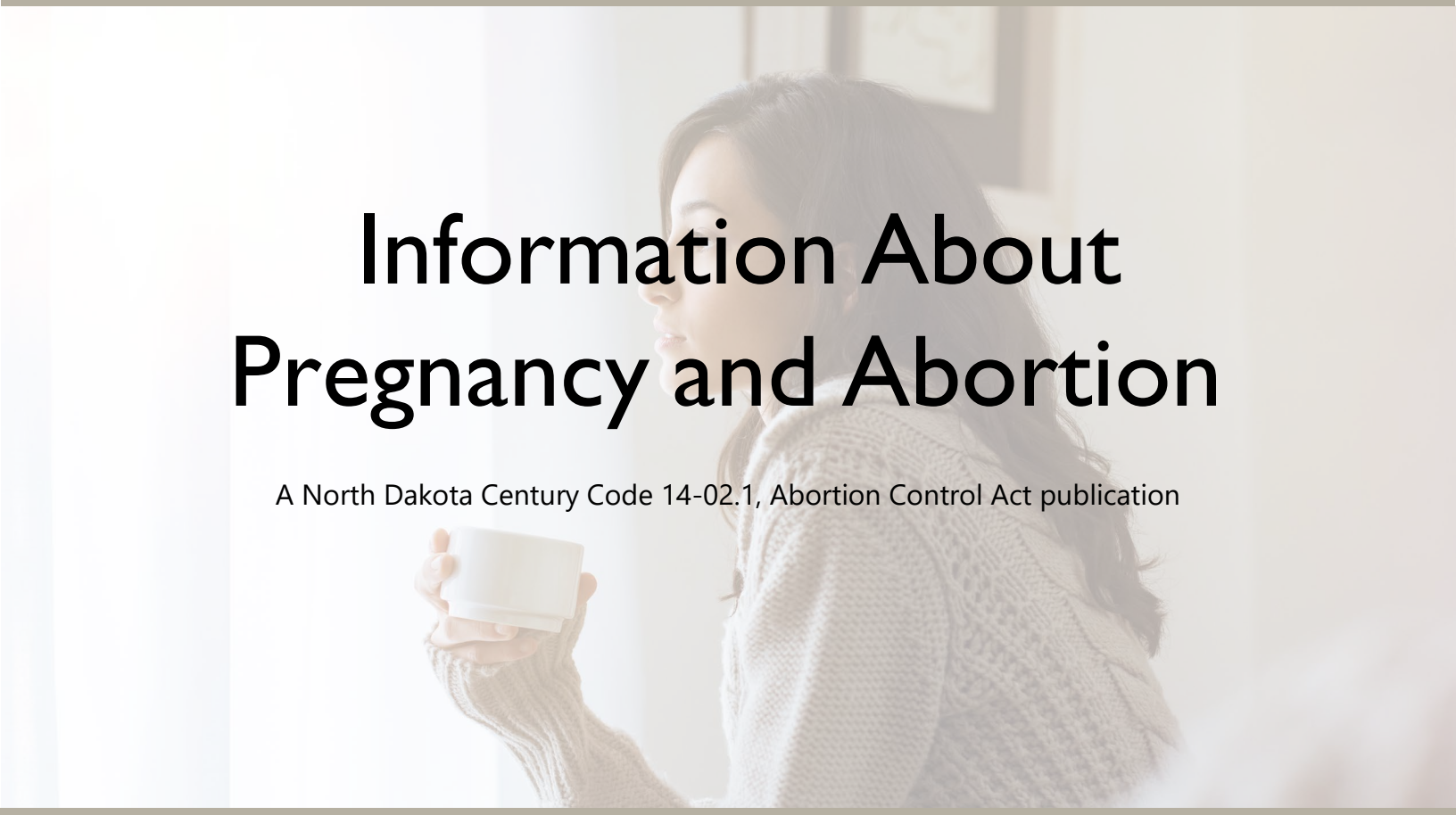


Information About Pregnancy and Abortion

A North Dakota Century Code 14-02.1, Abortion Control Act publication

NORTH Dakota
Be Legendary. | Health & Human Services

NORTH Dakota
Be Legendary.
| Health & Human Services

Information About Pregnancy and Abortion

This booklet was produced by the North Dakota Department of Health and Human Services to meet the requirements of North Dakota Century Code 14-02.1, Abortion Control Act, Section 14-02.1-02.1, Printed Information – Referral Service and is available at no cost to any person, facility, or hospital. To order copies of this report, please contact:

North Dakota Department of Health and Human Services
600 E. Boulevard Ave., Dept. 325
Bismarck, N.D. 58505-0250

Phone: 800-472-2286 (press 0) or 701-328-5060
E-mail: familyhealth@nd.gov

This publication is also available on the North Dakota Department of Health and Human Service's website hhs.nd.gov/health/women.

The North Dakota Department of Health and Human Services would like to thank Michele Green, R.N., clinical nurse specialist intern, for taking the lead on the initial research and development of this booklet. Thank you also to the health departments of Alaska, Minnesota, Texas, and other states whose similar publications served as guides in the preparation of this booklet.

