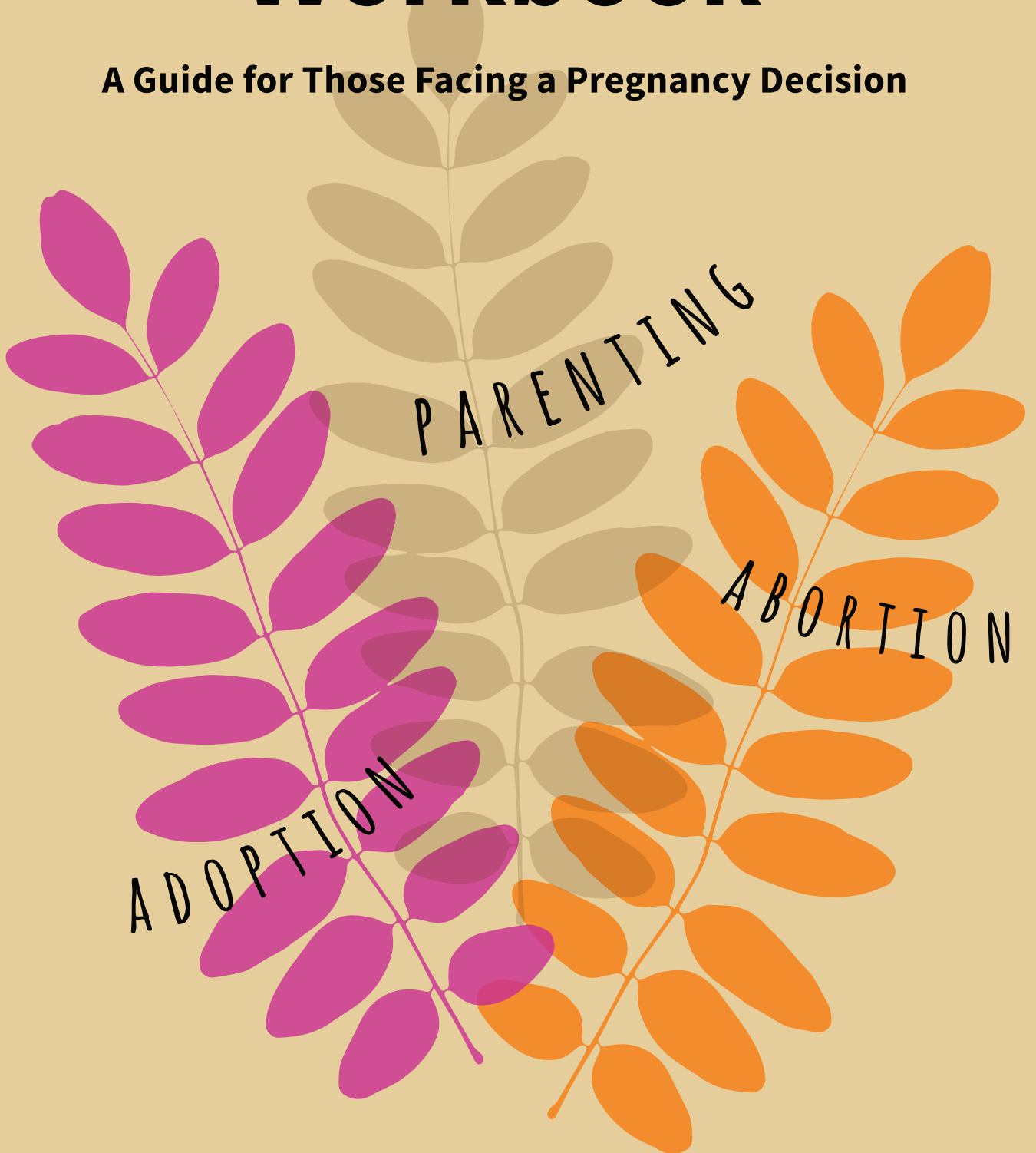


Pregnancy Options Workbook

A Guide for Those Facing a Pregnancy Decision





Dear Reader,

If this workbook is in your hands, you are probably pregnant and not sure what to do. You're in the right place. Read on. The people who put together this workbook support you no matter what you choose. We have done our best to give you a realistic picture of all the choices you can make—abortion, adoption, and parenting. You will find exercises to help you make the best decision for you.

We have done our best to make this workbook inclusive to all individuals and included information and thoughts on religion and spirituality, fetal development, and what can harm a pregnancy. There is a special section called Taking Care of Yourself which includes information on morning sickness, birth control, protecting your fertility, and healthy sexuality. We have included a section for gender non-conforming pregnant people, understanding that this can add an additional layer of complexity.

If you are having a difficult time with your decision, you may think you will never feel good about your choice. We have found that those who are willing to explore what they think and how they feel can help them find peace with their decision. So, get out your crayons, sharpen your pencils, and do some “homework.” It may be the most important homework you ever do.

Remember to listen to your heart and your own voice to find the right answer for you. Get some help if you need it.

A word about language: We want to be as inclusive as possible for anyone involved in a pregnancy experience. We sometimes use “women, people, and/or pregnant people”, because we recognize that not everyone who gets pregnant identifies either as a woman or as female. Instead of “he/she” or “him/her” you may see “they/them” which may seem awkward at first but includes everyone who may have a pregnancy experience.

Thank you and good luck!

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For copies of this and other publications, visit our online store at www.pregnancyoptions.info



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Am I Pregnant?

Where to Get a Test

A home pregnancy test is very accurate when you follow the directions. A home test or a test at a clinic is accurate when you have missed a period by one day or more. Or, ten days after the day you probably got pregnant.

Check Out the Internet

The web has millions of listings and it is sometimes hard to find what you are looking for, and even harder to find information you can trust, especially about abortion. Search in your local area by typing in “birth control” or “adoption agencies” or “abortion clinic” then your city and state. Lots of places offer free or inexpensive pregnancy tests. Examples: family planning clinics, Planned Parenthoods, women’s health centers, independent abortion clinics, health departments, or your own doctor’s office.

Keywords on Search Engines (Google, Bing, Yahoo):

Add your city and/or state to these terms for services near you. Also ask family, friends, doctors, nurses, counselors, and clergy for recommendations.

Abortion Clinics

You will get abortion clinics listed near you. Most abortion clinics will also do pregnancy testing and will offer ultrasounds. Many also offer “options counseling” which may help you decide what choice is best for you. If you search on abortion or abortion services, you will likely get organizations that oppose abortion or are political or advocacy groups.

Pregnancy Resource Centers, Crisis Pregnancy Centers, and All Help Centers

These are organizations that provide testing but are against having an abortion. They may be able to help those who want to continue their pregnancies, but their main purpose is to talk women out of abortion. While many facilities provide pregnancy testing or ultrasounds, their staff do not usually have medical training and research has found they do not offer factual information or all options. Be sure you know what kind of place you are going to.

Physicians and OB/GYNs

You can get a pregnancy test at a doctor’s office. They may be able to order an ultrasound at the hospital or do one in the office. Some doctors offer abortions or they can give a referral.

Adoption Agencies

Generally adoption agencies offer counseling about adoption but do not offer pregnancy testing or medical services.

“How pregnant am I?”

“When was your last period?” Get used to this question! You will be asked it again and again. That’s because the first day of your last regular period is the beginning of your cycle. This is your LMP [Last Menstrual Period]. Pregnancy is generally counted from this date, even though you probably got pregnant 10 to 14 days later. Fetal age (or gestational age) is two weeks less than LMP. Another way to estimate is by any symptoms of pregnancy, particularly nausea, vomiting or “morning sickness.” Generally, nausea starts at 5–6 weeks LMP. Some people are farther into the pregnancy than they think, so...

- » If you don’t remember the date of your last period
- » If your period was unusual—lighter or shorter than usual
- » If your cycles are not regular
- » If you have any doubt

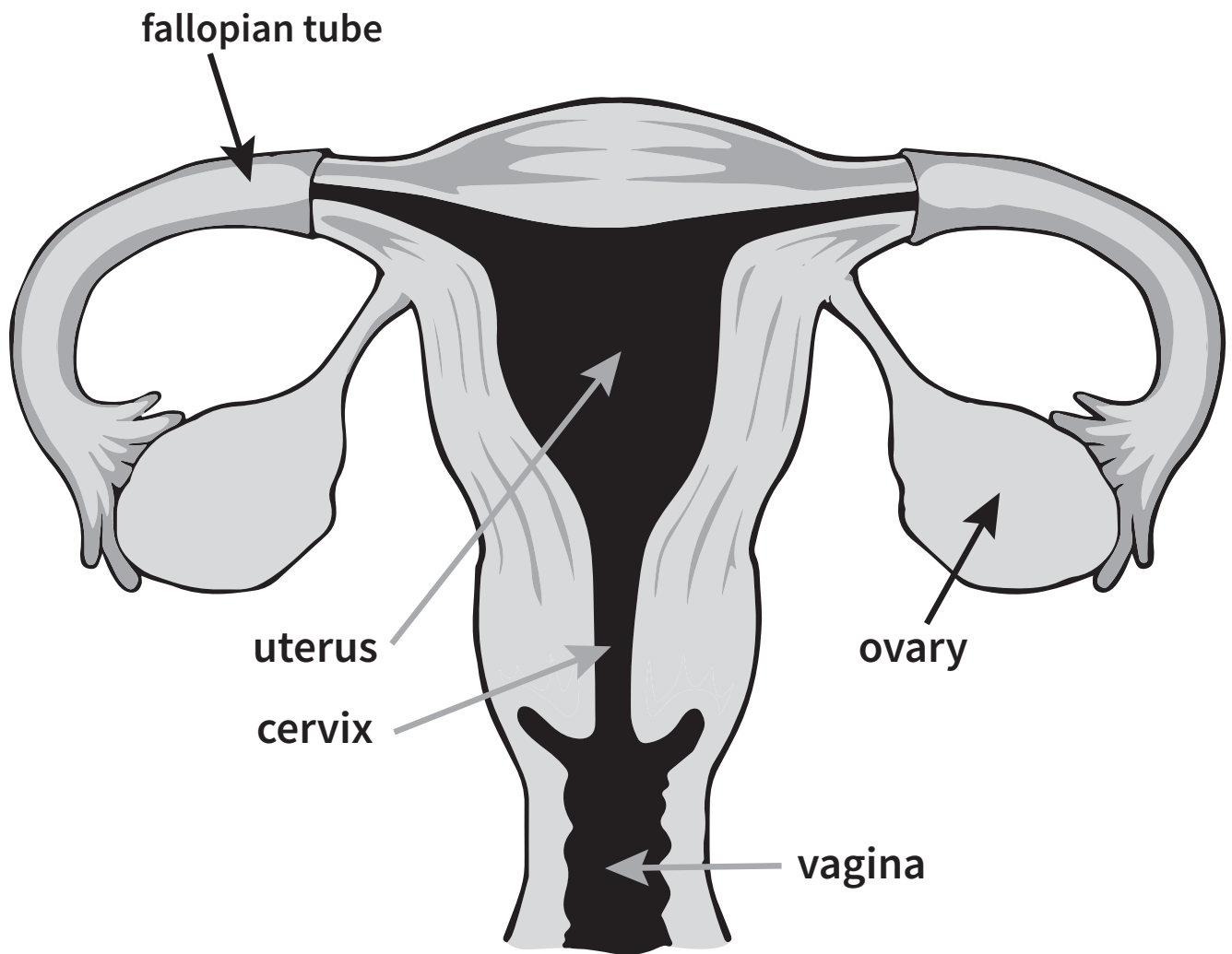
Get an ultrasound (sonogram) or exam to know how far along your pregnancy is. Ultrasounds are available at your doctor’s office, at an abortion clinic, or at the ER. Many crisis pregnancy centers offer free ultrasounds but be aware that they are against abortion and may give you inaccurate information or try to pressure you. If you have insurance it will probably pay for an ultrasound. If not, the usual fee is \$50–\$120. If your periods are regular, you can probably estimate length of pregnancy from your last period.

“How do I know if I am miscarrying or having a tubal pregnancy?”

There are two ways to tell if a pregnancy is continuing, miscarrying, or if a tubal (ectopic) pregnancy has occurred. An ultrasound at about 5 weeks LMP or more should be able to see evidence of pregnancy inside the uterus. If there is a concern that the pregnancy is miscarrying or growing outside the uterus consult a doctor or clinic. Two blood pregnancy tests that measure the quantity of hormones in your system 48 hours apart will help your doctor figure out what is going on. Miscarriages (spontaneous abortions) will eventually lead to bleeding and clotting that may need attention from a doctor or clinic.

A tubal pregnancy or ectopic is a pregnancy that does not drop into the uterus but continues to grow outside the uterus, often inside the fallopian tube. When it bursts the tube it can cause bleeding or even death if not treated quickly at a hospital. A tubal pregnancy can cause severe one-sided pain, pain that radiates up to the shoulder, or weakness and fainting. Generally, tubal pregnancies should get discovered and treated before 7 weeks from the last period (LMP). Treatment may be with a medication, Methotrexate, that will shrink the pregnancy or with surgery to remove the pregnancy. Depending on the damage to the tube, there may be problems with getting pregnant again with the tube on that side. Miscarriages do not affect later pregnancies.

You may have lots of questions about your pregnancy and how to decide what to do. The next section will help you figure out what you are feeling and what you want to do.





Getting Ready to Make the Decision

Everyone who is facing a pregnancy must answer one basic question...

Is this the right time for me to bring life into the world through my body AND be responsible for that life?

Few decisions are greater than this one. No responsibility is as important as raising a child. No activity takes more energy, more love, more patience, more of everything than having a child. No matter what you choose—carrying the pregnancy to term and parenting, making an adoption plan, or having an abortion there is sacrifice and pain.

Here are some other questions to think about...

Do I want to have a baby (or another baby), now or ever?

Will the child have another parent who is present or “there” for you?

How important is it to have another person to help parent with you?

Can I afford to have a child?

What will happen to my goals, my hopes, my life?

What will happen to my partner’s life?

Can I raise a child by myself?

Who can help me raise a child?

How will my family react? My friends?

How will this affect my other children (if any)?

Is my body healthy enough?

This is the main question...

Is this the right time for me to be responsible for a child?

Consider all your options carefully. The next pages will give you some thoughts about how to make this important decision. The three sections after that will help you think about your choices: parenting, an abortion, or an adoption. ***And even though we might wish for another choice, there are only these three choices.***

If this is hard for you, give yourself credit for dealing with one of the biggest questions about life. This can be a very complex decision. Take your time. Go through each section one at a time. Make a safe place for you to think. Write your thoughts down as much as you can. Ask for help when you need it. Take full responsibility for your decision. Don't let anyone else make it for you.

Giving Yourself Time and Space to Think

- » Sometimes we don't want to think about things and we try to keep ourselves busy so that we don't have time to think.
- » Sometimes we don't have time because our kids need so much of our time and energy.
- » Sometimes we are busy with school, work or activities.
- » Sometimes we are hiding this decision from others and it's hard to find the time and space to think about it.

But, remember, this decision will affect the rest of your life. You owe it to yourself to make time! When you are pregnant, time makes a difference. If you are even considering an abortion, please try to make your decision in the first 10–12 weeks (from your last period). This will make it a safer, less expensive, and easier procedure for you. If you need more time to come to terms with your decision and feel at peace, that's ok too, but having an abortion earlier in a pregnancy means you may have more options in your area. If you are considering continuing the pregnancy to parent or for adoption, start prenatal care as soon as possible.

Exercise: “How can I make time to think?”

I could ask _____ to watch the kids for me.

I could skip _____.

I could stay home and think instead of doing _____.

I could talk with _____.

Other thoughts on making time for myself _____.

Exercise: Making a Safe Place

Now you will need a place that is free from interruptions (TV, other people, phone calls, texting). Can you hear yourself think? Is there a safe place for you? (your own room, the park, the library, etc) Describe it. Write your answer here:

Now that you've got a time and place to go through this workbook, let's get started. The next section deals with how you are feeling.

Exercise: Are you in shock?

Are you having a hard time believing you're pregnant? Take this test. For many, finding out that you're pregnant is very stressful.

How long ago did you start thinking you might be pregnant? _____

1 = rarely 2 = sometimes 3 = often 4 = all the time

- ___ I think about it when I don't want to.
- ___ I have trouble doing my work.
- ___ I won't let myself get upset when I remember I have to decide.
- ___ I don't feel like eating.
- ___ I have trouble falling asleep or staying asleep because I don't know what to do.
- ___ I have waves of strong feeling about it.
- ___ I have dreams about it.
- ___ I stay away from babies.
- ___ I feel as if I'm not pregnant or it's not real.
- ___ I try not to talk about it.
- ___ Pictures of babies come into my mind.
- ___ I can't stop crying.
- ___ I'm aware that I still have a lot of feelings about it, but I don't deal with them.
- ___ I'm feeling a little numb.
- ___ My friends tell me I don't laugh anymore.
- ___ **Total (Add up your score)**

How to Score Yourself

16–30 indicates a mild reaction.

31–45 indicates a moderate reaction; you could benefit from the following workbook.

46–60 indicates a severe reaction that may be keeping you from your feelings. You need help.

Please note: If your score does not indicate that you are having a severe reaction, but you still feel troubled, consider talking to a counselor or health care worker for help. Continue to finish the workbook and ask and answer all the questions. Take the time you need to make a good decision. Please read on.

Understanding Shock

Have you ever known people who were in a car accident, even a minor one? Initially they often say, “I’m fine.” Later, they might feel scared, shaky, or have trouble eating, sleeping, or doing work. Did they tell the story of the accident over and over? Those people were trying to deal with the shock of the accident. Telling the story is a way to understand what happened, and “catch up” to events that are too much to take in.

Sometimes finding out that you are pregnant can be a “shock.” What we know about how people deal with accidents, crimes, and natural disasters can help you too.

When we are in shock our rational side (head) and our emotional side (heart) can become divided. When we are in shock, it’s like we are frozen or cut off from normal ways of dealing with stress. Part of us goes on automatic. The feeling part of us goes into hiding or goes numb. In other words, the part that gets hurt or scared or overwhelmed goes into hiding. The rational part that is strong and capable but cut off from feelings tries to take over and handle life.

The best way to make good decisions is to have both the head and the heart available. It is necessary to bring the feeling part and the thinking part together to get out of shock. It is normal to be a little in shock when you find out you’re pregnant. But it is important to get out of shock so you can make a good decision for your life.

The best way to do that is to tell the story of your pregnancy (just like any other overwhelming event). You can tell it to a friend, a relative, your partner, or a counselor. Pick someone you trust who cares about you. Try to remember how you were feeling at different times. Ask the person just to listen, not to judge, not to tell you what to do, nor tell others without your permission.

The exercises on the following pages will help you get out of shock and help you make the best decision you can.

 **Exercise: What are you feeling?**

It's not always easy to know what you're feeling. Start with these basic feelings. Choose those that apply and divide the circle up into pieces that represent which feelings you are having.

anger

sad

shame

scared

happy

Here are some other feelings and thoughts you might have (circle all that you are feeling).

confused

overwhelmed

confident

stupid

uncertain

alive

happy

unreal

panic

numb

guilty

comfortable

anxious

relieved

trapped

strong

embarrassed

scared

like crying

selfish

resolved

grieving

relaxed

peaceful

lost

disappointed

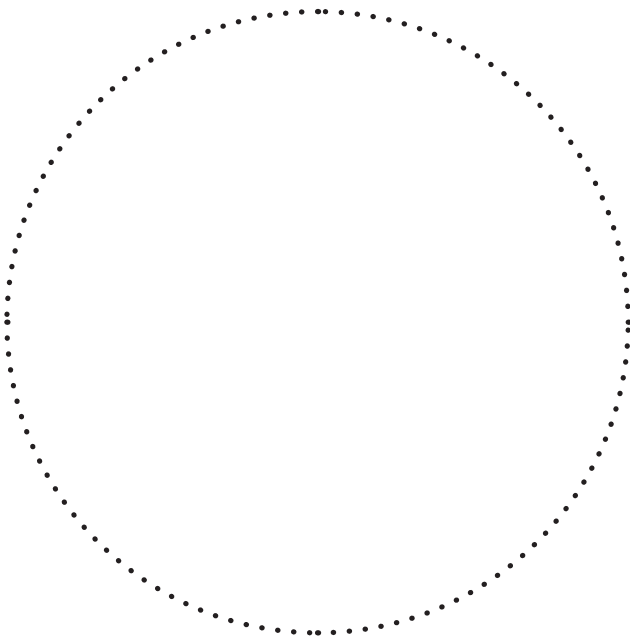
alone

worried

unloved

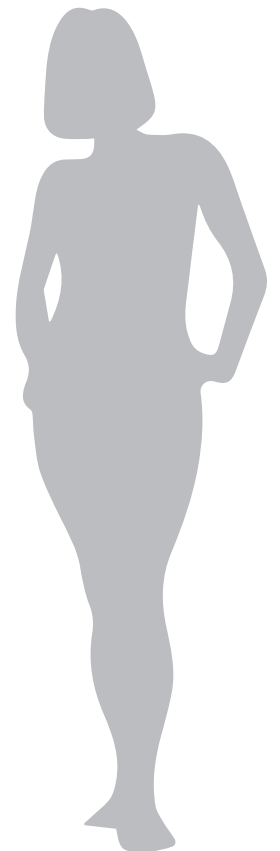
other

Draw a circle and divide it into sections, then label the pieces with the feelings you are having.



