ABORTION

Making

Decision

LOUISIANA
Department of
HEALTH and
HOSPITALS

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INTRODUCTION

Louisiana law requires your doctor 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 carefully and privately.

This brochure offers some basic facts to help you make an informed decision about whether or not you want to have an abortion. The information will tell you about normal human embryonic and fetal development and about the methods and risks of abortions.

The term embryo refers to a developing human from conception until the eighth week. An embryo becomes a fetus after the eighth week. Embryo and fetal ages in this brochure are listed from both the estimated date of conception and from the first day of the last normal menstrual period. Fetal lengths are measured from the top of the head to the rump.

If you decide to place your baby up for adoption or need to locate public and private agencies that offer medical and financial help, as well as counseling services, a list is included in the Directory of Services accompanying this brochure.

By calling or visiting the agencies and offices, you can find out about alternatives to abortion, adoption, and the kinds of assistance available to help you through pregnancy and childbirth and while you are raising your child. Furthermore, you should know:

- It is unlawful for any individual to coerce you to undergo an abortion;
- Any physician who performs an abortion upon you without obtaining an informed consent or without according you a private medical consultation maybe liable to you for damages in a civil action at law;
- You are not required to pay any amount for the abortion procedure until the 24-hour period has expired;
- The father of your child is liable to assist in the support of that child, even in instances where the father has offered to pay for an abortion; and
- The law permits adoptive parents to pay costs of prenatal care, childbirth and neonatal care.

" There are many public and private agencies willing and able to help you carry your child to term. They also will assist you and your child after your child's birth, whether you choose to keep your child or to place him or her up for adoption. The State of Louisiana strongly urges you to contact them before making a final decision about abortion. The law requires that your physician or his agent give you the opportunity to call agencies like these before you undergo an abortion." - *Louisiana Act 648 of 1995*

FETAL DEVELOPMENT

First things first

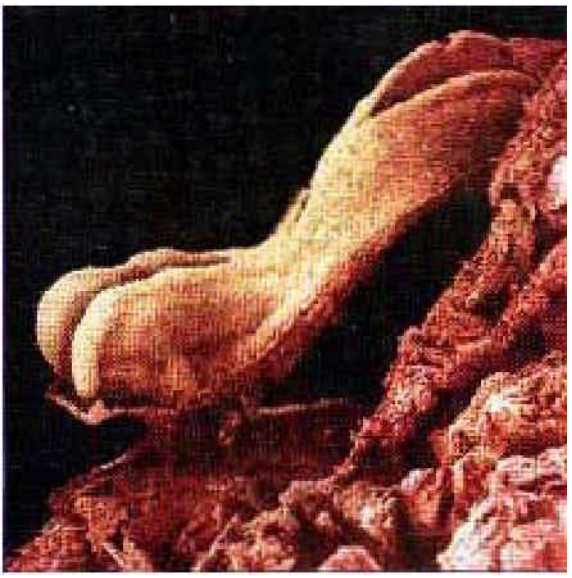
A pregnant woman may notice her first missed menstrual period at the end of the second week after conception, or about four weeks after the first day of her last normal period.

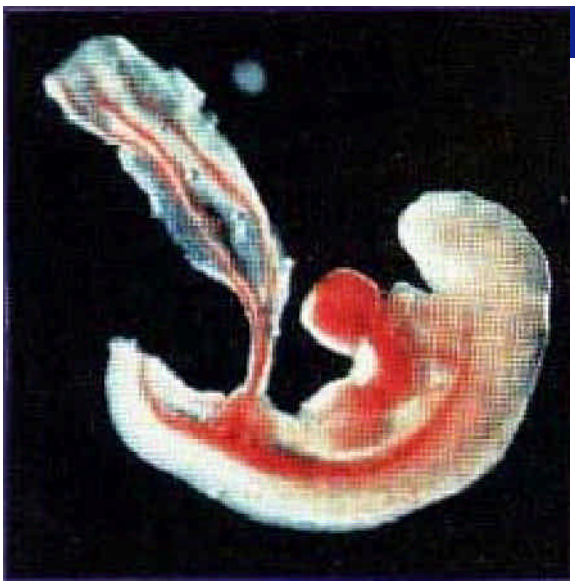
There are different kinds of urine tests for pregnancy. Some may not be accurate for up to three weeks after conception, or five weeks after the first day of the last normal period.

Week 2

(4 weeks after the first day of the last normal menstrual period)

- Implantation begins the first week and the embryo continues to grow. The embryo is about 1/100 of an inch long at this time.

