



A photograph showing a person's hands interacting with a smartphone and a laptop keyboard. The person is wearing a blue and white patterned sweater. The smartphone is held in the right hand, with the left hand's fingers resting on its screen. In the background, a laptop keyboard with blue backlit keys is visible. The overall scene suggests a digital workspace.

It's Your Story

Take a moment

Having an unexpected pregnancy can bring on a mix of emotions. You may have many questions and uncertainties about your partner, finances, a home, a job, or childcare. You may feel pressure to make a quick decision, but take a deep breath. You will not regret taking the time to think through a decision that will significantly impact the rest of your life.

Your decision

This is your life. Stand firm if you feel pressure from family or friends to make a quick decision. You owe it to yourself and to your mental health to get all the facts and make a holistic decision you can live with. Consider your physical and mental health, as well as how your spirituality or faith tradition influences your decision. We are here to assist you. Our team is committed to delivering comprehensive care that empowers you.

Pregnancy

First, let's calculate the date of the pregnancy.

Today's date:

First day of your last menstrual period:

How many weeks have passed since then?

If you are pregnant, this is the gestational age of your pregnancy.

Based on this information, you are due 40 weeks from the first day of your last period.

Now is a great time to discuss the next steps in your health journey with our team. You should get a medical-grade pregnancy test to verify your pregnancy, understand your options, and schedule an ultrasound. These steps are important to safeguard your physical and mental health.

Ultrasound

An ultrasound is an imaging procedure that safely uses sound waves to determine the stage of your pregnancy. It is a crucial step in protecting your health. The ultrasound will show the location of the pregnancy and the gestational age of the baby, both of which are important for you.

Ask our team about scheduling an ultrasound at no cost to you.

Typical pregnancy progression

As you learn about the development of the baby, please note that we will often refer to the baby by his or her more scientific names: embryo and fetus.

2 weeks after period/conception day

The egg and sperm most often unite in the fallopian tube (the tube connecting the ovary to the uterus) to form a single cell called a zygote.

This tiny new cell, smaller than a grain of salt, contains all the genetic information for every detail of the newly created life—the color of the hair and eyes, the intricate fine lines of the fingerprint, the physical appearance, the sex, the eventual height, and the skin tone.



Image provided by LozierInstitute.org/voyage/

Days 2–5

This new life is now called a zygote after the fusion of egg and sperm. Division of cells occurs approximately every 24–36 hours until the ball of cells, known as the blastocyst, reaches the uterine lining and implants. The lining of the uterus inside the mother's body prepares to receive this new life.

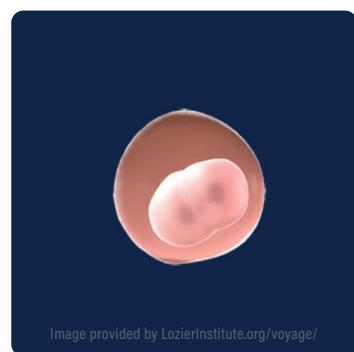


Image provided by LozierInstitute.org/voyage/



Image provided by LozierInstitute.org/voyage/

3 weeks

The embryo begins to implant in the uterine lining about day 6 of development, or three weeks after the last menstrual cycle. Hormones trigger the mother's body to nurture the pregnancy and prevent her from having monthly periods. A blood test can confirm pregnancy. Around day 8, the embryo is approximately the size of a period and already complex.



Image provided by LozierInstitute.org/voyage/

4 weeks

A pregnancy test taken at this point will measure hCG, the pregnancy hormone in a woman's urine, to tell her if she is pregnant. The embryo is wholly attached to the lining of the uterus.



Image provided by LozierInstitute.org/voyage/

5 weeks

The heart, the size of a poppy seed, is the first organ to function. The brain is already rapidly developing. The foundation for every organ system is already established and beginning to develop.

“

Take a deep breath.
Take time to think through a
decision that will impact the
rest of **your life.**



Image provided by LozierInstitute.org/voyage/

6 weeks

Just 4 weeks after sex, the baby is growing rapidly and measures 1/8 of an inch long. The basic structure of the entire central nervous system (brain and spinal cord) has been formed. The eyes are developing, and the arm and leg buds are now visible. During the 6th week, the heart is already pumping blood to the rest of the developing body and can be detected by a hand-held ultrasound device called a Doppler. The beating heart is already beating 100 – 120 times a minute.



