

The Right to Know: A Pregnancy Options Guide for Texans



Table of Contents

Introduction	3
Abortion	4
Common Concerns about Abortion	4
Abortion Procedures	5
Medication Abortion	5
Surgical Abortion	6
After Care	7
Texas Laws Surrounding Abortion	7
Financial Resources	8
Childbirth, Parenting, and Adoption	9
Prenatal Development	9
Childbirth	10
Postpartum Depression	11
Parenting Resources	11
Adoption	12
Sexual Assault	13
Making an Informed Decision	13
Resources	14

Introduction

If you're reading this, you are unexpectedly pregnant and want to know everything you can about options for your pregnancy, including abortion. This booklet provides important information about your pregnancy and the resources available to you. You need good information in order to make important decisions about your pregnancy and your life. The best way for you to understand the risks and benefits of each of your pregnancy options 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 three major pregnancy options: abortion, parenting, and adoption
- The medical risks of having an abortion
- The medical risks of carrying a pregnancy to term
- The agencies that can help new parents through pregnancy, childbirth and motherhood, including nearby adoption agencies and free sonogram services, which provide pictures of the baby in your womb
 - Please keep in mind that many agencies that claim to offer free sonograms and/or supplies for new mothers are faith-based groups who exist to frighten women away from seeking abortion services as well as convert clients to their church. They are not medical professionals and any services they offer are not substitute for real medical care.
- The agencies that can help people who do not wish continue their pregnancies access funding for the cost of an abortion, as well as help offset travel and other incidental costs



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 any other important people in your life. If you feel you are not in a position to confide in people you know, hotlines are available through Faith Aloud (faith-based counseling) at 1-888-717-5010 or www.faithaloud.org and Backline (secular counseling) at 1-888-493-0092 or www.yourbackline.org. 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.state.tx.us/wrtk. This website is secure. No one from the Texas Department of State Health Services (DSHS) will collect or record any information about you.

Abortion

Common Concerns about Abortion

Will getting an abortion put me at risk of getting breast cancer later in life? No. Multiple large studies across the world have found that there is no link between abortion and rates of breast cancer. Studies that claim to have found a connection between the two have serious problems with the way the information was collected and analyzed.¹

Will getting an abortion make me unable to have children later in life? If the abortion is performed safely, no. There is no connection between a safe abortion provided by a legal medical practitioner and future infertility.² Sometimes, serious complications can cause injury to the uterus or other parts of abdomen (belly) that can cause future medical problems. These risks are small, but will be discussed later in this booklet.

Will getting an abortion cause psychological damage? There is no scientific evidence of any mental health harm caused by having an abortion. People experience many different feelings after receiving an abortion, including sadness, relief, and indifference. However, there is no proof of a “post abortion syndrome” or any long lasting mental health effects of having an abortion.³ If you need someone to talk to about your feelings after your abortion, Exhale Pro-Voice offers free, anonymous, and non-judgmental counseling at 1-866-439-4253 or exhaleprovoice.org.

Can I die from having an abortion? There have been no deaths related to legal abortion in Texas since 2008. There is a very, very small risk of death as a result of an abortion – about 0.6 per 100,000 abortions. To compare risks, pregnancy causes 8.8 deaths per 100,000 live births in the United States. An abortion procedure is much safer than a pregnancy.⁴

Does the fetus feel pain during an abortion? The fetal brain does not form enough connections to sense and feel pain until at least the 24th week of pregnancy^{5,6} – although many scientists believe this occurs as late as the 29th or 30th week of pregnancy.⁷ It is very unlikely that abortion causes pain to a fetus.

¹ Breast cancer and abortion: collaborative reanalysis of data from 53 epidemiological studies, including 83 000 women with breast cancer from 16 countries. The Lancet , Volume 363 , Issue 9414 , 1007 – 1016

² The effect of pregnancy termination on future reproduction. Atrash HK, Hogue CJ. Baillieres Clin Obstet Gynaecol. 1990 Jun; 4(2):391-405.

³ American Psychological Association statement on Mental Health and Abortion.

<http://www.apa.org/pi/women/programs/abortion/index.aspx>

⁴ Raymond, E. G., & Grimes, D. A. (2012). The Comparative Safety of Legal Induced Abortion and Childbirth in the United States. Obstetrics & Gynecology, 119(6), 1271-1272. doi:10.1097/aog.0b013e318258c833

⁵ Royal College of Obstetricians and Gynecologists Statement on Fetal Awareness.

<https://www.rcog.org.uk/globalassets/documents/guidelines/rcogfetalawarenesswpr0610.pdf>

⁶ American College of Obstetricians and Gynecologists Statement Against Fetal Pain Laws.

