Sexuality Matters

Pregnancy Options

By the end of this lesson, you should be able to:

- Describe the three pregnancy options;
- Identify what factors go into making a pregnancy outcome decision; and,
- Dispel myths related to each pregnancy option.

In this lesson we are going to be talking about pregnancy options and things to think about when making a decision.

This is a very personal, situational, and individual decision. We fully acknowledge that the options we are discussing can be controversial and filled with emotion. The purpose of this lesson is not to sway you in a certain direction. Rather, our goal is to provide you with unbiased information and statistics on each of the options, and pose some questions or topics to consider when making a decision.

We are coming from a public health and scientific background, so the language we use will reflect that.

The language and terminology that is sometimes used to describe pregnancy options can be loaded with opinions. We are intentionally avoiding language that conveys certain values, and focusing instead on medically accurate language.

For the purposes of this lesson, we will use the words fetus or pregnancy to describe the stage before birth, and we will wait until after birth to use the words baby or child.

When we refer to an unintended pregnancy, we are including pregnancies that are both mistimed and unwanted. Mistimed pregnancies are those in which the individual wants to have a child at some point, but not at the present time. Unwanted pregnancies are those in which the individual does not want to have a child at this time, or at any point in their life.
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Finally, some of the language in this lesson will focus on you, the individual, but not all questions will be applicable based on your body or your sexual identity. In these instances, try to think about it from the perspective of your partner or a friend.

There are 6.7 million pregnancies in the U.S. every year, half of which are unintended.

Of these unintended pregnancies, the rates are highest among women aged 18-24. If you factor in education, 40% of unmarried women who have an unintended pregnancy have at least some college experience or more.

A common misperception is that all of these unintended pregnancies are due to people who aren’t taking an active role to prevent them from happening. When in reality, the story is more complex. A little over half of these pregnancies were people who weren’t using contraception, around 43% were people who used contraception but not correctly and consistently every time, and 5% were from those who used a method correctly every single time. These numbers emphasize the importance of choosing a method of contraception that works for you, and using it correctly and consistently.

We’re going to give you some basic information on each of the three pregnancy options: parenting, adoption, and abortion.

While we go through this material, we want you to think about a few things. First, what are your values and beliefs? Second, what do you want for yourself now and in the future? And third, whom could you talk to about these decisions if you wanted to discuss them?

The first pregnancy option is to continue the pregnancy and parent the child.

Approximately 48% of unintended pregnancies result in birth. The decision to parent is filled with many considerations. Raising a child can be very rewarding. A parent gets to see their child grow and experience all the love that comes with it. They may see themselves with a new purpose in life. Along with this decision comes the responsibility of providing resources and a loving environment from birth to at least age 18. Parents are no longer
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caring for just themselves or their partner; they are completely responsible for the care and development of another human being. The experience can be stressful, sometimes negative and sometimes positive.

**Resource**

**All-Options Parenting Resources**

There are a variety of factors to think about when considering to parent. If you find yourself in this position, here are some things to consider:

- Am I comfortable going through the experience of pregnancy and birth?
  - Pregnancy can change your body in a number of ways and can pose safety risks during the pregnancy and delivery, such as preeclampsia, gestational diabetes, and high blood pressure. Do I have any pre-existing health conditions that might increase these risks?

- Am I ready to raise a child at this time?
  - Do I feel mature or responsible enough to parent?
  - Am I prepared to dedicate the time and energy to raise a child for the next 18 years?

- What sort of social support do I have?
  - Do I have friends and family who are willing and able to help out if needed and if so, how and to what extent?

- Will I parent alone or with someone else?
  - Do I have enough support to do it alone?
  - Am I okay with making parenting decisions alone or with this person?

- Do I have the financial resources to raise a child to age 18?
  - The estimated average cost of raising a baby during the first year of life varies. Only buying the basics, such as second-hand and sale items, can cost $38,422, while getting nicer stuff, like new and regularly priced items, can cost $66,152. Both of these estimates include factors such as formula, disposable diapers, and child care.\(^3\)
  - When taking into account income levels and adjusting for inflation, raising a child to age 18 is estimated to cost between $212,370 - $490,830.\(^4\)
  - If I don’t have the financial resources, do I qualify for any assistance programs?
  - Will the birth father provide financial support?

