

The cover features a photograph of a garden scene. In the foreground, a tall green stem of a flower, possibly a tulip, rises from a bed of dark purple and green foliage. It has two fully bloomed pink flowers and one bud. To the left, a weathered stone statue of a woman's head and shoulders is partially obscured by green plants. The background is a dense wall of green ivy.

*A Woman's
Right
to Know*

**INFORMATION
MATERIAL**

Fourth Edition
December 2015

The contents of this booklet are provided for educational and informational purposes only and are not intended to be a substitute for professional medical advice, diagnosis, or treatment. Use of this booklet signifies your understanding of and your agreement to these terms.

The growth pattern described in this booklet is recognized by medical information and documented by scientific research. Slight variations in developmental stages may exist from individual to individual.

The fetal drawings are not meant to convey precise detail, but rather the general shape and progression of a developing fetus.

Oklahoma Legal Definitions (Title 63 O.S. § 1-730)

"Abortion" means the use or prescription of any instrument, medicine, drug, or any other substance or device intentionally to terminate the pregnancy of a female known to be pregnant with an intention other than to increase the probability of a live birth, to preserve the life or health of the child after live birth, to remove an ectopic pregnancy, or to remove a dead unborn child who died as the result of a spontaneous miscarriage, accidental trauma, or a criminal assault on the pregnant female or her unborn child.

"Conception" means the fertilization of the ovum of a female individual by the sperm of a male individual.

"Unborn child" means the unborn offspring of human beings from the moment of conception, through pregnancy, and until live birth including the human conceptus, zygote, morula, blastocyst, embryo and fetus.

"Viable" means potentially able to live outside of the womb of the mother upon premature birth, whether resulting from natural causes or an abortion.

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Informing Oklahomans
www.awomansright.org

This publication is issued by the Oklahoma State Board of Medical Licensure & Supervision as authorized by the Oklahoma Law (Title 63 O.S. § 1-738.8) under the name of informing Oklahomans. 6000 copies have been printed and distributed at a cost of \$0.99555 per copy. Copies have been deposited with the Publication Clearinghouse of the Oklahoma Department of Libraries.

Introduction



“The goal of informed consent is to assure that the patient’s decision is voluntary and informed.” (National Abortion Federation: 2015 Clinical Policy Guidelines)

If you are pregnant and are considering an abortion, you might be facing a difficult decision. According to the laws of Oklahoma, it is your right to be fully informed. This booklet is designed to assist you in your decision-making and information-gathering process.

This booklet seeks to present current and medically reliable information concerning probable anatomical and physiological characteristics of a fetus, methods of commonly used abortion procedures, medical risks commonly associated with each abortion procedure, and risks commonly associated with carrying a child to term.

Oklahoma Law (Title 63 O.S. §1-738.2) states that the doctor or an agent of the doctor must tell the woman 72 hours before an abortion is performed,

- The name of the physician who will perform the abortion.
- The medical risks associated with the particular abortion procedure to be employed.
- The probable gestational age of the fetus or embryo at the time an abortion is to be performed.
- The medical risks associated with carrying a pregnancy to term.
- The possible detrimental psychological effects of abortion and of carrying a pregnancy to term.
- Agencies that provide, at no cost, ultrasound imaging and heart tone monitoring.
- Medical assistance benefits may be available for prenatal care, childbirth, and neonatal care;
- That the father is liable to assist in the support of his child, even in instance when the father offers to pay for an abortion.

Oklahoma law (Title 63 O.S. §1-740.2) states that no abortion shall be performed upon any person under eighteen years of age until at least forty-eight (48) hours after written notice of the pending abortion has been delivered to one parent and the attending physician has secured proof of identification and the written informed consent of one parent.

In addition to this booklet, you might wish to review the “Woman’s Right to Know Resource Directory.” This Resource Directory lists various agencies within the state of Oklahoma that might offer assistance to a pregnant woman who is considering an alternative to abortion. The services provided by listed agencies include medical assistance, financial assistance, housing assistance, help with basic living expenses, legal assistance, educational benefits, employment opportunities, childbirth classes, parenting classes, personal improvement opportunities, child care resources, child support enforcement agencies, and other services that might assist you through your pregnancy, upon childbirth, and while a child is still dependent. The Directory also provides the names, addresses, and telephone numbers of listed agencies as well as 24-hour hotline/helpline numbers. Finally, the Directory contains information about public and private adoption agencies.

This entire booklet and the Resource Directory can be found on the Internet 24 hours a day. You can read them from a computer or print selected materials. The publishers of the website have made efforts to insure that the website remains secure and that no one will be able to collect or record any information about you. The website address is: www.awomansright.org

¹Check www.awomansright.org for legal updates to Title 63 O.S. §1-738.2.

Characteristics of the Unborn Child

Growth and Development

Pregnancy begins at fertilization, or conception, with the union of a man's sperm and a woman's egg to form a single-cell embryo. This brand new embryo contains the original copy of a new individual's complete genetic code. Gender, eye color, and other traits are determined at conception.

Full-term pregnancy typically lasts 38 weeks from conception or 40 weeks from the first day of a woman's last normal menstrual period (LMP).

During pregnancy, physicians measure prenatal age in two ways. Most commonly, prenatal age is referenced from the first day of a woman's last normal menstrual period (or LMP). Alternatively, prenatal age may be referenced from the time of conception, which typically occurs two weeks after a woman's LMP. For example, six weeks after conception corresponds to eight weeks following LMP.

Some women may be unsure of the first day of the last menstrual period, so other methods can be used to determine the age of the fetus. For example, ultrasound can be used to measure the head, abdomen, and thigh bone of the fetus, which then can help estimate prenatal age.

