BEFORE YOU DECIDE

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know the facts

Facing an unplanned pregnancy is hard. Fear, confusion and anger are just some of the feelings that you may be experiencing. You have the right to be fully informed about this important decision. You decide: You deserve to know the facts.

This brochure will help you understand more about your pregnancy, the new life developing inside you and abortion.

You have options.

general questions

SHOULD I TAKE THE MORNING-AFTER PILL?

The morning-after pill is not a simple answer to a simple question. Prior to taking this pill, ask these questions:

- Am I already pregnant from a previous sexual experience?
- Has this drug been adequately tested for short and long-term side effects?
- What are the effects of this drug when interacting with other medications?

Understanding the way the morning-after pill works and its side effects is a step that helps you make a healthy decision for your body.

SHOULD I BE CONCERNED ABOUT HAVING AN ABORTION?

Abortion is not just a simple medical procedure. For many women, it is a life-changing event with significant physical, emotional and spiritual consequences. Most women who struggle with past abortions say that they wish they had been told all of the facts about abortion.

understanding your pregnancy

During pregnancy, your body goes through many changes. Some common symptoms of early pregnancy include a missed period, nausea, breast tenderness, frequent urination, tiredness and mood swings.[1]

Most pregnancy tests are very reliable. However, to diagnose and confirm that you are pregnant, a visit to a physician or other appropriate healthcare provider will be necessary.

Your doctor may request an ultrasound exam to confirm the status of your pregnancy. This information is important whether you are considering abortion or continuing with your pregnancy.

& answers

WHAT CAN I DO ABOUT PEOPLE PRESSURING ME?

You have rights; no one can force or pressure you to have an abortion. This is your decision to make and you will be the one most affected by the consequences. If your partner, husband or parents are pressuring you to make a quick decision, explain your needs and try to involve them in counseling to explore your positive options. You have the right to continue with this pregnancy.

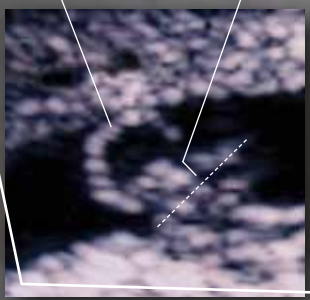
CAN I HAVE A BABY AND STILL LIVE MY LIFE?

You may see this unplanned pregnancy as a major roadblock in your life. Be encouraged to know that many women in the same situation have found the necessary help and resources to make positive choices and realize their dreams.

fetal development[2]

day 1

When conception occurs, the baby's features, including sex, hair and eye color, are determined.



week 4

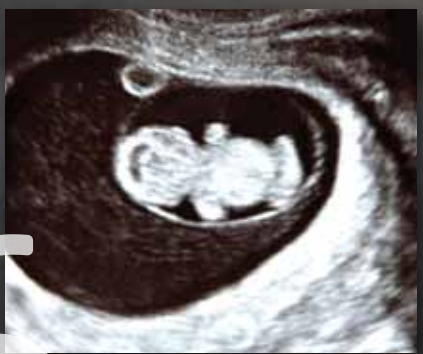
6 WEEKS FROM THE LAST MENSTRUAL PERIOD (LMP) /
4 WEEKS FROM CONCEPTION

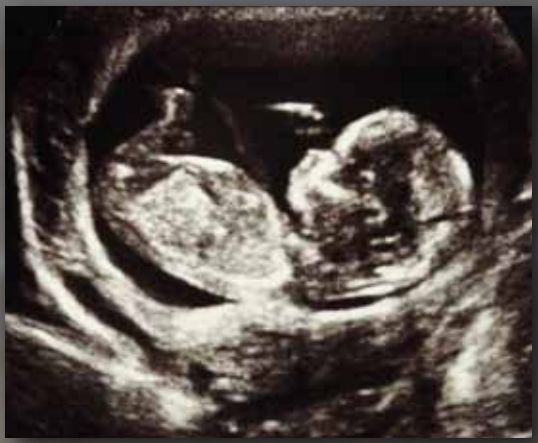
The baby's heart is pumping and the heart's movement is easily seen on ultrasound.

week 6

8 WEEKS FROM THE LMP / 6 WEEKS FROM CONCEPTION

The baby has fingers and has begun to move, although the mom cannot yet feel his or her movement.