Image provided by LozierInstitute.org/voyage/

7 weeks

The embryo is now 1/3 of an inch long. The embryo makes its own blood. Depending on the gender, the testicles or ovaries begin to form.



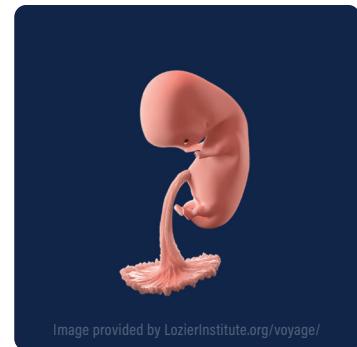
Image provided by LozierInstitute.org/voyage/

8 weeks

At 8 weeks, the embryo can respond to touch by reflexively moving away from the stimulus. The baby is now about ½ of an inch long. The elbows and fingers are visible. Some reports show that the embryo can move its trunk and limbs. Lungs begin to develop, taste buds form on the tongue, tooth buds for “baby teeth” take shape in the jaw, and eyelids begin to form.

9 weeks

The baby measures $\frac{3}{4}$ of an inch long and weighs almost 1/8 of an ounce. The developing ears and nose are visible, and there is pigment in the retina. The arms and legs are growing rapidly, and the bones in the arms are beginning to calcify and harden.



10 weeks

The embryo's brain is growing rapidly. Each minute, it produces almost 250,000 new neurons. Brain activity can be recorded. The upper and lower portions of the arms, legs, fingers, and toes are seen. By now, the external ear is fully developed.



11 weeks

The baby has all the major organ systems, and he or she is no longer called an embryo but is now known as a fetus, a Latin word meaning "young one." The fetus is about 2 inches long and can yawn and suck. The eyelids are fully formed and closed to protect the developing eyes. Studies confirm that the developing baby has all the structures necessary to experience pain as early as 12 weeks.





Image provided by LozierInstitute.org/voyage/

14 weeks

Now 3½ inches long, the fetus is coordinated enough to find his or her thumb and suck it. Fingernails and toenails are beginning to grow. Although the fetus has been kicking for about a month, the mother can't feel the movement yet. The fetus may even have hiccups. By 14-15 weeks, fetal anesthesia is recommended for fetal surgery.



Image provided by LozierInstitute.org/voyage/

16 weeks

The heart beats between 110 and 180 times per minute and pumps about 26 gallons of blood daily. The sex of the fetus might be seen on an ultrasound. If she is a girl, millions of eggs are now forming in her ovaries. At almost 5 inches in length and weighing nearly 4 ounces, the fetus can coordinate the movement of his or her arms and legs.



Image provided by LozierInstitute.org/voyage/

18 weeks

In just 2 weeks, the fetus's weight has almost doubled to 7 ounces. The skeleton is hardening and calcifying, a process that is visible on ultrasound. Reflexes such as blinking and frowning are now developed. The fetus has his or her unique fingerprints and toeprints. Between weeks 15 and 20, the mother can usually feel the baby move.

20 weeks

The fetus is about 10 inches long from head to heel and weighs 11 ounces. The fetus is very active, and the movement may be felt as a flutter. The fetus has unique waking and sleeping patterns and even has a favorite sleeping position. The pregnancy is about half over, and the mother has started showing or appears visibly pregnant.



Image provided by LozierInstitute.org/voyage/

22 weeks

The fetus is approximately 11 inches long and weighs around 1 pound. Hair is visible on the head and body. The fetus most likely feels pain more intensely than older children and adults. (Inhibitory neural pathways do not develop adequately until post-natal development. These pathways decrease the severity of the pain sensation.) Nearly a third of babies born at this gestational age, who are cared for in high-level nurseries, may survive.