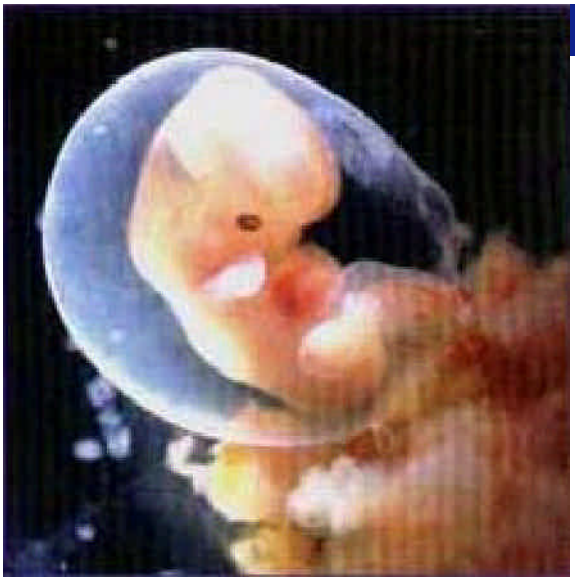




Week 4

(6 weeks after the first day of the last normal menstrual period)

- The embryo is about 1/6 inch long and has developed a head and a trunk.
- Structures that will become arms and legs, called limb buds, begin to appear.
- The heart, now is a tubular form, begins to beat by the 25th day.



Week 6

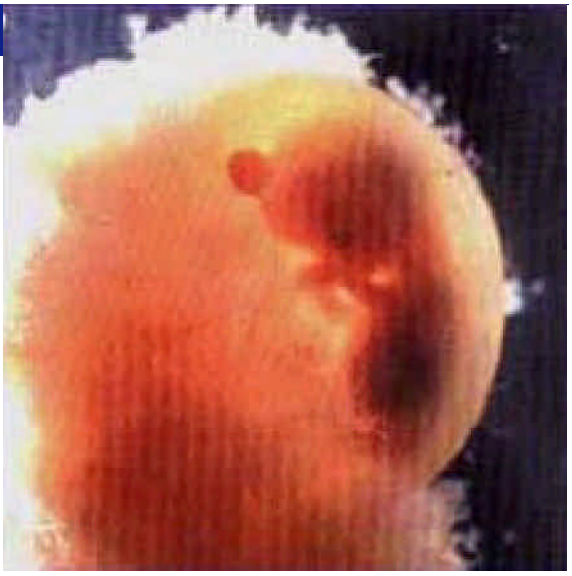
(8 weeks after the first day of the last normal menstrual period)

- The embryo is about 1/2 inch and has a four chambered heart and nostrils.
- Electrical activity begins in the developing brain and nervous system.
- Fingers and toes begin to form.

Week 8

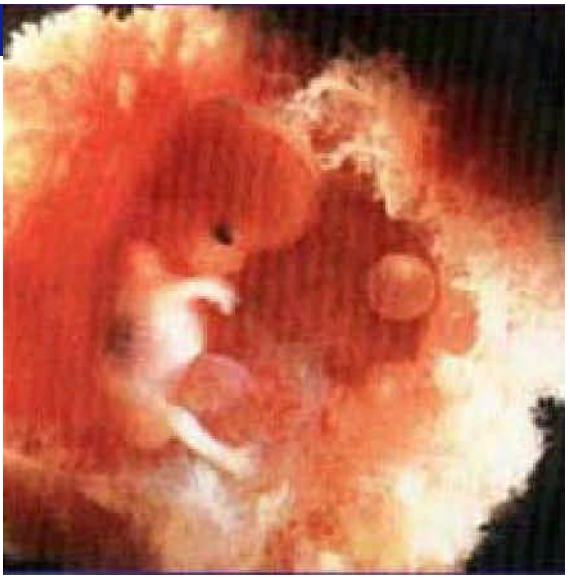
(10 weeks after the first day of the last normal menstrual period)

- The fetus, until now called an embryo, is about 1-1/4 inches long, with the head making up about half this size.
- The beginnings of all key body parts are present, although they are not completely positioned in their final locations.
- Structures that will form eyes, ears, arms and legs are identifiable.



Week 10

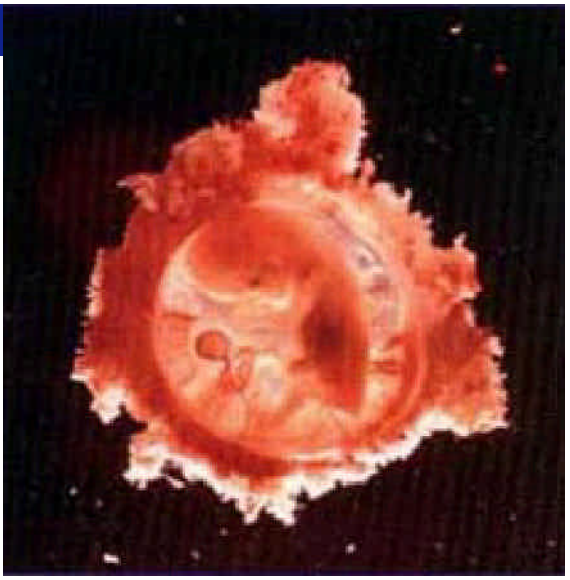
(12 weeks after the first day of the last normal menstrual period)



- The fetus is about 2-1/2 inches from head to rump.
- Fingers and toes are distinct and have nails.
- The fetus begins small, random movements, too slight to be felt.
- The fetus' heartbeat can be detected electronically.

