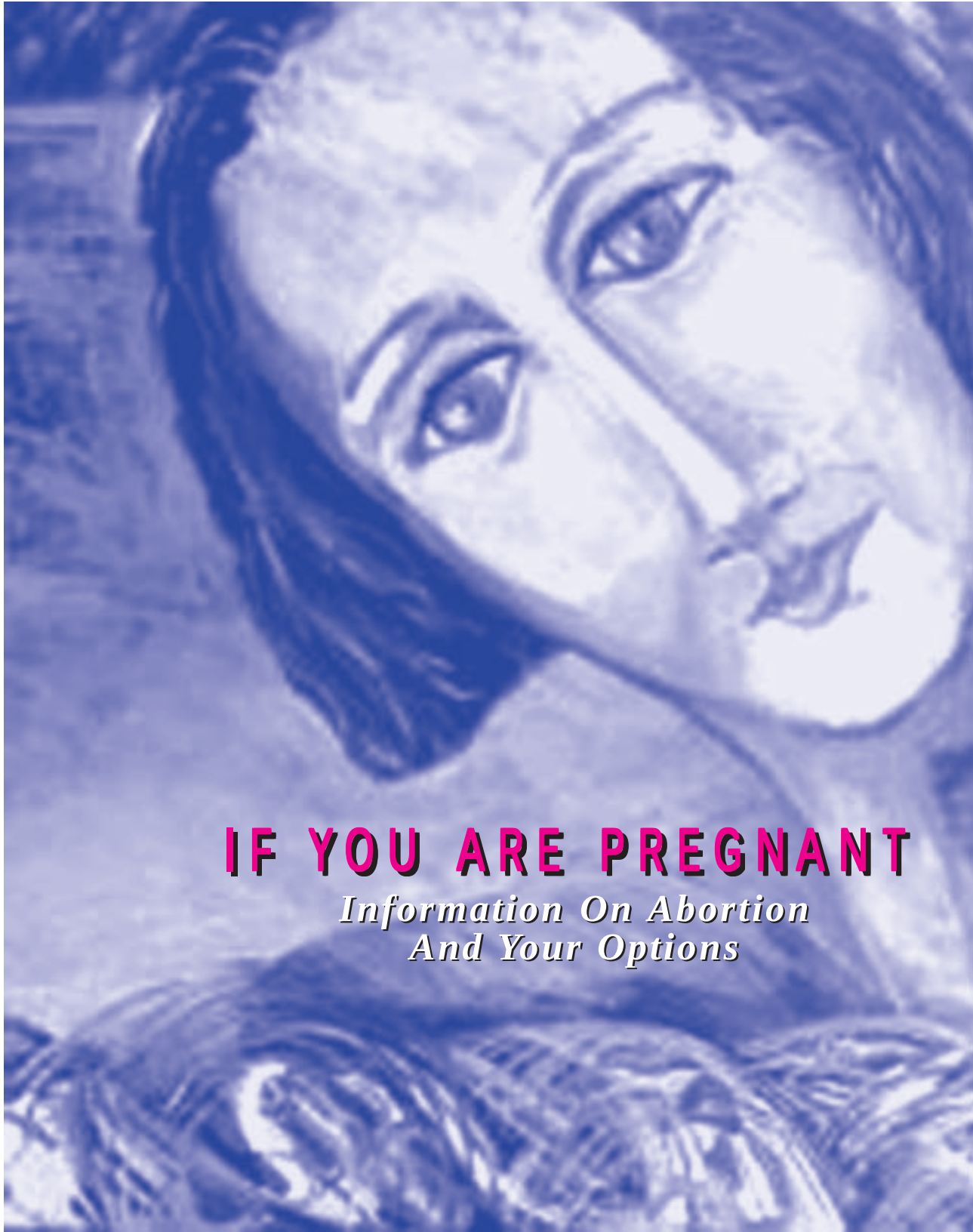

IF YOU ARE PREGNANT

Information On Abortion
And Your Options

It is the public policy of Idaho to prefer live childbirth rather than abortion.

*** Idaho Code 18-601**

While you have a legal right to an abortion, Idaho Law and U.S. Supreme Court decisions are equally clear you have the right <u>not</u> to have an abortion.

No boyfriend, parent, family or medical personnel can force you to undergo an abortion.

***Idaho Code 18-604**

"Scientifically, there is absolutely no question whatsoever that the immediate product of fertilization is a newly existing human being. A human zygote is a human being. It is not a 'potential' or a 'possible' human being. It's an actual human being – with the potential to grow bigger and develop its capacities."