Image provided by LozierInstitute.org/voyage/

24 weeks

The fetus now weighs approximately 1½ pounds and makes breathing movements, inhaling amniotic fluid, which helps develop the lungs and prepares the baby for breathing after birth. The ear has developed to the point where the fetus can recognize its mother's voice, breathing, and heartbeat. About a week ago, rapid eye movements began, an activity associated with dreaming. The fetus may have a blink-startle response from sound applied to the mother's abdomen.



Image provided by LozierInstitute.org/voyage/



ADOBESTOCK | LUNEVAP/PEOPLEMAGES.COM

Our team is committed
to delivering comprehensive care
that **empowers you**.

26 weeks

The fetus now weighs almost 2 pounds. Eyes can now respond to light, and the permanent teeth buds are apparent in the gums. Eyelashes and eyebrows are well-formed, and the hair is growing longer.



28 weeks

The fetus is now approximately 15 inches long and weighs about 2½ pounds. The brain is developed enough to coordinate rhythmic breathing and regulate body temperature. As the fetus gains weight, the skin becomes less wrinkled and smoother.



34 weeks

The fetus is now about 17 inches long, weighs 4½ pounds, and continues to grow and mature. By this stage of development, the baby can open its eyes wide. The head is covered in hair, the fingernails have reached the tips of the fingers, and the toenails are close behind. The lungs are still developing.





Image provided by LozierInstitute.org/voyage/

40 weeks

The fetus is now approximately 20 inches long and may weigh between 7 and 8 pounds. He or she has a plump body and a firm grasp. Typically, the fetus is head-down in the mother's pelvis and awaiting birth. The baby is considered term beginning at 37 weeks, with a little more than half naturally delivering by their due date. It is normal to deliver between 37 and 42 weeks of pregnancy.

All images of the developing baby are provided by the Charlotte Lozier Institute. LozierInstitute.org/voyage

You have options!

An unexpected pregnancy normally does not happen at a “good time.” However, regardless of your choice, things will never be the way they were before. Therefore, look at each option available, and take your time to make the best decision. You are not alone; many women and men have faced this decision before you, and the pregnancy center team is here to support you.

As you share the news with loved ones, don't be surprised if they don't know how to respond to you. They may be excited, silent, or even upset and treat you poorly. You may also need to give them time to process. Do not let the reactions of others pressure your decision. This is your life and your future, not theirs.

There are three options for an unexpected pregnancy: parenting, adoption, and abortion. *Let's take a closer look at each one.*

Parenting

Parenting a child is the most common choice following an unexpected pregnancy and a gratifying experience for millions of women and men. Motherhood and fatherhood isn't easy, even when you plan to have a baby; however, there is support available for parents that can make it a rewarding experience.

If you are single and pregnant, you may be concerned about the prospect of raising a child as a single parent. Your pregnancy center team is here to walk alongside you. We have resources and community referrals to empower. You can still have your baby and your dreams, too. You are courageous and can do hard things. You can set an example for your child and be his or her superhero.

What to Do Now

It's normal to have questions and concerns about your pregnancy. The most important thing to do immediately is to schedule an appointment with a medical professional who specializes in treating pregnant women, such as an obstetrician, family doctor, or certified nurse-midwife, to receive care for both your body and the baby's. They can also answer delivery questions.

 Start eating a healthy diet, drinking at least eight glasses, approximately 64 ounces, of water per day, and getting at least eight to nine hours of sleep each night.

Stop using anything that can hurt your baby, such as tobacco, alcohol, marijuana, or other drugs. If you need help stopping these habits, please consult your healthcare professional, as they will have the tools to assist you. Additionally, consult your healthcare professional to ensure the safety of all medications, including over-the-counter products, before use.

Pregnancy/Prenatal Appointments

You will be asked questions about your health and habits, including your eating, exercise, and sleep habits, as well as any prior sexually transmitted infections, Group B Streptococcal infection in a previous pregnancy, and your prior immunizations. You will also be asked about your health history. Specific health problems or inherited conditions may require special observations during pregnancy. Be honest, especially about previous pregnancies, miscarriages, abortions, or any surgery on your cervix or uterus. This will enable the medical staff to provide you and your baby with the best possible care.

