

A close-up, artistic photograph of a woman's face, focusing on her eyes and forehead. A large, vibrant orange and white flower is placed on her forehead, partially covering her right eye. The lighting is soft, highlighting the texture of her skin and the petals of the flower. The overall mood is serene and natural.

A Woman's Right *To* Know

INFORMATION MATERIAL



© 2003 Texas Department of Health. All rights reserved.
Photos: Lennart Nilsson / Albert Bonniers Forlag AB,
A Child Is Born, Dell Publishing Company. Used by permission.
Drawings courtesy of TDH Art Department.

Introduction

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

Texas law says your doctor must talk to you about certain things before you can have an abortion. Texas law requires a doctor to notify a parent of a patient who is less than 18 years of age (a minor) before the minor can have an abortion unless the court grants a waiver. Ask the doctor or clinic for the parental notification booklet, *So You're Pregnant, Now What?*, if you are a minor.

After you get this information, your doctor must wait 24 hours before your abortion can be performed. You and your doctor should talk carefully and privately. Some of the things your doctor must talk about with you include:

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

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

Many public and private agencies and community resources (family, friends, faith-based organizations) are available to provide counseling and information. You are strongly urged to seek their assistance to obtain guidance during your pregnancy. In addition, you are encouraged to seek information on abortion services; alternatives to abortion, including adoption; and resources available to postpartum mothers and women who have had an abortion.

This booklet and the directory are both on the Internet 24 hours a day. You can read them from a computer. You can print them out, if you want. Here's the address of the Web site to go to: <http://www.tdh.state.tx.us/wrtk>.

This Web site is secure. No one from the Texas Department of Health will collect or record any information about you.

Characteristics of the Unborn Child

Growth and Development

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 by ultrasound.

At fertilization (when the male sperm enters the female egg), the unborn child has his or her own unique set of DNA material — or genes — half from the mother and half from the father. The DNA is the blueprint for growth and development of all cells throughout life. DNA determines all of the baby's physical characteristics such as gender; the shape of the nose and ears; and the color of the hair, eyes, and skin.

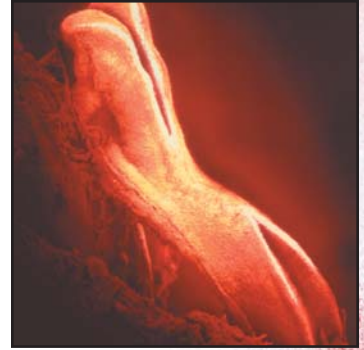
During the first 8 weeks, the unborn child is known as an embryo. After that time the unborn child is known as a fetus. It is during the first ten weeks of pregnancy that the unborn child is most likely to be affected by things like:

- alcohol.
- nicotine in cigarettes or other tobacco products.
- some prescription medicines or over-the-counter drugs.
- illegal drugs (like heroin, cocaine, or marijuana).
- viruses (like German measles).
- x rays, radiation therapy, or accidental exposure to radiation.
- vitamin deficiencies (such as folic acid).

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

4 Weeks Gestation

- The brain and the spinal cord begin to form.
- The heart begins to form.
- The stomach and intestines are forming.
- Bone tissue is growing.
- The eyes and ears are just beginning to form.
- The weight is less than one ounce.
- The length is less than $\frac{1}{8}$ inch.



6 Weeks Gestation

- The lungs are beginning to form.
- Brain activity can be recorded.
- Eyes are present, but no eyelids yet.
- The heart is more developed and is beating.
- Early reflexes develop.
- The hands and feet have fingers and toes, but may still be webbed.
- The length is less than $\frac{1}{4}$ inch.



8 Weeks Gestation

- All essential organs have begun to form.
- Elbows and toes are visible.
- The fingers have grown to the first joint.
- Facial features — the eyes, nose, lips, and tongue — continue to develop.
- The outer ears begin to take shape.
- Organs begin to be controlled by the brain.
- The length is about $\frac{1}{2}$ to $\frac{3}{4}$ inch.





10 Weeks Gestation

- The unborn child is now called a *fetus*, rather than an *embryo*.
- The head is half the length of the body.
- The arms and legs are long and thin.
- The hands can make a fist with fingers.
- Red blood cells are produced.
- The length is about 1¹/₄ to 1³/₄ inches.



