

Unplanned Pregnancy: Abortion

Grades 11 and 12, Lesson #8

Time Needed:

One class period

Student Learning Objectives:

To be able to...

1. Define abortion, recognizing spontaneous and induced, surgical and medical, legal and illegal ones.
2. Name and describe the three most commonly used procedures, identifying the trimester when each is performed.
3. Distinguish among a few key factors (especially medical and legal facts), common fallacies, feelings and values regarding abortion.

Agenda:

1. Explain the purpose of the next four lessons. Prepare people for their explicitness and for possible personal reactions.
2. Define six basic terms, using Transparencies 1 and 2 and the Reference Sheet.
3. Use Transparencies 3-9 to clarify distinctions among key facts, fallacies, feelings and values.
4. Lecture, briefly, on abortion-related law.
5. Assign homework.

Note: The teacher's script is indicated by italics. This script is meant to be a guide for teachers who might find it helpful.

Materials Needed:

Classroom Materials: (1 per class)

- One set of Abortion Transparencies 1-9 *
- One class set of Abortion Reference Sheets **

Student Materials: (1 per student)

- Family/Friend Homework Exercise: "On Abortion"
- Homework Confirmation Slip (half-sheet)

Other Preparation:

A few days prior to this lesson, check a reliable website, such as the Alan Guttmacher Institute (<http://www.agi-usa.org/statecenter>) for a description of the most current status of abortion law in your state.

* Alternately, beginning in late 2006, all FLASH transparencies will be available as PowerPoint files on the FLASH web site: www.metrokc.gov/health/famplan/flash

** One class set of the Reference Sheets may suffice, even if you teach six sections of Health; not every student will want one to keep.

RATIONALE:

At the seventh and eighth grade level, the **F.L.A.S.H.** curriculum simply mentions the legal alternatives to an unplanned pregnancy by name: abortion, adoption and raising the baby. There is no further discussion, unless students raise questions.

In the ninth and tenth grades, **F.L.A.S.H.** contains a lesson on unplanned pregnancy, in which students brainstorm and learn to distinguish among the legal and illegal choices people make. They consider reasons people sometimes do choose each alternative, and reasons people sometimes decide against each alternative. And they explore ways of providing support to a friend facing an unplanned pregnancy. The lesson does not focus on facts or values, but rather on feelings. It attempts to be very sobering ... to de-romanticize and de-simplify each alternative ... to convey the pain and grief which can be associated with any unplanned pregnancy outcome.

Its primary goals are:

- (1) to motivate students to avoid unplanned pregnancy in the first place, so that they will not have to face such choices, and
- (2) to help students empathize with people (male and female) who face these difficult choices

If your students have not studied **9/10 F.L.A.S.H.** in these earlier grades, you may want to do this lesson before continuing with **11/12**.

By their junior and senior years in high school, students are generally developmentally ready to study two additional issues:

- (1) explicit medical and legal information about each of the options, and
- (2) the ethical controversy surrounding them.

Why do they need to study these issues? They will need correct information to make informed decisions as tomorrow's health care consumers, parents, voters, etc. They will also need to be able to articulate their own values, courteously and with respect for others, as they enter adulthood.

YOUR ROLE:

In the first of these four lessons, your job is to convey accurate information regarding abortion. On day two, you will focus on the facts with respect to adoption. The third lesson addresses the facts regarding parenting, especially fathering (which often gets less than its fair share of attention). On the fourth day, your job is to facilitate courteous discussion of values and of the experiences of real people who make each choice. In addition, you may want to have a panel of individuals and couples who have made different choices and who are at peace with those choices. If you have your district's permission (and time) you can also have spokespeople for "pro-choice" and "pro-life" organizations, on two different days, as guest speakers.

However, at no point is it appropriate for you, as influential as you may be with students, to express your **own** opinion about the ethics of any pregnancy option ... unless of course yours is a private school with an official stance on these matters..

That is not to say your role is to be "value-neutral". It is appropriate and important that you express relatively universal values, such as:

- that students should treat one another's feelings with consideration, and
- that it is better to prevent an unwanted pregnancy, if possible, than to abort one, and
- that honest communication is desirable, in all relationships (parent-teen, boyfriend-girlfriend, patient-doctor) whenever possible, and
- that it's best (safest, wisest) for high school students not to be having intercourse.

On these issues at least 95% of families would agree. What is inappropriate is for you to express values on any issue where fewer than 95% of families are agreed ... which, of course, includes any value position on abortion and adoption.

Activities:

1. Explain the purpose of the next four lessons. Prepare people for their explicitness and for possible personal reactions.

Today we are going to study the facts about abortion. By the end of the lesson...

- *You will be able to define abortion and understand the terms "spontaneous" and "induced".*
- *You'll know how and when different types of abortions are done.*
- *You'll be able to tell the difference among facts and fallacies, values and feelings regarding:*
 - *risks (physical and emotional),*
 - *law and "case law", and*
 - *people who have abortions.*

In other words, today our focus is on the facts... not people's feelings or values. Although we all have them, we aren't going to discuss them quite yet. We need to begin with solid, accurate information.

Then, tonight, you can use a Family / Friend Homework Exercise to consider and express some of your beliefs about various abortion-related moral issues.

Prepare people for the explicitness of today's lesson and encourage them to talk with a trusted person, ideally in their families, about feelings the lesson may evoke:

Let's talk a little more about today's lesson, before we begin. You'll be learning some very explicit information today. I want you to know that in advance. We know that some people in this room have probably either had abortions, considered abortion, or loved someone who's had one. Talking about how the procedures are performed may be hard for some of us. For others, it may not be a big deal. In any case, it will be crucial to look out for one another's feelings today and over the next few days.

For anyone here who has strong emotions on the subject, these next four lessons may be difficult. I'd encourage you to talk over any feelings the lessons generate. You are welcome to come talk with me after class. I'd especially encourage you to talk with someone in your family about how you're feeling. Some of you may also have a friend or clergy person (priest, minister, rabbi, imam, etc.) you want to go to. Just remember that it's important to take care of yourself.

