the human embryo or fetus through the umbilical cord.

SECOND TRIMESTER: The fourth, fifth, and sixth months (weeks 14 through 24) of a woman's pregnancy.

SPECULUM: An instrument used to look at the opening of a pregnant woman's uterus, or her cervix.

ULTRASOUND: A machine producing ultrasonic waves that can picture the developing human embryo or fetus inside a pregnant woman. It can sometimes determine the sex or abnormalities and is used to determine the gestational age of a developing human embryo or fetus.

UTERUS: The muscular organ (womb) inside a woman where the embryo/fetus develops.

WEEKS AFTER FERTILIZATION: The age of a developing human embryo or fetus measured from the estimated day of fertilization.

ABORTION METHODS AND THEIR RISKS

MAKING A TRULY INFORMED DECISION

If you are considering an *abortion*, your doctor must first perform a test to determine if you are pregnant and, if you are pregnant, how far your pregnancy has progressed. This is a good time for you to talk about your feelings and concerns and get all your questions answered.

The length of time you have been pregnant will directly affect the method of abortion. The doctor will use a different method of abortion at different stages of your pregnancy. In order to determine the *gestational age* of the developing human embryo or fetus, the doctor may perform a pelvic exam and/or an *ultrasound*.

There are two ways in which a doctor may count a pregnancy, *weeks after fertilization* and *menstrual weeks.* When noted in this brochure, the weeks when each type of abortion may be performed are measured as menstrual weeks. In general, the time period measured in menstrual weeks is 2 weeks greater than the time period measured by weeks after fertilization.

RISKS ASSOCIATED WITH ABORTION

Approximately 8 weeks menstrual (6 weeks after fertilization) is considered the safest time from a physical perspective to have an abortion. The earlier an abortion is performed the safer it is, because earlier abortions are less complicated.

Possible complications from medical abortion include:

- Heavy or prolonged bleeding, requiring a surgical abortion
    - Occurs in 0.5-2% of cases
- Very heavy bleeding, requiring a blood transfusion
    - Occurs in 0.1-0.2% of cases

- Medication does not work, and the embryo continues to grow, requiring a surgical abortion to empty the uterus and complete the abortion
    - Occurs in about 1% of cases. Deciding to continue the pregnancy to term is not an option after taking the medication because the medication can cause birth defects in the pregnancy
- An incomplete abortion, requiring a surgical abortion to empty the uterus and complete the abortion

Possible complications from surgical abortion include:

- Blood clots accumulating in the uterus, requiring another suctioning procedure
    - Occurs in less than 0.2% of cases
- Infections, most of which are easily identified and treated if the woman carefully observes follow-up instructions, which in studies in North America
    - Occurs in 0.1-2% of cases
- A tear in the cervix, which may be repaired with stitches
    - Occurs in 0.6-1.2% of cases
- Perforation (a puncture or tear) of the wall of the uterus and/or other organs. This may heal itself or may require surgical repair or, rarely, hysterectomy
    - Occurs in less than 0.4% of cases
- Missed abortion, which does not end the pregnancy and requires the abortion to be repeated
    - Occurs in less than 0.3% of cases
- Incomplete abortion, in which tissue from the pregnancy remains in the uterus, and requires a repeat suction procedure
    - Occurs in 0.3-2% of cases
- Excessive bleeding, requiring a blood transfusion
    - Occurs in 0.02-0.3% of cases

According to data from the Centers for Disease Control and Prevention (CDC), the risk of dying from legally *induced* abortion is 0.6 per 100,000 abortions.

Factors that can affect the possibility of physical complications of abortion include:

- Type of procedure performed
- Type of anesthesia
- Skill and training of the doctor
- Overall health of the pregnant woman

METHODS USED PRIOR TO FOURTEEN WEEKS

MEDICAL ABORTION

MEDICAL INDUCTION

THE METHOD OF MEDICAL INDUCTION

RU-486 (mifepristone), also known as the "abortion pill," and methotrexate both cause an abortion by using a chemical that stops the human embryo from attaching to your uterus. In addition, they cause your placenta to separate from the uterus, ending the pregnancy. The RU-486 pill is administered orally. Methotrexate is usually given by injection but may be given as a pill. RU-486 and methotrexate work similarly; however, methotrexate may take longer to terminate the pregnancy.