week 10

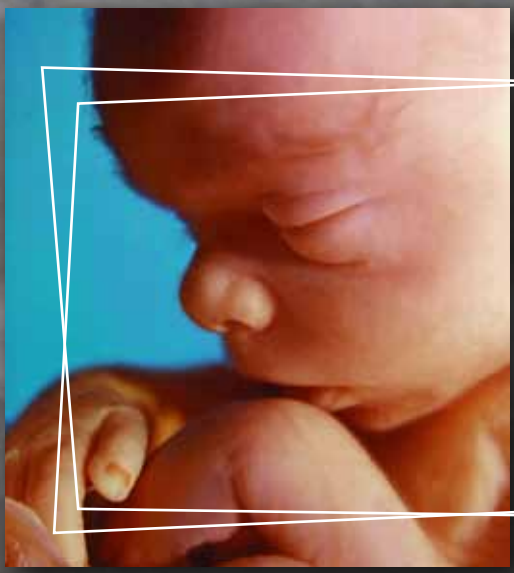
12 WEEKS FROM THE LMP /
10 WEEKS FROM CONCEPTION

Fingernails and toenails start to form.

week 16

18 WEEKS FROM THE LMP /
16 WEEKS FROM CONCEPTION

The baby can hear sounds, including his or her mother's heartbeat.



week 21

23 WEEKS
FROM THE LMP / 21 WEEKS
FROM CONCEPTION

The baby has fingerprints.

emergency

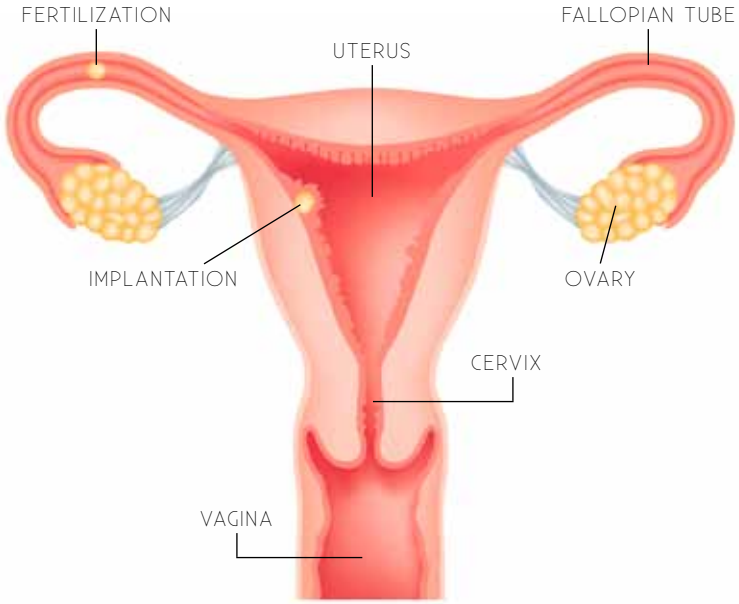
Before describing the types of emergency contraception, it is important to understand what happens inside a woman's body when a pregnancy begins. Some believe that pregnancy does not begin until a fertilized egg implants in the womb; however, the scientific reality is that the moment the sperm and egg unite in the fallopian tube and fertilization occurs, the genetic make-up of a baby is established, including the hair and eye color and the gender.[3]

Only eight out of one hundred women will become pregnant after a single act of intercourse in mid-cycle (when ovulation occurs).[5] By taking emergency contraception before knowing you are pregnant, you may be putting yourself at risk for no reason.

contraception

That's why many believe that conception is the starting point of a new human life. It takes this new life approximately five to seven days to reach the uterus where it will implant in the plush lining and continue to grow and develop. All forms of emergency contraception have the potential to alter the uterine lining enough to prevent the new life from implanting. This is not a contraceptive effect, but abortifacient, causing an early abortion. [4]

female reproductive system



1. morning-after pill

Plan B One-Step™ (Morning-After Pill) is intended to prevent pregnancy after known or suspected contraceptive failure, unprotected intercourse or forced sex. It contains large amounts of levonorgestrel, a progestin hormone found in some birth control pills. It may work by preventing the egg and sperm from meeting by delaying ovulation; it won't disrupt an implanted pregnancy, but may prevent a newly formed life from implanting in the uterus.[6]

Plan B One-Step™ consists of one pill taken within 72 hours of sex.[7]

Side effects may include changes in periods, nausea, lower abdominal pain, fatigue, headache and dizziness.[8] If your period is more than a week late, you may be pregnant from a prior sexual encounter. Plan B One-Step™ should not be taken during pregnancy nor used as a routine form of birth control.[9, 10]

There is evidence that Plan B One-Step™ use may increase the risk for ectopic (tubal) pregnancy, a potentially life-threatening condition.[11] Women who have severe abdominal pain may have an ectopic (tubal) pregnancy, and should get immediate medical help.

