A WOMAN'S RIGHT TO KNOW

Informational material

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TEXAS
Health and Human Services

Texas Health and Human Services Commission | Texas Department of State Health Services

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Color pictures representing the development of the child at two-week gestational increments:
Peg Gerrity, www.peggerrity.com.

Introduction

You are pregnant and want to know everything you can about the options you have. You have a right to know the truth. This booklet provides important information about the baby that is growing in your womb and the resources available to you during and after your pregnancy. You need good information in order to make important decisions about your pregnancy and your life. You have the right to make these decisions freely. No one else should make them for you.

No one can force you to have an abortion, not even your parents or the father of your baby. If you are feeling pressure (also called coercion) from someone to have an abortion, you have options. Talk to your doctor, counselor or spiritual adviser about your feelings, and ask for a phone to call **9-1-1** for immediate help.

If you are a victim of human trafficking (that is, if you are forced to provide labor or have sex for money), call the **National Human Trafficking Resource Hotline at 888-373-7888**.

If you are reading this because you are already considering an abortion, the doctor who agrees to perform the abortion must first perform a sonogram, allow you to see your baby, describe the features that can be seen and have you listen to the heartbeat if it can be heard. The doctor must wait at least 24 hours before performing the abortion so that you can consider all the facts and make this important decision freely. Only you have the right to decide what to do.

You and your doctor should talk openly and privately. You have the right to ask questions and know as much as you can. The best way for you to understand these risks is to share your health history with your doctor and discuss the risk of each option in light of your personal health history and needs. Some things you should discuss with your doctor include:

- Your personal health history.
- How long you have been pregnant.
- The medical risks of having an abortion.
- The alternatives to abortion, including adoption.
- The medical risks of carrying a pregnancy to term.
- The many public and private agencies that will help new mothers through pregnancy, childbirth and motherhood, including nearby adoption agencies and free sonogram services, which provide pictures of the baby in your womb.
- Money and other types of support available to new mothers.

Take whatever time you need to read this booklet and talk to other people you trust. You might speak with a family member, a spiritual or professional counselor, a close friend, your spouse, your partner or the father of the baby. You deserve the advice and support of those you trust, and you are strongly urged to ask for their advice and guidance before you make decisions that affect your pregnancy. You will need the support of those closest to you, whatever you decide. The decisions you make about your pregnancy are very important — you have the right to make them based upon your values, your beliefs and your health care needs.

You can view additional materials online at www.dshs.texas.gov/wrtk.* This website is secure. No one from the Texas Department of State Health Services (DSHS) will collect or record any information about you.

If you are under 18 years old, Texas law requires a doctor to notify your parent or guardian before you can have an abortion. In most cases, the parent or guardian must give consent unless a waiver is given. If you are a minor, ask the doctor or facility for the booklet, *So You're Pregnant, Now What?*, which discusses this part of the law. This booklet is available at www.dshs.texas.gov/adolescent/resources.shtm.

If your rights as explained in this booklet are not being protected or you notice illegal or unsanitary facility conditions, you may call or email your complaint here:
888-973-0022 or hfc.complaints@dshs.texas.gov.

Note:* A Woman's Right to Know: Resource Directory *(www.dshs.texas.gov/wrtk**) lists information on certain programs and services that can be provided to women during pregnancy, childbirth and as the child is growing up. The booklet contains names, addresses and telephone numbers of these programs. The Resource Directory also has information about public and private adoption agencies.*

Your baby's development

Fetal Pain

Newborn babies are able to feel pain. We know that babies develop the ability to feel pain while in the womb. In consideration of the potential for fetal pain, Texas law currently limits abortion to under 20 weeks.[i]

The next section shows the changes seen as a baby develops inside the mother's body during pregnancy.[ii] This period is called gestation and can be measured in two ways, both of which are noted in the following pages:

- The number of weeks since the start of the last normal menstrual cycle (weeks of gestation).
- The number of weeks since the estimated date of conception, around two weeks after the start of the last normal menstrual cycle.

Usually, your baby's due date is estimated to be 40 weeks after the start of your last normal menstrual cycle.

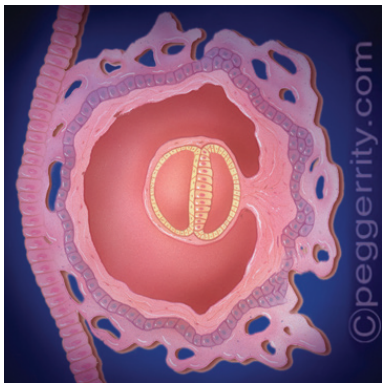
Conception

Your baby began developing at the moment of conception — when your unfertilized egg cell (ovum) met and fused with the sperm cell of the baby's father. At that moment, your ovum provided half of the baby's genes (the inherited genetic material passed through DNA) and the father's sperm cell provided the other half. Once combined together, this material provided all of the genetic information needed to complete your baby's development in your womb. In a full-term pregnancy, the cycle of development begins with the fertilized egg and is complete about 38 weeks later when the baby is ready to be born.