The photographs in the Growth and Development section are the unique work of Lennart Nilsson and are used with permission.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number B0447437, Maternal and Child Health Services. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Updated – March 2024

Table of Contents

Introduction

This booklet was produced by the North Dakota Department of Health and Human Services to meet the requirements of North Dakota Century Code Chapter 14-02.1, Abortion Control Act, Section 14-02.1-02.1, Printed Information – Referral Service.

This booklet provides basic information regarding pregnancy. For every two weeks throughout pregnancy, color pictures of the development of the unborn child are shown, along with information about body organs and the chances of the unborn child living outside of the woman's body (pages 5-11). The medical risk of pregnancy and childbirth also are discussed (pages 12-13).

Services to support a woman through, during, and after pregnancy, in addition to child support services are discussed on page 16.

In addition, this booklet provides information about the various methods of abortion and the short- and long-term medical risks associated with each method (pages 17-20).

This booklet is meant to be informative and is not a replacement for professional medical advice or care.

Information about references used to develop this booklet can be found on the North Dakota Department of Health and Human Service's website at: hhs.nd.gov/health/women.

Pregnancy and Childbirth

For most women, pregnancy represents a normal part of life. Pregnancy can be one of the happiest times in a woman's life, but sometimes it may leave a woman feeling scared, anxious, and unsure of what to expect. Throughout pregnancy, a woman's body goes through many physical and emotional changes which can be very frightening at times. Although these feelings can be overwhelming, pregnancy and the birth of a child can be one of the most fulfilling and life changing experiences of a woman's life.

Pregnancy can allow a woman to bond with her spouse, partner, significant other, family and friends to develop a strong support system. For many men, pregnancy is a time of intense learning and preparation for the responsibility of fatherhood. The connections that are established are important for the well-being of an expectant mother during pregnancy and after the birth of their child.

A pregnant mother, who feels as though she lacks a strong support system, should not feel alone. There are several agencies in North Dakota that are available to support a woman throughout her pregnancy and following the birth of her baby. For a list of prenatal, pregnancy, postpartum, and parenting services, resources and contact information, visit nd.life.gov.

It is the policy of the state of North Dakota that childbirth is given preference, encouragement, and support as it is in the best interests of the well-being and common good of North Dakota citizens.

Growth and Development

Approximately two weeks after the first day of a menstrual period (in a 28-day cycle), a woman ovulates or releases an egg from the ovary. Over the course of about a week, the egg will travel through the fallopian tube to the uterus. If a sperm cell fertilizes the egg and successfully implants in the uterine lining, the woman is pregnant.

Pregnancy can be measured in two ways: fertilization age and gestational age. Fertilization age refers to how long the unborn child has been developing since the egg was fertilized and is calculated from the estimated day of ovulation. Ovulation can vary each month and there are no obvious signs that tell a woman exactly when she ovulates, so the date of fertilization can only be an estimate.

Gestational age is measured from the first day of the last menstrual period. A menstrual period provides a known date from which to measure the pregnancy. Gestational age is more accurate and more commonly used when discussing pregnancy. About nine calendar months, 10 lunar months, 40 weeks, or 280 days go by between the first day of the last menstrual period and the birth of the child.

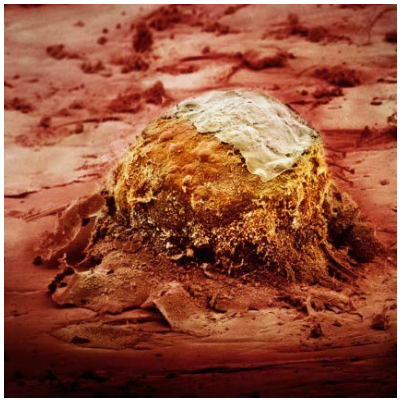
The development of the unborn child depends on many factors and will vary somewhat for each pregnancy. This booklet will describe normal, approximate growth and development at gestational ages. The pictures in the Growth and Development section of this booklet do not represent the actual size of the developing child. Approximate sizes are provided in the text for most weeks.

During the first 10 weeks of pregnancy, human growth and development is most sensitive to:

- Nicotine in commercial tobacco or alternative nicotine products
- Alcohol
- Some prescription medicines and over-the-counter drugs
- Illegal drugs
- Viruses (like German measles)
- X-rays, radiation therapy or accidental radiation exposure
- Vitamin deficiencies (such as folic acid)

