



abortion

*Women's
Right to
Know*



DEPARTMENT OF HEALTH
AND HOSPITALS

INTRODUCTION

You are reading this booklet, *Women's Right to Know*, because you are thinking about having an abortion.

Louisiana law says that only a Louisiana-licensed physician may perform or induce an abortion and that he/she must talk to you about certain things before you can have an abortion. After you get this information, your doctor must wait 24 hours before your abortion can be performed. You and your doctor should talk carefully and privately. Some of the things your doctor must talk about with you before you have an abortion include:

- ▶ How long you've been pregnant;
- ▶ The name of the doctor who will be performing the abortion;
- ▶ A description of the abortion method he/she plans to use, as well as alternatives to abortion;
- ▶ The medical risks of having an abortion; and
- ▶ The medical risks of continuing your pregnancy.

It is unlawful for any individual to coerce a minor or adult woman to undergo an abortion. Any physician who performs an abortion upon a woman without her informed consent may be liable to her for damages in a civil action at law. The law permits adoptive parents to pay costs of prenatal care, childbirth and neonatal care.

Another booklet has been prepared for you, called *A Women's Right to Know Resource Directory*. Your doctor should give you a copy of it. It lists programs and services that can help you through pregnancy, childbirth and the child's dependency. It will give you the names, addresses and telephone numbers of these programs. The directory also has information about public and private adoption agencies that may be able to help you.

There are many public and private agencies willing and able to help you to carry your child to term, and to assist you and your child after your child is born, whether you choose to keep your child or to place her or him for adoption. The state of Louisiana strongly urges you to consult an independent physician about the risks of abortion to your physical and psychological well-being and to contact the resources provided on our website before making a final decision about abortion. The law requires that the abortion provider give you the opportunity to contact agencies like these before you undergo an abortion.

This booklet, the directory and plenty of other helpful information is available on the Internet 24 hours a day. You can read them from a computer. You can print them out, if you want. Here's the address of the website to go to, ***www.pregnancyinfo.la.gov***.

This website is secure. No one from the Louisiana Department of Health and Hospitals will collect or save any information about you.

FETAL DEVELOPMENT

The term embryo refers to a developing human from conception until the eighth week. An embryo becomes a fetus after the eighth week. Embryo and fetal ages in this brochure are listed from both the estimated date of conception and from the first day of the last normal menstrual period. Fetal lengths are measured from the top of the head to the rump.

If you decide to place your baby up for adoption or need to locate public and private agencies that offer medical and financial help, as well as counseling services, a list is included in the *Directory of Services* at www.pregnancyinfo.la.gov.

By calling or visiting the agencies and offices listed in the directory, you can find out about alternatives to abortion, adoption and the kinds of assistance available to help you through pregnancy, childbirth and while you are raising your child.

Furthermore, you should know:

- ▶ ***You can't be forced.*** It is unlawful for anyone to make you have an abortion against your will, even if you are a minor. In fact, forcing a minor to have an abortion is considered child abuse. If you are a minor being forced into making a particular decision, you can report it to the Louisiana Department of Children and Family Services (DCFS) at www.dcf.state.la.us or by calling the Child Protection Hotline at 855-4LA-KIDS (855-452-5437). The call is free and the hotline operates 24 hours per day, 365 days per year.
- ▶ ***You and the father.*** The father of your child must provide support of the child, even if he has offered to pay for an abortion. DCFS can help you locate your child's father and determine whether he is the father. DCFS can also help establish and enforce child support orders and collection, as well as distribution of child support payments. To learn more about Child Enforcement Services, visit www.dcf.state.la.us or call the customer service center at 800-256-4650.
- ▶ ***You and adoption.*** The law allows adoptive parents to pay costs of prenatal care, childbirth and newborn care. To learn more about adoption services and the organizations available to assist you, visit <http://www.childwelfare.gov/adoption/>.
- ▶ ***You are not alone.*** Many agencies are willing to help you carry your child to term and to assist after your child's birth. This includes access to health care services for mother and baby, supplies, healthy food items, nutrition education and in-home support.

