

HOW

*to have*

A

**SAFE**

ABORTION

IT'S NOT THAT LEGAL  
ABORTION ISN'T SAFE.  
IT'S *REALLY* SAFE.  
BUT NEW LAWS CAN  
FORCE WOMEN TO  
DELAY CARE OR EVEN  
SEEK ILLEGAL  
ABORTIONS, RAISING  
THE RISKS. THIS IS THE  
STORY YOU HOPE YOU  
WON'T NEED...BUT  
MIGHT WANT TO READ.

*By Amanda Robb  
&  
Caitlin Moscatello*

PORTRAITS BY  
TIERNEY GEARON

AWESOME

# job,

POLITICIANS

YOU SAY YOU WANT FEWER LATER ABORTIONS IN AMERICA, BUT YOUR NEW RESTRICTIONS HAVE LED WOMEN TO GET ABORTIONS LATER IN PREGNANCY. BEHOLD HOW YOU'VE "PROTECTED" WOMEN.

By Amanda Robb

THEY SEEM TO have such sensible, compassionate reasons to make abortion after 20 weeks of pregnancy a felony.

*"[It] doesn't prohibit all abortions...and presents a middle ground."*

—former Nebraska Senator Mike Flood, sponsor of the first state-level ban

*"We have a moral obligation to end dangerous late-term abortions in order to protect women and these precious babies."*

—Rep. Marsha Blackburn, cosponsor of the proposed national ban

*"The dignity of each and every human life is fundamental."* —Sen. Marco Rubio, presidential candidate

I'D LOVE TO TEACH these politicians what they are really doing, especially to the dignity of human life. I'd begin the lesson in the cramped office of the New Mexico Religious Coalition for Reproductive Choice. They'd sit on a lumpy maroon chair and listen as a staffer answers the coalition's hotline. *Ring. Ring. Ring.* Each call is a woman desperate not to be pregnant. The coalition is part of a national network, with affiliates in 11 states, that provides food, housing, and transportation, like a sort of abortion underground railroad. Calls come into the office all day, then bounce to a staffer's cell phone at night.

Most of the women calling are so far along, they have

been outlawed from having an abortion in their home states, says Joan Lamunyon Sanford, executive director of the New Mexico coalition. They have taken out a loan on their family's only vehicle or pawned a mother's engagement ring. It's wickedly stressful because the more pregnant you are, the harder getting un-pregnant becomes—in time, money, pain, and health risk. If only in this part of the world medical clinics that offer complete gynecological care weren't so few and far between. Eventually, these women do every conceivable thing they can before it's too late to get to Albuquerque, the city the anti-abortion group Operation Rescue calls "the late-term abortion capital of the world."

It didn't used to be.

The landscape changed after the 2010 election, which resulted in Republicans controlling 59 of the country's 99 state legislative chambers and setting about passing new restrictions on abortion. "Those new laws increased the need for later abortions," says Glenna Halvorson-Boyd, PhD, who, with her husband, Curtis Boyd, MD, directs Southwestern Women's Options in Albuquerque, which does third-trimester abortions. "I would like to believe that was the 'law of unintended consequences' at work, but I believe it was intended."

Some of the 289 new anti-abortion rules passed since 2010 are mendacious—Kansas and Texas require women seeking abortion be "informed" that the procedure is "linked" to breast cancer, which science says it pretty clearly is not. Some of the rules bankrupt clinics—nearly two dozen states require clinics to be tricked-

## CELINA Perez

34,  
LOS ANGELES, CA

ASPIRATION **8** WKS

*"Having an abortion in my early 20s saved my life then, and it made my life now. I often hear, 'What about adoption?'*

*How was I going to carry a kid for nine months when I worked two physically demanding jobs? People don't think about what it means to make these choices when it isn't them. I wouldn't be the successful, happy person that I am if I had to have that baby. I would be stuck in poverty with few options to dig out. I didn't become a surgeon or win a Nobel Prize. I became an independent person who found happiness. The opportunity to do that is the least anyone deserves."*

—INTERVIEWS BY  
CAITLIN MOSCATELLO



out like ambulatory surgical centers, maintaining millions of dollars of equipment and staff that they will likely never use. Some are grossly taxing for patients, requiring waiting periods and multiple appointments. And some of the laws present would-be-funny-if-they-weren't-tragic conundrums for physicians—as when states require doctors who do abortions to have admitting privileges at hospitals that won't give admitting privileges to doctors who do abortions.