12 Weeks Gestation

- The neck is present and the face well formed.
- The eyelids close and will reopen at about 24 weeks.
- Tooth buds appear.
- The arms and legs move.
- All body parts and organs are present.
- The fibers that carry pain to the brain are developed; however, it is unknown if the unborn child is able to experience sensations such as pain.
- Definitive signs of male and female gender are present.
- A heartbeat can be heard with electronic devices.
- The length is about 2 to 3 inches.



14 Weeks Gestation

- The skin is almost transparent.
- The mouth makes sucking motions.
- Amniotic fluid is swallowed.
- Sweat glands develop.
- The liver and pancreas are starting to work.
- The length is about 3 to 4 inches.

16 Weeks Gestation

- Swallowing and chest movements are clearly present.
- Movement may be felt by the mother.
- The head and body become proportional.
- The neck takes shape.
- The weight is about five ounces.
- The length is about 4 to 5 inches.



18 Weeks Gestation

- The arms and legs begin to punch and kick.
- The fingernails are well formed.
- The unborn child can suck its thumb.
- Taste buds are present.
- Male or female gender is evident.
- A protective waxy coating is present on the skin.
- The length is about 5 to 6 inches.



20 Weeks Gestation

- Some experts have concluded that the unborn child is probably able to feel pain.
- The skin becomes less transparent as fat begins to deposit.
- Eyebrows and lashes appear.
- Breathing-like movements become regular and are detected by ultrasound, but the lungs have not developed enough to permit survival if birth occurs.
- The unborn child turns its entire body side to side and front to back.
- The length is about 6 to 7 inches.





22 Weeks Gestation

- Rapid brain growth continues.
- The eyebrows and eyelashes are well formed.
- The eyes are fully functional and capable of movement.
- The vocal cords are active.
- Reflexes are present.
- There is little chance for survival outside the uterus.
- The weight is about one pound.
- The length is about 7 to 8 inches.



24 Weeks Gestation

- Unique footprints and fingerprints are present.
- Outside sounds can be heard.
- Actions such as hiccuping, squinting, smiling, and frowning may be seen through ultrasound.
- The lungs have developed such that some premature babies may survive.
- Surviving premature babies may have severe disabilities and require long-term intensive care.
- The weight is about 1 to 1½ pounds.
- The length is about 8 to 9 inches.



26 Weeks Gestation

- The central nervous system is developed enough to control some body functions.
- The eyelids open, close and can perceive light.
- The lungs have further matured and breathing is possible.
- The unborn child exercises muscles by kicking and stretching.
- The weight is about 1½ to 2 pounds.
- The length is about 9 to 10 inches.

28 Weeks Gestation

- Brain-wave patterns resemble those of a full term baby.
- Another person can hear a heartbeat by listening to the pregnant woman's abdomen.
- There is a good chance of survival if birth occurs at this stage of development.
- The weight is about 2 to 2¹/₄ pounds.
- The length is about 10 to 13 inches.



30 Weeks Gestation

- The central nervous system has increased control over body functions.
- Rhythmic breathing movements occur.
- The lungs are not fully mature.
- The bones are fully developed, but still soft and pliable.
- The weight is about 2¹/₂ to 3 pounds.
- The length is about 15 to 16 inches.



32 Weeks Gestation

- The lungs are still developing.
- Body temperature is partially under control.
- The skin is thicker, with more color.
- The connections between the nerve cells in the brain have increased.
- There is a good chance of long-term survival and the risk of long-term disability is low.
- The weight is about 3 to 3³/₄ pounds.
- The length is about 16 to 17 inches.





34 Weeks Gestation

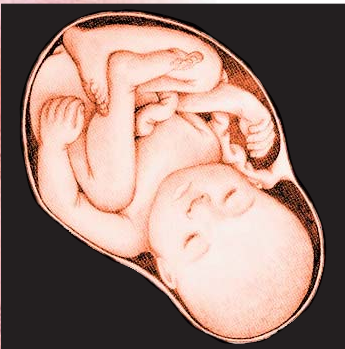
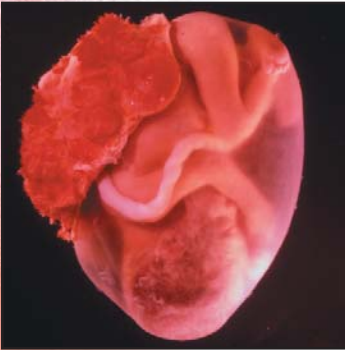
- The ears have begun to hold shape.
- The eyes open during alert times and close during sleep.
- There is a very good chance of survival with a low chance for long-term disability.
- The weight is about 4 to 4½ pounds.
- The length is about 17 to 18 inches.

