

Abortion: A Woman's Right to Know

Information on:

- 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. That is why Georgia passed the “Woman’s Right to Know” Act in 2005. This booklet, developed by the Georgia Department of Public Health (DPH), provides basic, medically accurate information about abortion and human development. You will find answers to many of your questions and will also learn about resources that may help you.

Pregnancy leads to many questions. Each person and each pregnancy is unique. Your doctor can offer information and answers for your individual situation. This booklet includes pictures and details about development of the fetus throughout pregnancy. Your doctor will tell you how many weeks pregnant you are and the age of the fetus at the scheduled time of the abortion procedure.

The doctor will also discuss the medical procedures that might be used and the risks that should be considered, including the risks associated with continuing the pregnancy through childbirth. This booklet also covers some of this information.

The doctor will make sure that you know about resources that may be available to you as you are making decisions. You may be eligible for medical coverage if you continue your pregnancy.

Another source of information is the resource directory for pregnant women and their families on the Healthy Mothers, Healthy Babies website. You can find it online at www.resourcehouse.com/HMHB/

Included are agencies and offices that can help you find alternatives to abortion, including services you can use if you decide to make an adoption plan.

Georgia Law

“Women have a right to learn about all of the options available to them in the event of an unwanted pregnancy. The Women’s Right to Know Act is a common sense approach to a sensitive issue and it reflects the mainstream values that Georgians share.”

Governor Sonny Perdue

The Georgia Legislature passed the Woman’s Right to Know Act and Governor Sonny Perdue signed it into law on May 10, 2005. You can see the law at dph.georgia.gov/womens-right-know-wrtk

The law 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 (see page 29). It spells out what information doctors will provide and requires DPH to publish materials with additional details. Informed Consent is the permission granted in the knowledge of the possible consequences, typically that which is given by a patient to a doctor for treatment with full knowledge of the possible risks and benefits.

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 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

The printed materials, prepared by DPH, include:

- Agencies and services that may assist you through pregnancy, childbirth and raising your child.
- Adoption agencies and contact information
- A description and pictures of development of the fetus every two weeks during pregnancy
- A statement about fetal pain
- Descriptions of common abortion procedures and their medical risks
- Possible harmful emotional effects following abortion
- Medical risks of pregnancy and childbirth



Minors and Abortion

In Georgia an individual is an “unemancipated minor” until marriage or age 18 (whichever comes first). The law requires notifying the parents of minors before 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 w2.georgiacourts.org/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 pregnancy 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.

Often the first sign of pregnancy is a missed menstrual period about four weeks after the last normal period. There are different kinds of tests to determine pregnancy. Some may not be accurate for up to three weeks after conception, or five weeks after the last normal period.

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 in cigarettes, alcohol, viruses (like 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.

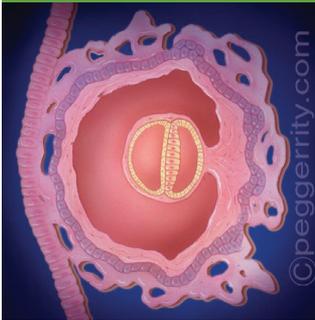
Fetal Development

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 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 ½ inch long.
- The heart now has four chambers.
- Fingers and toes begin to form.
- Reflex 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 1¼ inches long (the head is about half this length) and weighs less than ½ 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 2½ inches long and weighs about ½ 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 4½ 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 has made an informed decision and has chosen to have an abortion, she and her doctor must first determine how far her pregnancy has progressed. The stage of a woman's pregnancy will directly affect the appropriateness or method of abortion. The doctor will use different methods at different stages of pregnancy. In order to determine the age of the embryo or fetus, the doctor will use history, tests and exams.

Abortion Risks

At or prior to eight weeks after the first day of the last normal menstrual period is considered the time safest for the woman's health to have an abortion. The risk of complications for the woman increases with each additional week of pregnancy. The risk of a mother dying as a result of an induced abortion increases with the length of pregnancy.