Where on your body are you feeling what you're feeling?

Emotions seem like they "sit" in a part of your body. Put your hand where you notice feelings. Some feel it in their stomach, or around the heart, or they feel tension in the neck or head or jaw. Does it help to rub that area? Take slow, deep breaths?



Exercise: Feelings

Ask yourself: “How do I feel? What does that feel like? Is there another feeling?”

Here are some questions and exercises to help you understand your feelings about being pregnant. If this seems too hard at first, take a break and come back to it in a little while.

Anger

How angry are you? (circle)

- furious
- annoyed
- really mad
- “I’m so mad I can’t speak”
- I feel “mean”
- upset/angry
- hurt/angry
- “If I wasn’t so angry, I’d cry”

Who are you most angry at?

If you’re angry at someone, what do you wish they could have said or done?

If you’re angry at yourself, why?

Are you expecting perfection from yourself?

Where did you learn you needed to be perfect?

What could you have done differently?

What can you do differently from now on?

What are some ways to express your anger?

Sad

What is the saddest part of this for you? (Clue: when you think about it or talk about it, this is the part that makes you cry.)

Do you have a sense of loss?

What are you losing?

There may be more than one thing. You might feel that whatever you choose, you'll lose something. Write down what you think you are losing:

Shame

Shame is something we learn very early in life. Somehow, we get negative messages about ourselves. It's the feeling that there is something "flawed" or "basically wrong with me." (Clue: this is the thing we wouldn't want anyone to know about us.)

Some things that people might feel ashamed about are: sex, having an affair, abortion, making a mistake, being poor, being a victim of sexual or physical abuse, or just being different. It may be hard to overcome these feelings and you may find it helpful to talk to a trained counselor.

Is there a shameful part of this for you?

Is this feeling familiar? Does it remind you of another time in your life?

Did anyone try to make you feel this way?

What is a more positive message you can give yourself? Sometimes it helps if you pretend you're talking to your best friend. How would you respond if they told you the same story?

Scared

Fear is a common feeling when we are facing something new or when we are feeling alone. What are you afraid of?

When have you been really scared in your life?

What helps you feel less scared?

What have you done before to deal with those fears?

Who can you ask for help?

What information could help you feel less scared?
(Example: An explanation of what the doctor does)

Do you sometimes feel panic?

Are you worried about pain?

Happy

Happiness is feeling content like “everything is right.”
“No problem!”

I’m happy because:

The best part is:

Is anyone else happy or unhappy?

Does what makes you happy make someone else unhappy? Who? Why?

What could happen to your relationship to that person?

How do their feelings change depending on your choice? If you decide to parent?

Or have an abortion?

Or choose adoption?

Do you feel like you understand yourself a little better now? If not, some of the exercises in the next sections may help. Complete them and return to this section.

Exercise: Write or draw your story about being pregnant

Sometimes it helps to actually write out or draw your story, especially if you don't have a lot of people to talk to.

Include: how you got pregnant, who you got pregnant with, how you knew you were pregnant, how you felt when you found out, who you told, how they reacted, and anything else important to you.

When you're done, tell a trusted person the story. Choose that person carefully; it's important to both understand yourself and be understood by someone else. Ask them to listen and try to understand you, not to judge or give their opinion. The next section looks at who can support you. If you don't have anyone to tell, you can call All-Options at 1-888-493-0092 to talk with someone confidentially.



Getting Support

Although this decision is yours—hopefully with the help of your partner or family (whatever that means to you)—you need support. The best support comes from people who will listen to you, offer their feedback, but not tell you what to do. They should not judge you, but will try to support you no matter what you choose. They shouldn't tell others without your permission.

Think about who would be a good person to tell. In the past,

- » Who was the friend or family member was most supportive?
- » Who didn't tell your story without your permission?
- » Who didn't judge you?
- » Who isn't always criticizing other people?
- » Who have you already told?
- » Who else might be helpful?
- » Would telling this person be hurtful to them?

Asking for Help

A tip about asking for help: If you are worried about what people will say, tell them what you need. For example, you could say:

- » "I really need you to listen."
- » "It would help me if you could..."
- » "I want to talk to you, but I need to know you won't tell anyone else."
- » "I'm worried that you will judge me (or get upset), but I want to tell you something."

Another thing to remember: Give the people time to have their own feelings and try not to be too upset if they say things that are not supportive. Most people react to unexpected news and then calm down and can be more helpful. Also, tell them in a private setting, not in a public place or while they are driving. If you are worried about a violent reaction, have someone else there who can protect you and have an exit plan ready.

"I TOLD TWO OR THREE PEOPLE AND THEY TOLD TWO OR THREE. IT WAS A NIGHTMARE. I GOT TOTALLY LOST IN THE WHOLE THING."

"I'M NOT USUALLY THAT CLOSE TO MY DAD BUT HE REALLY HELPED ME."

"AT FIRST I THOUGHT MY MOTHER WOULD FREAK, BUT SHE WAS REALLY OK."

Exercise: Telling/Not Telling

Telling Parents and Family

If you are young—or even if you are not—you may be wondering whether to include a parent or caretaker in your decision. In many states a parent or legal guardian of a minor (under 18) must be notified or give consent if you want to have an abortion, place a child for adoption, or seek medical care. Even if you decide not to tell them, it's good to imagine what they might say or think. For information about whether your state requires that your parents be told before an abortion ask your local clinic or family planning agency.

- What's the best thing they would say or do? _____
- What's the worst they would say or do? _____

Here are some things to think about:

- I want to tell: _____
- They would probably think: _____
- They would probably say: _____

Here are some reasons young (and not so young) people give for not telling their parents/guardians. Are any of these similar to your situation? (Check all that apply)

- My parent/guardian(s) would yell at me, maybe throw me out, or be violent.
- My parent/guardian is sick, or having a hard time right now, I don't want to add to their troubles.
- My parents/guardian would be upset. And then I couldn't make up my own mind.
- I feel it's my decision and my life and I just don't want to involve them.
- I think they would support me, but I want to make this decision on my own.
- If I tell them they will make me ___ (raise the baby, have an abortion, place the baby for adoption).
- My parents/guardians will ground me and not let me see my partner.
- They will be disappointed in me.
- I really want to tell my parent(s) but I'm afraid of _____
- Other _____

Look at what you have checked. Is not telling them better for you or better for them? Remember, this is a big event in your life. If you need them, ask for their help.

You should involve a parent if:

- you would feel safer if they knew
- you need their advice
- not telling them would hurt your relationship with them
- not telling them would make you feel bad or dishonest
- you need their help with money for a doctor, transportation, support, or because it is required

If you cannot tell a parent/guardian about being pregnant, is there another adult or family member you can tell?

The handout Mom, Dad, I'm Pregnant offers help in telling a parent or caretaker you are pregnant. The "Mom, Dad" page at www.aborticonversationprojects.org/conversations/ includes helpful tips for you, your parents or caretaker(s), your partner, and their parents too. The handout for you and your parents is in English and Spanish.

Note: In some states notifying a parent is required to get an abortion. It is possible to request a judicial bypass by telling a judge that you are mature enough to decide for yourself. Ask for help at an abortion clinic.

Telling a Partner/Boyfriend/Spouse

Some couples come together in making this decision and some pull apart. The best situations happen when both of you can talk honestly about how you feel and listen to each other without blame or hurt. The website www.abortionconversationproject.org/especially-for-men/ may be helpful to them.

Is your partner saying any of these things? (Check all that apply)

- | | | | |
|--------------------------|---------------------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | I can't afford a child. | <input type="checkbox"/> | See you later. |
| <input type="checkbox"/> | How do I know it's mine? | <input type="checkbox"/> | I'm too young. |
| <input type="checkbox"/> | What ever you do, I will support you. | <input type="checkbox"/> | I'm too old. |
| <input type="checkbox"/> | I'm not ready. | <input type="checkbox"/> | I'm worried about you. |
| <input type="checkbox"/> | I'm scared. | <input type="checkbox"/> | I'm not sure what to think. |
| <input type="checkbox"/> | I want you to have my baby. | <input type="checkbox"/> | I can't be a good provider right now. |

Write what you partner is saying:

What do you wish your partner would say?

Telling Friends

Most people have one or two friends to support them in their decision. Choose wisely. Tell them what you need. Ask them to listen, not to tell you what to do. Ask that they not tell anyone else without your permission.

“I DON'T KNOW WHAT I WOULD HAVE DONE WITHOUT MY GIRLFRIEND. SHE COULD LISTEN WHEN MY BOYFRIEND COULDN'T.”

Telling a Counselor

Sometimes you need to talk to someone outside the situation, someone who understands, who can explain things, and who will listen to you—in other words, a counselor. If you're already seeing a counselor, bring it up in your next session.

Family planning, Planned Parenthood, and reproductive or women's health clinics usually have counselors on staff who offer options counseling. Or they can refer you to a counselor who can see you quickly. Sometimes a teacher, guidance counselor, religious leader, your doctor or nurse can be helpful.

No matter who you talk to, remember that they are human and can make mistakes. You should feel that they listen to you, treat you with respect, give you accurate information, and let you make up your own mind. They should not threaten to tell anyone else without your permission or call you when you don't want to be called. If you are not comfortable with a particular counselor, see someone else.

 **Exercise: My Support Team**

My support team (people who will listen, not judge):

If you have told any of these people, what did they say?

What do you wish they would say?

Can you tell that to them?

A Note For Gender Non-Conforming Individuals

“I don’t identify as a woman and yet I’m pregnant. How do I get help?”

If you don’t identify as female, but find yourself pregnant, you may have confusing feelings or find your decision difficult. Any discomfort you may have with your body may come to the surface and demand your attention. Often a pregnancy decision brings up powerful feelings that may be unexpected. Take your time to consider all your feelings. If you have a counselor or support group talk to them.

You may worry about accessing sympathetic reproductive care. If you don’t have a regular doctor or clinic that can help you find care, do some research on clinic webpages. Call the doctors or clinics in your area and ask to speak to a manager. Ask if they have experience treating transgender individuals. Ask them to respect your name and pronouns. Ask for what you need to feel comfortable. You may want to have a friend or advocate do this research and/or accompany you for appointments.

Take some time to de-brief after each appointment and get the support you need. Are there takeaways from your experience that can give you insight into issues in your life?



Deciding What to Do

The decision about this pregnancy is yours. Think of yourself as a “gatekeeper of life.” You can decide whether or not a new life will come into the world through your body. This is your right, but more than that, it is your responsibility. Only you can decide whether you are ready to be responsible for raising a child. Only you know what your plans and dreams are for your life. Deciding about a pregnancy may be difficult for you, yet, no one is better able to decide than you.

Decision-Making in Your Family

Take a minute to think how decisions get made in your family.

- » Did everybody have a chance to talk about it?
- » Or did one person just decide?
- » Did everybody get mad?

You may feel like you don’t know how to make such a big decision.

- » How do you make decisions?
- » Is it difficult for you to decide what to do, even simple decisions?
- » Do you feel you have to be “perfect”?
- » Are worried that you might make the wrong choice? If so, you may need more help and support in thinking through this decision. This is a decision about your life and it has to feel OK for you.

Is there someone pressuring you into one decision or another? Do you fear their hurtful or violent reaction? (see section on abuse below) Do you feel they would be angry or disappointed? While we care about those closest to us, you have to “own” your decision.

- » You can decide the way you’ve seen your family do it or you can decide a different way.
- » If deciding is very difficult for you, please read the following and get more help. You have already done some exercises to help you decide. The exercises on the following pages may help you even more.

Heartsick?

Some people know what they need to do but they feel heartsick. In other words, their head says one thing, but their heart feels sick or heavy. Or, they know what the right choice is for them but their head is confused. If this describes you, please take some more time to work out how you feel. Or, consider talking to a counselor. It is possible to connect your head and your heart. It is possible to feel OK about yourself and your decision.

Have you ever been pregnant before?

- Have you ever been pregnant before? Your past experiences may influence how you feel about this decision. If you have never been pregnant, skip to the next section.

Did you have one or more children?

- How old were you?
- Did someone else make your decision for you?
- Was it difficult? Physically? Emotionally?
- Did you have physical or emotional problems afterwards?
- How did you feel then?
- How do you feel now?
- Was each baby healthy?
- Was each pregnancy difficult or easy? Describe any problems.
- Was the baby stillborn? Do you know if there is a problem that could happen in another pregnancy? (Talk to a genetic counselor or your doctor.)

Did you have any miscarriages?

- How far along were you?
- Were you very sad?
- Did people around you help you?
- How do you feel now?

Did you have any abortions?

- How old were you?
- Did someone else make your decision for you?
- Was it difficult? Physically? Emotionally?
- Did you have physical or emotional problems afterwards?
- How did you feel then?
- How do you feel now?

Did you place a child for adoption?

- How old were you?
- Did someone else make your decision for you?
- Was it difficult? Physically? Emotionally?
- Did you have physical or emotional problems afterwards?
- How did you feel then?
- How do you feel now?

No matter what happened—an abortion, deciding to parent, making an adoption plan—did you feel able to make your own decision about the pregnancy? Or, did you feel someone else made the decision for you? Do you feel resolved or at peace with what happened? If not, what is still difficult? How has being a parent, or not being a parent, changed your life?

Other Pregnancy Stories

- If you haven't been pregnant before, have you heard stories about or been present for the pregnancies of family or friends?
- How about your mother's pregnancies or a close relative?

Think about these stories about pregnancy—childbirth—abortion—adoption—miscarriage—stillbirth—infertility (not being able to have a child)

Write the name of that person and her story on another piece of paper.

Whenever we are pregnant, we remember other pregnancies or stories about pregnancy. These stories will bring up feelings. How do these feelings about your past, or about someone else's experience, influence how you feel about this pregnancy? By remembering these stories you can understand how this feels different or the same. If there are feelings you need to deal with, you might want to seek the help of a counselor.

Each pregnancy is unique. Every time is a different time for you.



“WHEN THE LADY AT THE CLINIC FIRST TOLD ME I WASN'T READY AND HAD TO GO HOME AND THINK ABOUT IT, I WAS ANGRY. I WANTED IT TO BE OVER. I THOUGHT I COULD HAVE MY FEELINGS LATER. I WORKED THROUGH THE EXERCISES AND NOW I FEEL COMFORTABLE, POSITIVE, AND NOT ASHAMED OR GUILTY ABOUT MY DECISION.”

“THE SADDEST PART IS THAT I CAN'T RETURN TO THAT PLACE BEFORE THE PREGNANCY.”

“I THOUGHT I HAD TO GO THROUGH IT FOR MY HUSBAND. NOW I KNOW I AM DOING THE RIGHT THING FOR ME.”

“I FELT SO BAD, I REALLY THOUGHT I WAS GOING TO DIE. BUT, AFTER I TALKED TO THE COUNSELOR AND DID SOME OF THE HOMEWORK, I FELT BETTER. STILL SAD, BUT OK.”

Dealing With an Abusive Relationship

If you are in a relationship with a partner who is abusive, the decision about how to proceed with a pregnancy can be even more difficult or challenging. Your partner may have strong feelings about continuing or not continuing the pregnancy. You may have found out that you were pregnant after leaving the relationship and wonder if you should try to work things out. Or, you may ask how you would manage being a single parent. You may worry about what might happen if your partner found out you had an abortion. For your physical and emotional safety, you might feel like it's important for your partner not to know that you are pregnant. There's a lot to think about.

Sadly, abuse and partner violence are actually common experiences. The Center for Disease Control estimates that one in three women will experience some form of partner abuse in her lifetime. Abuse can take many forms. When most hear the word, they think about physical abuse—slapping, hitting, pushing. Abuse can also include name calling, mind games or accusations, forcing someone to have sex or be intimate when they don't want to, sabotaging birth control, controlling someone's finances, embarrassing them in public, withholding medical care or trying to disrupt relationships with your friends or family.

If your relationship is or has been violent, controlling or abusive, it is important to know that the stress of a pregnancy is likely to cause this to increase. According to ACOG, approximately 20% of women seeking care in family planning clinics who had a history of abuse also experienced pregnancy coercion and 15% reported birth control sabotage.

You deserve to be physically and emotionally safe. You deserve a partner who does not hurt you. Even though you may feel embarrassed or want to deal with this privately, now is a really good time to talk with friends, family, a counselor or a local domestic violence agency about what's been going on. They will help you understand your rights so that you can make the best decision for yourself and your life. To find the nearest services, call 1-800-799-SAFE (7233).

“I WAS PRETTY SURE HE GOT ME PREGNANT ON PURPOSE. I DIDN'T WANT TO BE PREGNANT, BUT HE THREATENED TO KILL HIMSELF. HIS MOTHER SAID THIS BABY WAS THE BEST THING THAT EVER HAPPENED TO HIM. I FELT SO STUCK.”

“I WOULD LEAVE THE HOUSE AFTER WE FOUGHT, BUT WE HAD TWO PUPPIES AND IF I LEFT, HE WOULDN'T FEED OR WALK THEM FOR DAYS TO GET BACK AT ME. WHEN I GOT PREGNANT, I THOUGHT ABOUT HIM ALONE WITH A BABY AND IT REALLY SCARED ME. IT BROKE MY HEART, BUT I KNEW I COULDN'T BRING A BABY INTO THAT.”

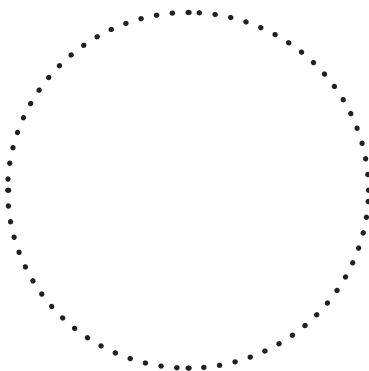
“I WASN'T SURE THAT I WANTED THE BABY AND I DIDN'T KNOW IF I WAS GOING TO KEEP IT OR NOT, BUT HE POSTED ON HIS SOCIAL MEDIA THAT I WAS PREGNANT FOR EVERYONE TO SEE. HE CALLED MY PARENTS AND TOLD THEM BEFORE I COULD. 'NOW YOU CAN'T HAVE AN ABORTION,' HE SAID, 'BECAUSE EVERYONE WILL KNOW.'”

“HAVING SOPHIE WAS THE THING THAT HELPED ME GET OUT OF THE RELATIONSHIP. I WASN'T STRONG ENOUGH TO LEAVE BY MYSELF, BUT WHEN I FELT LIKE I NEEDED TO PROTECT HER, I WENT TO THE LOCAL WOMEN'S SHELTER AND ASKED FOR HELP. IT HAS BEEN HARD AND HE'S SAID AND DONE SOME REALLY HURTFUL THINGS, BUT I GOT MYSELF OUT.”

Exercise: What if.... then what?

Finish the sentence: “What would happen if...?” and put that answer in the middle of a large drawn circle.

Draw another circle next to it and answer the question, “Then what might happen...?”



Continue for as many times as you can, and as many answers as you can think of. Use additional paper as needed. Start with each option you are considering. (Example: What if I had a baby. Then, I would take a year off school. Then, my partner would... etc.)

Exercise: Draw a picture of your life

Draw a picture of your life in one year with, and then without, the child from this pregnancy. Use a separate sheet of paper.

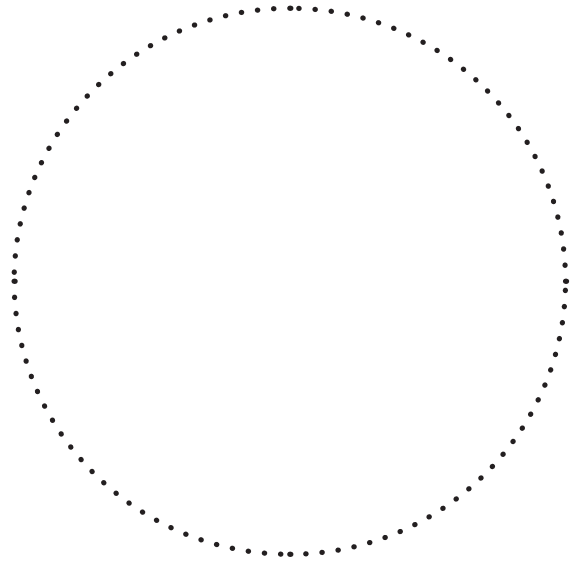
Draw a picture of your life in five years with, and then without, the child from this pregnancy.

“I USED TO HAVE A LOT OF GIRLFRIENDS, BUT THEY DIDN’T LIKE THE WAY HE TREATED ME. THEY DIDN’T EVEN KNOW ABOUT THE PUSHING AND THE HITTING. MY ONE FRIEND SAID THAT SHE JUST COULDN’T SIT AND LISTEN TO HOW HE BOSSED ME AROUND, SO SHE STOPPED TALKING TO ME. ANOTHER FRIEND TOLD ME THAT IF I RESPECTED MYSELF, I WOULDN’T PUT UP WITH IT. I FELT LIKE I HAD TO CHOOSE BETWEEN THEM AND MY BABY’S DAD. I HAVEN’T TALKED TO ANY OF MY GIRLFRIENDS FOR ABOUT A YEAR NOW.”

 **Exercise: The Pie**

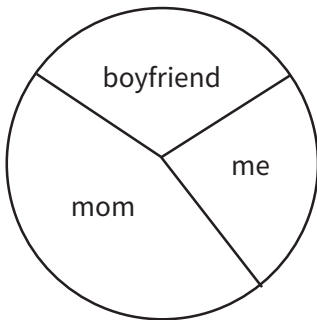
How big is the part of you that wants to choose parenting, an abortion, an adoption? Draw a circle. Divide the “pie” into sections. Label the parts of the pie, “parenting” “abortion” “adoption.”

