

Abortion: **A Woman's Right to Know**

- Georgia Law
- Fetal Development
- Medical Risks of Abortion, Pregnancy, and Childbirth
- Available Pregnancy Resources



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Introduction

If you are thinking about abortion, you have the right to have all your questions answered. This booklet, developed by the Georgia Department of Public Health (DPH), provides basic information about abortion and human development. In this publication, you will find answers to many of your questions and will also learn about resources available to help you.

Georgia Law

The Georgia Legislature passed the Living Infants Fairness and Equality (LIFE) Act in 2019 and Governor Brian Kemp signed it into law on May 17, 2019. The law provides that no abortion shall be performed if the unborn child has a detectable human heartbeat except (a) in the event of a medical emergency or medically futile pregnancy (see page 19); or (b) in cases involving rape or incest in which an official police report has been filed and where the probable gestational age of the unborn child is 20 weeks or less. The law does not prohibit the removal of a dead unborn child caused by a spontaneous abortion or the removal of an ectopic pregnancy.

In 2005, the Georgia Legislature passed the Woman’s Right to Know Act. You can see the law at dph.georgia.gov/womens-right-know-wrtk. The Woman’s Right to Know Act provides that an abortion can only be performed in Georgia after “voluntary and informed consent of the female” at least 24 hours before the abortion except in a medical emergency. It spells out what information doctors will provide and requires DPH to publish materials with additional details.

When you sign your consent for an abortion, you are saying that the doctor has told you about:

- Your medical risks associated with the chosen abortion procedure
- The probable age of the fetus and presence of a detectable human heartbeat at the time the abortion is scheduled
- Your medical risks if you decide to carry the pregnancy to term

Your consent also notes your doctor has provided information that:

- You may be eligible for medical coverage of prenatal care, childbirth, and newborn care
- Fathers are required to assist in child support
- You have the right to review printed materials in booklet form or online at dph.georgia.gov/womens-right-know-wrtk

Minors and Abortion

In Georgia an individual is an “unemancipated minor” until marriage or age 18 an abortion and provides for other protections.

If you are under age 18, or unemancipated, your parent or guardian will be involved in your choice to have an abortion in most cases. They may inform the doctor that they have already been told about the abortion or that they do not wish to be consulted. In any case they must be notified unless you go to court.

In addition, even after your parent or guardian has been involved, you must sign your own consent, “freely and without coercion” to obtain the abortion.

In a few cases there may be unusual circumstances when the doctor or the minor believes it is not in the best interest of the minor to notify the parent or guardian. These cases must be settled in juvenile court. County juvenile courts are listed at georgiacourts.gov/cjcj.

Your Right to Privacy

Doctors are required by law to provide statistics related to abortions to the Department of Public Health (DPH). Names are not used in these reports. All information collected is anonymous.

Stages of Pregnancy

Most people say that pregnancy lasts nine months and talk about trimesters of about three months each. Actually, doctors count trimesters from the first day of your last normal menstrual period. That means that in medical terms, pregnancy usually lasts about 280 days or 40 weeks. Since the fetus is actually conceived about 2 weeks after your last period, the true age of the fetus will always be about 14 days younger than the length of the pregnancy. For example, when the doctor says you are 10 weeks pregnant, the fetus is actually 8 weeks old.

During the first ten weeks of pregnancy the organs are forming and the embryo (called a fetus at 10 weeks) is most at risk of harm from medications, drugs, nicotine, alcohol, viruses (such as German measles), and vitamin deficiencies (such as folic acid). The size of the embryo from 10 weeks onward is measured from the crown or top of the head to the rump or bottom.

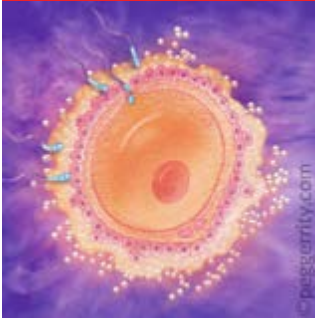
As early as six weeks gestation, an unborn child may have a detectable human heartbeat. By 20 weeks gestation, an unborn child has the physical structures necessary to experience pain. There is evidence that by 20 weeks gestation unborn children seek to evade certain stimuli in a manner which in an infant or an adult would be interpreted to be a response to pain. Anesthesia is routinely administered to unborn children who are 20 weeks gestational age or older who undergo prenatal surgery.