Week 12

(14 weeks after the first day of the last normal menstrual period)

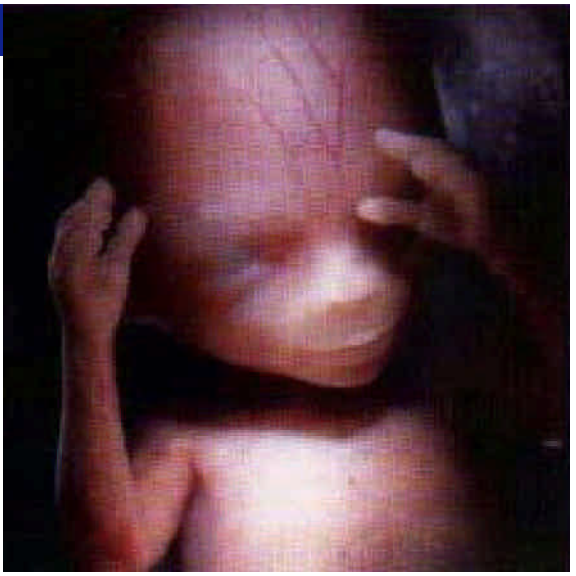


- The fetus is about 3-1/2 inches from head to rump and weighs about 4 ounces.
- The fetus can swallow, the kidneys make urine, and blood begins to form in the bone marrow.
- Your doctor maybe able to tell you the sex through special tests.

Week 14

(16 weeks after the first day of the last normal menstrual period)

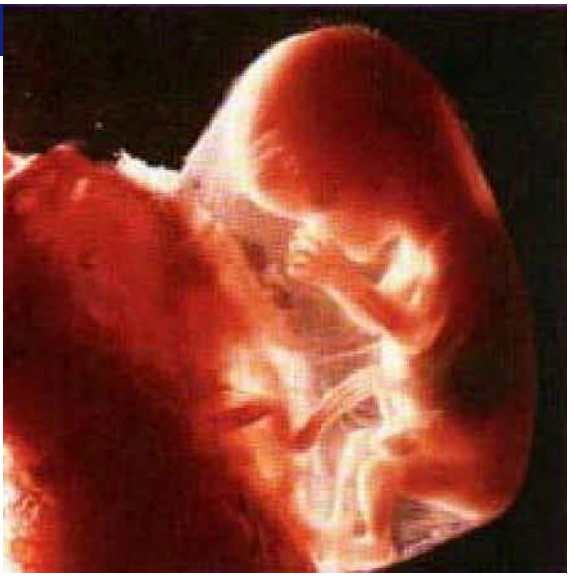
- The fetus is about 4-3/4 inches from head to rump and weighs 4 ounces.
- The head is erect and the arms and legs are developed.



Week 16

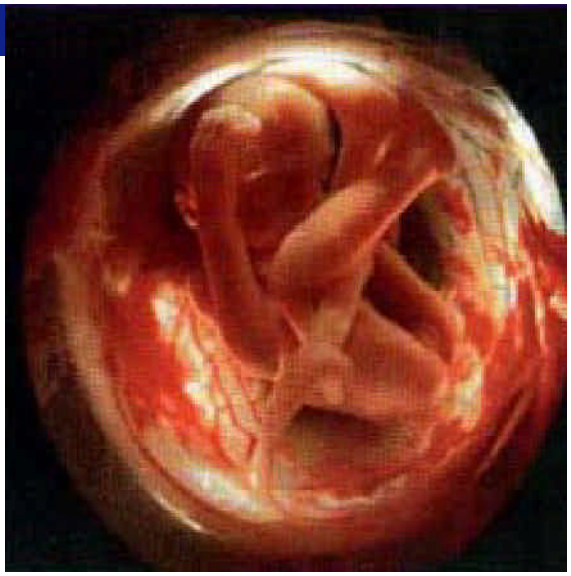
(18 weeks after the first day of the last normal menstrual period)

- The fetus is about 5 inches from head to rump and weighs about 8 ounces.
- The skin is pink and transparent and the ears stick out from the head.