- How would parenting affect my ability to complete my degree?
  - Are there resources on my campus to support pregnant and parenting students?

**Resource**

**All-Options Pregnancy Resources**

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**Pregnancy Options**

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If there is any chance that you will continue the pregnancy, it is very important to see a provider for prenatal care as soon as possible. This is the time when they will run tests and collect health data to determine what kind of care you will need.

If you decide to carry the pregnancy to term, there are some options available to help through the delivery process. Many people choose to seek care from an obstetrician or family practitioner. A midwife is a person who has gone through extensive training to assist throughout the pregnancy, delivery, and post-partum process. They deliver low-risk pregnancies and are trained in identifying complications that require medical intervention in a hospital setting. Their work can complement an obstetrician, but they can sometimes butt heads with each other. A doula is a person who is trained to be a labor coach. They provide emotional and physical support throughout the delivery. Both doulas and midwives can offer support throughout the process.

The second pregnancy option is to continue the pregnancy and create an adoption plan.

Approximately 1% of births result in adoption. Adoption is a permanent and legally binding agreement where all parenting rights are transferred from the birth mother or parents to the new parent or parents. There are two types of adoption: open and confidential. Many people may be more familiar with confidential adoption. This process involves the birth parent and child having no contact after the child has been transferred over to the new parents. The birth parent does not have any say in choosing the new parents, nor do they meet. This process is becoming increasingly rare. The more common method is an open adoption. In this process, the birth parent is able to choose the parents or type of parents they would want to raise the child. In addition, the birth parent can come to an agreement with the new parents regarding guidelines for contacting or visiting the child. Some birth parents might want a letter or phone call with updates every now and again, others may want to visit on birthdays or holidays, and some may not want any contact at all. The process is really dependent on what the two parties agree on in their adoption plan.

Resource
All-Options Adoption Resources
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An adoption agency can help in a variety of ways, but services can vary by organization.

It’s important to find a licensed adoption agency because they are equipped to provide counseling and other services, though that does not always mean that they will provide unbiased information on all options. Adoption agencies can help birth parents through the screening process to find parents that will match their wants and needs for their child. They can work with the birth parents to find medical and financial assistance throughout the pregnancy. Some folks may qualify for Medicaid, and in some cases the new parents may help with some of the costs. Adoption has many regulations that are state specific, and these agencies can help navigate through them. Some of these state regulations may include the rights of the birth father as well as open and confidential adoption procedures. Birth parents may also choose to attain a lawyer to help with the legalities if they don’t want to use an agency.

The terminology around adoption has changed over the years regarding what is appropriate language. The National Council for Adoption has created the Correct Adoption Terminology chart to help us keep things straight.⁶

<table>
<thead>
<tr>
<th>Appropriate</th>
<th>Less-Appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth parent</td>
<td>Real parent or natural parent</td>
</tr>
<tr>
<td>Birth child</td>
<td>Own child, real child, or natural child</td>
</tr>
<tr>
<td>My child</td>
<td>Adopted child or own child</td>
</tr>
<tr>
<td>Person or Individual who was adopted</td>
<td>Adoptee</td>
</tr>
<tr>
<td>Born to unmarried parents</td>
<td>Illegitimate</td>
</tr>
<tr>
<td>Terminate parental rights</td>
<td>Give up</td>
</tr>
<tr>
<td>Make an adoption plan or choose adoption</td>
<td>Give away or put up for adoption</td>
</tr>
<tr>
<td>To parent</td>
<td>To keep</td>
</tr>
<tr>
<td>Child in need of a family</td>
<td>Adoptable child or available child</td>
</tr>
<tr>
<td>Court termination</td>
<td>Child taken away</td>
</tr>
<tr>
<td>Child who has special needs</td>
<td>Handicapped child or hard to place</td>
</tr>
<tr>
<td>Was adopted</td>
<td>Is adopted</td>
</tr>
<tr>
<td>Finding a family to parent your child</td>
<td>Putting your child up for adoption</td>
</tr>
<tr>
<td>Deciding to parent the child</td>
<td>Keeping your baby</td>
</tr>
<tr>
<td>Confidential adoption</td>
<td>Closed adoption</td>
</tr>
<tr>
<td>Making contact with or meeting</td>
<td>Reunion</td>
</tr>
<tr>
<td>Parent</td>
<td>Adoptive parent</td>
</tr>
<tr>
<td>Child in need of adoption</td>
<td>An unwanted child</td>
</tr>
</tbody>
</table>