FERTILIZATION

(2 weeks after the first day of the last normal menstrual period)

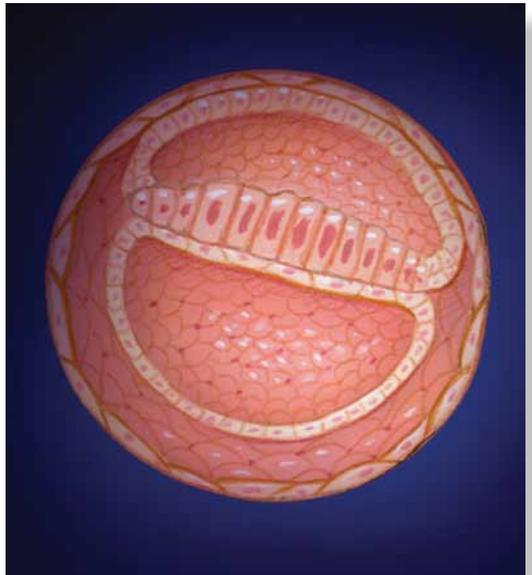
Biologically speaking, fertilization (or conception) is the beginning of human development. Fertilization normally occurs within several hours of ovulation (some authors report up to 24 hours) when a man's sperm combines with a woman's egg inside a woman's uterine tube.



WEEK 2

(4 weeks after the first day of the last normal menstrual period)

- ▶ Implantation begins the first week and the embryo continues to grow. The embryo is about $\frac{1}{100}$ of an inch long at this time.



WEEK 4

(6 weeks after the first day of the last normal menstrual period)

- ▶ The embryo is about $\frac{1}{6}$ inch long and has developed a head and a trunk.
- ▶ Structures that will become arms and legs, called limb buds, begin to appear.
- ▶ The brain develops into five areas and some cranial nerves are visible.
- ▶ The eyes and ear structures begin to form.
- ▶ Tissue forms that develops into the vertebra and some other bones.
- ▶ The heart continues to develop and now beats at a regular rhythm.
- ▶ Rudimentary blood moves through the main vessels.



WEEK 6

(8 weeks after the first day of the last normal menstrual period)

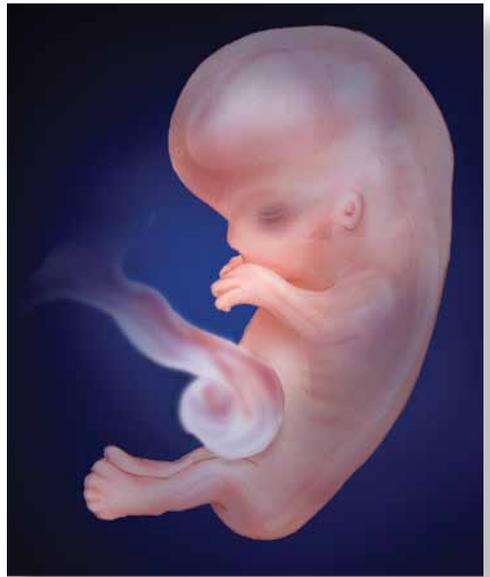
- ▶ The embryo is about $\frac{1}{2}$ inch and has a four-chambered heart and nostrils.
- ▶ Electrical activity begins in the developing brain and nervous system.
- ▶ The brain continues to form.
- ▶ The lungs begin to form.
- ▶ Fingers and toes begin to form, and arms and legs have grown longer.
- ▶ Foot and hand areas can be distinguished and now have fingers and toes (digits), which may still be webbed.
- ▶ The shell-shaped parts of the baby's ears are forming, and the baby's eyes are visible. The upper lip and nose have formed.
- ▶ The trunk of your baby's body is beginning to straighten.



WEEK 8

(10 weeks after the first day of the last normal menstrual period)

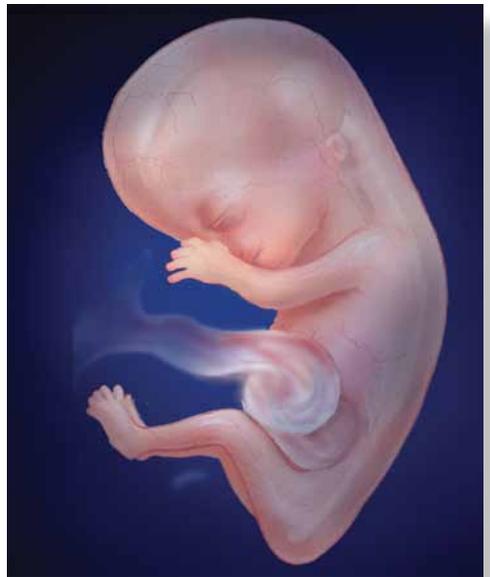
- ▶ The fetus, until now called an embryo, is about 1¼ inches long, with the head making up about half this size.
- ▶ The beginnings of all key body parts are present, although they are not completely positioned in their final locations.
- ▶ Structures that will form eyes, ears, arms and legs are identifiable.
- ▶ The neck begins to develop, and your baby's eyelids begin to close to protect his or her developing eyes.