Most significant developmental milestones occur long before birth during the first eight weeks following conception when most body parts and all body systems appear and begin to function.

The main divisions of the body, such as the head, chest, abdomen and pelvis, and arms and legs are established by about four weeks after conception. Eight weeks after conception, except for the small size, the developing overall appearance and many internal structures resemble a newborn.

Many common daily activities seen in children and adults begin in the womb – starting more than 30 weeks before birth. These activities include hiccups, touching the face, breathing motions, urination, right- or left-handedness, thumb sucking, swallowing, yawning, jaw movement, reflexes, REM sleep, hearing, taste, sensation, and so on.

The development of a fetus depends on many factors. This booklet will discuss only normal growth and development. The prenatal photos and drawings are not meant to convey precise size and/or detail, but rather the general shape and progression of a fetus as it develops.

Unless otherwise noted, all prenatal ages in this publication are referenced from the start of the last normal menstrual period. In the following section titles, the corresponding prenatal ages referenced post-conception are presented underneath the last menstrual period.

Conception

Shortly after a woman's period begins, her body begins preparing for the possibility of pregnancy.

Approximately 2 weeks into her cycle, a woman releases an egg from one of her ovaries into her adjacent fallopian tube. Conception is now possible for the next 24 hours or so. Conception signifies the beginning of pregnancy and the beginning of human development.

After conception, the single-cell embryo has a diameter of approximately 4 thousandths of an inch.

Prenatal Age: 2-4 Weeks Post-LMP

Up to 2 Weeks following Conception

The cells of the embryo repeatedly divide as the embryo moves through the fallopian tube into the woman's uterus or womb. Implantation, the process whereby the embryo embeds itself into the wall of the womb, begins by the end of the third week and is completed during the fourth week of pregnancy.

At 4 weeks, the embryo is less than 1/100th of an inch long.

Prenatal Age: 4-6 Weeks Post-LMP

2-4 Weeks Post-Conception

By 5 weeks, development of the brain, the spinal cord, and the heart is underway.

The heart begins beating at 5 weeks and one day and is visible by ultrasound.

By 6 weeks, the heart is pumping blood.

All four chambers of the heart are present.

The head, as well as the chest and abdominal cavities have formed and the beginnings of arms and legs are visible.

At 6 weeks, the embryo measures less than ¼ of an inch long.

Prenatal Age: 6-8 Weeks Post-LMP

4-6 Weeks Post-Conception

At 6 ½ weeks, brain development continues with the appearance of the cerebral hemispheres.

At 7 ½ weeks, the embryo may reflexively respond to touching on the face.

Fingers begin to form.

The embryo is about ½ inch long at 8 weeks.

8-10 Weeks Post-LMP

6-8 Weeks Post-Conception

Brainwaves have been measured and recorded before 8 ½ weeks.

By 8 ½ weeks, the bones of the jaw and collarbone begin to harden.

By 9 weeks, the hands move, the neck turns, and hiccups begin.

Genitals begin to develop.





The heart is nearly fully formed and the heart rate peaks at about 170 beats per minute.

By 10 weeks kidneys begin to produce and release urine, and intermittent breathing motions begin.

All fingers and toes are free and fully formed and several hundred muscles are present. The hands and feet move frequently and show the first signs of right- or left-handedness.

Experts estimate the 10-week embryo possesses approximately 90% of the 4,500 body parts found in adults.

The 10-week embryo weighs about 1/10th of an ounce and measures slightly less than 1 ¼ inches.

10-12 Weeks Post-LMP

8-10 Weeks from Conception

The eyelids are temporarily fused together by 10½ weeks.

By 11 weeks the head moves forward and back, the jaw actively opens and closes, and the fetus periodically sighs and stretches. The face, palms of the hands, and soles of the feet may be sensitive to touch.

Thumb sucking and swallowing amniotic fluid begin.

Genitals continue to develop.

Yawning begins at 11½ weeks.

At 12 weeks, fingerprints start forming, fingernails and toenails begin to grow.

The bones are hardening in many locations.

The 12-week fetus weighs less than 1 ounce and measures about 3 inches from head to heel.

12-14 Weeks Post-LMP

10-12 Weeks Post-Conception

The heartbeat can be detected with a hand-held Doppler fetal monitor or external heart rate monitor.

By 13 weeks the lips and nose are formed and the fetus can make facial expressions.

External genitalia now distinguish male from female.

At 14 weeks, taste buds are present.

Hormone production may be present. Limbs continue to develop.

At 14 weeks, the fetus weighs about 2 ounces and measures slightly less than 5 inches.



14-16 Weeks Post-LMP

12-14 Weeks from Conception

By 15 weeks, the fetus, except for parts of the scalp, may respond to touch. Tooth development may begin.

At 16 weeks, a pregnant woman may begin to feel the fetus move. Female fetuses may show more jaw movement than male fetuses.

The 16-week fetus weighs about 4 ounces and measures slightly less than 7 inches.

16-18 Weeks Post-LMP

14-16 Weeks Post-Conception

The fetus begins making several digestive enzymes.

Around 17 weeks blood cell formation moves to its permanent location inside the bone marrow and the fetus begins storing energy in the form of body fat.

By 18 weeks, the fetus produces many of the same hormones found in adults, including a hormonal stress response.

The 18-week fetus weighs around 6 ounces and measures about 8 inches.