Keep in mind that some of these appropriate terms may still be viewed as offensive or non-inclusive to some people. Some adoption situations, such as
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those involving forced surrender, may not fully be represented in this set of terminology. It’s always important to check in with the people involved to see what language they prefer to use.

How do you know if adoption is right for you? You may want to ask yourself some of the same questions that you would when deciding if parenting is right for you. Some people choose adoption because they want their child to be raised in a loving home, but they are unable to provide that at this point in their life. Some additional questions to consider include:

- How would I feel knowing that someone else is parenting a child that I gave birth to?
- Do I recognize that I might feel a sense of loss or grief?
- Do I have the emotional and social support to help me through this process?
- Do I currently have the financial resources or can I locate resources to help pay for pre-natal care?
- Am I prepared for the possibility that I might change my mind once the child is born?
- Would I want the opportunity to maintain contact?
  - If so, what level of contact would I want?

The third pregnancy option is abortion, or termination of the pregnancy.

43% of unintended pregnancies result in abortion.¹ A lot of controversy and stigma exists around this pregnancy option, even though it is one of the most common surgical procedures in the U.S. In fact, based on statistical data that has stayed consistent for decades, 1 in 3 women will have an abortion by the age of 45. If we specifically look at young people, women between the ages of 18-24 account for 44% of all abortions in the country.⁷

The actual details of the procedure are rarely taught in middle or high school health class. There tends to be more misinformation on abortion as compared to parenting or adoption, so we’ll be spending more time on this option.

Resource
All-Options Abortion Resources
The type of abortion is dictated by how many weeks have gone by since the person’s last menstrual period.

The first type is a medical abortion, which involves taking two medications and is an option up to 9 weeks into the pregnancy. A person has to visit a healthcare provider for an initial consultation and medical evaluation. After the person has decided that this is something they want to do, they take the first pill, mifepristone, under the provider’s supervision. This medication causes the lining of the uterus to erode so that a pregnancy cannot progress. Do not confuse a medical abortion with emergency contraception pills. They are not the same thing! Remember, emergency contraception pills prevent the ovary from releasing an egg, but do not impact an already existing pregnancy. Next, the person is sent home with detailed instructions on the rest of the process. As dictated by the provider, the person will take a second medication, misoprostol, anywhere from 1-3 days after the first pill. This medication causes cramping so that the contents of the uterus can leave the body. The person will have to return for a follow-up visit within two weeks to make sure that the procedure worked, with confirmation by a blood test or ultrasound. This procedure is 97% effective, but every now and again it has to be followed up with a surgical abortion when it does not work.

The second option is a type of surgical abortion called aspiration and is usually performed up to 16 weeks into the pregnancy.

Like a medical abortion, a person meets with a healthcare provider to go over the initial medical evaluation. The actual procedure is performed in a clinic or hospital and is pretty quick, clocking in at about 5-10 minutes. The patient is given antibiotics to prevent the chance of an infection and medication for pain management.