The politicians passing anti-abortion laws often claim they want to make abortion safer for women. When then-Texas governor Rick Perry signed that state's strict new abortion law in July 2013, he said it would help "improve the quality of care women receive."

In the real world, the law has forced women to delay care. The wait time for an appointment at one of Dallas's two remaining abortion clinics ranged from between 10 and 20 days as of last September, according to research from the Texas Policy Evaluation Project. The project estimates that if all clinics not meeting surgical-center standards were to close, an average 20-day wait time would translate to about 5,700 abortions delayed to the second trimester in Texas.

Amy Hagstrom Miller, who owns Whole Woman's Health—a network of eight facilities in five states—says the Texas law all but eliminated the option of using the abortion pill. "Before, 40 to 50 percent of our patients in Texas chose medication abortion. Now it's down to about 2 percent," she says. Using the abortion pill used to take two appointments, but with increased state requirements, it can now take up to four.

Before the law, Miller worked with 14 doctors in Texas; after, only three were able to get admitting privileges. “Appointments for medication abortion have become nearly impossible to schedule,” she says. “The law has restricted access to the safest method of abortion that can be done earliest in pregnancy,” she says.

Legal abortion remains exceptionally safe, with a major complication rate in the U.S. estimated around 0.2 percent. But about the only thing activists on both sides of the issue agree on is that the procedure is less and less safe the later in pregnancy it is done. “Most of the issues are minor,” says Dr. Boyd. “But laws that force women to delay the abortion create unnecessary medical risk.” Bottom line: If you feel for women or fetuses or both, it’s gotten worse.

**O**N MARCH 2, the U.S. Supreme Court will hear oral arguments in *Whole Woman’s Health v. Hellerstedt*. Amy Hagstrom

Miller is the lead plaintiff among a group of independent Texas abortion providers and physicians. They argue that lawmakers have gone too far with the rules that clinics must meet the standards of ambulatory surgical facilities and that doctors who provide abortions must have hospital-admitting privileges. A decision, expected in June, could reaffirm American women’s right to safe, legal abortion established in *Roe v. Wade*. Or it could go the other way.

Even as new restrictions push more abortions into the second trimester, lawmakers are making those procedures less accessible. One procedure done after 20 weeks, dilation and extraction, or D&X, was rebranded by opponents as “partial birth abortion” and banned back in 2003 in a law signed by George W. Bush. At press time, 11 states ban abortion after about 20 weeks past conception—and Mississippi and North Carolina ban it earlier, after about 18 weeks. (To make things extra confusing, what many lawmakers call 20 weeks of pregnancy,

## HOLLY Bland

21, CLEVELAND, OH

ASPIRATION **7** WKS

**“I have polycystic ovarian syndrome, so my periods are usually irregular. When I didn’t get my period, I was like, ‘Whatever, that happens all the time.’ Then I felt weird, but I told myself I was taking the test ‘just in case.’ I was 19. My boyfriend at the time was 18 and in the military. They were talking about sending him overseas for almost a year. I thought, I can’t do this by myself. I don’t come from a wealthy family. I work all the time, and I’m really dedicated to school. There was just no way.”**

your doctor probably calls 22 weeks. Physicians generally date pregnancy from your last menstrual period, not from the date of conception after that.)

All but one of the 18- and 20-week bans were passed on the grounds that the fetus can feel pain by then. Scientists who studied the issue, and doctors including the American Congress of Obstetricians and Gynecologists (ACOG), have concluded that a fetus probably cannot feel pain until functional connections develop between its cortex and thalamus, around 29 to 30 weeks. Still, GOP presidential candidates, including Senators Ted Cruz and Marco Rubio, have suggested they would support a national ban on abortion after 20 weeks—with no exceptions for women who are raped or victims of incest.