— Dr. Diane N. Irving

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INTRODUCTION

The information in this booklet is designed to provide you with basic, medically accurate information on the development of your unborn child in two-week intervals from implantation to birth. It will include such details as average weight and length, organ development and movement for that age.

This booklet also includes information on the methods of abortion, as well as some of the medical risks associated with abortion. In addition, this booklet discusses the possible emotional side effects of abortion, fetal pain and some common medical risks associated with carrying a baby to term.

Idaho law says your doctor must talk to you about certain things before you can have an abortion.

If you are a minor, Idaho law requires you to obtain the written consent of at least one parent prior to an abortion, unless the court grants a waiver.

A woman considering an abortion should first talk to her doctor about the procedures and alternatives. It is a woman's right to be fully informed about the procedures, complications and risks involved in an abortion. It is a doctor's legal responsibility to provide that information. Additionally, the law requires that your doctor must confirm your pregnancy with a pregnancy test, tell you how old your unborn child is, and must give you an opportunity to ask questions ***before*** the abortion begins.

After you get this information, you must wait 24 hours before you can have your abortion. You and your doctor should talk carefully and privately. Here are the things your doctor must talk about with you:

- How long you've been pregnant
- Medical risks of having an abortion
- Medical risks of continuing your pregnancy

A directory of services available to you is located at the back of this book. By calling or visiting the agencies and offices in the directory you can find out about alternatives to abortion; obtain assistance in making an adoption plan for your baby; and locate public and private agencies that offer medical and financial help during pregnancy, childbirth and while a child is dependent.

MAKING AN INFORMED DECISION

This section will tell you about the different kinds of abortions. It will also tell you about the medical risks for abortion, pregnancy and childbirth.

The term "spontaneous abortion" (often called miscarriage) is used when problems with the pregnancy cause the woman to lose the baby.

Induced abortion ends a baby's life by using either medicine or a surgical operation.

Some women consider an abortion because they fear the pregnancy might threaten their health, or even their life. With advances in medical science, such circumstances are relatively rare.

Other women choose to end their pregnancy without any known problems with their health or the health of their unborn child. Many times women feel pressure from boyfriends or family members to solve a "problem" quickly. You should know that no one has the right to force you into an abortion.

You should also carefully consider that abortion, while sometimes attractive as a "quick fix" to your situation, carries long-term consequences for both you and your baby. It is impossible to undo and may well threaten your future happiness and health.

A doctor should evaluate you, if you are thinking about having an abortion. Only a doctor can perform an abortion. Discuss your situation with your doctor. Ask about any risks you might face. You can expect the following things to happen:

- **If you are a minor, your must obtain at least one parent's written consent before an abortion, or you will have to ask a judge to waive their consent.**
- You will be asked about your medical history.
- You will get a physical exam.
- Some lab tests will be done, including a pregnancy test.
- You will find out for sure if you're pregnant and how long you've been pregnant.
- Your doctor will do a pelvic exam and may do an ultrasound.
- You will get counseling.
- You will talk about your feelings about abortion. You will find out about the risks of having an abortion.
- You will find out the risks of having a baby.
- Your questions will be discussed and answered.
- You will get some information about abortion. You will have at least a full day to read this information before the appointment for your abortion.
- You will sign a consent form for your abortion.

ABORTION METHODS AND THEIR ASSOCIATED MEDICAL RISKS

If a woman has made an informed decision and chosen 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 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 preborn child, the doctor will perform a pelvic exam and/or an ultrasound.

General Abortion Risks

At or prior to eight weeks after the first day of the last normal menstrual period is considered the safest time to have an abortion. The complication rate doubles with each two-week delay after that time. The risk of complications for the mother increases with advancing gestational age.

According to data from the Centers for Disease Control and Prevention (CDC), the risk of dying as an immediate result of a legally induced abortion is less than one per 100,000. This risk increases with the length of pregnancy. For example:

- 1 death for every 530,000 abortions at 8 or fewer weeks
- 1 death per 17,000 at 16-20 weeks
- 1 death per 6,000 at 21 or more weeks

This data, however, measures only immediate, reported maternal deaths due to abortion. It does not include long-term deaths associated with abortion.

Dr. Gunta Lazdane, European Regional Advisor to the World Health Organization, has recently stated that, "up to 20% of maternal deaths are due to abortion; even in those situations

where abortion is legal … there is a question whether 'safe' abortion is safe."