WEEK 10

(12 weeks after the first day of the last normal menstrual period)

- ▶ The fetus is about 2½ inches from head to rump and weighs about ½ ounce.
- ▶ Fingers and toes are distinct and have nails.
- ▶ The fetus begins small, random movements, too slight to be felt.
- ▶ The fetus's heartbeat can be detected electronically.
- ▶ The baby's face now has a human profile.



WEEK 12

(14 weeks after the first day of the last normal menstrual period)

- ▶ The fetus is about $3\frac{1}{2}$ inches from head to rump and weighs about $1\frac{1}{2}$ ounces.
- ▶ The fetus can swallow, the kidneys make urine, and blood begins to form in the bone marrow.
- ▶ For girls, ovarian follicles begin forming. For boys, the prostate appears. Your doctor may be able to tell you the sex through special tests.



WEEK 14

(16 weeks after the first day of the last normal menstrual period)

- ▶ The fetus is about $4\frac{3}{4}$ inches from head to rump and weighs 4 ounces.
- ▶ The head is erect and the arms and legs are developed.
- ▶ The baby's eyes have begun to face forward and slowly move, and the ears are close to reaching their final position.
- ▶ The baby might be able to make sucking motions with his or her mouth.
- ▶ Although still too slight to be felt, your baby's movements are becoming coordinated and can be detected during ultrasound exams.



WEEK 16

(18 weeks after the first day of the last normal menstrual period)

- ▶ The fetus is about 5 inches from head to rump and weighs about 8 ounces.
- ▶ The skin is pink and transparent and the ears stick out from the head.
- ▶ Your baby might begin to hear.



WEEK 18

(20 weeks after the first day of the last normal menstrual period)

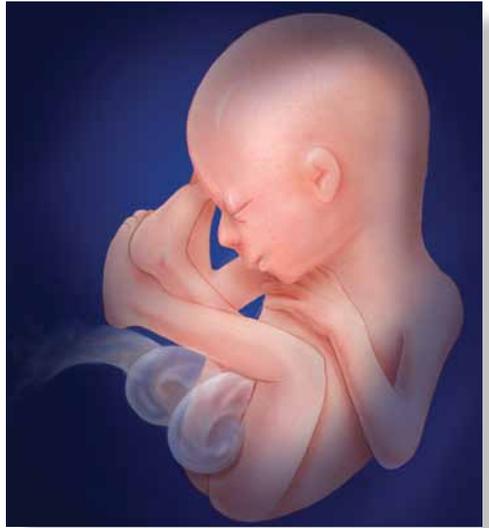
- ▶ The fetus is about 6¼ inches from head to rump.
- ▶ All organs and structures have been formed, and a period of simple growth begins.
- ▶ Respiratory movements occur, but the lungs have not developed enough to permit survival outside the uterus.
- ▶ By this time, the woman can feel the fetus moving.



WEEK 20

(22 weeks after the first day of the last normal menstrual period)

- ▶ The fetus is about 7½ inches from head to rump and weighs about 1 pound.
- ▶ The baby has nails on its fingers and toes, fingerprints and perhaps some head and body hair.
- ▶ There is little chance before this time that a baby could survive outside the woman's body.
- ▶ Eyebrows and lashes appear.
- ▶ The baby now has increased muscle development and is more active.
- ▶ The fetal heartbeat can be heard with a stethoscope.



By twenty weeks gestation, the unborn child has the physical structures necessary to experience pain. There is evidence that by twenty 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 twenty weeks gestational age or older who undergo prenatal surgery.

WEEK 22

(24 weeks after the first day of the last normal menstrual period)

- ▶ The fetus is about 8¼ inches from head to rump and weighs about 1¼ pounds.
- ▶ Changes are occurring in lung development, so some babies are able to survive with intensive care services if born at this point.
- ▶ The baby is regularly sleeping and waking.
- ▶ Real hair is growing on his or her head.
- ▶ Surviving babies may have long-term disabilities.