Any questions before we get started?

2. Define six basic terms, using Transparencies 1 and 2 and the Reference Sheet.

Write the terms "SPONTANEOUS", "INDUCED", "SURGICAL", "MEDICATION", "LEGAL" and "ILLEGAL" on the blackboard and elicit definitions of each term from the class.

Circle the terms "Induced", "Legal", "Surgical", and "Medication" and explain that the lesson will focus mainly on these. Explain that in some clinics, women can choose to use a combination of drugs prescribed by a doctor to end their pregnancies. This is called medication abortion.

Medication abortion does not require surgery, like with the surgical abortion (an operation). Use Abortion Transparency 1 to review the concept that there are three "trimesters" to a pregnancy. Add Transparency 2 (as an overlay), to introduce the names of each of the procedures currently used.

Hand out Abortion Reference Sheet 1, and give students about ten minutes to read it silently. If your class includes reluctant readers, or ELL students whose English skills are limited, you may want to have volunteers take turns reading aloud from the Reference Sheet, rather than relying on students' reading it individually.

Follow up by asking a few clarifying questions. For example:

- a. Which is the most common abortion procedure (**vacuum aspiration**)?
- b. When is it done?
- c. How long does it take, for the actual procedure?
- d. Are there risks with it? Give me some examples.
- e. What is the second most common abortion (**medication abortion**)?
- f. When is it done?
- g. Are there risks with it? Give me some examples?
- h. What's the procedure that's usually done a little later in the pregnancy?
- i. What is the difference between this procedure (**D & E**) and a vacuum aspiration abortion?

NOTE: The only procedures we have described in any detail are the three which account for a combined 99%¹ of abortions. Students may sometimes have questions about the other procedures. If students have other questions, you might refer them to **Contraceptive Technology**, by Hatcher, et al that is referenced at the end of this lesson. It is revised biannually, so look for a current edition. Or have them call a local physician who provides abortions.

3. Use Transparencies 3-9 to clarify distinctions among key facts, fallacies, feelings and values.

Using Transparencies 3 through 9, help the class practice distinguishing among key facts, fallacies, feelings and values regarding abortion. Here are the answers and explanations of the Transparencies:

TRANSPARENCY 3

Women have abortions over and over, instead of bothering to use contraception.

-FALLACY

This is a stereotype. One study found that only 8% of the women who had abortions had never used birth control.² And in 2003, the most recent year for which we have data, 50% of women having abortions in Washington State had never had one before, and another 26% had only had one previous abortion.³

TRANSPARENCY 4

If you have an abortion now, you are more likely to have a miscarriage later.

-FALLACY

See the Reference Sheet question regarding infertility. Multiple abortions, second trimester abortions, illegal abortions and childbirth all do slightly increase the risk of future miscarriage. But the evidence shows that a first trimester legal abortion does not.⁴

TRANSPARENCY 5

Fewer than one woman in a thousand gets an infection with a legal abortion.

- FACT

See the Reference Sheet (page 171). An infection can be serious if it isn't caught early and treated. That's why the patient has to take her temperature every day for a couple weeks, and usually takes antibiotics, too, just in case. Infections are lower for medication abortion than surgical abortion, but still possible.⁴

TRANSPARENCY 6

Abortion is murder.

- VALUE

The word "murder" is the operative one. People of good conscious disagree about whether to characterize it this way. That is what tonight's homework will explore.

TRANSPARENCY 7

The abortion pill is legal in the U.S.

- FACT

In 2000, the U.S. Food and Drug Administration approved the abortion drug, mifepristone also known as RU-486 to be marketed in the United States as an alternative to surgical abortion. This drug was developed in the early 1980's by researchers in France. In 1988, it was licensed in France and then widely used in several countries before being approved in the U.S., twelve years later. In some countries up to half of women choosing abortion use this method, while in the Washington State about 12% of women choose this option, although its use has gradually increased each year.⁵

TRANSPARENCY 8

Having an abortion can be very difficult, emotionally.

- FEELING

This is, of course, a fact **about** a feeling. Point out, though, that, while it is a fact that some women and men find having an abortion emotionally difficult, some do not. How a person will feel is partly a function of his or her values, partly a matter of how much thought and time goes into the decision, and partly a matter of how much communication and support takes place before and after the fact.

TRANSPARENCY 9

A woman should have a legal right to make her own decision about abortion.

-VALUE

The word "should" is the operative one, here. For the most part, as of this printing, she **does** have a legal right, with some restrictions depending upon which state she lives in ... although

this may change if the Supreme Court revisits *Roe v. Wade*. In any case, we'll take a look at the laws, and how they have changed over time, in a moment. But whether a law is right or wrong is a matter of values.

4. Lecture, briefly, on abortion-related law.

Explain the current legal situation. Remember, your job is to provide information, not to editorialize, even subtly, about the law. In their homework, students will have an opportunity to articulate some of their beliefs in that regard, but it is **not appropriate** for you to express your personal opinions about a controversial issue such as this.

You will need to tailor this portion of the lesson to your own state. Below, as lecture notes, we have described U.S. and Washington State laws (including case law), at the time this goes to print. However, we recommend that, a few days prior to this lesson, you check a reliable website, such as the Alan Guttmacher Institute (<http://www.agi-usa.org/statecenter/>) for an objective description of the most current status of abortion law in your state.

What is "case law" and how does it differ from ordinary "law"?

The U.S. Congress and state legislatures pass laws. Sometimes votes of the people create laws, too. But it isn't legal to pass a law which conflicts with the U.S. Constitution. State laws also must respect their state constitutions. Only the courts can decide if a law is "constitutional" ... that is, if it's not in conflict with the Constitution. The decisions of the courts, about constitutionality and other issues, are called "case law".

