

Abortion

Making A Decision

Commonwealth of Pennsylvania

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All photographs by Lennart Nilsson,
A Child is Born
Dell Publishing Co.

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INTRODUCTION

The information in this booklet is written to provide a woman with basic information before she makes a decision about whether or not to have an abortion.

This booklet has pictures and explains the stages of pregnancy. It does this by showing pictures of the unborn baby every two weeks. The pregnancy age is referred to as “gestation” or “gestational age” (measured from the first day of a woman’s last period until the current date). You will also find information about the chances of a baby living if it is born at different stages of growth. A normal pregnancy is carried to a gestational age of 37 weeks to 42 weeks.

Information is included about abortion methods, as well as the medical risks and emotional reactions (feelings) of abortion. **Please understand that no abortions are allowed in Pennsylvania if a woman is 24 or more weeks pregnant** (measured from the first day of a woman’s last period until the current date) **unless the doctor says that an abortion is necessary to prevent the woman’s death or is necessary to prevent the substantial and irreversible damage to a woman’s major bodily function.**

Medical risks of childbirth are also described in this booklet. It is important to point out that as medical procedures continue to improve, medical risks from abortion and childbirth become less of a worry. A woman should consider talking to her personal doctor before making any medical decision.

This booklet also provides information on a state healthcare program that pays or helps pay for medical bills during pregnancy, for childbirth and for newborn care. Information on how to contact your local county assistance office and social service agencies is also included, as is information on how to apply for benefits online.

By calling or visiting these agencies and offices, a woman can find out about all of her options regarding pregnancy, including: abortion, adoption and the help available to support her through pregnancy, childbirth and raising her child.

Furthermore, every woman should know that:

- It is not legal for anyone to make a woman have an abortion against her will.
- It is not legal for any doctor to perform an abortion on a woman without her informed consent, which means that the 1) woman has a private medical discussion with the doctor and is given information about the procedure, 2) all the questions she may have are answered, and 3) the doctor talks with her about other options before she agrees to have an abortion. If the doctor performs the abortion without first obtaining her informed consent, the woman can sue the doctor in court and she may be awarded money.
- The father of a child is responsible by law to help support that child, even if the father has said he wanted the woman to have an abortion.
- The law lets adoptive parents pay costs for care during pregnancy, childbirth and costs for care of the newborn baby.

When a woman sees her doctor after becoming pregnant, the doctor will determine the age of the pregnancy. This is done by measuring the pregnancy age from the first day of the woman’s last period, which usually occurs two weeks before conception (when an egg meets the sperm). An egg is the cell in the female that carries half the genes necessary to make a baby. Sperm are the cells in a male that carry the other half of the genes necessary to make a baby.

DEVELOPMENT OF AN UNBORN BABY

DESCRIPTION OF GROWTH WITH PICTURES

On the following pages are pictures and descriptions of how an unborn baby grows and develops in a woman's body.

This booklet will use the term "embryo" when talking about the early stages of pregnancy, up to nine weeks. After nine weeks of pregnancy, the embryo is called a fetus (the next stage of growth).

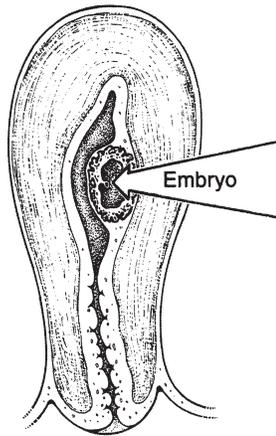
The dimensions (inches/millimeters and pounds/grams) are based on information presented by Williams Obstetrics, Twenty-Third Edition, 2010.

DESCRIPTION OF GROWTH WITH PICTURES

AFTER FERTILIZATION, THE EGG DIVIDES AND MULTIPLIES TO FORM THE EMBRYO

4 Weeks Gestation

The developing baby (embryo) is about the size of the tip of a pin and is inside a “sac” for protection. This sac becomes attached to the womb wall. **Cells are present that become the organ systems for the brain, spinal cord and heart as well as other organs.**



6 Weeks Gestation

The developing baby (embryo) is about 1/4 inch long (5 millimeters) and is a little smaller than a raisin. A blood vessel forms that will later develop into the heart and blood vessel system. It begins to pump blood. At about the same time, a ridge of tissue forms down the length of the developing baby. That tissue will later develop into the brain and spinal cord. Arms and legs begin to appear as small bumps in the developing baby, and eyes and ears are beginning to form.