The patient lies on an exam table and a speculum is inserted into the vagina. The patient may have the option to have their cervix numbed for any pain. Next, the provider will use some sort of method to help the cervix open. This could be through dilators or medication. After the cervix has opened, the provider inserts a tube that suctions out the contents of the uterus. In some cases, they will insert another small spoon-like instrument called a curette that cleans up the uterine wall to make sure there isn’t any tissue remaining. When this additional step is performed, the procedure is referred to as a D&C, or a dilation and curettage. This procedure is 99% effective.
The next type of abortion is referred to as a D&E, or dilation and evacuation. This procedure is usually performed after 16 weeks into the pregnancy and is less common. Many aspects of a D&E are the same as an aspiration or D&C. In this procedure, the person may need to come in the day before to start the process of dilating the cervix. Pain management techniques may involve sedation and hooking the patient up to an IV. The procedure can take a little longer, from 10-30 minutes. Depending on state law, the health care provider may use certain types of techniques, equipment, or procedures. Much of this will vary based on how long the person has been pregnant.

Abortions performed after 24 weeks are extremely rare and are done almost exclusively because the life of the patient is at risk or there are severe fetal complications. Most of the time, these are planned pregnancies that are very much wanted. The actual details of the procedure vary based on individual factors like length of gestation and medical complications. It may involve the termination of the fetus via an injection, and then an induced labor for removal.

In order to correct some misperceptions about abortion, here is a breakdown of when in the pregnancy the procedure is happening.

![Pie chart showing abortion weeks]

When women have abortions*
Eighty-eight percent of abortions occur in the first 12 weeks of pregnancy, 2006.

*In weeks from the last menstrual period.

Keep in mind that these numbers include abortions that occur for medical reasons related to complications after miscarriage, severe fetal anomalies, or circumstances in which the life of the mother is at risk.
There are some major myths about abortion that we’re going to take this opportunity to clear up.

**Myth #1: Abortion interferes with future fertility.**
Abortion actually does not interfere with future fertility. If the procedure is without severe complications, it’s not going affect a person’s ability to conceive again or carry a pregnancy to term in the future.\(^7\)

**Myth #2 Abortion causes breast cancer.**
The medical community has not found a correlation between the two.\(^7,8\)

**Myth #3 Abortion is used as a primary method of contraception.**
Statistically, those who have had more than one abortion in their lifetime are actually more likely to have been using contraception compared to those who are having their first abortion.\(^9\)

**Myth #4 Abortion causes depression or other mental health issues.**
After the procedure, a person may have a lot of feelings, and those feelings may change over time. The most common feeling that people report after having an abortion is relief. People have a range of emotions after an abortion, but those who experience grief or strong and long-lasting emotional reactions were less likely to have family, friends or partners who supported their decision, they had fetal complications that resulted in the procedure, or they had emotional problems before the abortion.\(^7\) There are resources that provide un-biased post-abortion support. Exhale, a national non-profit organization provides a free after-abortion talkline for those who have had an abortion, as well as their partners, friends, family, and allies.

**Resource**
Exhale: or 1-866-4-EXHALE

The legalities of abortion can be hard to keep up with at times.
In 1973 Roe v. Wade stated that abortion is a legal medical procedure in the United States. In 1992 Planned Parenthood v. Casey dictated that states could enact their own restrictions on abortion as long as they do not create an *undue burden* to obtaining the procedure. This opened the door to regulations such as mandatory waiting periods, forced ultrasounds, and scripted language that providers have to tell patients. Every state has different rules and regulations, so it’s important to research how these might affect you or your partner.
**Safety is one concern about abortions.**
In general, having an abortion is much safer than carrying a pregnancy to term, though the risk increases the longer someone waits. Only 0.3% of patients suffer complications that require hospitalization. It’s very important to be completely honest with your medical provider so that they can identify any potential risk factors and make sure they are doing everything they can to keep you safe.

**The cost of an abortion will vary widely based on how many weeks a person is into the pregnancy, type of procedure, where it is performed, and type of insurance coverage.**
In general, seeking the service at a sexual health clinic is going to be cheaper compared to a hospital. Also, the further along a person is, the more expensive the procedure. On average, a medical abortion can range from $300-$800. A surgical abortion performed up to 12 weeks can range from $300 to $950. A surgical abortion performed between 13 and 24 weeks ranges from $600-$2000. Finally, an abortion performed after 24 weeks can cost more than $2000.