SECOND TRIMESTER: 20 WEEKS



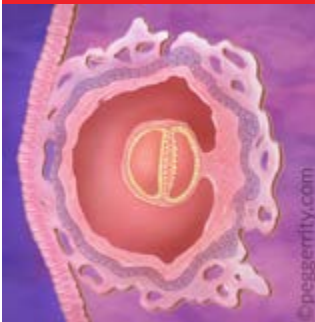
Fetal Development

CONCEPTION: 2 WEEKS



- Conception means a woman's egg has been fertilized by a man's sperm.
- Within a day, the egg begins to divide and develop rapidly.
- A few days later a cluster of cells arrives in the uterus (womb).
- By the eighth day after conception, this cluster has increased to hundreds of cells and attaches to the wall of the womb where it continues its rapid growth.

FIRST TRIMESTER: 4 WEEKS



- After the cluster of cells attaches to the womb it is called an embryo.
- The embryo is between 1/100 and 4/100 inch long at this time.
- The embryo continues rapid growth.

FIRST TRIMESTER: 6 WEEKS



- The embryo is about $\frac{1}{4}$ inch long and has developed a head and a trunk.
- Structures that will become arms and legs, called limb buds, first appear.
- A blood vessel forms and begins to pump blood. This will develop into the heart and circulatory system.
- At this time, a ridge of tissue forms down the back of the embryo. That tissue will develop into the brain and spinal cord.

FIRST TRIMESTER: 8 WEEKS



- The embryo is about $\frac{1}{2}$ inch long.
- The heart now has four chambers.
- Fingers and toes begin to form.
- Reflexive activities begin as the brain and nervous system develop.
- Cells begin to form the eyes, ears, jaws, lungs, stomach, intestines and liver.

FIRST TRIMESTER: 10 WEEKS



- The embryo is about 1 to $1\frac{1}{4}$ inches long (the head is about half this length) and weighs less than $\frac{1}{2}$ ounce.
- The beginnings of all key body parts are present, but they are not completed.
- Structures that will form eyes, ears, arms and legs can be seen.
- Muscles and skeleton are developing and the nervous system becomes more responsive.

FIRST TRIMESTER: 12 WEEKS



- The fetus is about $2\frac{1}{2}$ inches long and weighs about $\frac{1}{2}$ ounce.
- Fingers and toes are distinct and have nails.
- Hair begins to develop, but won't be seen until later in the pregnancy.
- The fetus begins small, random movements, too slight to be felt.
- The fetal heartbeat can be detected with a heart monitor.
- All major external body features have appeared.
- Muscles continue to develop.

FIRST TRIMESTER: 14 WEEKS



- The fetus is about 3½ inches long and weighs about 1½ ounces.
- The fetus begins to swallow, the kidneys make urine, and blood begins to form in the bone marrow.
- Joints and muscles allow full body movement.
- There are eyelids and the nose is developing a bridge.
- External genitals are developing.

SECOND TRIMESTER: 16 WEEKS



- The fetus is about 4½ inches long and weighs about 4 ounces.
- The head is erect and the arms and legs are developed.
- The skin appears transparent. A fine layer of hair has begun to grow on the head.
- Limb movements become more coordinated.

SECOND TRIMESTER: 18 WEEKS



- The fetus is about 5½ inches long and weighs about 7 ounces.
- The skin is pink and transparent and the ears are clearly visible.
- All the body and facial features are now recognizable.
- The fetus can grasp and move its mouth.
- Nails begin to grow.
- The fetus has begun to kick. Some women feel this movement.

SECOND TRIMESTER: 20 WEEKS



- The fetus is about 6¼ inches long and weighs about 11½ ounces.
- All organs and structures have been formed, and a period of growth begins.
- The skin is wrinkled and appears pink to reddish in color due to being thin and close to the blood vessels.
- A protective skin coating, called vernix, is beginning to develop.
- Respiratory movements occur, but the lungs have not fully developed.
- By this time, mothers usually feel the fetus moving.
- At this time an ultrasound can often identify the sex of the fetus.