The drugs must be taken early in a pregnancy, before the seventh week and no later than the ninth week. An ultrasound test may be done prior to giving either drug in order to determine the gestational age of the human embryo.

After receiving the RU-486 treatment, you must return to the doctor's office in 36 to 48 hours to receive a second drug, either orally or vaginally. This drug will cause your cervix to open and the muscles of the uterus to contract and flush the human embryo from your body. Cramping and bleeding may be severe and will usually begin within 1 to 2 hours. The pregnancy will usually be terminated within 3 to 4 hours. Bleeding may continue for 13 to 17 days. One in 4 patients may take 24 hours or more to completely terminate the pregnancy.

If methotrexate is used, you will return to see your doctor in 4 to 7 days to complete the abortion. It is important that you return to your doctor for a check up within 14 days after your pregnancy has been terminated.

Side effects, which may require some further medical treatment from either a physician or emergency room treatment, can include heavy bleeding, nausea and/or vomiting, painful cramping, diarrhea, and fever. There have been documented deaths due to complications from using RU-486 (Mifepristone).

POSSIBLE COMPLICATIONS

If you do not return to your doctor to receive the second drug, this procedure may result in a failed abortion. If that happens, the doctor will need to perform a surgical abortion to remove the human embryo from your uterus.

- This may require a visit to the physician or emergency room.

SURGICAL ABORTION

VACUUM ASPIRATION

If you are in your *first trimester*, or first 3 months (12 weeks) of your pregnancy and proceed with an abortion, your doctor may choose to perform a vacuum aspiration. The gestational age of a developing human fetus must be determined by a pelvic exam or ultrasound.

THE METHOD OF VACUUM ASPIRATION

Your doctor will ask you to lie on your back with your knees bent and your feet placed in stirrups or footholds. This position allows the doctor access to your *cervix*.

The doctor will insert an instrument called a *speculum* into your vagina so that the doctor can see your cervix. The doctor will then give you a shot into the cervix to numb the cervix to control pain. Because the procedure is safer if you are awake, the doctor will rarely put you to sleep.

Using dilators, the doctor will open your cervix and then place a *cannula* into your *uterus*. The cannula will be connected to electrical or manual suction that will pull the human fetus, *placenta*, and membranes from the uterus. The size of the cannula used depends on the size of the human fetus. A larger tube will be used when the human fetus is larger and further along in its development.

POSSIBLE COMPLICATIONS

- Uterus may not be completely emptied
    - May require repeat vacuum aspiration
- Uterine Infection
- Heavy bleeding, cramping
- Instruments may puncture hole in uterus
- All may require emergency room treatment or surgery

DILATION AND CURATTAGE (D&C)

If you are in your first trimester, or first 3 months (12 weeks) of your pregnancy and proceed with an abortion, your doctor may choose to perform a dilation and curettage (D&C). The D&C is performed like the vacuum aspiration except no suction is used. The gestational age of a developing human fetus must be determined by a pelvic exam or ultrasound.

THE METHOD OF DILATION AND CURETTAGE

After the age of your pregnancy is determined by pelvic exam and/or ultrasound, you will remain on your back with your legs in the stirrups or foot holders. The doctor inserts a speculum into your vagina so that the vagina and cervix are visible. A shot is injected into the cervix to numb the cervix to control pain, then the cervix is opened using tapered dilators.

When the cervix is sufficiently opened, the doctor will use a small spoon-shaped instrument, called a *curette*, to scrape the walls of the uterus and separate and remove the human fetus, placenta, and membranes from it.

POSSIBLE COMPLICATIONS WITH DILATION AND CURETTAGE

- Uterus may not be completely emptied
    - May require vacuum aspiration
- Uterine Infection
- Instruments may puncture a hole in the uterus
    - Heavy bleeding
- All may require emergency room treatment or surgery

The vacuum aspiration method is generally used instead of the D&C method and is considered much safer.