What is the recent history of abortion law?^{6 7}

1812: MASSACHUSETTS SUPREME COURT holds that abortion is legal until "quickening". Quickening is the point at which the woman can feel fetal movement; this happens at about five months, or close to the end of the second trimester. (Otherwise, there are no state or federal laws governing abortion in the early 19th century in the United States.) *Commonwealth v. Bangs*

1821: THE CONNECTICUT LEGISLATURE enacts the first state law, which restricts abortion. It regulates the use of dangerous substances, but preserves the woman's "common law" right to abortion before quickening.

by 1841: TEN OTHER STATES AND ONE TERRITORY have passed laws restricting abortion. Most still allow abortion before quickening. Most of those, which prohibit abortion after quickening, contain an exception: to save the woman's life.

by 1860: TWENTY OF THIRTY-THREE STATES have some sort of legal restriction on abortion. The other 13 states still have no laws about abortion.

1873: U.S. CONGRESS passes the Comstock Law, the first federal act on the issue. It bans from the mails any medicine for, or information about, abortion or contraception ... deeming them "obscene".

by 1900: ALL BUT ONE STATE have passed laws restricting or banning abortion. The only exception is Kentucky where the courts, rather than the legislature, have prohibited abortion.

by the late 1960's: ABOUT ONE-THIRD OF THE STATE LEGISLATURES have passed laws providing for exceptions to their abortion bans (such as "to preserve the woman's physical or mental health", "when the child might be born with grave physical or mental disability", or "in cases of rape or incest").

1970: WASHINGTON STATE VOTERS pass a referendum legalizing abortion, with certain restrictions. This makes Washington the first state in which the voters themselves decide (rather than the congress or the courts). *Referendum 20*

1967-73: THREE STATE LEGISLATURES (Alaska, Hawaii and New York) pass laws allowing abortion on request.

1970: The U.S. CONGRESS provides funding for family planning (caned "Title X [Ten]" funds). This money cannot be used to pay for, advocate for, or promote abortion. However, programs receiving this money are mandated to provide information about all options (including abortion) and make referrals.

1973: The U.S. SUPREME COURT decides it is unconstitutional for a state to prevent a woman from having an abortion (no matter her reason) in the first two trimesters of pregnancy. In the second trimester, a state may impose regulations to protect the woman's health. In the third trimester (after "viability" ... the time the fetus could survive outside the womb), states may ban abortion, except to protect the woman's health or her life. *Roe v. Wade*

1975: The WASHINGTON STATE SUPREME COURT decides that a teen has the same constitutional right to privacy as an adult. She cannot be required to get a parent's consent. *Washington State v. Koome*

1976: The U.S. SUPREME COURT holds that a state cannot give husbands or parents the absolute power to veto abortions. A state may require that the woman declare in writing that she is making a free and informed choice. *Planned Parenthood of Central Missouri v. Danforth*

1976: The U.S. CONGRESS passes a law that prohibits federal funding for abortions for low-income women. *Hyde Amendment to Public Law 95-205*

1977: WASHINGTON STATE VOTERS decide to make state funds available to replace the lost federal funds.

1977-1983: The U.S. SUPREME COURT rules on the constitutionality of a variety of state laws...holding, for instance, that the government:

- may decide not to fund abortions for low-income women (*Maher v. Roe*);
- may seek to protect a fetus after viability, but may not interfere with the
- physician's good faith decision about whether a fetus is viable (*Colautti v. Franklin*); .
- may require parental consent, so long as it provides an alternative ... such as letting the minor seek a judge's determination that she is "mature" enough to decide (*Bellotti v. Baird*) .

- may require the doctor of a minor to try to inform the patient's parents before performing an abortion, so long as the minor is "immature" and dependent (*H.L. v. Matheson*);
- may not require a 24-hour waiting period between the signing of a consent form and the abortion itself (*City of Akron v. Akron Center for Reproductive Health*); and
- may not require that all second trimester abortions be done in hospitals
- (*City of Akron v. Akron Center for Reproductive Health*).

1984: WASHINGTON STATE VOTERS decide to continue funding abortions for low income women, without restriction, defeating Initiative 471

1988: Under PRESIDENT REAGAN, the "Gag Rule" goes into effect. The Gag Rule prohibited federally-funded family planning clinics from providing abortion information, counseling and referrals to pregnant women, even if they specifically requested it. The Gag Rule was never enforced.

1989: The U.S. SUPREME COURT determines that a state:

- **may** declare that life begins at conception (The Court said that such a declaration wouldn't necessarily be used to restrict birth control and abortion decisions.)
- **may** forbid the use of public funds to "counsel women to have abortions" not needed to save their lives (The Court said this law would not prevent public employees from providing patients with full information **about** abortion);
- **may** decide not to use public facilities for abortions for reasons other than saving the woman's life; and
- **may** require a doctor to perform tests to determine the viability of a fetus of over 20 weeks gestation (The Court said this law would not require "imprudent" or "careless" tests.) (*Webster v. Reproductive Health Services*).

1990: The U.S. SUPREME COURT holds that a state **may** require that a minor inform **both** parents 48 hours before having an abortion, so long as it provides her the alternative of seeking a judge's approval. *Hodgson v. Minnesota* (This ruling did not effect every state; in Washington State a minor is not required to involve her parents.)

1991: WASHINGTON STATE VOTERS decide to allow abortion without restriction during the first trimester, and with only health-related regulations in the second trimester (just as *Roe v. Wade* allowed) ... even if *Roe v. Wade* should be overturned on a federal level. *Initiative 120*.

The U.S. SUPREME COURT holds that the 1988 "gag rule" is constitutional. This prohibits doctors and counselors at clinics that receive federal funding from providing their patients with information about and referrals for abortion, *Rust v. Sullivan*. Despite this ruling, the "gag rule" was never enforced nationally.