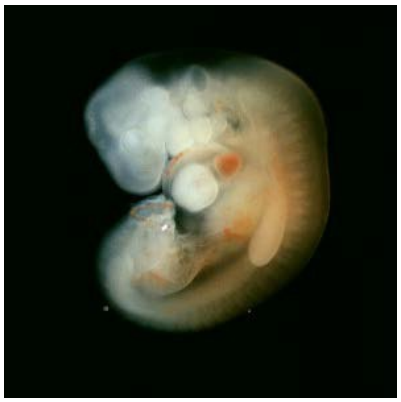
First Trimester

4 Weeks Gestation



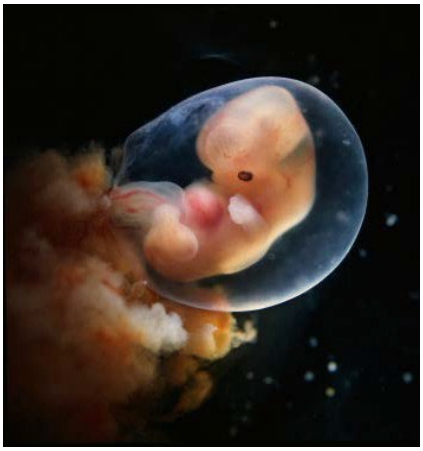
- The fertilized egg, now called an embryo, has traveled through the fallopian tube and may implant in the uterus.
- The heart and nervous system will soon begin to form.
- By the end of week four or during week five, most women notice a missed menstrual period.
- The embryo is about the size of a poppy seed.

6 Weeks Gestation



- The neural tube forms, which will become the spinal cord and brain.
- The heart, now a system of two tubes, continues to develop and has started to beat.
- Branches of the respiratory system are growing.
- The body is C-shaped with the head curved toward the tail (legs).
- Structures that will become arms and legs begin to appear as buds.
- Structures that will become the eyes and ears are beginning to form.
- The embryo is about the size of a pea.

8 Weeks Gestation



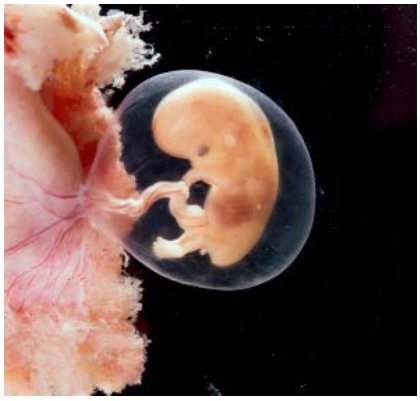
- The heart now has four chambers, but it is still too early to hear the heartbeat from the outside.
- The brain is growing rapidly.
- Tubes that will become the digestive tract are forming.
- Limbs (arm and legs) continue developing.
- Lungs and eyelids are beginning to form.
- The skeleton is soft and made of cartilage.
- The embryo is about the size of a kidney bean.

10 Weeks Gestation

The term fetus is now used to describe the developing child.

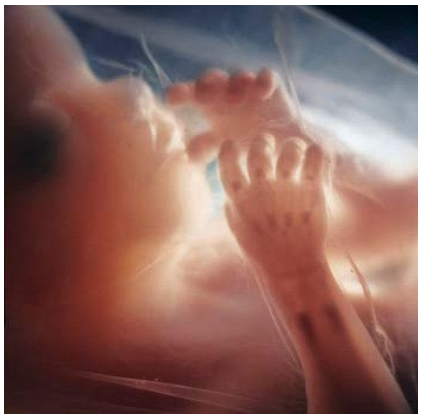
- The heartbeat can now be detected by ultrasound.
- Electrical activity from the brain can be recorded.
- Real bone starts to take the place of cartilage.
- The beginnings of all the key body parts and organs are present, although they are immature and not exactly positioned in their final locations.
- The fetus is about the size of a brussel sprout.

12 Weeks Gestation



- The heart is complete and will continue to mature.
- Small movements of the arms, legs and chest are being made, but are too slight to be felt.
- Skin is starting to cover the body and fingernails start to grow.
- The eyelids cover the eyes, and the eyes remain closed until about week 26.
- The kidneys and digestive system are beginning to function.
- External genitalia are present, but still difficult to see by ultrasound.
- The fetus is about the size of a lime.

14 Weeks Gestation

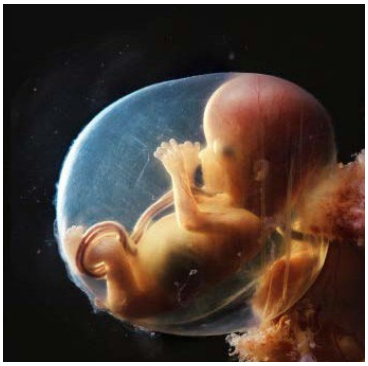


- The heart is growing and pumping blood.
- The brain surface is smooth, without the grooves that will develop as it matures.
- Kidneys begin to make small amounts of urine.
- Fine hair, called lanugo, begins to cover the delicate skin.
- Ultrasound may possibly identify gender.
- The fetus is about the size of a lemon.

Second Trimester

16 Weeks Gestation

- The heart muscle is well developed.
- The lobes of the brain are taking shape.
- Developing muscles and bones make the body stronger.
- The skin is transparent and blood vessels are visible under the skin.
- The fetus is about the size of an avocado.