Today, if you need an abortion in the second trimester, the safest and most common procedure is a surgery called dilation and evacuation, or D&E. The alternative is labor induction, which can take place over several days and cause more complications.

Now D&E is under fire too. Activists have relabeled the standard of care after 13 weeks “dismemberment abortion” (it involves doctors breaking down the fetus in order to extract it). Last year, Kansas and Oklahoma became the first states to ban D&E. Courts in those states have ruled the laws unenforceable, but similar proposals are being mulled in states including Michigan, Missouri, Nebraska, South Carolina, and West Virginia.

Julie Burkhart, founder and CEO of the Trust Women foundation and South Wind Women’s Center in Wichita, Kansas, calls her state’s D&E ban the Physician Intimidation and Criminalization Act. Says Burkhart, “I know of no

# THE stick is pink.

NOW WHAT?

## 1. TALK TO A DOCTOR

### IF YOU HAVE AN OB-GYN YOU TRUST

Best case: You’ve discussed birth control and abortion and know she’ll talk to you judgment-free. Only about 14 percent of ob-gyns do terminations, so she’ll likely refer you to a clinic.

**IF YOU DON’T** Resist the urge to search *abortion* or *pregnancy options*—you risk getting a link for an anti-abortion pregnancy center. There are three of these for every actual abortion clinic in the U.S. (A sign it’s not legit: They won’t talk about pricing on the phone.) Instead, contact Planned Parenthood (800-230-PLAN or use their confidential chat service at [plannedparenthood.org](http://plannedparenthood.org)) or The National Abortion Federation (877-257-0012) for a list of local clinics.

## 2. GET YOUR \$\$\$ STRAIGHT

### IF YOU HAVE INSURANCE

Call the number on the back of your card to ask what’s covered. While some employer-based and school plans include abortion, coverage is completely banned in 10 states. Fifteen more ban coverage for plans purchased through health insurance exchanges, and some of those ban it for state workers or Medicaid recipients. (You may be able to buy a “rider” that covers abortion; ask when you sign up.) Some plans cover abortion only in cases of fetal impairment, rape, incest, or a woman’s health risk.

**IF YOU DON’T** Ask about payment when you call for a consultation. If you or your partner don’t have the cash, many clinics accept credit cards. Fund AbortionNow.org lists groups that may help you pay.

## 3. BOOK AN APPOINTMENT

### IF THE CHOICE IS A NO-BRAINER

Call the clinic you talked to in call #1, or the one recommended by your doc, to schedule the appointment soon. Some states with recent clinic closures have lengthy wait times. Plus, in certain states, you’ll need to schedule two appointments: one for mandatory counseling and another as many as three days later for the procedure. Ask the health-clinic staffer what’s required where you live (and see our chart on p. 213).

**IF IT’S NOT** Schedule a time to talk to a licensed counselor or health-care professional in person or, if it’s too tough to travel, via phone. Many women counseled at Planned Parenthood decide that terminating the pregnancy is not right for them.

## 4. CONFIDE IN SOMEONE YOU TRUST

It’s important that at least one person in your circle—a friend, sister, partner, whoever—knows you’re having an abortion. If you choose to take the abortion pill, doctors recommend that you have someone on hand in the very rare event that you need medical assistance. For a surgical abortion, you’ll need someone to drive you home from the clinic.

—CAITLIN MOSCATELLO



### YOU’VE GOT MAIL

If you use insurance, know that you may get an explanation of benefits sent to the address associated with your plan. On your parents’ insurance? If you want to keep your abortion on the DL, you can pay out-of-pocket, ask health-center staff *beforehand* if they can send paperwork to a different address, or call your insurer to request that they skip the snail mail.