METHODS USED AFTER FOURTEEN WEEKS

DILATION AND EVACUATION

If your abortion is performed between 13 and 24 weeks of your pregnancy, your doctor may use the Dilation and Evacuation (D&E) method. Your doctor must first perform an ultrasound to determine the gestational age of the human fetus.

THE METHOD OF DILATION AND EVACUATION

The doctor will need to open your cervix wider in order to perform a D&E. The doctor may soften your cervix with a hormone or insert small pieces of seaweed or a sponge-like material into your cervix to do so. This material may be inserted up to 24 to 48 hours ahead of the procedure.

Once your cervix is opened, the doctor will use a large vacuum cannula to remove as much of the pregnancy as possible. It may be necessary to use special forceps to remove the human fetus, parts of the human fetus, or the placenta. Some doctors may use medication to start your contractions and to limit blood loss.

Cramping is an expected side effect.

POSSIBLE COMPLICATIONS

Abortions performed at a later stage such as this carry a higher risk of complication.

- Uterine infection
- Heavy bleeding
- Potential harm to the reproductive organs because the cervix is opened wider

INTACT DILATION AND EVACUATION

Starting at approximately 19 weeks, some doctors may use a rare variation of D&E known as intact D&E or D&X which is an evacuation of the uterus with as few insertions of instruments as possible.

THE METHOD OF INTACT DILATION AND EVACUATION

In order to perform an abortion at this stage, the doctor must first fully open your cervix and deliver the body of the human fetus feet first. The doctor will then collapse the skull of the human fetus while it is still inside your uterus. The human fetus and any remaining parts as well as placenta are manually delivered and, if necessary, a vacuum aspiration is used to complete the delivery.

POSSIBLE COMPLICATIONS

Abortions performed at a later stage such as this carry a higher risk of complications such as:

- Uterine infection
- Heavy bleeding
- Potential harm to the reproductive organs because the cervix is opened wider
- Organ injury if the instrument goes through the wall of the uterus

LABOR INDUCTION

If the gestational age of the human fetus is later in the *second trimester*, or after 16 weeks, the doctor may choose to terminate the pregnancy by performing a *labor* induction abortion.

THE METHOD OF LABOR INDUCTION

Using this method, the doctor will cause you to begin labor. The doctor will usually place a substance in the cervix 24 to 48 hours before the procedure, to soften the cervix and open it. The doctor may place a drug that helps to dilate your cervix directly into the uterus or into the vagina.

The doctor may then inject a chemical such as urea, potassium, or digitoxin into your uterus by placing a needle through the belly or again, in the vagina. These drugs will cause the death of the human fetus. A drug called pitocin may be administered to start the contractions of your uterus.

If your abortion is performed at a later gestational age, the doctor may inject the medicine or saline directly into the human fetus to cause the death before inducing labor. If the placenta is not removed with the human fetus during labor induction, the doctor must open the cervix and suction your uterus using the vacuum aspiration method.

POSSIBLE COMPLICATIONS

Labor inducing abortions carry a higher risk than methods used at earlier stages in your pregnancy. Possible complications include:

- Uterine infection
- Heavy bleeding
- High blood pressure

For those who have had a previous *caesarean*, there may be an increased risk of uterine rupture.

AFTER AN ABORTION

After an abortion, you will need to stay at the clinic or hospital where the procedure was performed so your doctor can check for complications.

The length of time you will be observed will depend on the type of procedure performed and the anesthesia used during that procedure. For example, if you have had a vacuum aspiration or D&C with local anesthesia, you will usually remain at the clinic for about 30 minutes to an hour; after a D&E or D&X, you will usually be observed for 2 to 4 hours.

After the doctor observes you and allows you to go home, you may be given an antibiotic to prevent infection and another drug to contract your uterus to reduce bleeding. The doctor will tell you how long you must wait before having intercourse again and discuss birth control methods. You will receive a prescription for pain medication.

It is normal for you to have some cramping and a small amount of bleeding after having any type of abortion. The cramping is caused by your uterus contracting back to its normal size.

If heavy bleeding occurs (2 sanitary pads per hour for 2 hours) or there is severe pain that cannot be controlled by pain medication, you should contact the clinic or doctor where the procedure was performed or go to an emergency room. Normally, you can return to your daily activities within a day or so after a procedure. It is important that you return to your doctor for a check-up 2 to 3 weeks after an abortion.

