

Education on Abortion and Alternatives

Understand Federal Law

In January 1973, the Supreme Court issued its 5-4 ruling in *Roe v. Wade* and in the later companion case *Doe v. Bolton*. This decision included three basic rulings:

- A woman's constitutional right to privacy includes the right to determine the outcome of her pregnancy.
- An unborn child is not a "person" within the meaning of our Constitution.
- A state may only ban abortions in cases when the unborn child has already reached viability and there is no threat to woman's health.

Understand State Laws of Texas

The Center staff and volunteers will make every effort to be prepared to explain state laws in Texas according to current published materials.

The booklet, "**A Woman's Right to Know**", explains Texas Law and gives information to women considering abortion. Below are direct quotes from this brochure:

- Texas law says your doctor must talk to you about certain things before you can have an abortion.
- Texas law requires a doctor to notify a parent of a patient who is less than 18 years of age (a minor) before the minor can have an abortion unless the court grants a waiver. Ask the doctor or clinic for the parental notification booklet, "**So You're Pregnant, Now What?**", if you are a minor. After you get this information, your doctor must wait 24 hours before your abortion can be performed.
- You and your doctor should talk carefully and privately. Some of the things your doctor must talk about with you include:
 - How long you've been pregnant.
 - The medical risks of having an abortion.
 - The medical risks of continuing your pregnancy.
- Abortion is ending the pregnancy by using medicine or a surgical procedure. In Texas, the legal definition of an abortion is the use of any means to terminate the pregnancy of a female known by the attending physician to be pregnant with the intention that the termination of the pregnancy by those means will with reasonable likelihood result in the death of the fetus.
- Some women consider an abortion because their pregnancy might threaten the woman's life or her health, or her baby may have severe birth defects. Other women choose to end their pregnancy without any known problems with their health or with their unborn child.
- Spontaneous abortion (often called miscarriage) can occur when problems with a pregnancy cause the woman to lose that pregnancy naturally.
- A doctor should evaluate you if you are thinking about having an abortion. Only a doctor can perform an abortion. Discuss your situation with your doctor. Ask about any risks you might face. You can expect the following things to happen:
 - If you are a minor, a parent must be notified or you will have to ask a judge to waive that notification.
 - You will be asked about your medical history.
 - You will get a physical exam.
 - Some lab tests will be done.
 - You will find out for sure if you're pregnant and how long you've been pregnant. Your doctor will do a pelvic exam and an ultrasound.
 - You will get counseling.
 - You will talk about your feelings about abortion.

- You will find out about the risks of having an abortion.
- You will find out the risks of having a baby.
- Your questions will be discussed and answered.
- You will get some information about abortion. You will have at least a full day to read this information before the appointment for your abortion.
- You will sign a consent form for your abortion.

Remember, it is your right and the doctor's responsibility to inform you fully prior to the procedure. Ask all of your questions and make sure you understand the answers. You have a right to view your medical records, including your ultrasound, at any time.

Understand Abortion Procedures by Type and Term of Pregnancy

Medical Nonsurgical Abortion (FDA allows up to 49 days after LMP)

These abortions are a way to end pregnancies with medicines without surgical procedures. Some states require a physician to be present for even these types of abortion.

The gestational age must be determined before getting any of these medicines.

Mifepristone (RU 486) and methotrexate are two of the medicines used

- Mifepristone is given to a woman by mouth, or vaginally.
- Methotrexate is usually given by injection, but may also be given by mouth. Methotrexate can cause serious birth defects if your pregnancy doesn't end.

After receiving mifepristone or methotrexate, you may bleed and pass clots, tissue, and the unborn child within hours to days. The bleeding can last up to three weeks or more. Your doctor will tell you when you need to return to be checked.

If you are still pregnant at that visit, you will be given a second drug (misoprostol), either by mouth or vaginally. Approximately two weeks later, you will return for an important follow-up visit. Your doctor will determine whether your pregnancy has completely ended. If you are still pregnant, a surgical procedure will be necessary.

To have any type of surgical or not, a medical abortion, you must:

- have access to an emergency room and a telephone.
- be able to attend all the visits (several visits may be required).
- be able to follow the doctor's instructions and understand what may occur with the procedure

D&C (Dilatation and Curettage) - First 12 Weeks

This is a surgical procedure with vacuum aspiration. Unless there are unusual problems, this procedure may be done in a doctor's office or a clinic. The doctor first opens (dilates) the cervix and then empties the uterus with suction. After suctioning, the doctor may scrape the walls of the uterus to make sure the unborn child, placenta, and contents of the uterus have been completely removed.

D&E (Dilatation and Evacuation) - After 12 Weeks

The procedure will generally be done in a doctor's office or clinic, but may sometimes be done in a hospital. The doctor will often use ultrasound to determine how far along you are.

To prepare for the procedure, the doctor will open (dilate) the cervix. Most women experience some pain, so the doctor may give you a painkiller — either locally by shots in the area of the cervix or by a general anesthetic — or a sedative (which will leave you unconscious). The uterus will be scraped and the unborn child and placenta are removed.