Your height, weight, and blood pressure will be measured. Your healthcare

professional will also listen to your baby's heartbeat and measure how much he or she is growing. At one of the first appointments, you may have a pelvic exam, a PAP test, and screening for sexually transmitted infections or diseases. Some blood will be taken for other tests.

If you aren't taking prenatal vitamins, you will be asked to start immediately. You may also be advised to take an additional folic acid supplement daily. Other tests are done at different times to ensure your baby is healthy and growing normally.

 An ultrasound may be offered in the first trimester and repeated at approximately 18 to 20 weeks. Your physician may order additional follow-up scans as your pregnancy progresses.

Common Pregnancy Symptoms

- » Some nausea and vomiting, also known as "morning sickness," usually subsides after about 12 weeks
- » Fatigue and being more tired than usual
- » Being thirstier and hungrier than usual
- » Minor aches, pains, and discomforts
- » Headaches
- » Bleeding gums when brushing or flossing your teeth
- » Heartburn or indigestion
- » Being more emotional than usual

Warning Signs to Share with a Doctor

- » Pelvic cramping, spotting, bleeding, or abnormal vaginal discharge
- » Fever, chills, or stomach pain

- » Markedly more tired than usual, short of breath, or experiencing dizziness or weakness
- » Feeling extremely sad or hopeless, or having thoughts of hurting yourself or your baby
- » Blurred vision, excessive thirst or urination
- » Sudden, excessive swelling in your hands, face, or feet

Avoid the Following During Pregnancy

- » Hot tubs
- » Cat litter boxes
- » Raw and undercooked meats, eggs, or seafood
- » Deli meats (pre-packaged and sealed are OK). And soft cheeses, such as feta, goat, and blue cheeses
- » Excessive caffeine intake (no more than 2 cups a day), including coffee, tea, and soft drinks
- » Over-the-counter medication, unless cleared by a medical professional
- » Gases and fumes like exhaust, paints, and cleaning supplies
- » X-rays, unless ordered by a medical professional
- » Direct contact with persons who have a respiratory infection
- » Check with the local health department before eating fresh-caught local fish (for mercury levels and limitations for pregnancy)

“
There is support available that can make parenting a **rewarding experience**.

A NOTE TO DADS: You are part of the healthy pregnancy journey. Help support her pregnancy by joining her in her healthy eating decisions. Give up vaping/smoking and/or drug use. Join her in childbirth preparation classes and doctor appointments. Check out the parenting classes, and educate yourself on prenatal and postpartum depression so you can assist her during her significant hormonal changes.

I want to be a good parent, but ...

Maybe you don't have support or don't know what a good mom or dad looks like, so you wonder how to be one. It is incredible how, even during pregnancy, the baby is learning your voice. And your baby will recognize your voices after he or she is born.

Your pregnancy center team can support you on this journey. We have resources to help and encourage you. Don't let fear stop you. You are a superhero to your child, and we are cheering you on. If you want to be a great parent, you have already won the most significant part of the struggle—the decision to be a parent. Congratulations!

Free parenting videos and articles can be found at FocusOnTheFamily.com/0-3/.

How will I afford this?

There is help at the pregnancy center, local churches, community organizations, and the government. Below are some national assistance programs for health insurance, food, and other support available to you and your baby:

Every state in the United States has a program to assist women in pregnancy. Call **800-311-BABY (800-311-2229)** to connect with a health department in your area.

Medicaid can assist with medical costs: www.cms.hhs.gov.

SNAP (Supplemental Nutrition Assistance Program) can be obtained from the U.S. Department of Agriculture: www.fns.usda.gov/snap.

Women, Infants and Children Program (WIC) has a variety of support programs: www.fns.usda.gov/wic.

Help with your baby's medical costs can be sought through your state's health insurance program for children: **877-KIDS-NOW (877-543-7669)** InsureKidsNow.gov.

If your partner chooses not to support you, you may have rights to support. Check out your state's child support office for payment information.

Adoption

Adoption lets you continue the path you want for yourself and choose the life you dream of for your child. **It is not foster care. Unlike foster care, you maintain control of the adoption process.**

If you aren't sure you are prepared to be a full-time parent, you can consider providing a home for your baby through a licensed adoption agency that will guide you through the adoption process every step of the way. You can hand-pick a family for your child. You can create a plan to secure your future and allow your child to thrive. Adoption empowers you.