WEEK 24

(26 weeks after the first day of the last normal menstrual period)

- ▶ The fetus is about 9 inches from head to rump and weighs about 2 pounds.
- ▶ The fetus can respond to sound.
- ▶ Eyebrows and eyelashes are well formed.
- ▶ All eye parts are developed.
- ▶ The baby has a hand and startle reflex.
- ▶ About 4 out of 10 babies born now will survive if they receive intensive care services.



WEEK 26

(28 weeks after the first day of the last normal menstrual period)

- ▶ The fetus is about 10 inches from head to rump and weighs about 2½ pounds.
- ▶ The eyes are partially open and eyelids have formed.
- ▶ About 9 out of 10 babies born now will survive without physical or neurological impairment if they receive intensive care services.



WEEK 28

(30 weeks after the first day of the last normal menstrual period)

- ▶ The fetus is about 10½ inches from head to rump and weighs almost 3 pounds.
- ▶ The fetus has lungs that are capable of breathing air, although medical help may be needed.
- ▶ Red blood cells are now forming in the baby's bone marrow.
- ▶ The baby might have a full head of hair.
- ▶ The fetus can open and close its eyes, suck its thumb and cry.
- ▶ Nearly all babies born now will survive if they receive intensive care services.



WEEK 30

(32 weeks after the first day of the last normal menstrual period)

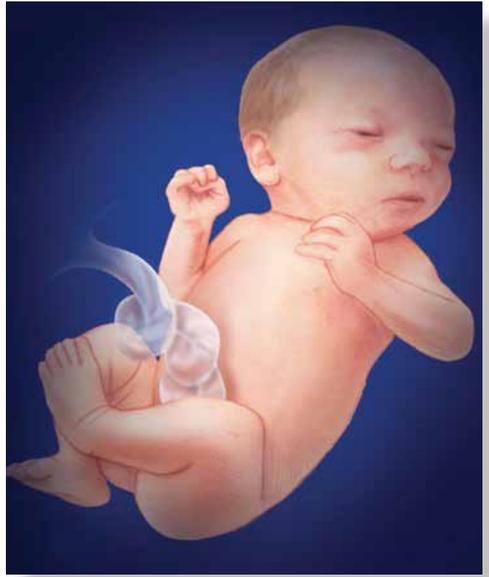
- ▶ The fetus is about 11 inches from head to rump and weighs about 3¾ pounds.
- ▶ Although the baby's lungs aren't fully formed, he or she practices breathing.
- ▶ The baby's body begins absorbing vital minerals, such as iron and calcium, from the intestinal tract.
- ▶ Almost all babies born now will live if they receive intensive care services.



WEEK 32

(34 weeks after the first day of the last normal menstrual period)

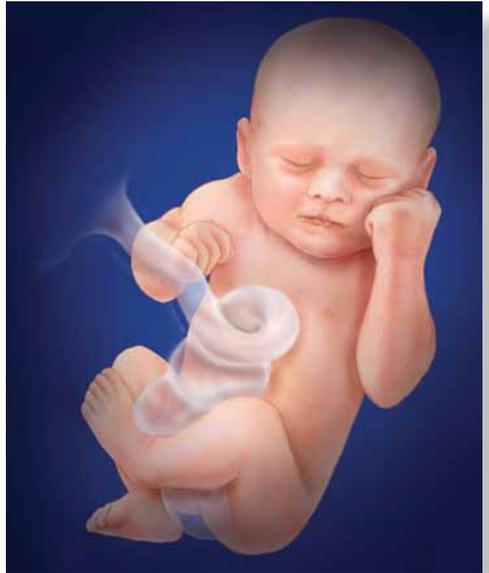
- ▶ The fetus is about 11¾ inches from head to rump and weighs about 4½ pounds.
- ▶ The skin is pink and smooth.
- ▶ The baby's fingernails have reached his or her fingertips.
- ▶ Almost all babies born now will live if they receive intensive care services.



WEEK 34

(36 weeks after the first day of the last normal menstrual period)

- ▶ The fetus is about 12½ inches from head to rump and weighs about 5½ pounds.
- ▶ The fetus is more round and plump.
- ▶ As the baby gets bigger, it will be harder for him or her to move around. However, you'll probably still feel lots of stretches, rolls and wiggles.
- ▶ Almost all babies born now will live.