Week 18

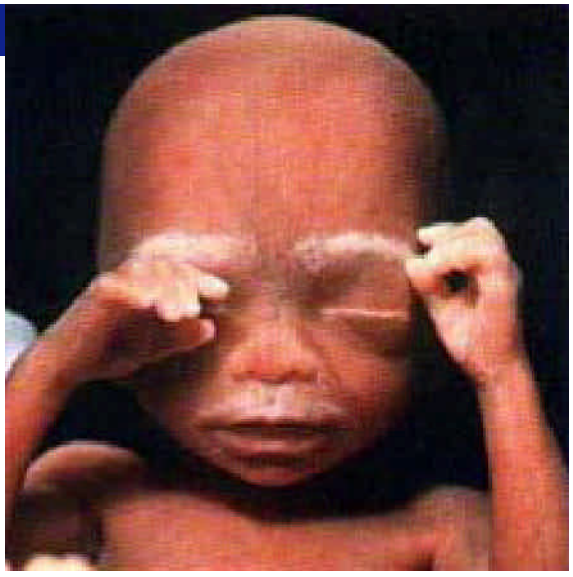
(20 weeks after the first day of the last normal menstrual period)



- The fetus is about 6-1/4 inches from head to rump.
- All organs and structures have been formed, and a period of simple growth begins.
- Respiratory movements occur, but the lungs have not developed enough to permit survival outside the uterus.
- By this time the woman can feel the fetus moving.

Week 20

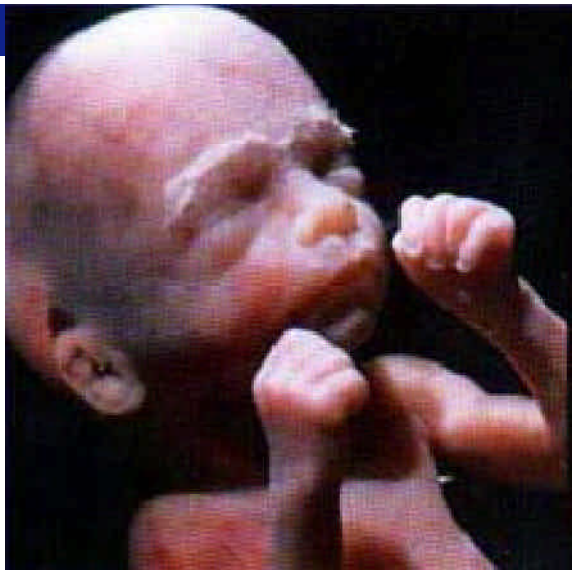
(22 weeks after the first day of the last normal menstrual period)



- The fetus is about 7-1/2 inches from head to rump, has fingerprints and perhaps some head and body hair.
- There is little chance before this time that a baby could survive outside the woman's body.

Week 22

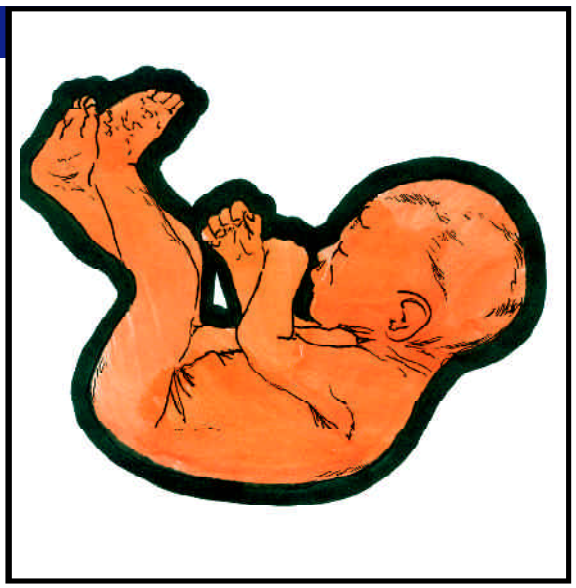
(24 weeks after the first day of the last normal menstrual period)



- The fetus is about 8-1/4 inches from head to rump and weighs about 1-1/4 pounds.
- Changes are occurring in lung development so that some babies are able to survive with intensive care services.
- Surviving babies may have long-term disabilities.