## SHANELLE Matthews

31, OAKLAND, CA

ASPIRATION **8** WKS

**“I was in college, and I relied on my partner, who was a few years older than I was, to take care of birth control. I was unsure of the mechanics of sex—I never really got any sex ed. You can’t divorce my race from my experience. I had a family member who would remind me time and again that [getting pregnant] was the expectation in society for black teenage girls. There’s so much shame around that, which is partly why I didn’t tell my track coach the truth about why I had to take a week off.”**



OPENING SPREAD: SHUTTERSTOCK

studies on induction done [as early as 13 weeks] because it makes no sense medically to do a harder, more time-intensive procedure. Kansas women would be guinea pigs.”

**W**HY WOULD anyone wait so long?” is the question Halvorson-Boyd says people always ask her.

The vast majority of women who want to abort don’t “wait.” Among those who do, the reasons include fetal anomalies discovered midway through pregnancy, danger to a woman’s health, and emotional trauma after rape or incest. But those aren’t the stories told by most of the women calling the New Mexico coalition. “The women who call our

hotline are virtually all poor and often have brutally complicated lives,” Lamunyon Sanford says. So many of the women are moms. They love their children as wildly as any parent, she says. She thinks it’s sometimes that love that brings women to her door.

I spoke with several women who traveled from other states to New Mexico and had later abortions.

Kasey, a 28-year-old from Texas, said: “I had been throwing up for a month, but I was still getting a light period so I didn’t suspect anything. My boyfriend and I got into a huge fight—he would drink and things got physical. I called the cops and he ran. I moved in with a friend. Finally, no period. I went to a pregnancy center because I know they give free tests. They said I was 10 to 12

## JAIMIELYNN

Lake

32, WHITTIER, CA

MEDICATION ABORTION **8** WKS

“As soon as I took that test, my husband and I sat on the edge of the bed and Googled family planning. We were like, ‘No, we can’t do this again’—we already had three kids, including a set of twins. I was scared. I regret not thinking and talking more about having the abortion. I didn’t come to terms with it before rushing off. But I don’t regret the decision, and I don’t want to have seven babies to make up for it.”

weeks along. But when I got to the real clinic in New Mexico, they said I was 21 weeks pregnant! I freaked out. It wasn’t until I got my financial-aid check that I was able to go back to New Mexico for the abortion. I took a Greyhound bus.”

Allison, a 37-year-old from Oklahoma, said: “I had sex on July 4th weekend. A random guy I met at a party. In the fall, I felt nauseous, but I didn’t think much of it—I had a 20-year, fifth-a-day rum habit. After a while, I took a test and found out I was pregnant. The timing couldn’t have been worse, because soon after that, I got arrested for DUI. They piss-tested me at the probation office, but I didn’t realize they were testing me for pregnancy. When I went in front of the judge, he said I was endangering myself and my unborn baby and even talked about prison. I had called a clinic in Oklahoma, but they had shut down. So I found the place in New Mexico. I made an appointment and missed it. I had no money, not to mention being drunk made it hard to get it together and drive almost 600 miles. I was thinking about what a screwed-up life the baby would have. Eventually, I was able to get funding and drove all night. I woke up in the clinic’s parking lot when a lady banged on the door and showed me a bunch of fetus dolls. I gave her the finger.”

At the news that I’m “Amanda, the reporter” calling, a 43-year-old woman says, “Shhh, shhh,” to someone wailing in the background. To me she says, “I can’t talk. I’m busy.” She has seven kids.

**A**T WHAT POINT does obtaining a legal abortion become so difficult, so expensive, and so frightening that women

# how bad is your state?

Reminder: Abortion is legal. But state-mandated hurdles can make it feel like it’s not. Cosmo partnered with the Guttmacher Institute to identify which states protect your health and which seemingly couldn’t care less.

# ZERO

Abortions performed on U.S. military bases (except in cases of rape, incest, and health). Women may potentially seek unsafe abortions off base.