How big is the piece that is what you want for each option?

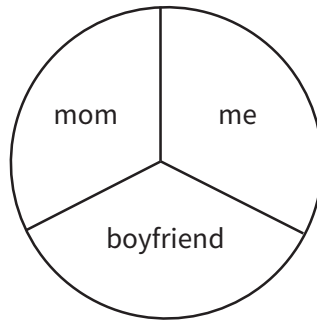


Draw circles for each option and label what other people, including yourself, want. How big is the piece that belongs to what others want? Put their names in their pieces of the pie. For example, in one circle, your mom and your partner might be more than 50%. What about you?

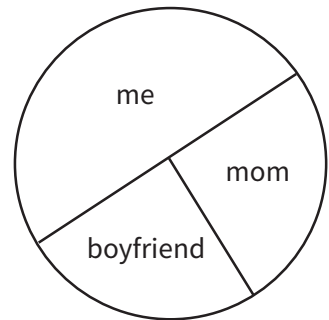
Parenting



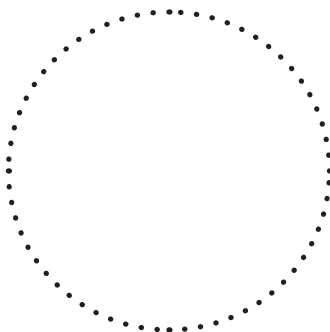
Adoption



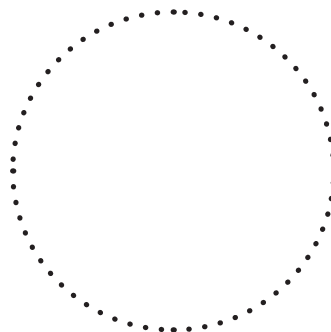
Abortion



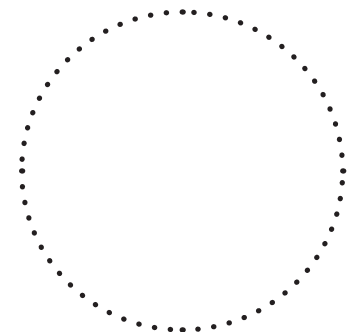
Parenting



Adoption



Abortion



 **Exercise: Pros and Cons (Yes and No)**

Write your list of pros and cons for each option: parenting, adoption, and abortion.

	Pros	Cons
Choosing to parent		
Choosing adoption		
Choosing abortion		

“What if I think I made the wrong choice?”

Deciding about whether or not to have a child can feel like such a big decision that it feels impossible to make a decision that you can live with. Before you make a final decision, it is worth asking, “What if I feel like I made the wrong choice later?”

- » How will you feel? How would you know that you made the wrong choice?
- » Can you forgive yourself? Who will support you?
- » What will others say or do?
- » Who will help you through your questioning?

Return to the decision making exercises, especially the “What if” exercise and ask the above questions for each option.

Now ask yourself, “How can I get better if I regret my decision?” Sometimes we expect that our lives should be perfect or that we will never make a mistake. But, we forget that not everything is completely within our control, and that we humans are not perfect. If you see yourself as a “perfectionist” and having a hard time, you may benefit from discussions with a counselor or therapist.

Write a letter to your future self and remind yourself the situation you were in, how you felt, and how you wanted to make peace with your pregnancy decision. The letter can remind you that you were trying to do the right thing for all concerned. It can remind you that you were trying to make a good decision for your life and your family, with the information you had at the time.

Think about the idea of forgiveness or compassion. If you feel you need to be forgiven, who should you ask forgiveness from?

- » God, the “baby”, yourself, someone else?
- » Who will help you if you are in an emotional crisis?
- » Can you tell them your fears now?
- » Is there a counselor or clergy person you can talk to?
- » Finally, what might comfort you if you feel you made a mistake?

Some find comfort in ritual (See Healing Work in this book and the *Abortion Resolution Workbook* at www.pregnancyoptions.info)

See also Healthy Coping After an Abortion www.abortionconversationproject.org. Or call All-Options for help in decision-making at 1-888-493-0092 or go to www.all-options.org/find-support/talkline/

Dealing With Regret

Some people look for meaning in the hopes and goals that guided their decision in the first place. It may be difficult to understand now, but ask yourself, “What is the gift of this pregnancy?” “What have I learned about myself?” “Has this experience made things clearer to me?” You may need to return to these questions after some time has passed.

- » What have you learned about yourself and your strengths?
- » What have you learned about your life? Your relationships? Your goals?
- » Some find that it helps to “count their blessings”—their children, the love of others, their home or work.
- » Some find that they make resolutions about the future—about birth control, about relationships, about listening to their own voice.

It is possible that no decision will feel completely right or good. Sometimes we have to do the least bad thing and know that we are doing the best we can do. Sometimes we realize that life is not fair, and no option is good. It is possible to think that we made the right choice but still feel very sad about it, or guilty.

Feelings about a pregnancy decision are normal; after all, it is a big decision about life. It’s important to find ways to express your feelings. This will help you resolve your feelings and get back to your life.

Pregnancy Decision-Making

It may be that even with all this work, we can’t really know what it’s like to have a child of our own, or to experience abortion or make an adoption plan. Sometimes it seems that we put more time and research into what car we want or what food to eat! Get the facts. Examine your intentions for your life. Listen to your true feelings and find someone to tell your truth to. Make a decision with your head and your heart.

Guided “Day Dreams”

Guided imageries or visualizations are a way of using your imagination to understand feelings. It’s like a daydream with instructions. This and other guided daydreams are on the internet at www.pregnancyoptions.info, both in words and recorded. This exercise may help you form pictures in your mind or you may just get a sense of things. There is no right or wrong way to have this experience. Let yourself experience the feelings that come up. Listen to your inner wisdom. Take your time.

This is a powerful tool to connect your head with your heart. Find a place where you can be comfortable and where you won’t be interrupted or disturbed. Each guided daydream takes about 10–15 minutes. Think of the place you are most peaceful, and you will know where to go. After you have practiced the guided daydream, you will know that you can create peace and relaxation any time you want to. Just notice your breathing, allow your body to relax, and in your mind’s eye, go to a place that is beautiful and peaceful and safe.



Some questions and possible answers to consider...

“What should I do first if I want to continue this pregnancy?”

Find a doctor, clinic, or midwife as soon as you think you might be pregnant. Ask friends who are recent parents which doctors or midwives they liked. Or search the internet under “Physicians-Obstetricians” sometimes known as “OB-GYN in your town.” Or consult your hospital for a birth clinic. If you think you can’t afford to see a doctor, ask your county Medicaid program about a special program for pregnant people.

“What is a nurse-midwife?”

They are nurses who are specially trained to deliver babies and give care during pregnancy. Midwives can give you lots of support during the pregnancy and during labor. They prefer low intervention delivery and less “high tech” monitoring and medication. Nurse-midwives work with a doctor if you need a higher level of care. A doula, often works with midwives to offer emotional support before, during, and after a delivery.

“Are there things I should or shouldn’t eat?”

What you eat affects your pregnancy, so eat as well as you can and take pre-natal vitamins as soon as you can. In the first few weeks, it’s good to have lots of folic acid, vitamin B12, and other minerals and vitamins to prevent certain birth defects. Generally, you want to eat good food—fresh or frozen fruits and vegetables, lots of dairy foods, proteins, and whole grain foods. You want to stay away from junk food and fried or fatty foods that don’t give you much nutrition. Also, avoid or reduce caffeine in coffee, tea, or soda if you can.

“Do I have to quit smoking and drinking?”

Those who do not drink, smoke, or do drugs have a lower risk of stillbirth, SIDS (Sudden Infant Death Syndrome), premature birth, small or sick babies, and some birth defects. Stop as soon as possible. Stopping anytime during the pregnancy will help prevent problems for your baby. If you feel you can’t stop drinking alcohol, smoking, or using drugs, ask your doctor or clinic for help.

“What about my medications?”

If you think that you may continue the pregnancy, call your physician or psychiatrist to see if the medications you are taking are safe for a developing fetus. Your doctor may tell you it is safe to continue or may suggest a different medication while you are pregnant.

“Can I do it alone?”

This is one of the most important questions to ask yourself. Will you have support in raising a child? What about your partner or parents/guardian or extended family? It is very difficult to take care of a child alone. And remember, support comes in many forms—financial, emotional, physical such as housing, and social such as friends and childcare.

“What kind of financial support is available from welfare/social services?”

There are programs like Medicaid that will help with medical costs. Your County Social Services department may be able to help with very basic living expenses. Both parents of the baby will be expected to provide financial support. WIC (Women, Infants, and Children) can help with nutritious food during pregnancy and up to age 5 for the child. There may be other forms of assistance in your community. Private agencies like Family and Children’s Society and other groups may be able to help.

“Can I make it through labor?”

The average length of labor for a first pregnancy is between 12 and 24 hours. It is understandable to fear labor, but fear of labor should not be the most important factor in your decision. There are many choices in delivering a baby. A low intervention delivery is having a baby without any pain medications. Or your doctor may offer some pain medications. Or you can have complete pain relief with an “epidural anesthesia” where you are numb from the waist down. Talk these over with your doctor or midwife.

“What is labor like? Can you describe it?”

It might be different for everyone. Each step may take more time or less time and everyone has a different pain tolerance. Most labor is do-able. At first, the contractions are not so bad and you can smile. The next stage is painful—you can still function but it’s hard. Then you reach what they call “transition” where it is very difficult and you may not think you can do it. It’s like swimming in a rough ocean with waves hitting you one after another. This generally lasts about two hours. Then you feel an urge to push, and this part is better because you feel like you can work with your body. When the baby’s head starts to “crown” or come out you may start to feel overwhelmed by the stretching, pushing, and burning feelings. But this only lasts 10 minutes or so, and then the baby comes out.

Contractions work by pulling up on the cervix to open it wide and by pushing down on the baby to push it out. The cervix has to open 10 centimeters (about 4 1/2 inches). The first part of this opening process, up to 5 centimeters, takes a longer time and is easier than the last half. The last part of the dilation happens quickly, usually in about 2 hours.

“What is it like being a parent?”

It’s probably not possible to imagine being a parent until you have a child. It is truly life altering to have a baby. As the child grows and develops their needs change. During the first several years, parenthood is a 24/7 responsibility and it can seem very challenging and stressful. Later, there is school and activities and a lot of demands on your time. And when the teenage years come children are trying to be independent and you are trying to protect them. At each stage, it’s important to be able to give nurturing love and to handle your own feelings and get support for yourself. Parents sacrifice a lot but they feel it’s worth it to do things for their child. Having a child will change your life.

“Will I be depressed after giving birth?”

It is completely normal to have a lot of feelings including mild depression, sometimes called “baby blues” in the week or so after delivery. There will be a lot of changes in your life and new responsibilities. In 80–90% of all pregnancies people report that they cry a lot and feel moody during the first week. About 10–20% may have “post partum depression” which makes them feel sad or find it hard to function. This can last for several weeks or up to a year or more. Remember, you and your body have gone through a lot. And your life has changed in big ways. You will probably feel tired a lot and will have to be responsible for your baby’s every need. If you feel depressed and it doesn’t go away after a week or two, talk to your doctor or midwife. Usually support, lifestyle changes, and counseling can help. Sometimes some medicine, or rarely, hospitalization is needed. If you can’t think clearly, are anxious or feel panic, or fear that you are going to harm the baby, call your doctor or mental health crisis line *immediately*.

Exercise: Parenting

- » What dreams do you have for yourself? (like college, career, travel, marriage?) _____
- » What is your dream about having a family? _____
- » Where do you see yourself in 5 years? In 10 years? _____

Your life now

- » Have you ever done any baby-sitting or childcare? _____
- » What did you like about it? _____
- » What didn't you like about it? _____
- » What do you do on an average Saturday or Sunday? _____
- » What do you look forward to? _____
- » Could you give that up and stay at home with the baby? _____
- » Could you take a baby with you to those activities? _____
- » If you are still in school, can you continue? _____
- » If you are working, when will you want to return? When will you have to return? _____
- » Who will take care of your newborn? _____
- » Who would take care of your child if you get sick? _____
- » Are your friends having babies? _____

Your partner, if present

- » Do they want to be a parent to this child? _____
- » Do they have children already? How many? _____
- » Do they spend time with their children? How often? _____
- » Do they provide financial support for their children? Do you know how much? _____
- » Do you want or expect them to help you raise your child? Do they want or expect to? _____
- » Whether or not you are in a romantic relationship with them, could you work together to parent your child?

- » Do you trust them to take care of a child? Do they drink, take drugs, are they violent?

- » If they are not part of your baby's life, what can you tell your child about their other parent?

Exercise: Support—Who can help?

What kind of support can you expect from each of the following people? (Check all that you think might happen.)
Check out these commitments with the people involved.

My Partner

- Live with us?
- Get up in the middle of the night?
- Change diapers?
- Read books to the child?
- Play games with the child?
- Help with homework?
- Financial support until the child is 18?
- Take care of the child when I need a break?
- Take care of the child 50% of the time?

My Sibling (_____)

- Provide baby-sitting? Everyday? Weekends?
Once in a while?
- Buy things for the baby?
- Let us live with them?
- Give us money regularly?
- Play with the child?

My Parents

- Provide baby-sitting? everyday? weekends?
once in a while?
- Buy things for the baby?
- Let us live with them?
- Give us money regularly?
- Play with the child?

My Friend (_____)

- Provide baby-sitting? Everyday? Weekends?
Once in a while?
- Buy things for the baby?
- Play with the child?

Partner's Parents

- Provide baby-sitting? everyday? weekends?
once in a while?
- Buy things for the baby?
- Let us live with them?
- Give us money regularly?
- Play with the child?

Other Relatives (_____)

- Provide baby-sitting? Everyday? Weekends?
Once in a while?
- Buy things for the baby?
- Let us live with them?
- Give us money regularly?
- Play with the child?

Exercise: Family History

- » At what age did your parent/guardian(s) have children?

 - » At what age did your grandparent(s) have children?

 - » How about other family members?

 - » How was this for them? (Ask them if you can.)

 - » Find out how they felt about it then and how they feel about it now.

 - » What kind of support did they have?
-

Some Questions for Support People

If you are expecting support from anyone, check with that person. Some may say, “I’m done, I raised my children.” Others might like the idea of helping out with a child. How much can they realistically help financially? How much time do they really have that they are willing to give you? It’s a good idea to have an open conversation and ask them how they would like to be a part of your child’s life and what they can realistically be responsible for. That way, you won’t have unrealistic expectations.

Are you financially ready to have a child?

Having a child is expensive. You may get help with medical bills from insurance or social services. Diapers, food and formula, clothing, baby equipment, and childcare are expensive but there may be places where you can get them for free or inexpensively. In the future, you will also need to provide books, classes, and school expenses. You might want to price some of these items to get a better idea about how much things cost.

Comments from people about birth and raising a child.

“MY HEAD AND MY HEART HAVE FINALLY COME TOGETHER WITH THIS DECISION, AND I FINALLY FEEL AT PEACE WITH MYSELF. I KNOW IT WILL BE A LONG AND TRYING ROAD AHEAD BUT I WILL ENDURE....”

“GIVING BIRTH WAS MUCH HARDER THAN I THOUGHT IT WOULD BE.”

“GIVING BIRTH WAS MUCH EASIER THAN I THOUGHT IT WOULD BE.”

“MY CHILD IS THE LIGHT OF MY LIFE.”

“I COULD NOT HAVE DONE THIS ALONE.”

“ALTHOUGH THE BABY’S FATHER COULD HAVE HELPED ME MORE, I’M THE ONLY ONE RESPONSIBLE.”

“MY BABY CHANGED MY LIFE IN WAYS I NEVER DREAMED OF.”

“IT SEEMS LIKE I WENT FROM PAYING OFF MY COLLEGE BILLS, TO PAYING FOR PRE-SCHOOL, TO PAYING OFF THE ORTHODONTIST, TO SETTING ASIDE MONEY FOR MY KIDS’ COLLEGE. IT NEVER ENDS!”

“ALL THESE GIRLS COME BACK TO SCHOOL AND TALK ABOUT HOW CUTE THEIR BABIES ARE. THEY NEVER TALK ABOUT HOW HARD IT IS. IT’S NOT EASY.”

“I FEEL LIKE I’M 37 INSTEAD OF 17. I HAVE NO LIFE.”

“SOME NIGHTS ARE SO HARD I DON’T KNOW HOW I’VE GOTTEN THROUGH THEM.”

“I CAN’T IMAGINE MY LIFE WITHOUT MY KIDS.”





Some questions and possible answers to consider...

“What is an abortion?”

An abortion is the removal of a pregnancy from your body. A miscarriage is called a spontaneous abortion, meaning your body stops the pregnancy on its own.

“Are abortions safe?”

Abortions by procedure or pill are very safe, especially when done early in pregnancy and under modern medical conditions. Many studies have shown that having abortions in the first twelve weeks is many more times safer than having a baby. Even abortions after 18 weeks are less dangerous than having a baby.

“Is it legal?”

Abortion by a doctor or clinician is currently legal in every state of the United States but access to services may vary from state to state.

Some states may have a waiting period or rules about receiving certain information before your abortion or requiring that the parents of a person under 18 be informed of their decision. Call a clinic in your state to find out the most recent laws.

“How is it done?”

There are a few different ways. The most common is vacuum aspiration where a clinician dilates, or opens, your cervix and removes the pregnancy with a suctioning. This procedure often takes less than 5 minutes in an office.

Another option early in a pregnancy is abortion with medications. Two different medications are used—mifepristone and misoprostol. The first one stops the pregnancy from growing and the second helps your body pass the pregnancy. The symptoms are just like a miscarriage. It takes two or more days and you might have a lot of bleeding, clots, and cramps.

Later in a pregnancy, a D & E (dilation and evacuation) technique is used. The opening to the uterus is opened large enough for the clinician to remove the pregnancy. In a few cases, an induction procedure is used after 20 weeks. The cervix is opened over a day or more, then labor is induced, causing a miscarriage. 89% of all abortions are done in the first 12 weeks of pregnancy.

“Will it hurt?”

We all have different experiences of pain and discomfort. In most methods, there are usually a few minutes of cramps. As the pregnancy continues the procedure will take a little longer. It is normal to fear pain, but fear of pain should not be the most important factor in your decision. You will probably be offered sedation and/or medication to help with pain. Please ask.

“How much does it cost?”

Call the clinics in your area. An abortion in the first 12 weeks generally costs \$500–\$900. Many forms of insurance cover it, although Medicaid covers in only some states. If the cost seems really low, find out if lab fees and medication are included. Ask if there is time set aside to ask questions and to recover afterwards. Find out which clinic or doctors are recommended by friends, independent abortion clinics, Planned Parenthood, or Family Planning Services. A quality clinic where you will be respected is important.

If you are having financial problems, is there someone you can borrow money from? Do you have a credit card, or could you use someone else’s and pay that off over time? The National Network of Abortion Funds has many local funds that can offer financial help—www.abortionfunds.org. Call the National Abortion Federation Hotline at 1-800-772-9100 for a clinic and funding.

“How do I find a doctor?”

To find the closest clinic or doctor, search the web under abortion clinic + your city and state or at directories like www.abortiocarenetwork.org, www.abortionclinics.com, www.abortion.com, or www.prochoice.org. You can also ask your doctor, clinic, or other friends and family what they know about different clinics.

When you call, you might ask:

- Is there counseling? Will someone answer my questions?
- What do you offer for pain?
- What state regulations are there?
- What is involved in the visit? How long will I be at the clinic?
- How much will it cost? Do you accept insurance? Are there extra fees? Is there financial assistance? Does the fee include a follow up examination? Medications? Lab work and ultrasound?
- Is there a 24 hour answering service if there are problems?
- If you're calling several clinics, how did they make you feel? Did they answer your questions? Don't be afraid to ask questions.

“Does the baby feel pain?”

Medical experts generally agree that the fetus cannot feel pain until there is a more developed brain and nerves which starts to happen at or after 27 weeks. Many doctors who perform abortions make sure the fetus dies before the actual abortion begins just to be sure it feels no pain. Ask your doctor or clinic if you have a concern about this.

“How will I feel afterwards?”

Most people feel very relieved after they have an abortion, and they usually feel pretty good physically too. Whatever fear they might have had about the medical part is over, and a big problem that has been taking up a lot of attention has been taken care of. It is completely normal to have other feelings too.

How you will feel afterwards probably has a lot to do with how you feel before the abortion. If you are unsure about your decision take more time to consider your choice and review the previous sections. Is it really your decision? Do you have a sense of peace? Are you afraid of needing forgiveness? Are you just feeling kind of numb? (If so, go back to feelings section) Do you need more support?

Are you very sad? It is not unusual to have feelings of grief or loss, as well as other feelings about an abortion. Take the time to work on your feelings about abortion before you have one. Then you will be better prepared for whatever feelings you might have afterwards. If you are having really difficult feelings after an abortion, there is help.

If you have an abortion will you feel guilty? Sad? Relieved? Angry? Ashamed?

Write a little about each feeling you might have and how you will deal with those feelings if they occur.

“Can I do it myself?”

