

Psychological/Emotional Trauma: Up to 50% of post-abortive women report experiencing emotional and psychological disturbances ranging from feelings of grief, depression, and anger to fear of disclosure, preoccupation with babies, nightmares, sexual inhibition, termination of relationships, emotional coldness, increased alcohol use, and thoughts of suicide.¹⁰

13. You may demand your money back, should you change your mind, even when you're on the table.

Alternatives has counseled women who have changed their minds at the last minute. If you are feeling uneasy about your decision or the location you have chosen, you have the right to leave—at any time, requesting and expecting a full refund.

14. Understand your legal rights before and after your abortion.

Some abortionists insist that patients sign a statement saying they will not hold the clinic or the doctor liable for damages in case of injury. However, this document has virtually no legal authority. If you are physically or emotionally injured by abortion, you always retain your constitutional right to seek financial compensation in a court of law, no matter what form(s) you signed. For help dial 1-413-774-6010.

15. Know what abortion is, and why it is such a difficult and painful decision.

By 8 weeks, your fetus has tiny toes, fingers, and ears. Sex was determined weeks ago at the time of conception: you have a boy or a girl! His or her heart is beating, and he or she responds to stimuli, including pain. Your fetus is in your body but he or she is not a part of your body. **You cannot make a free choice or a healthy choice if you are uninformed or in denial.** You are not a weak person who needs to be screened from the facts (including such basic human biology); you are a mother in need of honest help. We're here to help you make a decision you can live with, whatever the cost. Contact us with needs or questions.

Alternatives Pregnancy Center is not a medical facility and does not perform nor refer for abortions

Resources:

- 1 — American College of Obstetricians and Gynecologists. Management of Recurrent Early Pregnancy Loss. ACOG Practice Bulletin, number 24, February 2001.
- 2 — "As with all diagnostic tests, a definitive clinical diagnosis should not be based on the results of a single test, but should only be made by the physician [emphasis added] after all clinical and laboratory findings have been evaluated." *Mainline Confirms hCG*, Ann Arbor, MI: Mainline Technology, Inc.
- 3 — Carol Everett, *What I Saw In The Abortion Industry*, Jefferson City, MO: Easton Publishing, Inc.
- 4 — Caryle Murphy, "Abortion By Pill Is Not A Simple As It Seems," *The Washington Post*, Feb. 4, 1997, Z0.
- 5 — Susan E. Wills, "Back To The Alley Clinical Psychosis," *National Review*, Nov. 23, 1998, 40.
- 6 — M. Barbacci et al, "Post Abortal Endometritis and Isolation of Chlamydia Trachomatis," *Obstetrics & Gynecology* 68(5):668 (1986); S. Duthrie et al, "Morbidity After Termination of Pregnancy in First-Trimester," *Genitourinary Medicine* 63(3):182 (1987). See also NLM
- 7 — Tharaux-Deneux C et al., Risk of ectopic pregnancy and previous induced abortion, *American Journal of Public Health*, 1998, 88(3): 401-405.
- 8 — Zhou W, Sorensen HT and Olsen J, Induced abortion and subsequent pregnancy duration, *Obstetrics & Gynecology*, 1999, 94(6): 948-953.
- 9 — Brind, J., et.al, "Comprehensive review and meta-analysis," *British Medical Association's Journal of Epidemiology and Community Health*, 1997, 50, 481- 96.
- 10 — Ney et al, "The Effects of pregnancy loss on women's health," *Soc. Sci. Med.* 48(9):1193-1200; Badgley, Caron and Powell, *Report of the Committee on Abortion Law, Supply and Services*, Ottawa, 1997, 319-321; "Study Links



Abortion, Risk of Suicide," *Boston Globe* 12/6/96 page A13

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Health and Safety Checklist for women considering abortion

Having "no choice but abortion" is not a choice. *Alternatives Pregnancy Center*, recommends that you **do not** "just hurry and get it over with." Abortion procedures, both surgical and chemical, have inherent risks that cannot be eliminated and should not be ignored. The following information may educate you on some of the risks encountered during the abortion process. **Our purpose is to maximize your safety by increasing your knowledge.**

1. A positive urine test does not necessarily indicate a viable pregnancy that will result in a live birth. Be sure to have a blood test or laboratory quality urine test followed by an ultrasound to confirm that you have a viable intrauterine pregnancy (A pregnancy that is in the uterus and capable of developing and growing under normal conditions).

Studies show that about 15% of recognized pregnancies end early by natural miscarriage.¹ You may be aborting a non-viable pregnancy that may resolve itself in miscarriage without surgical or medical intervention. It is your right to have and to view an ultrasound prior to having an abortion. Alternatives offers laboratory quality urine testing and ultrasound exams free of charge.

2. Explore all of your options with an agency that does not have a financial interest in your decision. Do not confirm your pregnancy at an abortion facility.