18 Weeks Gestation

- The heart is pumping blood to the lungs.
- Swallowing and sucking reflexes are present.
- Fingerprints are forming.
- Many women will start feeling movements soon.
- The fetus is about the size of a mango.

20 Weeks Gestation

- The heart continues to get stronger and pump more blood through the body.
- All organs and structures, including the brain, have been formed and continue to develop but are too immature for survival outside of the womb.
- The skin is thin, wrinkled and covered by vernix, a waxy white protective substance.
- Most women feel moving or fluttering sensations.
- Hair on the head is growing.
- The fetus is about the length of a banana.

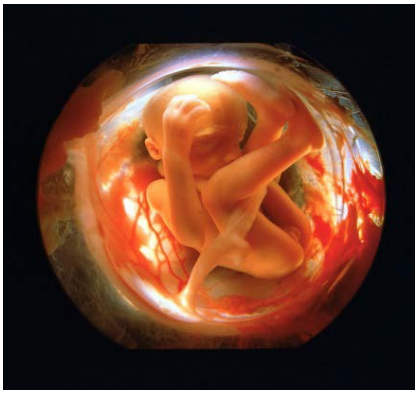
22 Weeks Gestation

- The heart is beating strongly enough to hear with just a stethoscope.
- The nerves throughout the body are maturing.
- The hands can grasp and play with the umbilical cord.
- A child could potentially survive outside the womb, but survival rates are very low and the risk for permanent disability is high. Most babies born before this time have little chance of survival.
- The fetus is about the length of an ear of corn.

24 Weeks Gestation

- The heart will soon pump blood into the tiny developing capillaries.
- Another period of rapid brain maturation is beginning.
- The skin is still loose and wrinkled.
- The sense of sound is developing.
- The lungs are immature and survival rates outside of the womb are 50 to 60% with a high risk for permanent disability.

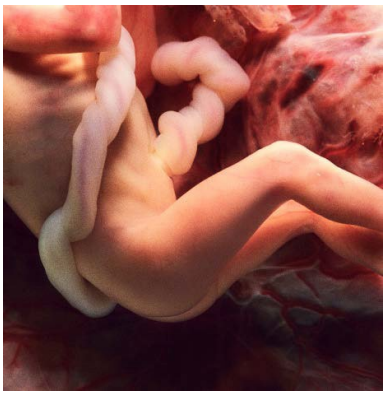
26 Weeks Gestation



- The heart and circulatory system are well developed.
- The brain and nervous system start taking control of some body functions.
- The body is thin due to the lack of body fat, but weight is being put on steadily.
- Fingerprints are being developed.
- Eyes begin to open and close.
- The lungs are maturing, which makes survival rates outside of the womb better (approximately 80%), but there is still a risk for permanent disability.

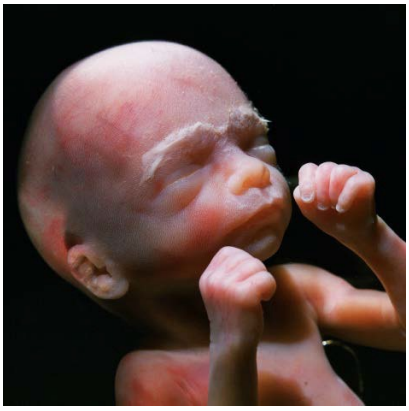
Third Trimester

28 Weeks Gestation



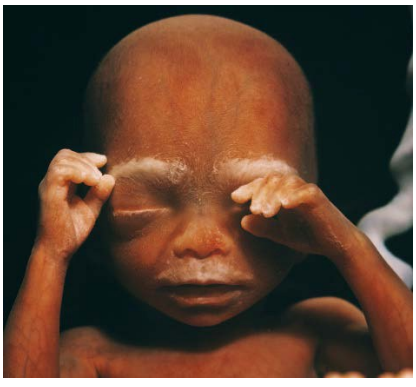
- The heart continues to get stronger.
- The brain and nerves can respond to light and sound.
- Eyelashes are present and eyes can blink.
- Many women may feel hiccup sensations and notice sleep-wake cycles.
- Survival rates outside of the womb are about 90%, but all body systems are still immature.

30 Weeks Gestation



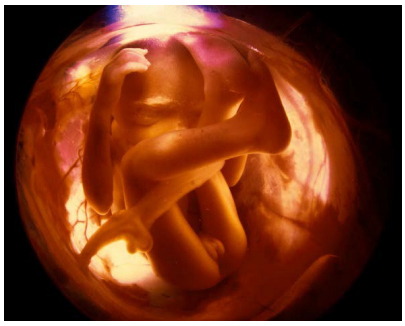
- The heart pumps more blood to the brain than anywhere else in order to help the brain grow.
- The brain continues maturing and can control breathing and body temperature.
- The lungs are almost ready to breathe air outside of the womb.
- The body starts to assume a head-down position.
- The fetus continues to put on weight and is about the size of a cabbage.