SOURCE: NATIONAL ABORTION FEDERATION



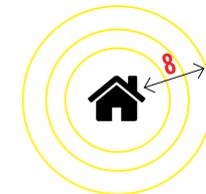
**CONGRATS, YOU’RE IN A SAFE ZONE**

CALIFORNIA, CONNECTICUT, ILLINOIS, MONTANA, NEW JERSEY, NEW YORK, OREGON, VERMONT, AND WASHINGTON HAVE NO MAJOR RESTRICTIONS.

# 3

Number of states (cough—North Dakota, Ohio, and Texas—cough, cough) where doctors must give women seeking the abortion pill a regimen of mifepristone that’s based on an outdated FDA protocol, potentially increasing their risk of side effects.

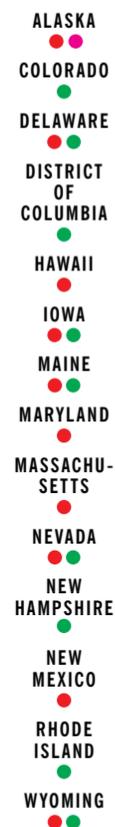
FEET OF MANDATED SEPARATION BETWEEN VISITORS AND PROTESTORS AT ABORTION CLINICS IN COLORADO AND MONTANA, IMPROVING PATIENT SAFETY.



# TWENTY-TWO

CLINICS IN TEXAS THAT HAVE CLOSED DUE TO THE STATE’S 2013 ABORTION LAW—NOW BEFORE THE SUPREME COURT.

Could Be Better, Could Be Worse



It’s Not Looking Good



Be Afraid. And Be Sure to Vote



## RESTRICTIONS KEY

- Medication abortion can be performed only by a licensed physician, which excludes nurse practitioners, certified nurse midwives, and physician assistants, limiting providers.
- Abortion is banned at 18 or 20 weeks postconception. States allow exceptions in cases of fetal abnormality, rape, incest, or serious threats to a woman’s health or life.
- Restrictions on public funding make abortion less affordable.
- State-mandated counseling includes inaccurate or misleading information on the link between abortion and breast cancer, fertility risk, or negative psychological effects.
- Private insurance coverage is limited.
- The state requires a mandatory waiting period after counseling, ranging from 18 to 72 hours.
- The provider must display and describe, or offer to show, an ultrasound image, which is medically unnecessary in first-trimester abortions and can be expensive. —C.M.
- Women must go to a separate counseling session first, for a total of at least two trips to the clinic.

ALL DATA AS OF FEBRUARY 11, 2016

take things into their own hands? Up to 4.1 percent of women seeking abortions in Texas have tried to do the termination on their own, a recent survey from the Texas Policy Evaluation Project estimates. In interviews with 18 women who had attempted self-abortion in Texas, more than half said they took misoprostol, “the abortion pill.” They bought the pills online or in Mexico and got instructions for use from friends or Google. One woman told interviewers she took three homeopathic pills every hour for more than a week. Another said that she obtained hormonal injections. Last year, a Tennessee woman was charged with attempted murder for trying to end her pregnancy the old-fashioned way—by putting a coat hanger through her cervix.

On one of those South-west desert days that’s so hot, the world looks like it is melting, I trudge up the narrow stairs to the New Mexico Religious Coalition’s office to say good-bye to Lamunyon Sanford. I update her on the former patients I spoke with. Kasey got her own place, has a job in medical billing, and is working on a degree in social work. Allison, because of her arrest, was fitted with an ankle monitor that tracked her drinking and, a few months back, celebrated her first year of sobriety since the Bill Clinton administration. I don’t know how the mother of seven is doing.

Lamunyon Sanford and I consider for a moment the myriad of ways people suffer in this world, the mystery of how they find grace, and the fierce strength of the women who call the coalition. “So many say one thing exactly the same,” she tells me. “I just want to be a good mom.”

Her phone rings.

## SAMANTHA Romero

26, EL PASO, TX

MEDICATION ABORTION **7** WKS

“I went with my boyfriend at the time to one of those crisis pregnancy centers. She used words like ‘your baby.’ It was awful. Luckily, I was old enough to know that she wasn’t presenting me with full facts. I went back to Google and found a clinic, and I called first to ask if they performed abortions. We decided I would get my master’s and he would work on his life and we would both have a child when we were ready. This was the right decision for me. I keep saying I’m lucky. I had an abortion in early 2013. Later that year, the state government started shutting down clinics. I can’t imagine what women are going through now.”