18-20 Weeks Post-LMP

16-18 Weeks Post-Conception

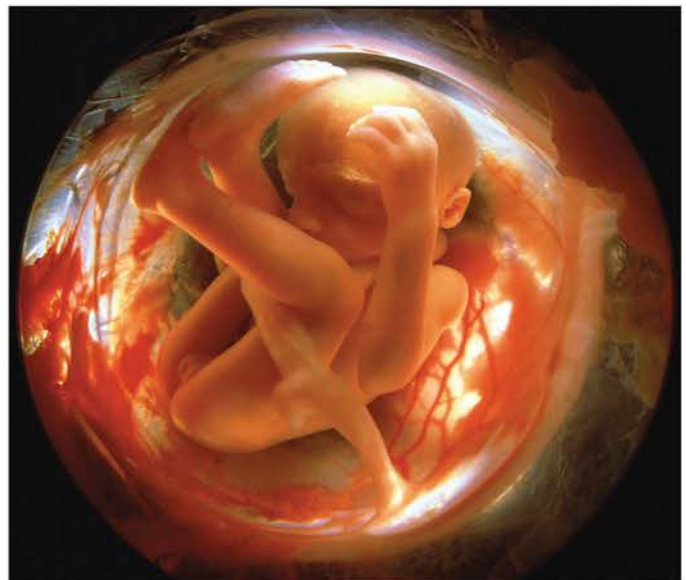
The formation of the breathing passages, called the bronchial tree, is complete.

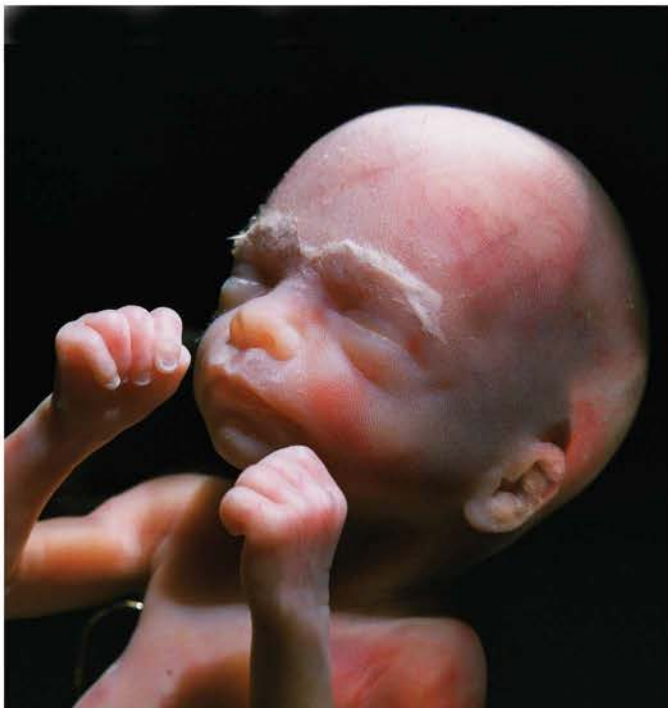
By 20 weeks the larynx or voice box may show movement similar to crying after birth.

The skin has developed sweat glands and is covered by a greasy white substance called “vernix,” which provides protection from the amniotic fluid.

“By 20 weeks gestation, the unborn child has the physical structures necessary to experience pain. There is evidence that by 20 weeks gestation unborn children 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” (Title 63 O.S. § 1-738.10).

The 20-week unborn child weighs about 9 ounces and measures about 10 inches.





20 - 22 Weeks Post-LMP

18 - 20 Weeks Post-Conception

In Oklahoma, an abortion cannot be performed on you if you are 20 weeks from conception or more, unless, "you have a condition which so complicates your medical condition as to necessitate abortion of your pregnancy to avert your death or to avert serious risk of substantial and irreversible physical impairment of a major bodily function. When an abortion is to be performed on a woman twenty (20) weeks or more pregnant, the physician shall terminate the pregnancy in the manner which, provides the best opportunity for the unborn child to survive, unless termination of the pregnancy in that manner would pose a greater risk either of the death of the pregnant woman or of the substantial and irreversible physical impairment of a major bodily function of the woman, which does not include psychological or emotional conditions." (Title 63 O.S § 1-745.5)

Nearly all the organs and structures of the unborn child have been formed.

At 21 weeks, breathing patterns, body movements, and the heart rate begin to follow daily cycles called circadian rhythms.

By 22 weeks the sense of hearing begins to function and the fetus may respond to sound. All skin layers and structures are complete.

The 22-week fetus weighs slightly less than 1 pound and measures about 11 inches.

22-24 Weeks Post-LMP

20-22 Weeks from Conception

Between 20 and 23 weeks rapid eye movements may begin. These eye movements are similar to those seen when children and adults have dreams.

With specialized medical care some unborn children can survive outside the womb by 22 weeks with survival rates reported as high as 40% in some medical centers.

By 24 weeks more than 30 million heartbeats may have occurred.

The 24-week unborn child weighs about 1¼ pounds and measures about 12 inches.

24-26 Weeks Post-LMP

22-24 Weeks from Conception

By 25 weeks, breathing motions may occur up to 44 times per minute.

By 26 weeks sudden, loud noises may trigger a blink-startle response, which may increase movement, heart rate, and swallowing.

The lungs produce a substance necessary for breathing after birth.

The 26-week fetus weighs almost 2 pounds and measures about 14 inches from head to heel.

26-28 Weeks Post-LMP

24-26 Weeks Post-Conception

By 27 weeks the thigh bones and the foot bones are each about two inches long (about 5 cm).

By 28 weeks the sense of smell may be functioning and eyes may produce tears.