These illustrations show the changes taking place as the baby develops from the moment of conception onward.

4 Weeks of Gestation *(2 weeks after conception)*

- Your baby is scientifically referred to as an embryo.
- The cells that will become vital organs, such as the future heart and brain, are developing.
- The blood vessels begin to form.
- Your baby's weight is less than 1 ounce and length is less than 1/8 inch.



6 Weeks of Gestation *(4 weeks after conception)*

- Your baby's heart begins to form. The heart starts to beat.
- The brain and the spinal cord begin to form.
- The lungs, liver, stomach and other major organs begin to form.
- The arm and leg buds (the structures that will become the limbs) are present.
- The eyes and ears begin to form.
- Your baby is less than 1/4 inch long.

8 Weeks of Gestation *(6 weeks after conception)*

- Your baby's developing heart beats with a regular rhythm.
- Facial features — the eyes, nose, lips and tongue — start to form.
- All essential organs have begun to form.
- The spinal nerves begin to develop.
- The brain continues to develop.
- The arms and legs grow longer.
- The fingers and toes are developing.
- Sex organs are beginning to form.
- Your baby is 1/2 inch long.

10 Weeks of Gestation *(8 weeks after conception)*

- Your baby has his or her first spontaneous movements (movements that happen on their own).
- Elbows are formed, and fingernails appear.
- The eyelids are more developed.
- The external ears begin to take final shape.
- Facial features continue to develop.
- Cells that sense touch begin to form.
- The nerves that will control your baby's organs are formed.
- Activity in your baby's brain can be recorded.
- After the end of this week, the baby is scientifically referred to as a fetus.
- Your baby is about 1 ¼ to 1 ½ inches from head to bottom.

12 Weeks of Gestation *(10 weeks after conception)*

- Your baby moves, but you cannot feel the movements.
- All the body parts and organs are present and growing.
- The heartbeat can be heard with electronic devices.
- The body grows rapidly.
- The body grows longer, and the neck lengthens.
- The eyelids close and will not reopen until about the 28th week.
- Fingernails appear.
- Teeth buds begin to form.
- Your baby weighs about half an ounce and is about 2 1/2 inches long from head to bottom.

Your baby's development

14 Weeks of Gestation *(12 weeks after conception)*

- Your baby's taste buds are developing.
- The arms and legs begin to move.
- Hiccup movements are present.
- The external sex organs are developed and are clearly either male or female.
- Your baby can respond to skin contact.
- Your baby is about 3½ inches long from head to bottom and weighs about 1½ ounces.

16 Weeks of Gestation *(14 weeks after conception)*

- Your baby's swallowing and chest movements are clearly present.
- The mouth makes sucking motions.
- Hand-to-face movements are common.
- The eyes are beginning to move.
- Your baby is about 4¾ inches long from head to bottom and weighs less than 4 ounces.

18 Weeks of Gestation *(16 weeks after conception)*

- You may feel the movements of your baby's arms and legs.
- The kidneys are functioning and make urine.
- Taste buds are present.
- The skin is wrinkled.
- Features further develop — eyelids, ear and upper lip.
- Your baby is about 5½ inches long from head to bottom and weighs about 7 ounces.

20 Weeks of Gestation *(18 weeks after conception)*

- Your baby is more active, moves about every minute, and you can feel the movements.
- Breathing-like movements become regular and can be seen by ultrasound.
- The structures of the ears are well-developed. Your baby can hear and respond to a growing range of sounds.
- Hair begins to grow on the head.
- All skin layers and structures are present, including hair follicles and glands.
- Your baby can swallow at the end of this week.
- Ovaries containing eggs are present in females and testes begin to descend in males.
- Meconium (a greenish mixture of swallowed cells and secretions) begins to form in the intestinal tract. This will be your baby's first bowel movement.
- Your baby weighs about 11 ounces and is about 6 inches from head to bottom.

22 Weeks of Gestation *(20 weeks after conception)*

- Your baby sleeps and wakes regularly. Your baby can be awakened from sleep by noises and your movements.
- The eyelids and eyebrows are formed.
- The vocal cords are developing.
- The nervous system continues to develop.
- Movements become more coordinated.
- The heartbeat can be heard with a stethoscope.
- The body is covered with fine hair called lanugo.
- Your baby weighs about 1 pound and is about 7 to 7 ½ inches in length from head to bottom.

24 Weeks of Gestation *(22 weeks after conception)*

- Your baby will blink and startle (pull in arms and legs) if stimulated.
- Skin is wrinkled and red.
- The senses of smell and taste are developed.
- A baby born at this time will attempt to breathe, but the lungs are not fully developed.
- Your baby weighs about 1.4 pounds and is about 8 inches from head to bottom.