36 Weeks Gestation

- Fine hair begins to disappear.
- Body fat has increased.
- The fingernails reach the end of the fingertips.
- The chance of survival is excellent, but the newborn may require special medical care.
- The weight is about 5 to 6 pounds.
- The length is about 16 to 19 inches.

38 Weeks Gestation

- A newborn is considered full-term at 38 weeks.
- The fingernails extend beyond the fingertips.
- Small breast buds are present on both sexes.
- The unborn child can grasp firmly.
- The unborn child turns toward a light source.
- The average weight is greater than 6 pounds.
- The length is about 19 to 21 inches.



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. The earlier a baby is born, the more likely he or she is to have serious health problems that may require extended hospital care or long-term care outside the hospital. Advances in medicine and science will, it is hoped, continue to improve the chances of survival for even the smallest babies.

Abortion Procedures and the Risks

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.

Abortion is ending the pregnancy by using medicine or a surgical procedure. In Texas, the legal definition of an abortion is the use of any means to terminate the pregnancy of a female known by the attending physician to be pregnant with the intention that the termination of the pregnancy by those means will with reasonable likelihood result in the death of the fetus. Some women consider an abortion because their pregnancy might threaten the woman's life or her health or her baby may have severe birth defects. Other women choose to end their pregnancy without any known problems with their health or with their unborn child.

Spontaneous abortion (often called *miscarriage*) can occur when problems with a pregnancy cause the woman to lose that pregnancy naturally.

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, a parent must be notified or you will have to ask a judge to waive that notification.
- You will be asked about your medical history.
- You will get a physical exam.
- Some lab tests will be done.
- 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.

Remember, it is your right and the doctor's responsibility to inform you fully prior to the procedure. Ask all of your questions and make sure you understand the answers. You have a right to view your medical records, including your ultrasound, at any time.

Abortion Risks

The risks are fewer when an abortion is done in the early weeks of pregnancy. The further along in the pregnancy, the greater the chance of serious complications and the greater the risk of dying from the abortion procedure. For example:

- One death per every 530,000 abortions if you are at eight weeks or less.
- One death per 17,000 abortions for pregnancies at 16–20 weeks.
- One death per 6,000 abortions at 21 weeks and more.

Other factors that affect the possibility of complications include:

- The skill and training of the doctor.
- The kind of anesthesia used.
- Your overall health.
- Abortion procedure used.

Abortion Procedures

Medical (Nonsurgical) Abortion

Medical abortion is a way to end a pregnancy with medicines without a surgical procedure. The protocol approved by the Food and Drug Administration allows this type of abortion up to 49 days after the last menstrual period. Only a physician can perform a medical abortion. A 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. The gestational age must be determined before getting any of these medicines.

Who should not have a medical abortion?

Some women should not be given the medicines used for a medical abortion, such as women who are too far along in their pregnancy or are allergic to certain medications, women with confirmed or suspected ectopic pregnancy, or women with an IUD in place. You should discuss with your doctor whether you have any medical condition that would make a medical abortion unsafe for you.

To have a medical abortion, you must:

- have access to an emergency room.
- have access to a telephone.
- be able to attend all the visits; several visits may be required.
- be able to follow the doctor's instructions and understand what may occur with the procedure.

Mifepristone (RU 486) and *methotrexate* are two of the medicines used for a medical abortion. Mifepristone is given to a woman by mouth, or vaginally. Methotrexate is usually given by injection, but may also be given by mouth. Methotrexate can cause serious birth defects if your pregnancy doesn't end.

After receiving mifepristone or methotrexate, you may bleed and pass clots, tissue, and the unborn child within hours to days. The bleeding can last up to three weeks or more. 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, you will return for **an important follow-up visit**. Your doctor will determine whether your pregnancy has completely ended. If you are still pregnant, a surgical procedure will be necessary.

Possible side effects and risks

- Cramping of the uterus or pelvic pain.
- Nausea 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, a blood transfusion, or both.

- Incomplete removal of the unborn child, placenta, or contents of the uterus, requiring an operation.
- Rarely, death.