SECOND TRIMESTER: 22 WEEKS



- The fetus is about 7½ inches long and weighs about one pound.
- The fetus has fingerprints and perhaps some head and body hair.
- The fetus may suck its thumb and is more active.
- The brain is growing extremely rapidly.
- The fetal heartbeat can be easily heard.
- The kidneys start to work.
- At 23 weeks, approximately 31% of babies born survive. Babies born at this age require intensive care and usually have lifelong disabilities and chronic medical conditions.

SECOND TRIMESTER: 24 WEEKS



- The fetus is about 8¼ inches long and weighs about 1¼ pounds.
- Bones of the ears harden making sound conduction possible. The fetus hears mother's sounds such as breathing, heartbeat and voice.
- The first layers of fat are beginning to form.
- This is the beginning of substantial weight gain for the fetus.
- Lungs continue developing.
- At 25 weeks, approximately 68% of babies born survive. Babies born at this age require intensive care and usually have lifelong disabilities and chronic health conditions.

SECOND TRIMESTER: 26 WEEKS



- The fetus is about 9 inches long and weighs about 2 pounds.
- The fetus can respond to sounds from inside and outside the womb.
- Reflexes continue to develop and body movements are stronger.
- Lungs continue to develop.
- The fetus now wakes and sleeps.
- The skin is slightly wrinkled.
- At 27 weeks, approximately 87% of babies survive.
- Babies born at this age require intensive care and have an increased risk of developmental delays and chronic health conditions.

THIRD TRIMESTER: 28 WEEKS



- The fetus is about 10 inches long and weighs about 2 pounds, 3 ounces.
- Mouth and lips show more sensitivity.
- The eyes are partially open and can perceive light.
- More than 90% of babies born at this age will survive.
- Some survivors have developmental delays and chronic health conditions.

THIRD TRIMESTER: 30 WEEKS



- The fetus is about 10½ inches long and weighs about 3 pounds.
- The lungs are capable of breathing air, although medical help may be needed.
- The fetus can open and close its eyes, suck its thumb, cry and respond to sound.
- The skin is smooth.
- Rhythmic breathing and body temperature are now controlled by the brain.
- Most babies born at this age will survive.

THIRD TRIMESTER: 32 WEEKS



- The fetus is about 11 inches long and weighs about 3 pounds, 12 ounces.
- The connections between the nerve cells in the brain increase.
- Fetal development now centers on growth.
- Almost all babies born at this age will survive.

THIRD TRIMESTER: 34 WEEKS



- The fetus is about 12 inches long and weighs about 4 ½ pounds.
- Ears begin to hold shape.
- Eyes open during alert times and close during sleep.
- Almost all babies born at this age will survive.

THIRD TRIMESTER: 36 WEEKS



- The fetus is about 12 to 13 inches long and weighs about 5½ to 6 pounds.
- Scalp hair is silky and lies against the head.
- Muscle tone has developed and the fetus can turn and lift its head. Almost all babies born at this age will survive.

THIRD TRIMESTER: 38 WEEKS



- The fetus is about 13½ to 14 inches long and weighs about 6½ pounds.
- Lungs are usually mature.
- The fetus can grasp firmly.
- The fetus turns toward light sources.
- Almost all babies born at this age will survive.

THIRD TRIMESTER: 40 WEEKS



- The fetus is about 14 to 15 inches long and may weigh about 7½ pounds.
- At the time of birth, a baby has more than 70 reflex behaviors, which are automatic behaviors necessary for survival.
- The baby is full-term and ready to be born.



Abortion Methods & Their Associated Medical Risks

If a woman's doctor has determined that her unborn child does not have a detectable human heartbeat, or one of the exceptions to the limits on abortion applies, and the woman has made an informed decision and has chosen to have an abortion, she and her doctor must determine how far her pregnancy has progressed. The circumstances and stage of a woman's pregnancy will directly affect the appropriateness or method of abortion. In order to determine the age of the embryo or fetus, the doctor will use history, tests and exams.