Where abortion is not legal or easily accessible, people can try to obtain a medication called misoprostol or Cytotec which can cause a miscarriage, but it would be good to partner with a clinic or medical professional to be sure it is complete and you do not bleed too much. There are medical risks such as too much bleeding, incomplete or failed abortion, or a tubal pregnancy. There may also be legal risks depending on the laws in your state. Please call a clinic or hotline number for advice or to find a clinic. See also www.womenonweb.org.

“I always said I could never have an abortion.”

If you think you are not ready to have a baby, abortion is one option to consider. There are a lot of opinions about abortion and about people who have abortions. You may not have considered yourself someone who would have an abortion...until right now. All of this can make it difficult to process your feelings about your choices now. It's important for you to find out the facts before you make your decision. For instance, did you know that abortion is one of the most common—and safest—medical procedures in the U.S.? Approximately 1 million abortions are performed annually in the United States. You probably know someone who has had an abortion: About 1 in 4 people who can get pregnant will have an abortion by the time they are 45. It may be surprising to you to learn that 59% of those who had abortions already had at least one child and that 51% were on birth control. All kinds of people have abortions.

“I think abortion is my choice, but I am heartsick over this.”

It is normal to sometimes think and feel many different ways about any pregnancy decision including abortion. Like a lot of other challenging times in life, your head (the logical, practical part of you) might be saying one thing, while your heart (your feelings) seems to be saying another. You might think that abortion is the best thing you can do right now, but you still feel sad or conflicted about this choice. You might think you have to have an abortion, but don't really want one. You may not even want to think about it at all—just get it over with.

You deserve to have peace of mind. Take some time to do the exercises here and the previous sections. They will help your head and your heart come together so you can make a decision you feel good about.

“Is it murder?”

You have probably heard some people say abortion is murder. That's what the people who want to make abortion illegal usually say. Some people say abortion is murder without really thinking it through. Abortion is legal, so clearly the law does not see it as murder. The law says to murder means you have malicious intent or you really want to hurt or harm someone. People don't choose to end a pregnancy because they want to harm children; it's usually the opposite, because they don't feel they can take care of a child or have other children they have to take care of. People who choose abortion are good people making the best decision they can for all concerned.

Abortion ends a pregnancy. The embryo or fetus is removed by the abortion procedure. Most people do not believe that removing an embryo or fetus is the same as killing a born person.

But that doesn't really answer the question of whether it is right or wrong for you. That's a question you have to answer for yourself.

Do you believe that having an abortion is like killing a newborn or a 2 or 3 year old child, or like killing a friend of yours? Can you end a pregnancy out of love? What is a person? When does a fetus become a person?

These are tough questions, but it's good to look at them to see what you really think. Most people find that their beliefs change when they are in a complex situation like this. Take the time now to explore what you really believe.

“Am I a bad person for choosing abortion?”

As you think about this question, notice how much you want to do what is good and right. Wouldn't life be easy if good and bad were always simple?

Some believe that abortion can be a very good and responsible choice. Others believe that abortion can be wrong. Still others might say that a person can be good, even when they are making difficult decisions.

Many people say they feel selfish for having an abortion but there is a difference between taking care of yourself and only thinking of yourself. Usually people who are considering an abortion think about their whole family, what they can offer a child, and their own life goals. And, it is important to consider your own goals and dreams in life.

Millions and millions of people all over the world and throughout history have made the decision that abortion is the best thing they could choose in their situation. But only you can judge whether the choice you are making is right for you. What does your conscience say to you about abortion? Can abortion be moral? What good can come out of having an abortion?

“I want to have an abortion, but my religion says that it is wrong.” “I used to think abortion was wrong but now I think it is my best choice.”

Most people make some choices in life that do not agree with their religion. Maybe even having sex or getting pregnant went against some of the rules of your religion. We can feel very uncomfortable and guilty if we think we are living the wrong way.

What do you believe? What would it be like to pray to God and truly listen to what God has to tell you? If you have trouble hearing God's guidance, you may want to talk with a religious person who respects that you have to make your own decision.

Have you prayed for guidance? If yes, do you feel you have received guidance? What is the guidance? If you have ever done something you thought was wrong in the past, how have you made up for it? Do you believe your God is loving and compassionate? Can God see into your heart? Some people believe God loves them and will be with them even in difficult times. Some people believe God thinks abortion is wrong, but will forgive them. And sometimes our religion is more flexible than we think.



Exercise: “Will I regret having an abortion?”

The vast majority of people who have abortions do not regret their decision. However, research shows that there are warning signs that certain people may have a harder time resolving their feelings after an abortion. If you are worried about how you will feel afterwards, answer the following questions:

1 = Not true for me, 2 = Somewhat true for me, 3 = Really true for me

- I believe abortion is the same as murdering a born person
- I am not sure if I am making the right decision
- I don't want an abortion, but I have to have one
- I know I will regret having an abortion
- My parents/guardian are rejecting, critical, or abusive
- My partner is abusive, rejecting, or controlling
- I think God will punish me for having an abortion
- I will not be able to forgive myself for having an abortion
- No one is giving me emotional support right now
- Someone else is forcing me to have an abortion
- I am never going to think about it again after it's over
- I suffer from depression or diagnosed personality disorder
- I am a perfectionist and I can't forgive myself for getting in this situation
- Total (Add up your score)**

If your score on this self test is more than 26, you may need to do more work or talk to a counselor. Go back and complete all the exercises in the Decision-Making section if you need to. Even if your score is below 26 and you feel conflicted, reach out for help.

**We are grateful to Anne Baker formerly of Hope Clinic for her work, Predictors of Poor Coping After an Abortion*

Abortion Pill or Abortion Procedure

A comparison between the Abortion Pill (Medication abortion with Mifeprex™ and misoprostol) and the Abortion Procedure (Surgical abortion with vacuum aspiration)

How far along in the pregnancy can I be?

Abortion Pill

- Up to 10 weeks LMP (70 days). Success 92–97%, may decrease as length of pregnancy increases.

Abortion Procedure

- Vacuum aspiration is used up to 14 weeks LMP. Some doctors start at 5 weeks LMP.

How long does it take for the abortion to be complete?

Abortion Pill

- Usually 1–2 visits plus required follow-up visit.
- Day 1 for Mifeprex™, 24–48 hours after for misoprostol.
- The pregnancy may not pass exactly when expected or desired.
- Heavy bleeding after misoprostol lasts 4–8 hours for most; days for some to complete.
- Continued or sporadic, lighter, bleeding, more like a period for 14–16 days is common.
- Ultrasound at follow-up in 7–14 days after Mifeprex™ will make sure abortion is complete.

Abortion Procedure

- 1 visit plus follow-up exam (may be optional).
- Actual abortion less than 5 minutes.
- Follow-up in 2–3 weeks at abortion facility or other doctor or clinic of your choice, if you want or need it.

How painful is it and how much bleeding?

The amount of bleeding varies from person to person and with length of pregnancy.

Abortion Pill

- Heavy bleeding, cramping and clots are common during the abortion process for 4–8 hours.
- Afterwards, bleeding like a period is common for an average of 14 to 16 days.

Abortion Procedure

- During the procedure cramping may be intense for the last minute or two but improves quickly, over the next 15 minutes. Pain meds or sedation may be available.
- Cramping and bleeding afterward should be like a period and could be lighter or heavier depending on your body.

Can the abortion fail?

Abortion Pill

- Success rate varies from 92–97% by day 14. An abortion procedure with vacuum aspiration may be necessary if it fails.
- An ultrasound is helpful to determine whether the abortion is complete.

Abortion Procedure

- Over 99% successful. If it fails, suctioning will need to be repeated.
- Early surgical abortion may require an ultrasound afterwards to be sure pregnancy is gone.

Can I still have children later in life?

- Regardless of method, abortion is about 20 times safer than childbirth. Infections are the greatest threat to fertility, not abortion. Research has shown that future childbearing is not at risk, unless there are very rare, serious complications such as an injury to the uterus or loss of the uterus.

What are possible serious side effects (complications)?

Abortion Pill

- Both Mifeprex™ and misoprostol have been formally studied and used safely.
- Mifeprex™ will not end ectopic or tubal pregnancies which, if undetected, can be dangerous or fatal.
- Need for blood transfusion (rare).
- Some people may be allergic to medications.
- Infections are rare but possible. Watch for fever or severe flu-like symptoms and seek help quickly.

Abortion Procedure

- Surgical abortion has been formally studied for at least 40 years.
- Injury to the uterus is rare in the first trimester. Excessive bleeding is rare. Infection and retained tissue, which would require antibiotics or a re-suctioning, happen in less than 1% of abortions performed.
- Vacuum aspiration will not end ectopic or tubal pregnancies, which, if undetected, can be dangerous or fatal.

What are the common side effects?

Abortion Pill

- Nausea, vomiting, diarrhea, cramping, bleeding, headache, dizziness, fever or chills, anemia (rare)

Abortion Procedure

- Cramping, bleeding
- For some, light-headedness, nausea, sometimes associated with anesthesia or pain medications

How much does it cost?

Abortion Pill

- Sometimes higher than surgical. Prices vary. Check what is included and what is the fee for a procedure if it fails? Range \$500–\$900

Abortion Procedure

- May be less than medical abortion. Prices vary. Check what is included. Range \$500–\$900

What are the advantages of each method?

Abortion Pill

- Mifeprex™ induces a miscarriage-like process.
- It is effective and safe for very early pregnancy.
- Avoids shots, anesthesia, instruments, or vacuum aspiration, unless it fails. (Blood work may be required. Injection may be needed if your blood type is Rh-. Vaginal ultrasound may be required).
- Being at home may seem more comforting and private.
- Your support person can be there with you during the abortion process.

Abortion Procedure

- It's quick, predictable, and over in a few minutes.
- It's highly successful, usually more than the abortion pill.
- If available, it's effective and safe for very early pregnancy.
- There's less bleeding for less time than with abortion pill.
- Less time cramping than with other methods.
- Performed by a doctor/clinician with the support of medical or counseling staff, which may seem more comforting and private.
- Some involvement of your support person may be possible.
- If you are trying to keep your abortion from a partner or parent, it may be better.
- Avoids medication, except for pain relievers and sedatives.
- It can be done later in the pregnancy than other methods.

Who should not use one of these methods? (What are the contraindications?)**Abortion Pill****Don't use the abortion pill if you:**

- Have an IUD in place.
- Are more than 10 weeks LMP (depends on the opinion of your doctor and state regulations).
- Diagnosed with any of these medical conditions:
 - allergy to the medications Mifeprex or misoprostol
 - blood clotting problems or are on blood thinners
 - chronic adrenal failure
 - chronic systemic corticosteroid use
 - inherited porphyrias (blood problems)
 - severe anemia (lack of iron in the blood)
 - possible ectopic pregnancy
 - uncontrolled seizures

Abortion Procedure

- Some medical conditions or allergies to anesthesia may require a surgical abortion in a hospital setting. Definitely discuss your medical history and any concerns that you have when you schedule your appointment.

What are the disadvantages of each method?

Abortion Pill

- It takes 2–3 or more days to end a pregnancy.
- It is not completely predictable. There is some uncertainty about when you will bleed and pass the pregnancy.
- Bleeding can be (but not always) very heavy and lasts longer than with surgical abortion.
- There can be rare complications such as too much bleeding (hemorrhage) which may need a surgical procedure, or infection, which may need antibiotics.
- Cramping can be severe and lasts longer than with surgical abortion.
- 2–3 visits are required.
- It fails more often than surgical abortion but is still very effective.
- It cannot end an ectopic (tubal) pregnancy.
- It may cost more than a surgical/procedural abortion, especially if it doesn't work.
- May not be a good method if you are trying to conceal abortion from others.
- Advisable to have support when you take the medications.

Abortion Procedure

- A doctor must insert instruments inside the uterus.
- Anesthetics and drugs to manage pain during the procedure may cause side effects. (Serious problems are rare.)
- There are possible complications such as too much bleeding or infection, although they occur in less than 1% of cases. Rarely, there is injury to the uterus, which would need hospitalization.
- You may have less control over the abortion process and who is able to be with you during some parts of the process.
- The vacuum aspirator makes a noise. If available, a manual aspirator is silent.
- It may not be done as early in the pregnancy as with the other methods depending on the doctor/clinician.
- It cannot end a tubal (ectopic) pregnancy.

How will I be affected emotionally?

Abortion Pill

- Some people are anxious waiting for the abortion process to complete.
- Viewing the pregnancy tissue may be difficult.

Abortion Procedure

- Some people are anxious in a medical setting or with the idea of surgery.

Exercise: “Which method is right for me?”

Answer these questions using the following scale:

4 = strongly agree, 3 = agree, 2 = disagree, 1 = strongly disagree, 0 = not applicable/don't know

Abortion Procedure

- People who have these preferences/concerns are often more comfortable with an abortion procedure.
- I really want to get this over with.
- I want the method that is more of a sure thing.
- My schedule is really busy. I can't afford much downtime for this.
- I am trying to hide this from my partner/parents or housemates
- I am leaving town in the next week or so. I live far away, or have a crazy schedule, so it would be hard to get back here for a follow-up exam.
- I'm under 18 and my parents don't know I'm pregnant or that I am having an abortion.
- I have difficulty speaking English, especially over the phone.
- My partner (or someone else) is upset and is trying to stop me from having an abortion.
- I have a bleeding disorder/I am on corticosteroids (ex: prednisone)
- I get very nervous about medical stuff. I worry that something dangerous might be happening.
- Uncertainty drives me crazy; I really need to know what's going on and whether it will work.
- I am responsible for children or others and I don't have anyone to help me with that.
- I live out in the country and/or don't have easy access to transportation.
- I feel safer in a medical facility with a doctor and nurses around.

- Total Points: People who have these concerns are often more comfortable with the in-office procedure.**

Abortion Pill

- People who have these preferences/concerns are often more comfortable with the abortion pill.
- I dread going to the doctor. I always get very anxious.
- Pelvic exams are very difficult for me. I can never relax.
- I would like to include my partner or other person in the whole process.
- I like the idea that a miscarriage is more 'natural.'
- I have had a miscarriage with a lot of bleeding before so I know what that's like.
- I live close by and coming back for a follow-up exam would be no problem.
- I am under 18 and my parents know all about what I am doing.
- I would really like to take my time with this process and experience it.
- I don't panic or freak out with pain or bleeding.
- I am usually very good at following directions about my health.
- I know it's hard to predict how this experience will be for me and I'm OK with that uncertainty.
- My regular period bleeding is heavy. I am OK with lots of clots and bleeding.
- I have easy access to a phone, transportation and I live pretty close to medical help if I need it.
- I don't have responsibilities for others and can clear my calendar the day after my appointment, and if need be, the following day too.
- I would do anything to avoid needles or shots.

- Total Points: People who have these concerns are often more comfortable with the medication, or abortion pill.**

Exercise: Your Experience of Abortion

If you have decided that abortion is the best choice for you, and you have chosen a doctor or clinic to help you, then you are ready to plan the day of your abortion.

This exercise can help you plan what you will do and how you would like to feel before and after your abortion. After all the time it takes to make a decision, and work through all your feelings, the actual visit to the clinic can be the easiest part if you are prepared.

“What do I want to know before I go?”

If you are still feeling unsure or scared about anything, call the clinic and get your questions answered before you go. It's normal to be a little nervous. It will make things easier if you share your thoughts and feelings with the staff at the clinic.

Other helpful suggestions

Some things to make it easier. Which ones would be helpful for you? (Check all that apply)

- Make sure to leave plenty of time for getting there
- Get good directions
- Visit a few days before so I am comfortable with the place and people
- Have someone I trust who will go with me
- Take something to read/work on/play with while I am waiting
- Get realistic information about how long I will probably be there
- Follow the directions the clinic gives me about eating and drinking
- Wear layers of comfortable clothing so I am OK if it's hot or cold.
- Shower or bathe before I go to help me feel fresh
- Find out if there might be protesters so I can prepare myself
- Make sure I have transportation to and from the clinic
- Make sure I am clear about the medical fees and I have my money, Photo ID, or insurance information ready
- Write a list of my questions so I am sure they all get answered
- Buy a box of maxi-pads and medicine for cramps (like Ibuprofen or Tylenol).
- Try to be open to help and information from staff
- Be proud of my strength and bravery even if I feel stressed out
- Other

Exercise: Worrying About Pain?

Nobody wants to feel pain, but pain is a part of life, and usually part of ending a pregnancy. Our ideas about pain can be very complicated. It might be interesting to explore the issue of pain in your life if you are worried about how much pain you might feel.

1) Period cramps: What are your period cramps like? _____ (1 = mild, 10 = severe)

Use a 1–10 pain scale where 1 = mild cramps (you're aware of them but you can still do normal activities) to 10 = severe cramps (cramps where you cannot do anything and the cramps are the worst you ever felt, and pain medication doesn't seem to help.)

Describe your experience of period cramps:

2) Pain relief: What helps you when you have cramps?

- pain reliever like Ibuprofen, Midol, or Tylenol
- going to bed
- a heating pad or microwavable bag
- someone sitting with me or sympathizing
- a back rub or massage
- having something hot to drink
- distracting myself with an activity
- other _____

3) Feelings about pain: How do you feel emotionally when you are in pain?

- alone
- frantic
- sad
- upset
- irritable
- scared
- exhausted
- sorry for myself
- ashamed
- numb
- out of control
- distracted
- angry
- frustrated that I can't do things
- I feel like crying/screaming
- other _____

4) Support: Do the people supporting you understand what you need when you are in pain?

Do they understand these emotions? Yes_____ No_____

Have they been around you when you are in pain? Yes_____ No_____

If you could have anyone at all with you who would it be?

Why? How would they help you?

5) Past experience: What are your past experiences with pain?

Examples: "I never have cramps and nothing bad has ever happened to me, so I'm worried about how it will feel." Or, "I have had a lot of surgeries and although I do OK, I really dread it each time."

Tell your story:

6) Negative feelings about the situation: Difficult emotions make pain feel worse. For example, getting a tattoo or your ear pierced is painful but it's more tolerated because it's something you want. Having an abortion can bring up a lot of feelings, some of them negative.

Do any of these match what you are feeling? Put an X next to the examples that are most like what you are feeling. What follows each example is a possible way to change how you are thinking about this experience.

___ **“I really feel stupid and irresponsible.”**

Even if you could have done things differently, remember that pregnancy is always a risk when you have sex. Sometimes we take more risks than we mean to around sex. Resolve to make a plan to protect yourself better and move on with your life. Even if it's true that you could have been more responsible, it doesn't mean that you deserve pain.

___ **“I shouldn't have been with that person and now I'm paying for it.”**

Sometimes it helps to figure out the reasons for our behavior (Example: “I was lonely”, “I misjudged the situation.”). Whatever the reason, it seemed like a good idea at the time. If you are feeling guilty (like you did something wrong) find a way to make things better. Getting pregnant, however, is not a punishment, and no one deserves pain, even if you didn't live up to your own standards.

___ **“No one can know about this. I am so ashamed.”**

When we are trying to hide something, we carry an extra burden of feelings: dread, fear, shame. Instead of imagining the worst possible reaction from someone, imagine the best. They might say: “I'm sorry you're in this situation, but I know you will make the best decision for your life.” Even if the worst is true, does it mean that you deserve to be in pain? No, it doesn't.

___ **“I've heard so many awful things about abortion. I'm really scared. What if...”**

Our society is in great conflict about abortion so it's no wonder that there are a lot of scary stories out there. But statistics show that abortion is one of the safest medical procedures, no matter what the method. There is a risk to everything, including riding in a car. So, learn as much as you can and let reality help you. Fear and tension can make everything feel worse so try to keep your fears in perspective.

___ **“I feel terrible about doing this, but I really have no choice.”**

No one ever wanted to be in this situation, even though 1 in 4 of all women will have an abortion someday. Once you are pregnant, and don't want to be, you are making what you believe is the best choice for your life under the circumstances. You are not a bad person and you don't deserve to be in pain. Write what you are feeling about this situation. Then rewrite a more positive message to yourself.

___ **“I have had abortions before and I feel like a bad person.”**

More than one abortion is quite common for several reasons. Our bodies are designed to get pregnant. It is estimated that we have 350 to 400 opportunities to get pregnant in our lifetimes. Birth control is not 100% effective, and some people can't take the most effective ones. Also, there is no evidence that multiple abortions affect future fertility or your health. Each time you are pregnant, you must make the best decision for you, your family, and your life. And you don't deserve to feel more pain.

Pain Relief

Your doctor or clinic will probably offer some pain medications or something to relax you. Please ask about what pain relief is available for you.

Deep breathing can help make the medications work even better. Many people use some version of deep breathing to relax and work through pain. One way is to breathe in to the count of 7, hold your breath for 7 counts, and slowly release your breath to the count of 7. Another way is to start with your toes and tense each set of muscles to the count of 1–2–3–4–5 and then relax to the count of 1–2–3–4–5. Do each set of muscles—legs, buttocks, abdomen/stomach, shoulders, arms, jaws, eyes/face, breathing in and out with each set. As you do the exercise, try to imagine your fear and pain going away every time you breathe out.

Emotional Health

Emotional health is an important part of our overall health. It allows us to cope with life's challenges and enjoy life's pleasures. Being pregnant can shift our perceptions of ourselves, our relationships, and the future in powerful ways, regardless of whether we decide to parent, have an abortion, or make an adoption plan. Any choice can bring upheavals in our lives, strong feelings, and difficulty coping. You may want to explore all of the factors that went into your decision. *Abortion Resolution Workbook*, (a workbook in this series at www.pregnancyoptions.info) may be helpful if you are having a hard time. There are also talklines, counselors, and clergy to help you.