A recent study published in the *American Journal of Obstetrics and Gynecology* has found that the overall mortality rate associated with abortion is 2.95 times higher than that for women with pregnancies resulting in live child birth. The study included the entire population of women 15-49 years old in Finland between 1987 and 2000. The researchers linked birth and abortion records to death certificates.

Other factors that affect the possibility of complications include:

- Skill and training of the doctor.
- Kind of anesthesia used
- Your overall health.
- Abortion procedure used.

Abortion Procedures

1.
Chemical or Medical Abortion (RU-486)

Medical abortion is a way to end a pregnancy with medicines over a span of time without an operation. Only a physician can perform a medical abortion. Medical abortion can only be used in early pregnancy, usually up to seven weeks, but sometimes up to nine weeks from your last menstrual period. An ultrasound will need to be done to determine the gestational age before getting any of these medications.

Who should not have a chemical abortion?

Some women should *not* be given the medicines used for a medical abortion such as women who are allergic to the medication, women with confirmed or suspected ectopic pregnancy, or women with an IUD in place. You should discuss with your doctor if you are one of these women.

To have a medical abortion, you must:

- Have access to emergency care.
- Have access to a telephone.
- Be able to attend all the visits; up to three visits may be required.
- Be able to follow the doctor's instructions and understand what may occur with the procedure

Mifepristone and methotrexate, two of the medicines used for a medical abortion, each work by stopping the hormones needed for the unborn child to grow. Mifepristone is given to a woman by mouth, or vaginally. Methotrexate is usually given by injection, but may also be given as a pill. Mifepristone and methotrexate can cause serious birth defects if your pregnancy doesn't end.

After receiving mifepristone or methotrexate, your doctor will tell you when you need to return to be checked. If you are still pregnant at that visit, you will be given a second drug (misoprostol), either by mouth or vaginally. ***Approximately two weeks later, it is very important that you return for a follow-up visit.*** Your doctor will check whether your pregnancy has completely ended. If you are still pregnant, an operation will be necessary.

Possible Side Effects and Risks

- Cramping of the uterus or pelvic pain
- Nausea and/or vomiting
- Diarrhea
- Warmth or chills
- Headache

- Dizziness
- Fatigue
- Inability to get pregnant due to infection or complication of an operation
- Allergic reaction to the medicines
- Hemorrhage (heavy bleeding) possibly requiring treatment with an operation, medicines or blood transfusion
- Incomplete removal of the unborn child, placenta, or contents of the uterus
- Rarely, death

If you are considering the use of RU-486, you should carefully weigh the fact that no long-term studies have been conducted by the Food & Drug Administration on its long-term effect on your health.

The manufacturer of the drug regimen has issued a public letter warning women that the drug was intended for the treatment of ulcers, not the termination of a baby's life.

2.
Dilatation and Curettage (D&C) Vacuum Aspiration

This is an operation generally used in the first 12 weeks of a pregnancy. Unless there are unusual problems, this procedure may be done in a doctor's office or a clinic.

The doctor first opens (dilates) the cervix and then empties the uterus with suction. After suctioning, the doctor may scrape the walls of the uterus to make sure the unborn child, placenta and contents of the uterus have been completely removed.

Possible Side Effects and Risks

- Cramping of the uterus or pelvic pain

- A hole in the uterus (uterine perforation) or other damage to the uterus
- Injury to bowel and/or bladder
- A cut or torn cervix (cervical laceration)
- Incomplete removal of the unborn child, placenta, or contents of the uterus
- Infection
- Complications from anesthesia such as respiratory problems, headaches, or drug reactions
- Inability to get pregnant due to infection or complication of an operation
- A possible hysterectomy as a result of complication or injury during the procedure
- Hemorrhage (heavy bleeding)
- Emergency treatment for any of the above problems, including possible need to treat with an operation, medicines or blood transfusion
- Rarely, death

3.
Abortion by Labor Induction (Medical Induction)

This procedure is generally used after 16 weeks of a pregnancy. The procedure will generally require a hospital stay of one or more days. This may take from several hours to several days.

Medicines will be used to start labor. These medicines can be put in the vagina, injected in the uterus (womb) or given into the vein (intravenously or by IV). The medicines used cause the uterus to contract and labor to begin. Sometimes more than one medicine will be used.

Your doctor may use instruments to scrape the uterus and make sure that the unborn child, the placenta and other contents of the uterus have been completely removed.