The 28-week fetus weighs more than 2½ pounds and measures about 15 inches.

28-30 Weeks Post-LMP

26-28 Weeks Post-Conception

By 29 weeks, pupils of the eyes may react to light.

The 30-week fetus weighs about 3¼ pounds and measures about 16 inches.

30-32 Weeks Post-LMP

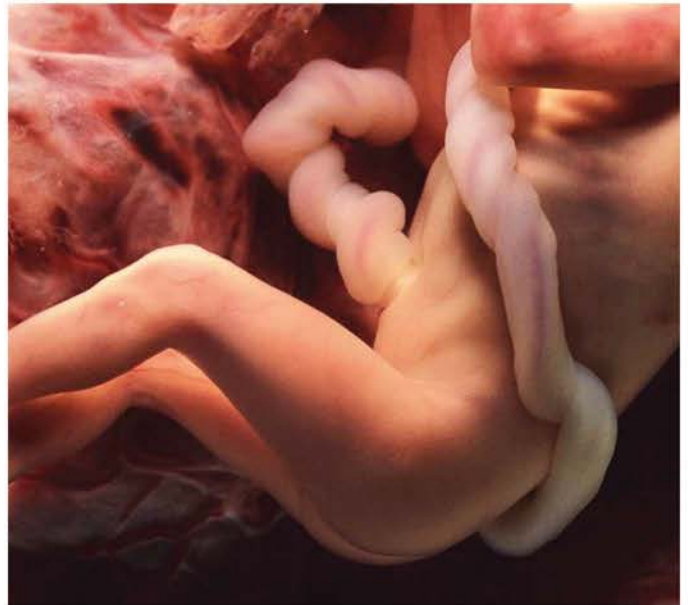
28-30 Weeks Post-Conception

By 31 weeks more than 40 million heartbeats may have occurred.

Wrinkles in the skin are disappearing as more and more fat deposits are formed.

By 32 weeks breathing movements occur up to 40 percent of the time.

The 32-week fetus weighs about 4 pounds and measures about 17 inches.





32-34 Weeks Post-LMP

30-32 Weeks Post-Conception

The 34-week fetus weighs about 5 pounds and measures about 18 inches.

34-36 Weeks Post-LMP

32-34 Weeks Post-Conception

The 36-week fetus weighs about 5¾ pounds and measures about 18½ inches.

36-38 Weeks Post-LMP

34-36 Weeks Post-Conception

By 37 weeks the fetus may have a firm hand grip and the heart may have beaten more than 50 million times.

The 38-week fetus weighs about 6¾ pounds and measures about 19.

38-40 Weeks Post-LMP

36-38 Weeks Post-Conception

At term, the umbilical cord is typically 20 to 24 inches long.

Labor may be initiated by the fetus, ideally around 40 weeks, leading to birth.

At full-term birth, newborns typically weigh between 6 and 9 pounds and measure between 18 and 21 inches.

Abortion Procedures, Risks Associated with Abortion and Risks Associated with Pregnancy

If a woman has decided to have an abortion, she and her doctor must first determine how far her pregnancy has progressed. The stage of a woman's pregnancy will directly affect the appropriateness or method of abortion. The doctor will use a different method for women at different stages of pregnancy. In order to determine the gestational age of the embryo or fetus, the doctor will perform a pelvic exam and/or an ultrasound.

Definition Of Induced Abortion

Abortion is ending the pregnancy by using medicine or a surgical procedure. In Oklahoma, the legal definition of an abortion (Title 63 O.S. §1-730) is "the purposeful termination of a human pregnancy, by any person with an intention other than to produce a live birth or to remove a dead unborn child." Abortion shall terminate the life of a whole, separate, unique, living human being." (Title 63 O.S. §1-738.3)

According to Oklahoma law (Title 63 O.S. §1-745.5), "an abortion cannot be performed on a woman who is twenty (20) or more weeks pregnant unless, in reasonable medical judgment, she has a condition which so complicates her medical condition as to necessitate the abortion of her pregnancy to avert her death or to avert serious risk of substantial and irreversible physical impairment of a major bodily function."

Abortion Procedures

Medical (Non-Surgical) Abortion

Medical abortion is a way to end a pregnancy by using abortion inducing drugs as an alternative to surgical procedures. This procedure is administered up to 49-63 days (7 – 9 weeks) after the first day of the last menstrual period, depending on the medicines and protocols that are followed.

In Oklahoma, only a physician licensed to practice medicine in Oklahoma can provide medicines for the purpose of inducing an abortion (Title 63 O.S. §1-729a). The physician administering the medical abortion must:

1. Have the ability to assess the duration of the pregnancy accurately
2. Have the ability to diagnose ectopic pregnancies
3. Have the ability to provide surgical intervention in case of an incomplete abortion or severe bleeding, or has made plans to provide such care through other qualified physicians
4. Be able to assure patient access to medical facilities equipped to provide blood transfusions and resuscitation, if necessary

The physician who provides mifepristone for the purpose of inducing an abortion must also:

1. Provide you with a copy of the drug manufacturer's medication guide.
2. Fully explain the procedure to you, including explaining whether the physician is using the drug in accordance with the U.S. Food and Drug Administration protocol or an evidence-based protocol. If the physician is using an evidence-based protocol, they must provide you detailed information on the protocol being used.
3. Provide you with a copy of the drug manufacturer's patient agreement, which you must sign.

The physician who provides medical abortion services must be in the same room as you are when the medicines are administered.