1992: The U.S. SUPREME COURT reaffirms a woman's right to choose abortion under *Roe v. Wade*, but announces that states can put restrictions on abortion, before fetal viability, as long as it does not create an "undue burden" (meaning a significant obstacle) to the woman seeking abortion. In this case, the court overturned parts of *City of Akron v. Akron Center for Reproductive Health* (1983). Restrictions that many states now have include requiring a woman to wait 24 hours between consenting to and receiving an abortion, requiring that the woman be

given information about abortion and materials on fetal development that are made and written by the state, requiring minors to have in-person consent by a parent or guardian for abortions (or go seek a judge's approval herself). *Planned Parenthood of Southeastern Pennsylvania v. Casey*

1993: PRESIDENT CLINTON suspends the "gag rule". (In 2000, the "gag rule" was officially repealed.) Once again, the law required federally-funded family planning clinics to give abortion information and referrals to women who requested it, as well as give non-directive counseling.

1994: By a large majority, the U.S. CONGRESS passes the Freedom of Access to Clinic Entrances (FACE) Act in response to the murder of abortion provider, Dr. David Gunn. The FACE Act forbids the use of "force, threat of force or physical obstruction" to prevent someone from providing or receiving reproductive health services. The law also provides for both criminal and civil penalties for those who break the law.

1998: WASHINGTON STATE VOTERS vote down a "partial birth" abortion ban. The ban was written so vaguely that potentially all abortions could be outlawed. *Initiative 649*

2000: U.S. SUPREME COURT rules that the Nebraska statute banning what it calls "partial-birth abortion" is unconstitutional for two reasons: the statute doesn't include the exception for preserving the health of the woman, and the definition of the targeted procedures is so broad as to prohibit abortions in the second trimester, thereby being an "undue burden" on women. This invalidates 29 of 31 similar statewide bans. *Stenberg v. Carhart*

FOOD AND DRUG ADMINISTRATION approves mifepristone (RU-486) as a non-surgical option in abortion care.

2003: U.S. CONGRESS passes a federal ban on abortion procedures and is signed into law by President Bush. This federal ban is almost identical to the Nebraska statute in 2000 in *Stenberg v. Carhart*. The National Abortion Federation immediately challenges the law in court and is successful in blocking enforcement of the law.

2004: The National Abortion Federation wins the lawsuit. The COURT rules that the federal abortion ban is unconstitutional for the same reasons as in 2000 *Stenberg v. Carhart*

2005: THE EIGHTH CIRCUIT COURT OF APPEALS (the highest court under the Supreme Court) finds the federal ban on abortion unconstitutional again as in 2004. The Supreme Court may choose to hear the case, in which case, it will be a long time before we know the outcome.

5. Assign homework.

Hand out the Family/Friend Homework Exercise: "On Abortion". Point out that they are **not** to put their names (or those of the family member or friend with whom they discuss them) on these papers. You will be giving credit to those who bring in completed papers; but you will not need to see **how** they answered any questions, just that they did.

Make sure they realize that the assignment is due in three days (as part of Lesson 11)!

Abortion Transparency 1

**FIRST
TRIMESTER**
(through week 13)

**SECOND
TRIMESTER**
(weeks 14 - 26)

**THIRD
TRIMESTER**
(weeks 27 - birth)

Abortion Transparency 2

**VACUUM
ASPIRATION**
also called
“suction abortion”
“Dilation &
Curettage”
“D & C”
“suction D & C”

**MEDICATION
ABORTION**
also called
“the abortion pill”
“non-surgical”

**DILATION &
EVACUATION**
also called
“D & E”

INFUSION *
also called
“intrauterine
instillation”

INTACT
DILATION &
EXTRACTION **
also called
“D & X”
“IDE”
“sharp curettage”



* Infusion is rare
(about 1 in 1,000
abortions) ⁸

** D & X is rare
(about 1 in 1,000
abortions) and may
be done late in the
2nd trimester or (even
more rarely) in the
3rd. ⁸

Abortion Transparency 3

“Women have
abortions
over and over,
instead of
bothering to use
contraception.”

Is this a...

FACT?

FALLACY?

VALUE?

FEELING?

Abortion Transparency 4

“If you have
an abortion now,
you are more
likely to have a
miscarriage
later.”

Is this a...

FACT?

FALLACY?

VALUE?

FEELING?

Abortion Transparency 5

“Fewer than one woman
in a thousand gets
an infection with a
legal abortion.”

Is this a...

FACT?

FALLACY?

VALUE?

FEELING?

Abortion Transparency 6

“Abortion
is murder.”

Is this a...

FACT?

FALLACY?

VALUE?

FEELING?

Abortion Transparency 7

“The abortion pill
is legal
in the U.S.”

Is this a...

FACT?

FALLACY?

VALUE?

FEELING?

Abortion Transparency 8

“Having
an abortion
can be very
difficult,
emotionally.”

Is this a...

FACT?

FALLACY?

VALUE?

FEELING?

Abortion Transparency 9

“A woman should have a legal right to make her own decision about abortion.”

Is this a...

FACT?

FALLACY?

VALUE?

FEELING?

Abortion Reference Sheet

PART ONE: ALL FIVE TYPES

FIRST TRIMESTER - FIRST 3 MONTHS

- a. **VACUUM ASPIRATION** (also called “dilation and curettage” or “D and C” or “suction curettage”) ... is a surgical abortion. It can be done as soon as the woman finds out that she is pregnant up to fourteen weeks after the first day of the last normal period. That’s about four to twelve weeks after fertilization⁵, but since we usually don’t know when fertilization happens, all the numbers in this Reference Sheet are “since the Last Menstrual Period” or what doctors call “LMP”).

Vacuum aspiration is the most common type of abortion. In Washington, almost 79 % of all abortions are this type.⁸ Besides being done for abortion purposes, this is also the most common procedure after a miscarriage. It costs about \$406 – \$787 in the Seattle area. Low-income women can get financial help and medical coupons are usually accepted. Sometimes private insurance companies will also cover it.⁹ (This type of abortion will be described in Part Two.)

- b. **MEDICATION ABORTION** (also known as "the abortion pill" or “RU 486”) is used up to nine weeks after the first day of the last menstrual period⁹.

The medication abortion is the second most common type of abortion. In Washington, almost 12% of all abortions are this type⁸. They cost about \$415 - \$675 in the Seattle area. Low-income women can get financial help and medical coupons are usually accepted. Sometimes private insurance companies will also cover it. Some clinics have age limits that do not allow for girls under the age of 15 to select this procedure.⁹ (This type of abortion will be described in Part Two.)