<http://www.acog.org/~media/Departments/State%20Legislative%20Activities/20130410CookLtr.pdf?dmc=1&ts=20130823T2103524859>

⁷ Lee SJ, Ralston H, Drey EA, Partridge J, Rosen MA. Fetal Pain: A Systematic Multidisciplinary Review of the Evidence. JAMA. 2005;294(8):947-954. doi:10.1001/jama.294.8.947

Abortion Procedures

There are two basic types of abortion procedures: medication and surgical. *Surgical abortions* can be put into two categories: dilation and curettage (D&C) and dilation and evacuation (D&E), depending on how long you have been pregnant. Each has risks and benefits that are detailed below.

Medication abortion

Medication abortion uses medicine to end a pregnancy instead of surgery. Medication abortion is used early in pregnancy — up to 70 days (10 weeks) from the first day of your last menstrual period. Medication abortion requires several visits to your doctor. The medicines used for a medical abortion cause bleeding and cramping, causing the pregnancy



inside the womb to be pushed out of the body. Two kinds of medications are used to end the pregnancy – one called mifepristone, which stops the pregnancy from continuing, and misoprostol, which helps the uterus cramp and pass the tissue from within your body like passing menstrual blood during a period. You will take the mifepristone in your doctor's office and the misoprostol at home. This method is 90-99% effective, depending on how early in pregnancy you are. The earlier in pregnancy, the higher the chance the medicine will work. A medication abortion feels like a very heavy period. Nausea or vomiting, cramping, diarrhea, chills or hot flashes, dizziness, and fatigue (feeling very tired) can be side effects of the medication abortion pills. The side effects usually pass within hours to days. Your doctor may prescribe pain medication to help with these side effects. After the abortion has been completed, you will follow up with your doctor with an ultrasound to make sure that your uterus is empty. Spotting over the next few weeks after taking the pills is normal.

Possible complications of medical abortion using mifepristone and misoprostol pills include:

- For every 100 women who have a medication abortion, it will not work for 5 -8 women. If the medication abortion did not work, a woman will need a surgical abortion to end the pregnancy
- Heavy bleeding, which may or may not require an additional surgery and/or blood transfusion
- Failure for all parts of the pregnancy to leave the uterus, which may require surgery
- Infection

Some people cannot use the medication method because their pregnancy is too advanced (greater than 10 weeks gestational age), there is a possibility of ectopic pregnancy (a pregnancy outside the uterus), or other health issues. It's important to discuss your health history with your doctor to decide if this is the best method for you.

Surgical abortion

The most common type of abortion is the suction curettage, often called dilation and curettage. After 14 weeks of pregnancy, this procedure is called dilation and evacuation. Most women will have some pain or discomfort with this procedure. Before the procedure, you may be given pain medication, a sedative to make you sleepy or both. For the procedure, you may receive local anesthesia (pain medication) 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 just like a pelvic exam, and local anesthesia is given through a shot or by putting a gel on the cervix. The cervix is stretched open. Then the contents of the uterus are removed using a suction device that is put into the uterus. The procedure usually takes 10 to 15 minutes.

Possible complications or risks of suction curettage include:

- Hemorrhaging (heavy bleeding) with the possibility of more procedures, very rarely including hysterectomy
- 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 fetal tissue, which may require another procedure
- Infection, which is usually caused by an infection the woman already had at the time of the abortion



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. This surgical procedure is usually performed in a surgical center or hospital. Before this procedure, the doctor will put sticks called laminaria into the cervix. These sticks soften and stretch open the cervix. Sometimes this takes more than one visit. The softening and opening of the cervix before performing the D&E helps lower the risk of tears or cuts to the cervix. Most women will have some pain with this procedure. Before the procedure you may be given pain medicine, a sedative or both. For the procedure, you may be given a local or regional anesthesia given as a shot or applied in the area of the cervix. You may also have 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 amniotic fluid will be removed with a suction device placed into the uterus. The fetal tissue is 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. This procedure usually takes less than one hour.

Possible complications or risks of a D&E are similar to those of a D&C, with the addition of including:

- Cervical laceration (tears or injury to the cervix)
- Embolism (clots or tissue in the bloodstream that causes sudden blockage of blood flow to the lungs or other organ)
- Death (in extremely rare cases)

After Care

After an abortion, complications are relatively rare (around 5% for medication abortion and 1-2% for surgical abortion). More people experience complications from wisdom tooth removal than abortion.⁸

Please call your doctor if you experience:

- Heavy bleeding (two or more thick pads per hour for two hours in a row)
- Fever (a temperature greater than 100.4 degrees Fahrenheit or 38 degrees Celsius)
- Difficulty breathing, chest pain, or shortness of breath
- Uncontrolled pain

Texas Laws Surrounding Abortion

Texas law says 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.