Week 24

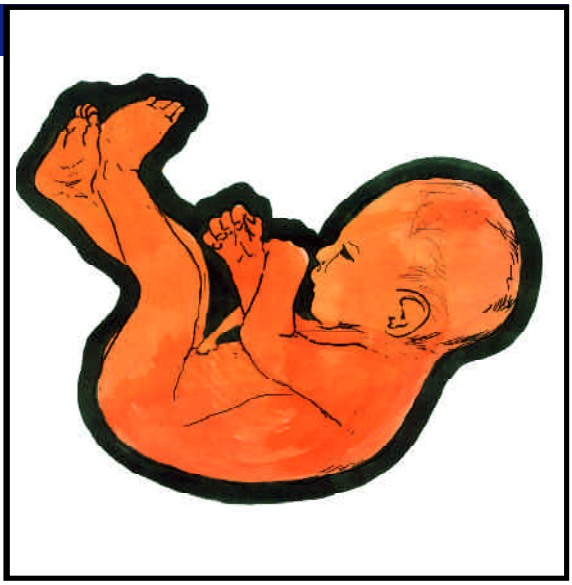
(26 weeks after the first day of the last normal menstrual period)



- The fetus is about 9 inches from head to rump and weighs about 2 pounds.
- The fetus can respond to sound.
- About 4 out of 10 babies born now will survive (with intensive care services).

Week 26

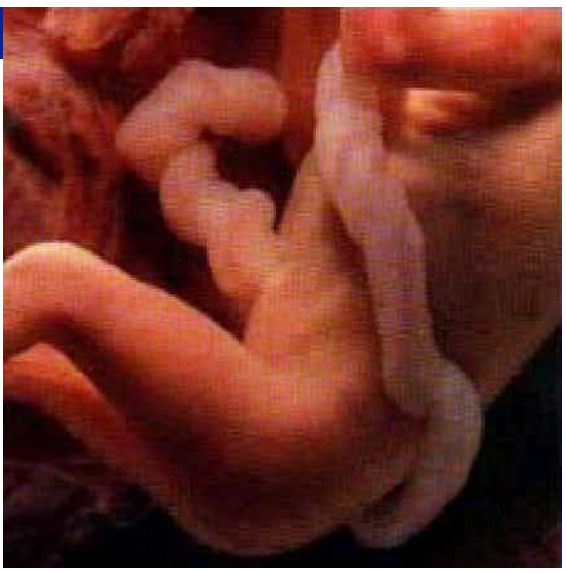
(28 weeks after the first day of the last normal menstrual period)



- The fetus is about10 inches from head to rump and weighs about 2-1/2 pounds.
- The eyes are partially open.
- About 9 out of 10 babies born now will survive (with intensive care services).

Week 28

(30 weeks after the first day of the last normal menstrual period)

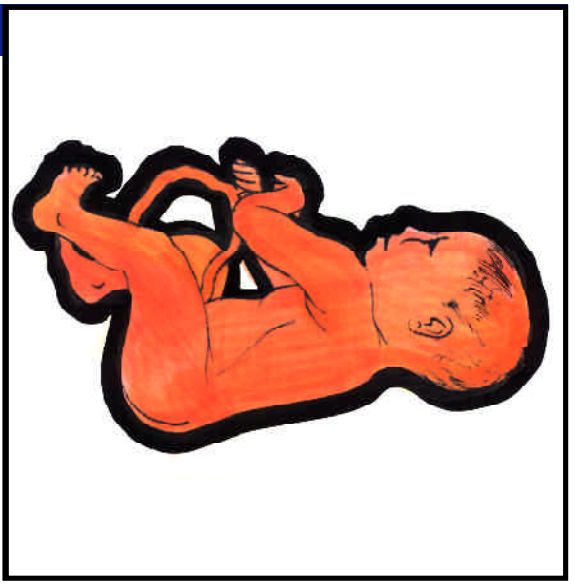


- The fetus is about 10-1/2 inches from head to rump and weighs almost 3 pounds.
- The fetus has lungs that are capable of breathing air, although medical help may be needed.
- The fetus can open and close its eyes, suck its thumb and cry.
- Nearly all babies born now will survive (with intensive care services).

Week 30

(32 weeks after the first day of the last normal menstrual period)

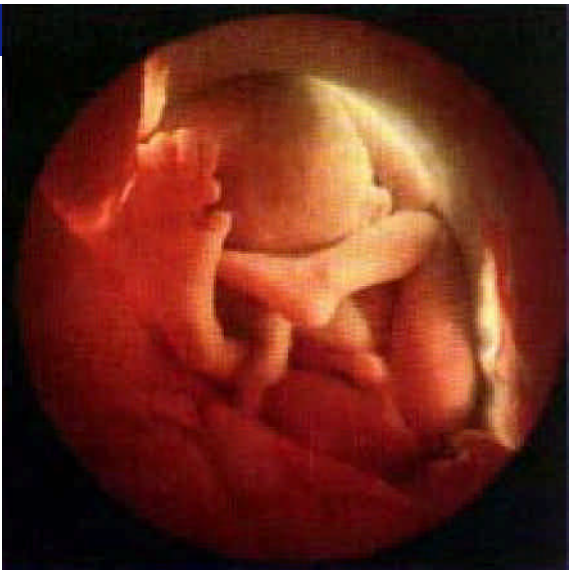
- The fetus is about 11 inches from head to rump and weighs more than 3 pounds.
- Wrinkles appear on the feet.
- Almost all babies born now will live (with intensive care services).