Your baby's development

26 Weeks of Gestation *(24 weeks after conception)*

- Your baby's developing lungs are now fully formed but are not yet ready to function outside the womb.
- The lines on the skin of the fingers (future fingerprints), toes, palms of the hands and soles of the feet are now formed.
- Your baby weighs about 1.8 pounds and is about 9 inches from head to bottom.

28 Weeks of Gestation *(26 weeks after conception)*

- Your baby's brain and nervous system are formed and continue to develop.
- The lungs and digestive system are formed and continue to develop.
- The eyes are partially open, and eyelashes are present.
- Your baby weighs about 2.2 pounds and is almost 10 inches from head to bottom.

30 Weeks of Gestation *(28 weeks after conception)*

- Your baby kicks and stretches.
- Your baby makes grasping motions and responds to sound.
- The nervous system controls some body functions.
- Your baby weighs about 2.9 pounds and is more than 10 ½ inches from head to bottom.

32 Weeks of Gestation *(30 weeks after conception)*

- Your baby gains weight, and the body fills out.
- Toenails and fingernails are growing.
- The pupils will react to light.
- Your baby weighs about 4 pounds and is almost 11 inches from head to bottom.

34 Weeks of Gestation *(32 weeks after conception)*

- Your baby is active (moving) 60 percent or more of the time.
- Bones harden, but the skull remains soft and flexible for delivery.
- Your baby has rhythmic breathing movements, and the lungs continue to develop.
- Your baby weighs about 4.6 pounds and is almost 12 inches from head to bottom.

36 Weeks of Gestation *(34 weeks after conception)*

- Your baby rapidly gains weight in preparation for birth.
- The body and face fill out; the skin no longer appears wrinkled.
- The fingernails reach the ends of the fingertips.
- Large amounts of immune factors (substances in the blood that protect against disease or infection) are passed from you to your baby during the last four gestational weeks.
- Your baby weighs about 5.5 pounds and is about 12 ½ inches from head to bottom.

38 Weeks of Gestation *(36 weeks after conception)*

- Your baby's lungs and brain are developing rapidly.
- Your baby can grasp firmly.
- Your baby weighs about 6.4 pounds and is about 13 1/3 inches from head to bottom.

40 Weeks of Gestation *(38 weeks after conception)*

- Your baby is fully developed and considered full-term.
- The brain and nervous system will continue to develop after birth.
- Your baby's toenails have reached the tips of the toes.
- Small breast buds are present.
- The fingernails extend beyond fingertips.
- Your baby weighs about 7.5 pounds and is about 14 inches from head to bottom.

Abortion risks

This section describes the risks associated with an abortion. The risks of having an abortion can vary depending on several factors.

Death

You have a greater risk of dying from the abortion procedure and having serious complications the further along you are in your pregnancy. The Centers for Disease Control and Prevention (CDC) recently reported 0.73 legal abortion-related deaths per 100,000 reported legal abortions in the United States from 2008-2011.[iii] Studies of other highly developed countries have shown a higher mortality rate from legal abortion.[iv]

Physical Risks

Additionally, abortion could result in physical side effects, with different levels of severity. A woman will usually have cramping and vaginal bleeding after any type of abortion procedure. Other symptoms or side effects include nausea (feeling sick to your stomach) or vomiting, diarrhea, warmth or chills, headache, dizziness and fatigue (feeling very tired).

Abortions and miscarriages (also called spontaneous abortions) can result in complications such as injuries to the internal organs, blood clots or serious infections. These will be listed in detail for each type of abortion later in this booklet.

Mental Health Risks

Women report a range of emotions after an abortion. This can include depression or thoughts of suicide. Some women, after their abortion, have also reported feelings of grief, anxiety, lowered self-esteem, regret, sexual dysfunction, avoidance of emotional attachment, flashbacks and substance abuse. For some women, these emotions may appear immediately after an abortion or gradually over a longer period of time.

These feelings may recur or be felt more strongly at the time of another abortion, a normal birth or on the anniversary of the abortion. It is important to talk to your doctor if you experience these feelings.

Women with a history of mental health problems are more likely to have mental health problems following an abortion. These women may need additional support.

Counseling or support before you make a decision to have an abortion is very important. If family help and support are not available to you, talking with a spiritual or professional counselor before having an abortion can help you better understand your decision. Many pregnancy resource centers can provide counsel to you. These centers are listed in the resource directory.

Future Infertility

The further along you are in your pregnancy, the greater the chance of serious complications that can cause you to be infertile and the greater the risk of dying from the abortion procedure. Some complications associated with an abortion, such as an infection, a cut or a torn cervix, may make it difficult or impossible to become pregnant in the future or to carry a pregnancy to term.

