ABORTION

Woman's Right to Know

LOUISIANA DEPARTMENT OF HEALTH

www. PregnancyInfo.la.gov

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INTRODUCTION

You are reading this booklet, *Woman'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. Unless you certify in writing that you currently live 150 miles or more from the nearest licensed outpatient abortion facility to your residence, your doctor must wait at least 72 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:

- A description of the proposed abortion method and of those risks (including risks to the woman's reproductive health) and alternatives to the abortion that a reasonable patient would consider material to the decision of whether or not to undergo the abortion.

- The probable gestational age of the unborn child at the time the abortion is to be performed; and, if the unborn child is viable or has reached the gestational age of 24 weeks and the abortion may be otherwise lawfully performed under existing law, that:

    - The unborn child may be able to survive outside the womb.

    - The woman has the right to request the physician to use the method of abortion that is most likely to preserve the life of the unborn child.

    - If the unborn child is born alive, that attending physicians have the legal obligation to take all reasonable steps necessary to maintain the life and health of the child.

- The probable anatomical and physiological characteristics of the unborn child at the time the abortion is to be performed.

- The medical risks associated with carrying her child to term.

- Any need for anti-Rh immune globulin therapy, if she is Rh negative, the likely consequences of refusing such therapy, and a good faith estimate of the cost of the therapy.

- The availability of anesthesia or analgesics to alleviate or eliminate organic pain to the unborn child that could be caused by the method of abortion to be employed.

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 Woman's Right to Know Resource Directory*. 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. The directory is available online or by request by calling (504) 568-3504.

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 online at **www.pregnancyinfo.la.gov**. This website is secure. No one from the Louisiana Department of Health will collect or save any information about you.

If you decide to place your baby up for adoption or need to locate public or private agencies that offer medical and financial help, as well as counseling services, visit **www.pregnancyinfo.la.gov**.

By calling or visiting the agencies and offices listed on the website, 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.**
    - **Minors:** 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.dcfs.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.

- **Adults:** It is against the law, regardless of the person's relationship with you, to force you to have an abortion against your will. You have the right to contact any local or state law enforcement agency to receive protection from any actual or threatened violence or coercion.

- **You and the father.** The father of your child must provide support for 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.dcfs.la.gov** or call the customer service center at 1-888-LAHELPU (1-888-524-3578).

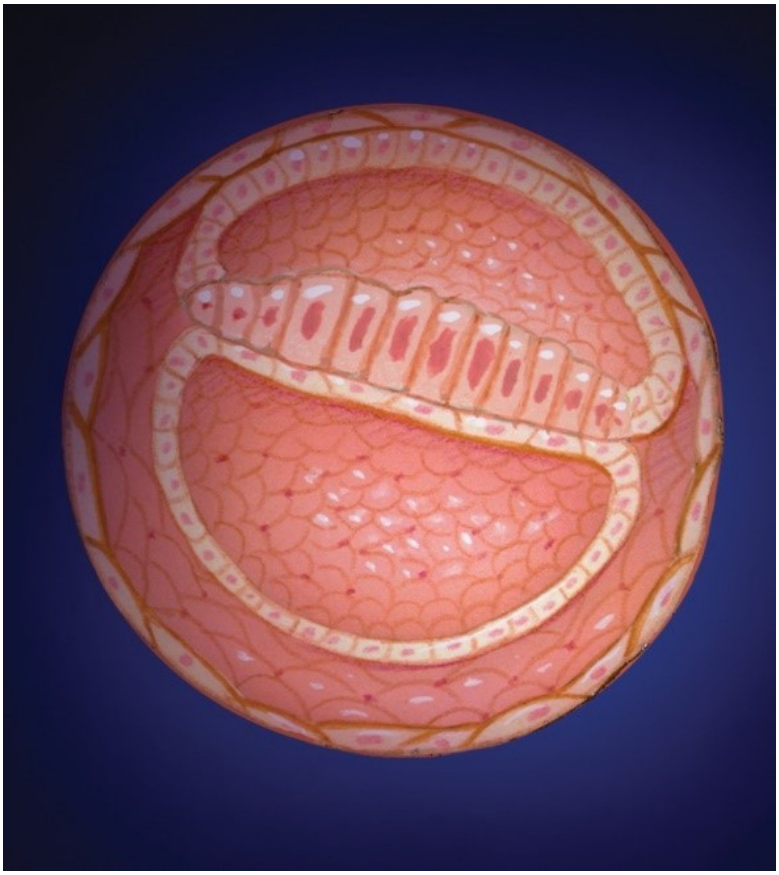
- **You and adoption.** The law allows adoptive parents to pay costs of prenatal care, childbirth and newborn care. To learn more about adoption services and the organizations available to assist you, visit **http://www.childwelfare.gov/adoption**, call 1-800-394-3366 or email **info@childwelfare.gov**.