32 Weeks Gestation



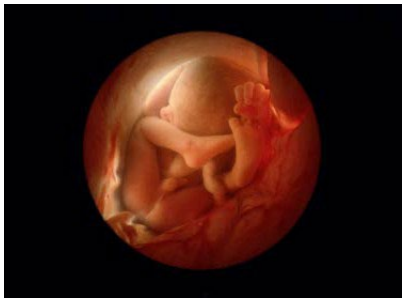
- The heart continues to get nutrients and remove wastes through the placenta.
- Brain cells are interacting to prepare for learning, speaking and survival.
- The skin is pink and no longer so transparent.
- Toenails are now fully formed.
- Growth in length slows as weight gain increases.
- The possibility of survival outside of the womb continues to improve.

34 Weeks Gestation



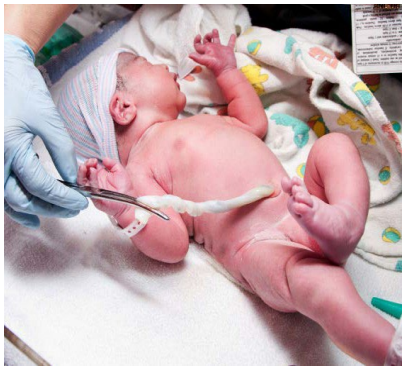
- The heart rate begins to slow down a little.
- The head is making room for the growing brain.
- The eyes close during sleep and open during alert times.
- The skin becomes more smooth, plump and pigmented.
- Survival rates outside of the womb are more than 95% and children born now may not need critical care.
- The fetus is almost his or her full length and continues gaining about a half a pound per week.

36 Weeks Gestation



- The heart wall has a hole called the foramen ovale that will naturally close after birth.
- The brain is very active.
- Muscle tone improves so the head can be turned and lifted.
- The hair on the head is getting longer.
- Meconium, the first bowel movement, is forming in the intestines.
- Chances for survival outside of the womb are very good.

38-42 Weeks Gestation



- Full term ranges from 38 to 42 weeks gestation.
- The heart rate is about 120 to 160 beats per minute.
- The bones over the brain have flexible spaces between them called fontanels that adjust to the birth canal during delivery.
- The grasp reflex is strong and more deliberate.
- Lungs are mature and capable of breathing.
- Sexual characteristics are mostly defined and if it's a boy, testes will descend.
- Protective antibodies from the mother's immune system are being passed through the placenta and can be passed through breastmilk after delivery.
- The body systems are mature enough for survival outside of the womb.

Risks of Pregnancy and Childbirth

Pregnancy and childbirth are usually safe, healthy processes, but complications can occur. Early and ongoing prenatal care helps address potential problems before they become serious. Women who have certain chronic diseases have better chances of successful pregnancies if their illness is under control before pregnancy occurs. Listed below are the potential risks of pregnancy and childbirth.

Ectopic pregnancy – Ectopic pregnancy occurs when an embryo implants anywhere other than the uterus, most often the fallopian tube. The incidence is about 1 to 2% of all pregnancies. Ectopic pregnancy can be life-threatening and can cause internal damage and tubal rupture.

Pregnancy induced hypertension (high blood pressure) – About 6 to 8% of pregnant women will develop hypertension during pregnancy. It is a life-threatening condition for mother and child.

Gestational diabetes – About 4 to 9% of pregnant women will develop gestational diabetes, which increases the risk of hypertension during pregnancy as well as chances of a more difficult delivery.

Miscarriage – A miscarriage (sometimes referred to as a spontaneous abortion) happens when, for various reasons, a woman's body cannot support the pregnancy or there is a problem with growth and development that causes the pregnancy to end on its own. If the uterus does not empty itself completely, a medical or surgical procedure may be required to remove the tissues. Dilation and curettage (D&C) is a surgical procedure that can be used to remove remaining tissue. A local anesthetic will be used to numb the cervix. The procedure involves a cervical dilation after which the uterus will be scraped with a curved curette. A D&C procedure usually takes five to 10 minutes. Because most patients who undergo a D&C are given general anesthesia (medicine to put you to sleep), recovery time is about 24 hours. In certain situations, other forms of anesthesia can be used.

Premature labor – About 12% of pregnancies will result in premature delivery (between 20- and 37-weeks gestation). It is a leading cause of infant disability and/or death.

Cesarean section (C-section) – A Cesarean birth is the delivery of a baby through incisions made in the mother's abdomen and uterus. A C-section may be needed for various reasons, including multiple pregnancy (twins), failure of labor to progress, breech presentation, and other medical conditions. Risks include infection, blood loss, blood clots, injury to the bowel or bladder, and reaction to anesthesia.

Risks of Pregnancy and Childbirth

Infection – Infection in the genital tract for any reason is associated with future fertility problems. It can cause internal damage if untreated. In some cases, antibiotics may be given during labor and delivery to prevent infection or will be prescribed if symptoms develop after delivery. It is estimated to occur in 1 to 6% of vaginal deliveries and a considerably higher percentage of Cesarean deliveries.

