



PregnancyOptions.info provides accurate non-biased information on pregnancy options, including medical abortions with RU486 and surgical abortion, pregnancy decision-making, adoption, childbirth, parenting and more..."

Pregnancy
Options
Return to homepage

Donations

● Pregnancy Options Workbook ● Which Method is Right for Me? ● Emotional and Spiritual Resolution Guide ● Store ● Links ● Contact

Pregnant? Need Help?

Pregnancy Options Workbook

[Click here for the printable version](#) or [the downloadable PDF version](#)

Letter to Readers

1. Deciding What to Do About a Pregnancy

- A) Am I pregnant?
- B) How Pregnant Am I?

2. Getting Ready to Make the Decision

- A) Is this the right time for me to bring life into the world?
- B) Other Questions
- C) Giving yourself time and space to think
- D) Understanding Shock
- E) "What Are You Feeling?"
- F) Write Your Story
- G) Getting Support

3. Deciding What To Do

- How we make decisions in our families Heartsick?
- Comments from Women
- Pregnancy Experience
- Other Women's Pregnancy Stories
- Special Tear Out Section for Parents
- Are You in an Abusive Relationship?
- What If?...What Then?...
- Draw a picture of your life
- The Pie Exercise
- Pros and Cons
- What If I Make the Wrong Choice?

What If I Think I Made the Wrong Choice?

Guided "Day Dreams"

4. Having a Baby/Being a Parent

A) Some Common Questions

B) Support

Exercises

Resources: Parenting

5. Abortion

A) Some Common questions

B) Feelings About Abortion

Exercises

C) "Which Method is Right for Me?"

Comparisons Between The Abortion Pill and the Abortion Procedure

D) The Abortion Experience

Emotional Health

E) Forgiveness

F) Resources: Abortion

6. Adoption

A) Some Common Questions

B) Adoption Planning

Comments from women

C) Adoption Letters

Resources: Adoption

7. Stages of Pregnancy

A) Fetal Development

How Far Along Am I?

Exercise

Conception

Implantation

Growth

8. What Can Hurt the Pregnancy?

A) Birth Defects

B) Exposure

C) Harmful Substances

Resources: Harmful Substances

Special Tear Out Section for Male Partners

9. Spiritual and Religious Concerns

A) What is Spirituality?

B) What Different Religions Say

Black Protestant Ministers

Judaism and Abortion

Islam (Muslim) and Abortion

Buddhism and Abortion

Catholics and Abortion

A Pagan View of Pregnancy Decisions

10. Healing Work

A) Healing Ceremonies

B) Writing a Letter

C) Women's Stories

D) Guided Day Dream on Loss

Resources: Healing

11. Taking Care of Yourself

A) Morning sickness/ things to try

B) Getting Pregnant Only When You Want To - Birth Control

C) Sexually Transmitted Diseases

D) Protecting Future Fertility

E) Healthy Sexuality: Thinking About Sex in Your Life

Resources: Taking Care of Yourself

12. Exploring Your Feelings Afterwards

Exercise: Closing Thoughts and Questions

Credits

Thanks to the following for their help and advice:

Sharon Foster Aaron, CSW- Adoption section

Anne Baker, Hope Clinic- Parents/Partner sections, adapted
Gregory L. Bain, MSW-- layout and editing
Jennifer Bensen- "Buddhism", Religion section
Luba Djurdjinovic, MS, genetic counselor—Fetal Development, What Can Harm Your Pregnancy and Decision-making.
Beth Goldstein- "Pagan View", Religion section
Margaret R. Johnston, editor — Decision-making section.
Susan Kost, RN- Parenting section
Corinna Lohser, Spence-Chapin- Adoption section
Jennifer Marshall—help with Taking Care of Yourself
Shanon Nasoni, Ferre Institute-webmaster
Mark Roth, Pregnancy Risk Network,-What Can Harm Your Pregnancy
Judy Salton—original artwork
Stacy Snyder, Lic. Accupuncturist—"Morning Sickness"
Charlotte Taft/Shelley Oram, Imagine Consulting—Abortion section, "Guided Day Dreams"
Ava Torre-Bueno, CSW—"Islam" Religion section
Allan Troxler—cover design
Pamela Wilson—help with Parenting, Adoption, Decision-making sections

Financial Support:

Initial financial support was given by the following individuals and organizations:
Ferre Institute (Binghamton and Utica, NY) The George Gund Foundation, the National Coalition of Abortion Providers, Deborah Walsh (Charlotte NC), Southern Tier Women's Services, Renee Chelian (Northland Family Planning), Volunteer Women's Medical Clinic, Family Reproductive Health, Allentown Women's Center, Charlotte Taft and Shelley Oram, Imagine, Debi Jackson, Aradia Women's Health, Allegheny Reproductive Health, Hope Clinic for Women, Dave Pisani (Ortho Pharmaceutical), Women's Health Center-Duluth MN, Ron Fitzsimmons and Margaret Knemeyer, Ann Rose, Abortion Clinics On Line, Clinic for Women, Ruth Arick (Choice Pursuits Consulting). Thank you!

Gratitude:

To the women who have faced this difficult time with courage and wisdom, we thank you for showing us the way. Heartfelt thanks to members of "the November Gang" whose visioning, faith, and generous support made this, and subsequent work, possible. My deepest gratitude goes to Luba Djurdjinovic whose insights and encouragement appear on every page.

© 1998, revised in 1999, 2002, 2006, 2009 by Margaret R. Johnston.

Distributed by Ferre Institute 124 Front St. Binghamton NY 13905 (607) 724-4308
www.pregnancyoptions.info. Links to the website may be freely made.

Portions of this workbook may be copied for individual use but may not be sold or reproduced in quantity without written permission.

Do You Think You're Pregnant?



Breast Tenderness?
Nausea, Vomiting
Missed A Period?
Morning Sickness
"I'm just so tired all the time"
"I just know I am"
"I feel different"

Get A Test!
No matter what your symptoms, the best way to know for sure if you are pregnant is to get a test.

Dear Reader,

[return to top](#)

If this workbook is in your hands, you are probably pregnant and not sure what to do. You're in the right place. Read on. The people who put together this book support you no matter what you choose. We have tried to give you a realistic picture of all the choices you can make--abortion, adoption, and being a parent. You will find exercises to help you make the best decision for you. We have also included information and thoughts on Religion and Spirituality, Fetal Development, and What Can Harm A Pregnancy. There is a special section called Taking Care of Yourself which includes information on morning sickness, birth control, protecting your fertility, and healthy sexuality.

If you are having a hard time with your decision, you may think you can never feel good about your choice. We have found that women who are willing to explore what they think and how they feel can come to a peaceful resolution. To get there, you must be willing to work at it. So, get out your crayons, sharpen your pencils, and do some “homework.” It may be the most important homework you ever do. Remember to listen to your heart and your own voice to find the right answer for you. Get some help if you need it.

Thank you and Good Luck!

Peg Johnston,

Creator of: *Abortion, Which Method Is Right For Me?*, *A Guide To Emotional and Spiritual Resolution After An Abortion*, and *The Pregnancy Options Workbook*

1. Deciding What to Do About a Pregnancy

[return to top](#)

A. Am I Pregnant?

1. Where To Get A Test: Home testing

A home pregnancy test is very accurate when you follow the directions. A home test or a test at a clinic is accurate when you have missed a period by one day or more. Or, 10 days after the day you probably got pregnant.

2. Check the Yellow Pages

The Yellow Pages of your local phone book are a good resource. Lots of places offer free or inexpensive pregnancy tests. Examples: Family Planning clinics, Planned Parenthoods, Women’s Health Centers, abortion clinics, Health Departments, or your own doctor’s office.

Yellow Page Listings:

a. Abortion Services-

You can get abortion services at places listed in this section. Most abortion clinics will also do pregnancy testing and many will offer ultrasounds (sonograms). Many also offer “options counseling” which help you decide what choice is best for you.

b. Birth Control-

Will direct you to listings where you can get pregnancy tests, options counseling, and birth control services.

c. Physicians, Ob/Gyn-

You can get a pregnancy test at a doctor's office. They may be able to order an ultrasound at the hospital or do one in the office. They can give a referral.

d. Alternatives to Abortion—

Pregnancy Resource Centers or Crisis Pregnancy Centers

These are agencies that provide testing but are against having an abortion. They may be able to help women who want to continue their pregnancies. While many facilities provide pregnancy testing or ultrasounds, their staff do not necessarily have medical training.