What Fits For You

In the past, birth mothers and birth fathers did not choose who would raise their child. But adoption has changed dramatically! Today, expectant mothers and fathers are included in creating their adoption plan. If you decide to pursue adoption for your baby, you will be allowed to customize the plan that fits you best.

Three types of adoption

1. Open adoption

This choice allows you to get to know the adoptive parents. You can meet them, exchange phone numbers and email addresses, and maintain ongoing direct contact.

This communication can continue even after your baby's placement is finalized. You may receive phone calls, pictures, and texts, and you can even schedule visits with your baby and their new family.

2. Semi-open adoption

This option allows you to select the parents for your baby, but no identifying information is exchanged. While first names are often shared, each party in this type of adoption enjoys privacy.

You can receive letters, texts, and pictures from your baby's family. They will be sent to you through the agency you choose to work with.

3. Closed Adoption

This option is available to birth parents who would like to remain completely anonymous. The adoption agency you choose will support you throughout your pregnancy and help you select a family that aligns with your hopes. Your identity will be protected throughout the adoption process, from start to finish.

Common questions about adoption

How could I ever give up my baby?

Many women and men ask this question: the answer is, adoption is not giving up your child—it's choosing to give your child the life that you truly want for him or her by placing them in a home with a loving family that has been carefully selected. If you decide you are not able to provide the kind of life you want for your baby, or it's just not the right time in your life to be a parent, you can still provide your baby and yourself a fantastic life through adoption.

What about the baby's father?

Each state has its own requirements for notifying birth fathers. The trained professionals you choose will understand these requirements and help you with the specifics of your situation.

Isn't adoption expensive?

There are no fees or expenses charged to birth parents. Assistance with pregnancy-related expenses will be provided so that you do not have to incur expenses to create an adoption plan.

How can I be sure my baby will be in a good home?

Adoptive couples are closely screened and evaluated through a lengthy process before being allowed to adopt. Selecting an adoption plan with some openness will allow you additional freedom to get to know the couple before making your final decision. Remember, you remain in control throughout the process.

What if my child grows up thinking I don't love him or her?

Adoption is an act of deep love, chosen after a lot of thought. Your baby's adoptive parents can communicate this love to your baby. If you opt for an open style of adoption, you will be able to explain your love and reasoning to the child yourself.

You may want to create a keepsake box for your baby, filled with items such as unique pictures, a favorite charm, a stuffed animal, and personal notes that will help your child get to know you better as they age. If you prefer a more confidential plan, you can still express your love for your baby by writing a letter that the agency will send to your child's family.

Will it hurt?

Birth mothers have shared that parts of the adoption process are hard. It is a very personal decision that only you can make. Allow yourself time to explore the adoption process thoroughly. And while adoption involves some grief and loss, good counseling and the support of friends, family, and professionals can help birth parents grow into a place of wholeness and restoration. In addition, feeling pain over a decision does not necessarily mean you are making the wrong choice. Adoption can be a very empowering decision.

What do I do now? What are my next steps?

As a pregnancy center, we can help connect you with local adoption agencies and even provide on-site space for your initial meeting if you're nervous about the interaction. Local adoption agencies can answer your questions and provide the support you need to make a successful plan for you and your baby.

Abortion

Many people talk about abortion, but few understand its potential impact on their physical and mental health. In this section, we will walk through the different types of abortion procedures. You will understand the facts about how it may impact you and the baby (often referred to by their scientific names, embryo and fetus) so you can make your decision fully armed with the facts.

The Abortion Pill/Chemical Abortion

You have probably heard of the abortion pill. It is actually not a single pill but a two-step process utilizing several pills. It is FDA-approved for use only up to 10 weeks of gestation.

The abortion pill uses two drugs. First, a woman takes one Mifepristone, also known by the brand name Mifeprex®. This pill contains a drug that cuts off the supply of blood and nutrients to the developing embryo and ends the life of the embryo.