Texas law requires that at least 24 hours before your procedure, the doctor performing the abortion must complete a transvaginal ultrasound (meaning an sonogram probe inserted into the vagina) and describe to you the fetus inside the uterus. The doctor is required to show you the ultrasound picture while it is being performed. **You may choose not to look at these images.**

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, called a judicial bypass, is granted by a judge. If you are a minor, ask the doctor or clinic for the booklet, *So You're Pregnant, Now What?*, which discusses this part of the law. This booklet is available at www.dshs.state.tx.us/adolescent/resources.shtm. Jane's Due Process, a not-for-profit organization that helps minors navigate this legal process at no cost, is also available 24/7 at janesdueprocess.org or 1-866-999-5263.

⁸ Upadhyay, Ushma D. PhD, MPH; Desai, Sheila MPH; Zlidar, Vera MHS; Weitz, Tracy A. PhD, MPA; Grossman, Daniel MD; Anderson, Patricia MPH; Taylor, Diana PhD, RNP. Incidence of Emergency Department Visits and Complications After Abortion. *Obstetrics & Gynecology*: January 2015 - Volume 125 - Issue 1 - p 175-183).

People seeking an abortion also must provide proof of identity with a form of government issued identification. The law does not say specifically what this identification must be.

The doctor performing the abortion must give you 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. **Please know that some of the information in the current version of that pamphlet is not medically accurate.**

State resources, like Medicaid, can only be used to pay for an abortion in cases of rape, incest, or life endangerment.

Your doctor must also give you 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. The doctor also must give you 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.

If a medical abortion is performed, your doctor must give you a copy of the final printed label of any abortion-inducing drugs used in the abortion.

Financial Resources

Even though state resources cannot be used to pay for an abortion, other non-profit groups can help you. Here is a list of Texas organizations, specific to area, that can help with these expenses.

The Lilith Fund for Reproductive Equity (helps cover the cost of an abortion for Central/South Texas) - <https://www.lilithfund.org/>

The West Fund (helps cover the cost of an abortion for West Texas) - <http://www.westfund.org/>

Texas Equal Access Fund (helps cover the cost of an abortion for North Texas) - <http://www.teafund.org/>

La Frontera Fund (helps cover the cost of lodging related to obtaining an abortion in the Rio Grande Valley) - <https://lafronterafund.org/>

Fund Texas Choice (helps cover the cost of transportation, lodging, etc. related to obtaining an abortion for all of Texas) - <http://fundtexaschoice.org/>

Childbirth

Birth is a life-changing experience, and each birth brings a new and different set of experiences and feelings. However, 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), which may require additional medications or surgery
- High blood pressure (pre-eclampsia)
- Seizure disorder (eclampsia)
- Complicated delivery
- Premature labor
- Depression and/or psychosis
- Infection
- Diabetes
- Hemorrhage (heavy bleeding), which may require a blood transfusion
- Pulmonary embolism or stroke
- In rare cases, death



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

Potential risks of vaginal delivery include:

- Injury to the bladder or rectum
- A hole (fistula) between the bladder and vagina or the rectum and vagina
- Hemorrhage (heavy bleeding), which may require blood transfusion
- Seizure
- Infertility (the inability to have a baby) due to infection or complications
- Possibility of emergency c-section, with potential for hysterectomy (removal of the uterus)
- Death (very rare — one per 500,000 vaginal deliveries of a live-born infant)

Potential risks of a cesarean section include the above complications as well as:

- Injury to the tube (ureter) between the kidney and bladder
- 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 — one per 45,500 cesarean deliveries of a live-born infant)

“Baby Blues” and Postpartum Depression

After childbirth, it is not uncommon for women to also experience fears, worries or sadness. Depression can happen after the birth of a baby, and many new mothers experience a little or a lot of sad or depressed feelings. While depression can start in a few days after delivery, it can also appear gradually. Sometimes it doesn't start until a year after your baby's birth. Some mothers experience severe symptoms that can include exhaustion, feelings such as worthlessness or hopelessness, and memory loss. This is known as post-partum depression or psychosis, depending on the symptoms. Very rarely, you may have a fear of harming yourself or your baby. Although these feelings may not last long, if you have any of them, you should call your doctor right away and discuss these symptoms. Doctors can give you professional help and support during this time.