Possible Side Effects and Risks

Complications might include:

- Nausea and/or vomiting
- Diarrhea
- Fever
- Infection
- Complications from anesthesia such as respiratory problems, headaches, or drug reactions
- Inability to get pregnant due to infection or complication of an operation
- A possible hysterectomy as a result of complication or injury during the procedure
- Damage or rupture of the uterus (womb)
- Possibility of a live-born baby

If the unborn child is born alive, the attending physician has the legal obligation to take all reasonable steps necessary to maintain the life and health of the child.

Who Should Not Have an Abortion by Medical Induction?

Some women should not have a medical induction, such as a woman who has had a previous operation to the uterus or a woman with placenta previa. You should discuss with your doctor if you are one of these women.

4.
Dilatation and Evacuation (D&E)

This procedure is generally used after 12 weeks of pregnancy. The procedure will generally be done in a doctor's office or clinic, but may sometimes need to be done in a hospital. The doctor will often use ultrasound to determine how far along you are in your pregnancy.

To prepare for the procedure, the doctor will open (dilate) the cervix. Most women experience some pain, so the doctor will give you a painkiller, either locally by shots in the area of the cervix or by a general anesthetic. The uterus may be scraped and the unborn child and placenta removed, using forceps or other instruments.

Possible Side Effects and Risks

Complications might include:

- A hole in the uterus (uterine perforation) or other damage to the uterus
- Injury to bowel and/or bladder
- A cut or torn cervix (cervical laceration)
- Incomplete removal of the unborn child, placenta, or contents of the uterus
- Infection
- Complications from anesthesia such as respiratory problems, headaches, or drug reactions
- Inability to get pregnant due to infection or complication of an operation
- A possible hysterectomy as a result of complication or injury during the procedure
- Hemorrhage (heavy bleeding)
- Emergency treatment for any of the above problems, including possible need to treat with an operation, medicines or blood transfusion
- Rarely, death

AFTER AN ABORTION – WHAT YOU MAY EXPECT

After an abortion, you will need to stay at the doctor's office, clinic, or hospital, where the procedure was performed so you can be checked for problems or complications. The length of time you will be watched will depend on the type of procedure performed and the anesthesia used during that procedure.

After you have been watched and before you go home, you may be given an antibiotic to prevent infection, and another medication to contract your uterus to reduce bleeding. Your doctor will give you instructions. Your doctor will tell you how long you must wait before having intercourse again and may discuss birth control methods with you. You may receive a prescription for pain medication. **After having an abortion, you should not drive yourself home.**

It is normal for you to have some cramping and a small amount of bleeding after having any type of abortion. Your uterus contracting back to its normal size causes the cramping.

If heavy bleeding occurs (two sanitary pads per hour for two hours) or if pain is not controlled by pain medication, you should contact the clinic or doctor where the procedure was performed, or go to an emergency room. 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 check-up two to three weeks after an abortion.

Emotional Side of Abortion

You should know that women experience different emotions after an abortion. Some women may feel guilty, sad or empty, while others may feel at least momentary relief that the pregnancy is over.

Some women report serious psychological problems after their abortion – including depression, grief, anxiety, lowered self-esteem, regret, suicidal thoughts and behavior, sexual dysfunction, avoidance of emotional attachment, flashbacks and eating disorders.

One study of post-abortive women surveyed 8 weeks after their abortion showed that 44% complained of nervous disorders, 36% had experienced sleeping disorders, 31% had serious regrets about their decision and 11% had been given psychotropic medicines by their family doctor.

Women who have an abortion are five times more likely to report substance abuse compared to women who carry their babies to term.

Counseling or support before and after your abortion is very important. If family help and support is not available to you, it may be harder for you to deal with the feelings that come after an abortion. Talking with a counselor or pastor before having an abortion can help a woman better understand her choices. If counseling is not obtained, these feelings may be difficult to handle.

You will find a list of pregnancy centers at the back of this booklet. These centers offer a wide range of services—including free counseling. You will be able to talk with a woman confidentially about your situation. They may also have programs in which you can talk with other post-abortive women.

If you are having difficulty coping with the pain of an abortion, it is important for your long-term healing to get help.

And remember: It is your right, and the doctor's responsibility to fully inform you prior to the abortion. Ask all of your questions and make sure you understand the answers.

Future Childbearing and Infertility

The risks of complications increase significantly as the baby matures.

At least 49 studies have found a significant increase in premature births or low birth weight babies in women with an abortion history. Large studies have reported a doubling of early premature births risk from two prior abortions.

It is widely understood that one risk of abortion is an incompetent cervix, a known cause of premature births in subsequent pregnancies.

Low birth weight and premature birth are the most critical risk factors for infant mortality or later disabilities.