Physical symptoms, such as a missed period, nausea, and fatigue, are **not** a medical confirmation that you are pregnant.² You could be pursuing abortion based on too little information. Former abortion clinic manager Carol Everett testified in Congress that she regularly sold abortions to women who were not truly pregnant but feared they were, thereby enhancing the facility's income.³ Avoid abortion providers that indicate they provide options counseling but actually promote abortion as the better choice.

3. Exercise your right to informed consent!

Massachusetts General Laws, Ch. 112, Section 12S states that “No physician may perform an abortion upon a pregnant woman without first obtaining her written informed consent... at least 24 hours in advance of the time for which the abortion is scheduled...”. The purpose of this law, is to provide women with full information regarding abortion procedures and all risks and to allow them sufficient time to make an informed well thought out decision. Make certain that all of your questions are answered clearly and insist upon this 24 hour waiting period.

4. Do not allow anyone to sell you a surgical abortion prior to the 8th week of pregnancy.

Early on, the human embryo is too small to locate easily. A blind procedure relying entirely on “feel,” early surgical abortion poses the risk of internal damage. The force of the suction tube used could puncture through your uterus and bowel or the abortion could be incomplete, leaving behind part(s) of your embryo, posing the risk of infection. It is also possible that the entire pregnancy could be missed at this stage, and you would remain pregnant.

5. Be careful if the abortion provider clinic of your choice is “stuffed” with clients. It is likely that the clinic is operating “assembly line” style. This situation does not accommodate the physician taking the time to know you, your specific situation, and your health concerns.

6. Insist on knowing the name and credentials of the person performing the abortion. To protect your interests in case of injury, know your abortion provider’s name! Are you certain he or she is a *licensed* physician? **Are you certain that he or she is a board-certified obstetrician and gynecologist?**

NOTE: Several local abortion providers have malpractice judgments pending due to substandard care and/or patient injuries.

7. Check to see if the abortion center is a licensed medical clinic. Abortion providing facilities are *not* required by law to be *licensed clinics* and therefore are *not* required to provide the standard of medical care that women deserve and expect. They may advertise their facility as a licensed *private practice*. This may imply a misleading sense of meeting high safety standards. In Massachusetts, *licensed medical clinics* are audited by the Department of Public Health. *Private practices* are not.

8. Make sure the clinician takes a detailed health history. Many important factors can affect the safety of the procedure for you, including past pregnancies, Rh blood factor, family history of breast cancer, etc. If you are having a medical abortion, then any history of circulatory disorders or heart trouble is crucial. Will the clinic screen for STD’s prior to the abortion? Studies have found that up to 27% of patients seeking abortions are infected with chlamydia and as many as 23% of those women will develop PID (pelvic inflammatory disease) within 4 weeks following an abortion.⁶

9. If you are considering the medical (or chemical) abortion known as RU-486, make sure that you fully understand the procedure and its risks. The medical abortion requires swallowing three tablets of one drug (mifepristone) followed by two of another (misoprostol) two days later, and a minimum of three office visits. It is currently being reviewed by the Federal Drug Administration (FDA) due to recent deaths associated with its use. In the recent *Boston Globe* article, “2 more women die after using abortion pill RU-486” dated 3/18/06 – it was reported that: “Instead of swallowing the final two tablets, the second course of pills was inserted vaginally..., an “off label” use that has been recommended by a majority of the nation’s abortion clinics. That use does not have federal approval...”

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10. Ask what you should do if you have complications from the abortion. Complications may include a fever and/or excessive bleeding. Find out whether the abortion provider has a 24-hour hotline and what services they will be able to offer you in the event of an emergency.

11. It is in your best interest to have a comprehensive follow-up exam (a full pelvic examination) with your own physician two weeks after the procedure. In the February 2006 issue of ePregnancy Magazine, a question regarding abortion and its effect on future pregnancies, was answered by a physician in this way: “With lack of follow-up care, you can’t always confirm that somebody has had an uncomplicated abortion. If, for example an infection has set in, that may provide for complications later.”

12. Understand that abortion is a surgical procedure, an unnatural medical intervention and carries inherent risks. Avoid any provider that does not fully explain your health risks. Ectopic pregnancies: Some studies suggest that the risk of an ectopic pregnancy may be up to **twice** as high for women who have had one abortion, and increasingly high for women with two or more abortions.⁷

Premature delivery of subsequent babies: A major study of more than 60,000 women in Denmark revealed that women who abort their first pregnancy are **twice** as likely to have a preterm (premature) delivery of their second child, than women who did not abort.⁸

Breast cancer: More than two dozen retrospective and prospective studies worldwide suggest that women who abort their first pregnancy face at least a 50% increased risk of developing breast cancer, a rate that grows with each successive abortion. One study found that teenagers under the age of 18 who abort at 8 weeks of pregnancy or later *may* face an **eight times greater risk** of contracting breast cancer by age 45.⁹