Dilatation and Curettage (D&C) with Vacuum Aspiration

This is a surgical procedure 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 the bowel or the bladder.
- A cut or torn cervix (cervical laceration).
- Incomplete removal of the unborn child, placenta, or contents of the uterus requiring an additional operation.
- Infection.
- Complications from anesthesia such as respiratory problems, nausea and vomiting, headaches, or drug reactions.
- Inability to get pregnant due to infection or complication from 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 a blood transfusion.
- Rarely, death.

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 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 may give you a painkiller — either locally by shots in the area of the cervix or by a general anesthetic — or a sedative (which will leave you conscious). The uterus will be scraped and the unborn child and placenta are removed. After 16 weeks, the unborn child and placenta are removed, piece-by-piece, using forceps or other instruments. This procedure will take less than an hour.

Possible side effects and risks

- A hole in the uterus (uterine perforation) or other damage to the uterus.
- Injury to the bowel or bladder.
- A cut or torn cervix (cervical laceration).
- Incomplete removal of the unborn child, placenta, or contents of the uterus requiring an additional operation.
- Infection.
- Complications from anesthesia, such as respiratory problems, nausea and vomiting, headaches, or drug reactions.
- Inability to get pregnant due to infection or complication from 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 the possible need to treat with an operation, medicines, or a blood transfusion.
- Rarely, death.

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.

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. This procedure may take from several hours to several days.

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

Possible side effects and risks

- Nausea or vomiting.
- Diarrhea.
- Fever.
- Infection.
- Complications from anesthesia such as respiratory problems, nausea and vomiting, headaches, or drug reactions.
- Inability to get pregnant due to infection or complication from an operation.
- A possible hysterectomy as a result of complication or injury during the procedure.
- Damage or rupture of the uterus (womb).
- The possibility of a live-born baby. *
- Incomplete removal of the unborn child, placenta, or contents of the uterus requiring an operation.
- Hemorrhage (heavy bleeding).
- Water intoxication.
- Emergency treatment for any of the above problems, including the possible need to treat with an operation, medicines, or a blood transfusion.
- Rarely, death.

Who should not have an abortion by medical induction?

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

Dilatation and Extraction (D&X)

This type of abortion is one of the procedures that can be done after 16 weeks gestation. It may be done in the clinic or in the hospital for more advanced pregnancies.

The doctor will dilate (open) the cervix. The doctor will grasp the unborn child's foot with an instrument and deliver the child except for the head. While the head is kept in the birth canal, scissors are used to make a hole in the back of the head, a tube is inserted, and suction is applied. The contents of the unborn child's skull are suctioned out, the bones of the head collapse, and the child is delivered dead.

*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.

Possible side effects and risks

- A hole in the uterus (uterine perforation) or other damage to the uterus.
- Injury to the bowel or bladder.
- A cut or torn cervix (cervical laceration).
- Incomplete removal of the unborn child, placenta, or contents of the uterus, requiring an additional operation.
- Infection.
- Complications from anesthesia such as respiratory problems, nausea and vomiting, headaches, or drug reactions.
- Inability to get pregnant due to infection or complication from 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 the possible need to treat with an operation, medicines, or a blood transfusion.
- Rarely, death.

NOTE: Former Surgeon General C. Everett Koop and the Physician's Ad Hoc Coalition for Truth stated in 1996 that this type of procedure "... is never medically necessary to protect a mother's health or her future fertility. On the contrary, this procedure can pose a significant threat to both."

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. How long 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.

GO TO THE EMERGENCY ROOM, OR CALL THE CLINIC OR DOCTOR THAT PERFORMED THE ABORTION IF:

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

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

Emotional Side of an Abortion

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

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

Future Childbearing and Infertility

The risks are fewer when an abortion is done in the early weeks of pregnancy.

The further along you are in your pregnancy, the greater the chance of serious complications and the greater the risk of dying from the abortion procedure. Some complications associated with an abortion, such as infection or a cut or torn cervix, may make it difficult or impossible to become pregnant in the future or to carry a pregnancy to term.

Some large studies have reported a doubling of the risk of premature birth in later pregnancy if a woman has had two induced abortions. The same studies report an 800 percent increase in the risk of extremely early premature births (less than 28 weeks) for a woman who has experienced four or more induced abortions. Very premature babies, who have the highest risk of death, also have the highest risk for lasting disabilities, such as mental retardation, cerebral palsy, lung and gastrointestinal problems, and vision and hearing loss.