Week 32

(34 weeks after the first day of the last normal menstrual period)

- The fetus is about 11-3/4 inches from head to rump and weighs about 4-1/2 pounds.
- The skin is pink and smooth.
- Almost all babies born now will live (with intensive care services).



Week 34

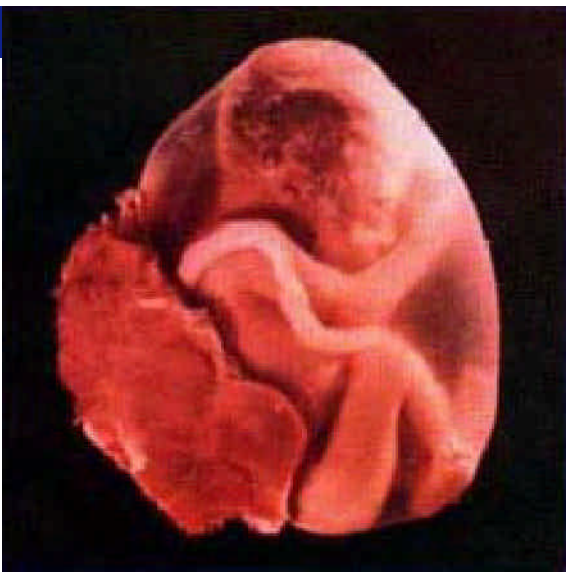
(36 weeks after the first day of the last normal menstrual period)

- The fetus is about 12-1/2 inches from head to rump and weighs about 5-1/2 pounds.
- The fetus is more round and plump.
- Almost all babies born now will live.

Week 36

(38 weeks after the first day of the last normal menstrual period)

- The fetus is about 13-1/2 inches from head to rump and weighs about 6-1/2 pounds.
- The fetus can grasp firmly.
- Almost all babies born now will live.

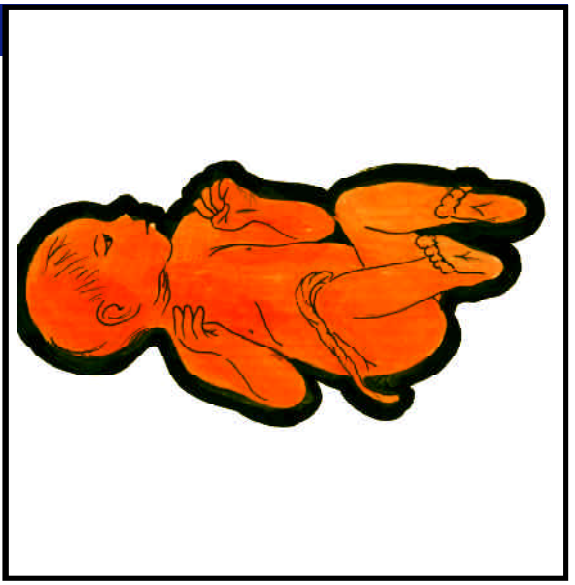


Week 38

(40 weeks after the first day of the last normal menstrual period)

- The fetus is about 14 inches from head to rump, may be more than 20 inches overall, and may weigh from 6-1/2 to 10 pounds.

- The baby is full-term and ready to be born.



METHODS & 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 an 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.

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

FIRST TRIMESTER

(From 6-12 weeks after the first day of the last normal menstrual period)

Abortion Method: Suction Curettage (Vacuum Aspiration)

- An anti-bacterial solution will be used to cleanse the vaginal area.

- The doctor will spray or inject medicine on the opening of your uterus (cervix) to prevent pain.

- The opening of the cervix will be gradually stretched. This is done by the insertion of a series or rods, each one thicker than the previous one, into the opening of the cervix. The thickest rod used is about the width of a fountain pen.

- After the opening is stretched, a clear plastic tube (catheter) is inserted into the uterus.

- The suction (vacuum) machine is turned on and fetal tissues and other products of pregnancy are removed through the catheter.

- After the suction tube has been removed, a narrow metal loop (Curette) may be used to gently scrape the walls of the uterus to be sure it has been completely emptied.

Medical Risks

- Immediate medical risks may include the following, which are discussed on pages 16: pelvic infection, incomplete abortion, blood clots in the uterus, heavy bleeding, cut or torn cervix, perforation of the wall of the uterus, pelvic infection, anesthesia-related complications.

- Possible long-term medical risks are discussed on page 17.

SECOND TRIMESTER

(From 14-23 weeks after the first day of the last menstrual period)

Abortion Methods: Dilatation and Evacuation (D&E) or Labor Induction

D&E

- An abortion using the D&E method is done in two steps: dilation (opening the cervix) and evacuation (emptying) the uterus.