3. Internet Searches

The internet has millions of listings and it is sometimes hard to find what you are looking for, and even harder to find information you can trust, especially about abortion. Try www.Choicelinkup.com for reproductive health and rights information. Search in your local area by typing in Pregnancy Tests or Adoption Services or Abortion Clinic or Obgyn, then type in your city and state.

Also ask family, friends, doctors, counselors what is the best place to help you.

B. How Pregnant Am I?

1. "When Was Your Last Period?"

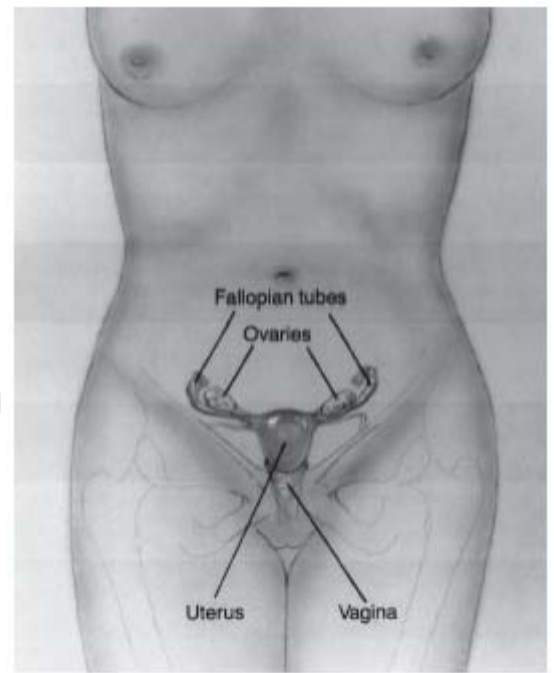
Get used to this question! You will be asked it again and again. That's because the first day of your last NORMAL period is the beginning of your cycle. This is your LMP [Last Menstrual Period]. Pregnancy is generally figured from this date, even though you probably got pregnant 10 to 14 days later. Fetal age (or gestational age) is two weeks less than LMP. Some women are farther along than they think, so... If you don't remember the date of your last period, or If your period was unusual--lighter or shorter than usual, or If your cycles are not regular, or If you have any doubt, GET AN EXAM OR AN ULTRASOUND (sonogram) to know how far along your pregnancy is.

2. "How do I know if I am miscarrying or having a tubal pregnancy?"

An ultrasound or two blood pregnancy tests that measure the amount of hormone in your system over 48 hours are both ways to tell if a pregnancy is miscarrying or ectopic. Miscarriages (spontaneous abortions) will eventually lead to bleeding and clotting that may need attention from a doctor or clinic. A tubal pregnancy or ectopic is a pregnancy that does not drop into the uterus but continues to grow outside the uterus, often inside the fallopian tube. When it bursts the tube it can cause death if not treated quickly at a hospital. A tubal

pregnancy can cause severe one sided pain, pain that radiates up to the shoulder, or weakness and fainting.

Generally, tubal pregnancies should get discovered and treated before 7 weeks from the last period (LMP). Treatment may be with a medication, Methotrexate, that will shrink the pregnancy or with surgery to remove the pregnancy. Depending on the damage to the tube, there may be problems with getting pregnant again with the tube on that side. Miscarriages do not affect later pregnancies.



You may have lots of questions about your pregnancy and how to decide what to do. The next section will help you figure out what you are feeling and what you want to do. Or you may be interested in the following sections: "What can hurt the pregnancy?;" "What does it look like?" or "How far along am I?"

2. Getting Ready to Make the Decision

[return to top](#)

A. Everyone who is facing a pregnancy decision must answer questions:

"IS THIS THE RIGHT TIME FOR ME TO BRING LIFE INTO THE WORLD THROUGH MY BODY?"

No decision is greater for a woman than this one. No responsibility is as important as raising a child. No activity takes more energy, more love, more patience, more of everything than having a child. No matter what you choose, there is sacrifice and pain.

B. Here are some other questions to think about.

- "Do I want to have a baby?"
- "Will the child have a father who is "there?"
- "Can I afford to have a child?"
- "What will happen to my goals, my hopes, my life?"
- "What will happen to my partner's life?"
- "Who can help me raise a child?"
- "Can I raise a child by myself?"
- "How will my family react? My friends?"
- "How will this affect my other children?"



- “Is my body healthy enough?”

In other words:

“IS THIS THE RIGHT TIME FOR ME TO BE RESPONSIBLE FOR A CHILD?”