Methods Used Before Fourteen Weeks Gestation*

Early Non-Surgical Abortion

- A drug is given that stops the hormones needed for the fetus to grow. This causes the placenta or attachment of the fetus to the womb to separate, ending the pregnancy.
- A second drug is given by mouth or placed in the vagina causing the womb to contract and expel the fetus and placenta.
- A return visit to the doctor is required for follow-up to make sure the abortion is completed.

Possible Complications

- Incomplete abortion
- Allergic reaction to the medications
- Painful cramping
- Nausea and/or vomiting
- Diarrhea
- Fever
- Infection
- Heavy bleeding

**After detecting a human heartbeat (typically around 6 weeks), abortion is limited to circumstances involving medical emergency, medical futile pregnancy, or rape or incest where a police report has been filed.*

Vacuum Aspiration Abortion

- A local anesthetic is applied or injected into or near the cervix, he opening to the womb, to prevent discomfort or pain.
- Conscious sedation and/or general anesthesia are also commonly used.
- The opening of the cervix is gradually stretched with a series of dilators. The thickest dilator used is about the width of a fountain pen.
- A tube is inserted into the womb and is attached to a suction system to remove the fetus, placenta and membranes from the womb.
- A follow-up appointment should be made with the doctor.

Possible Complications

- Incomplete abortion
- Pelvic infection
- Heavy bleeding
- Torn cervix
- Perforated uterus

Dilation and Curettage Abortion

- A local anesthetic is applied or injected into or near the cervix to prevent discomfort or pain.
- Conscious sedation and/or general anesthesia are also commonly used.
- The opening of the cervix is gradually stretched with a series of dilators. The thickest dilator used is about the width of a fountain pen.
- A spoon-like instrument (curette) is used to scrape the walls of the uterus to remove the fetus, placenta and membranes.
- A follow-up appointment should be made with the doctor.

Possible Complications

- Incomplete abortion requiring vacuum aspiration
- Pelvic infection
- Heavy bleeding
- Torn cervix
- Weakened cervix
- Perforated uterus

Method Used at Fourteen Weeks Gestation and After*

Dilation and Evacuation (D&E)

- Sponge-like pieces of absorbent material are placed into the cervix. This material becomes moist and slowly opens the cervix. It remains in place for several hours or overnight. A second or third application of the sponge material may be necessary.
- Following dilation of the cervix, medications may be given to ease pain and prevent infection.
- After a local or general anesthesia has been administered, the fetus and placenta are removed from the uterus with medical instruments such as forceps and suction curettage.
- Occasionally for removal, it may be necessary to dismember the fetus.

Possible Complications

- Heavy bleeding
- Cut or torn cervix
- Perforation of the wall of the uterus
- Pelvic infection
- Anesthesia-related complications
- Weakened cervix
- Incomplete abortion

**Limited to circumstances involving medical emergency, medically futile pregnancy, or rape or incest where a police report has been filed.*

The Medical Risk of Abortion

The risk of complications for the woman increases with each week of pregnancy. Below are descriptions of possible complications.

Pelvic Infection (Sepsis): Bacteria (germs) from the vagina may enter the cervix and womb and cause an infection. Antibiotics are used to treat an infection. In rare cases, a repeat suction, hospitalization or surgery may be needed.

Incomplete Abortion: Fetal parts or parts of the placenta may not be completely emptied from the womb, requiring further medical procedures. Incomplete abortion may result in infection and bleeding.

Bleeding: Some amount of bleeding is common following an abortion. Heavy bleeding is not common and may be treated by repeat suction, medication or, rarely, surgery. Ask the doctor to explain heavy bleeding and what to do if it occurs.

Cut or Torn Cervix: The opening of the womb (cervix) may be torn while it is being stretched open to allow medical instruments to pass through and into the uterus.

Perforation of the Wall of the Womb: A medical instrument may go through the wall of the uterus. Depending on the severity, perforation can lead to infection, heavy bleeding or both. Surgery may be required to repair the uterine tissue, and in the most severe cases a hysterectomy may be required.