WEEK 36

(38 weeks after the first day of the last normal menstrual period)

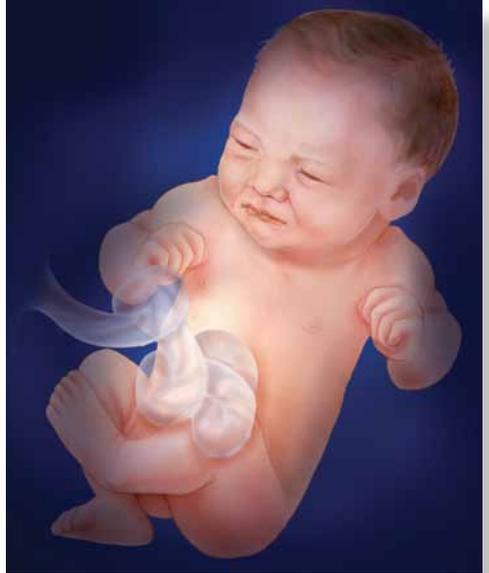
- ▶ The fetus is about 13½ inches from head to rump and weighs about 6½ pounds.
- ▶ The fetus can grasp firmly.
- ▶ Your baby's toenails have reached the tips of his or her toes.
- ▶ The brain may weigh about 14 ounces.
- ▶ To prepare for birth, your baby may move into the head-down position.
- ▶ Almost all babies born now will live.



WEEK 38

(40 weeks after the first day of the last normal menstrual period)

- ▶ The fetus is about 14 inches from head to rump, may be more than 20 inches overall, and may weigh from 6½ to 10 pounds.
- ▶ The baby is full-term and ready to be born.



METHODS & MEDICAL RISKS

There are three ways a pregnancy can end: a woman can give birth, have a miscarriage or she can choose to have an abortion. Different methods of abortion are used depending on how far along the pregnancy is. The physician will often use an ultrasound to determine the fetus's gestational age. If you make an informed decision to have an abortion, you and your doctor will need to consider how long you have been pregnant before deciding which abortion method to use.

Based on data from the Centers for Disease Control and Prevention (CDC), the risk of dying as a direct result of a legally induced abortion is less than one per 100,000.

FIRST TRIMESTER

One-13 Weeks

Suction curettage (also referred to as vacuum aspiration) is generally used during the first trimester. Unless there are complications, this procedure is done on an outpatient basis and may be done in a physician's office or a clinic.

Suction Curettage

- ▶ An anti-bacterial solution is used to cleanse the vaginal area.
- ▶ The doctor will spray or inject medicine on the opening of the uterus (cervix) to prevent pain.
- ▶ The opening of the cervix is then gradually stretched. This is done by the insertion of a series of rods, each one thicker than the previous one, into the opening of the cervix. The thickest rod used is about the width of a fountain pen.
- ▶ After the opening is stretched, a clear plastic tube (catheter) is inserted into the uterus.
- ▶ The suction (vacuum) is turned on and fetal tissues and other products of pregnancy are removed through the catheter.
- ▶ After the suction tube has been removed, a narrow metal loop (curette) may be used to gently scrape the walls of the uterus to be sure it has been completely emptied.
- ▶ The procedure will usually take about 10 to 15 minutes, but recovery may require staying at the clinic for a few hours following the procedure.

Medical Risks

Immediate medical risks may include pelvic infection, incomplete abortion, blood clots in the uterus, heavy bleeding, cut or torn cervix, perforation of the wall of the uterus and anesthesia-related complications.

SECOND TRIMESTER

14-23 Weeks

From 14-23 weeks after the first day of the last menstrual period, dilatation and evacuation (D&E) and labor induction are the two methods typically used.

Dilatation and Evacuation (D&E)

- ▶ The procedure will generally be done on an outpatient basis, but may require hospitalization.
- ▶ An abortion using the D&E method is done in two steps: dilation (opening the cervix) and evacuation (emptying) the uterus.
- ▶ An antibacterial solution is used to cleanse the vaginal area.
- ▶ The doctor may insert a sponge-like material into the cervix. As the sponge gets wet, it swells and opens the mouth of the cervix. You may feel pressure or cramping while the dilator is in place.
- ▶ The doctor will remove the sponge between two and 16 hours after placement.
- ▶ You may be given intravenous medications to ease pain and prevent infection.
- ▶ After a local or general anesthesia is given, the fetus and other products of pregnancy are removed from the uterus with medical instruments such as forceps and suction curettage.