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

Vacuum Aspiration Abortion

- A local anesthetic is applied or injected into or near the cervix, the 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

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

When a medical emergency requires the performance of an abortion, the physician will talk with the woman before the abortion. The doctor will explain the medical reason why, in the Physician's judgement, an abortion is necessary to prevent the mother's death. A 24-hour delay may create serious risk of substantial or irreversible impairment of a major bodily function.

Fetal Pain

By 20 weeks gestation, the unborn child has the physical structures necessary to experience pain. There is evidence that by 20 weeks gestation unborn children will try to avoid 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



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.

Counseling or support before and after an abortion is very important. 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 during 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 pains 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.

Increases 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.

Fathers have a legal responsibility to provide for the support, medical insurance and other needs of his minor child. In addition, children have rights of inheritance from their father.

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 404-521-2160, or toll-free at 866-296-8262. For more information on the Georgia Fatherhood Program, please call the GA DHS Office of Child Support Enforcement at 404-463-8800, or toll-free at 800-227-7993. 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 Telephone Help Line - "Powerline"

The Powerline is a fast way to find the care you need including medical and dental referrals, Medicaid providers, low-cost prenatal or child health services, public health programs and other healthcare referrals. The Powerline has English and Spanish-speaking staff available from 8:00 a.m. to 7:00 p.m. Monday through Friday. In Atlanta call 770-451-5501, or within Georgia call toll free at 1-800-822-2539 or visit the Powerline at www.resourcehouse.com/HMHB/

Medical Assistance Benefits for Prenatal Care, Childbirth and Neonatal Care

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 and care for newborns. For information about RSM and to locate a RSM specialist in your area, visit the website at dfcs.dhs.georgia.gov/right-start-medicaid-program or call 1-800-809-7276

Safe Place for Newborns

The Georgia "Safe Place for Newborns Act of 2002", Official Code of Georgia Annotated 19-10A-1, (www.lexisnexis.com/hottopics/gacode/Default.asp) became effective August 13, 2002. This law allows a mother to leave her newborn baby without prosecution within seven days of birth at any hospital in Georgia. The newborn must be left with a hospital employee and the mother must leave her name and address. Additional information can be obtained at <https://dfcs.dhs.georgia.gov/abandoning-child-not-option> or safehaven.tv/states/georgia/Georgia-Safe-Haven-Law.pdf or Option Line at optionline.org/ or call at 1-800-395-HELP (4357). Interpreters are available

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.dhs.georgia.gov/adoption
- The Georgia Adoption Directory www.childwelfare.com/Georgia_Adoption.htm
- The Directory for Child Welfare www.childwelfare.com/georgia.htm
- National Adoption Information Clearinghouse www.nwae.org/resources-US.php?tn=4

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/district-and-county-operations

Women, Infants and Children (WIC)

The WIC Program is Public Health's supplemental food and nutrition program. This program provides nutrition education, vouchers for supplemental foods and referrals to other health and human services. The program is for low-income pregnant women, breastfeeding and postpartum women, and infants and young children who are at nutritional risk. Locate the nearest WIC office through your public health department or the WIC toll-free line at 1-800-228-9173. Additional information is available at dph.georgia.gov/WIC

Mental Health

The Georgia Department of Behavioral Health and Developmental Disabilities Human Resources' Division of Mental Health, Developmental Disabilities and Addictive Diseases 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 obtained at dbhdd.georgia.gov

Child Care and Educational Services

Bright from the Start: Georgia Department of Early Care and Learning ensures that quality child care, early childhood education, and nutrition programs are available to Georgia's children from birth through age five 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 decal.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 the school readiness of young children in low-income families. Further information about Head Start and the nearest Head Start Program can be found at www.georgiaheadstart.org/

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

For additional information on pregnancy resources,
call the Powerline 770-451-5501 or toll free at 1-800-822-2539
or visit the Powerline at www.resourcehouse.com/HMHB/

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