Breast Cancer Risk[v]

Your pregnancy history affects your chances of getting breast cancer. If you give birth to your baby, you are less likely to develop breast cancer in the future. Research indicates that having an abortion will not provide you this increased protection against breast cancer. In addition, doctors and scientists are actively studying the complex biology of breast cancer to understand whether abortion may affect the risk of breast cancer. If you have a family history of breast cancer or breast disease, ask your doctor how your pregnancy will affect your risk of breast cancer.

Making an informed decision

You need to know as much as you can about your options in order to make an informed decision. Each option has possible risks and benefits. There are counseling services available to help you fully understand your options and make your decision.

Before an Abortion

You should ask your doctor about any risks you might face. It is your right and your doctor's responsibility to make sure you are informed before deciding to have an abortion. Here are some things the doctor should talk to you about:

- You will find out for sure if you are pregnant and how long you have been pregnant. Your doctor will also do a pelvic exam.
- Your doctor will evaluate your health and discuss medical risks of having an abortion. You will have a physical exam, be asked about your medical history and have lab tests done. The doctor will answer any questions you might have.
- Your doctor will describe the baby growing in your womb to you and give you a list of agencies that offer alternatives to abortion, including adoption, and the names of agencies and private counseling organizations that provide sonogram services (images of the baby in the womb or ultrasound). Some organizations provide sonograms for free.

If you decide to have an abortion:

- At least 24 hours before an abortion is performed, the doctor will give you an sonogram and tell you what you are seeing, including the size of your baby and any heartbeat, limbs and internal organs. The doctor is required to show you the sonogram picture while it is being performed. You may choose not to view these images of your baby. You have the right to view your sonogram at any time.
- If you are under the age of 18, a parent or guardian must be notified and agree to the abortion, or you will have to ask a judge to waive that notification and consent requirement.
- The doctor performing the abortion must provide you with the Texas Department of State Health Services (DSHS) *A Woman's Right to Know* printed materials and let you know that the materials are available on the DSHS website. You will have at least a full day to read the information your doctor gives you before the appointment for your abortion. You must sign a written consent for that abortion.
- Your doctor must provide you with a telephone number that you can call 24 hours a day to talk with the doctor or other healthcare personnel about any complications or questions related to the abortion and the name and telephone number of the hospital that is closest to your home where you could be treated in the case of an abortion-related emergency.
- Your doctor may offer you a medical abortion, which is a medication given to cause an abortion. If a medical abortion is performed, your doctor must provide you with a copy of the final printed label of any abortion-inducing drugs used in the procedure.

Medical and Social Assistance

Your doctor must give you certain important information before the abortion can be done, including:

- Medical assistance benefits that can help with prenatal care, childbirth and neonatal care.
- The legal responsibilities of the baby's father in helping to support your child if you decide to stay pregnant and keep the baby. The law says he must help even if he offered to pay for an abortion.
- Public and private agencies that can help you if you were raped or a victim of incest.
- Public and private agencies that can give you information about preventing pregnancies and medical referrals for birth control methods.

