



CHOICES

The Choice is Yours. Choose to Know.®



THERE ARE NO EASY CHOICES

WHEN YOU'RE EXPERIENCING AN
UNPLANNED PREGNANCY

You may feel incredibly overwhelmed – people pressuring you from all sides. That's why we're here. Not to pressure. Not to push. Just to inform, support and walk with you.

Every woman who is facing an unplanned pregnancy **has the option to parent, place for adoption, or abort.** While you may have a thousand things flying through your head right now, it's important to **know all the facts before you decide.**

This booklet is a tool to help you do that. We hope that you will read it and spend some time searching, asking and thinking about what's right for you.

MEDICAL ABORTION (ABORTION PILL)

UP TO 10 WEEKS AFTER LAST PERIOD

This non-surgical option is the medication commonly called the “abortion pill.” While the term “abortion pill” seems to indicate a single dose, this process is designed to involve several pills and multiple office visits, according to the Food & Drug Administration (FDA).

FDA-Approved Usage

+ First Step: The first medicine, mifepristone, is given at the abortion clinic. This pill blocks the pregnancy hormones that support the embryo.

+ Second Step: Two days later, the woman will take the second medication, misoprostol, which will cause the uterus to cramp and expel the pregnancy. Average bleeding lasts 9-16 days, but can last more than 30 days.

+ Third Step: The woman returns to the clinic 7-14 days later to confirm that the abortion is complete. If the abortion is incomplete, the abortion pills may be given again or a First Trimester Surgical Abortion may be completed. This happens in 2-7 out of 100 cases.

Many clinics give both sets of pills at the first visit. So, the woman is most commonly **at home with no medical supervision** when the cramping and bleeding begin.

The FDA recommends an ultrasound before taking the pills if “the duration of pregnancy is uncertain or if ectopic is suspected.”

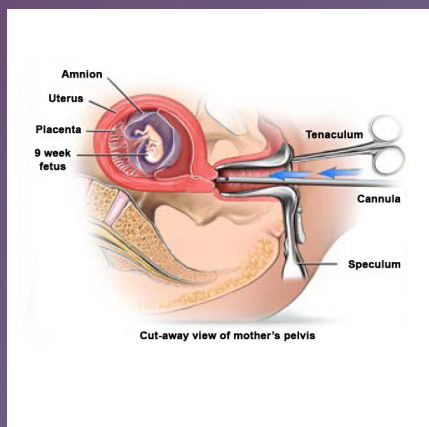
YOUR OPTIONS

PARENTING | ADOPTION | ABORTION

SURGICAL ABORTION

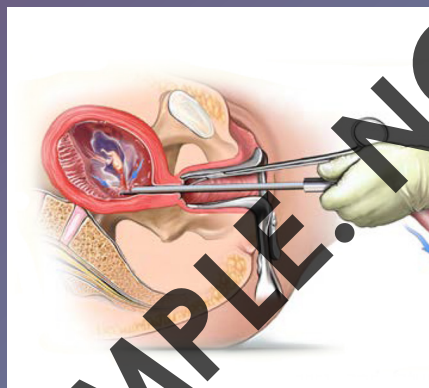
FIRST TRIMESTER ABORTION

6-14 WEEKS AFTER LAST PERIOD



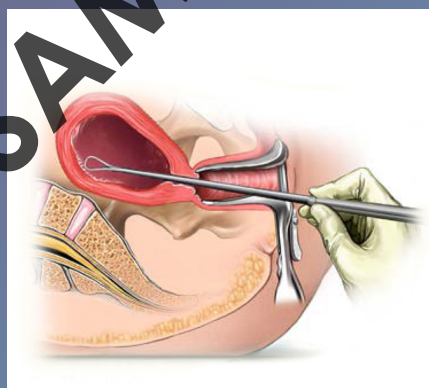
A.

This surgery starts like a pelvic exam, with a speculum inserted into the vagina. Then the cervix - the opening to the uterus or womb - is opened with instruments.



B.

Next, everything inside the uterus is suctioned out with either a syringe or suction machine.



C.

If needed, a curette (a scoop shaped instrument) is inserted into the uterus and scraped along the walls to ensure all fetal tissue is removed.