It is reported that Plan B One-Step™ prevents an average of 84% of expected pregnancies.[12, 13] There are no long-term studies on the safety of Plan B One-Step™ in women under 17, after repeated use or effects on future fertility.[14]

emergency contraception

2. *ella*® [15]

ella® (ulipristal) is an FDA-approved emergency contraceptive for use within 5 days of unprotected sex or contraceptive failure. Pregnancy from a previous sexual encounter should be ruled out before taking *ella*®. It is to be used only once during a menstrual cycle. It is estimated that taking *ella*® will reduce the number of expected pregnancies from 5.5% to 2%. *ella*® may reduce the chance of pregnancy by preventing or postponing ovulation. It also may work by preventing a fertilized egg from implanting in the uterus, which is a form of early abortion.[4] *ella*® is a chemical cousin to the abortion pill Mifeprex. Both share the progesterone-blocking effect of disrupting the embryo's attachment to the womb, causing its death. [16]

The most common adverse reactions of *ella*® include headache, nausea, stomach (abdominal) pain, menstrual cramps, fatigue and dizziness. Women who experience abdominal pain three to five weeks after using *ella*® should be evaluated right away for an ectopic pregnancy. Much is unknown about the drug, including its effect on women who are under 18 or over 35 years of age, taking other hormonal contraception, pregnant from a previous encounter, taking *ella*® repeatedly during the same cycle or are breast-feeding.

3. combination estrogen & progestin pills [17]

This method uses birth control pills (containing both estrogen and progestin hormones) taken in much higher concentrations than found in a normal daily dose.

Typical side effects include nausea, vomiting, lower abdominal pain and breast tenderness. Adverse effects associated with methods using combination pills include blood clots, stroke and heart attack.

LEARN ABOUT

abortion

1st trimester medication abortion methods

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ABORTION PROCEDURES

procedures

MIFEPREX/MIFEPRISTONE (RU-486; ABORTION PILL)

This drug is FDA (Food and Drug Administration) approved for use in women up to 49 days after their last menstrual period; however, it is commonly used "off label" up to 63 days.[18] The FDA-approved procedure usually requires three office visits. On the first visit, the woman is given pills (mifepristone) that cause the death of the embryo. Two days later, if the abortion has not occurred, she is given a second drug (misoprostol) which causes cramping that expels the embryo. The last visit is to determine if the procedure has been completed.[19]

Risks associated with medication abortion (Mifeprex/Mifepristone, RU-486 with Misoprostol):

- Bleeding: Vaginal bleeding lasts for an average of 9-16 days; 1 in 100 women bleed enough to require surgery (D&C) to stop the bleeding.[20]
- Infection: According to the FDA, "Cases of serious bacterial infection, including very rare cases of fatal septic shock, have been reported."[21] This means that some Mifeprex users have died as a result of total body infection. The FDA issued a health advisory July 19, 2005 and changed safety labeling to warn of the risk of this serious bacterial infection.[22, 23]
- Undiagnosed ectopic (tubal) pregnancy: The abortion pill will not work in the case of an ectopic pregnancy where the embryo lodges outside the uterus, usually in the fallopian tube. If not diagnosed early, there could be a risk of the tube bursting, internal hemorrhage and death in some cases.[24]
- Failed abortion: The mifepristone-misoprostol regimen fails in 8% of uses in pregnancy up to 49 days gestation, 17% at 50-56 days gestation, and 23% at 57-63 days gestation.[25, 26] A surgical abortion is usually done to complete a failed medication abortion.[20, 26 (pp. 111-34)]
- Risk of fetal malformations: Research associates the use of misoprostol during the first trimester with certain types of birth defects among medication abortion "failures".[27]
- Continuation of pregnancy: Women who change their minds after beginning a medication abortion and want to continue their pregnancies should immediately seek the help of an obstetrician.