Retained tissue – Occasionally, fragments of placenta remain in the uterus after delivery (.5% to 3% of deliveries). Heavy or irregular bleeding and infection may result. This may require an aspiration or dilation and curettage (D&C) to empty the uterus.

Hemorrhage – Hemorrhage is heavy bleeding that can happen during or after labor. Some bleeding will be expected with all deliveries, but heavy bleeding is not normal and is not common. If it occurs, aspiration or medications may be used to treat it. It is estimated to occur in 4 to 5% of deliveries. Surgery or blood transfusion is rare.

Structural damage – Lacerations to the genital tract, or injury to the bladder or rectum can occur during delivery. Damage can range from a self-healing surface cut to a deep tear requiring stitches or surgery. Uterine rupture is a rare complication of pregnancy.

Adverse reaction to medication – Any medication carries a risk of an allergic or adverse reaction. There are many medications that may be requested or prescribed during childbirth. Depending on the medication, risks and side effects may include a change in blood pressure, a change in the mother's or unborn child's heartbeat, trouble breathing, trouble pushing during delivery, dizziness, drowsiness, nausea, hemorrhage, headache and back pain. Seizures, uterine rupture and serious allergic reactions are rare.

Mental health issues – Because every woman is different, each woman will experience childbirth differently. Feelings can range from intense joy to disappointment and sadness. It is common for women to experience a few days of the "baby blues" after delivery as the body and mind naturally adjust. Age, religion, financial situation, support network and past coping experiences can all affect how a woman adapts to motherhood. Women who feel they are having trouble functioning in their new role should know they are not alone and should contact their health care provider for help, especially if the feelings last more than two or three weeks or are extreme. Postpartum depression can interfere with a woman's ability to care for herself and her child, and it is a fairly common and treatable disorder (occurring in 15 to 30% of new mothers).

Death – The risk of death during childbirth is about 12 per 100,000.

Avoiding Commercial Tobacco and Secondhand Exposure During and After Pregnancy

Many chemicals in commercial tobacco and alternative nicotine products are toxic to fetal development and respiratory, cardiac, and reproductive systems. Cigarette smoke contains more than 7,000 chemicals, and more than 70 can cause cancer. Smokeless tobacco contains at least 28 chemicals found to cause cancer. Other commercial tobacco products, such as electronic nicotine devices (vape) or alternative nicotine products, have harmful and addictive ingredients. Chemicals in commercial tobacco products enter the bloodstream, reducing the blood supply and oxygen to the womb necessary for normal growth and development and interfere with the body's ability to absorb nutrients that a woman and developing child need. Commercial tobacco use during pregnancy increases the risk of pregnancy complications for the mother and affects the baby's health before and after birth.

- Using tobacco products doubles the mom's risk of abnormal bleeding during pregnancy and delivery. This can put both mom and baby in danger.
- The baby may be born too small, even after a full-term pregnancy. Commercial Tobacco use slows a baby's growth before birth.
- The baby may be born too early (premature birth). Premature babies often have health problems.
- Using tobacco products can damage the baby's developing lungs and brain. The damage can last through childhood and into the teen years.
- Using tobacco products raises a baby's risk for congenital disabilities, including cleft lip, cleft palate, or both. A cleft is an opening in a baby's lip or the roof of their mouth (palate). The baby can have trouble eating properly and is likely to need surgery.
- Babies of moms who smoke during pregnancy and those exposed to cigarette smoke after birth have a higher risk for Sudden Unexplained Infant Death (SUID).

There is no safe level of secondhand exposure. Secondhand smoke is a mixture of gases and particles from the burning end of a cigarette, cigar, or pipe and the smoke exhaled by smokers. Secondhand aerosol from vape devices contains nicotine, ultrafine particles, and low levels of toxins known to cause cancer.

What can you do to protect your child?

- Never smoke, chew, or vape around your child. If you smoke, chew, or vape, get help with quitting. Being tobacco-free reduces the chances your child will use tobacco products.
- Don't allow anyone to use tobacco products in your home or around your child, including family members and babysitters. People moving to another room or opening a window to smoke or vape does not protect children from secondhand exposure.
- Don't take your child to public places where people smoke, chew, or vape.

  Keep liquid nicotine and vape devices locked up, out of sight, and out of reach. The products come in bright colors, various shapes, and appealing flavors and scents, making them attractive to young children. Nicotine is an acute toxin and can be harmful if swallowed or absorbed through the skin.

Where to Go for Help Quitting?

NDQuits provides free phone counseling and web support to all North Dakotans who want to quit commercial tobacco and alternative nicotine products. Free nicotine replacement therapy (nicotine patches, gum, or lozenges) is available to qualified enrollees; qualified enrollees are uninsured or underinsured (have insurance without cessation medication coverage).

Developing a quit plan and receiving coaching and cessation medication doubles your recovery success. For help beginning your quit journey, contact NDQuits by calling 1-800-QUIT-NOW (1-800-784-8669) or visiting hhs.nd.gov/ndquits.