The earlier in the pregnancy an abortion is done the safer it is. The risks for complications increase significantly, as the pregnancy gets further along. Women who have an early medical abortion, vacuum aspiration, dilation and curettage, dilatation and evacuation or a labor induction do not usually have problems getting pregnant later in life. However, 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.

Research has been published which associates one or more abortions with higher rates of premature births in later pregnancies.

Medical Risks of Abortion

The risk of complications for the woman increases with advancing gestational age (*see above for a description of the abortion procedure that your doctor will be using and the specific risks listed in those pages).*

Pelvic Infection (Sepsis):

Bacteria (germs) from the vagina may enter the cervix and uterus and cause an infection. Antibiotics are used to treat an infection, in rare cases, a repeat suction, hospitalization or surgery may be needed. Infection rates are less than 1% for dilatation and suction curettage/vacuum aspiration abortion, 1.5% for dilatation and evacuation (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 complication is less that 1% after dilatation and evacuation (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 repeat dilatation and suction curettage.

Heavy Bleeding (Hemorrhage):

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 (cervix) 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% of first trimester abortions.

Ectopic Pregnancy:

An article published in the American Journal of Public Health reports that a large medical study has found a 50% increased risk of ectopic pregnancy (outside uterus) among women who have undergone a prior abortion, with an even greater risk among those who had more than one previous abortion. Another team of French researchers found a four-fold increase in the incidence of ectopic pregnancy in developed nations over the past twenty years.

Perforation of the Uterus Wall:

A medical instrument may go through the wall of the uterus. The reported rate is 1 out of 1000 with early abortions and 3 out of every 1000 with dilatation and evacuation (D & E). Depending on the severity, perforation can lead to infection, heavy bleeding or both. Surgery may be required to repair the uterine tissue, and in the most severe cases a hysterectomy may be required.

Anesthesia-Related Complications:

As with other surgical procedures, anesthesia increases the risk of complications associated with abortion. The reported risks of anesthesia-related complications is around 1 per 5,000 abortions. Most are allergic reactions producing fever, rash and discomfort.

Long-term Medical Risks

Breast Cancer:

Breast cancer is now the leading cause of death for women between the ages of 35-54. One in nine women will get breast cancer. The rates of breast cancer in the United States have dramatically increased in the years since abortion was legalized in 1973.

It has long been accepted within the medical community that a first pregnancy resulting in live child birth dramatically lowers the risk of breast cancer later in life.

A study published in the *Journal of Epidemiology and Community Health* concluded that there is a 30% increase in the risk of breast cancer associated with a woman's having had one or more induced abortions. 13 of 14 American studies published since 1957 find a higher rate of breast cancer among women with an abortion history.

According to at least one study, the risk of breast cancer is especially grave for teenage women who choose abortion.

If you have a strong family history of breast disease or have clinical findings of breast disease, you should seek medical advice from your physician irrespective of your decision to have an abortion. It is important to disclose your pregnancy history to your doctor

Medical Emergencies

When a medical emergency requires the performance of an abortion, the physician shall tell the woman, before the abortion if possible, of the medical indications supporting the physician's judgment that an abortion is necessary to avert her death or that a 24-hour delay will create serious risk of substantial and permanent impairment of a major bodily function.

Fetal Pain

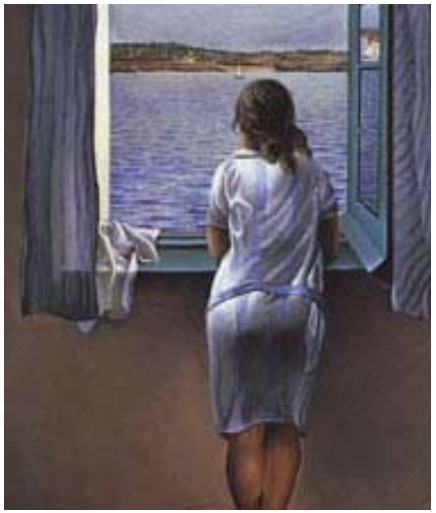
Recent medical research has revealed that preborn babies experience severe pain during an abortion, particularly by the Second Trimester. Babies show increased heart rate, blood flow and hormone levels – all consistent with a human being's physiological response to pain.

DEVELOPMENT OF THE PREBORN CHILD

A new human being is created on the day a woman's egg is fertilized by a sperm penetrating it. Within a day, the egg begins to develop rapidly. Within a few days the cluster of between 13 and 32 cells leave the fallopian tube and move into the uterus. This group of cells is now called a blastocyst and has increased in size to hundreds of cells. By the eighth day after conception the blastocyst has begun to attach to the wall of the uterus where it will grow at a rapid rate.