Anesthesia-Related Complications: As with other surgical procedures, anesthesia increases the risk of complications.

Long-Term Medical Risks

If complications occur after an abortion, it may be more difficult to become pregnant in the future or to carry a pregnancy to term. Early abortions that are not complicated by infection do not cause infertility or make it difficult to carry a later pregnancy to term.

Medical Emergencies

Under the LIFE Act, “medical emergency” means a condition in which an abortion is necessary in order to prevent the death of the pregnant woman or the substantial and irreversible physical impairment of a major bodily function of the pregnant woman. No such greater risk shall be deemed to exist if it is based on a diagnosis or claim of a mental or emotional condition of the pregnant woman or that the pregnant woman will purposefully engage in conduct which she intends to result in her death or in substantial and irreversible physical impairment of a major bodily function.

A “medically futile” pregnancy means that, in reasonable medical judgment, an unborn child has a profound and irremediable congenital or chromosomal anomaly that is incompatible with sustaining life after birth.

The Emotional Side of Abortion

Each woman having an abortion may experience different emotions before and after the procedure. Women often have both positive and negative feelings after having an abortion. Some women say that these feelings go away quickly, while others say they last for a very long time. These feelings may include emptiness and guilt as well as sadness. A woman may question whether she made the right decision. Some women may feel relief about their decision and that the procedure is over. Other women may feel anger at having to make the choice.

Family help and support is very important, but the woman, may need additional help if the feelings after an abortion become more intense. Talking with a professional counselor before having an abortion can help a woman better understand her decision and the feelings she may experience after the procedure. If counseling is available to the woman, these feelings may be easier to handle.

Remember, it is a woman's right to be fully informed by her doctor prior to any procedure. A woman should be encouraged to ask questions.



The Medical Risks of Pregnancy and Childbirth

A woman choosing to carry a child to full term can usually expect to experience a safe and healthy process. For a woman's best health, she should visit her physician before becoming pregnant, early in her pregnancy, and at regular intervals throughout her pregnancy.

Many changes in a woman's body take place so that she can carry the pregnancy. However, these changes can lead to complications in some women. Major complications include the following:

Possible Complications

High Blood Pressure: Some pregnant women have blood pressure problems before or after pregnancy, especially first pregnancies. An abnormal increase in blood pressure after the 20th week of pregnancy, called preeclampsia, can cause swelling, headaches, vision problems, stomach pain and, if not treated, life-threatening convulsions and coma. This condition is among the leading causes of maternal death in the United States.

Diabetes: Some pregnant women develop diabetes during pregnancy (gestational diabetes). Complications of gestational diabetes include high blood pressure, a large baby making delivery difficult, and gestational diabetes in future pregnancies.

Infection: Some women may develop uterine infection during or after delivery, and on rare occasions this causes death.

Blood Loss: Some women experience heavy blood loss during delivery.

Depression: Some women experience post-partum depression.

Increased Risk: Women may experience rare events such as blood clot, stroke, or anesthesia-related death during or immediately following delivery. Women with severe chronic diseases such as heart disease, kidney disease, liver disease, and asthma are at greater risk of developing complications during pregnancy, labor and delivery.

The Father's Responsibility

Fathers play an important role in their child's life. Children who have an ongoing, positive connection to their fathers do better in school, tend to stay out of trouble and get along better with their peers than children without such a relationship.

A father has a legal responsibility to provide for the mother of his child's direct medical and pregnancy related expenses and for the support, medical insurance and other needs of his minor child.

For help on how a man can be a responsible, loving parent, visit the National Fatherhood Initiative at fatherhood.org or call 301-948-0599.

For more information regarding the Georgia Paternity Acknowledgment Program, please call 844-694-2347. For more information on the Georgia Fatherhood Program, please call GA DHS Office of Child Support at 844-694-2347. Information is also available at optionline.org.

Finding the Services You Need

Do you need help finding services? The resources below are a phone call or a web link away. Each organization maintains a current list of resources and information to get you started in the right direction.