8 Weeks Gestation

The developing baby (embryo) is about 3/4 inch long (23 millimeters) and is about the size of a penny. Cells of the developing baby continue to multiply and start to form the brain. At the other end is a tail bud which will become the end of the spine. Fingers and toes are starting to appear. Cells, which also are multiplying in other parts of the developing baby, are starting to form the eyes, jaws, lungs, stomach, intestines and liver.



10 Weeks Gestation

The developing baby is now called a fetus. The length of the developing baby (fetus) from the top of the head to the rump (butt) is about 1 1/2 inches (40 millimeters) and is the size of a small strawberry. The head is large. Muscles and a skeleton are developing. Eyes, ears, arms and legs are identifiable, and fingers, elbows and shoulders may be seen.



12 Weeks Gestation

The developing baby (fetus) is approximately 2 1/2 inches long (60 millimeters), is the length of a credit card and weighs roughly 1/2 ounce (14 grams). The major body features (eyes, ears, arms and legs) have noticeably appeared, and muscles and hair continue to develop. Fingers and toes are distinct and have nails.



14 Weeks Gestation

The developing baby (fetus) is approximately 3 1/2 inches long (87 millimeters), is the size of a lemon and weighs roughly 1 1/2 ounces (45 grams). The head is still the biggest part of the developing baby. The eyes are beginning to grow toward the front of the head, and 20 buds are present for baby teeth. There are eyelids, and the nose is developing. External genitals (sexual organs of a person) have been developing, and it is possible to tell whether the developing baby is a male or female.



16 Weeks Gestation

The length of the developing baby (fetus) is approximately 5 inches (120 millimeters) or the average length of a 12-ounce soda can and weighs about 4 ounces (110 grams). Legs and arms are well developed. The skin appears transparent (see-through). The head is large compared to other body parts.



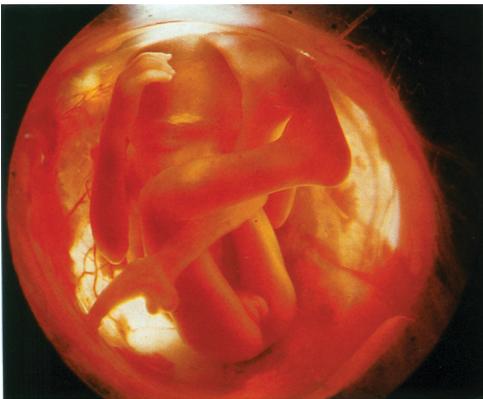
18 Weeks Gestation

The developing baby (fetus) is now roughly 5 1/2 inches long (140 millimeters) or the average length of an ink pen. Weight is almost 8 ounces (200 grams). Skin is pink and transparent and ears are functioning.



20 Weeks Gestation

The developing baby (fetus) is about 6 1/3 inches (160 millimeters) or about as long as a banana. Weight is almost 3/4 pound (320 grams). Fine, soft hair appears, and a waxy coating called a vernix, which coats and protects the skin, is growing on the developing baby. Breathing movements occur, but the lungs have not developed enough to permit the developing baby to live outside the woman's body. By this time, the woman can feel the developing baby moving.



22 Weeks Gestation

The developing baby (fetus) is about 7 1/2 inches (190 millimeters) or the length of a new pencil. Weight is about 1 pound (460 grams). The kidneys are starting to work and the lungs' air sacs are starting to grow. The developing baby is more active and is turning from side to side. It is possible that a developing baby could survive outside the woman's body. However, there is a high likelihood that a baby born this soon would have one or more disabilities, such as brain damage, learning and breathing difficulties, and hearing and seeing problems.