Help For You

Services Available to You

For a list of prenatal, pregnancy, postpartum, and parenting services, resources and contact information, visit nd.life.gov.

24 Hour Support

Dial 2-1-1 or 701-235-SEEK (7335) if you are wondering about local community resources (food, housing and shelter, utility assistance, transportation, etc.) or if you would like listening and support.

988 Suicide and Crisis

If you are experiencing a suicidal, substance use, and/or mental health crisis - or any other kind of emotional distress - or know someone that is, call or text 988 anytime, day or night. Or chat at 988lifeline.org/chat.

Child Support Services

Establish Paternity – If a child is born to unmarried parents, Child Support will assist with determining the biological father of the child by providing DNA testing at no cost. Paternity can also be established by completing an Acknowledgment of Paternity form or by court action and Child Support can assist with this too. Determining a child's legal father can benefit the child in many ways including allowing the child to be covered under the father's health insurance plan and providing the child with a sense of family.

Establish Support Order – After paternity is established, Child Support will assist with calculating the child support amount and health insurance responsibility. Child Support will also assist you through the legal process to have child support and health insurance included in a court order. Child Support cannot help resolve custody issues.

Enforcement – Most parents pay the support amount they are legally required to pay. If a parent is not paying as required, Child Support will assist with collecting the amount due using a variety of methods including intercepting tax refund payments and reporting the unpaid balance to credit bureaus.

Review and Adjustment – Child Support will periodically review the child support amount to ensure it aligns with the earnings of the parent who pays support.

Child Support has many tools available to help locate parents and to work with other jurisdictions when a parent is not in North Dakota.

More information concerning paternity establishment and child support services and enforcement may be obtained by calling state public assistance agencies or human service zones.

For direct access to child support services and questions, contact:
Child Support
childsupport@nd.gov
701-328-5440
PO Box 7190
Bismarck ND 58507-7190

What is Abortion?

Abortion is an early termination of a pregnancy. This can happen either by choice through surgery or medication (induced abortion), or it can happen naturally (spontaneous abortion – often called a miscarriage).

Induced abortion – a procedure done by choice to end a pregnancy either through surgery or medication. North Dakota Century Code (Law) Chapter 14-02.1, Section 14-02.1,02 (9)(a)(2) requires that a woman is told the abortion will terminate the life of a whole, separate, unique, living human being. The performance of certain abortions is prohibited by law.

In addition, Section 14-02.1-02.1 (1)(a) states:

- It is unlawful for anyone to coerce you to undergo an abortion.
- If a minor is denied financial support by the minor's parent, guardian, or custodian due to the minor's refusal to have an abortion, the minor is deemed to be emancipated for the purposes of eligibility for public assistance benefits.
- Any physician who performs an abortion without a woman's informed consent may be liable to her for damages in a civil action.
- Adoptive parents are allowed to pay costs of prenatal care, childbirth and neonatal care.

There are many public and private agencies willing and able to help you to carry your child to term and to assist you and your child after your child is born, whether you choose to keep your child or place your child for adoption. The state of North Dakota strongly encourages you to contact one or more of these agencies before making a final decision about abortion. The law requires that your physician or your physician's agent give you the opportunity to call agencies like these before you undergo an abortion. See page 16 in this booklet for information about services offered to women, children, and families in North Dakota.

Types of Abortion

Medical Abortion

Medical abortion purposely ends a pregnancy with medications:

- Mifepristone (Mifeprex) – blocks the hormone progesterone which is needed to maintain pregnancy.
- Misoprostol – causes contractions to empty the uterus.

Medical abortion only can be done early in the pregnancy (a woman must be no more than ten weeks pregnant). A medical abortion does not require surgery or anesthesia. Generally, Mifepristone will be taken orally in the clinic on the first day and Misoprostol will be taken buccally (between cheek and gum of mouth) 24-48 hours later. Usually, the pregnancy will end within a few hours or days, but bleeding may continue for several weeks. Bleeding, passing of blood clots and cramping are expected. Patients should follow up with their health care provider approximately 7 to 14 days after the administration of MIFEPREX. This assessment is very important to confirm that complete termination of pregnancy has occurred and to evaluate the degree of bleeding.

Aspiration Abortion, also called Vacuum Aspiration

Vacuum aspiration is the most common method of early abortion (performed up to 16 weeks gestation). In preparation for the procedure, a local anesthetic will be used to numb the cervix and the cervix is usually dilated to a width of less than one centimeter. A cannula – a hollow tube – will be passed through the cervical opening and suctioning through the cannula will empty the uterus. Medications to reduce discomfort may be available during and after the procedure. The procedure takes approximately five to 10 minutes, in addition to preparation and about 30 minutes of recovery time. Some bleeding and cramping will be expected for a few days.