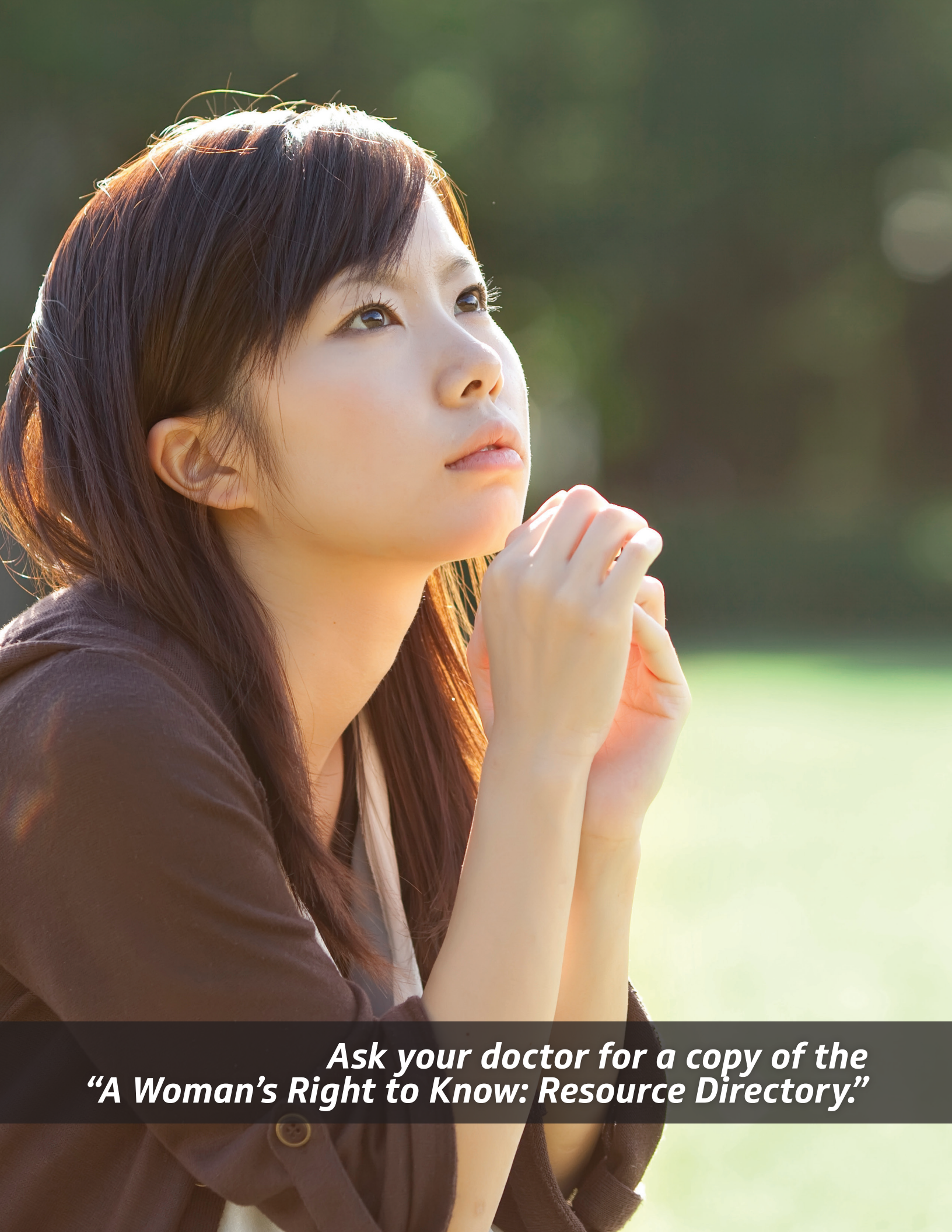
You should know that if you choose to have your baby and find yourself weighed down by the job of being a parent, Texas has the "Baby Moses/Safe Haven" law. The law allows you or the baby's father to leave a baby who appears to be under 60 days old in the care of a designated emergency care provider such as an emergency medical services station, fire station, licensed child-placing agency or any hospital. You do not have to return for the baby, and you will not be charged with a crime if the baby is unharmed.

Child Support Services

Assistance in Obtaining Child Support

Your child's father is legally required to pay to support the child, and the Texas Office of the Attorney General can assist you in obtaining this support. The Attorney General's Child Support Division can help locate missing fathers, legally prove who the father is, initiate child support orders and collect child support payments. Texas is the top-performing state in terms of ensuring parents pay what they owe, with more than $3.9 billion disbursed to families in 2015 alone. Texas has a high collection success rate: 65.2 percent of all child support amounts due are collected. If you need services, call 800-252-8014 or visit ***www.texasattorneygeneral.gov/cs***. If you are a survivor of family violence, there are steps you can take to pursue child support safely.

For more information, visit ***www.getchildsupportsafely.org***.



Ask your doctor for a copy of the "A Woman's Right to Know: Resource Directory."

Adoption Services

Another option to consider is adoption. Adoption means you, as the birth parent, are voluntarily transferring your rights as the parent of your baby to another family. Choosing adoption means you want your baby to have a good life, but right now may not be the best time for you to be a parent.

Adoption is a brave, loving choice for your baby. When you place your baby for adoption, you are placing him or her with loving parents who can raise your baby to have the good life that you want for your baby.

There are many resources available to help you decide whether adoption is the right choice for you and your baby. Each adoption is different, and help is available to make sure that the adoption process fits you and your baby's needs.

If you choose adoption, you may be able to select and meet the family who will adopt your baby. There are two different types of adoptions that you can choose for your baby. An open adoption allows you to stay in contact with your baby as he or she grows up, perhaps through pictures, phone calls or visits. A closed adoption means there will be no contact between you and the family adopting your baby once the adoption is finalized. What type of adoption you want is entirely up to you.

Talk with a family member, a spiritual or professional counselor, or a close friend to seek their advice on adoption. Since adoption is a big decision, you may want the support of those you trust when making this decision.

It is never too late to choose adoption for your baby. You can make this choice anytime during your pregnancy or even after your baby has been born.

You can find more information about adoption and organizations that offer adoption services at ***www.dfps.state.tx.us/Adoption_and_Foster_Care/About_Adoption/***.

Abortion procedures and side effects

The types of abortion procedures include medical abortions and surgical abortions. A woman will usually have cramping and vaginal bleeding after any type of abortion procedure. There are other symptoms or side effects that may occur with any type of abortion procedure. These can include nausea (feeling sick to your stomach) or vomiting, diarrhea, warmth or chills, headache, dizziness and fatigue (feeling very tired). Also, other serious complications sometimes arise. This section will also discuss the risk of complications for each of the methods.