1st trimester medication abortion methods

1st trimester surgical abortion methods

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ABORTION PROCEDURES

METHOTREXATE

This drug is FDA-approved for treating certain cancers and rheumatoid arthritis, but is used "off-label" to treat ectopic pregnancies and to induce abortion. It works by stopping the growth of rapidly dividing cells. It is used up through 49 days of pregnancy and given orally or by injection. Three to seven days after methotrexate is taken, misoprostol (the second medication used in the RU-486 abortions) is used vaginally.

Side effects of methotrexate include mouth ulcers, low white blood cell count, nausea, abdominal distress, fatigue, chills, fever, dizziness, decreased resistance to infection and anemia. Severe, sometimes fatal, bone marrow suppression and intestinal toxicity have been reported. Liver toxicity and cancer may occur (usually after prolonged use). Severe, occasionally fatal, skin reactions have been reported.[28]

MISOPROSTOL ONLY

This form of medication abortion uses only the second drug given in the RU-486 method. It is typically inserted vaginally, requires repeated doses and has a significantly higher failure rate than the RU-486 method. It is associated with nausea, vomiting, diarrhea, and with potential birth defects (central nervous system and limb defects) in pregnancies that continue.[29]

FIRST TRIMESTER SUCTION ABORTION ABOUT 4-13 WEEKS AFTER THE LAST MENSTRUAL PERIOD (LMP) [5, 26 (PP. 135-56), 30, 31, 32]

This surgical abortion is done throughout the first trimester. Varying degrees of pain control are offered ranging from local anesthetic (typically) to full general anesthesia. For very early pregnancies (4-7 weeks LMP), a long, thin tube is inserted into the uterus which is attached to a manual suction device and the embryo is suctioned out.

Late in the first trimester, the cervix needs to be opened wider because the fetus is larger. The cervix may be softened the day before using medication placed in the vagina and/or slowly stretched open using thin rods made of seaweed inserted into the cervix. The day of the procedure, the cervix may need further stretching by metal dilating rods. This can be painful, so local anesthesia is typically used. Next, the doctor inserts a plastic tube into the uterus and applies suction by either an electric or manual vacuum device. The suction pulls the fetus' body apart and out of the uterus. The doctor may also use a loop-shaped tool, called a curette, to scrape any remaining fetal parts out of the uterus.

2nd trimester methods

DILATION & EVACUATION (D&E): ABOUT 13 TO 24 WEEKS AFTER LMP [26 (PP. 135-56), 33]

The majority of second trimester abortions are performed using this method. The cervix must be opened wider than in a first trimester abortion because the fetus is larger. This is done by inserting numerous thin rods made of seaweed a day or two before the abortion and/or giving other oral or vaginal medications to further soften the cervix. Up to about 16 weeks gestation, the procedure is identical to the first trimester one (mentioned above). After the cervix is stretched open and the uterine contents suctioned out, any remaining fetal parts are removed with a grasping tool (forceps). A curette (a loop-shaped tool) may also be used to scrape out any remaining tissue.

After 16 weeks, much of the procedure is done with the forceps to pull fetal parts out through the cervical opening, as suction alone will not work due to the fetus' size. The doctor keeps track of what fetal parts have been removed so that none are left inside as this can potentially cause infection. Lastly, a curette, and/or the suction machine are used to remove any remaining tissue or blood clots, which if left behind could cause infection and bleeding.

MEDICATION METHODS FOR SECOND TRIMESTER INDUCED ABORTION [26 (PP. 178-92), 34]

This technique induces abortion by using medicines to cause labor and eventual delivery of the fetus and placenta. Like labor at term, this procedure typically involves 10-24 hours in a hospital's labor and delivery unit. Digoxin or potassium chloride is injected into the amniotic fluid, umbilical cord or fetal heart prior to labor to avoid the delivery of a live fetus. The cervix is softened with the use of seaweed sticks and/or medications. Next, oral mifepristone and oral or vaginal misoprostol are used to induce labor. In most cases, these drugs result in the delivery of the dead fetus and placenta. The patient may receive oral or intravenous pain medications. Occasionally, scraping of the uterus is needed to remove the placenta.