Forgiveness

For some an important part of the process before an abortion is forgiveness. It may be easier to sense forgiveness from God, or a spiritual being, or even the spirit of the pregnancy, than from yourself. Not being able to forgive yourself or another can keep you emotionally stuck. If you can, look for forgiveness wherever you need it.

One way to find forgiveness for yourself is to do a guided daydream. Guided imageries or visualizations are a way of using your imagination to understand feelings. It's like a daydream with instructions. A Guided Day Dream on Forgiveness and other guided daydreams can be found online at www.pregnancyoptions.info, both in words and recorded.

Important: If you are having strong feelings of regret or sadness that don't get better, get help!! Warning signs include: crying all the time, problems with sleeping or eating or not being able to concentrate. See Healing section and consult a counselor.

Exercise: After Your Abortion

What I'd like to do to take care of myself For example, be with friends who understand, have a nice meal, be quiet, have a ceremony. Who will you ask for support afterwards? Tell them how you would like to take care of yourself.

Telling Someone

Some people who have had abortions feel ashamed and want to keep the abortion a secret. That means that we don't usually hear about it from our mothers, relatives, and friends. If you have decided on abortion, it could be powerful for you to share your experience with others. Your story can help others who find themselves facing difficult decisions. If you could, who would you really like to tell about this?

Name them _____

What would it take for you to tell them?

- Risking honesty
- Courage
- Caring
- Love
- Pride in yourself
- Openness
- Trust
- What else?

How would you explain your decision to have an abortion to someone else?



Some questions and possible answers to consider...

“What is adoption?”

Legally, adoption means surrendering your right to parent your child and giving someone else the permission to take on the legal right and responsibility of parenting your child. Adoption isn't giving away your child, giving up on your child, or selling your child. It is making a well-informed, life-long plan for your child, a plan that many times can still include you being a part of their lives in some way.

“I could never do that!”

If this is your first response, don't worry. You are not alone. Many people think they could never choose adoption as an answer to an unplanned pregnancy. But lots of times, people don't really know much about adoption other than what they read online or see on TV. And that usually isn't a true picture of how adoption works. After finding out about what adoption really is, sometimes people feel differently about it. So, before you make up your mind, learn more about what adoption can offer you and your child. Read on!

“I don't think I could bear not knowing what happened to my child.”

In the past, people who made the decision to place their child for adoption often never saw the child or knew what happened. But things are totally different now. For example, you have the right to choose the adoptive parents for your child. You can also meet the adoptive parents and make decisions about how much contact you would like to have with your baby as he or she gets older. Contact can range from frequent visits to occasional letters or phone calls and this arrangement can change over time. You can also choose not to have any contact if that would feel better to you. The important thing to know is that you have choices.

“Where do I go for help?”

You can either go to an adoption agency (which is called an agency adoption) or you can go to an adoption lawyer (which is called a private adoption). An adoption agency will help you think through all the questions you may have about adoption and help you be sure that adoption is right for you. In a private adoption, you can ask these same questions of your lawyer. Whether you meet with an agency or a lawyer, you have the right to receive unbiased, nonjudgmental counseling about your decision. If you feel that you want to go ahead with an adoption plan, the agency or your lawyer will help you with the adoption process. Consider adoption agencies that respect all of your choices, including abortion, adoption, and parenting and don't forget that you can choose your family, stay in touch with them, and many of your expenses can be paid. The best agencies and attorneys put you at the center of the plan and let you lead the way.

“How do I find them?”

Adoption agencies are not all alike, and neither are lawyers. It is a good idea to look around for an agency or lawyer that feels right for you. Check out their websites or social media and read their reviews. Are they open to all pregnancy options available to you, are they open to all families (some agencies don't allow gay or lesbian families to adopt), and do they promote open adoption? Also make sure they are saying things like you get to choose the family, stay in touch with them, and many of your expenses can be paid. Agencies and attorneys are not hard to find, there are thousands available to help you—but the best ones put you at the center.

“What will happen if I answer a classified ad?”

These ads are placed by couples or individuals who would like to adopt a child. They are hoping to talk to parents in order to try to plan an adoption. This is just one way to find an adoptive family for your child. Sometimes parents find each other through mutual friends or relatives. Sometimes ministers or doctors help families connect. If you choose to work with an adoption agency, they will have several waiting adoptive families you can choose from. If you don't want to choose an adoptive family yourself, many adoption agencies can help. Whether you find adoptive parents yourself or work with an adoption agency to find an adoptive family, be sure you have experienced professional support (either an attorney or an agency) to help you plan the adoption. The best plans include a team of people making sure the plan is done in a legal and safe way, making sure you have the support you need, and making sure you have the connection and love you deserve.

“I can't afford to pay for this!”

You shouldn't have to. No matter whether you work with an agency or a lawyer, you should not have to pay for any adoption services. Any good adoption agency or lawyer should be willing to meet with you to explain their services and answer your questions free of charge. Then, if you decide to go ahead with adoption, expenses including legal expenses, medical expenses, and sometimes living expenses are paid for by the adoptive parents.

“Can I get money for myself?”

No. It is illegal for parents to be paid to complete an adoption. In most states, expenses related to your pregnancy including legal expenses, medical expenses, and living expenses that may help you carry a pregnancy to term can be paid for by the adoptive parents. Laws are different from state to state so you should ask your adoption professional to explain the laws of your state.

“Will someone still want my baby even if....?”

No matter the situation, there is a family for your child. If you want help with addiction or anything that might have you worried about your pregnancy, your adoption professional can connect you to resources. Being honest about what your reality is takes courage and should be received in a non-judgmental way. Again, remember that there are thousands of agencies and attorneys, so if you feel any judgment at all—you can walk away.

“What are my choices in adoption?”

That depends on what you want. Remember, you lead the way. You have several options. You can choose to have an open adoption. This is when the parents tell each other about themselves and have some contact with each other. How much is up to you and the adoptive parents. Some people like to meet each other face-to-face and be able to keep in touch with each other by letter, phone calls and even visits after the adoption. That's a fully open adoption. This is the most common form of adoption.

Other people prefer to learn about each other through their adoption agency or their lawyer. They might not meet each other or call each other directly, but they are still able to keep in touch with letters and pictures they send to each other through the agency or lawyer. This is a semi-open adoption.

A closed adoption is one in which the parents are given some information about each other before the adoption, but they do not contact each other— ever.

You have the right to choose which kind of adoption would be best for you. Almost all pregnant people choose some sort of openness (in fact 85% or more of pregnant people choose open adoption plans). In some states it is even possible to make this a legally-binding arrangement.

It is very important that you choose an agency or lawyer that is willing and able to help you have the type of adoption you want. If an agency or attorney does not offer what you want, find another agency or attorney that does.

“Which is better—open or closed adoption?”

No one can say for sure, but there is more and more evidence that open adoption can be a good choice for everyone—first parents, adoptive parents, and adoptees. Some say that it is easier to go through with the adoption plan when it is open. They look forward to hearing how their child is doing and worry less because they receive letters and pictures and may visit with the child and adoptive family as well. Many adoptive parents say that it helps them to know the parent(s) and to be able to answer their child’s questions honestly. And children who have grown up in an open adoption say that they think it is has been better for them to know who their parents are and not always wondering..

There is no right or wrong way to do this. It is important for you to decide what you think would be best for you and your child.

“Can the child find me in the future if he or she wants to?”

Many states have adoption registries in which families can register if they are in a closed adoption but would like to be contacted by each other in the future. If both register their agreement, then the registry can help you get in touch with each other. You can also write a letter to your child stating that you would welcome any contact from them in the future, and then ask your adoption agency or adoption attorney to put this letter in the adoption file. You should sign a release stating that you want the agency or attorney to give your child this letter if the child asks for information about you.

More recently, families are finding each other by testing their DNA through a service or searching online. These are good things to keep in mind as you are making your plan.

“I am considering adoption because I am too far along for an abortion.”

In other words, adoption isn’t your first choice but it’s too late now for an abortion. Perhaps this leaves you feeling like you don’t have a choice, that you are forced to choose adoption. If that’s the case, you might be feeling frustrated, pressured, fearful, even angry because you feel pushed into adoption.

But you still do have a choice—between adoption and parenting. Think hard about these two choices. Is one clearly more comfortable or more possible for you than the other? Does one offer you and your child more of what you want and need? Whether you choose adoption or you choose to parent, realize that this is your decision. Sometimes, we face very tough decisions in life. This is truly one of those tough choices, but it is still a choice.

Don’t choose adoption because you feel forced, because you feel you have no choice, or because you don’t know what else to do. Do choose adoption if it seems like the best decision you can make now for yourself and your child. Only you know if that is true for you. No matter what you decide, adoption or parenting, the knowledge that you had a choice and that you made the best decision you could, will help you.

“Can I change my mind and not go through with the adoption?”

Yes, parents have the right to change their minds within a certain time limit. The parent must sign a legal paper that says you are willingly giving up all your parental rights to this child. Until you sign this paper, you may change your mind. Once you have signed the consent paper, states have different laws about the time you have to change your mind. Ask your adoption professional.

“Does the birth father have any legal rights?”

The laws are different in each state. Father’s rights may depend on whether you are married to the person, whether or not they have provided financial support, and other factors. Ask your adoption professional to explain your state’s laws and then make a plan that you feel comfortable with. Choosing an agency or attorney who is going to create a safe and legal plan is important, but again your needs and desires should remain at the center.

“Can I hold the baby after she/he is born?”

Of course! You are the parent of the child. You should be treated no differently than any other parent. That means you have the right to hold, feed, change, or take pictures of the baby and even name your baby. You can also make medical decisions and even room-in with your baby if you so choose. You can plan the birth day and decide all these things as well as whether you want the adoptive parents to be there. The hospital is your time and your space so what happens and who is there is totally up to you.

Let your adoption professional know about your plans so that the two of you can work together to communicate this plan to the hospital where you will deliver. Also know that even though the plan has been communicated, you can change it at anytime. It is your plan.

“How will adoption affect my life?”

Good question! Now that you know more about adoption, it’s time to think about whether or not it could be a good choice for you and your child. There are a few things you should think about here.

“How will I feel after the adoption?”

For many, the most immediate feeling is relief that the pregnancy is over. Some parents say they feel a sense of loss because they have had to say good-bye to their child and the grief that they feel is often fairly intense. But they also tell us that they have a mix of feelings—feeling good about their decision for the child, feeling worried that they have made a mistake because they feel so sad, feeling angry that they weren’t ready yet to be a parent, feeling relieved when they hear about the child’s progress, feeling happy about the family they chose. You will also need to heal after delivery and it may take a while before pregnancy hormones go back to normal. If you feel you are depressed, contact your doctor or nurse midwife. It is a time of many feelings, some that are very hard to get through all by yourself. That is why it is important to have people around you who are very supportive of you.

Check the feelings that you have as you think about adoption now:

- scared
- relieved
- uncertain
- angry
- hopeful
- turned off
- sure of myself
- nervous
- sad
- other

“Why does everyone want me to get counseling?”

It is always a good idea for parents to have an adoption counselor who can support you both while you are trying to decide what to do and after you make up your mind. Adoption counseling is a bit different than other kinds of counseling. This is not the kind of counseling where you are trying to improve the way you feel or how you get along in life. In adoption counseling, you talk about what you need to deal with this pregnancy. Your counselor’s job is to tell you about adoption as well as all the other options you have. A counselor should be able to help you find resources so that you can make whatever choice you want to make. A counselor can provide support when you are sad or angry or confused.

Most importantly, the counselor is not there to judge you, or push you to do anything you don’t want to do, or be critical of your choice. Sometimes, your counselor is the only person who isn’t trying to make up your mind for you.

After surrendering a child, parents have strong feelings. The grief that follows an adoption is sometimes more difficult than expected. Having a counselor that you know and trust can be helpful if you’re having a hard time with your feelings.

Counseling should be provided for you free of charge either by the adoption agency or a private counselor paid for by the adoptive parents.

“How will adoption affect my child?”

When parents make a decision to place their child for adoption, they usually do it with a great deal of love and concern for their child. It is not a selfish decision. Most parents feel very worried about whether or not their child will be all right. This is why some parents feel so strongly about having at least some openness in the adoption so they can know how their child is doing.

Adopted children will have many questions about their adoption and about their parents. They often want to know what their parents looked like, where their parents are now, if their parents are ok, why they chose adoption, etc. No matter what the questions are, research shows the healing for adopted children happens best when they have truthful answers to those questions.

Adults who were adopted as children tell us that it is very helpful to have answers to these questions. It makes it easier for the child to understand why they were adopted and to know who they are. Even in a closed adoption, some of these answers can be provided at the time the adoption takes place. Although many parents worry that their children will think that they didn’t care about them because they placed them for adoption, the opposite is actually true. Most adoptees have no trouble understanding that their parents made an adoption plan because they cared so deeply about them and wanted the very best for them

Giving a complete medical history can be very helpful to your child later in life. It may not seem like much, but information about you can be the most important gift you can give to your child. What would you want a child to know about you? Take some time to write down some information about you, your family, your partner, and their family. Explain to the child why you have decided to make an adoption plan. Explain any medical or genetic conditions that may run in your family. If you are making an adoption plan you might want to write this down for or create a video or audio recording for your child to look at later.

Exercise: Adoption

- » Do you want to be a parent right now? _____
- » Why or why not? _____
- » Do you think you can handle the demands of being a parent right now? What would those demands be?

- » Are you able to go through pregnancy and birth? _____
- » Do you think you would be able to permanently choose adoption? _____
- » Why or why not? _____
- » What are your hopes and dreams for your future? _____
- » What are your hopes or dreams for this child? _____
- » Would adoption help you fulfill any of those hopes and dreams for yourself or your child? Which ones?

- » What about your partner? Are they aware of your pregnancy? _____
- » If not, do you want to tell them? Why or why not? _____
- » If they already know, what do they want you to do? _____
- » Would he be willing to agree to an adoption? _____
- » How would a decision to place the child for adoption affect your relationship? _____
- » How would adoption affect your relationships with others? _____
- » Adoption isn't always popular among family and friends. Would your family and friends support you if you decided to make an adoption plan for your baby? _____
- » Write the names of those family members and friends who would support:

Write down your thoughts and feelings about:

Closed Adoption

(No contact)

Semi-Open Adoption

(Letters and pictures sent through someone else)

Open Adoption

(Direct contact with the adoptive family)

 **Exercise: Adoption Planning**

- » What qualities would you want in a family who adopted your child?
- » What questions would you want to ask them?
- » What are absolute no's for you?
- » When you think about a plan that would leave you with the most peace, what does it look like? What do you need?
- » What do you imagine is your 'ideal' adoption plan after placement happens? What do you need?
- » Who do you see as your team in your plan? Who will be there to support you?

Letters

This is an example of a letter of goodbye from a birthmother to her baby.

Dear Baby Kathleen,

I am writing to say goodbye to you. I hope someday you will read this and understand. This is the hardest thing I have ever done in my life. When I found out I was pregnant my heart sank. I knew I couldn't have you. My life is not together enough to have a child— not in any way— financially, emotionally. I don't even have my own place right now. And the father isn't interested in commitment at all. He is a carpenter and he travels from job to job.

But, I also knew I couldn't have an abortion. I did that once and I had a really hard time with how I felt afterwards. So this time I decided I would make someone else happy. I met your new parents a while ago and I think they are wonderful people. I feel like I'm really doing something good for them—and for you. I know you are in good hands and that they will love you and care for you.

I come from a big family—Irish—and I have three sisters and a brother. My mother doesn't know anything about this—no one does. She couldn't bear knowing she had a grandchild somewhere. She works in a restaurant and is a great cook—especially Italian food. All of us look alike, or that's what people say. Right now I clean houses and waitress sometimes. I'm good at both jobs, but I like making people's houses sparkle.

I just haven't settled down on what I'm supposed to do in life. Maybe this is it—letting Elaine and Mike raise you. Good luck, little one. I wish I could see you grow, but I know you are going to be great. I love you.

—Deirdre

A birthmother in a videotaped message to her son just after birth.

Hello Darien,

I just want to tell you I love you very much. I wanted a special life for you and I personally picked your mommy and daddy. Maybe at some point in our lives we will have a chance to meet—maybe. And if so, and that's what you want, I'll share why I had to do this, but I did this because I love you very much.

—Tisha

“WHEN I FIRST TOLD MY FRIENDS WHAT I WAS THINKING OF, THEY SAID, “YOU CAN’T DO THAT!” BUT THEY DIDN’T UNDERSTAND. THEY KNEW LESS THAN I DID AND I DIDN’T KNOW VERY MUCH.”

“ONCE THE BABY WAS BORN IT WAS VERY DIFFERENT. THIS LITTLE BABY THAT WAS GROWING INSIDE ME WAS FINALLY OUT AND IN THE WORLD, AND DECISIONS NEEDED TO BE MADE AND FINALIZED.”

“HE LOOKS SO HAPPY AND HE’S RIGHT AT HOME. YOU CAN JUST SEE THE JOY AND LOVE IN EVERYONE’S EYES. THEY MADE HIM HIS FAMILY. IT IS HARD. TEARS FILL UP BUT I KNOW HE’S HAPPY AND THAT’S THE MOST IMPORTANT THING.”

“AT FIRST I WAS IN SHOCK. I THOUGHT THAT I WOULD HAVE AN ABORTION AND GO ON WITH THINGS, BUT I WAS AFRAID TO TELL MY MOTHER.”

“I WANTED TO MEET THE PARENTS AND GET TO KNOW THEM AND TALK AND LAUGH WITH THEM. BECAUSE WE CHOSE AN OPEN ADOPTION THEY WERE ABLE TO BE THERE AT THE BIRTH.”

“OUR ADOPTION AGENCY WAS FABULOUS. THEY EXPLAINED THAT WHATEVER I WANTED TO HAPPEN WITH THE ADOPTION WOULD HAPPEN. THE AGREEMENT WAS COMPLETELY BETWEEN MYSELF AND THE ADOPTIVE PARENTS.”

“I WANTED TO MAKE MY OWN DECISION, BUT AT THE SAME TIME, I ALMOST WANTED SOMEONE ELSE TO MAKE IT FOR ME, BECAUSE IT WAS SUCH A DIFFICULT CHOICE.”



Pregnancy Stages

Many people need to know about the stages of pregnancy and development of the pregnancy before they can make their decision. Or, you might just be curious to know how a sperm and an egg end up as a baby!

Fetal Development

“How big is it? Is it formed?”

Clinicians date the pregnancy from the first day of your Last Menstrual Period (LMP), which is the beginning of your cycle. Most conceptions happen two weeks after your last normal period. The following descriptions are based on the actual age of the embryo or fetus. This is usually two weeks less than age by LMP. (The LMP age is also listed here.)

Example: If your last period was 8 weeks ago, the embryo is 6 weeks old. But your doctor may consider you 8 weeks along, because your cycle started then.

How pregnant are you?

First day of your last menstrual period? _____ Today's date _____

How many weeks between these two dates? _____

The growing embryo or fetus is two weeks less. It is now _____ weeks old. This is called the gestational age.

(Number of weeks since period less 2 weeks = gestational age)

Conception

Conception begins when the egg and sperm meet at the top of the fallopian tube after intercourse. After the egg and sperm become one, the new cell begins to divide. The cells divide and form two joined cells. These two cells divide again and again. By the time the conception reaches the uterus it is now made up of 8–12 cells. This ball of cells drops into the uterus and begins to find a spot to attach on the wall of the uterus. This takes 5 days from conception.

Implantation

Over the next 10 days, some of the cells have the job of attaching themselves into the top layer of the lining of the uterus. Other cells begin to work together to start forming an embryo. Growth happens when cells divide. The embryo eventually grows into a fetus.

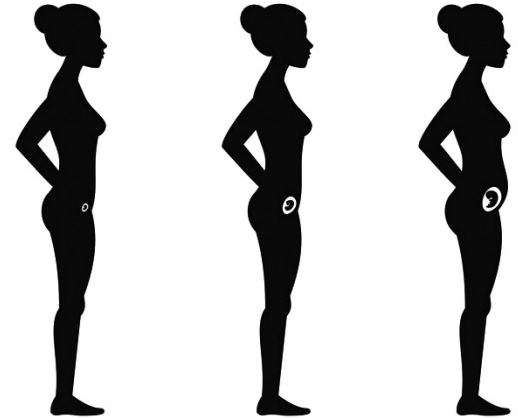
The sex was decided when the sperm fertilized the egg. There are two kinds of sperm, X bearing sperm and Y bearing sperm. Sex is determined by the type of sperm. If fertilization happened with an X sperm then the fetus will be female. If it was a Y sperm then the fetus will be male.

Fetal Development



Weeks 2-4 (4-6 LMP)

The embryo begins to take shape. It goes from looking like a ball of cells to the shape of a curved tube. By the third week, the embryo grows a ridge that goes almost all around. Over the next 8 weeks, the ridge will grow and begin to form the spine and the early brain. In the fourth week, a very small tube is formed inside of this embryo. This tube is the first step of many, many more steps that forms a heart. The embryo is the size of a poppy seed.



1st month

2nd month

3rd month

Week 5-6 (7-8 LMP)

The embryo will grow from the size of an apple seed to the size of a blueberry in these two weeks. The embryo begins to float in clear liquid inside the sac. The fetus begins to form limb “buds” which, over the next 4 weeks, grow into arms and legs.