SHUTTERSTOCK

# Mis-informed

On the axis of scary-stupid, there’s this: In 23 states, so-called informed consent laws dictate that providers give women seeking an abortion “facts” about the procedures that are largely written by lawmakers, says David Brown, attorney for the Center for Reproductive Rights, and don’t have medical backing. You probably trust a doctor more than a bureaucrat with your sexual health, so we got MDs to right some of the wrongs in Kansas’s 31-page, not-so-informed handbook. —C.M.

“Women who breastfeed may have a bit lower incidence of breast cancer,” says Dr. Yeomans, and adds that there’s no medical basis for the statement regarding cancer and abortion. Both ACOG and the National Cancer Institute have concluded that there is no link between abortion and breast-cancer risk, a position supported by numerous studies—including a 2007 Harvard University study that followed more than 100,000 women for 10 years.

“The handbook is set up to try to make patients feel guilty,” says Ronald Yeomans, MD, an ob-gyn and abortion provider in Kansas.

“At eight weeks, a fetus does not resemble a newborn. It is less than 2 centimeters in size,” says Jennifer Conti, MD, an ob-gyn and family-planning fellow at Stanford University. It’s not until 9 to 12 weeks that fingers and toes start to form, and a fetus’s neck and external sex organs aren’t formed until 13 to 16 weeks, according to ACOG.

“This is an example of lawmakers trying to scrounge up pseudo data to imply that a fetus feels pain,” says Dr. Conti. “But we know that even at 20 weeks, the neurological landmarks are not solidified yet to feel pain.” So where are lawmakers getting their 411? We can’t be sure. The handbook doesn’t include footnotes or credit any info to a traceable study.

✓ Eight weeks after fertilization, except for the small size, the developing human’s overall appearance and many internal structures closely resemble the newborn.

✓ By 18 weeks, the unborn child will release hormones in response to being poked with a needle.

✓ After having an abortion, some women suffer from a variety of psychological effects ranging from malaise, irritability, and difficulty

sleeping to depression and even post-traumatic stress disorder.

✓ 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, your risk is not reduced if your pregnancy is ended by an abortion.

✓ From 2 to 12 weeks, possible side effects and risks (of an abortion) include the inability to get pregnant due to infection or complication of an operation.

“The incidence of infertility in women who have had abortions is no greater than that of women who haven’t,” asserts Dr. Yeomans. As for complications, they’re super-rare.

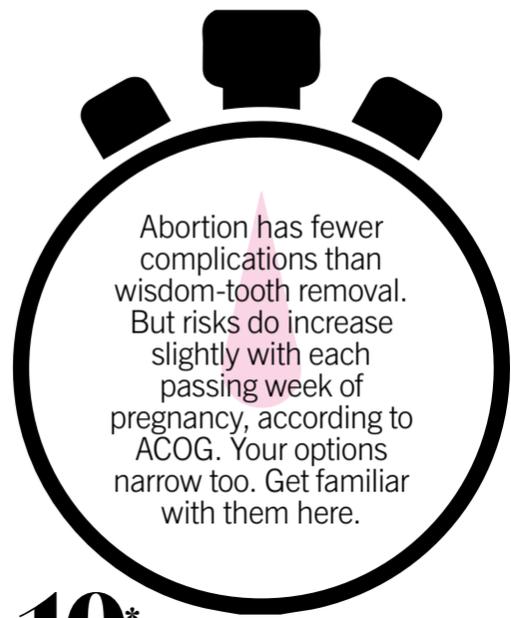
“There is no negative psychological effect of an abortion,” says Dr. Conti. “The concern should be for women who have an unwanted pregnancy and are forced to carry it to term.” They are four times more likely to suffer from postpartum depression, according to a 2013 University of North Carolina at Chapel Hill study. The increased risk was higher at a year after birth than three months, which may indicate a long-term risk of depression.