After 16 weeks, the unborn child and placenta are removed, piece-by-piece, using forceps or other instruments.

This procedure will take less than an hour.

Induction (Abortion by Medicine Started Labor) - After 16 Weeks

The procedure will generally require a hospital stay of one or more days.

Medicines will be used to start labor. These medicines can be put in the vagina, injected in the uterus (womb) or given into the vein (intravenously or by IV). The medicines used cause the uterus to contract and labor to begin. Sometimes more than one medicine will be used.

This procedure may take from several hours to several days

Your doctor may use instruments to scrape the uterus and make sure that the unborn child, placenta, and other contents of the uterus have been completely removed.

- A woman who has had previous surgery to the uterus or a woman with placenta previa should discuss this with her doctor.

D&X (Dilatation and Extraction) - After 16 Weeks Gestation

It may be done in the clinic or in the hospital for more advanced pregnancies.

- 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, scissors are used to make a hole 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.
- If the unborn 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

Understand Abortion Risks

This section, “**Making an Informed Decision,**” of the booklet “**A Woman's Right to Know**” explains the different kinds of associated medical risks for each type of abortion. Below are direct quotes from this brochure and a chart that explains the potential risks by the type of abortion:

Immediate Risks

The risks are fewer when an abortion is done in the early weeks of pregnancy. The further along in the pregnancy, the greater the chance of serious complications and the greater the risk of dying from the abortion procedure.

Statistics of risks

- One death per every 530,000 abortions if you are at eight weeks or less.
- One death per 17,000 abortions for pregnancies at 16–20 weeks.

- One death per 6,000 abortions at 21 weeks and more.

Other factors that affect the possibility of complications include:

- The skill and training of the doctor.
- The kind of anesthesia used.
- Your overall health.
- Abortion procedure used.

Long-term medical risks

These are explained in another section of the booklet. Below are some direct quotes.

Emotional side effects

- See section “**Understand Long Term Abortion Complications**” for details

Medical future side effects

- It gives concerns about future childbearing and infertility, The following may make it difficult to become pregnant or carry a baby to term
 - Infection
 - Cut or torn cervix
- Premature birth risks increase significantly with multiple abortions according to some large studies. Very early births (less than 28 weeks) have an increased risk of:
 - Death
 - Lasting disabilities including mental retardation, cerebral palsy, lung and gastrointestinal problems, and vision and hearing loss
- Danger of Breast Cancer
 - Below are direct quotes from “[A Woman’s Right To Know](#)”:
 - *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, you do not get the same protective effect if your pregnancy is ended by an abortion. The risk may be higher if your first pregnancy is aborted.*
 - *While there are studies that have found an increased risk of developing breast cancer after an induced abortion, some studies have found no overall risk.*
 - *There is agreement that this issue needs further study. If you have a family history of breast cancer or clinical findings of breast disease, you should seek medical advice from your physician before deciding whether to remain pregnant or have an abortion. It is always important to tell your doctor about your complete pregnancy history.*

The Center makes available this chart produced from direct quotes from the brochure, "Texas Women's Right to Know" to help clients understand some of the possible risks with each type of abortion.

POTENTIAL SIDE EFFECTS by TYPE of ABORTION	M E D I C A L	D & C	D & E	I N D U C T I O N	D & X
Cramping of the uterus or pelvic pain.	X	X			
Nausea or vomiting.	X			X	
Diarrhea.	X			X	
Warmth or chills.	X				
Headache.	X				
Dizziness.	X				
Fatigue.	X				
Fever	X				
Infection.		X	X	X	X
Allergic reaction to the medicines.	X				
Complications from anesthesia such as respiratory problems, nausea and vomiting, headaches, or drug reactions.				X	
Damage or rupture of the uterus (womb).				X	
The possibility of a live-born baby. *				X	
Water intoxication.				X	
Hemorrhage (heavy bleeding) possibly requiring treatment with an operation, a blood transfusion, or both.	X	X	X	X	X
A hole in the uterus (uterine perforation) or other damage to the uterus.		X	X		X
Injury to the bowel or the bladder.		X	X		X
A cut or torn cervix (cervical laceration).		X	X		X
A possible hysterectomy as a result of complication or injury during the procedure.		X	X	X	X
Emergency treatment for any of the above problems, including possible need to treat with an operation, medicines, or a blood transfusion.		X	X	X	X
Incomplete removal of the unborn child, placenta, or contents of the uterus, requiring an operation.	X	X	X	X	X
Inability to get pregnant due to infection or complication of an operation.	X	X	X	X	X
Rarely, death.	X	X	X	X	X
Breast Cancer – <i>"While there are studies that have found an increased risk of developing breast cancer after an induced abortion, some studies have found no overall risk."</i>					
Emotional Trauma – Some women may feel guilty, sad, or empty reporting serious psychological effects of: anger, anxiety, depression, grief, regret, flashbacks, and nightmares.					
DO YOU WANT TO TAKE THE CHANCE?					