The term "embryo" refers to a developing human being from implantation until the eighth week of pregnancy. After the eighth week, the unborn child is sometimes referred to as a 'fetus'. Ages in this handbook are listed from both the estimated day of conception and from the first day of the last normal menstrual period. Lengths are measured from the top of the head to the rump.

A pregnant woman may notice her first missed menstrual period at the end of the second week after conception, or about four weeks after the first day of her last normal period. There are different kinds of tests for pregnancy. Some may not be accurate for up to three weeks after conception, or five weeks after the first day of the last normal period.



CHARACTERISTICS OF THE PREBORN CHILD

GROWTH AND DEVELOPMENT

During the first 8 to 10 weeks, the unborn child is known as an embryo or fetus. It is during this critical period that the baby is most likely to be damaged by things like:

- Alcohol
- Nicotine in cigarettes or other tobacco products
- Some prescription medicines or over the counter drugs
- Illegal drugs (like heroin, cocaine, or marijuana)
- X-rays, radiation therapy, or accidental exposure to radiation
- Vitamin deficiencies (such as folic acid)

The age of an unborn child is most often defined by gestational age, which is measured from the first day of the last normal menstrual period. Because some women have irregular periods, other ways are also used to help date the pregnancy. One way is to measure the length of the unborn child.

The normal development of the unborn child depends on many factors. This booklet will only describe normal growth and development

FIRST TRIMESTER

2 WEEKS

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

- Following implantation the blastocyst is called an embryo.
- The embryo is about 1/100 of an inch long at this time.
- The newly created human being continues to grow.

4 WEEKS

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

- The embryo is about 1/6 to 1/4 inch long and has developed a head and trunk.
- Structures that will become arms and legs, called limb buds, begin to appear.
- A blood vessel forms which will later develop into the heart and circulatory system. Blood is beginning to be pumped and is visible by ultrasound.
- At about the same time, a ridge of tissue forms down the length of the baby. That tissue will later develop into the brain and spinal cord.

6 WEEKS

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

- The baby is already 1/2 to 3/4 inches long.
- His heart now has four chambers.
- Fingers and toes begin to form.
- Reflex activity begins with the development of the brain and nervous system.
- Cells are starting to form the eyes, ears, jaws, lungs, stomach, intestines and liver.

8 WEEKS

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

- The baby is now about 1-1/4 to 1-1/2 inches long (with the head making up about half this size) and weighs less than 1/2 ounce.
- The beginnings of all key body parts are present, although they are not completely positioned in their final locations.
- Structures that will form eyes, ears, arms and legs are identifiable.
- Muscles and skeleton are developing and the nervous system becomes more responsive.

10 WEEKS

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

- The baby is about 2-1/2 inches from head to rump, weighing about 1-1/2 ounces.
- Fingers and toes are distinct and have nails.
- The baby begins small, random movements, too slight to be felt.
- The fetal heartbeat can be detected with a Doppler or heart monitor.
- All major external body features have appeared.
- Muscles continue to develop.

12 WEEKS

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

- Your baby is about 3-1/2 inches from head to rump and weighs about 2 ounces.
- He begins to swallow, the kidneys make urine and blood begins to form in the bone marrow.
- Joints and muscles allow full body movement.
- There are eyelids and the nose is developing a bridge.
- External genitals have been developing so that the sex can be identified.

SECOND TRIMESTER

14 WEEKS

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

- The baby is about 4-3/4 to 5 inches from head to rump and weighs 4 ounces.
- Her head is erect and the arms and legs are developed.
- The skin appears transparent.
- A fine layer of hair has begun to grow on the head.
- Limb movements become more coordinated.

16 WEEKS

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

- The unborn child is about 6-1/4 inches from head to rump, weighing about 10 to 12 ounces.
- All organs and structures have been formed and a period of simple growth begins.
- The skin is covered with vernix – greasy material that protects the skin.
- Respiratory movements occur, but the lungs have not developed enough to permit survival outside the uterus.
- By this time, the woman may feel her baby moving.
- If an ultrasound is performed at this time, the parents may be told the sex.

20 WEEKS

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

- The baby is now about 7-1/2 inches from head to rump, has fingerprints and perhaps some head and body hair, weighing about one pound (16 ounces).
- She may suck her thumb and is more active.
- Time of extremely rapid brain growth.
- His heartbeat can be heard with a stethoscope.
- The kidneys are starting to work.
- There is little chance that a baby could survive outside the woman's body.