### SOME NOT-MADE-UP RISKS

Like all medical procedures, abortions may have complications. Less than 2 percent result in any issue, says a University of California at San Francisco study. About 0.2 percent (126 of 54,911 abortions) require hospitalization, surgery, or a blood transfusion. Call your doc ASAP if you have these symptoms, possible signs of an incomplete abortion, infection, or uterine injury.

- \* Severe back or abdominal pain
- \* Heavy bleeding (think: two soaked maxi pads per hour for two hours)
- \* Foul-smelling discharge
- \* A fever above 100.4 degrees



## <10\* WEEKS

### MEDICATION ABORTION

It's called the abortion pill, but it's actually two pills: The first, mifepristone, is taken at the clinic—it blocks the hormone progesterone, breaking down the uterine lining. The second, misoprostol, is taken at home 24 to 48 hours later and causes the uterus to contract and expel pregnancy tissue.

#### WHAT TO EXPECT

Post pill number 2, cramping and heavy bleeding will last 24 to 48 hours. You might notice blood clots or the pregnancy tissue—a white-gray meaty material—but it won't look fetuslike, says Pratima Gupta, MD, a fellow at Physicians for Reproductive Health. Wait a week before putting anything into your vagina (a tampon, a penis, even bath water) to avoid infection. You'll have spotting, so stock up on pads. A follow-up within two weeks will check if all pregnancy tissue has been expelled—97 percent of the time, it has. If not, you may need aspiration.

#### WHAT IT COSTS

**\$800** (but often less) without insurance

## <15 WEEKS

### ASPIRATION

The most common in-clinic abortion procedure, aspiration (also called a D&C—dilation and curettage), involves stretching the opening of the cervix and emptying the uterus with a suction device. On a case-by-case basis, the doctor may do a sweep with a curette to ensure all the pregnancy tissue is removed. It takes 5 to 10 minutes. While it's more invasive than the abortion pill, you can walk out and be d-o-n-e.

#### WHAT TO EXPECT

Pain medication is standard, and providers will offer some form of sedation—ranging from numbing at the cervix to an IV drip to (rarely) general anesthesia. Then the doctor dilates the cervix with medication or a series of progressively larger instruments that push it open. Throughout the procedure, you'll feel pressure. Some women feel painful cramping; others don't. Still, "there shouldn't be extreme pain," says Jennifer Conti, MD. About 10 minutes later, the abortion is complete. If you were sedated, you will feel groggy for a few hours and will need someone to drive you home. You may have to change pads a couple of times a day, says Dr. Conti, and this spotting can last a few days to a couple of weeks. Your doctor may request a follow-up in two to four weeks to make sure you're back to a hundred percent.

#### WHAT IT COSTS

**\$1,500** (or less) without insurance in the first trimester; costs are generally higher the further along you are.

## 13+ WEEKS

### D&E

Dilation and evacuation is a two-part, sometimes two-day, procedure offered from the second trimester until viability. The cervix must be softened and stretched a few hours or the day beforehand, more so than with aspiration because the pregnancy is further along. The abortion itself, which is similar to aspiration but uses different instruments, lasts 10 to 30 minutes.

#### WHAT TO EXPECT

To open the cervix, your provider will give you misoprostol or insert one or more thin rods made of seaweed (for real) or synthetic material into your vagina, where they gradually expand. It hurts, so you'll get pain meds or possibly something stronger, and antibiotics. After the cervix is soft, you'll probably head to an operating room so you can receive higher levels of pain control as needed, says Dr. Gupta. You will be offered a shot in the abdomen to stop the fetal heartbeat, if that gives you peace of mind. Your doctor will remove the pregnancy tissue in portions with specialized medical instruments, such as forceps. As with aspiration, recovery will include some bleeding and cramping for a few days.