Dilation & Curettage (D&C)

Dilation and curettage is no longer a common method of abortion but may be required if spontaneous abortion (miscarriage) or other abortion methods fail to entirely empty the uterus. A local anesthetic will be used to numb the cervix. The procedure generally involves a wider cervical dilation after which the inside of the uterus will be scraped with a curved curette. A D&C procedure usually takes five to 10 minutes. Because most patients who undergo a D&C are given general anesthesia (medicine to put you to sleep), recovery time is about 24 hours. In certain situations, other forms of anesthesia can be used.

Dilation & Evacuation (D&E)

Dilation and evacuation can be performed after 14 weeks gestation. The cervix may be dilated by an absorbent material placed in the cervix for several hours or overnight. Medications may be given for several reasons – to ease discomfort, to prevent infection, to induce contractions and to limit bleeding. Vacuum aspiration will be used to empty the uterus, and if necessary a curette or forceps also may be used. The procedure usually takes 10 to 15 minutes followed by a couple hours of recovery time.

Labor Induction

This procedure is generally used after 16 weeks of pregnancy. Medicines will be used to start labor. These medicines can be put in the vagina, injected in the uterus (womb) or given into the vein (intravenously or IV). The medicines used cause the uterus to contract and labor to begin. Sometimes more than one medicine will be used. This procedure may take from several hours to several days. Your doctor may use instruments to scrape the uterus and make sure that the fetus, placenta and other contents of the uterus have been completely removed.

Medical Risks of Abortion

Abortion is generally a safe procedure, but complications can occur. Abortion procedures later in pregnancy are more complicated and are associated with higher risks.

Infection – Infection in the genital tract for any reason is associated with future fertility problems. It can cause internal damage if untreated. In some cases, antibiotics may be given at the time of the abortion to prevent infection or will be prescribed if symptoms develop after the abortion. The risk of infection is less than 1% for medical abortions and between .1 and 2% for surgical abortions.

Retained tissue – In about 2% of abortion procedures, the uterus may not be completely emptied during abortion. This is called an incomplete abortion. When this occurs, heavy or irregular bleeding, infection or continued pregnancy may result. Incomplete abortion may require an aspiration or dilation and curettage to empty the uterus. Sometimes a medical intervention is not necessary because the woman passes the small amount of remaining tissue on her own. It is slightly more common after medical abortion than after vacuum aspiration, and it is more common in labor induction abortions than other types of abortions.

Hemorrhage – Hemorrhage is heavy bleeding that can happen during or after abortion. Some bleeding will be expected after all abortion procedures, but heavy bleeding is not normal and is not common. If it occurs, aspiration or medications may be used to treat it. It is estimated to occur in less than 1% of abortions. Surgery or blood transfusion is rare.

Structural damage – Damage to the cervix or uterus may occur during abortion and can range from a self-healing surface cut to a deep tear requiring stitches or surgery. Uterine perforation and cervical injury are estimated to occur in approximately .4 to 2% of abortions. The risk is lower for medical abortions. Uterine rupture is a rare complication of late abortion.

Adverse reaction to medication – Any medication carries a risk of an allergic or adverse reaction. Medications associated with abortion may cause minor side effects such as diarrhea, nausea, vomiting, headache, dizziness or tiredness. A serious allergic reaction is rare. Local anesthetics (the kind that numb one area) are safer than general anesthetics (the kind that "put you to sleep"). Local anesthetics commonly are used in aspiration and early surgical abortion. General anesthetics are almost never used in first trimester abortions but are more commonly used in second trimester abortions.

Medical Risks of Abortion

Future pregnancy issues – Uncomplicated abortion does not interfere with future fertility or pregnancies. Complications from an abortion such as infection and structural damage can make future pregnancies more difficult if they occur. The earlier abortions are performed, the less likely it is that complications will occur.

Breast cancer – Findings from some studies suggest there is no increased risk of breast cancer among women who had an induced abortion, while other studies suggest there is an increased risk; hence, differing professional opinions exist. Three professional organizations, the American Congress of Obstetricians and Gynecologists, the National Cancer Institute, and the American Cancer Society, have reviewed the various studies and have released statements concluding no relationship between induced abortion and an increase in breast cancer risk.

Mental health issues – Because every woman is different, one woman's emotional reaction after an induced abortion may be different from another's. Feelings can be both positive and negative. Some women may be comfortable with their decision and feel relief that the procedure and pregnancy are over. Others may experience sadness, grief, guilt, have feelings of loss or experience depression or anxiety. Age, religion, financial situation, support network, gestational age at the time of abortion, past coping experiences and mental health before the abortion all can affect how a woman feels about her decision. It is important that all women's experiences be recognized as valid and that a woman feels free to express her thoughts and feelings regardless of whether those feelings are positive or negative.

Death – The risk of death as a direct result of legal induced abortion in the United States is less than one per 100,000.

For more information, contact:

North Dakota Department of Health
and Human Services
600 E. Boulevard Ave., Dept. 325
Bismarck, N.D. 58505-0250

E-mail: familyhealth@nd.gov
701-328-5060
800-472-2286 (toll-free, press 0)

NORTH Dakota
Be Legendary.
| Health & Human Services