- **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 healthcare services for mother and baby, supplies, healthy food items, nutrition education and in-home support. To learn more, visit **www.pregnancyinfo.la.gov**.

Fertilization

2 weeks after the first day of 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 last normal menstrual period

- Implantation begins the first week and the embryo continues to grow. The embryo is about ⅛ of an inch long at this time.

Week 4

6 weeks after the first day of last normal menstrual period

- The embryo is about ⅙ of an 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 ears 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 last normal menstrual period

- The embryo is about ½ 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.
- Feet and hands 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 the baby's body is beginning to straighten.

Week 8

10 weeks after the first day of 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.
- Eyes, ears, arms and legs are identifiable.
- The neck begins to develop, and the baby's eyelids begin to close to protect his or her developing eyes.

Week 10

12 weeks after the first day of 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 last normal menstrual period

- The fetus is about 3½ inches from head to rump and weighs about 1½ ounces.
- The fetus can swallow, the kidneys make urine, and blood begins to form in the bone marrow.
- For females, ovarian follicles begin forming. For males, the prostate appears. A doctor may be able to identify the sex through special tests.

SECOND TRIMESTER: 14-23 WEEKS

Week 14

16 weeks after the first day of last normal menstrual period

- The fetus is about 4¾ 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, the baby's movements are becoming coordinated and can be detected during ultrasound exams.

Week 16

18 weeks after the first day of 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.
- The baby might begin to hear.

Week 18

20 weeks after the first day of 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 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.
- This is the lowest limit of viability (meaning the baby may have a possibility of survival outside the woman's body with intensive care services).
- 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 20 weeks gestation, the unborn child has the physical structures necessary to experience pain. There is evidence that by 20weeks gestation unborn children seek to evade certain stimuli in a manner which in an infant or an adult would be interpreted to be a response to pain. Anesthesia is routinely administered to unborn children who are 20 weeks gestational age or older who undergo prenatal surgery.

Week 22

24 weeks after the first day of 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.

Week 24

26 weeks after the first day of 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 developed a startle reflex.

Week 26

28 weeks after the first day of 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 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 out of the womb.
- 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 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 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 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, she or he may stretch, roll and wiggle.
- Almost all babies born now will live.

Week 36

38 weeks after the first day of last normal menstrual period

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

Weeks 38-41

40, 41 or 42 weeks after the first day of 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.

There are three ways a pregnancy can end: A woman can give birth, she can 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.

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.

By law, an ultrasound must be performed before any abortion to determine the gestational age of the unborn child and you must be informed of three options that you may request at any time during the ultrasound exam: The options to (1) view the screen; (2) receive an explanation of the images; and (3) receive a photographic print.

FIRST TRIMESTER
1-7 Weeks

The abortion pill regimen, also known as RU-486, is a drug combination designed to end pregnancies up to 70 days after the last menstrual period.

The Abortion Pill Regimen

- The abortion pill regimen is a combination of drugs that results in a chemical abortion. The pills must be taken in the doctor's office or clinic.
- After the doctor confirms a pregnancy, the woman is given three Mifeprex pills, which block the activity of progesterone, a hormone necessary to sustain pregnancy.
- One to three days later, the woman takes two tablets of another drug, Misoprostol, which causes the lining of the uterus to break down, causing the already implanted human embryo to detach and be expelled through the softened cervix.
- Two weeks later, the woman must return to the doctor to ensure the abortion occurred and that her uterus is empty. At the follow-up appointment, the doctor conducts an exam or ultrasound to make sure that the pregnancy has ended and the woman is well.

- If the abortion pill regimen is unsuccessful, a surgical abortion may be required.

It is important to understand the need for two follow-up visits with your health care provider and that you have access to a medical care facility in case of an emergency.

The abortion pill regimen may cause side effects. Tell your doctor if any of the following symptoms are severe or do not go away: vaginal bleeding or spotting; cramps; pelvic pain; vaginal burning, itching, or discharge; headache; tiredness; difficulty falling asleep or staying asleep; anxiety; and/or back or leg pain. It may cause other side effects. Call your doctor if you have any unusual problems while taking this medication.

According to the FDA, the abortion pill has not been studied in women who are heavy smokers. Please tell your doctor if you smoke more than 10 cigarettes a day.