- An antibacterial solution is used to cleanse the vaginal area.

- The doctor may insert a sponge-like material into the cervix. As the sponge gets wet, it swells and opens the mouth of the cervix. You may feel pressure or cramping while the dilator is in place.

- The doctor will remove the sponge in 2 to 16 hours.

- You may be given intravenous medications to ease pain and prevent infection.

- After a local or general anesthesia is given, the fetus and other products of pregnancy are removed from the uterus with medical instruments such as forceps and suction curettage.

Medical Risks

- Immediate medical risks may include the following, which are discussed on pages 16: pelvic infection, incomplete abortion, blood clots in the uterus, heavy bleeding, cut or torn cervix, perforation of the wall of the uterus, pelvic infection, anesthesia-related complications.

- Possible long-term medical risks are discussed on page 17.

Labor Induction

- Labor induction method is used if the doctor determines that the age of the fetus is late in the second trimester. Labor induction usually requires a longer stay and is not performed in a clinic setting.

- The medicine to induce labor will be injected in either of two ways: directly into a vein or by inserting a needle through the belly into the amniotic sac.

- Labor will usually begin in 2-4 hours.

- If the afterbirth is not removed with the fetus during labor induction, the doctor must open the cervix and use suction curettage as described in the first trimester.

Medical Risks

- Labor induction abortion carries the highest risk for problems, such as infection and heavy bleeding, stroke and high blood pressure.

- When medicines are used to start labor, there is a greater risk of rupture of the womb than during normal childbirth.

- Other immediate medical risks may include the following, which are discussed on page 16: pelvic infection, incomplete abortion, blood clots in the uterus, heavy bleeding, cut or torn cervix, perforation of the wall of the uterus, pelvic infection, anesthesia-related complications.

- Possible long-term medical risks are discussed on page 17.

If the labor induction method is used, there is a small chance that a fetus could live for a short period of time. (See *"What if the fetus is able to live outside the womb?"*, page 15.)

THIRD TRIMESTER

(From 24-40 weeks after the first day of the last menstrual period)

An abortion at this stage of your pregnancy may only be done if your doctor reasonably believes it is necessary to prevent your death or to preserve your health.

Abortion Methods: Labor Induction or Caesarean Section

Labor Induction

(See *"What if the fetus is able to live outside the womb?"*)

- Labor induction usually requires the woman to be admitted to the hospital.
- Labor will be started by injecting medicines into the woman's blood stream.
- Labor and delivery of the fetus during the third trimester are similar to childbirth.
- The duration of labor depends on the size of the baby and the readiness of the womb.

Medical Risks

- As with childbirth, possible complications of third trimester labor induction include infection, heavy bleeding, stroke and high blood pressure.
- When medicines are used to start labor, there is an increased risk of rupture of the womb than during normal childbirth.
- Other immediate medical risks may include the following, which are discussed on pages 19: pelvic infection, incomplete abortion, blood clots in the uterus, heavy bleeding, cut or torn cervix, perforation of the wall of the uterus, anesthesia-related complications.

Caesarean Section

- This method requires that the woman be admitted into a hospital.
- A caesarean section may be performed if labor cannot be started by inducing labor, or if the woman or her fetus is too sick to undergo labor.

- A caesarean section is removal of the baby by surgically cutting open the belly and womb. The woman is made numb by medication, either injected into the vein or spine or inhaled into the lungs.

Medical Risks

- Complications are similar to those seen with childbirth caesarean sections and with 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: pelvic infection, incomplete abortion, blood clots in the uterus, heavy bleeding, cut or torn cervix, perforation of the wall of the uterus, anesthesia-related complications.

- Possible long-term medical risks are discussed on page 20.

WHAT IF THE FETUS IS ABLE TO LIVE OUTSIDE THE WOMB?

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

- If the fetus is viable or has reached the gestational age of 24 weeks, an abortion may only be done if your doctor reasonably believes that it is necessary to prevent your death or to preserve your health.

- If such an abortion is to be performed, you have the right to ask the doctor to use the method that is most likely to preserve the life of the unborn child.
- If the baby is removed alive, the attending physicians have the legal obligation to take all reasonable steps necessary to maintain the life and health of the child.

- If an abortion is performed after the doctor has determined that the fetus is viable, the following steps must be taken:

    1. The physician who terminates the pregnancy must certify the medical reasons making performance of the abortion necessary and the probable health consequences if the abortion is not performed;

2. The physician must select a procedure that is most likely to allow the unborn child to live; and

3. A second physician must be in attendance to provide immediate medical care to the child born a result of the pregnancy termination.