THE EMOTIONAL SIDE OF ABORTION

Women decide to have an abortion for different reasons. You may have a variety of feelings, depending on why you choose to have an abortion. You may experience different emotions before and after an abortion.

Women often have both positive and negative feelings after having an abortion. Some women say that the feelings go away quickly, while others say they last for a length of time. These feelings include emptiness, guilt, sadness, and depression. This is a serious condition that may require treatment from a health care provider.

Some women may question whether they made the right decision. Some women may feel relief about their decision after the procedure is over. Other women may feel anger at having made the choice.

Although studies have been inconsistent in reporting the actual percentage of women who experience emotional complications after an abortion, the research has been conclusive regarding risk factors. Two conditions increase the possibilities a woman will experience emotional difficulties: 1) if a woman feels uncertain or conflicted about her decision to have an abortion; and 2) if a woman has existing or has had prior mental health concerns.

SUPPORT AFTER AN ABORTION

Counseling or support before and after your abortion is very important. If family help and support or counseling is not available to you, the feelings that appear after an abortion may be harder to adjust to later.

Talking with a professional and objective counselor *before* having an abortion can help you better understand your decision and the feelings you may experience after the procedure. Talking with a member of the clergy or trusted friend may also be beneficial.

Remember, it is your right and your doctor's responsibility to fully inform you prior to the procedure. You should make sure all of your questions are answered completely.

THE MEDICAL RISKS
OF CHILDBIRTH

CHILDBIRTH

LABOR

Labor is the process in which the uterus contracts and pushes, or delivers, the developed human fetus from your body. The delivery may be through the uterine canal or by caesarean.

POSSIBLE COMPLICATIONS

- Uterine infections
  - 10% of women may develop uterine infections during or after delivery which, on rare occasions, may cause death
- Blood pressure problems
  - 5% of women may develop blood pressure problems during or after pregnancy, especially in first pregnancies
- Extreme blood loss
  - 5% of women may experience extreme blood loss during delivery
- Rare events such as blood clot, stroke, or anesthesia-related death

Women with chronic severe diseases are at greater risk of developing complications during pregnancy, labor, and delivery.

CHILDBIRTH RISKS

If you choose to carry a child to *full term* (40 menstrual weeks, 38 weeks after fertilization) you can usually expect to experience a safe and healthy process. The risk of dying in childbirth is 6.7 in 100,000 live births.

THE EMOTIONAL SIDE OF CHILDBIRTH

You may experience a wide range of emotions throughout your pregnancy and during and following childbirth. If you experience the "baby blues" after delivery, you can normally expect them to go away quickly. If they don't, or they get worse, you may have postpartum depression. This is a serious condition that requires treatment from a health care provider.

ADOPTION

Women and couples facing an untimely pregnancy who choose not to assume the full responsibilities of parenthood have another option – adoption. There is a great demand for adoption, and many babies are placed with a loving adoptive family as soon as the child is born.

Adoption can be divided into a number of different categories. A *related* adoption is when a family member or stepparent adopts your child. A *non-related* adoption is when someone who is not a family member adopts your child.

Adoptions can be either *closed* or *open*. In a *closed* adoption, the identities of the birth mother and the adoptive family are unknown to each other. In an *open* adoption, there is a mutually agreed upon relationship between the birth mother and the adoptive family, before and/or after birth. These agreements range from leaving records open for the child to investigate later to regular pictures and updates, to scheduled visits and contact.

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. The state of Idaho publishes a "Directory of Pregnancy and Child Health Services" that includes a list of adoption agencies in your county.

There are many ways to adopt – through a public or private agency or through a private attorney. For more information, call the Idaho CareLine at 2-1-1, or visit www.idahocareline.org. You can also call your Regional Health and Welfare office.

THE EMOTIONAL SIDE OF ADOPTION

You may have a mixture of feelings when the baby is adopted – anger, grief, a sense of loss, or relief. There are a number of resources available to you, including counseling, support groups, conferences, and literature.

GREAT SEAL OF
THE STATE OF IDAHO
ESTO PERPETUA