1-13 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.

Medical Risks of Suction Curettage

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, dilation and evacuation (D&E) and labor induction are the two methods typically used.

Dilation 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 2 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 of Dilatation and Evacuation (D&E)

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 2 to 4 hours.

Medical Risks of Labor Induction

- 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, 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
24-38 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 of Labor Induction

- 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 of Caesarean Section

- 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.

Post-viability Abortions

- 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, 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 an unborn child is viable, the physician must take all reasonable steps in keeping with good medical practice to preserve the life and health of the unborn child, provided it does not pose an increased risk to the life or health of the woman.

- 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.

Go to the emergency room, or call the clinic or doctor that performed the abortion if:

- Heavy bleeding occurs (2 or more pads/hour),
- Pain is severe or not controlled by pain medication,
- You have fever,
- You have difficulty breathing or shortness of breath,
- You have chest pain, or
- You are disoriented.

Most women can return to their daily activities within a day or so after a procedure. It is important that you return to your doctor for a checkup 2 to 3 weeks after an abortion.

ABORTION RISKS

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

Following are descriptions 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% for suction curettage, 1.5% for D&E and 5% 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% after a D&E; whereas, following a labor induction procedure, the rate may be as high as 36%.

- **Blood clots in the uterus:** Blood clots that cause severe cramping occur in about 1% 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 one 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 one 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 of Abortions

- Early abortions that are not complicated by infection do not cause infertility nor do they 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.

- Women who have had a first full-term pregnancy at an early age have reduced risks of breast, ovarian and

endometrial cancer. Furthermore, the risks of these cancers decline with each additional full-term pregnancy.

- Pregnancies that are terminated afford no protection; thus, a woman who chooses abortion over continuing her pregnancy would lose the protective benefit.

If you have a family history of breast cancer or clinical findings of breast disease, you should seek medical advice from your physician before deciding whether to remain pregnant or have an abortion. It is always important to tell your doctor about your complete pregnancy history.

EMOTIONAL SIDE OF AN ABORTION

You should know that women experience different emotions after an abortion. Some women may feel guilty, sad or empty, while others may feel relief that the procedure is over. Some women have reported serious psychological effects after their abortion, including depression, grief, anxiety, lowered self-esteem, regret, suicidal thoughts and behavior, sexual dysfunction, avoidance of emotional attachment, flashbacks and substance abuse. These emotions may appear immediately after an abortion or gradually over a longer period of time. These feelings may recur or be felt stronger at the time of another abortion, or a normal birth, or on the anniversary of the abortion.

Counseling or support before and after your abortion is very important. If family help and support are not available to you, it may be harder for you to deal with the feelings that appear after an abortion. 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 not available to the woman, these feelings may be more difficult to handle. Many pregnancy-resource centers offer pre- and post-abortion counseling services; these centers are listed in the resource directory.

FUTURE CHILDBEARING AND INFERTILITY

The risks are fewer when an abortion is done in the early weeks of pregnancy. The further along you are in your pregnancy, the greater the chance of serious complications. Some complications associated with an abortion, such as infection or a cut or torn cervix, may make it difficult or impossible to become pregnant in the future or to carry a pregnancy to term.

Some large studies have reported a doubling of the risk of premature birth in later pregnancy if a woman has had two induced abortions. The same studies report an 800% increase in the risk of extremely early premature births (less than 28 weeks) for a woman who has experienced four or more induced abortions.

Very premature babies, who have the highest risk of death, also have the highest risk for lasting disabilities, such as mental retardation, cerebral palsy, lung and gastrointestinal problems, and vision and hearing loss.

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 17.8 in in 100,000 live births. At 42.8 in 100,000, the risk is higher for African-Americans.

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% of all deaths relating to a woman's pregnancy. Unknown or uncommon causes account for the remaining 20% 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).
- 1 in 10 women may develop infection during or after delivery.
- About 1 in 20 pregnant women has blood pressure problems.
- 1 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 Caesarean section. A Caesarean 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 Caesarean 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.

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 need to be aware of his or her medical history.

Paternity can be established in either of two ways:

- The father can acknowledge the child by signing the birth certificate and a written declaration before a notary public and two witnesses; or
- 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.dcfs.state.la.us** or call 1-888-LAHELPU (1-888-524-3578).

The decision to have an abortion, have a baby or make an adoption plan must be carefully considered. The Department's Woman'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 toll free at 1-866-729-1788 to receive the pamphlet, Woman'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:

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