SECOND TRIMESTER - NEXT 3 MONTHS

- a. **DILATION AND EVACUATION** or a "D & E" ... is done between 12 and 20 weeks, occasionally more, after the first day of the last normal period⁵.

D & E is the third most common type of abortion. About 9% of all abortions in Washington are D & E's.⁸ In the Seattle area they cost about \$500- \$2,000 and are not available after 24 weeks gestation⁹. Again, financial help is available and some doctors accept medical coupons. Sometimes private insurance companies will also cover it.⁷ (This type of abortion will be described in Part Two.)

- b. **INFUSION** of fluid into the amniotic sac (or “instillation”)... may be done in rare cases, for instance if the woman's life is in danger. This type is very rarely done now (1/10 of 1 % or about 1 per thousand abortion procedures in Washington State in 2003⁸), but was used in the 1970's and 1980's. A newer way to do this uses the same medication as in the

medication abortion and is now used in some countries, but it has not yet been approved in the U.S.⁵

SECOND OR THIRD TRIMESTER

- a. INTACT DILATION AND EXTRACTION (also called “D & X” or “IDE”) is also very rare (also about 1 per thousand abortion procedures in Washington State in 2003⁸). It may be done because something has gone catastrophically wrong with a pregnancy. The term “partial birth” abortion is used by people who oppose abortion, created to bring attention to their point of view. It is not a medical term and is not found in any medical dictionaries, textbooks or coding manuals used by health professionals. The American College of Obstetricians and Gynecologists say language that is used in proposed legislation on banning “partial birth abortion” is incorrect.¹¹

PART TWO: WHAT HAPPENS?

THE PREGNANCY TEST AND COUNSELING

This usually takes place in a family planning clinic or doctor’s office, although it can also take place at an abortion clinic.

FIRST: The woman misses a period. Or she has a very light period and notices other symptoms (sore breasts, tiredness, nausea, etc.) She thinks she may be pregnant. She makes an appointment to have a pregnancy test as soon as she notices her period is late.

SECOND: The woman arrives at the clinic. She may bring her partner, or a friend or family member. She fills out a form about her health history. She has a urine pregnancy test. If she's pregnant, she talks about her choices with a counselor, nurse practitioner or doctor. She can learn about all three choices (continuing the pregnancy and parenting, abortion, and adoption), and talk about her feelings and values. If she's not sure what she wants to do, or if she wants more time to talk with her partner or family, she can take home things to read and show them. Depending on how far pregnant she is, **she doesn't have to decide right away.**

THIRD: If she decides to continue the pregnancy, she makes an appointment for "prenatal care". At that time, she may want to talk about getting help with finances, etc. If she is interested in adoption, she can ask for a referral to an adoption agency (or a lawyer).

If she decides to have an abortion, she can get a referral to an abortion clinic. (In WA State, 99% of abortions are done in a clinic, not a hospital⁸.) She will need an "ultra-sound" test to find out exactly how many weeks pregnant she is; it can be done at the abortion clinic.

VACUUM ASPIRATION: The Most Common Type of Abortion

HOW IS IT USUALLY DONE⁴?

- FIRST:** The woman is given medication to relax, if she wants it. Her cervix is numbed (put to sleep) with a shot. Her friend or her partner may be able to be with her, for support.
- SECOND:** The doctor gently opens and widens the opening of the cervix, using some very thin rods. The woman often feels cramping, similar to a period.
- THIRD:** A small plastic tube is put through the vagina into the uterus and the pregnancy tissue is suctioned out through use of an electric suctioning machine or a handheld plastic syringe.
- FOURTH:** Sometimes, after a minute or two, the doctor checks the uterus with a spoon-shaped tool, to make sure all of the fetal and placental tissue has been removed. The actual procedure lasts about 5 to 10 minutes.
- FIFTH:** The woman rests for 20 minutes or so before she leaves the clinic.
- SIXTH:** For a couple of weeks, she takes antibiotics and checks her temperature, to make sure there is no infection. During this time, she shouldn't use tampons, douche, have intercourse, or do heavy exercise.
- SEVENTH:** She returns in two or three weeks for a check-up.

MEDICATION ABORTION*: The Second Most Common Type of Abortion

HOW IS IT USUALLY DONE^{4 5}?

- FIRST:** There are two medications involved in a medication abortion. The woman swallows a dose of mifepristone, formerly known as RU-486, (the first medication) under the guidance of her doctor. She receives education on how to manage the abortion at home and how to take the second medication, which she will do at home. She will probably receive a prescription for pain medication at this time, which she will use with the second medication, at home. The drug mifepristone, blocks the hormone progesterone, which is necessary to maintain the pregnancy, and weakens the attachment of the pregnancy to the uterus. Some women may notice some slight bleeding and cramping after this medication.
- SECOND:** At home the woman takes misoprostol (the second medication) 6 hours to 3 days later. This medication is in a pill form, which she swallows, or inserts into her

vagina, near her cervix. It is recommended that she have with her a person who can give her support at this time to help her manage the abortion (a friend, partner, parent or other trusted adult). This medication softens and dilates the cervix and also starts cramps in the uterus that will assist in expelling the pregnancy.

THIRD: Within a few hours (sometimes longer) the woman will probably start to have strong cramps and bleeding (more than a period) and may pass some blood clots. It is also possible that she will have side effects to this medication (aside from the abortion) such as nausea, vomiting, diarrhea, fever, chills or feel tired. Usually these symptoms last a short time and will stop on their own.

FOURTH: After the abortion is complete or within the next 2 weeks, she must return to the clinic for another ultrasound. In a small number of women the abortion may not be complete. They may need to take more medications or have a surgical abortion.

* Another drug called methotrexate is also sometimes used for medication abortion in the U.S., but since it is less effective and has more side effects, most clinicians use mifepristone. Methotrexate is usually given as a shot (injection), and is followed by misoprostol in the same way as with mifepristone ⁴.