First Trimester Abortions

During the first trimester (through 13 weeks of gestation) an abortion can be performed through medicine or surgery.

Medical (Nonsurgical) Abortion

Medical abortion uses medicine to end a pregnancy instead of surgery and is used early in pregnancy —70 days (10 weeks) or less from the first day of your last menstrual period. This method requires several visits to your doctor. The medicines used for a medical abortion cause bleeding, cramping and passing of the fetus and other tissue. In some cases, excessive bleeding may require blood transfusions, treatment with medication, surgery or saline transfusions. Severe infection is a known risk following a medical abortion.

Possible complications or risks of a medical abortion using mifepristone and misoprostol pills:[vi]

- Less than 3 percent of procedures will not work and will result in a surgical procedure to end the pregnancy or complete the abortion.
- More than 15 of every 100 women with a medical abortion will experience nausea, weakness, fever/chills, vomiting, headache, diarrhea or dizziness.
- About 3 to 5 of every 100 procedures results in a visit to the emergency room.
- In up to 6 of every 1,000 procedures, hospitalization related to medical abortion will be required.
- Hemorrhaging (heavy bleeding) may occur.
- In about every 4 of 100 procedures, medications are needed to control bleeding.
- About 1 of every 100 procedures will require a surgical procedure to stop bleeding and to remove parts of the baby and the placenta.
- In up to 5 of every 1,000 procedures, blood transfusions will be administered.
- Failure to remove all parts of the baby and other tissue, including the placenta, may require a follow-up surgical procedure.
- Increased risk of infertility (the inability to have a baby) may result if complications occur with the procedure.
- In 2 of every 1,000 procedures, serious bacterial infections have been reported. Rarely, severe infection after a medical abortion has resulted in death.

Who should not have a medical abortion?

Some women should not have a medical abortion. Some reasons a medical abortion would not be done include:

- It has been more than 70 days (10 weeks) since the first day of your last menstrual period.
- You are allergic to one of the medications to be used.
- You have or might have a tubal or ectopic pregnancy (where the baby grows outside of the uterus).
- You have an intrauterine contraceptive device (IUD). The IUD must be taken out before a doctor can give you the medicine.
- You have been taking certain types of medicines, like blood thinners or certain steroids.
- You have a particular medical condition, like uncontrolled seizures or a bleeding disorder.
- You have problems with your adrenal glands (chronic adrenal failure).
- You cannot get to all of the visits needed to get the medicines to complete the abortion or cannot get to the checkup(s) needed after the abortion.
- You cannot get to emergency care if needed in the two weeks after taking the medicines.

You should discuss with your doctor whether you have any medical conditions or other problems that would make a medical abortion unsafe for you.

When having a medical abortion, your doctor will give you mifepristone (formerly called RU 486 and now often referred to by the brand name Mifeprex®) during an office visit. It is taken by mouth. After receiving mifepristone, you will have vaginal bleeding and pass clots and fetal tissue. Bleeding usually lasts 9 to 16 days and may last up to 30 days. Your doctor will make an appointment for two days after you take mifepristone. If the medical abortion is not complete, you will be given a second drug, misoprostol. Misoprostol may cause cramps, nausea, diarrhea and other symptoms. Your doctor may send you home with medicine for these symptoms.

Your doctor will make a follow-up appointment for you within 14 days of the day you take the medication. Your doctor will check your health for any symptoms you may be experiencing, as well as whether your pregnancy has completely ended. Make sure to discuss any physical and emotional symptoms you are experiencing with your doctor. Before your follow-up appointment, you may need to seek immediate medical attention if you experience severe symptoms.

Abortion procedures and side effects

First Trimester Abortions (cont.)

Suction Curettage (Surgical Abortion)

The most common type of abortion is the suction curettage, sometimes called a dilation and curettage, or vacuum curettage.