Week 7-8 (9-10 LMP)

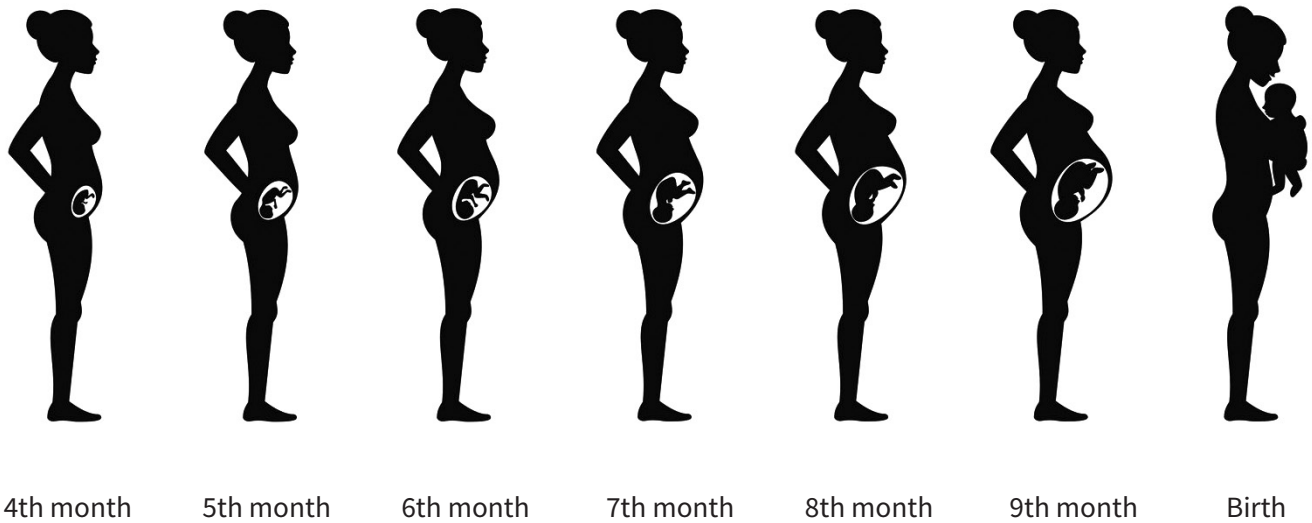
The fetus will first be as big a raspberry and eventually become the size of a small grape. In this two week period the part of the fetus that will eventually be the face begins to form the shape of eyes and ears. The fetal heart has grown from a tube to a four chambered heart. The liver, kidneys and pancreas have begun to form.

Week 9-10 (11-12 LMP)

During this time the fetus grows to the size of an average strawberry. The eyes, ears, nose and mouth continue to form. The soft skeleton is forming and muscle tissue begins to collect around it.

Week 11-12 (13-14 LMP)

By the 12th week, the fetus has grown to 2-3 inches. The skeleton begins to harden. Blood vessels form in various parts of the fetus and begin to connect to one another.



4th month

5th month

6th month

7th month

8th month

9th month

Birth

4th Month: 13–16 Weeks (15–18 LMP)

By the end of this month (16 weeks) the fetus will measure about 10 centimeters, or about 4 1/2 inches. The stomach, intestine and colon have formed. The four chambered heart begins to build up muscle cells. Blood cells formed in the bone marrow begin to collect in the vessels. The skin covering the body begins to thicken and hair appears. The inner ear forms. The kidneys are formed and working. The reproductive organs have been forming over the last couple of weeks.

5th Month: 17–20 Weeks (19–22 LMP)

By the end of this month the fetus will be at least 12 inches long. The nose takes a more defined shape as cartilage (the soft bone) appears.

6th Month: 21–24 Weeks (23–26 LMP)

During the sixth month fetus weighs about 2 lb. and is 14 inches long. At this stage of development the various organs have formed. The following months will see increase in body fat.

7th Month–9th Month

Over the next three months the fetus will gain at least five pounds and grow another 6–7 inches. In the eighth month, taste buds form in the mouth. The lungs continue to make many small pockets to allow for breathing after birth.



What Can Hurt the Pregnancy?

Birth Defects

Birth defects can happen for many reasons. Each pregnancy carries a 3–5% chance that the child will be born with a birth defect. In other words, every pregnancy has at least a 95% chance that a baby will be born without a birth defect. Some birth defects are minor like a skin discoloration. Some are considered major like a heart defect. Many can be corrected.

Causes of birth defects may be:

- » Inherited conditions that are passed down in families or through a parent
- » Accidental changes to the genes at the time the egg or sperm were forming
- » Exposures to some kinds of medications, diseases, chemicals or something in the environment
- » Possible interaction between genes and something in the environment
- » Unknown

Exercise: Birth Defects

If you are worried that your baby may inherit a condition or your pregnancy has been exposed to something harmful, talk to your healthcare provider or ask to talk to a genetic counselor. Genetic counselors help women and families understand their chance of passing on a known condition in the family.

- » Do you know of an inherited disease or condition in your family? Describe:
- » Do you or anyone in your family have a birth defect? Describe:
- » Do you have a child that has a genetic problem? Describe:

Exposures

Some birth defects are caused by certain substances, or agents, like drugs, chemicals, alcohol, viruses, and by some medical conditions that a pregnant woman may have. These agents or “teratogens” should be avoided or controlled, if possible. If you are wondering if something you were exposed to can harm the pregnancy, keep reading.

Exercise: Exposures

Have you used a medication, drug or alcohol, or been exposed to a chemical or radiation (x-ray)? Have you had a virus since your last period (LMP)? To understand if your exposure to something might increase the chance for a problem to the pregnancy, it is important to answer some questions related to your situation.

- » What were you exposed to—the agent or substance
- » How much were you exposed to—the dose
- » How often you took or were exposed to the agent—the frequency
- » How long was it used for or how long exposure occurred—dates of use/dates of exposure
- » When during the pregnancy was there exposure to the agent(s)—gestational age

The gestational age is based on the first day of your last period, not when you actually became pregnant. Or, the gestational age can be based on an ultrasound, if you've had one. Gestational age is important in order to know how old the embryo or fetus was/is during the time of exposure. (It is not always possible to know this.)

For each agent you think you may have been exposed to (medication, substance, chemical, infection, etc.), write down the following information. Some exposures may not fit these categories neatly; it is still helpful to provide as much of this information as possible.

Agent	Amount/Dose	Frequency	Date(s)	Gestational Age

Examples

<i>Amoxicillin</i>	<i>750 mg</i>	<i>1x / day</i>	<i>6/1-6/8</i>	<i>7-8 weeks</i>
<i>Albuterol inhaler</i>	<i>4 puffs / day</i>	<i>throughout pregnancy</i>		<i>0-9 weeks</i>
<i>Alcohol</i>	<i>5 drinks / day</i>	<i>weekends</i>	<i>till 6/15</i>	<i>0-9 weeks</i>

After you have filled this out, share this list with your healthcare provider, a genetic counselor, or contact a teratogen information service.

Special Note: Most exposures occurring within the two weeks after the day of conception are not expected to affect the baby's development. Exposures during this time may, however, produce miscarriage.

Common Agents

Here are a few common exposures and the level of risk to the developing fetus. This is only a partial list. If your pregnancy has been exposed to one of these, please discuss this with your doctor. You can find additional information about exposures in pregnancy through the organizations listed in the Resources section. Or you can call a genetic counseling service at your medical center.

In alphabetical order:

Acne Medications

(Isotretinoin or Absorica®, Amnesteem®, Accutane®, etc.)

Isotretinoin is mainly prescribed for severe acne but may also be prescribed for other conditions affecting the appearance of the skin. Because isotretinoin is known to harm the developing embryo/fetus, getting this medication requires a doctor to tell patients about the risks for birth defects from this drug. If you are taking this medication you are probably familiar with the I-pledge program. However, in spite of required precautions to prevent pregnancy while being treated with isotretinoin, some pregnancies may still happen. Retin A is a topical form of this drug and poses a much lower risk, but may still pose some risk.

Risks: Birth defects affecting the brain, heart and/or face have been reported. There is also a greater chance of miscarriage. The risk can only be determined through a careful review of your exposure and the medical information.

Alcohol

Time of exposure to avoid: Anytime in pregnancy

Greatest risk: Fetal Alcohol Syndrome (FAS) is the leading cause of mental retardation in the U.S. Children who have FAS have growth delays, nervousness, possible heart defects as well as learning and behavior difficulties. Heavy drinking also increases risk for subtle changes in the face as well as other birth defects. Daily or excessive alcohol use (over 5 drinks per day) can harm the fetus. Lesser but frequent use of alcohol in pregnancy may also affect the baby's development. There is no agreement on a safe level of alcohol use in pregnancy.

Uncertain risks: binge drinking or occasional social use. Risk in this situation is dependent on the stage of pregnancy, amount of alcohol and what type of alcoholic beverage was consumed. This is not a risk-free situation. You need to have a medical professional review your exposure.

Antibiotics

Streptomycin is one antibiotic known to affect the fetus' development.

Time of exposure to avoid: The first 12 weeks

Greatest risk: After 4th week of pregnancy

Risks: There is an almost 10% risk that the ears of the developing fetus can be affected. Sometimes deafness may occur but this is considered to be a less frequent result of exposure to streptomycin during pregnancy. However, it is not possible to determine if hearing will be affected when exposure occurs. It is important to discuss your specific antibiotic exposure with your doctor.

Anticonvulsants

(Medications to control seizures)

There are many different kinds of medications for seizure conditions. Some are also used for treating mood disorders. It is important to learn if the medication you are taking is known to carry a risk. Valproic acid (Depakote®) is one medication that has been shown to increase the chance for birth defects, as has topiramate (Topamax®). Taking a combination of anticonvulsants can increase the chance for a birth defect. These medications may not be avoidable. Seizure medications are required to prevent other complications in pregnancy. Some anticonvulsant medications are safer than others during pregnancy.

Risks: Depending on which anticonvulsant was used in the pregnancy, there is a risk for heart defects, spina bifida, cleft lip (with use in the first trimester) and mental and physical delays.

Cat Box/Toxoplasmosis

It is possible that exposure in early pregnancy to the parasite, toxoplasma gondii found in cat litter boxes may increase the chance for birth defects. If you have been around outdoor cats often before pregnancy and throughout your life, chances are you have already been exposed to this infection, often without symptoms, and have developed immunity against re-infection. If you are concerned that you may have been exposed, a test is available to determine whether there is active infection.

Time of exposure to avoid: Six months before pregnancy through the first 12 weeks.

Risks: About 30% of those who become infected with this parasite in their early pregnancy will pass it to the fetus. If the infection reaches the baby, the baby is at risk for brain malformations, deafness, vision problems, and mental retardation.

Cigarette Smoking

Risks: Those who smoke in their pregnancy have an increased chance that the pregnancy will end in a miscarriage or stillbirth. The babies are sometimes born with low birth weight and this can be a factor for delay in the growth and development. Babies born prematurely to mothers/maternal parents who smoke heavily have a greater risk of developing infection than when they do not smoke. Heavy smoking also increases the chance for bleeding complications during the pregnancy. Risks for complications rise with the number of cigarettes smoked per day and how far into the pregnancy the smoking occurs.

Cocaine or “Crack”

Most pregnancies exposed to cocaine do not have a birth defect. Birth defects reported mainly affect urinary tract and genital development. Other birth defects have been reported.

Risks: The risks from cocaine increase with greater use. Children that were exposed to cocaine during the pregnancy have a higher frequency of behavioral problems. The greatest risk for pregnant users of cocaine is to experience bleeding and an increased risk for miscarriage and stillbirth. Risks are higher with higher amounts.

Diabetes

Diabetes can affect anyone at any age. Some forms of diabetes require the person to take insulin. Whether you take insulin or not, there is a known increased risk for birth defects for women with poorly controlled blood sugar.

Risks: Many different kinds of birth defects can occur, but the most common are spinal cord defects (spina bifida), heart defects, skeletal defects, and defects in the urinary, reproductive, and digestive systems. Those who are able to control the diabetes have an excellent chance of avoiding this risk.

Marijuana

Marijuana is not expected to increase the chance for birth defects. However, heavy use may increase the chance for disorganized thinking for the exposed offspring. Smoking marijuana regularly may increase the chance for pregnancy complications such as: premature birth, low birth weight, stillbirth and small length, small head size, and death in the newborn period. Babies that are born prematurely or with low birth weight can have higher rates of learning problems or other disabilities. There is not enough information available about marijuana use in pregnancy and it is best avoided.

Psychotherapeutics

(Medications for psychological conditions)

There are many different medications that are used to help people with mental health conditions. Many antidepressant medications don't appear to increase the chance for birth defects. A medication used to treat bipolar disorder, lithium, may increase the chance for birth defects of the heart. It does not happen to all fetuses exposed to lithium.

For many medications there is not enough information available to determine if they increase risks or not. The benefits of taking psychotherapeutic medications may outweigh the risk the mother's untreated condition could have to the pregnancy. It is important to tell your doctor that you are pregnant if you are taking medication for depression, anxiety, PTSD, or for any other psychological condition.

Thyroid Medicine

There are medications that are prescribed for over-active and under-active thyroid. If you are taking synthroid, (also known as Levothyraxine, levothyroxine or thyroxine) because of under-active thyroid function, taking this medication is not expected to increase risks to your pregnancy and it is actually helpful. Methimazole, a medication used to treat over-active thyroid, has been reported to increase the chance for some birth defects. Some questions remain about whether it is the medication or the poorly controlled thyroid function that contributes to the risk for birth defects. Ask your doctor if the medication you are taking is known to increase the chance for birth defects.

Viruses

Some examples: Rubella (German measles), chicken pox, cytomegalovirus, Zika

Time of exposure to avoid: The first 12 weeks of pregnancy, except Zika

Risks: Those who are exposed to one of these virus during the first half of their pregnancy, and who never had been exposed before, may develop the illness. During this time, the embryo or fetus is also exposed. If the viral infection occurs during the development of the early brain, this can result in brain deformity and mental retardation. The risk of birth defects from the Zika virus can happen with exposure any time during the pregnancy.

Workplace Exposures

If you work where chemicals are being used, it is your legal right under OSHA (Occupational Safety and Health Administration) to have full disclosure of what the chemicals are and if they are known to affect health or pregnancies. Once you receive the list you may need to call a genetic counseling service in your area to review the documents for you. Or, you may contact a teratogen information service.

X-Rays/Radiation

We are exposed to radiation in lots of ways—at work, in our homes, and when we have an x-ray or CT scan. A critical aspect of x-rays is dosage or amount. Most diagnostic x-rays expose a person to levels of radiation that are not expected to pose a risk to the developing baby. Concern arises when a pregnancy is exposed to high amount, likely to be the result of an unusual situation or radiation treatment for cancer.

Time of exposure to avoid: The first trimester

Greatest risk: At the time of implantation of the dividing egg, and up to day 10.

Risks: There is an increased risk for miscarriage. For those pregnancies that have had significant x-ray exposure there is risk for developmental delay, mental retardation and a small increased chance for childhood cancers. If you have had significant x-ray exposure, you may want to discuss this with your doctor or a genetic counselor.

What about exposures to the father/paternal parent?

In general, exposures to the paternal parent are not expected to increase risk to pregnancy. Unlike the mother/maternal parent, they do not share a blood connection with the developing baby. An exposure to the father/paternal parent may affect the quality of the sperm which could affect the ability of the sperm to fertilize the egg. Paternal exposures do not generally increase the chance for birth defects.





Spiritual and Religious Concerns

What is Spirituality? People use many different names for their spirituality. One name is God. Others are Creator, Holy Spirit, Greater Truth, Higher Power, Voice Within, Inner Light, Loving Spirit, or Infinite Wisdom.

Exercise: What are your spiritual or religious concerns?

(Check all that apply)

- I'm afraid I will go to Hell
- I don't want to be "separated" from God
- I'm afraid I'm doing the wrong thing and God will punish me
- I'm afraid God, or my baby, won't forgive me
- I'm not sure how my minister or friends at church would think of me
- I'm not sure God can forgive me for more than one abortion
- I think I should repent, but I don't know how
- I am not sure I can forgive myself
- Other

Resources

Faith Aloud (www.faithaloud.org) offers help on their website and can offer individual counseling through the All Options Talkline (www.all-options.org) The Religious Coalition for Reproductive Choice (www.rcrc.org) may also be able to refer you to a clergy counselor.

"OUR SPIRITUALITY IS WISE AND LOVING, AND WE USUALLY KNOW WHEN WE ARE HONORING IT. WHEN WE STEP AWAY FROM OUR SPIRITUALITY, WE MAY ACTUALLY FEEL PAIN AND FEEL LIKE WE HAVE BETRAYED OURSELVES. SOMETIMES WE KNOW THIS FROM OUR DREAMS, OUR INTUITION, OR HOW WE FEEL. IT'S IMPORTANT TO DISCOVER YOUR OWN TRUTH AND HONOR IT."

"FAMILIES WHO HAVE DEALT WITH A LOSS SUCH AS MISCARRIAGE, ABORTION, PLACING A CHILD FOR ADOPTION, INFERTILITY, STILLBIRTH, OR A DENIAL OF ADOPTION MAY CHOOSE TO SPEAK TO A RELIGIOUS COUNSELOR ABOUT THE CONFUSING EMOTIONS OF GRIEF, GUILT, ANGER, JOY, AND RELIEF. NO TWO LOSS EXPERIENCES ARE IDENTICAL, AND YET ALL SHARE SOME SIMILAR RESPONSES."

"MAKING A CHOICE ABOUT YOUR PREGNANCY CAN BE A GIFT OF LEARNING AND GROWTH. IT IS AN INVITATION FOR YOU TO DEVELOP A LARGER VISION OF YOURSELF. IT'S A WAY TO PRACTICE COMPASSION AND LOVING KINDNESS TOWARD YOURSELF."

RELIGIOUS COALITION FOR REPRODUCTIVE CHOICE

What Different Religions Say

Here are some thoughts from many religions and beliefs about someone making their own choice and particularly about abortion. Religions and those who are part of a particular religion often have more variation in their beliefs than the “official” position on issues. The following thoughts from a variety of groups and individuals may be helpful to your thinking.

Protestant Faiths

What the Bible says: “What is a good woman?” The biblical tradition repeatedly offers a clear idea of free choice for women. In the Bible, good women make many complex and important decisions. Fertility is not one of the attributes for which women are praised in the Bible. Instead, women are praised for their wisdom. Praise for the goodness of women who wisely manage their situation is found all through the Bible. A woman is admired for the way in which she rises above difficulty.



The heritage of Jesus in the gospel of Matthew cites four specific women as foremothers: Tamar, Rahab, Ruth, and Bathsheba. Each of them was considered a social outcast. Each woman experienced a serious threat to her well-being. Each, in order to manage her situation, risked going against what was “normal” for their time. In so doing, each woman rose above difficulty and won respect within the community.

None of the choices made long ago by these biblical women were easy. Their moral and their sexual decisions were not clearly right or wrong, but they are remembered in the religious record as women who wisely handled difficult situations.

Adapted from “How Good Women Make Wise Choices” by Rev. Nancy Rockwell, pamphlet published by Religious Coalition for Reproductive Choice, 202-628-7700, www.rcrc.org

Black Protestant Ministers

We are Black Ministers, and we are writing to remind you that God loves you—no matter what!—and that you are always a part of the caring community of Black people. As you make your decision, meditate on God’s mercy and love. Who shall separate us from the love of Christ? For I am sure that neither death, nor life, nor angels, nor principalities, nor things present, nor things to come, nor powers, nor height, nor depth, nor anything else in all creation, will be able to separate us from the love of God.—Romans 8

Excerpted from “Black Ministers Support Your Right To Choose,” pamphlet from Religious Coalition for Reproductive Choice, 202-628-7700, www.rcrc.org

Judaism and Abortion

In the Jewish tradition, there is an overriding concern for the sacredness of life, but there is no one rule that talks about the morality of abortion. In general, the woman is valued: her life, her pain, and her concerns take priority over those of a fetus. An existing life is always sacred and takes priority over the life of a fetus, which is seen as a potential person. The majority of Jewish legal sources say that abortion is permissible if the well-being of the mother is at risk.



From “Abortion: Perspectives from Jewish Traditions” Religious Coalition for Reproductive Choice, 202-628-7700, www.rcrc.org

Islam (Muslim) and Abortion

There are no verses in the Quran (“Ko-ran”) specifically about abortion. But the general teachings of the Quran refer to the sanctity of all life. The verse, “Hence, do not kill your children for fear of poverty” (17:33) is often referred to as opposing abortion. This verse was originally meant to prohibit the killing of newborn females, which was a practice in Islam before Mohammed’s time.



In Islamic teaching, the soul is said to enter the fetus at 120 days (four months) after conception. In some schools of Islamic law, this makes an abortion before 120 days, less bad than one after that time.

There are a very few reasons for abortion in Islamic teaching: If the woman’s life or long-term health is threatened by the pregnancy, and if a nursing infant is threatened by its mother’s next pregnancy. *In the past, Muslim physician-scholars wrote about abortion and its uses. Al Razi (d. 923 A.C.) wrote that abortive medicines could be used if a very young woman was raped, or if carrying the fetus to term would kill the mother. Ibn Sina (d.1037 A.C.) wrote, “At times it may be necessary to have an abortion: 1) when the pregnant woman is young and small and it is feared that childbirth would cause her death, or 2) when she suffers from a disease of the uterus (that would) make it very difficult for the fetus to emerge.”