SIDE EFFECTS with MEDICATION ABORTION?

The most common side effects of medication abortion are caused by misoprostol. In addition to cramps and bleeding which are due to the abortion, side effects may include headache, nausea, vomiting, diarrhea, fever, chills, or fatigue⁵.

What are the similarities and differences between the two types of First Trimester Abortions? ¹⁴

Medication Abortion	Surgical Abortion
High success rate (about 98%)	High success rate (about 99%)
Usually avoids surgical procedure	Instruments inserted into the uterus
Requires at least two visits	Can be done in one visit
Abortion usually occurs within 24 hours of 2 nd medication	Procedure is completed in 5-10 minutes
Maybe be used in early pregnancy	Maybe be used in early pregnancy
Oral pain medication can be used	Anesthesia/Sedation can be used
Some of the process can happen at home	Procedure is done in medical office or clinic
Medications cause a process similar to a miscarriage	Health care provider performs the procedure

DILATION AND EVACUATION: The Third Most Common Type of Abortion

HOW IS IT USUALLY DONE⁴?

- First:** The cervix needs to be open wider than it did for an early abortion. So, on the patient's first visit, the doctor puts dilators into the cervix. These are little sticks made of sponge or plastic or dried, sterilized seaweed (about the size of match sticks). They will swell overnight, as they absorb cervical fluids, to gradually soften and open the cervix. She will most likely have moderate to heavy cramps.
- SECOND:** She returns to the clinic the next day. Sometimes, the doctor adds more dilators and the patient comes back on the third day for the abortion itself. Sometimes, the abortion can be done on day two.
- THIRD:** She gets a medication to relax her, if she wishes. The doctor removes the dilators and numbs her cervix.
- FOURTH:** Besides using the vacuum tool, and the spoon-like tool, the doctor uses forceps (a grasping tool) to remove the fetal and placental tissue. This takes ten or fifteen minutes. The pain women experience varies quite a bit woman to woman, but is often described as something like heavy menstrual cramps. It is not as intense as labor.
- FIFTH:** The rest is the same as with a vacuum aspiration procedure: she rests for an hour or so before she goes home, she takes it easy for a couple of weeks, and she goes back for a checkup after two weeks.

PART THREE: ARE THERE MEDICAL RISKS?

MEDICAL RISKS from induced (surgical or medication) abortion can include⁵:

INCOMPLETE ABORTION: In about .4% of women who have abortions (4 per thousand) the uterus is not completely emptied.⁸ Some of these women need to repeat the abortion.

Fewer than 1 woman per thousand experience each of these **OTHER COMPLICATIONS⁸** :

- * infection
- * a cut or tear in the cervix or uterus
- * significant bleeding

Complications are slightly more common the farther along in pregnancy the abortion is done, but they are still very rare. D & E is as safe as giving birth, if not safer (depending on when it's done).⁵

Finally, surgical abortion is one of the safest operations there is, but any operation can lead to death. For comparison, here is a chart showing the risk of death from a few different activities:¹⁹

smoking cigarettes for a year:	1 in	200
driving a car for a year:	1 in	5,900
pregnancy and childbirth:	1 in	10,000
abortion after 16 weeks:	1 in	10,200*
abortion 13-15 weeks:	1 in	34,400*
abortion 9-12 weeks:	1 in	100,100
legal abortion before 9 weeks:	1 in	262,800

** Most of these are D & E's, not vacuum aspiration.*

PART FOUR: OTHER QUESTIONS ABOUT RISKS

DOES LEGAL ABORTION INCREASE THE RISK OF FUTURE INFERTILITY?

Not first trimester, vacuum or medication abortions. Dilating the cervix for a D&C or D&E does slightly increase a woman's risk, though not as much as giving birth would.¹⁹

DOES ABORTION CAUSE BREAST CANCER?

No. The National Cancer Institute reviewed research and came to the conclusion that there is no evidence of a link between induced abortions and breast cancer.¹³

IS AN ABORTION LIKELY TO CAUSE EMOTIONAL PROBLEMS?

No, particularly not in the first trimester of pregnancy, according to a panel of experts from the American Psychological Association.¹⁵ Although "abortion trauma syndrome" or "post-abortion syndrome" are mentioned in materials of abortion opponents, there is no such syndrome defined by scientists or by health professions.⁵

Many studies have found that the most emotionally stressful time for women that chose abortions was right before the abortion. After the abortion, this stress usually ended.¹⁶ That doesn't mean it isn't hard for many people. Any unplanned pregnancy can be emotionally hard, no matter what the woman or couple decides to do about it. And each person responds in his or her own way. Some feel some sadness and grief after an abortion. Some have a sense of relief. They may feel as if the experience matured them. They may also feel anger or numbness ... or several feelings at once.

Making that decision was the hardest thing I've ever done in my life. I don't regret it, but that doesn't mean I didn't cry. Still, every year, on what would have been the baby's birthday, I go for a long walk by myself. It gets easier each year, but it will always be a part of me. ~ Tarina

I felt mostly peace after my abortion. I felt very lucky to have the kind of parents and boyfriend who would stand by me. - Janis

Women who feel they were forced or pressured into an abortion may have especially hard times afterwards. Those who haven't really thought, ahead of time, about what they believe may also want to see a counselor. As for men, they may have hard times if they don't agree with their partners' decisions, and even if they do.

Talking - alone or together - with a supportive counselor, clergy, friend or family member before and after the abortion can help. And sometimes, if a couple is gentle with one another's feelings, talking with each other about something so private can bring them closer.

“On Abortion”

Family/Friend Homework Exercise

DO NOT PUT YOUR NAME ON THIS PAGE. ALL FAMILY HOMEWORK IS OPTIONAL.

Below are seven questions about abortion and values. Read them and think about your own beliefs. For each one, circle the letter of the answer you most agree with, or write in your own answer. Talk about any three of these seven questions with a family member or another trusted adult or with a close friend. Together, sign the homework confirmation slip at the end. Separate the slip from the exercise, so your name is not attached to your answers. Bring them both to class.