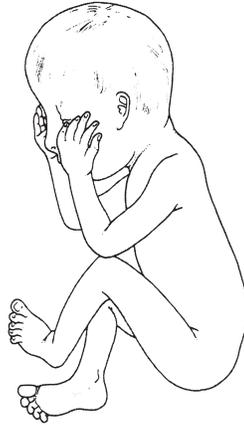
24 Weeks Gestation

The developing baby (fetus) is about 8 1/3 inches (210 millimeters) or about the length of an ear of corn and now weighs 1 1/4 pounds (630 grams). Head and body hair are easily seen. The skin is wrinkled and extremely thin. Eyebrows and eyelashes are more visible. Fat is beginning to form on the developing baby, and evidence of the fetal skeleton can usually be found. Sleep and wake periods start to happen. The lungs are continuing to grow, so some babies born at this stage may have a better chance of living outside a woman's body with the help of technology and intensive care services available in many hospitals. Babies born at this stage have a greater chance of having long term disabilities such as brain damage, breathing problems or apnea (suddenly stopping breathing while sleeping).



26 Weeks Gestation

The developing baby (fetus) is about 9 inches (230 millimeters) or about the size of a small pineapple and weighs about two pounds (820 grams). Lungs continue to develop. Body movements are stronger. Skin is red and wrinkled and covered with fine soft hair. Most babies born at this stage can survive outside the woman's body if they get appropriate medical care in a hospital. The chances of developing a long term disability decreases and continue to decrease the longer the developing baby stays inside the womb (place in a woman's body where the developing baby grows before the birth of a baby).



28 Weeks Gestation

The developing baby (fetus) is about 10 inches (250 millimeters) or about the size of a small coconut. Weight is about 2 1/2 pounds (1,000 grams). The developing baby continues to develop and grow. Eyes are partially open. Most babies born at 28 and 29 weeks are likely to survive with proper medical care.



30 Weeks Gestation

The developing baby (fetus) is about 10 1/2 inches (270 millimeters) and weighs 1,300 grams (nearly 3 pounds) and is about the size of a large cabbage. Fat is accumulating, and the body is more rounded. The developing baby can open and close its eyes, suck its thumbs and cry. The bones are fully developed and the lungs are capable of breathing air. National statistics show nearly all babies (96 percent) born at 30 weeks can survive outside the woman's body.



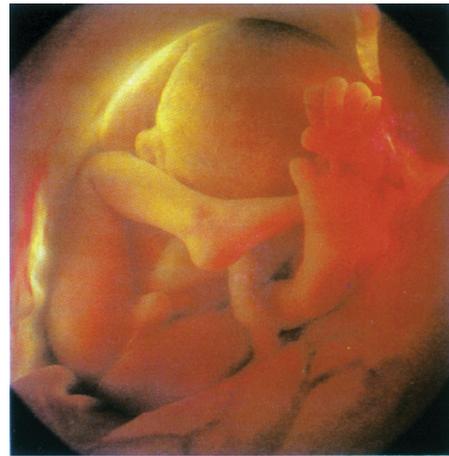
32 Weeks Gestation

The developing baby (fetus) is about 11 inches (280 millimeters) or the length of a sheet of paper. Weight is more than 3 pounds (1,700 grams). The developing baby continues to develop with wrinkles appearing on the bottoms of the feet. The developing baby may be in a head-down position in the womb. National statistics show nearly all babies (98 percent) born at 32 weeks can survive outside the woman's body.



34 Weeks Gestation

The developing baby (fetus) is about 12 inches (300 millimeters) or about the size of a cantaloupe. Weight is about 4 1/2 pounds (2,100 grams). Skin is pink and smooth. Fat continues to build up and the developing baby continues to gain weight steadily. National statistics show nearly all babies (99 percent) born at 34 through 35 weeks can survive outside the woman's body.



36 Weeks Gestation

The developing baby (fetus) is about 12 1/2 inches (320 millimeters) or the length of an average-sized kitchen skillet. Weight is about 5 1/2 pounds (2,500 grams). The developing baby is more round and plump and is almost fully developed. The face is less wrinkled. National statistics show nearly all babies (99 percent) born at 36 through 37 weeks can survive outside the woman's body.



