

# Before You Decide

## Know the Facts

You think you are pregnant. This was not in your plans. Fear, confusion, and anger are just some of the feelings that you may be experiencing. You wonder what you are going to do.

Facing an unplanned pregnancy is hard. Before you decide, you deserve to know the facts. The law gives you the right to be fully informed about this important decision.

### *Questions and Answers*

Should I be concerned about having an abortion?

Abortion is not just a simple medical procedure. For many women, it is a life-changing event with significant physical, emotional, and spiritual consequences. Most women who struggle with past abortions say that they wish they had been told all of the facts about abortion.

What can I do about people pressuring me?

Remember, no person will be required to live with the consequences of this decision as much as you will. If your boyfriend or parents are pressuring you to make a quick decision, explain your needs and try to involve them in counseling to explore your positive options. You have the right to continue with this pregnancy.

Can I have a baby and still live my life?

You may see this unplanned pregnancy as a major roadblock in your life. Thankfully, there are other routes that can get you back on track. Be encouraged to know that many women in the same situation have found the necessary help and resources to make positive choices and realize their dreams.

## Understanding Your Pregnancy

During pregnancy, your body goes through many changes. Some common symptoms of early pregnancy include a missed period, nausea, breast tenderness, frequent urination, tiredness, and mood swings.

Most pregnancy tests are very reliable. However, to confirm that you are pregnant, a visit to an appropriate health care provider will be necessary.

Your doctor may request an ultrasound exam to confirm the status of your pregnancy. This information is important whether you are considering abortion or continuing with your pregnancy.

### *Definitions*

**Cervix:** The bottom opening to the uterus.

**Embryo:** Human life at its earliest developmental stage.

**Fertilization:** Joining of a male sperm and the female egg to form a human embryo.

**Fetus:** A developing unborn baby with an observable human structure.

**Full Term Pregnancy:** The stage at about 40 weeks after last menstrual period or 38 weeks after fertilization when the unborn baby is ready for birth.

Last Menstrual Period (LMP): The date when a woman started her last menstrual period before fertilization. This is the point in time from which the pregnancy and the age of the unborn baby are measured.

Trimester: An interval of three months used to measure three successive stages of pregnancy – first trimester, second trimester, and third trimester.

Uterus: The muscular female organ that contains the developing unborn baby.

## **Learn About Abortion Procedures**

### Manual Vacuum Aspiration – Within 7 weeks after LMP

This surgical abortion is done early in the pregnancy up until 7 weeks after the woman's last menstrual period. The cervical muscle is stretched with dilators (metal rods) until the opening is wide enough to allow the abortion instruments to pass into the uterus. A hand held syringe is attached to tubing that is inserted into the uterus and the fetus is suctioned out.

### Suction Curettage – Within 6 to 14 weeks after LMP – Most Common

In this procedure, the doctor opens that cervix with a dilator (a metal rod) or laminaria (thin sticks derived from plants and inserted hours before the procedure). The doctor inserts tubing into the uterus and connects the tubing to a suction machine. The suction pulls the fetus' body apart and out of the uterus. One variation of this procedure is called Dilation and Curettage (D&C). In this method, the doctor may use a curette, a loop-shaped knife, to scrape the fetal parts out of the uterus.

### Dilation & Evacuation (D&E) – Within 13 to 24 weeks after LMP

This surgical abortion is done during the second trimester of pregnancy. Because the developing fetus doubles in size between the eleventh and twelfth weeks of pregnancy, the body of the fetus is too large to be broken up by suction and will not pass through the suction tubing. In this procedure, the cervix must be opened wider than in the first trimester abortion. This is done by inserting laminaria a day or two before the abortion. After opening the cervix, the doctor pulls out the fetal parts with forceps. The fetus' skull is crushed to ease removal.

### Dilation & Extraction (D&X) – From 20 weeks after LMP to full-term – Partial Birth

This procedure takes three days. During the first two days, the cervix is dilated and medication is given for cramping. On the third day, the woman receives medication to start labor. After labor begins, the abortion doctor uses ultrasound to locate the baby's legs. Grasping a leg with forceps, the doctor delivers the baby up to the baby's head. Next, scissors are inserted into the base of the skull to create an opening. A suction catheter is placed into the opening to remove the skull contents. The skull collapses and the baby is removed.

### RU486, Mifepristone – Within 4 to 7 weeks after LMP

This medical abortion is used for women who are within 30 to 49 days after their last menstrual period. This procedure usually requires three office visits. The RU486 or mifepristone pills are given to the woman who returns two days later for a second medication called misoprostol. The combination of these medications causes the uterus to expel the fetus.