Common Medical Abortion Medications

Mifepristone. Mifepristone (known as RU-486) is a pill taken by mouth. It works by blocking the hormone progesterone. Without this hormone, the lining of the uterus breaks down and the embryo detaches, causing the pregnancy to end. It causes the cervix (opening of the uterus or womb) to soften and dilate.

Methotrexate. Methotrexate can be given by injection or taken by mouth. It primarily affects rapidly dividing cells. Methotrexate stops the ongoing process of implantation in the uterus of the embryo.

Misoprostol. Misoprostol tablets may be placed either into the vagina, between the cheek and gum, or swallowed. Taken within a few hours or days, after taking mifepristone or methotrexate, it causes the uterus to contract and expel the embryo.

Common Evidence-Based Procedure

In 2000, the Food and Drug Administration approved a procedure for medical abortion with Mifepristone/Misoprostol (RU-486), however, clinical studies have produced several variations in the protocol for medical abortions. In all of the variations, there are generally three steps to the process:

Step One (at the physician's office or clinic)

- Laboratory tests are performed to confirm the pregnancy, test for Rh status, and test for anemia and red blood cell count
- A medical and obstetrical history, including a history of allergies and all current medications is recorded
- An ultrasound may be performed to confirm how far along the pregnancy is
- The clinician will educate the patient about the medical abortion process, side effects, and clear instructions for assessing emergency services
- If eligible, for medical abortion, the woman swallows the mifepristone pills or receives a methotrexate injection or pills

Step Two (at the office/clinic or at home depending on the treatment regimen)

- This step takes place within 6 – 48 hours of step one
- Misoprostol tablets may be swallowed, placed between cheek and gum, or inserted into the vagina, depending on the treatment regimen.

Step Three (at the office or clinic)

- This step takes place approximately 11-17 days after step 2.
- The clinician checks the woman to confirm a complete abortion. It is essential for women to return to the office/clinic to confirm that the abortion is complete.
- If there is an ongoing pregnancy, a surgical abortion should be provided.
- If there is an incomplete abortion, the clinician will discuss possible treatment options with the woman. These may include waiting and re-evaluating for complete abortion in a number of days, taking an additional dose of misoprostol, or performing a surgical abortion.

Side Effects and Complications of Medical Abortion

It can take anywhere from about a day to 3-4 weeks from the time a woman takes the first medication until the medical abortion is completed.

- Bleeding – On average, women may expect to have bleeding and/or spotting for 9-16 days, but the range is from 1 to 45 days. The bleeding may be heavier than a normal period and may include blood clots. A small percentage of women will need a suction aspiration because of heavy or prolonged bleeding. Rarely, a blood transfusion might be required to treat very heavy bleeding.

- **Abdominal Pain and Cramping** – The majority of women experience some cramping; for most it is like an intense menstrual period. In rare cases, one-sided, severe lower abdominal pain, with dizziness, shoulder pain or shortness of breath could be a complication due to the rupture of an undiagnosed ectopic pregnancy (pregnancy outside the uterus). In this case, the patient needs to access emergency medical treatment.
- **Other** – Side effects may include headache, nausea, vomiting, diarrhea, fever, chills, or fatigue.
- **Incomplete abortion or ongoing pregnancy** – Rarely, the medications do not work and the embryo continues to grow. In these cases, a surgical abortion must be done to complete the abortion.
- **Infection** – Rare fatal infections have been reported. Symptoms seen with these infections include weakness, nausea, rapid pulse, vomiting or diarrhea with or without abdominal pain that persists after the abortion is complete.
- **Uterine Rupture** – In rare cases, women with prior uterine surgery (primarily cesarean sections) have had uterine rupture.
- **Death** – Serious infection has resulted in death in very rare cases.

Who Should Not Have a Medical Abortion

Some women are not good candidates for a medical abortion. Some women may not be suitable candidates for a medical abortion if:

- More than 49-63 days since last menstrual period began
- An IUD (Intrauterine Device) is inserted
- Confirmed or suspected ectopic pregnancy (a pregnancy outside the uterus)
- Have problems with adrenal glands (chronic adrenal fatigue)
- Take medicine to thin blood
- Have a bleeding problem
- Take certain steroid medications
- History of allergy to mifepristone, methotrexate, misoprostol, or other prostaglandin
- Unwillingness to undergo a surgical abortion if medically indicated
- Unwilling to return for follow up appointment
- Cannot easily get emergency medical help

It is important to tell provider about all medical conditions.

First Trimester Surgical Abortion

Common Procedures

Suction Aspiration

This procedure is a common method used in the first 5 to 12 weeks after the last menstrual period. It involves the use of a hollow tube (cannula) that is attached by tubing to a bottle and a pump, which provides a vacuum. For this procedure, the physician will:

- Perform laboratory tests to confirm the pregnancy, test for Rh status, and test for anemia and red blood cell count.
- Take a medical and obstetrical history, including a history of allergies and all current medications.
- Examine the uterus and perform an ultrasound to confirm how far along the pregnancy is.
- Educate the patient about the abortion process, side effects, and clear instructions for assessing emergency services.
- Administer, in some cases, a medicine to soften the cervix before the procedure. Medicine for pain or sedation may be given by mouth or administered into a vein.

- A medicine that slows uterine bleeding may be given to reduce blood loss.
- Insert a speculum into the vagina, to hold it open. The physician cleans the vagina and cervix with an antiseptic solution. At this time, a numbing agent (local anesthetic) may be injected in the cervix.
- Dilate (open) the cervix with either a series of dilators inserted into and withdrawn from the cervix to gradually increase the size of the opening. In some cases, absorbent dilators may be inserted a day or a few hours before the procedure.
- Insert a thin tube (cannula) through the cervix into the uterus and a suction machine empties the uterus.
- In some cases, a curette is used to scrape the walls of the uterus to make sure the fetus, placenta, and uterine contents have been removed.