Potential complications include hemorrhage and the need for a blood transfusion, retained placenta and possible uterine rupture (splits open).

late term methods

D&E WHEN LIVE BIRTH IS POSSIBLE (FROM ABOUT 24 WEEKS AND UP) [26 (PP. 157-77)]

This procedure typically takes 2-3 days and is associated with increased risk to the life and health of the mother. Because a live birth is possible, injections are given to cause fetal death. This is done in order to comply with the federal Partial-Birth Abortion Ban Act of 2003 which requires that the fetus be dead before complete removal from the mother's body. The medications (digoxin and potassium chloride) are either injected into the amniotic fluid, the umbilical cord or directly into the fetus' heart. The remainder of the procedure is the same as the second trimester D&E. Fetal parts are reassembled after removal from the uterus to make sure nothing is left behind to cause infection.

An alternate technique, called "Intact D&E" is also used. The goal is to remove the fetus in one piece, thus reducing the risk of leaving parts behind or causing damage to the woman's body. This procedure requires the cervix be opened wider; however, it is still often necessary to crush the fetus' skull for removal as it is difficult to dilate the cervix wide enough to bring the head out intact.

CONSIDER THE immediate

Abortion carries the risk of significant complications such as bleeding, infection and damage to organs. Serious medical complications occur infrequently in early abortions, but increase with later abortions.[26 (pp. 111-92)] *There is evidence that induced abortion can be associated with significant loss of both emotional and physical health long term.*[35]

HEAVY BLEEDING

Some bleeding after abortion is normal. However, if the cervix is torn or the uterus is punctured, there is a risk of severe bleeding known as hemorrhaging. When this happens, a blood transfusion may be required.[5, 30]

INFECTION

Infection can develop from the insertion of medical instruments into the uterus or from fetal parts that are mistakenly left inside (known as an incomplete abortion). This may cause bleeding and/or a pelvic infection requiring antibiotics, and may result in the need for a surgical procedure to fully empty the uterus. Infection may cause scarring of the pelvic organs.[5, 37, 38, 39]

ANESTHESIA

Complications from general anesthesia used during abortion surgery may result in convulsions, heart complications and death, in extreme cases.[5]

DAMAGE TO THE ORGANS

The cervix and/or uterus may be cut, torn or punctured by abortion instruments. This may cause excessive bleeding requiring surgical repair. Curettes and other abortion instruments may cause permanent scarring of the uterine lining. The risk of these types of complications increases with the length of the pregnancy. If complications occur, major surgery may be required, including removal of the uterus (known as a hysterectomy). If the uterus is punctured or torn, there is also a risk that damage may occur to nearby organs such as the bowel and bladder.[5, 30, 38]