The sayings of the Prophet Mohammad (SWT), called The Hadith, mention miscarriage when a pregnant woman is injured by another, and require payment for this injury. This is called Al Kaffarah, penance or atonement. Kaffarah as atonement for an abortion would be fasting for two consecutive months. In Islam, fasting means you cannot eat during the day, but you can eat at night. When a woman is having her period she is not allowed to fast (it would be too hard on her system) so she fasts an extra few days at the end of the two months.

Like every religious tradition, Islam has very strict teachings, as well as more open ideas of those same teachings. Each woman must come to her own understanding of her faith. And she should remember that in Islam, “God is merciful.”

Buddhism and Abortion

In Buddhism, as in most world religions, there are many viewpoints and beliefs about abortion and women’s right to choose it. As a Buddhist of 13 years, and a patient educator working in abortion care for 4 years, I believe there is a morally and theologically sound pro-choice philosophy within the tenets of the Buddhism of the Lotus Sutra. Theologians from all religious backgrounds have been continuously debating the question of when life begins in order to decide whether abortion is allowable within the confines of their religion.



Questions regarding the nature of life bring to mind two most basic ideas about life in Buddhism. First, life is believed to be eternal; without beginning or end. Life and death are two sides of the same coin, and just as nature passes through the seasons of spring, summer, fall, and winter, human beings pass through cycles of life that are continuous and eternal. Buddhism also teaches that life is sacred, and to be protected at all costs. In between these two fundamental tenets lies a large gray area in which we as Buddhists are challenged to find our own wisdom to apply to the challenge of making a decision regarding an unplanned pregnancy.

The reason I am Buddhist and pro-choice is this: in both philosophies women are trusted to make wise decisions for the struggles they come upon in life, based upon their own innate wisdom. And in both philosophies, women are able to determine the course of their lives through these decisions. If you are struggling to make a decision regarding your pregnancy, or are looking for a way to heal spiritual wounds after an abortion, know this: you have within you the ability to turn this difficult time into one of growth, and eventually happiness.

*(Muhammad Sa’id Ramadan al Buti, Tahdid al Nasl, Damascus: Marktabah al Farabi, 1976, pp. 96–99). ** (Abdul Fadl Mohsin Ebrahim, Abortion, Birth Control, & Surrogate Parenting: An Islamic Perspective. Indianapolis: American Trust Publications, 1989, p.92).*

In Buddhism, there is a concept called the Ten Worlds, or ten basic life states. They are, from lowest to highest, Hell, Hunger, Animality, Anger, Tranquillity, Rapture, Learning, Realization, Bodhisattva, and Buddhahood. At each moment of life we are manifesting one of these life states. In conjunction with this is the idea of the Mutual Possession of the Ten Worlds; that within each life state is the potential to manifest the other nine. Human beings are constantly shifting between these states. As Buddhists, we strive to elevate our basic life tendency, striving towards Buddhahood.

The important thing to realize is that no matter where you are at, you have the ability already in you to be happy, have closure, and be at peace with whatever decision you have made or will make. Buddhism holds that each person's life is infinitely valuable and precious. That you hold, or have held, life within you does not deny this fact of your life. It is important to remember that you have the power to shape your life, attain your dreams, and change difficult, painful circumstances into knowledge, wisdom, and ultimately, happiness.

— Jennifer Benson

Catholicism and Abortion

The official Catholic Church doctrine teaches that abortion is morally wrong. According to the organization, Catholics For Choice, "This is not, as most Catholics think, based on the belief that the fetus is a person. The Church has no firm doctrine on when the fetus becomes a person. Thus, this teaching has never been proclaimed as infallible by the Pope. The Church is also more than the Pope and the Bishops. It includes all the people of God. Clergy, theologians and laity work together to develop church teachings. Many theologians and lay people feel that abortion can sometimes be a moral decision and that conscience is the final arbiter of any abortion decision. The Church also teaches that the conscience of the individual is supreme. If you carefully examine your conscience and then decide abortion is the most moral act you can do at this time, you are not committing a sin." As with all religions, individuals must decide what their conscience says and their faith advises. In fact, Catholic women choose abortion in the same proportion as non-Catholic women.



Catholics for Choice "You Are Not Alone", www.catholicsforchoice.org

“This is also the great benefit of confession as a sacrament: evaluating case by case and discerning what is the best thing to do for a person who seeks God and grace. The confessional is not a torture chamber, but the place in which the Lord’s mercy motivates us to do better. I also consider the situation of a woman with a failed marriage in her past and who also had an abortion. Then this woman remarries, and she is now happy and has five children. That abortion in her past weighs heavily on her conscience and she sincerely regrets it. She would like to move forward in her Christian life. What is the confessor to do?”

“We cannot insist only on issues related to abortion, gay marriage and the use of contraceptive methods. This is not possible. I have not spoken much about these things, and I was reprimanded for that. But when we speak about these issues, we have to talk about them in a context. The teaching of the church, for that matter, is clear and I am a son of the church, but it is not necessary to talk about these issues all the time.”

— Pope Francis, *America Magazine* Sept. 30, 2013

A Pagan View of Pregnancy Decisions

Paganism is a pre-Christian tradition that believes that all life—humans, animals, plants, the earth—are part of a Web. When we make difficult choices, we look at many things: where we are in our lives, what our relationships are like, how good our support is, how old we are, our financial situation, our family, our spiritual beliefs, our hopes, our dreams, our fears etc. As pagans, we honor the web and understand that we are all connected by and to one another. We consider the entire web, but our greatest attention naturally falls on our own part of the web.

Pagans tend to believe that souls can move from one body to another. So, abortion shuts a door, but that door is only one among many. That is not something to be taken lightly, and this soul is considered part of the web. Like most other spiritual people, Pagans tend to believe that the big events in our lives have “karmic” meaning. A pregnancy can carry all sorts of messages, which may be best served by opting in favor of abortion, adoption or a baby.

What is the lesson of the pregnancy? We ought to approach a pregnancy decision with an awareness of the web, and with love and self-acceptance. Ideally, you would have three rituals, the first to help make

the decision, the second after the decision has been made and the third a year and a day after the decision, to complete the cycle.

The first ritual is to help you decide in line with karma, and with the involvement of the divine. That means acting from your highest motivations and being open to what The Gods say. Your highest motivation may be about family or your education or career—whatever is important to you. The second ritual acknowledges whatever your decision is, and thanks The Gods for their participation and their blessings. It also includes discussing the decision with the soul associated with the fetus, thanking it for the life lesson and asking for its blessings. Whatever the decision, it is important to realize that its effects are lifelong. Therefore, it is useful to perform a third ritual, a year and a day after the first one to acknowledge this effect. The third ritual should recognize the karmic message and thank The Gods for the blessing of this life lesson.



Adapted from “What Would the Goddess Say? A Pagan Approach to Abortion” by Beth Goldstein.



Healing Work

Whenever there is an attachment or a connection that is broken, there can be feelings of loss. Many people are surprised at how difficult the grieving process can be. Grief is different for everyone. There is no set timeframe. There is no right or wrong way to grieve. Allow yourself time to grieve if you need it. Talk to others who understand. Be gentle with yourself.

We don't always talk about loss or grief in our culture and people don't always know what to say. If someone dies, we take comfort from others through the rituals our culture offers. We might get flowers, or sympathy cards, or people might drop in and bring food, or pay their respects. There is a funeral or memorial service.

Pregnancy loss, in our culture, is not often looked at this way, and so many find themselves alone with feelings of loss and grief. They may even feel that they don't deserve sympathy or that they did something bad and that is why they feel sad or guilty.

But, the loss of a pregnancy or infant, through abortion, miscarriage, stillbirth, or adoption can be experienced as a major loss and deserves its own grief process. Sometimes the anniversaries of a loss or the pregnancy due date bring on feelings of sadness. Sometimes we are also grieving a lost relationship or even the idea of being pregnant and having a family.

Because most of our traditions do not help us with this kind of grief, we are finding that we must "make it up" or invent our own rituals. This might include other people or it might be very private. It might be as simple as lighting a candle. Or writing something. Or it might be a ritual filled with symbols and music and poetry.

In the following section you will find rituals from other cultures and ones that others have created for themselves. These events help the acknowledge our loss and think about it in a way that helps us heal. There are additional rituals in the *Abortion Resolution Workbook* at www.pregnancyoptions.info.

“WHETHER WE EXPERIENCE IT OR NOT, GRIEF ACCOMPANIES ALL THE MAJOR CHANGES IN OUR LIVES. WHEN WE REALIZE THAT WE HAVE GRIEVED BEFORE AND RECOVERED, WE SEE THAT WE MAY RECOVER THIS TIME AS WELL. IT IS MORE NATURAL TO RECOVER... THAN TO HALT IN THE TRACKS OF GRIEF FOREVER... OUR EXPECTATIONS, WILLINGNESS, AND BELIEFS ARE ALL ESSENTIAL TO OUR RECOVERY FROM GRIEF. IT IS RIGHT TO EXPECT TO RECOVER, NO MATTER HOW GREAT THE LOSS. RECOVERY IS THE NORMAL WAY.”

JUDY TATELBAUM

Ceremony to Release Spirit Life—Taino Clan

The woman who has spirit life within also knows the responsibility of motherhood. She does not accept this gift lightly. She knows that to accept motherhood is to make a commitment to insure the nurturing needed for that life to grow.

Mother Earth provides for our needs and the needs of all her other children, season after season. So, too, the path of motherhood requires a woman to nurture, teach, and heal her children as long as they are in need of her special care.

Sometimes a woman will find spirit life within her womb when she is not in a position to take on the nurturing responsibilities. The woman knows in her heart that the time is not now. She cannot sustain this new life. Then she asks for a ceremony of releasing spirit life.

There is a sadness, of course, at this releasing. But there is also honor. The woman expresses her thoughts as well as listening to the spirit voice within. She speaks with this spirit life many times. Spirit and woman are both in agreement with this separation. For the good of all, the spirit life gives itself away.

This ceremony can also be performed when the spirit life decides that the time for entering the earthwalk is not now. In this case, the woman miscarries. The releasing ceremony eases the spirit connection between her and the spirit life that was once inside her womb.

The path of each Earthwalk is exactly as long as we need it to be. Some of us have longer paths than others. For these young lives, there is always another opportunity at another time. Life begins... life ends... life begins again... all a part of the turning of the Great Spiral.



Mizuko Kuyo—Ceremony for Water Babies

Buddhists believe that babies who die in infancy, during miscarriage or abortion do not have a soul. They think they are in the “river that separates the world of life and death.” They see them as “water babies” who need help to get to the other side. Jizo is the protector of travelers, helping the water babies get across the river from life to death, and be at peace.

At Buddhist temples and in the countryside there are Jizo statues. A woman or a couple adopts one of these statues and inscribes a name on it. Then they dress it in red “bibs” (traditional clothing for Buddhist monks) or offer it toys or presents that they make. Sometimes they pour water on it to quench its thirst. It’s important to them not to forget the baby that died. They may visit the Jizo statue for many years and eventually bring its real life brothers and sisters to honor its memory.

Writing a Letter

Many find that they are talking to the spirit of the child inside them, sometimes out loud and sometimes in their heads. If you realize you are doing this, you are not alone. It may be useful to write your thoughts down on paper. You could tell how you came to the decision. Some ask for forgiveness. Some thank the spirit for the wisdom or thoughts they have had about life. Some say how much they love the baby.

If you are placing your child for adoption, you might want to have the parents give your letter to the child at a certain age. You might want to write one letter for your grief process and one to give to the child. In this one you might also include family health history.

In working out grief, some counselors suggest that you write another letter to the person you were at the time you made your decision. Understanding, compassion, and forgiveness might be part of what you offer that person. Sometimes it is useful to imagine you are talking to your best friend.

And then, some “listen” to what the spirit child is saying and write that down. One woman who chose an abortion reported that it said, “Don’t worry, I’m a spirit, I can come back in any form.”

These letters can be very healing. When you are done with them you can make a decision to keep them in a safe place, or share them with someone who can understand. Some choose to bury the letter or burn it, thus “releasing” it back to the earth. You might want to do this after a guided daydream exercise, visit the website www.pregnancyoptions.info. You might want to wait a while to do this work or do it several times, whatever feels healing to you.

Guided Daydream on Loss

Loss or grief are associated with abortion or adoption. For some, it may be mild. For others, it may be deep. Yet our society has no formal way to get support from others or get recognition for our feelings. You may even wonder if you have a right to be supported. After all, you may think, “It was my choice.”

If you are having any of those thoughts, take a moment to remember how the process of deciding what to do with a pregnancy has been for you. Can you have compassion for yourself and appreciate the love and care with which you have made this decision? You deserve understanding and comfort no matter what your choice.

This guided imagery is designed to help you recognize what losses you may be feeling, and to release them gently. To read or listen to one of three guided day dreams, go to www.pregnancyoptions.info.

People's Stories

These are actual stories of those who have told us how they have created a way to grieve.

“I HAD A LONG CONVERSATION WITH THE SPIRIT CHILD THAT I WAS CARRYING AND WE DECIDED IT COULDN'T BE. FOR ME, IT WAS LIKE THROWING A STAR BACK INTO THE SKY. SOMETIMES I LOOK AT THE NIGHT SKY AND THINK, MAYBE THAT ONE IS MY STAR.”

“I COLLECT ENAMELED BOXES. SO I TOOK MY VERY FAVORITE BOX AND WROTE A LITTLE NOTE IN IT TO THE BABY. THEN MY MOTHER AND I BURIED IT IN THE GARDEN. WE BOTH CRIED, BUT IT REALLY HELPED ME.”

“MY FATHER DIED A FEW MONTHS AGO. WE WERE VERY CLOSE. HE ALWAYS USED TO TELL ME TO GO DOWN BY THE RIVER AND WATCH IT GO ON ITS WAY TO ITS DESTINATION, THE OCEAN. I KNEW THAT MY FATHER WAS AT HIS DESTINATION, HEAVEN, AND THAT HE WOULD TAKE CARE OF MY BABY.”

“IT WAS RIGHT BEFORE CHRISTMAS WHEN I LOST MY BABY. SO I GOT A CHRISTMAS ORNAMENT AND EVERY YEAR I PUT IT UP AND IT REMINDS ME OF THAT CHILD THAT COULDN'T BE.”

“I HAD A VERY HARD TIME WITH MY DECISION BUT I THOUGHT ABORTION WAS BEST FOR ME AND FOR MY BABY. BUT IT DIDN'T MEAN THAT I DIDN'T CARE. I FOUND A PENDANT THAT HAD TWO HALVES OF A HEART. I WEAR ONE AND I BURIED THE OTHER HALF TO REMIND ME THAT SOMETHING OF ME WAS LOST.”

“I DID A CEREMONY BY THE RIVER. I COLLECTED SOME FEATHERS AND PUT THEM IN A LITTLE WHITE SILK CLOTH, CLOSED IT WITH A RIBBON, AND THREW IT IN THE RIVER WITH A WHITE LILY AND A RED ROSE. I'VE ALSO SOWN SEEDS OF WILD FLOWERS NEXT TO THE RIVER. THIS HELPED ME FEEL MORE PEACEFUL, TO REMEMBER, BUT ALSO RELEASE SOME OF THE PAIN, AND TO FEEL ALL RIGHT. MY NOTEBOOK ALSO HELPS ME.”

“I GOT A HELIUM BALLOON AND CARRIED IT AROUND FOR A WHILE. IT MADE ME HAPPY. THEN I RELEASED IT AND SAID GOODBYE.”

“WHEN I WAS MAKING MY DECISION SOMEONE GAVE ME A BEAUTIFUL POLISHED STONE. I HELD IT DURING THE ABORTION AND KEPT IT FOR LONG WHILE AFTER. THEN I WALKED DOWN TO THE RIVER ONE DAY AND THREW IT AS FAR AS I COULD. I FELT PEACEFUL.”

“THIS MAY SOUND STRANGE, BUT ON THE DUE DATE THAT WOULD HAVE BEEN, I GET A CUPCAKE LIKE IT WAS A BIRTHDAY. IT’S OK.”



“I HAD A TERRIBLE TIME FOR ABOUT A YEAR, THEN I WROTE A POEM TO THE BABY AND WENT TO THE HIGHEST HILL AROUND WHERE THERE WOULD BE A GOOD WIND. I READ THE POEM OUT LOUD, THEN RIPPED IT INTO LITTLE PIECES AND LET THE WIND TAKE IT. I STILL GRIEVE BUT IT WAS A GOOD THING TO DO.”

“IT WAS DIFFICULT FOR ME TO CRY EVEN THOUGH I FELT TERRIBLY SAD. SOMEONE SUGGESTED THAT I TAKE SOME TIME AND JUST BE SAD. SO I DID. I TOOK ONE WHOLE DAY AND WROTE ABOUT MY FEELINGS, LISTENED TO SOME MUSIC THAT ALWAYS MAKES ME CRY, AND BASICALLY, SAID ‘GOODBYE’. ALSO I DIDN’T EAT UNTIL SUNDOWN, BUT THEN MY FOOD TASTED SO GOOD. NOW I STILL THINK ABOUT IT BUT IT DOESN’T FEEL LIKE I’M ALL BOTTLED UP.”

“ONE OF MY FAVORITE PLACES TO WALK AND TO THINK IS THIS OLD ORCHARD NEAR MY SCHOOL. SO, I DECIDED TO PLANT A TREE THERE, AN APPLE TREE. I’M PROBABLY MOVING AWAY, SO I CAN’T WATCH IT GROW, BUT IN MY MIND, IT’S GROWING.”



Taking Care of Yourself

No matter what you choose, there are some things you need to know to take care of yourself. In this section, you will find some advice on dealing with morning sickness, on birth control, and protecting yourself against sexually transmitted diseases, including HIV/AIDS. You can also learn about endometriosis, fertility, and how to be sexually “healthy.” And finally, there is a section on continuing to take care of yourself emotionally.

Morning Sickness

Most have nausea when they are pregnant. For some, it is very severe. For some, it lasts longer than just the morning. Usually, it lasts from the 5th week to the 12th week of pregnancy, but it can last the entire pregnancy. There are many patterns of morning sickness. There are some prescription medications that help and you should discuss your symptoms with your doctor or at your clinic. Diclegis is a time release medicine that contains Vitamin B-6; Zofran is another common prescription medicine for nausea.

There are some other safe remedies suggested by alternative medicine and home remedies. The real danger to you is in getting dehydrated. If you can't hold any water or liquid down at all for more than a day, call your doctor or clinic.

Folk Remedies

Small sips of water mixed with salt and baking soda can be very helpful. Many find that eating dry crackers like Saltines and a bit of apple works to stop nausea. Sometimes eating crackers first thing in the morning, before you get up, works well. Some women have found relief from taking Vitamin B-6 or Iron. Peppermint or ginger, in the form of tea, gum, or candy sometimes settles the stomach. Ginger capsules may be helpful—usually 250 mg 4 times a day.

Other suggestions: Avoid greasy and fried foods. Avoid the smell of cooking and other strong smells. Try smelling fresh lemon, or lick lemon slices. Drink liquids warm or at room temperature. Eat only small amounts of raw food such as salads, raw fruits and vegetables. Steamed vegetables are easier on your stomach. Bland foods such as oatmeal, rice, pasta, bagels, or bread usually digest well. Eat any foods that taste good to you. Also, try not to get overtired. Avoid loud noises, crowded places, or too much activity.

Birth Control: Getting Pregnant Only When You Want to

It is possible to get pregnant again right after childbirth or an abortion. To protect against infection, you should not have intercourse for two weeks after an abortion and for 4–6 weeks after childbirth to reduce your chance of infection. But after that time period, even if you are breastfeeding, it is possible to get pregnant. Right now, you may not want to think about having sex, and that is ok. In the future, you may decide to have sex again, and if you do not want to get pregnant, you will need a birth control method that really works for you.

What types of effective birth control methods are available?

The Pill or Oral Contraceptives are a combination of two hormones—estrogen and progestin. The pill is the most popular form of birth control in the US.

Some people have side effects with the pill. Most are minor like bleeding in the middle of the cycle, nausea, or a change in mood. A very few are serious like migraine headaches, vision problems, and stroke. There are many different kinds of pills and usually your doctor or clinic can help find one that works for you, without side effects.

The pill works best for those who can remember to take it every single day at the same time every day. Most people find that morning is easier to remember, because they can make it a part of their morning routine. There are other benefits to the taking pill, including some protection against ovarian and endometrial cancers, shorter and lighter periods, regular periods, and a quick return to fertility after you stop taking the pill. Ask your doctor or clinic for more information.

Some medications may interfere with the effectiveness of the pill—like some antibiotics, other medicines, as well as St. John’s Wort herbal remedy. These medications include: Rifampin (used to treat tuberculosis), Phenobarbitol (sedative and anti-seizure medicine), Phenytoin, Dilantin, Carbamazepine, Tegretol (anti-seizure medications), and Griseofulvin (potent anti-fungal). Ask your doctor or pharmacist.

Nuva Ring™ is another way to deliver the same hormones as the pill. It is a small plastic ring you put inside your vagina (where you would put a tampon) and it slowly releases hormones. The vaginal ring stays in place for 21 or more days. You will remove the ring in the 4th week and then take it out and have a period. It’s a good method if you do not want to remember to take a pill everyday and if you are comfortable putting it in and taking it out of your vagina. You can take it out for an hour or so if it bothers you during intercourse. Remember, it is the warmth of your body that pulls the medicine out of the ring. Store the ring in a cool place and when rinsing it off use cool water.