38 Weeks Gestation

The developing baby (fetus) is about 13 1/2 inches (340 millimeters) or a little longer than an average size laptop computer. Weight is about 6 1/2 pounds (2,900 grams). At this time, in most cases, the baby is fully developed. National statistics show more than 99 percent of babies born at 38 through 39 weeks can survive outside the woman's body.



ABORTION METHODS AND MEDICAL RISKS

There are three ways a pregnancy can end: a woman can give birth, a woman can have a miscarriage (lose the pregnancy on her own) or she can have an abortion (ending a pregnancy by choice). If a woman gives her informed consent to have an abortion (agrees to the abortion after the doctor provides information about the methods and risks involved and answers her questions), the first step is determining how long she has been pregnant. Determining how long she has been pregnant will help determine what kind of abortion method will be used. There are surgical and non-surgical methods of abortion.

REMINDER: No abortions are allowed in Pennsylvania if a woman is 24 or more weeks pregnant (measured from the first day of a woman's last period until the current date) unless the doctor says that an abortion is necessary to prevent the woman's death or is necessary to prevent the substantial and irreversible damage to a woman's major bodily function.

Non-surgical Abortion Method

Non-surgical methods, or medical abortions, may be performed up to 15 weeks gestation (again, measured from the first day of the woman's last period until the current date) of pregnancy. This method involves taking medication to release a developing baby (the embryo or fetus) from the womb (place in a woman's body where the baby grows). Medication types and doses will be determined by a doctor and will depend on the gestational age of the developing baby.

Doctors and patients who use nonsurgical methods to end a pregnancy must be prepared to use a surgical method if the procedure does not remove the entire developing baby (embryo or fetus). If the non-surgical method fails to work, pregnancy can continue. Complications with non-surgical methods of abortion are similar to complications when giving birth but are less likely to happen. These complications include: infection, bleeding, sepsis (blood infection) and aspiration pneumonia (breathing vomit into the lungs).

Surgical Abortion Methods

There are different kinds of surgical abortions. The farther along you are in your pregnancy will determine which surgical procedure is most appropriate. Surgical methods during the second trimester (fourth, fifth and sixth months of pregnancy) are a little different than those performed in the first trimester (first, second and third months of pregnancy). A normal pregnancy will have three trimesters. A trimester refers to 12 weeks (three months) of a pregnancy.

First Trimester Surgical Abortions

Doctors use a vacuum-like method to remove the developing baby (embryo or fetus) from the womb. The doctor must first check the size of the womb. Then, the doctor will spray or insert medicine on the cervix (the opening to the womb). This medicine prevents the woman from feeling any pain. Next, the doctor will put a soft, clear tube similar to a long straw (catheter) into the cervix. The catheter is connected to a machine that acts like a vacuum cleaner. The developing baby is removed from the womb through the catheter.

If more than six weeks have passed since your last normal period, the doctor must first gently open the cervix. He or she will use a larger, more firm, plastic tube (a curette) to remove the developing baby.

Choosing surgery to end a pregnancy in the first trimester (first, second and third months of pregnancy) is considered minor surgery. However, in one out of every 100 abortions, the womb may not be completely emptied of the developing baby or the womb may become infected. Both conditions are treatable. Also, in one out of every 500 abortions, the catheter may go through the wall of the womb by accident. If this happens, the woman would need to have another surgery to fix the tear.

Second Trimester Surgical Abortions

During surgical procedures performed in the second trimester (fourth, fifth and sixth months of pregnancy), the doctor opens (dilates) the cervix (the opening to the womb) and empties the womb. This method is known as dilation and evacuation (D&E).

When this abortion method is used in the second trimester, the doctor may insert a sponge-like material into the cervix. As the sponge gets wet it becomes larger, opening the cervix. The doctor will remove the sponge two to sixteen hours later. The doctor uses a medical instrument (forceps) to remove the developing baby (fetus). The doctor may also remove anything left behind by performing the vacuum-like method described earlier. This would be done using a larger catheter (soft, clear tube similar to a long straw) described for the first trimester. Anything left behind is removed by a vacuum-like method.

Before the doctor performs a D&E (cervix is dilated or opened up and the developing baby is removed), he or she will need to feel the size of the womb to determine the gestational age of the developing baby. If the age is determined to be late in the second trimester, the doctor may choose to perform the abortion by starting labor (labor induction) instead of performing a D&E.