Manual Vacuum Aspiration

This procedure is used around 5 to 12 weeks after the last menstrual period. It involves the use of a specially designed syringe to apply suction. This method is not available everywhere. For this procedure, the physician will:

- Perform laboratory tests to confirm the pregnancy, test for Rh status, and test for anemia and red blood cell count.
- Take a medical and obstetrical history, including a history of allergies and all current medications.
- Examine the uterus and perform an ultrasound to confirm how far along the pregnancy is.
- Educate the patient about the abortion process, side effects, and clear instructions for assessing emergency services.
- Insert a speculum into the vagina, to hold it open. The physician cleans the vagina and cervix with an antiseptic solution. At this time, a numbing agent (local anesthetic) may be injected in the cervix.
- Dilate (open) the cervix with a series of dilators inserted into and withdrawn from the cervix to gradually increase the size of the opening.
- Insert a thin tube (cannula) through the cervix into the uterus. A specially designed syringe is attached and used to suction the fetus, placenta, and uterine contents out of the uterus.

Common side effects of Suction Aspiration and Manual Vacuum Aspiration include:

- Bleeding
- Cramping
- Nausea
- Sweating
- Feeling faint

Less frequent complications can include:

- Heavy or prolonged bleeding
- Blood clots
- Damage to the cervix
- Infection due to remaining tissue or infection caused by an STD or bacteria being introduced to the uterus can cause fever, pain, abdominal tenderness and possibly scar tissue

Rare complications can include:

- Perforation of the uterus
- Tissue remaining in the uterus (incomplete abortion)
- Ongoing undiagnosed ectopic pregnancy (tubal pregnancy)
- Injury to the bowel or bladder
- Scar tissue in uterus or cervix
- Infertility due to the consequences of infection
- Death

Second Trimester Abortions

A second-trimester abortion can be performed with a surgical procedure or with medication.

In Oklahoma, an abortion cannot be performed on you if you are 20 weeks from conception or more, unless, you have a condition “which so complicates your medical condition as to necessitate abortion of your pregnancy to avert your death or to avert serious risk of substantial and irreversible physical impairment of a major bodily function. When an abortion is to be performed on a woman twenty (20) weeks or more pregnant, the physician shall terminate the pregnancy in the manner which, provides the best opportunity for the unborn child to survive, unless termination of the pregnancy in that manner would pose a greater risk either of the death of the pregnant woman or of the substantial and irreversible physical impairment of a major bodily function of the woman, which does not include psychological or emotional conditions.” (Title 63 O.S § 1-745.5)

Common Surgical Procedures

Dilation and Evacuation (D&E)

This procedure is a common method used after 13 weeks from the last menstrual period. Dilation and evacuation (D&E) is a procedure to open (dilate) the cervix and surgically remove the contents of the uterus. In many cases, this is a two day procedure. In 2015, the Oklahoma Legislature passed and the Governor signed HB 1721, the Oklahoma Unborn Child Protection from Dismemberment Abortion Act, which makes it “unlawful for any person to purposefully perform or attempt to perform a dismemberment abortion...unless necessary to prevent serious health risk to the unborn child’s mother.”²

For this procedure, the physician will:

Day One:

- Perform laboratory tests to confirm the pregnancy, test for Rh status, and test for anemia and red blood cell count.
- Take a medical and obstetrical history, including a history of allergies and all current medications.
- Examine the uterus and perform an ultrasound to confirm how far along the pregnancy is.
- Educate the patient about the abortion process, side effects, and clear instructions for assessing emergency services. Prescribe antibiotics to prevent infection.
- Insert a speculum into the vagina, to hold it open. The physician cleans the vagina and cervix with an antiseptic solution. At this time, a numbing agent (local anesthetic) may be injected in the cervix.
- Insert osmotic dilators (small tubes that absorb moisture from the tissues surrounding the cervix and swell) approximately 12-24 hours before the surgical procedure to open the cervix, allowing access to the uterus. Misoprostol may also be given several hours before surgery. This medicine can help soften the cervix.
- In some cases, medicines are injected through the abdomen or vagina into the amniotic fluid or the heart of the fetus. This causes the death of the fetus and makes fetal tissue more pliable.

² HB 1721 has been challenged in Oklahoma Court. Check www.awomansright.org for current language.

Day Two:

- Insert a speculum into the vagina, to hold it open. The physician cleans the vagina and cervix with an antiseptic solution. At this time, the osmotic dilators are removed from the cervix and a pelvic exam is performed.
- Inject pain medication in the cervix along with a sedative or general anesthesia and medication that slows uterine bleeding and reduces blood loss.
- Dilate (open) the cervix with a series of dilators inserted into and withdrawn from the cervix to gradually increase the size of the opening.
- Perform an ultrasound to confirm the absence of a fetal heartbeat and guide the physician in locating fetal tissue.
- Insert a tube (cannula) through the cervix into the uterus and a suction machine removes tissue from the uterus.
- Insert forceps (a grasping instrument) into the uterus to grasp and remove larger pieces of fetal parts and placenta.
- Insert a curette to scrap the walls of the uterus to dislodge any remaining placental tissue. Followed by suctioning the uterus to confirm all fetal tissue has been removed.
- Examine the tissue removed to confirm the procedure is complete.