Medical Risks

Immediate medical risks may include pelvic infection, incomplete abortion, blood clots in the uterus, heavy bleeding, cut or torn cervix, perforation of the wall of the uterus and anesthesia-related complications.

Labor Induction

- ▶ The procedure will generally require a hospital stay of one or more days.
- ▶ Labor induction method is used if the doctor determines that the age of the fetus is late in the second trimester. Labor induction usually requires a longer stay and is not performed in a clinic setting.
- ▶ The medicine to induce labor will be injected in one of two ways: directly into a vein; or through the belly into the amniotic sac.
- ▶ Labor will usually begin in two-four hours.

Medical Risks

- ▶ If the afterbirth is not removed with the fetus during labor induction, the

doctor must open the cervix and use suction curettage as described in the first trimester.

- ▶ Labor induction abortion carries the highest risk for problems, such as infection and heavy bleeding, stroke and high blood pressure.
- ▶ When medicines are used to start labor, the risk of rupture of the womb is greater than during normal childbirth.
- ▶ Other immediate medical risks may include pelvic infection, incomplete abortion, blood clots in the uterus, heavy bleeding, cut or torn cervix, perforation of the wall of the uterus and anesthesia-related complications.
- ▶ If the labor induction method is used, there is a small chance that a fetus could live for a short period of time.

THIRD TRIMESTER

24-40 Weeks

An abortion at this stage of your pregnancy may only be done if your doctor reasonably believes it is necessary to prevent your death or to preserve your health.

Labor Induction

- ▶ Labor induction usually requires the woman to be admitted to the hospital.
- ▶ Labor will be started by injecting medicines into the woman's blood stream.
- ▶ Labor and delivery of the fetus during the third trimester are similar to childbirth.
- ▶ The duration of labor depends on the size of the baby and the readiness of the womb.

Medical Risks

- ▶ As with childbirth, possible complications of third trimester labor induction include infection, heavy bleeding, stroke and high blood pressure.
- ▶ When medicines are used to start labor, the risk of rupture of the womb is greater than during normal childbirth.
- ▶ Other immediate medical risks may include pelvic infection, incomplete abortion, blood clots in the uterus, heavy bleeding, cut or torn cervix, perforation of the wall of the uterus and anesthesia-related complications.

Caesarean Section

- ▶ This method requires that the woman be admitted into a hospital.

- ▶ A caesarean section may be performed if labor cannot be started by inducing labor, or if the woman or her fetus is too sick to undergo labor.
- ▶ A caesarean section is removal of the baby by surgically opening the belly and womb. The woman is made numb by medication, either injected into the vein or spine or inhaled into the lungs.

Medical Risks

- ▶ Complications are similar to those seen with childbirth caesarean sections and with administration of anesthesia, such as severe infection (sepsis); blood clots to the heart and brain (emboli); stomach contents breathed into the lungs (aspiration pneumonia); severe bleeding (hemorrhage); and injury to the urinary tract.
- ▶ Other possible immediate risks include pelvic infection, incomplete abortion, blood clots in the uterus, heavy bleeding, cut or torn cervix, perforation of the wall of the uterus and anesthesia-related complications.
- ▶ The chance of the fetus living outside the uterus (viability) increases as the gestational age increases. The doctor must tell you the probable gestational age of the fetus at the time the abortion would be performed.
- ▶ If the fetus is viable or has reached the gestational age of 24 weeks, an abortion may only be done if your doctor reasonably believes that it is necessary to prevent your death or to preserve your health.
- ▶ If such an abortion is to be performed, you have the right to ask the doctor to use the method that is most likely to preserve the life of the unborn child.
- ▶ If the baby is removed alive, the attending physicians have the legal obligation to take all reasonable steps necessary to maintain the life and health of the child.
- ▶ If an abortion is performed after the doctor has determined that the fetus is viable, the following steps must be taken:
 - The physician who terminates the pregnancy must certify the medical reasons making performance of the abortion necessary and the probable health consequences if the abortion is not performed;
 - The physician must select a procedure that is most likely to allow the unborn child to live; and
 - A second physician must be in attendance to provide immediate medical care to the child born as a result of the pregnancy termination.