22 WEEKS

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

- Your baby is about 8-1/4 to 8-1/2 inches from head to rump and weighs about 1-1/4 pounds.
- Bones of the ears harden making sound conduction possible. The baby hears his mother's sounds such as breathing, heartbeat and voice.
- The first layers of fat are beginning to form.

- This is the beginning of substantial weight gain for the child.
- Changes are occurring in lung development so that some babies are able to survive outside the womb (with intensive care services).

THIRD TRIMESTER

24 WEEKS

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

- The preborn child is about 10 inches from head to rump and weighs about 2-1/2 pounds.
- Her mouth and lips show more sensitivity.
- The eyes are partially open and can perceive light.
- Brain wave patterns resemble those of a full term baby at birth.
- About 9 out of 10 babies born now will survive outside the womb.
- This is the beginning of substantial weight gain for the child.
- Changes are occurring in lung development so that some babies are able to survive outside the womb (with intensive care services).

26 WEEKS

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

- The preborn child is about 10 inches from head to rump and weighs about 2-1/2 pounds.
- Her mouth and lips show more sensitivity.
- The eyes are partially open and can perceive light.
- Brain wave patterns resemble those of a full term baby at birth.
- About 9 out of 10 babies born now will survive outside the womb.

28 WEEKS

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

- Your baby is roughly 11 inches from head to rump and weighs more than 3 pounds.
- She has lungs that are capable of breathing air, although medical help may be needed.

- He can open and close his eyes, suck his thumb, cry and respond to sound.
- Rhythmic breathing and body temperature are now controlled by the brain (or Central Nervous System).
- Nearly all babies born now will survive (with intensive care services).

30 WEEKS

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

- Your baby is still about 11 inches from head to rump and weighs more than 3 pounds.
- Skin is thicker and more pink.
- There is an increase in the connections between nerve cells in the brain.
- From this stage on, fetal development centers mostly around growth.
- Almost all babies born now will survive (with intensive care services).

32 WEEKS

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

- Your baby has grown to about 11-3/4 to 12 inches and weighs about 4-1/2 pounds.
- His ears begin to hold shape.
- Her eyes open during alert times and close during sleep.
- The skin is now pink and smooth.

34 WEEKS

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

- The baby is about 12-1/2 inches from head to rump and weighs about 5-1/2 pounds.
- Scalp hair is silky and lays against the head.
- Muscle tone has now developed and she can turn and lift her head.
- Almost all babies born now will survive.

36 WEEKS

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

- Your baby has grown to about 13-1/2 inches and weighs some 6-1/2 pounds.
- Lungs are usually mature.
- The baby's hands can grasp firmly.
- She responds to light sources.
- Almost all babies born now will survive.

38 WEEKS

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

- Your baby is about 14 inches from head to rump, may be more than 20 inches overall, and may weigh from 6-1/2 to 10 pounds.
- At the time of birth, a baby can display more than 70 reflex behaviors which are automatic and unlearned behaviors necessary for survival.
- The baby is full-term and ready to be born.

PREGNANCY, CHILDBIRTH AND NEWBORN CARE

Labor is the process in which a 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 woman choosing to carry a child to full term (40 menstrual weeks, 38 weeks after fertilization) can usually expect to experience a safe and healthy process. For a woman's best health, she should visit her physician before becoming pregnant, early in her pregnancy, and at regular intervals throughout her pregnancy.

Possible Complications

- Uterine infection – 10% may develop during or after delivery, and on rare occasions cause death
- Blood pressure problems – 1 in 20 pregnant women have during or after pregnancy, especially first pregnancies
- Blood loss – 1 in 20 women experience during delivery
- Rare events such as blood clot, stroke or anesthesia – related death
- Women with sever chronic diseases are at greater risk of developing complications during pregnancy, labor and delivery.

YOU MAY QUALIFY FOR PUBLIC HELP

You may qualify for financial help for prenatal (pregnancy), childbirth and neonatal (newborn) care, depending on your income. For people who qualify, programs such as Medicare and the Women, Infants & Children (WIC) may pay or help pay the cost of doctor, clinic, hospital and other related medical expenses to help with prenatal care, childbirth delivery services and care for newborns.

You can call the Department of Health & Welfare's "Careline" at 2-1-1 for more information on medical assistance.

ADOPTION IS A GREAT OPTION

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

Making a plan for adoption is rarely an easy decision. Counseling and support services are a key part of adoption and are available from a number of adoption agencies, both public and private. Further information and a list of adoption agencies can be found in the back of this booklet.