Common side effects include:

- Bleeding
- Cramping

Less frequent complications can include:

- Heavy or prolonged bleeding
- Blood clots
- Damage to the cervix or uterine lining
- Nausea
- Sweating
- Lightheadedness
- Tingling or numbness in the arms and legs
- Blurry vision
- Headaches
- Dilators dislodging from cervix
- Infection due to remaining tissue or infection caused by an STD or bacteria being introduced to the uterus can cause fever, pain, abdominal tenderness and possibly scar tissue

Rare complications can include:

- Spontaneous rupture of membranes
- Onset of labor and fetal expulsion before surgery
- Dilators migrate into uterine cavity
- Allergic reaction
- Toxic Shock Syndrome
- Uterine hemorrhage
- Perforation of the uterus
- Tissue remaining in the uterus (incomplete abortion)
- Injury to the bowel or bladder
- Scar tissue in uterus or cervix
- Placenta Previa in future pregnancies
- Infertility due to the consequences of infection or damage to cervix
- Pulmonary Embolism
- Amniotic Fluid Embolism
- Death

Intact Dilation and Evacuation (Dilation and Extraction)

This method is used after 18 weeks from the last menstrual period. Intact dilation and evacuation is a procedure used so a fetus can be removed intact. With this method, the largest part of the fetus (the head) is reduced in diameter to allow ease of passage through the cervix and vagina. This may be a multiple-day procedure. For this procedure, the physician will:

Day One:

- Perform laboratory tests to confirm the pregnancy, test for Rh status, and test for anemia and red blood cell count.
- Take a medical and obstetrical history, including a history of allergies and all current medications.
- Examine the uterus and perform an ultrasound to confirm how far along the pregnancy is.
- Educate the patient about the abortion process, side effects, and clear instructions for assessing emergency services. Prescribe antibiotics to prevent infection.
- Insert a speculum into the vagina, to hold it open. The physician cleans the vagina and cervix with an antiseptic solution. At this time, a numbing agent (local anesthetic) may be injected in the cervix.
- Insert osmotic dilators (small tubes that absorb moisture from the tissues surrounding the cervix and swell) approximately 2 or more days before the surgical procedure to open the cervix, allowing access to the uterus. Misoprostol may also be given several hours before surgery. This medicine can help soften the cervix.
- Inject medicine through the abdomen or vagina into the amniotic fluid or the heart of the fetus. This causes the death of the fetus and makes fetal tissue more pliable.

Day of Surgery:

- Insert a speculum into the vagina, to hold it open. The physician cleans the vagina and cervix with an antiseptic solution. At this time, the osmotic dilators are removed from the cervix and a pelvic exam is performed.
- Inject pain medication in the cervix along with a sedative or general anesthesia and medication that slows uterine bleeding and reduces blood loss.
- Perform an ultrasound to confirm the absence of a fetal heartbeat and guide the physician in locating the position of the fetus.
- Insert forceps (a grasping instrument) into the uterus to grasp the legs of the fetus.
- Pull one or both legs out of the cervix leaving the head still inside the uterus.
- Make an incision at the base of the skull and inserts a suction cannula into the opening. The brain is suctioned out, which causes the skull to collapse and allows the fetus to pass through the cervix.
- Remove the placenta.
- Suction the uterus to remove any remaining placental tissue.

Common side effects include:

- Bleeding
- Cramping

Less frequent complications can include:

- Heavy or prolonged bleeding
- Blood clots
- Damage to the cervix or uterine lining
- Nausea
- Sweating
- Lightheadedness

- Tingling or numbness in the arms and legs
- Blurry vision
- Headaches
- Dilators dislodging from cervix
- Infection due to remaining tissue or infection caused by an STD or bacteria being introduced to the uterus can cause fever, pain, abdominal tenderness and possibly scar tissue

Rare complications can include:

- Spontaneous rupture of membranes
- Onset of labor and fetal expulsion before surgery
- Dilators migrate into uterine cavity
- Allergic reaction
- Toxic Shock Syndrome
- Uterine hemorrhage
- Perforation of the uterus
- Tissue remaining in the uterus (incomplete abortion)
- Injury to the bowel or bladder
- Scar tissue in uterus or cervix
- Placenta Previa in future pregnancies
- Infertility due to the consequences of infection or damage to cervix
- Pulmonary Embolism
- Amniotic Fluid Embolism
- Death

Medical (Non-Surgical) Induction Abortion

This method is generally used after 16 weeks from the last menstrual period and before the viability of the unborn child, unless such abortion is necessary to prevent the death of the pregnant woman or to prevent impairment to her health. In a medically induced abortion, medicines will be used to start labor. Labor induction may require a hospital stay. For this procedure, the physician will:

- Perform laboratory tests to confirm the pregnancy, test for Rh status, and test for anemia and red blood cell count.
- Take a medical and obstetrical history, including a history of allergies and all current medications.
- Examine the uterus and perform an ultrasound to confirm how far along the pregnancy is.
- Educate the patient about the abortion process, side effects, and clear instructions for assessing emergency services.
- Insert a speculum into the vagina, to hold it open. The physician cleans the vagina and cervix with an antiseptic solution. At this time, a numbing agent (local anesthetic) may be injected in the cervix.
- Insert osmotic dilators (small tubes that absorb moisture from the tissues surrounding the cervix and swell) approximately 2 or more days before the surgical procedure to open the cervix, allowing access to the uterus.
- Medicines to start early labor can be inserted into the vagina, or a vein (IV), or swallowed to start uterine contractions and soften the cervix, this can take 12 – 48 hours.
- Inject medicine through the abdomen or vagina into the amniotic fluid, or the heart or umbilical cord of the fetus. This causes the death of the fetus.
- Monitor the contractions and delivery of the fetus.
- Monitor the expulsion of the placenta. May scrape the uterus with a curette to ensure there is no retained placenta.