24 to 48 hours later: The woman will take another drug, misoprostol, also called Cytotec®. This causes the uterus to contract and expel the embryo. Some women say this is stronger than a painful period and can cause a lot of blood loss. Average bleeding lasts 9-16 days.

Risks

- » When the embryo is expelled, it is sometimes recognizable with arms, legs, hands, and feet. Many women are unsure how they should dispose of the embryo's remains, and this can be upsetting. There are no long-term studies on how seeing the body and disposing of it affects a woman's mental health.
- » Sometimes, the deceased embryo and/or the placenta does not fully expel. This can lead to hemorrhage and/or an infection that may develop into sepsis. This serious situation requires immediate medical attention or surgery to remove any remains.
- » Mifeprex is not effective for terminating ectopic pregnancies (a pregnancy located in the fallopian tubes). It is essential to know the location of your pregnancy before taking the pill, as the pain from the abortion pill may feel like the pain of an ectopic pregnancy (a pregnancy that implants outside the uterine cavity), which, if left untreated, can cause death. To protect your health, an ultrasound should always be conducted before pursuing a pill abortion to ensure your pregnancy is in the correct place and is a viable or living pregnancy.
- » Ordering the abortion pill online is a dangerous option because there is no way to confirm whether the pills may be fake, have fillers, or may harm your health.

“

**Know all
of the facts.**

To protect your health, it is essential to obtain any medications you take through a reputable pharmacy. Also, the screening for concerning health conditions, for gestational age or pregnancy location, as mentioned before, is not done with mail-order pills. And if there are any complications or concerns, will the online company provide local medical care?

- » According to the FDA, women should not have a medical abortion if they have an IUD, have problems with adrenal glands, take blood thinners, have a bleeding problem, take certain steroid medications, or have allergies to mifepristone or misoprostol. Abortion pills have been associated with an unusually severe form of infection (*Clostridium sordellii*) and even death. If you do not have access to emergency medical care in the two weeks after taking the medications, you should not have a pill abortion. Additionally, even when taken as FDA-approved (before 10 weeks), drug-induced abortions have four times the risk of complications as first-trimester surgical abortions. This risk increases rapidly with advancing gestational age.

Warning signs

- » Heavy bleeding that soaks through two thick, full-size sanitary pads per hour for two hours
- » Persistent stomach pain or discomfort
- » Weakness
- » Nausea
- » Vomiting
- » Diarrhea with or without fever
- » Fever of 100.4 or higher for more than four hours

If you experience these symptoms, contact a healthcare professional or go to the emergency room immediately. These symptoms may indicate a serious and possibly fatal blood infection. **It is important to be truthful with your medical provider. Let them know you have taken the pill. NO state currently has laws that punish a woman who takes the abortion pill. Speak up for your health.**

A NOTE ABOUT ABORTION PILL REVERSAL: Reversing the effects after taking the first abortion pill, Mifepristone, may be possible, but you must act quickly, within 24 to 72 hours (the sooner, the better). The reversal process involves taking the natural pregnancy hormone progesterone. Mifepristone blocks the progesterone, cutting off nutrients and blood to the developing embryo. An influx of natural progesterone is safe and can maintain the necessary blood and nutrients for the baby to survive. While reversal cannot be guaranteed, if taken within 72 hours, about 2/3 of the time, the baby can survive.

Is abortion pill reversal safe?

Progesterone, used in the reversal process, has been safely used in pregnancy for more than 50 years. Neither mifepristone nor progesterone is associated with an increased risk of birth defects. If you take the first pill and change your mind, it is vital to call the abortion pill reversal helpline as soon as possible so they can connect you to a physician in your local area to assist you.

⚡ 24/7 helpline 1-877-558-0333 or online AbortionPillReversal.com

Surgical Abortion

Suction or aspiration abortion

The second most common abortion procedure is the suction or aspiration abortion, sometimes referred to as suction curettage or D&C.

This procedure involves either manual or electric vacuum aspiration and should be performed by a licensed medical professional for pregnancies up to 12-14 weeks.

Before the exam, a woman should receive an ultrasound confirming she is pregnant, has a viable (living) pregnancy, and knows the location of the pregnancy. A tubal or ectopic pregnancy would require different care and can be life-threatening.