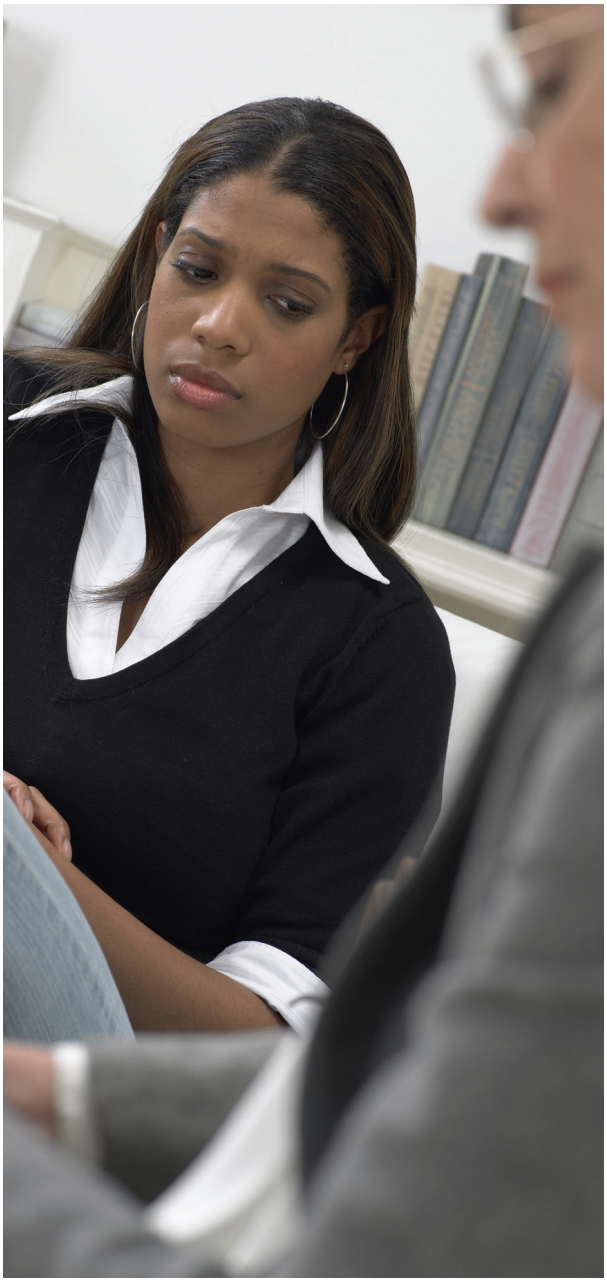
Most women will have some pain with this procedure. Before the procedure, you may be given pain medication, a sedative or both. For the procedure, you may receive local anesthesia injected or applied in the area of the cervix. You may also receive general anesthesia that will put you to sleep so that you do not feel pain during the procedure.

The doctor inserts a speculum to hold open the vagina, as is done for a pelvic exam, and injects or applies local anesthesia. The cervix is stretched open. Then the contents of the uterus, including the baby and placenta, are removed using a suction device that is inserted into the uterus.

The procedure usually takes 10 to 15 minutes, but can take longer depending upon the growth stage of the baby.

Possible complications or risks of suction curettage include:[vii]

- Hemorrhaging (heavy bleeding) with possible emergency hysterectomy (removal of the uterus) to end the bleeding
- Perforation of the uterus (a hole in the uterus)
- Injury to the bowel or bladder, if there is a perforation of the uterus
- Abdominal incision and operation to correct injury
- Failure to remove all parts of the baby and other tissue, including the placenta, which may require another procedure (occurs in fewer than 5 per 100 procedures, or less than 5 percent)[viii]
- Increased risk of infertility (the inability to have a baby), if complications occur with the procedure
- Infection, which is usually caused by an infection the woman already had at the time of the abortion



Second Trimester Abortions

During the second trimester (between 13 weeks of gestation and 22 weeks of gestation) an abortion can be performed by a surgical method known as dilation and evacuation.*

Dilation and Evacuation

Most second trimester abortions are done by dilation and evacuation (D&E). This surgical procedure is usually performed in a surgical center or hospital.

Before this procedure, the doctor will prepare the cervix. This process softens and stretches open the cervix and may require one or more visits.

The softening and opening of the cervix before performing the D&E helps decrease the risk of tears or lacerations to the cervix.

Most women will experience some pain with this procedure. Before the procedure you may be given pain medicine, a sedative or both. For the procedure, you may receive local or regional anesthesia injected or applied in the area of the cervix. You may also receive general anesthesia that will put you to sleep during the procedure. Your doctor will discuss your options, and any risks, for anesthesia.

At the beginning of the procedure, the doctor will make sure that the cervix is open. The fluid surrounding the baby (amniotic fluid) will be removed with a suction device placed into the uterus. The baby and placenta are removed from the uterus using surgical instruments. Finally, a suction device will be inserted into the uterus at the end of the procedure to remove any fetal tissue that remains. After 14 weeks of pregnancy, the baby, placenta and other contents of the womb may be removed piece by piece using surgical instruments. This procedure usually takes less than one hour.