There are several ways to consent to adoption of a child. Talking with someone at a local Pregnancy Center or an attorney familiar with adoption will help identify the method that will best serve the child and yourself. ***(There are several agencies listed in the back of this booklet).*** Birth parents decide whether they want to remain anonymous or participate in a more open adoption, including identifying adoptive parents and establishing a plan for communication over time.

THE FATHER'S RESPONSIBILITY

The father of a child has a legal responsibility to provide for the support, medical and other needs of his child. In Idaho, that responsibility includes child support payments to the child's mother or legal guardian. Children have rights of inheritance from their father and may be eligible through him for benefits such as life insurance, Social Security, pension, veteran's or disability benefits. Additionally, children benefit from knowing their father's medical

history and any potential health problems that can be passed genetically.

Paternity can be established in Idaho by:

1. Recognition of Parentage: The biological parents state under oath that they are the parents of the child. This statement will assure benefits to the child. It also will establish the father's parental rights.

2. Adjudication: A legal action can be brought in court to determine the biological and legal father of a minor child. This process, in addition to obtaining all of the benefits of a Recognition of Parentage, establishes child support orders, custody and visitation rights. An adjudication also establishes paternity when paternity is contested. It provides legal safeguards to all parties involved.

Issues of paternity affect the legal rights of both parents and of the child. You can get general information about paternity establishment, federal regulations and state statutes about child support and related issues 24 hours a day, seven days a week by calling *Idaho Careline* at 2-1-1.

INFORMATION DIRECTORY

The decision to have an abortion, have a baby or to give your baby up for adoption must be carefully considered. On the following pages, you will find a list of state, county and local health and social service agencies and organizations available to assist you. You are encouraged to contact these groups if you need more information so you can get practical help in dealing with your baby's life and your own future.

RESOURCE DIRECTORY

People committed to helping you …

PUBLIC

Idaho Department of Health & Welfare

Call Careline at 2-1-1

PRIVATE

ADOPTION ----------

Boise

CASI
2308 No. Cole Rd. • Boise, ID 83704
208-376-0558

Lutheran Community Services
8030 Emerald, Ste. 105 • Boise, ID 83705
208-323-0996

Idaho Youth Ranch
7025 Emerald • Boise, ID 83705
208-375-6923
24 Hr. Hotline - 208-724-7964

LDS Family Services
10740 Fairview, Suite 100 • Boise, ID 83705
376-0191

SPECIAL NEEDS ADOPTION ----------

CHASK (Christian Homes and Special Kids)
PO Box 39 • Porthill, ID 83853
1-800-266-9837

CRISIS PREGNANCY CENTERS ----------

Boise

Birthright of Boise
1101 No. 28th St. • Boise, ID 83703
208-342-1898

Boise Pregnancy Resource Clinic
5369 Emerald • Boise, ID 83706
208-375-3842

Nampa

Lifeline Pregnancy Center
1323 12th Avenue S. • Nampa, ID 83651
208-466-4000

Twin Falls

Pregnancy Crisis Center
132 Main Avenue S. • Twin Falls, ID 83301
208-734-7472 • 800-371-7472

Idaho Falls

Birthright of Idaho Falls
1286 E. 16th St. • Idaho Falls, ID 83404
208-524-8929

Shepherd's Inn
208-523-6116

Pocatello

East Idaho Pregnancy Center
Pocatello, ID 83201
208-237-5751

Lewiston

Pregnancy Care Center
2020 12th Avenue • Lewiston, ID 83501
208-746-9704

Coeur d'Alene

Open Arms Pregnancy Care Center
296 W. Sunset Avenue, #20 • Coeur d'Alene, ID 83815
208-667-5433 • 24 hour hotline: 1-800-395-4357

Birthright
923 Sherman Avenue • Coeur d'Alene, ID 83814
208-664-1390 • 24 hour hotline: 1-800-550-4900

Sandpoint

Crisis Pregnancy Center
111 So. 3rd Avenue • Sandpoint, ID 83864
208-263-7621

MEDICAL SERVICES ----------

Compassionate Health Care
4950 No. Bradley • Boise, ID 83714
208-377-1477

A FRIEND'S PRAYER FOR YOU

Father, hold the hand of the troubled mother,
calm her heart.
Protect the life of her unborn child
with the strength of Your angels.
Send loving help and words of wisdom
into the life of this struggling woman.

Help her to know Your loving kindness
And find trust in the future You have made.

This booklet prepared by:

Idaho Chooses Life
P.O. Box 8172
Boise, Idaho 83707

For additional copies
call us at 208-344-8709