SECOND TRIMESTER ABORTION

14-24 WEEKS AFTER LAST PERIOD

Due to the size of the fetus, this surgical procedure is usually a two-day process. Day 1 involves softening and opening the cervix through medications or insertion of sponge-like laminaria that force the cervix open by absorbing moisture and expanding. On day 2, the laminaria are removed. If the fetus is too large to pass through an inserted suction tube, forceps may be used to remove the fetus by smaller pieces before suctioning occurs. The curette (a scoop-shaped instrument) may be used to scrape the walls to ensure no fetal parts or tissue are left behind.

LATE TERM ABORTION

24 WEEKS AFTER LAST PERIOD

These procedures may take 2 or 3 days, depending on how long it takes to open the cervix to the width needed for a larger fetus. A medication or saline solution is injected into the amniotic sac to stop the heart of the fetus. Medications may then be given to contract the uterus and expel the fetus. If the fetus is not expelled by the contractions, the procedure described in the Second Trimester Abortion is used.

“Before seeking a surgical abortion procedure, you should obtain a sonogram [ultrasound] to determine if the pregnancy is viable (uterine, non-ectopic pregnancy) and for accurate pregnancy dating.” ⁴

COMMON PHYSICAL SIDE EFFECTS AFTER ABORTION

There are certain symptoms that a woman can expect to occur with an abortion:

- + Cramping
- + Tenderness or Pain
- + Vomiting
- + Bleeding
- + Nausea
- + Diarrhea

The degree to which these occur and are considered “normal” depends on the procedure and the length of the pregnancy.

POTENTIAL PHYSICAL COMPLICATIONS WITH SURGICAL ABORTIONS

As with child birth, complications (non-anticipated side effects) may occur with an induced abortion. Approximately 1 in 100 women having an early abortion will have complications. For later abortions, 1 in 50 women will have complications.

- + Incomplete Abortion
- + Infection/Sepsis*
- + Anesthesia Complications
- + Heavy Bleeding
- + Damage to Cervix
- + Damage to Internal Organs
- + Scarring/Puncturing of the Uterus
- + Allergic Reaction to Medication

***All women considering abortion should be tested for STIs to ensure these infections are not spread during the procedure.**



POTENTIAL EMOTIONAL COMPLICATIONS WITH ALL ABORTION PROCEDURES

While some women report relief after an abortion, others report a variety of emotions and outcomes, such as:

- + Anxiety
- + Loneliness/Withdrawal
- + Sadness
- + Relationship Issues
- + Guilt
- + Difficulty Sleeping
- + Regret
- + Harmful Thoughts
- + Anger

Women with previous emotional or psychological issues, those who are being pressured to have an abortion, or those with moral or religious beliefs that conflict with abortion may be more at risk for these potential side effects.