Medical Emergencies

The physician is not required to use the abortion method that would provide the best opportunity for the baby to live if that physician determines in his or her medical judgment that use of that method poses a significantly greater risk to the woman's life or permanent damage to any of the 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

Immediate Medical Risks

First trimester abortion is considered minor surgery. 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: 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: Fetal 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%.

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: 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 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 risks of anesthesia-related complications is around 1 per 5,000 abortions.

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

LONG-TERM MEDICAL RISKS

Future childbearing: Early abortions that are not complicated by infection do not cause infertility or make it more difficult to carry a later pregnancy to term. Complications associated with an abortion or having many abortions may make it difficult to have children.

EMOTIONAL REACTIONS

Because every person is different, one woman's emotional reaction to an abortion may be different from another's. After an abortion, a woman may have both positive and negative feelings, even at the same time. One woman may feel relief, both that the procedure is over and that she is no longer pregnant.

Another woman may feel sad that she was in a position where all of her choices were hard ones. She may feel sad about ending the pregnancy. For a while after the abortion she also may feel a sense of emptiness or guilt, wondering whether or not her decision was right.

Some women who describe these feelings find they go away with time. Others find them more difficult to overcome.

Certain factors can increase the chance that a woman may have a difficult adjustment to an abortion. One of these is not having any counseling before consenting to an abortion. When help and support from family and friends are not available, a woman's adjustment to the decision may be more of a problem.

Other reasons why a woman's long-term response to an abortion can be poor may be related to past events in her life. For example, negative feelings could last longer if she has not had much practice making major life decisions or already has serious emotional problems.

Talking with a professional and objective counselor can help a woman to consider her decision fully before she takes any action.

MEDICAL RISKS OF CHILDBIRTH

Continuing a pregnancy and delivering a baby is usually a safe, healthy process. Based on data from the CDC, the risk of dying as a direct result of pregnancy and childbirth is less than 10 in 100,000 live births. The risk is higher for African-Americans (22 in 100,000).

The most common cause of death of pregnant women are:

- Emboli (blood clots affecting the heart and brain),
- Eclampsia (high blood pressure complications affecting pregnancy),
- Hemorrhage (severe bleeding),
- Sepsis (severe infection),
- Cerebral vascular accidents (stroke, bleeding in the brain), and
- Anesthesia-related deaths.

Altogether, these causes account for 80% of all deaths relating to a woman's 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.

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

- Approximately 15 to 20 or every 100 pregnant women require Caesarean delivery.
- One in 10 women may develop infection during or after delivery.
- About 1 in 20 pregnant women has blood pressure problems.
- One in 20 women suffer from excessive blood loss at delivery.

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 Medicaid, 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.

Brochures explaining Louisiana's Maternal and Child Health Program are available. Call 1-800-251-2229 for information about eligibility.

WHAT ABOUT ADOPTION?

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

Placing a child for adoption is rarely an easy decision. 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 services directory that accompanies this booklet includes a list of adoption agencies some of which may be agencies in your parish.

There are many ways to adopt, including through a public or private agency or through a private attorney. One type of adoption, known as an open adoption, permits the woman to choose the adoptive parents. Fully anonymous adoption is also available . To find out more, please call the Louisiana Department of Health and Hospitals hotline number: 1-800-578-3032.

THE FATHER'S DUTY

The father of a child has a legal responsibility to provide for the support, educational, medical and other needs of that child. That duty can include child support payments to the child's mother.

A child has rights of inheritance from his or her father and may be eligible through him for benefits such as life insurance, Social Security, pension, veteran's or disability benefits. Further, the child will be aware of his or her medical history.

Paternity can be established in either of two ways:

1. the father can acknowledge the child by signing the birth certificate and a written declaration before a notary public and two witnesses; or

2. an action can be brought in court.

More information concerning paternity establishment and child support may be obtained from the regional office of the State Department of Social Services, Office

of Family Support, Division of Support Services, that serves your parish. Other information may be obtained from your parish district attorney's office. Telephone numbers for both offices may be found in the accompanying director.

INFORMATION DIRECTORY

The decision to have an abortion, have a baby or make an adoption plan, must be carefully considered. Listed in the accompanying directory area appropriate state and parish social agencies and organizations. You are encourage to contact them if you need more information so you can make an informed decision.

Individuals may call the Louisiana Department of Health and Hospitals toll free at 1-800-578-3032 to receive the pamphlet, "ABORTION: Making A Decision" and the directory of agencies which provide abortion alternative services. Services providers (e.g. physicians, hospitals, abortion clinics) may obtain copies of the pamphlet, directory, and certification form via mail or facsimile to:

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTH
325 Loyola Avenue, Room 610
New Orleans, LA 70112
(504) 568-5330
Fax (504) 568-3786

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