During labor induction, labor can be started (induced) by injecting medicines or salt water into the bag of water (amniotic sac) that surrounds the developing baby in the womb. The medicine can be injected into the bag of water by putting numbing medicine (anesthetic) into the skin and pushing a needle through the skin into the bag of water. Medicine may also be injected into the woman's bloodstream (vein) to induce labor. Labor will usually begin in two to four hours.

Generally, labor induction involves a longer stay and is not performed in a clinic setting. If the developing baby is not fully removed during labor induction at a medical facility, the doctor must open the cervix (the opening to the womb) and empty the womb as described with the vacuum-like procedure.

When an abortion is performed by the D&E method, there is nearly no chance that the developing baby will live through the procedure. When an abortion is performed late in the second trimester (fourth, fifth and sixth months of pregnancy), the doctor may choose to inject medicine into the developing baby to stop growth and movement before doing the vacuum-like procedure.

If the labor induction method is used, there is small chance that a developing baby could live for a short period of time outside the womb. The chance of living outside the woman's body is greater as gestational age increases. In the event the baby removed is alive, any physician or other medical personnel taking care of the baby is required by law to provide the type and degree of care and treatment which – in the good faith judgment of the physician – is commonly given to any other person under similar conditions and circumstances.

Complications involved in second trimester (fourth, fifth and sixth months of pregnancy) abortions from a D&E are the same as in the first trimester (first, second and third months of pregnancy): the womb may not be completely emptied, an infection may occur or instruments may tear a hole in the womb. In second trimester abortions, there may also be heavy bleeding for a few days after the pregnancy has been ended. These conditions do not happen often and can be medically treated.

Complications in abortions are less frequent in the first eight weeks of pregnancy than in later weeks. Labor induction abortion carries the highest risk for problems.

Women who end their pregnancies by a vacuum-like procedure, D&E or labor inductions do not usually have problems getting pregnant later in life. However, it is possible that having more than one abortion may make it difficult to have children later in life.

Remember, every method used to end a pregnancy may cause problems. A woman should speak with her doctor about all possible problems so he or she can give advice.

EMOTIONAL REACTIONS

Because every person is different, one woman's emotional reaction to an abortion may be different from another's. After an abortion, a woman may have both positive and negative feelings, even at the same time. One woman may feel relief, both that the procedure is over and that she is no longer pregnant. Another woman may feel sad that she was in a position where all of her choices were hard ones. She may feel sad about ending the pregnancy. For a while after the abortion, she may also feel a sense of emptiness or guilt, wondering whether her decision was right. Some women who describe these feelings find they go away with time. Other women find them more difficult to overcome.

Other reasons why a woman's long term response to an abortion can be poor may be related to past events in her life. For example, negative feelings could last longer if she has not had much practice in making major life decisions or already has serious emotional problems. Certain factors can increase the chance that a woman may have problems adjusting to an abortion. One of these is not having any professional counseling before consenting to an abortion. When help and support from family and friends are not available, a woman's adjustment to the decision may be more of a problem.

Talking with a professional and objective counselor can help a woman fully consider her options before she makes any decision. Pennsylvania has created a pregnancy and parenting support program, called the Alternative to Abortion Services Program, which is one place where a woman can find a counselor to speak with about her options before making this decision. This government program, funded through the Department of Public Welfare, consists of a statewide network of social service agencies, pregnancy support centers, maternity residences and adoption agencies that provide comprehensive alternatives to abortion to pregnant women and assistance to parents with infants. All services in this program are free.

MEDICAL RISKS OF CHILDBIRTH

Continuing a pregnancy and delivering a baby is usually a safe, healthy process. Based on data from the CDC, the risk of dying as a direct result of pregnancy and childbirth is less than 16 in 100,000 live births. The risk is higher for African-Americans (less than 34.0 in 100,000) and less than 15 per 100,000 for other races except white women, for whom the rate is less than 12 per 100,000.