Medical Emergencies

The physician is not required to use the abortion method that would provide the best opportunity for the baby to live if that physician determines in his or her

medical judgment that use of that method poses a significantly greater risk to the woman's life or permanent damage to any of the woman's major bodily functions. In the case of a medical emergency, a physician is also not required to comply with any condition listed above which, in the physician's medical judgment, he or she is prevented from satisfying because of the medical emergency.

ABORTION RISKS

The risk of complications for the woman increases with advancing gestational age.

Below is a description of the risks that have been associated with abortion:

- ▶ **Pelvic Infection:** Bacteria (germs) from the vagina or cervix may enter the uterus and cause an infection. Antibiotics may clear up such an infection. In rare cases, a repeat suction, hospitalization or surgery may be needed. Infection rates are less than 1 percent for suction curettage, 1.5 percent for D&E and 5 percent for labor induction.
- ▶ **Incomplete abortion:** Fetal parts or other products of pregnancy may not be completely emptied from the uterus, requiring further medical procedures. Incomplete abortion may result in infection and bleeding. The reported rate of such complications is less than 1 percent after a D&E; whereas, following a labor induction procedure, the rate may be as high as 36 percent.
- ▶ **Blood clots in the uterus:** Blood clots that cause severe cramping occur in about 1 percent of all abortions. The clots usually are removed by a repeat suction curettage.
- ▶ **Heavy bleeding:** Some amount of bleeding is common following an abortion. Heavy bleeding (hemorrhaging) 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 uterus may be torn while it is being stretched open to allow medical instruments to pass through and into the uterus. This happens in less than 1 percent of first trimester abortions.
- ▶ **Perforation of the uterus wall:** A medical instrument may go through the wall of the uterus. The reported rate is 1 out of every 500 abortions. 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 associated with abortion. The reported risks of anesthesia-related complications is around 1 per 5,000 abortions.
- ▶ **Rh Immune Globulin Therapy:** Genetic material found on the surface of red blood cells is known as the Rh Factor. If a woman and her fetus have

different Rh factors, she must receive medication to prevent the development of antibodies that would endanger future pregnancies.

Long-Term Medical Risks

Future childbearing: Early abortions that are not complicated by infection do not cause infertility or make it more difficult to carry a later pregnancy to term. Complications associated with an abortion or having multiple abortions may make it difficult to have children.

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 also may feel a sense of emptiness or guilt, wondering whether or not her decision was right.

Some women who describe these feelings find they go away with time. Others find them more difficult to overcome. Certain factors can increase the chance that a woman may have a difficult adjustment to an abortion. One of these is not having any 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. 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 making major life decisions or already has serious emotional problems. Talking with a professional and objective counselor can help a woman to consider her decision fully before she takes any action.

PREGNANCY

Although every pregnancy has some risk of problems, 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 10 in 100,000 live births. At 22 in 100,000, the risk is higher for African-Americans.

One out of 8,475 women dies from pregnancy complications. The most common causes of death for pregnant women are:

- ▶ Emboli (blood clots affecting the heart and brain);
- ▶ Eclampsia (high blood pressure complications affecting pregnancy);
- ▶ Heavy bleeding (Hemorrhaging);

- ▶ Sepsis (severe infection);
- ▶ Cerebral vascular accidents (stroke, bleeding in the brain); and
- ▶ Anesthesia-related deaths.

Altogether, these causes account for 80 percent of all deaths relating to a woman's pregnancy. Unknown or uncommon causes account for the remaining 20 percent of deaths related to pregnancy. Women who have chronic 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 15 to 20 of every 100 pregnant women require Caesarean delivery (C-section).
- ▶ One in 10 women may develop infection during or after delivery.
- ▶ About one in 20 pregnant women has blood pressure problems.
- ▶ One in 20 women suffer from excessive blood loss at delivery.

Labor is when a pregnant woman's uterus contracts and pushes or delivers the baby from her body. The baby may be delivered through the woman's vagina or by cesarean section. A Cesarean section is a surgical procedure.

The following are possible side effects and risks associated with vaginal delivery:

- ▶ Injury to the bladder or rectum;
- ▶ A hole (fistula) between the bladder and vagina or the rectum and vagina;
- ▶ Heavy bleeding (hemorrhaging);
- ▶ Inability to get pregnant in the future due to infection or complication from an operation;
- ▶ Emergency treatment for any of the above problems, including the possible need to treat with an operation, medicines or blood transfusion; and
- ▶ Rarely, death.