1. In my opinion, abortion is...
 - a. **never** the right choice, and it **should be against the law**.
 - b. **never** the right choice, but **the law should stay out of it**. Only the woman should decide.
 - c. **rarely** the right choice, and it **should be against the law except** to save the woman's life or in cases of rape or severe birth defects.
 - d. **rarely** the right choice, but **the law should stay out of it**. Only the woman should decide.
 - e. **sometimes** the right choice, but some reasons should be against the law, such as choosing the baby's sex.
 - f. **sometimes** the right choice, but **the law should stay out of it**. Only the woman should decide.
 - g. **not a matter of right and wrong**. It's just a fact of life.
 - h. _____

2. In my opinion, abortion is ...

- a. **murder.** It is as serious as killing a toddler. It is wrong.
- b. **killing a human being, but it is not "murder".** It is as serious as deciding you have to remove someone you love from life support.
- c. **killing, but not killing a "person".** It is as serious as deciding you have to put your beloved pet to sleep.
- d. **not killing.** It is having a part of you removed. It is as serious as deciding to have your kidney removed, to donate to someone you love.
- e. **not difficult or serious.** It is like deciding to have a cavity filled.

f. _____

3. I believe ...

- a. **a baby is human once it has a soul.** I don't know when that happens. I believe abortion is (never, sometimes, always) wrong. (Circle one.)
- b. **a baby is human once it is born.** I oppose infanticide (killing a born baby), but I don't ever think abortion is wrong.
- c. **a fetus is human once its brain is developed enough to begin to think and feel.** That's at about 28 to 32 weeks gestation (or about 6 months). I oppose abortion after 26 to 28 weeks.
- d. **a fetus is human once its brain is developed enough to begin to think and feel.** But I don't think every abortion after that point is necessarily wrong.
- e. **a fetus is human when it can survive outside the woman's body.** Right now, that's at about 24 weeks (about 5 and a half months). I oppose abortion after 22 to 24 weeks.
- f. **a fetus is human when it can survive outside the woman's body.** But I don't think every abortion after that point is necessarily wrong.
- g. **an embryo is human once it begins to look human Its face looks human by about 8 weeks (about 2 months).** Abortion pills taken in the first weeks of pregnancy may be moral, but I oppose abortion after 6 or 8 weeks.
- h. **an embryo is human once it begins to look human.** But I don't think every abortion after that point is necessarily wrong.

- i. **a fertilized egg is human life.** Birth control that prevents fertilization is moral, but birth control that keeps a fertilized egg from implanting in the uterus is wrong.
- j. **a fertilized egg is human life.** But I don't oppose any kind of birth control, even if it prevents an egg from implanting.
- k. **an egg and sperm are human life.** Masturbation and all forms of birth control are wrong.
- l. **an egg and sperm are human life.** But I don't oppose masturbation or some kinds of birth control.

m. _____

4. The man ...

- a. should have a **legal right** to make an abortion decision. If a couple disagrees, **he should get to decide** whether she will or won't have an abortion.
- b. should have a **legal right** to be part of an abortion decision. If a couple disagrees, he shouldn't be able to force her to have an abortion, but **he should be able to prevent her from having one.**
- c. should have a **legal right** to be part of an abortion decision. If a couple disagrees, **a judge should decide.**
- d. has a moral right to be part of the decision, but **it shouldn't be a legal matter.** A woman **should talk with him**, but if they disagree, she should get to make the final decision.
- e. has a **moral right** to be part of the decision **in some cases** (if they are married, for instance, and he has never abused her), but only the woman can decide if it's best to talk with him.
- f. is lucky if they have the kind of relationship where she would want to talk with him, but **it's not a matter of right or wrong.** It is the woman's body.

g. _____

5. If a teen gets pregnant, her parent(s) or guardian(s) ...
- a. should have a **legal right** to make an abortion decision. If they disagree with her, **they should get to decide** whether she will or won't have an abortion.
 - b. should have a **legal right** to be part of an abortion decision. If they disagree with her, they shouldn't be able to force her to have an abortion, but **they should be able to prevent her from having one.**
 - c. should have a **legal right** to be part of an abortion decision. If they disagree with her, **a judge should decide.**
 - d. have a **moral right** to be part of the decision, but **it shouldn't be a legal matter.** A young woman **should talk with them**, but if they disagree, she should get to make the final decision.
 - e. have a **moral right** to be part of the decision **in some cases** (if she is 15 or younger, perhaps, and they have never abused her), but only the young woman can decide if it's best to talk with them.
 - f. are lucky if they have the kind of relationship where she would want to talk with them, but **it's not a matter of right or wrong.** It is the young woman's body.
 - g. _____

6. If someone I loved was planning to have an abortion...
- a. I would know in my heart it was the **right choice** for her and I'd try to **support her 100%.**
 - b. I might have **moral concerns**, depending on the situation, but **I'd try not to show them.** I'd try to **support her 100%.**
 - c. I would believe in my heart it was the **wrong choice** for her, but I'd **support her the best I could** anyway.
 - d. I would have **serious concerns** and I would feel it was my **moral duty to express them.** But I **wouldn't try to stop her.**
 - e. I would know in my heart it was the **wrong choice** and I'd **try my best to stop her.**

f. I would know in my heart it was the **wrong choice** and I'd **do anything I had to stop her**.