risks of abortion

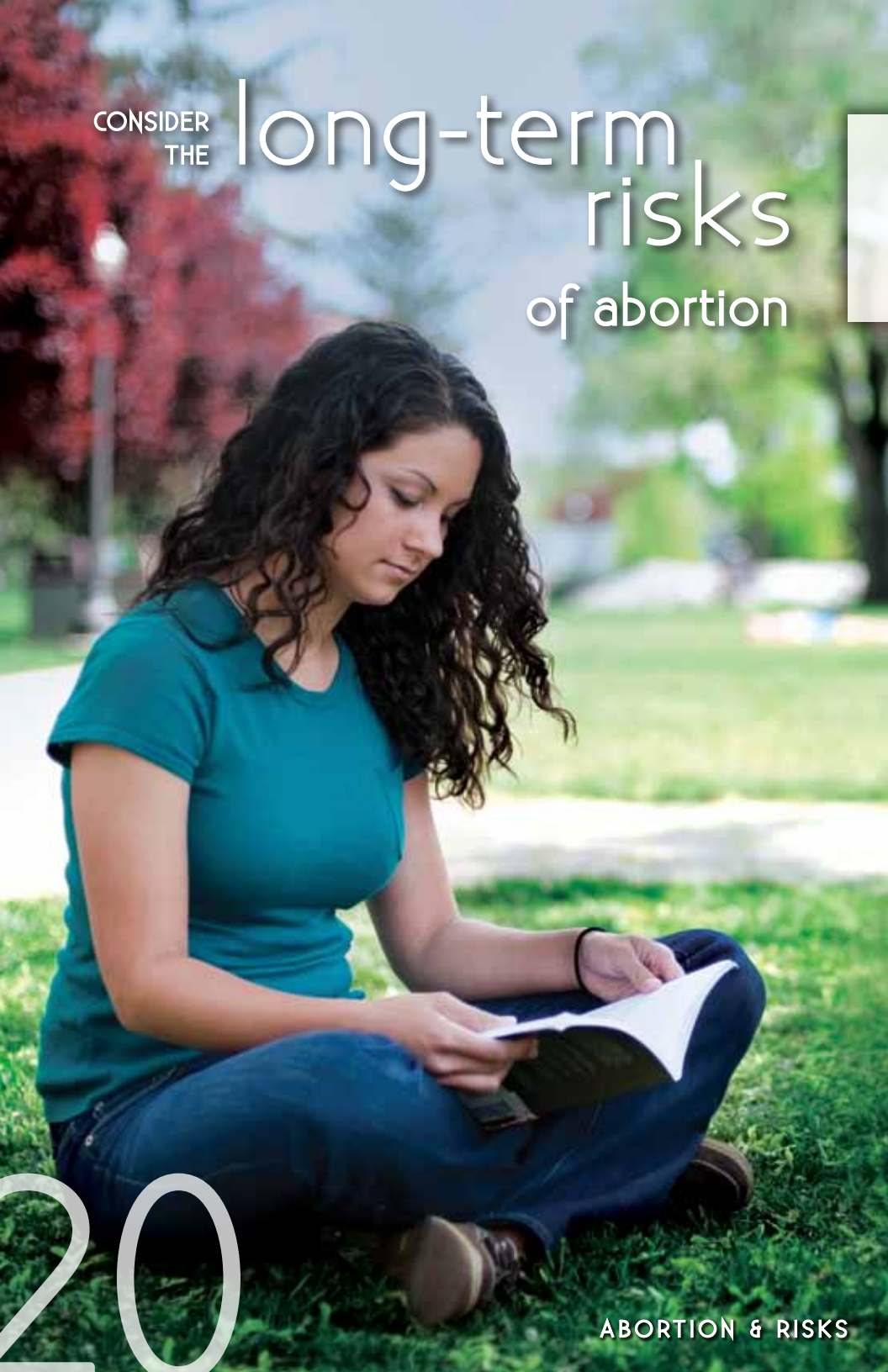
Getting complete information on the risks associated with abortion is limited due to incomplete reporting and the lack of record-keeping linking abortions to complications. The information that is available reports the following risks:

RH SENSITIZATION

Every pregnant woman should receive blood type testing to learn if her blood type is "Rh positive" or "Rh negative". Pregnant women who are Rh negative should receive Rhogam, an injection given to prevent the formation of antibodies that may harm the baby. If an Rh negative woman does not receive Rhogam with each pregnancy, she may develop antibodies which can cause serious complications with her next pregnancy. Rhogam is needed for Rh negative women who undergo abortion.[40]

DEATH

In extreme cases, complications from abortion (excessive bleeding, infection, organ damage from a perforated uterus and adverse reactions to anesthesia) may lead to death.[5, 26] The risk of death immediately following an induced abortion performed at or below 8 weeks is extremely low (approximately 1 in a million) but increases with length of pregnancy. From 8 weeks to 16-20 weeks, the risk of death increases 30 times, and from 8 weeks to 21 weeks and over, it increases 100 times (1 in 11,000).[41]


CONSIDER THE long-term risks of abortion
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ABORTION & RISKS

Finding out the real risks associated with abortion is difficult due to incomplete reporting of complications and scientific bias, yet you should be equipped to be able to give full informed consent before going through a procedure or taking medicine that could have long-term effects on your health.[36, 42] *Consider the following as you make your decision:*

ABORTION & PRETERM BIRTH

Women who undergo one or more induced abortions carry a significantly increased risk of delivering prematurely in the future.[43, 44, 45, 46, 47] Premature delivery is associated with higher rates of children with cerebral palsy, as well as all other complications (respiratory, bowel, brain and eye problems).[48, 49]

ABORTION & BREAST CANCER

Medical experts continue to debate the association between abortion and breast cancer. Research has shown the following:

- Carrying a pregnancy to full term gives a measure of protection against breast cancer, especially a woman's first pregnancy.[50] Terminating a pregnancy results in loss of that protection.
- The hormones of pregnancy cause breast tissue to grow rapidly in the first 3 months, but it is not until after 32 weeks of pregnancy that breasts are relatively more cancer resistant due to the maturation that occurs.[51, 52]
- A number of reliable studies have concluded that there is an association between abortion and later development of breast cancer.[53, 54]