The following are possible side effects and risks associated with Cesarean delivery (C-section):

- ▶ Injury to the bowel or bladder;
- ▶ Inability to get pregnant in the future due to infection or complication from an operation;
- ▶ Heavy bleeding (hemorrhaging);
- ▶ Injury to the tube (ureter) between the kidney and bladder;
- ▶ A possible hysterectomy as a result of complication or injury during the procedure;

- ▶ Complications from anesthesia such as respiratory problems, headaches or drug reactions;
- ▶ Emergency treatment for any of the above problems, including the possible need to treat with an operation, medicines or a blood transfusion; and
- ▶ Rarely, death.

EMOTIONAL REACTIONS

After the birth of a baby, women often feel a number of powerful emotions. Many new moms experience baby blues following childbirth, which commonly include mood swings and crying spells. Typically, the symptoms of baby blues fade quickly, within a few days or weeks. Most women find that the best treatment for baby blues is reassurance, support from family and friends, rest and time.

Some new moms experience a more severe, long-lasting form of depression known as postpartum depression. At first, postpartum depression may feel a lot like baby blues, but eventually it interferes with a mother's ability to care for her baby and handle other daily tasks. The Mayo Clinic recommends calling your doctor if the signs and symptoms of depression:

- ▶ Don't fade after two weeks;
- ▶ Are getting worse;
- ▶ Make it hard for you to care for your baby;
- ▶ Make it hard to complete everyday tasks; and/or
- ▶ Include thoughts of harming yourself or your baby.

PREGNANCY, CHILDBIRTH AND NEWBORN CARE

You may qualify for financial help for prenatal (pregnancy), childbirth and neonatal (newborn) care, depending on your income. If you qualify, programs such as the state's medical assistance program, called Medicaid, will pay or help pay the cost of doctor, clinic, hospital and other related medical expenses to help you with prenatal care, childbirth delivery services and care for your newborn baby.

For more information about Louisiana's Maternal and Child Health Program, call 1-800-251-BABY (1-800-251-2229).

Women or couples facing an untimely pregnancy who choose not to take on the full responsibilities of parenthood have another option: adoption.

Placing a child for adoption is rarely an easy decision. Counseling and support services are a key part of adoption and are available from a variety of adoption agencies and parent support groups across the state and the country. The services

directory that accompanies this booklet includes a list of adoption agencies, some of which may be located in your area.

There are many ways to place a child for adoption, including through a public or private agency, or through a private attorney. One type of adoption, known as an open adoption, permits the woman to choose the adoptive parents. Fully anonymous adoption is also available. To find out more, visit www.childwelfare.gov/adoption, call 1-800-394-3366 or send an email to info@childwelfare.gov.

THE FATHER'S DUTY

The father of a child has a legal responsibility to provide for the support, educational, medical and other needs of that child. That duty can include child support payments to the child's mother.

A child has rights of inheritance from his or her father and may be eligible through him for benefits such as life insurance, Social Security, pension and veteran's or disability benefits. Further, the child will be aware of his or her medical history.

Paternity can be established in either of two ways:

1. The father can acknowledge the child by signing the birth certificate and a written declaration before a notary public and two witnesses; or
2. An action can be brought in court.

More information concerning paternity establishment and child support may be obtained from the Louisiana Department of Children and Family Services. To learn more about these services, visit www.dcf.state.la.us or call 1-888-LAHELPU (1-888-524-3578).

INFORMATION DIRECTORY

The decision to have an abortion, have a baby or make an adoption plan must be carefully considered. The Department's *Women's Right to Know* website, www.pregnancyinfo.la.gov, has a directory of state and local agencies and organizations that can assist you.

Individuals may also call the Louisiana Department of Health and Hospitals toll free at 1-866-729-1788 to receive the pamphlet, *Women's Right to Know* and the directory of services, which provides resources to help. Service providers (e.g. physicians, hospitals, abortion clinics) may obtain copies of the pamphlet, signs, directory and certification forms at www.pregnancyinfo.la.gov or by sending your request via mail or facsimile to:

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS

OFFICE OF PUBLIC HEALTH

1450 Poydras St., Suite 2003

New Orleans, LA 70112

(504) 568-5330

Fax (504) 568-8200

www.pregnancyinfo.la.gov



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