g. _____

7. The best ways to reduce the number of abortions are (circle as many answers as you like)...

- a. to provide good sexuality education at home.
- b. to provide good sexuality education in school.
- c. to have clinics where we can show pregnant women that abortion is wrong.
- d. to have clinics where we can show pregnant women that adoption can be a good choice.
- e. to have programs to help feed, clothe and house pregnant women and women with young children.
- f. to make it easy, un embarrassing and inexpensive to get birth control, but not in schools.
- g. to make it easy, un embarrassing and inexpensive to get birth control, even at school.
- h. to provide classes to help parents and kids to talk with each other.
- i. to provide classes to help couples to talk with each other.
- j. to bomb clinics or do whatever we have to end abortion.
- k. to advertise condoms and other over-the-counter birth control methods on TV and have billboards about birth control.
- l. to tell our children that abortion is wrong.
- m. to tell our children we hope they will never choose abortion.
- n. to tell our kids we hope they will choose not to have intercourse until they are adult, if not married.
- o. to tell our kids not to have intercourse until they are married, period.
- p. to make sex before marriage illegal.
- q. to pass out pamphlets and have demonstrations to try to teach people that abortion is wrong.
- r. to pray for an end to abortion.
- s. to write letters to the editor and to legislators about our beliefs.
- t. to make abortion illegal.

u. to pressure people to be sterilized, once they have had enough children.

v. _____

“On Abortion”

Family/Friend Homework Exercise CONFIRMATION SLIP

FOR FULL CREDIT, THIS EXERCISE IS DUE: _____

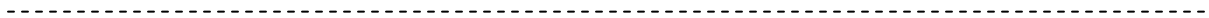
The student should complete this five-page (7-question) Exercise ON A SEPARATE SHEET OF PAPER. A family member or another trusted adult or a close friend, boyfriend or girlfriend should also complete it. Then discuss your answers. Practice really trying to understand the other person's point of view. Then, together, sign this homework confirmation slip. Return it for credit.

We have completed the FAMILY/FRIEND HOMEWORK EXERCISE: "ON ABORTION", and discussed it with one another.

Date: _____

student's signature

signature of family member or friend



“On Abortion”

Family/Friend Homework Exercise CONFIRMATION SLIP

FOR FULL CREDIT, THIS EXERCISE IS DUE: _____

The student should complete this five-page (7-question) Exercise ON A SEPARATE SHEET OF PAPER. A family member or another trusted adult or a close friend, boyfriend or girlfriend should also complete it. Then discuss your answers. Practice really trying to understand the other person's point of view. Then, together, sign this homework confirmation slip. Return it for credit.

We have completed the FAMILY/FRIEND HOMEWORK EXERCISE: "ON ABORTION", and discussed it with one another.

Date: _____

student's signature

signature of family member or friend

REFERENCES:

- ¹ Lilo T. Strauss, et al. (November 26, 2004) Centers for Disease Control and Prevention, Abortion surveillance--United States, 2001, *Morbidity and Mortality Weekly Report*, 51(SS09).
- ² Jones RK, Darroch JE and Henshaw SK. (2002) Contraceptive use among U.S. women having abortions in 2000-2001, *Perspectives on Sexual and Reproductive Health*, 34(6):294-303.
- ³ Washington Department of Health (2003) Center for Health Statistics, Washington State Department of Health, 01/2005. Table 6. Previous Induced Abortions of Women Having Abortions by Age Washington State Residents, 2003 Retrieved on July 27, 2005 from: http://www.doh.wa.gov/ehsphl/chs/chs-data/abortion/2003/A05_6_2003.htm
- ⁴ Paul, Maureen (1999) *A Clinician's Guide to Medical and Surgical Abortion*. New York: Churchill Livingstone.
- ⁵ Hatcher, Robert A., et al. (2004) *Contraceptive Technology* (18th Rev. Ed.). New York: Ardent Media, Inc.
- ⁶ National Abortion Federation. History of Abortion. A Timeline of Reproductive Rights. Retrieved on July 27, 2005 from: http://www.prochoice.org/about_abortion/history_abortion.html#timeline
- ⁷ Planned Parenthood Federation of America, Inc (2004) Major U.S. Supreme Court Rulings on Reproductive Health and Rights (1965-2003) Retrieved on July 27, 2005 from: <http://www.plannedparenthood.org/pp2/portal/files/portal/medicalinfo/abortion/fact-abortion-rulings.xml#1097865931955::7361331102570585710>
- ⁸ Washington Department of Health (2003) Center for Health Statistics, Washington State Department of Health, 01/2005 Table 8. Induced Abortions Occurring Within Washington State by Selected Indicators, 2003. C. Operative Procedures Retrieved on July 27, 2005 from: <http://www.doh.wa.gov/ehsphl/chs/chs-data/abortion/viewdown.htm>.
- ⁹ Planned Parenthood of Western Washington. (2005) 2001 East Madison St, Seattle, WA 98122. (206) 328-7700
- ¹⁰ Cedar River Clinic. (2005) 4300 Talbot Road South, Suite 403, Renton, WA 98055. (425) 255-0471
- ¹¹ The Body Politic. (January 1997) ACOG Answers Questions on Third Trimester Termination Procedures. Vol. 7, No. 1 - Page 21. Retrieved on July 27 from: http://www.publiceye.org/body_politic/mag/back/art/0701pg21.htm
- ¹² Hatcher, Robert A., et al. (1990-1992). *Contraceptive Technology* (.15th Rev. Ed.). New York: Irvington Publishers

¹³ Couzin J. CANCER RISK: Review rules out abortion-cancer link. *Science* 2003; 299(5912): 1498b-.

¹⁴ National Abortion Federation (2003) Making Your Choice: A Woman's Guide to Medical Abortion. Retrieved on July 28 from:
http://www.prochoice.org/pubs_research/publications/downloads/are_you_pregnant/patient_brochure_english.pdf

¹⁵ Stotland N. "The myth of the abortion trauma syndrome." *Journal of the American Medical Association*, 1992, 268(15): 2078-2079.

¹⁶ Adler NE, et al. "Psychological factors in abortion: a review." *American Psychologist*, 1992, 47(10): 1194-1204.

¹⁷ Washington Department of Health (1989) Center for Health Statistics, Washington State Department of Health. Figures have been rounded to the nearest 100 women (i.e. "1 out of 311" was rounded to "1 out of 300")

¹⁸ Hern, W. (1990). *Abortion Practice*. Philadelphia: J.B. Lipincott Company

¹⁹ Hatcher, Robert A., et al. (2000). *Contraceptive Technology* (.17th Rev. Ed.). New York: Ardent Media, Inc