## **Consider the Immediate Risks of Abortion**

Some side effects may occur with induced abortion. These include abdominal pain and cramping, nausea, vomiting, and diarrhea. In most abortions, no serious complications occur. However, complications may happen in as many as 1 out of every 100 early abortions and in about 1 out of every 50 later abortions. Such complications may include:

**Heavy Bleeding:** Some bleeding after abortion is normal. There is, however, as risk of hemorrhage, especially if the uterine artery is torn. When this happens, a blood transfusion may be required.

**Infection:** Bacteria may get into the uterus from an incomplete abortion resulting in infection. A serious infection may lead to persistent fever over several days and extended hospitalization.

**Incomplete Abortion:** Some fetal parts may not be removed by the abortion. Bleeding and infection may occur. RU486 may fail in up to 1 out of every 20 cases.

**Allergic Reaction to Drugs:** An allergic reaction to anesthesia used during abortion surgery may result in convulsions, heart attack, and in extreme cases, death.

**Tearing of the Cervix:** The cervix may be cut or torn by abortion instruments.

**Scarring of the Uterine Lining:** Suction tubing, curettes, and other abortion instruments may cause permanent scarring of the uterine lining.

**Perforation of the Uterus:** The uterus may be punctured or torn by abortion instruments. The risk of this complication increases with the length of the pregnancy. If this complication occurs, major surgery, including a hysterectomy, may be required.

**Damage to Internal Organs:** When the uterus is punctured or torn, there is also a risk that damage will occur to nearby organs such as the bowel and bladder.

**Death:** In extreme cases, other physical complications from abortion including excessive bleeding, infection, organ damage from a perforated uterus, and adverse reactions to anesthesia may lead to death.

This complication is very rare and occurs, on average, in less than 20 cases per year.

## **Consider Other Risks of Abortion**

### *Abortion and Breast Cancer*

Medical experts are still researching and debating the linkage between abortion and breast cancer. However, there are some important facts:

1. Carrying a pregnancy to full term gives protection against breast cancer that cannot be gained if abortion is chosen.
2. Abortion causes a sudden drop in estrogen levels that may make breast cells more prone to cancer.
3. Most studies conducted so far show a significant linkage between abortion and breast cancer.

\*A 1994 study in the Journal of the National Cancer Institute found: "Among women who had been pregnant at least once, the risk of breast cancer in those who had experienced an induced abortion was 50% higher than among other women."

### *Effect on Future Pregnancy*

Scarring or other injury during an abortion may prevent or place at risk future wanted pregnancies. The risk of miscarriage is greater for women who abort their first pregnancy.

### *Emotional Impact*

Some women experience strong negative emotions after abortion. Sometimes this occurs within days and sometimes it happens after many years. This psychological response is known as Post-Abortion Stress (PAS). Several factors that impact the likelihood of Post Abortion Stress include: the woman's age, the abortion circumstances, the stage of pregnancy at which the abortion occurs, and the woman's religious beliefs.

PAS Symptoms: Guilt, Anger, Anxiety, Depression, Suicidal Thoughts, Anniversary Grief, Flashbacks of Abortion, Sexual Dysfunction, Relationship Problems, Eating Disorders, Alcohol and Drug Abuse, and Psychological Reactions.

### *Spiritual Consequences*

People have different understandings of God. Whatever your present beliefs may be, there is a spiritual side to abortion that deserves to be considered. Having an abortion may affect more than just your body and your mind – it may have an impact on your relationship with God. What is God's desire for you in this situation? How does God see your unborn child? These are important questions to consider.

## **Explore Your Options**

You have the legal right to choose the outcome of your pregnancy. But real empowerment comes when you find the resources and inner strength necessary to make your best choice. Here are some other options.

### *Parenting*

Choosing to continue your pregnancy and to parent is very challenging. But with the support of caring people, parenting classes, and other resources, many women find the help they need to make this choice.

### *Adoption*

You may decide to place your child for adoption. Each year over 50,000 women in America make this choice. This loving decision is often made by women who first thought abortion was their only way out.

## **Help Is Available**

Facing an unplanned pregnancy can seem overwhelming. That is why knowing where to go for help is important. Talk to someone you can trust – your partner, your parents, a pastor, a priest or perhaps a good friend. Also, caring counselors at the Crisis Pregnancy Center are available to help you through this difficult time. Call (812) 334-0055 or 1-800-395-HELP today. Let us help.

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