#### WHAT IT COSTS

**\$1,500** (or more) without insurance. Prices increase as the pregnancy progresses.

## 20+ WEEKS

### INDUCTION TERMINATION

This rare alternative to D&E (aka labor induction) involves delivering the fetus vaginally at a hospital. Women "go through a process similar to labor, with the cervix opening, and possibly pushing to deliver the pregnancy," explains Dr. Gupta. It is a longer and riskier process than a D&E, so is generally only offered from 20 weeks until viability. Dr. Conti notes that induction enables the woman to hold the fetus and allows for a thorough autopsy.

#### WHAT TO EXPECT

Your provider will offer you an optional shot in the belly. Then she'll use medications to soften the cervix and induce contractions. Your water will break, and you'll feel cramping and pain. "You have the option of an epidural," adds Dr. Conti. The process can take several hours or several days. Barring a medical issue, you can go home a few hours after the fetus has passed. Recovery is similar to that of women who've given birth, including vaginal swelling and soreness, spotting, and potentially, lactating.

#### WHAT IT COSTS

**\$5,000** (approximately) Cost and insurance coverage varies. This is the average cost for an abortion at 20 weeks, according to the Guttmacher Institute.

### AND AFTERWARD...

It's not like ending a pregnancy is fun. But by three years later, 99 percent of women seeking abortions say they made the right choice, according to researchers who interviewed 667 women. Aspen Baker, who runs the after-abortion talk line Exhale, says people report "grief, confusion, relief, ambivalence, confidence, and hope. The main question is, 'Is what I'm feeling normal?'" Answer: Yes. To talk to a counselor, call 1-866-4-EXHALE.

—C.M.



**KELLY  
Cervantes**  
33, NEW JERSEY

D&E **21** WKS

## Dear Cosmo Reader,

I do not regret my choice. But that hasn't made my experience easy. I began writing about it as therapy, then I heard about state after state proposing 18- or 20-week abortion bans...and candidate after candidate supporting them. And I felt compelled to take my private experience public.

In September of 2014, my husband and I went to see my ob-gyn for our 20-week anatomy ultrasound. The results were "concerning," said our doctor, who recommended we see

a maternal-fetal expert. Our baby had a skeletal disorder called thanatophoric dysplasia, which causes underdeveloped lungs, among other ailments. The name translates from Greek to "death bearing abnormal formation." Gravely, she told us that if our baby survived birth, he would die soon after. We made a choice we could not have imagined before that exam. A choice that wasn't really a choice at all.

To close family and friends, we admitted to "terminating" the pregnancy. To everyone else, we vaguely said we lost the baby. But the truth, in plain English, is that I had an abortion.

Many severe defects cannot be detected until 20 weeks postconception. I am fortunate to live in New Jersey, a state where abortion after 20 weeks is both a legal and accessible option. But I am from Nebraska, a state where it is not. My experience was more emotionally painful than anything I had gone through before, but it was far less than what must be felt by women in the 13 states where these laws exist.

Proponents of these bills claim they save the fetus from pain. But most scientists and medical boards (too many to list here) say that's untrue. I doubt my baby felt pain when he died, but I know he would have felt immense pain at birth—and death immediately after. And what about the pain I would have felt when someone commented on my swollen belly? How would that have affected my marriage or my then-2-year-old son?

Consider this number: 1.3. That's the percentage of all abortions in the U.S. that occur after 20 weeks. Who are these politicians trying to save? They couldn't have saved my baby. It's an election year. Before you snag an "I Voted" sticker, think of me. Let your representatives know that it's not their right to choose a fetus, which wouldn't have survived, over a family, who may never have recovered.

Yours,

*Kelly*

time matters



\*BASED ON DATE OF LAST MENSTRUAL PERIOD, NOT CONCEPTION. SOURCE: AMERICAN CONGRESS OF OBSTETRICIANS AND GYNECOLOGISTS. THE GESTATIONAL AGE AT WHICH THESE PROCEDURES ARE PERFORMED MAY VARY DEPENDING ON PROVIDER AND INDIVIDUAL PATIENT CIRCUMSTANCES.