1. American College of Obstetrics & Gynecologists (May 2015). Induced Abortion. Retrieved on October 16, 2018 from <https://www.acog.org/Patients/FAQs/Induced-Abortion#what>.
2. Abortion Clinics.org (2018). Abortion:Induction. Retrieved on October 29, 2018 from <http://abortionclinics.org/abortions/induction.html>.
3. Abortion Clinics.org (2018). Abortion: Risks and Complications. Retrieved on October 29, 2018 from <http://abortionclinics.org/abortions/risk-and-complications.html>.
4. American Pregnancy Association (2017). Surgical Abortion Procedures. Retrieved on October 29, 2018 from <http://americanpregnancy.org/unplanned-pregnancy/surgical-abortion>.
5. Sitt, D., Rothschild, A.J., Creinin, M.D., Hanusa, B.H., and Wisner, K.L. (2007). Psychiatric outcomes following medical and surgical abortion. *Human Reproduction*, 22(3), 878-884. Retrieved on October 29, 2018 from <https://www.ncbi.nlm.nih.gov/pubmed/17166866>.
6. US Food & Drug Administration (2018). Mifeprex (mifepristone) information. Retrieved on October 22, 2018 from <https://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm11323.htm>.
7. US Food & Drug Administration (2018). Questions and Answers on mifeprex. Retrieved on October 22, 2018 from <https://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm492705.htm>.
8. American Pregnancy Association (2016). Abortion Emotional Side Effects. Retrieved on October 29, 2018 from <http://americanpregnancy.org/unplanned-pregnancy/abortion-emotional-effects>.
9. Lydia Hamama, Sheila A. M. Rauch, PhD, Mickey Sperlich, MA, CPM, Erin Defever, BA, and Julia S. Seng, PhD (2010). Previous experience of spontaneous or elective abortion and risk for posttraumatic stress and depression during subsequent pregnancy. *Depress Anxiety*. 2010 Aug; 27(8): 699–707. Retrieved on October 29, 2018 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2939862/>.
10. American Pregnancy Association (2018). Abortion Follow-Up Care (Emotional). Retrieved on October 29, 2018 from <http://americanpregnancy.org/unplanned-pregnancy/abortion-follow-up-emotional>.
11. US Food & Drug (2016). Medication Guide: mifeprex. Retrieved o October 22, 2018 from <https://www.fda.gov/downloads/Drugs/DrugSafety/UCM088643.pdf>.
12. Guttmacher Institute. (May 2016). Fact Sheet: Induced abortion in the United States. Retrieved on October 16, 2018 from <https://www.guttmacher.org/fact-sheet/induced-abortion-united-states>.
13. Planned Parenthood (2018). What happens during an in-clinic abortion. Retrieved on October 16, 2018 from <https://www.plannedparenthood.org/learn/abortion/in-clinic-abortion-procedures/what-happens-during-an-in-clinic-abortion>.
14. Planned Parenthood (2018). What can I expect after having an in-clinic abortion? Retrieved on October 16, 2018 from <https://www.plannedparenthood.org/learn/abortion/in-clinic-abortion-procedures/what-can-i-expect-after-having-an-in-clinic-abortion>.
15. Planned Parenthood (2018). How safe is an in-clinic abortion? Retrieved on October 16, 2018 from <https://www.plannedparenthood.org/learn/abortion/in-clinic-abortion-procedures/how-safe-is-an-in-clinic-abortion>.
16. National Health Service (August 2016). Risks: Abortion. Retrieved on October 16, 2018 from <https://www.nhs.uk/conditions/abortion/risks>.
17. World Health Organization. (2012) Safe abortion: technical and policy guidance for health systems. Second edition. Full text retrieved from http://www.who.int/reproductivehealth/publications/unsafe_abortion/9789241548434/en/.
18. Planned Parenthood (2018). What can I expect if I take the abortion pill? Retrieved on October 29, 2018 from <https://www.plannedparenthood.org/learn/abortion/the-abortion-pill/what-can-i-expect-if-i-take-abortion-pill>.
19. Planned Parenthood (2018). What can I expect after I take the abortion pill? Retrieved on October 29, 2018 from <https://www.plannedparenthood.org/learn/abortion/the-abortion-pill/what-can-i-expect-after-i-take-the-abortion-pill>.
20. Planned Parenthood (2018) How safe is the abortion pill? Retrieved on October 29, 2018 from <https://www.plannedparenthood.org/learn/abortion/the-abortion-pill/how-safe-is-the-abortion-pill>.
21. American College of Obstetrics & Gynecologists (2013). Pregnancy Options: Raising the baby, Adoption and Abortion. Retrieved on October 29, 2018 from <https://www.acog.org/~/media/For%20Patients/faq168.pdf>.
22. American Pregnancy Association (2018). Possible Physical Side Effects after Abortion. Retrieved on October 29, 2018 from <http://americanpregnancy.org/unplanned-pregnancy/abortion-side-effects>.
23. Park, JeeYoon, et al. "Prevalence of Chlamydia Trachomatis and Neisseria Gonorrhoeae in the Urban Public Hospital Pregnancy Prevention Clinic." *International Journal of STD & Aids*, vol. 28, no. 12, 23 Jan. 2017, pp. 1164–1168., doi.org/10.1177/0956462417689984. 11 October 2018. <https://www.ncbi.nlm.nih.gov/pubmed/28114879>

This article was produced by:

Medical Advisory Panel: Dr. Chris Roberts, MD OBGYN;
Dr. Tracy Godfrey, MD; Karl Wendt, Ph.D., AAMFT;
Mischa Long, RN, BSN; Karolyn Schrage, RN, BSN