Many people, especially young adults, worry about finding money to pay for the procedure. If you are ever in this situation, it’s best to call your insurance company to see if your plan covers the procedure. If you’re on a family plan and you’re worried about what the Explanation of Benefits form might say, call the insurance company to discuss your options to see if you can get the paperwork sent to another address. You can also inquire about the information available on the policy’s online account. Medicaid does not cover abortion unless the pregnancy is a result of rape or incest, or the life of the mother is at risk. Some organizations offer a small amount of money to help folks fund the procedure when they are in dire need.

**Resources**
- Learn how to talk to your parent’s insurance company to adjust the privacy settings.
- Finding funding for an abortion

**People may encounter barriers to accessing an abortion.**
There are relatively few providers, with 1,793 medical professionals trained in 2008, of which 11% perform abortions after 24 weeks. It really depends on where you live because 87% of all U.S. counties do not have an abortion provider, even...
though 35% of all women live in those counties. Some states have so few providers that people may have to travel hundreds of miles to get to an abortion. This can be further complicated by state-specific waiting periods.

How do you know if abortion is right for you? Here are some questions to consider:

- What are my moral, ethical, or religious views on abortion?
- Could I handle the experience of abortion?
  - Do I have a social and emotional support network?
- Do I have the financial resources for the procedure?
- Are there any legal barriers in my state to obtaining the procedure?
- Am I prepared to face the possibility of people who don’t believe in abortion protesting me on my way into the clinic?

We want to point out one more piece of information regarding accessing resources to help with your decision.

You might have seen organizations that advertise free pregnancy tests and sometimes STI testing that sort of look like sexual health clinics. These places are most often crisis pregnancy centers. They tend to pop up near sexual health clinics or in areas where there is a high population of teens or young adults—like on or around college campuses—and may have words like birth, first, life, pregnancy, or care in their name. While these organizations may state that they offer all-options and non-judgmental counseling, they rarely provide completely accurate or unbiased information on all options. Their goal is usually to convince pregnant visitors to parent or consider adoption and dissuade people from choosing abortion.

Even if you know you would never consider abortion as an option, do your homework to ensure that you are visiting a licensed clinic that is reputable and provides unbiased information on all options. Crisis pregnancy centers will not provide or refer to abortion services and many will not offer or refer to hormonal contraceptives as options. If it’s a free pregnancy test you’re after, just know that they really aren’t that expensive in a drug store. An over-the-counter generic pregnancy test is just as effective as any brand name test, and can cost you as little as $3-$5.
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For any of the three pregnancy options, there are some repeating questions to consider. You may want to use this as a guide to help with your decision-making if you are ever in this situation.

- What are my values and beliefs?
- How does culture and religion play into these?
- What do I want for myself, now and in the future?
- How will these options affect those goals?
- What are the laws in my state regarding these options?
- Are there any barriers to accessing these options?
- Am I feeling pressured to pick a particular option?
- Who is pressuring me and why?
- Am I feeling judgment or stigma? If so, how does that make me feel?
- Who can I talk with to help me make a decision? Remember, you don't have to tell anybody if you don't want to!
- Will my partner, family, friends, counselor, or clergy member listen and support me?
- Is there a sexual health clinic that can provide me with all-options counseling?
- Where can I access unbiased sources of information?
- Do I care what other people think of my decision?

If you are ever in this situation, know that whatever you decide, it's your own decision and your situation is unique to you.

What you decide in one situation may be different from another period in your life. While other people may judge your decision, recognize that they can't walk in your shoes and will never truly understand what your life is like.

Backline is a toll-free hotline that provides non-judgmental and unbiased support for people who are trying to make a decision about a current pregnancy, want to talk about a past pregnancy decision, or want someone to listen about what it's like to parent or have a challenging pregnancy.

Resources

All-Options or 1-888-493-0092
Planned Parenthood
Information in these course lessons is provided for educational purposes. It is not meant to and cannot substitute for advice or care provided by an in-person medical professional. The information contained herein is not meant to be used to diagnose or treat a health problem or disease, or for prescribing any medication. You should always consult your own healthcare provider if you have a health problem or medical condition.

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