PSYCHOLOGICAL IMPACT / EMOTIONAL IMPACT

Following abortion, many women experience initial relief. The perceived crisis is over and life returns to normal. For many women, however, the crisis isn't over. Months and even years later, significant problems develop. There is evidence that abortion is associated with a decrease in long-term emotional and physical health.[35, 55]

In line with the best available evidence, women should be informed that abortion significantly increases risk for:

- Clinical depression[56, 57, 58, 59]
- Anxiety[57, 58]
- Drug and alcohol abuse[57, 60, 61, 62, 63, 64]
- Post-Traumatic Stress Disorder[35, 65]
- Suicidal thoughts and behavior[57, 66, 67, 68]

Women who have experienced abortion may develop the following:

- Guilt
- Grief
- Anger
- Anxiety
- Depression
- Suicidal thoughts
- Difficulty bonding with partner or children
- Eating disorders

The bottom line is that the scientific evidence indicates that abortion is more likely to be associated with negative psychological outcomes when compared to miscarriage or carrying an unintended pregnancy to term.[62, 64, 69, 70, 71]

If you or someone you know is experiencing these symptoms, pregnancy centers offer confidential, compassionate support groups designed to help women work through these feelings. You are not alone.

RELATIONSHIP IMPACT

Many couples choose abortion believing it will preserve their relationship. Research on this topic reveals just the opposite. Couples who choose induced abortion are at increased risk for relationship problems.[72]

Women experiencing lack of support and pressure to abort from their partners were more likely to choose abortion.[73]

SPIRITUAL CONSEQUENCES

People have different understandings of God. Whatever your present beliefs may be, having an abortion may affect more than just your body and your mind – there is a spiritual side to abortion that deserves to be considered. Have you considered what God thinks about your situation? How does God see your unborn child? These are important questions to consider.

explore

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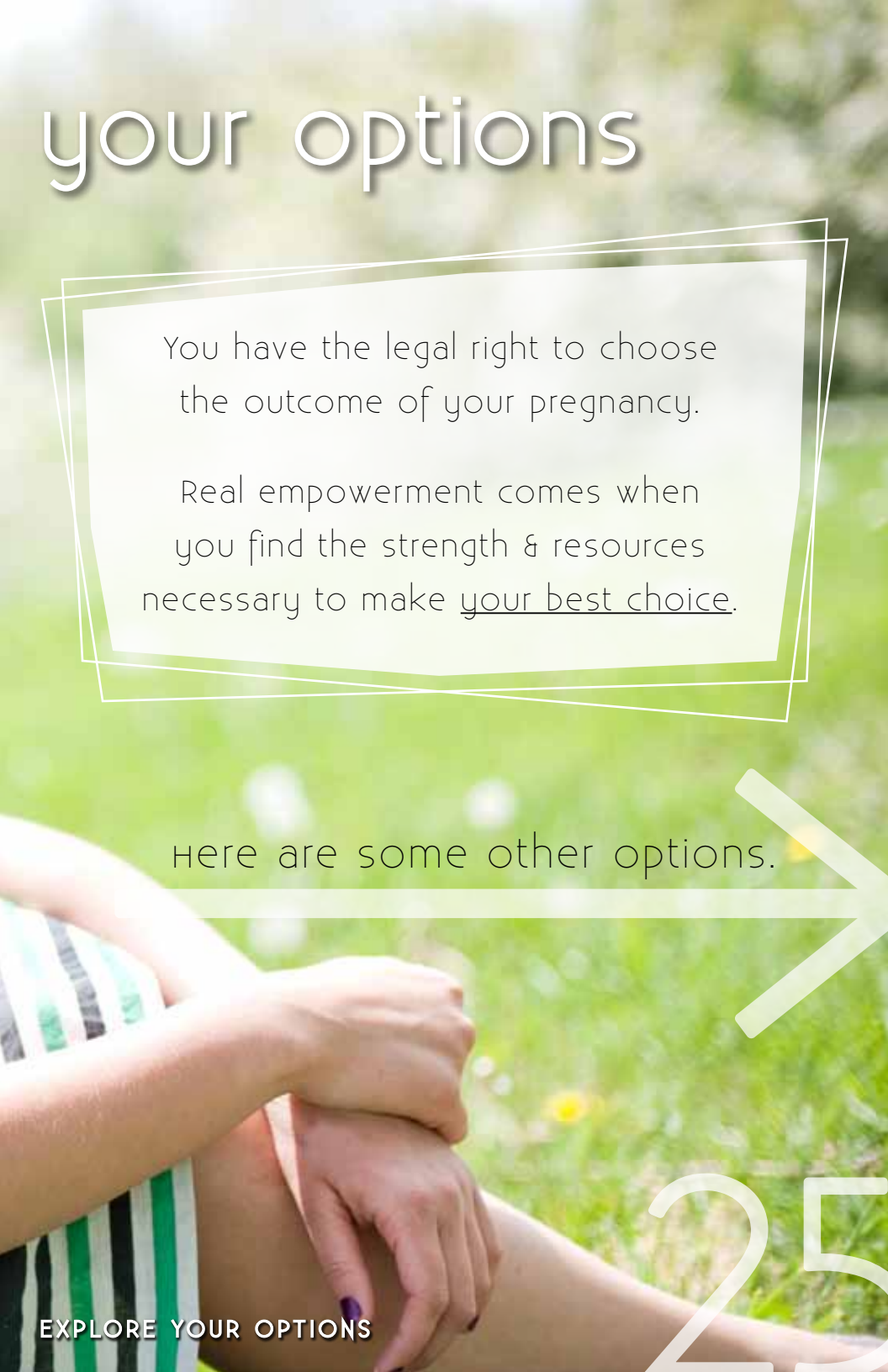
EXPLORE YOUR OPTIONS