Common side effects include:

- Nausea, fever, vomiting, and diarrhea from the medicine
- Pain from labor and delivery
- Bleeding and cramps after delivery of fetus and placenta
- Excessive bleeding
- Damage to the cervix or uterine lining
- Dilators dislodging from cervix
- Prolonged induction time
- Infection due to remaining tissue or infection caused by an STD or bacteria being introduced to the uterus can cause fever, pain, abdominal tenderness and possibly scar tissue
- Incomplete abortion requiring surgical intervention

Rare complications can include:

- Excessive uterine contractions and pain
- Uterine rupture if a uterine scar is present from a previous surgery
- Allergic reaction
- Perforation of the uterus
- Infertility due to the consequences of infection or damage to cervix
- Pulmonary Embolism
- Amniotic Fluid Embolism
- Death

After an Abortion

What You Might Experience Following an Abortion

After an abortion, you might be required to remain at the abortion facility or hospital for a time so that you can be monitored for problems or complications. You might also be given an antibiotic to prevent infection and other medication that helps contract your uterus and reduce bleeding. You might also be given pain control medication. Your doctor will instruct you regarding recovery. Your abortion provider might also instruct you to contact the physician who performed the abortion procedure, and/or make contact with a local emergency treatment facility 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, or you become disoriented.

It is normal for you to have some cramping, caused by the contraction of your uterus, and a small amount of bleeding after having any type of abortion. It is important that you return to your physician for a follow-up visit as instructed by your abortion provider.

Is There a Link Between Breast Cancer and Abortion?

Studies on this issue have reached differing conclusions. Some studies indicate that there is no increased risk of breast cancer after a woman has had an abortion. Other studies indicate that there might be an increased risk. If you have a family history of breast cancer or have clinical findings of breast disease, you should seek further information from your physician in order to be informed.

The Emotional Side of Abortion

A wide range of emotional responses is normal after an abortion. A woman having an abortion might experience different emotions before and after the procedure. Women often have both positive and negative feelings after having an abortion. Some women might feel relief about their decision and that the procedure is over. A woman might question whether she made the right decision. Some women might feel anger at having to make the choice. Some women might experience sadness, guilt, or depression after the procedure. Some women say that feelings go away quickly, while others say they last for a length of time. Others report positive responses to the abortion decision.

The emotional response after an abortion is most directly related to the psychological condition of the woman before the abortion. Many factors can influence the response to an abortion experience including lack of support from partner or parents, feeling forced to have an abortion, prior beliefs regarding abortion, rape, a desired pregnancy, or feelings of attachment to an embryo or fetus.

Compassionate and knowledgeable counselors can objectively describe and provide you with factual information concerning your options, including the risks and responsibilities that are involved, and provide you with the support you need in making this very important decision.

Remember, it is your right and the doctor's responsibility to fully inform you prior to the procedures. Be encouraged to ask all of your questions.

Pregnancy and Childbirth

Babies born earlier than 37 weeks of pregnancy are called premature or preterm. Babies born between 37 and 42 weeks of pregnancy are called full term. Babies born close to full term have the best chance to survive and do well.

Labor (childbirth) 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.

Vaginal Delivery

Possible Complications

- Injury to the bladder or rectum
- Vaginal or cervical damage
- A hole (fistula) between the bladder and vagina or the rectum and vagina
- Complications from anesthesia such as respiratory problems, headaches, or drug reactions
- Heavy bleeding
- Hemorrhage
- Infection
- Fertility can be diminished
- Death

Cesarean Birth

Possible Complications

- Injury to the bowel or bladder
- Injury to the urethra between the kidney and bladder
- Infection
- Fertility can be diminished
- Heavy bleeding
- Hemorrhage
- Complications from anesthesia such as respiratory problems, headaches, or drug reactions
- Death

What You Might Expect Following Childbirth

After childbirth, you might be required to remain at the birthing facility/hospital for a time so that you can be monitored for problems or complications. You might be given an antibiotic to prevent infection. You might also be given pain control medication. Your doctor will instruct you regarding recovery.

You might also be instructed to contact your physician, and/or make contact with a local emergency treatment facility 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, or you become disoriented.

It is normal for you to have some cramping, caused by the contraction of your uterus, and a small amount of bleeding can be expected. It is important that you return for a follow-up visit as instructed by your physician.

Emotional Side of Childbirth

Childbirth is a life-changing experience. A woman might experience both positive and negative emotions before and after the delivery of her child. The feelings you experience after childbirth might be the most intense you have ever encountered and may include great surges of joy and happiness, feelings of contentment and fulfillment.

However, you might also experience irritability, insomnia, weepiness, anxiety, and depression. Some women say that feelings go away quickly, while others say they last for a length of time. Others report happiness as a response to their decision to give birth to their child.

Compassionate and knowledgeable counselors can objectively describe and provide you with factual information concerning your options, including the risks and responsibilities that are involved, and provide you with the support you need in making this very important decision.

Remember, it is your right and the doctor's responsibility to fully inform you prior to the procedures. Be encouraged to ask all of your questions.

You can reduce the risk for problems or complications in any pregnancy. Here's how:

- Seek early prenatal health care, and maintain regular prenatal health care.
- Eat a well-balanced diet and get regular exercise.
- Don't smoke, drink alcohol, or take drugs that your doctor has not prescribed to you.

If you have questions or concerns, be sure to talk with your doctor or other health-care provider.