Parenting Resources

Safe Haven Law: 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 an emergency care provider who has been picked to be a safe place to be a safe haven 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: Your child’s father is legally required to pay to support the child. The Texas Office of the Attorney General can help you get this support. The Attorney General’s Child Support Division can help locate missing fathers, legally prove the identity of the father, start child support orders, and collect child support payments. Texas is the top-performing state in terms of making sure 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% 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.

Women, Infants, and Children Program (WIC) and Medicaid: You may be eligible for state assistance through monetary benefits, food stamps, nutritional care, breastfeeding, counseling, and other infant care items if you are a pregnant woman, breastfeeding mother, or have children under 5 years of age and meet certain income requirements. Check your eligibility status at <http://texaswic.dshs.state.tx.us/wiclessons/splash/> or by calling 1-800-942-3678.

Adoption Services

Adoption means you, as the birth parent are voluntarily giving 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. 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 kind of adoption you pick 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, sometimes 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 complete. The type of adoption you pick 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. 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: <https://www.dshs.state.tx.us/wrtk/resources>.

Sexual Assault

Sometimes pregnancies are because someone forced you to have sex when you didn't want to or didn't give consent. A person having sex with you without your consent is rape. Consent means intelligent, knowing, and voluntary consent. It does not include coerced submission meaning that someone threatened you to make you have sex. If you were not awake or if you were under the influence of alcohol or drugs and could not resist or give consent, it is still rape. If you have been raped, your feelings can be overwhelming. Your reactions are normal. Local certified rape crisis centers have advocates who are there to help all victims, whether or not they report to law enforcement. Services are free and confidential – certified rape crisis centers are legally and ethically required to protect your confidentiality, unless you allow, in writing, the release of your information. If you would like to speak with someone about resources for people who have been raped, the clinic that provided you with this brochure can share local resources with you or you can call the national sexual assault hotline. Volunteers can provide you with resources and offer you counseling and support. You can call this hotline at any time, even many years after the assault. Resources RAINN 1-800-656-4673 to find the nearest rape crisis center.

Making an Informed Decision

Now that you've read this pamphlet, hopefully some of your questions about your pregnancy options have been answered. The information provided in this pamphlet has been reviewed by a medical doctor so that you can be confident that it is accurate and unbiased. However, please feel free to do your own research, including speaking to your own doctor, and make your own

opinions. Most importantly, decisions around your pregnancy are yours to make and no one else's. There is no right answer – only the right answer for you.

One final thought: if you are interested, there are many types of birth control available to you. The following website can help you choose what method is right for you and find a healthcare provider in your area who can prescribe your chosen method.

<http://imonitnyc.com/selector>

If you need any kind of financial assistance or are a minor needing to access birth control without a parent, a Title X clinic in your area can help you. The following website can help locate clinics in your area.

<http://whfpt.org/clinic>

Resources

Abortion Resources

Counseling:

- **Faith Aloud** (faith-based counseling) at 1-888-717-5010 or www.faithaloud.org
- **Backline** (secular counseling) at 1-888-493-0092 or www.yourbackline.org
- **Exhale Pro-Voice** (after care counseling) at 1-866-439-4253 or exhaleprovoice.org

Financial:

- **The Lilith Fund for Reproductive Equity** (helps cover the cost of an abortion for Central/South Texas) - <https://www.lilithfund.org/>
- **The West Fund** (helps cover the cost of an abortion for West Texas) - <http://www.westfund.org/>
- **Texas Equal Access Fund** (helps cover the cost of an abortion for North Texas) - <http://www.teafund.org/>
- **La Frontera Fund** (helps cover the cost of lodging related to obtaining an abortion in the Rio Grande Valley) - <https://lafronterafund.org/>
- **Fund Texas Choice** (helps cover the cost of transportation, lodging, etc. related to obtaining an abortion for all of Texas) - <http://fundtexaschoice.org/>

Parenting Resources

Women, Infants and Children's Program -

<http://texaswic.dshs.state.tx.us/wiclessons/splash/> or by calling 1-800-942-3678

Texas Child Support Assistance - www.getchildsupportsafely.org

Postpartum Depression Support - <http://www.postpartum.net/>

Adoption Resources

Department of State Health Services Adoption Resources -

<https://www.dshs.state.tx.us/wrtk/resources>

Sexual Assault Resources

RAINN - <https://www.rainn.org/> or 1-800-656-4673

Contraception Resources

I'm On It Birth Control Selector - <http://imonitnyc.com/selector>

Title X Clinic Locator - <http://whfpt.org/clinic>