your options

You have the legal right to choose the outcome of your pregnancy.

Real empowerment comes when you find the strength & resources necessary to make your best choice.

Here are some other options.



parenting

Choosing to continue your pregnancy and to parent may feel overwhelming at first. The good news is that there are a lot of resources designed to specifically help people in your situation.

The caring people at your local pregnancy resource center are ready to connect you with these needed resources such as:

- prenatal care,
- childbirth preparation classes,
- parenting classes,
- infant supplies

to help you be successful in your choice to carry. Many women and men find the help they need to make this choice a positive one.

adoption

Developing an adoption plan empowers you to create a positive future for yourself and your child. Adoption may not be the first thought in your mind if you face an unplanned pregnancy. However, you may be pleased to learn that you may select the parents who will raise your child and that your may have some level of ongoing relationship with your child, if you wish.

With adoption you have the lifelong satisfaction of knowing that you gave your child the chance for a life of his or her own.

Research has shown that pregnant teens and women who make an adoption plan are more likely to finish schooling, have better jobs and overall report a high level of satisfaction with their decision for adoption.[74]

Each year thousands of women in America make this choice. This loving decision is often made by women who first thought abortion was their only way out.

definitions[5]

ABORTIFACIENT:	A substance, drug or device causing the destruction of the embryo or fetus.[75]
ABORTION:	Ending a pregnancy and causing the destruction of the embryo or fetus.[76]
CERVIX:	The narrow, lower end of the uterus.
EMBRYO:	Human life in the earliest weeks of developmental, during which time all the organs are formed.
CONCEPTION: (OR FERTILIZATION)	Joining of a male sperm and the female egg to create the smallest form of human life (fertilized egg).
FETUS:	A developing unborn baby with an observable human structure; the stage following embryo.
FULL TERM PREGNANCY:	The point at which the pregnancy has completed at least 37 weeks from the mother's last menstrual period.
GESTATION:	In human pregnancy, it is the length of time from a woman's LMP until birth.[77]
IMPLANTATION:	When the fertilized egg attaches to the inner uterine lining.[78]
LAST MENSTRUAL PERIOD (LMP):	The date when a woman starts her last menstrual period before conception. This is the point in time from which the pregnancy and the age of the unborn baby are typically measured.
OFF-LABEL USE:	Prescribing a medication to be used in a manner or for a condition that was not included in the U.S. Food & Drug Administration's original approval.[18, 79]
PLACENTA:	A pancake-like structure that provides nourishment to the baby through the mother's bloodstream.
TRIMESTER:	An interval of three months used to measure three successive stages of pregnancy: first trimester, second trimester and third trimester.
UTERUS:	Female organ where the unborn baby develops during pregnancy.

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help is available

Facing an unexpected pregnancy can seem overwhelming.

That is why knowing where to go for help is important.

Talk to someone you can trust –
your partner, your parents, a pastor, a priest or perhaps a good friend.

Also, the caring people at your pregnancy resource center are available to help you through this stressful time.

To find a pregnancy resource center near you, call:

1-800-395-HELP (4357)

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