The most common causes of death of a pregnant woman are:

- Emboli (blood clots affecting the heart and brain);
- Eclampsia (high blood pressure complications affecting pregnancy);
- Hemorrhage (severe bleeding);
- Sepsis (severe infection);
- Cerebral vascular accidents (stroke, bleeding in the brain); and
- Anesthesia (medicine used to relieve pain)-related deaths.

Together, these causes account for 80 percent of all deaths (involving medicine to relieve pain) relating to a woman's pregnancy. Unknown or uncommon causes account for the remaining 20 percent of deaths relating to pregnancy. Women who have long-term, severe diseases are at greater risk of death than healthy women.

Continuing your pregnancy also includes a risk of experiencing complications that are not always life threatening:

- Approximately 33 out of every 100 pregnant women require cesarean delivery (delivery by cutting open the belly).
- One in 10 women may develop infection during or after delivery.
- Approximately 1 in 20 pregnant women has blood pressure problems.
- One in 20 women suffers from excessive blood loss at delivery.

INFORMATION ABOUT STATE HEALTHCARE PROGRAMS THAT PAY FOR PRENATAL CARE, CHILDBIRTH AND NEONATAL CARE

Programs are available to assist pregnant women and their babies with prenatal, childbirth and newborn care. Healthy Beginnings is one of the state's medical assistance programs that assist with pregnancy, childbirth and newborn medical expenses.

Healthy Beginnings can help income-eligible pregnant women have a positive pregnancy care experience. Once enrolled in the program, the woman and her baby receive medical care, including prenatal care, throughout the pregnancy until 60 days after birth. Additional services provided through the Healthy Beginnings Program can include nutrition counseling, care management, smoking cessation counseling, childbirth education and home health services.

Under Healthy Beginnings, a pregnant woman is allowed to have more income to qualify than the income set under the regular medical assistance program. To apply for Healthy Beginnings, please visit the local county assistance office or go online at www.COMPASS.state.pa.us.

The county assistance office also has information about which doctors, clinics or hospitals participate in Healthy Beginnings and can answer questions about other benefits available to pregnant women and their babies.

Information is also available at the Department of Public Welfare website – www.dpw.state.pa.us. The Welfare Help Line (1-800-692-7462) can also help with information about eligibility.

The Alternative to Abortion Services Program provides assistance to women experiencing a crisis pregnancy at the time when a decision regarding the outcome of the pregnancy is being made. This assistance includes information and referral for needed services, including shelter, food, baby supplies and adoption agencies. The Alternative to Abortion Services Program promotes childbirth rather than abortion. Call 1-888-LIFE AID for free pregnancy and parenting support services.

Women faced with an unplanned pregnancy may want to also consider adoption. Many adoption agencies allow birthparents, if they wish, to participate in the choice of adoptive parents for their baby. In addition, Pennsylvania law now allows birthparents to enter into a voluntary agreement with adoptive families to provide for ongoing communication or contact, if desired by the parties and approved by a court.

There are a number of adoption agencies and adoption attorneys located throughout the state. The agencies and attorneys can assist women with adoption services, including counseling, legal representation, information about the adoption process (including the laws) and information about the different types of adoptions. A number of adoption agencies are included in the directory of county and social service agencies. Please be sure that the chosen agency or attorney is licensed in Pennsylvania.

DIRECTORY

The decision to have an abortion or have a baby must be carefully considered. If a woman needs more help or guidance, a directory is available of county and social service agencies and organizations. Women are encouraged to contact these agencies if more information is needed to make an informed decision. Please contact the doctor, nurse or counselor to be provided with a copy of the directory. A copy of the directory can also be obtained by calling the toll free State Health Line at 1-877-724-3258.

Additional information about social service agencies, including county assistance offices, that may be able to provide assistance, is available at the Department of Public Welfare website – www.dpw.state.pa.us. Information is available at the site to “Search for Providers” or “Apply for Benefits.” Follow the links on the Department of Public Welfare homepage to find information to assist in the decision-making process. Local county assistance offices can be found by visiting this website:

<http://www.dpw.state.pa.us/findfacilsandlocs/countyassistanceofficecontactinformation/index.htm>.

For additional copies of this
booklet and/or the directory of
services, call:
1-877-PA-HEALTH
1-877-724-3258



pennsylvania
DEPARTMENT OF HEALTH