Possible complications or risks of a D&E include:[x]

- Death, in rare cases
- Cervical laceration (tears or injury to the cervix)
- Hemorrhaging (heavy bleeding) with possible emergency hysterectomy (removal of the uterus) to end the bleeding
- Perforation of the uterus (a hole in the uterus)
- Injury to the bowel or bladder, if there is a perforation of the uterus
- Abdominal incision and operation to correct injury
- Failure to remove all parts of the baby and other tissue, including the placenta, which may require another procedure
- Increased risk of infertility (the inability to have a baby), if complications occur with the procedure
- Embolism (a loose blood clot or amniotic fluid, fetal cells, fetal hair or other matter in the bloodstream that causes sudden blockage of blood flow to the lungs or other organ)

** Note: Texas law states that abortion may not be performed after the post-fertilization age of 20 weeks or more, which is approximately 22 weeks or more of gestation, as gestation is defined in this booklet. Texas law allows for exceptions when the life of the mother is threatened, serious risk exists of irreversible impairment of a major bodily function (other than a psychological condition) or a severe fetal abnormality is present.*

Pregnancy and childbirth

Birth is a life-changing experience, and each birth brings a new and different set of experiences and feelings. Pregnancy and birth is usually a safe and natural process, although complications can occur.

There are complications associated with pregnancy and childbirth. The most common complications of pregnancy include:

- Tubal or ectopic pregnancy (where the baby grows outside of the uterus)
- High blood pressure
- Complicated delivery
- Premature labor
- Depression
- Infection
- Diabetes
- Hemorrhaging (heavy bleeding)

You can reduce the risk for problems or complications in any pregnancy by:

- Getting early and regular prenatal care.
- Eating a well-balanced diet and getting regular exercise.
- Avoiding tobacco, alcohol or drugs that your doctor hasn't prescribed for you.

During labor, the uterus contracts and pushes to deliver the baby. The baby may be delivered through the woman's vagina or by a surgical procedure called cesarean section or c-section.

Vaginal Delivery

Possible side effects and risks:

- Injury to the bladder or rectum
- A hole (fistula) between the bladder and vagina or the rectum and vagina
- Hemorrhaging (heavy bleeding)
- Infertility (the inability to have a baby) due to infection or complications
- Emergency treatment for any of the above problems, including the possible need to treat with an operation, medicine or blood transfusions
- Death (very rare — 1.7 in-hospital deaths occurring after delivery per 100,000 vaginal deliveries during 2000-2006[xi])

Cesarean Birth

Possible side effects and risks:

- Injury to the bowel or bladder
- Infertility (the inability to have a baby) due to infection or complications
- Hemorrhaging (heavy bleeding)
- Injury to the tube (ureter) between the kidney and bladder
- A possible hysterectomy (removal of the uterus) due to complications or injuries
- Complications from anesthesia such as respiratory problems, headaches or drug reactions
- Emergency treatment for any of the above problems, including the possible need to treat with an operation, medicine or blood transfusions
- Death (very rare —12.7 in-hospital maternal deaths per 100,000 cesarean deliveries occurring during 2000-2006 [xi])

Postpartum Symptoms

The feelings you experience after birth may be the most intense you have ever encountered: great surges of joy and happiness, feelings of contentment and fulfillment. It is not uncommon for women to also experience fears, worries or sadness. Depression can occur after the birth of a baby, and many new mothers experience various degrees of it. While depression can occur within days after delivery, it can also appear gradually, and sometimes it doesn't start until a year after your baby's birth.

In most cases, mothers have mild symptoms that may last only a few days. However, some mothers experience severe symptoms that can include exhaustion, feelings such as worthlessness or hopelessness, and memory loss.

In some circumstances, you may be diagnosed with postpartum depression (PPD). PPD can occur up to 1 year after delivery but is typically apparent during pregnancy (50 percent of the time) and about 1–3 weeks after childbirth. PPD is characterized by intense feelings of sadness, anxiety or despair that prevents the new mother from being able function normally on a daily basis.

In rare circumstances you may have a fear of harming yourself or your baby. You should call your doctor right away and discuss these symptoms. If your doctor is not available, call 9-1-1. Doctors can give you professional help and support during this time.

Women with a history of mental health problems are more likely to have mental health problems following birth. These women may need additional support.

If you have questions or concerns, be sure to talk with your doctor or other health care provider.

After an abortion

Call the facility or doctor that performed the abortion, or go to the emergency room if:

- Heavy bleeding occurs (two or more thick pads per hour for two hours in a row) or if you are concerned about heavy bleeding.
- You have stomach pain or discomfort, or feel sick (such as feeling weak or having an upset stomach, nausea, vomiting or diarrhea), with or without fever, for more than 24 hours after taking misoprostol for a medical abortion.
- You have a fever (higher than 100.4 degrees Fahrenheit or 38 degrees Celsius).
- You have difficulty breathing or have shortness of breath.
- You have chest pain.
- Pain is severe or not controlled by pain medication.
- You are disoriented.

Your doctor will schedule one or more follow-up visits, usually beginning within two to three weeks after the procedure. Your doctor must schedule a follow-up visit within 14 days of a medical abortion. It is important that you keep all of your appointments.

You should also consider seeking counseling if you are experiencing depression, thoughts of suicide or other psychological distress following your abortion.

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