Breast Cancer

Your chances of getting breast cancer are affected by your pregnancy history. If you have carried a pregnancy to term as a young woman, you may be less likely to get breast cancer in the future. However, you do not get the same protective effect if your pregnancy is ended by an abortion. The risk may be higher if your first pregnancy is aborted.

While there are studies that have found an increased risk of developing breast cancer after an induced abortion, some studies have found no overall risk. There is agreement that this issue needs further study. If you have a family history of breast cancer or clinical findings of breast disease, you should seek medical advice from your physician before deciding whether to remain pregnant or have an abortion. It is always important to tell your doctor about your complete pregnancy history.

Pregnancy and Childbirth

Pregnancy and birth is usually a safe, natural process although complications can occur. The most common complications of pregnancy include:

- Ectopic pregnancy.
- High blood pressure.
- Complicated delivery.
- Premature labor.
- Depression.
- Infection.

- Diabetes.
- Hemorrhage (heavy bleeding).

One out of 8,475 women dies from pregnancy complications.

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

Vaginal Delivery

Possible side effects and risks

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

Cesarean Birth

Possible side effects and risks

- Injury to the bowel or bladder.
- Inability to get pregnant due to infection or complication from an operation.
- Hemorrhage (heavy bleeding).
- Injury to the tube (ureter) between the kidney and bladder.
- A possible hysterectomy as a result of complication or injury during the procedure.
- Complications from anesthesia such as respiratory problems, headaches, or drug reactions.
- Emergency treatment for any of the above problems, including the possible need to treat with an operation, medicines, or a blood transfusion.
- Rarely, death.

Emotional Side of Birth

Birth is a life-changing experience, and each birth brings with it a new and different set of experiences and feelings.

The feelings you experience after birth may be the most intense you have ever encountered: great surges of joy and happiness, feelings of contentment and fulfillment. It is not uncommon for women also to experience fears, worries, or sadness.

Depression after the birth of a baby can occur. Many new mothers experience various degrees of it. While depression can occur within days after delivery, it can also appear gradually, and sometimes it doesn't start until a year after your baby's birth.

In most cases, mothers have mild symptoms that may last only a few days. However, some mothers experience severe symptoms that can include exhaustion, feelings such as worthlessness or hopelessness, and memory loss. In rare circumstances you may have a fear of harming yourself or your baby. Although these symptoms may not last long, if you have any of them, you must call your doctor to get some professional help and support.

You can reduce the risk for problems or complications in any pregnancy.

Here's how:

- Get early and regular prenatal care.
- Eat a well balanced diet and get regular exercise.
- Don't smoke, drink alcohol, or take drugs that your doctor hasn't prescribed for you.

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

Medical and Social Assistance

You must get some information from your doctor or the doctor's assistant before the abortion can be done. Here are the things you must be told:

- You may be able to get medical-assistance benefits to help with prenatal care, childbirth, and neonatal care.
- The man who got you pregnant must help support your child if you decide to stay pregnant and keep the baby. The law says he must help even if he offered to pay for an abortion.

Public and private agencies can help you.

- They can give you information about preventing pregnancies.
- They can give you medical referrals for birth-control methods, including emergency contraception if you were raped or a victim of incest.

You should know that, if you choose to have your baby and find yourself weighed down by the job of being a parent, Texas has the “Baby Moses / Safe Haven” law. The law allows you or the baby’s father to leave a baby under 60 days old in a safe place and not return for the baby without fear of being charged with a crime, if the baby is not hurt. Safe places are hospitals, fire stations, emergency clinics or licensed child-placing agencies.

Talk to someone if you feel weighed down about being a parent. There is help available.

Ask your doctor for a copy of the [A Woman’s Right to Know](#) resource directory.

Child-Support Services

Assistance in Obtaining Child Support

The Texas Office of the Attorney General can assist you in getting child support for your baby. The Child Support Office can help locate a non-custodial parent, determine the father of the child (paternity), establish and enforce child-support orders, review and adjust child support payments, and collect child-support payments. If you need services, call 1 (800) 252-8014.

Neither federal nor state data can predict the statistical likelihood of collecting child support. In fact, a significant number of parents provide child support for their children outside the Attorney General’s child support program. However, for those parents who do not support their children despite court orders for child support, the Office of the Attorney General provides enforcement services. For these enforcement cases, on average, the program has collected about 62 percent of the amount of current support due each month. Nationwide, child support programs collect about 57 percent of the current support due each month.



ProtectTexas™
Texas Department of Health

stock no. 1-450 11/03