Community Resources — Georgia DPH FindHelp

Georgia DPH FindHelp is a fast way to find the care you need, including medical and dental referrals, Medicaid providers, low-cost prenatal or child health services such as ultrasounds, public health programs, and other healthcare resources. The website is available 24/7 and allows you to search by ZIP code for free or reduced-cost services in your community, with information available in multiple languages. To explore available programs and connect directly with providers, visit gadph.findhelp.com.

Medical Assistance Benefits

You may qualify for financial help for medical care depending on your income. For people who qualify, programs such as the Right from the Start Medicaid (RSM) program may help pay your bills for a doctor, clinic, hospital and other related medical expenses for prenatal care, childbirth/delivery services, care for newborns, and postpartum care. For information about RSM and to locate a RSM specialist in your area, visit the website at dfcs.georgia.gov/services/how-do-i-apply-medicaid/right-start-medical-assistance-group or call 877-427-3224.

Safe Place for Newborns Act

Georgia law allows a mother to leave her baby with a staff member or volunteer of a medical facility, fire station, or police station if the child is no more than thirty days old. The mother will not be prosecuted and she is not required to show proof of her identity or address. O.C.G.A. §§ 19-10A-1 through 19-10A-8

Adoption As An Option

Counseling and support services are a key part of adoption and are available from a number of adoption agencies, both public and private. Further information on adoption can be found at:

- The Division of Family and Children Services, DHS, dfcs.georgia.gov/services/adoption
- The Georgia Adoption Directory childwelfare.gov/topics/permanency/adoption
- The Directory for Child Welfare www.childwelfare.gov
- National Adoption Information Clearinghouse nwae.org/how-we-help-families

Private Organizations Offering Alternatives to Abortion

These organizations offer a variety of services to meet the needs of pregnant women. Services may include free pregnancy testing and other forms of assistance. These centers do not offer abortions or abortion referrals. Further information can be found at the OptionLine at optionline.org or by calling 1-800-395-4357.

Public Health

Your county health department provides a wide range of services for your community. Included are information and referrals, pregnancy tests, prenatal care referrals, well-child check-ups and developmental screening, and immunizations. Locations of health departments in Georgia can be found at dph.georgia.gov/public-health-districts.

Women, Infants and Children (WIC)

Georgia Women, Infants and Children (WIC) is a federally funded health and nutrition program for low-income pregnant, breastfeeding and postpartum women, and infants and children ages 1-5 years old. The program provides education on nutrition and health, benefits to buy healthy foods, information about breastfeeding your baby, and help to find health care and other community services. To locate a WIC clinic near you, call 1-800-228-9173. Additional information about WIC is available at dph.georgia.gov/WIC.

Mental Health

The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) offers screening assessments for those seeking mental health or addictive disease services. If screening shows the need, a comprehensive evaluation will follow, leading to services by the appropriate agency. In other cases a referral to other services or agencies is provided. Additional information about state mental health services, including emergency contact numbers, can be found at dbhdd.georgia.gov.

Child Care and Educational Services

Bright from the Start: Georgia Department of Early Care and Learning (DECAL) ensures that quality child care, early childhood education, and nutrition programs are available to Georgia's children from birth through age 5 and their families. To learn more about the services offered by Bright from the Start, including information on child care providers in your area, visit decals.ga.gov or call 404-656-5957 or toll free 1-888-442-7735.

Head Start

Head Start and Early Head Start are comprehensive child development programs that are child-focused and have the overall goal of increasing school readiness in children of low income families. Additional information about Head Start and the nearest Head Start Program can be found at www.georgiaheadstart.org.

Acknowledgements

Illustrations for this publication were created by Peg Gerrity, Austin, Texas (copyright www.peggerrity.com); All illustrations and photos are used with permission.

The Department of Public Health also acknowledges the contributions made by staff from the following units: Women's Health, Epidemiology, Legal Services, Office of Health Information and Policy, and the DPH Office of Communications.



Georgia Department of Public Health

For additional copies of this booklet in English and Spanish,
Contact 404-651-7691 or email: DPH-WRTKINFO@dph.ga.gov

For additional information on pregnancy resources,
visit Georgia DPH FindHelp at gadph.findhelp.com

dph.georgia.gov/womens-right-know-wrtk