Metal rods and/or medication are used to dilate the cervix. A suction catheter is inserted to suction the fetus from the uterus. After the suction, a curette is used to remove any remaining fetal and pregnancy tissue.

Risks

- » Hemorrhaging/heavy bleeding
- » Perforation of the uterus (a hole in the uterus)
- » Injury to the bowel or bladder if there is a perforation (hole) in the uterus
- » Tears, scarring, or injury to the cervix, which could lead to premature birth in future pregnancies
- » Failure to remove all parts of the baby or other tissue, which can lead to hemorrhage and/or infection and requires additional surgery
- » Reaction to anesthesia
- » Many studies show an increased risk of poor mental health, such as depression, anxiety or suicidal ideation.
- » Death

Warning Signs

- » Vaginal discharge
- » Extreme uterine cramping and pain
- » Fever

A NOTE ABOUT SEXUALLY TRANSMITTED INFECTIONS: All women considering any abortion should be tested for STIs to ensure these infections are not spread during the abortion procedure, which could cause complications including infertility.

D&E Abortion

A D&E abortion is generally performed during the second trimester at a surgical center or hospital. D&E stands for dilation and evacuation. This is typically performed from 13 to 24 weeks after the first day of the woman's last menstrual period.

A day or two before the abortion, the cervix is softened and partially dilated, or opened with laminaria, a form of sterilized seaweed. On the day of the D&E, the abortionist may give anesthesia and open up the cervix more with dilators and a speculum (increasingly larger metal rods).

A large suction tube is placed through the cervix into the uterine cavity. A grasping tool called a Sopher clamp is used to grasp and pull the arms, legs, and limbs of the baby out of the uterus because the fetus is too big for the suction tube. During this process, the heartbeat of the fetus stops. Then the head of the fetus must be crushed for removal.

After removing the fetal body parts, the abortionist uses a metal curette to scrape the uterus and remove the placenta and any remaining parts of the fetal body.

The fetal body parts must be reassembled to make sure all the body parts are removed, or hemorrhage and/or infection can happen.

Risks

- » Increased risk of hemorrhaging/heavy bleeding because uterus, fetus, and placenta are much larger, making the procedure more difficult and longer to complete. The blood flow is also much higher, increasing the risk for significant hemorrhage.

- » Perforation of the uterus (a hole in the uterus). Risk for perforation is much higher and more dangerous in the second trimester because of the larger size of the uterus and the close proximity of the bowel and large blood vessels.
- » Injury to the bowel or bladder if there is a perforation.
- » Tears, scarring, or injury to the cervix could lead to premature birth in future pregnancies. The risk of cervical damage is more significant for each additional week of gestation because the cervix must be dilated progressively wider.
- » Failure to remove all parts of the fetus, or an “incomplete abortion”, which can lead to hemorrhage and/or infection and requires additional surgery.
- » Reaction to anesthesia.
- » Embolism (blood clots in leg blood vessels or lungs, or amniotic fluid embolism in blood vessels), which can be life-threatening.
- » Many studies show an increased risk of poor mental health, such as depression, anxiety, or suicidal ideation.
- » Death. The CDC also estimates that the risk of death increases by 38% for each additional week of gestation.

Warning Signs

- » Vaginal discharge
- » Extreme uterine cramping and pain
- » Fever
- » Dark thoughts affecting your mental health or increased risky behavior

Induction Abortion

A third-trimester induction abortion is performed at about 25 weeks or later and may also be called a late-term abortion.

At 25 weeks, a fetus has a high survival rate outside the womb. For this reason, the abortionist usually ends the life of the fetus by injecting a lethal dose of digoxin

or potassium chloride through the woman's abdomen or into the amniotic fluid surrounding the baby, or by targeting the heart, torso, or head, causing heart failure that ends the life of the fetus. Depending on the method used, the fetus may not die immediately and may experience considerable distress.

The abortionist may insert multiple laminaria or sterilized seaweed to dilate or open up the cervix. This process may be repeated as the woman waits two to four days for her cervix to dilate. She will then go back to the clinic to deliver the deceased fetus.