Ortho Evra™ or Xulane™—”The Patch” is another way to deliver the same hormones as the pill. You put a new patch on once a week for three weeks. You do not wear a patch during the fourth week when you then have a period week, and start again. The patch is good if you not want to remember to take a pill every day. The patch may not be effective if you are overweight. Ask your doctor or clinic for more information.

Depo Provera™ (medroxyprogesterone acetate)—”Depo” or “The Shot” is an injection of the hormone progestin which you get once every 12 weeks. Many like the shot, because they do not have to remember to take a pill every day. Some report weight gain and irregular periods with the shot. Depo has no estrogen in it, so it may be better for those who have nausea or estrogen side effects with the pill. Being able to get pregnant again after a long time using this method may—or may not—take several months.

IUD's: Paragard™, Mirena™, Skyla™, Liletta™—

The IUD stands for Intra Uterine Device and is used throughout the world. The IUDs currently sold in the United States, are good for up to 5 or 10 years depending on the brand. The IUD creates a poor climate inside the uterus for getting pregnant. One advantage of the copper IUD, Paragard™, is that there are no hormones. Some women report that their periods are heavier with a Paragard™ IUD. The other three IUD's are coated in a small amount of hormone, which may lighten your period. It has recently been approved for younger women who want to delay child bearing for up to 5 or more years. It is ideal for people who do not want more children but who do not want to get a tubal/sterilization. Your doctor or clinician must insert and remove the IUD in their office. Return to fertility can be quick.

Nexplanon™ is a single rod filled with hormone that is inserted under the skin, inside your arm. The hormone is the same as the one in Depo Provera™ so if you are interested in an implant try the shot first to see if it agrees with you. A doctor or clinician must insert the implant in your arm and later remove it in their office. It is effective for up to 3 years. There may be problems with bleeding throughout the month or, rarely, removing the implant.

Male Condoms are a “barrier” method. They are called that because they put up a barrier or wall between the sperm and the egg. The most common and effective barrier method is the latex male condom, which the male partner puts over their penis. Condoms are also the only method that can help prevent sexually transmitted diseases, including AIDS/HIV. When used correctly and consistently, the latex male condom is 98% effective in preventing pregnancy and sexually transmitted infections. If you or your partner have a reaction (itchy, redness) there are male condoms made of polyurethane. Male condoms made of animal skin or for novelty use are not effective in preventing pregnancy or sexually transmitted diseases.

Female Condoms are a plastic sheath that a female partner can put in their vagina before vaginal sex. The female condom is made of polyurethane, a safe, effective alternative to latex. It also covers more of the vulva, so it provides some additional protection against skin-to-skin contact sexually transmitted diseases.

Spermicides come in many forms including foam, inserts, film, ovals, and a sponge. Spermicides are not very effective by themselves, and some male or female partners are allergic to them. Spermicides may also increase your risk for HIV infection. The research shows that frequent use of the spermicide causes lesions in the vaginal walls, and scientists believe these lesions allow HIV additional opportunities to pass into the bloodstream causing infection. Spermicides are available at a drug store near the condoms in the Family Planning section.

Diaphragm or Cervical Cap or Caya™—The diaphragm and the cervical cap are made of rubber and fit over the cervix so that sperm cannot get through. They come in different sizes, so you need to go to a doctor or clinic to get fitted for one although there is a one size fits “most” diaphragm available. You will also need to learn how to put it in. Spermicides must be used with the diaphragm and the cap.

Sterilization—When a female partner is sterilized, it is a surgical procedure called a “tubal” or “tubal ligation.” The fallopian tubes that connect the ovaries to the uterus are cut or tied so that sperm cannot reach the egg to fertilize it. There are other methods that don't require surgery but close the tubes from inside the uterus in an office procedure. You should only choose a sterilization if you are sure you don't want more children. It is very difficult and sometimes impossible to reverse a tubal. A tubal is generally done in a hospital but does not need an overnight stay.

Sterilization for a male partner is called a vasectomy. The tubes are cut between the entrance to the penis and where the sperm are stored. It is considered a permanent method. It can be performed in a doctor's office. A vasectomy does not reduce sexual pleasure for the man and does not affect his ability to ejaculate during orgasm. It can take up to 3 months to be effective and a repeat sperm count is very important.

Emergency Contraception (EC) or the Morning After Pill—This method using the hormone levonorgestrel is used after unprotected sex to prevent ovulation if it has not already happened. That's why you should use it as soon as possible after unprotected intercourse. EC is a good method to use if you forgot to use a condom, the condom broke, or you were forced to have sex when you did not want to. Emergency Contraception is a large dose of one of the hormones in birth control pills. If your ovaries have not already released an egg, it can prevent it. It is taken within 12–120 hours (sooner, better) after unprotected sex. This medication will disrupt your menstrual cycle. It is available in pharmacies and clinics without a prescription. There is another EC called Ella which may be more effective. You do need a prescription to obtain Ella. Info at www.NOT-2-LATE.com. Or, ask your regular doctor to write a prescription "just in case you need it."

What's the most effective method?

The best birth control method is one that will be easiest for you to use and has little or no side effects for you. It may take some time and patience trying to find the best one for you. The most effective non-permanent methods are Nexplanon 3 year hormonal implant or the 5 or 10 year IUD. The Pill, (or other hormonal methods like the Patch or Ring), or injectable hormones like the Depo Provera a 3 month hormonal shot are also effective when used properly. However, none of these birth control methods will protect you against sexually transmitted diseases, including HIV/AIDS. Only latex condoms when used correctly and consistently can give some protection from sexually transmitted diseases. Please remember that no method except abstinence, is 100% effective in preventing pregnancy and sexually transmitted diseases.



Sexually Transmitted Diseases and Infections

STDs (Sexually Transmitted Diseases) also called STIs (Sexually Transmitted Infections) are diseases that can be spread through oral, anal, or vaginal sex with an infected sex partner. Many STDs/STIs are curable, and other STDs/STIs are treatable. Sometimes you can have an STD with no signs or symptoms, or the symptoms may go away. Either way, you will still have the STD until you get it treated with a medication.

“What can happen to me if I get an STD/STI?”

Some STDs/STIs infect only your sexual organ. Others, such as HIV, hepatitis B, and syphilis, cause general body infections.

- If untreated, chlamydia and gonorrhea can spread to your uterus and fallopian tubes causing pelvic inflammatory disease (PID). PID can cause permanent damage leading to pelvic pain, infertility, and potentially ectopic pregnancy (pregnancy in the tube or outside the uterus).
- Hepatitis B can cause permanent liver damage or liver cancer.
- If untreated, syphilis can cause heart disease, brain damage, blindness, and death.
- All STDs/STIs, except trichomoniasis, can be spread from mother to child during pregnancy and/or childbirth.

“How do I know if I have a STD/STI?”

You don't know if your partner has an infection by looking at him/her/them. Most people who have an infection have no symptoms. Some warning signs include:

- Sores, bumps or blisters near your mouth, genitals, or anus
- Burning or irritation when you pee
- Itching, pain, unusual discharge in genital area
- (For women) pain in lower belly with or without a fever
- (For women) bleeding between periods

If you have had sex without a condom, sex with more than one person, or sex when a condom broke, you should get tested. Your doctor, family planning clinic, or county health department can do a test for you. If your test is positive, take all the medicine they give you and go back to get re-tested. You can get STD/STIs more than once. Your partner and everyone that you each had sex with should be tested and treated.

“What if I get AIDS?”

AIDS (Acquired Immune Deficiency Syndrome) is caused by HIV (Human Immunodeficiency Virus), a virus that attacks your body's immune system, so you can't fight off many infections and cancers. There are treatments available to help people live longer and be healthier. These treatments work better when HIV is discovered early, so testing is very important. You can get infected with HIV during anal, oral, and vaginal sex or sharing needles for any reason. HIV can be passed from mother to child during pregnancy, labor and delivery, or from breast feeding.

Testing is usually free at your county health department or available at AIDS programs, doctor's offices and clinics. Your partner should also be tested.

“How can I protect myself?”

Not having sexual intercourse at all is the only 100% way to protect yourself from STDs/STIs. If you are sexually active, practice safer sex:

- Use a latex or polyurethane condom every time you have sex.
- Be prepared. Always carry a condom with you.
- Both you and your partner should get tested for STIs including HIV before you have sex.
- Get tested again if either of you has sex with someone else.
- Learn how to talk about protecting yourselves before you start a sexual relationship.
- Learn the correct way to use a condom.
- Remember that alcohol or drug use can impair your judgment about safer sex.

Protecting Future Fertility

Protecting your fertility (your ability to conceive and carry a pregnancy to term) is important. One out of every six couples may have a problem that will make it very difficult to have a successful pregnancy. If you have been trying to get pregnant for more than a year and are unsuccessful, consult medical help. There are many reasons for infertility and they involve men as often as women. It is also important to know that you can prevent most things that will harm your chances of getting pregnant. Here are the most common things that threaten fertility.

- 1. Sexually transmitted diseases/infections** (STDs or STIs) are very common among people who are sexually active, especially with multiple partners. Condoms are the only protection against sexually transmitted diseases. If untreated, chlamydia and gonorrhea can spread to your uterus and fallopian tubes causing pelvic inflammatory disease (PID). PID can cause permanent damage leading to pelvic pain, infertility, and potentially ectopic pregnancy (pregnancy outside the uterus).
- 2. Smoking** has been found to affect the egg as well as the sperm. The nicotine and carbon monoxide found in tobacco smoke have been linked to health and pregnancy problems such as irregular menstrual cycles, ectopic (tubal) pregnancies, and a greater chance of miscarriage.
- 3. Hazardous chemicals and radiation** If you work around any hazardous substances it may affect the fertility of both males and females. Ask your employer for OSHA information on every chemical you work with.
- 4. Medications.** There are a few medications that can affect fertility, though usually not permanently. If you are considering a pregnancy in the near future, ask your medical practitioner about any medication you are taking and any known risk to fertility or pregnancy.
- 5. Family history of miscarriage or infertility.** If there are people in your family or extended family who could not get pregnant, had several miscarriages, premature births, babies that died or had birth defects, you should discuss this with a doctor specializing in infertility or a genetic counselor. (To find a genetic counselor, go to www.nsgc.org)
- 6. Endometriosis** is a disease that causes severe pain during the menstrual period. Endometriosis is believed to be caused by cells from the lining of the uterus growing on the ovaries or other organs. This can cause scar tissue. Endometriosis can be treated so talk to your doctor or clinic.
- 7. Excessive dieting or exercising** can lead to problems with your hormones. Eating disorders or a very low level of body fat can cause temporary fertility problems in some women.

Previous abortions or miscarriages do not cause infertility. Uneventful abortions, have not been shown to cause a problem with getting pregnant again. One or two miscarriages do not necessarily mean you will have a problem in the future. If you have had three or more miscarriages, you should consult a doctor who specializes in fertility.

“What can I do?”

Keep track of your period for several months. How long is your cycle? Count from the first day of your period until the next period. If the cycle is 40–50 days long, or less than 20 days long, tell your medical practitioner. Also keep track of any symptoms, and ask your family about any history of these problems. Info from Ferre Institute www.infertilityeducation.org (Includes videos about infertility signed for the deaf.

Menstrual Problems

Is your menstrual period causing problems in your life?

Have you ever missed school, work, sporting events, or social activities because of menstrual cramps? When you have your period, do you have any of the following: heavy or irregular bleeding, nausea, diarrhea, constipation, stomach problems or pain, bad menstrual cramps? Do you ever have painful sexual intercourse?

If yes, ask your doctor about a disease called ENDOMETRIOSIS (end-oh-me-tree-oh-sis). It is not something you get from sex. There are things you can do to get better. You should consult a doctor who specializes in treating endometriosis and learn more about it. Some things you can do:

- » Regular exercise
- » Improve nutrition, especially reducing fatty food and increasing fruits and vegetables
- » Take pain medicine that is intended for menstrual pain relief
- » Birth control or hormone therapy
- » Surgery
- » Talk to your doctor about what happens to you and what help there may be for you.
Endometriosis Association, 1-800-992-3636, www.endometriosisassn.org

Sex and Sexuality in Your Life

Feeling sexual is a part of being human. Each group or culture has different messages and rules about how to be sexual. Sometimes it seems like what we feel and what we are told are very different. Your feelings and experiences of sexuality can change over time. Researchers are looking at ways females/young women become sexually healthy. Here is what they think:

Sexual health is...

- Knowing how you feel—emotionally and in your body.
- Accepting your feelings as okay.
- Making responsible and safe choices in relationships.
- Making choices based on what you want, not being pressured to do what others want.

See also SPARK (Sexualization Protest: Action, Resistance, Knowledge) www.sparkmovement.org. SPARK Movement is a girl-fueled, intergenerational activist organization working to ignite and foster an antiracist gender justice movement to end violence against women and girls and promote girls' healthy sexuality, self-empowerment and well-being.

Sex and Sexuality in Your Life

Some questions and possible answers to consider...

What's the difference between having sexual feelings and acting on sexual feelings?

Most people experience sexual feelings but each person chooses to act on them differently. You get to decide what's right for you. What's important to you? What's the best way to take care of yourself?

How can you express your sexual feelings?

Dancing, holding hands, kissing, touching yourself (masturbation), and having sex with someone are some answers to this question. What are you comfortable with?

How can you protect yourself from unwanted pregnancy?

Can you ask for what you need to feel safer? See sections on birth control. Learn to talk about these things with your partner. Talk to your doctor/nurse/clinic.

How can you protect yourself from diseases, including HIV/AIDS?

Not having intercourse, using a condom, talking with your partner about it.

How can you take care of your body?

Get annual check-ups, including testing for disease. Eat good food. Get enough sleep. Don't smoke, drink alcohol, or do drugs. What do you do now? What else could you do?

Where can you get information about sex, birth control, STD/STI testing?

Search the internet under Birth Control, Sexually Transmitted Infections. Call your County Health Department or local family planning clinic. Ask your health teacher at school. Read books. Use the internet.

Who can you talk to about sexual feelings?

Your parents/other family. Your friends. Counselor at clinic. School counselor or nurse.

How can you avoid partners who abuse you or push you into things you're not comfortable with?

Say no—it's not OK. Remember, "Yes means yes; no means no." Tell others what is going on. If you feel you are being abused call the National Domestic Violence Hotline at 1-800-799-7233 for help.

Where can you get medical help and information if you need it?

If you don't have a doctor or clinic already, find one. Read books and pamphlets from school, health department, library. Use the internet to find accurate medical information.

Exercise: Exploring Your Feelings Afterward

If you have had an abortion, made an adoption plan for your baby, or if you had your baby and are raising it, you are probably having feelings about it. You may feel you have changed. You may have strong feelings about other people in your life, especially your partner or your family. You may be feeling overwhelmed.

When there is a lot of change or stress in your life you need to pay attention to your feelings. You also need support from the people around you. Support means that they will check in to see how you are feeling. It means they will listen when you want to talk. It doesn't mean that they will read your mind! Sometimes we find it difficult to talk about this stuff, but we have to ask for what we need. Ask for help. Talk about your feelings.

If you are having feelings that disrupt your life (trouble sleeping, eating, concentrating, or crying often), you probably need more help. If you have delivered a baby and are feeling depressed or anxious, talk to your doctor or midwife. If you have made an adoption plan and are feeling depressed, you can also talk to the adoption counselor. If you have had an abortion another workbook in this series may help: *Abortion Resolution Workbook* offers more information and resources. (www.pregnancyoptions.info) Or, call a talkline: All Options 1-888-493-0092 or Faith Aloud 1-888-717-5010. After abortion only: Connect & Breathe 1-866-647-1764 or text line Exhale at 617-749-2948.

The decision about whether to bring life into the world gives us a chance to look at our own lives. Remember, all decisions about pregnancy require some sacrifice.

How can you make the sacrifice worth it?

What are your goals in life? (Examples: finish school, get a job, provide for your children, spend more time with them, etc.)

What must happen to reach your goal? _____

Qualities you like in yourself: _____

Things you want to change: _____

What losses have you experienced? _____

What have you gained? (What are the "gifts" of this decision-making process?) _____

What kind of life will you create for yourself now? _____



Abortion Resources

Talklines

All-Options Talkline offers toll-free, confidential, nonjudgmental and unconditional support if you are trying to make a decision about a current pregnancy, need support around fertility, pregnancy, or parenting, or want to talk about an experience (past or present) with abortion, adoption, or pregnancy loss. Available in English and Spanish. 1-888-493-0092, www.all-options.org

Exhale Pro-Voice After Abortion Support Textline specifically for people who are seeking unconditional support and space to process after their abortions. 617-749-2948, www.exhaleprovoice.org/after-abortion-support/

Faith Aloud wants every woman to feel supported and confident in her pregnancy decision and offers spiritual support, resources and counseling by trained clergy. 1-888-717-5010, www.faithaloud.org

NAF Hotline Fund is a free and anonymous resource for abortion funding support and unbiased information about abortion. Available in multiple languages. 1-800-772-9100, www.prochoice.org

NAF Hotline Referral Line will connect you with a staff member who can direct you to quality abortion providers in your area. This is not a funding line. Available in multiple languages. 1-877-257-0012, www.prochoice.org

Informational Websites

Abortion Care Network allows you to search a network of independent clinics to find an abortion care provider or clinic near you. www.abortioncarenetwork.org

National Abortion Federation offers resources to help women think through their options, a map of safe abortion providers across the United States, and a national fund which can help assist with the cost of abortion procedures. www.prochoice.org

National Network of Abortion Funds hosts a list of state and local abortion funds that can help with the cost of abortion. www.abortionfunds.org

Storytelling Websites

2 Plus Abortions helps to raise awareness about the common experience of people who have more than one abortion experience. It offers a compassionate and loving community with affirming messages for those who wish to share their stories about their multiple abortions. www.2plusabortions.com

Shout Your Abortion is a decentralized network of individuals talking about abortion on our own terms and creating space for others to do the same. Abortion stories can be read on their website or on their social media platforms. www.shoutyourabortion.com

We Testify is dedicated to increasing the spectrum of abortion storytellers in the public sphere and shifting the way the media understands the context and complexity of accessing abortion care. www.wetestify.org

Pamphlets

Abortion Conversation Projects offers several handouts in English and Spanish for women choosing abortion and those that support them, including You are a Good Woman, Healthy Coping After an Abortion, Will It Hurt? Mom, Dad, I'm Pregnant, and Especially for Men. www.abortionconversationprojects.org

Abortion Resolution Workbook is a workbook to support and guide through unresolved feelings that some people may experience after their abortion. www.pregnancyoptions.info

Adoption Resources

Talklines

All Options Talkline offers toll-free, confidential, nonjudgmental and unconditional support if you are trying to make a decision about a current pregnancy, need support around fertility, pregnancy, or parenting, or want to talk about an experience (past or present) with abortion, adoption, or pregnancy loss. Available in English and Spanish. 1-888-493-0092, www.all-options.org

Choice Network is a pro-choice, non-profit licensed agency, that supports those making a pregnancy decision and, if the choice is adoption, empowers them to make a plan that puts them at the center. 1-866-989-1466, www.choicenetorkadoptions.com

Friends in Adoption is a pro-choice, non-profit licensed agency, supporting people making a pregnancy decision with accurate information and no judgment. Regardless of your decision, FIA offers kindness and respect and will support you while you consider your options. 1-800-982-3678, www.friendsinadoption.org

Parenting Resources

Talklines

All-Options Talkline is staffed by trained peer counselors who provide nonjudgmental support for folks calling to discuss all pregnancy experiences, including parenting, abortion, adoption, miscarriage, and infertility. Calls from loved ones are also welcomed. English and Spanish. 1-888-493-0092

Informational Websites

Aha Parenting is filled with advice and FAQs for parents raising kids through every stage, from newborn to adolescent. www.ahaparenting.com

Childbirth.org is a great resource for learning about childbirth and child care, with information on pregnancy, labor, postpartum depression, caring for babies, and more. www.childbirth.org

Mother to Baby outlines information about health risks and exposure to drugs and chemicals during pregnancy and breastfeeding. www.mothertobaby.org

Birth Control and Sexual Health Resources

Birth Control Comparison Chart offers detailed comparisons to all birth control methods. Created by Cedar River Clinics. www.birth-control-comparison.info

National Herpes Hotline 919-361-8488 and **National AIDS Hotline** 1-800-CDC-INFO are both free, anonymous, and confidential places you can go to ask experts about STD prevention, symptoms, and treatment.

National STD Hotline 1-800-227-8922 Free and confidential.

Sex Etc. offers comprehensive sex education and discussion for and by young people, including questions about sex, sexuality, sexual orientation, relationships, pregnancy, STIs and birth control. www.sexetc.org

Mental Health Resources

Crisis Text Line is a free, 24/7, confidential text message service for people in crisis. Text HOME to 741741. www.crisistextline.org

National Suicide Prevention Lifeline is available 24 hours per day. If you are experiencing a mental health crisis and are considering suicide, you can call 1-800-273-8255 for immediate trained support.

Self-Care Day is a website with suggestions and guidance for individualized and effective self-care. www.selfcareday.com

Gratitude

To all of you, who have experienced pregnancy uncertainty, for your courage and wisdom. Thank you for showing us the way.

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