If the fetus is not delivered whole, the fetus may be extracted or removed by a procedure, either whole or in pieces (dismemberment). The abortionist would then use clamps and forceps to dismember and remove the fetus in parts. A surgical curettage, or scraping, may also be needed to remove the placenta (afterbirth).

Risks

- » Increased risk of hemorrhaging / heavy bleeding
- » Perforation of the uterus (a hole in the uterus)
- » Injury to the bowel or bladder if there is a perforation
- » The risk of cervical damage is more significant for each additional week of gestation because the cervix must be dilated wider.
- » Reaction to anesthesia
- » Future preterm birth
- » Embolism (see section under D&E)
- » Many studies show an increased risk of poor mental health, such as depression, anxiety, or suicidal ideation.
- » Death. The CDC also estimates that the risk of death increases by 38% for each additional week of gestation.

Warning Signs

- » Vaginal discharge
- » Extreme uterine cramping and pain
- » Fever
- » Dark thoughts affecting your mental health or an increase in risky behavior

Should you choose abortion, it is crucial to protect your health. Ask questions. Ensure you fully understand the procedure, who will be performing it, and the physical and mental risks involved, both in the short and long term. **You are in control and can walk away to seek services elsewhere if you are uncomfortable. Stay informed and empowered.**

Now that you have information on the three options for an unplanned pregnancy, our team can help you through the decision-making process.

Take a deep breath and take all the time you need to decide. Feel free to schedule additional meetings and ask additional questions.

“
You are in control.
Be informed.
Be empowered.
Breathe.

Notes and questions

References

www.accessdata.fda.gov/drugsatfda_docs/label/2023/020687Orig1s025Lbl.pdf

www.accessdata.fda.gov/drugsatfda_docs/label/2023/020687Orig1s025Lbl.pdf

pubmed.ncbi.nlm.nih.gov/19888037/

www.accessdata.fda.gov/drugsatfda_docs/label/2023/020687Orig1s025Lbl.pdf

pubmed.ncbi.nlm.nih.gov/23553240/

www.abortionprocedures.com/assets/dilation_and_curettage_factsheet.pdf

iris.who.int/bitstream/10665/70914/1/9789241548434_eng.pdf

pubmed.ncbi.nlm.nih.gov/23553240/

pubmed.ncbi.nlm.nih.gov/15051566/

www.abortionprocedures.com/assets/dilation_and_curettage_factsheet.pdf

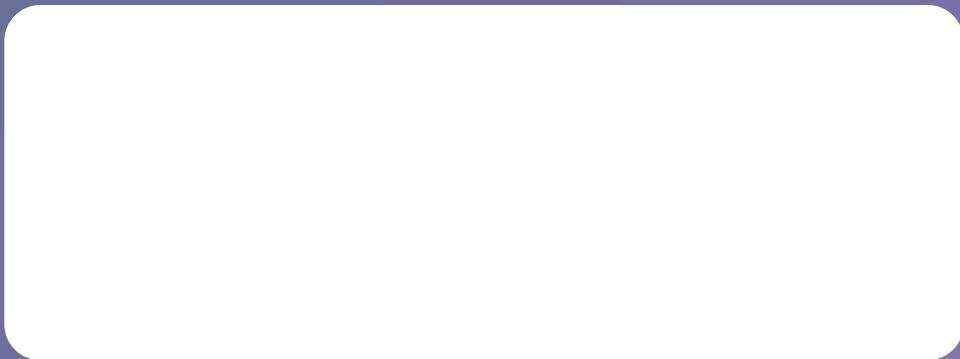
pubmed.ncbi.nlm.nih.gov/23553240/

pubmed.ncbi.nlm.nih.gov/15051566/

www.abortionprocedures.com/assets/dilation_and_curettage_factsheet.pdf

Charlotte Lozier Institute. LozierInstitute.org/voyage

Here to support you:



Helping Families Thrive in Christ™

8605 Explorer Drive, Colorado Springs, CO 80920
1.800.A.FAMILY (232.6459) | FOCUSONTHEFAMILY.com

Approved by the Physicians Resource Council