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

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

C. Giving Yourself Time and Space to Think...

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

You owe it to yourself to make time! When you are pregnant, time makes a difference.

If you are even considering an abortion, please try to make your decision in the first 10-12 weeks (from your last period). This will make it a safer, less expensive, and easier procedure for you. (See Abortion section.)

If you are considering having a baby, start taking care of yourself now. (See Parenting section.)

EXERCISE 1: “How Can I Make Time to Think?”:

I could ask _____ to watch the kids for me.

I could skip _____.

I could stay home and think instead of doing _____.

I could talk with _____.

Other thoughts on making time for yourself _____.

EXERCISE 2: Making a Safe Place:

Now you will also need a place that is free from interruption (TV, other people, phone calls, texting). You need to be able to hear yourself think!

Where is this place for you? (your own room, the park) Describe it. Write your answer here:

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

D. Understanding Shock

Have you ever known people who were in a car accident, even a minor one? They might have felt scared, shaky, or had trouble eating, sleeping, or doing work. Did they tell the story of the accident over and over? Those people were trying to deal with the shock of the accident. Telling the story is a way to understand what happened, and "catch up" to events that were too much to take in.

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

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

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

The best way to do that is to tell the story of your pregnancy (just like any other overwhelming event). You can tell it to a friend, a relative, your partner, or a counselor. (Pick someone you trust and who cares about you.) Try to remember how you were feeling at different times. Ask the person just to listen, not to judge, tell you what to do, or tell others without your permission.

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

Comments from Women:

- "I just can't believe it."
- "I don't know how this could have happened."
- "But, we used condoms."
- "But, I was on birth control."
- "This doesn't make sense."

EXERCISE 3: How are you coping now that you know you are pregnant?

For many, finding out that you're pregnant is very stressful.

About how long ago did you start thinking you might be pregnant? _____ days/weeks.

Please circle how often the comments below were true for you within the past week.

"It" refers to the pregnancy and pregnancy decision.

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

1. ___ I think about it when I don't want to.
2. ___ I have trouble doing my work.
3. ___ I won't let myself get upset when I remember I have to decide.
4. ___ I don't feel like eating.
5. ___ I have trouble falling asleep or staying asleep because I don't know what to do
6. ___ I have waves of strong feeling about it.
7. ___ I have dreams about it.
8. ___ I stay away from babies
9. ___ I feel as if I'm not pregnant or it's not real.
10. ___ I try not to talk about it.
11. ___ Pictures of babies come into my mind.
12. ___ I can't stop crying.
13. ___ I am aware that I still have a lot of feelings about it, but I don't deal with them.
14. ___ I am feeling a little numb.
15. ___ My friends tell me I don't laugh anymore.

HOW TO SCORE YOURSELF: Add up your score. _____.

16-30 indicates a mild reaction.

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

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

PLEASE NOTE: IF YOUR SCORE DOES NOT INDICATE THAT YOU ARE HAVING A SEVERE REACTION, BUT YOU STILL FEEL TROUBLED, PROBABLY YOU SHOULD GET MORE HELP OR DO MORE WORK.

TAKE THE TIME YOU NEED TO MAKE A GOOD DECISION. PLEASE READ ON.

E. What are you feeling?

EXERCISE 4: Exploring Feelings

It's not always easy to know what you're feeling. Start with these basic feelings.

(Circle all that you are feeling):

- happy • sad • angry • scared • ashamed

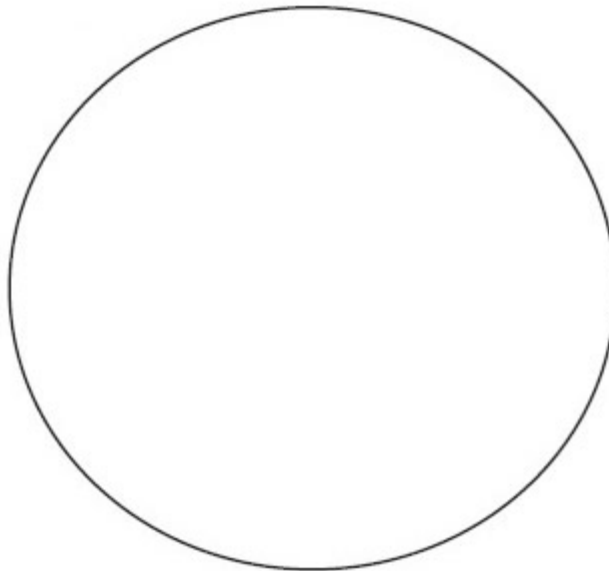
Here are some other feelings you might have:

(Circle all that you are feeling):

- confused • overwhelmed • confident • stupid • uncertain •happy
- unreal • comfortable • panic • numb • guilty •anxious
- relieved • embarrassed • trapped • strong •scared • like crying
- selfish • disappointed • resolved • lost • grieving • relaxed
- peaceful • unloved • alone • worried • alive
- other _____

Use the empty circle. Divide it into sections,
then label the pieces with the feelings you are having.

Example:



Where on your body (See graphic)are you feeling what you're feeling?

In my _____.

Emotions seem like they "sit" in a part of your body.

Put your hand where you notice feelings.

Some people feel it in their stomach, or around the heart,
or they feel tension in the neck or head or jaw.

Does it help to rub that area? Take slow, deep breaths?

EXERCISE 5: Going Deeper

It helps to really explore your feelings. Here are some questions and exercises to help you understand your feelings about being pregnant.

If this seems too hard at first, take a break and come back to it in a little while.

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

(Write your responses on a separate sheet of paper)

ANGER: How angry are you? (circle one)

- hurt/angry •"I'm so mad I can't speak" •furious •I feel "mean"

- upset/angry •"If I wasn't so angry, I'd cry" •annoyed •really mad

- Who are you most angry at? _____

- If you're angry at someone else, what do you wish he/she could have said or done? _____

- If you're angry at yourself, why? _____

- Are you expecting perfection from yourself? Yes ____ No ____

- Where did you learn you needed to be perfect? _____

- What could you have done differently? _____

- What can you do differently from now on? _____

- What are some ways to express your anger? _____

SAD:

- What is the saddest part for you? _____

(Clue: when you think about it or talk about it, this is the part that makes you cry)

- Do you have a sense of loss? Yes ____ No ____

- What are you losing? (There may be more than one thing).

- You might feel that whatever you choose, you'll lose something.

Write down what you think you are losing:

SCARED:

- Fear is a common feeling when we are facing something new or when we are feeling alone.

- What exactly are you afraid of? _____

- When have you been really scared in your life? _____

- What helps you feel less scared? _____

- What have you done before to deal with those fears? _____

- Who can you ask for help? _____

- What information could help you feel less scared? _____

(Example: An explanation of what the doctor does)

- Do you sometimes feel panic? Yes ____ No ____

EXERCISE 5: Going Deeper

SHAME:

Shame is something we learn very early in life. Somehow we get negative messages about ourselves. It's the feeling that there is something "flawed" or "basically wrong with me."

(Clue: this is the thing we wouldn't want anyone to know about us.)

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

What is the shameful part for you?

- Is this feeling familiar? Yes ____ No ____.
- Does it remind you of another time in your life? Yes ____ No ____.

Explain: _____

- Did anyone try to make you feel this way? Yes ____ No ____
- What is a more positive message you can give yourself? (Sometimes it helps if you pretend you're talking to your best friend) _____

- What would you tell her if she told you the same story? _____

HAPPY:

Happiness is feeling content like "everything is right." "No problem!"

- I'm happy because _____.
- The best part is _____.
- Is anyone else happy or unhappy? Yes ____ No ____ . Who? _____
- Does what makes you happy make someone else unhappy? Yes ____ No ____

Who? _____ Why? _____

- What could happen to your relationship with that person? _____
- How do their feelings change depending on your choice? _____

If you have a baby? _____

Or, an abortion? _____

Or, choose adoption? _____

- Do you feel like you understand yourself a little better now? Yes ____ No ____

If not, some of the exercises in the next sections may help. Complete them and return to this section.

F. Write Your Story

EXERCISE 6: Write your story about being pregnant

Sometimes it helps to actually write out your story, especially if you don't have a lot of people to talk to. Include how you got pregnant, who your partner is, how you knew you were pregnant, how you felt when you found out, who you told, how they reacted, and anything else important to you. (Use separate sheet of paper if necessary.)

When you're done, tell a trusted person the story, or if you don't have anyone to tell, call Backline at 1.888.493.0092. Choose that person carefully. It's important to both understand yourself and be understood. Ask them to listen and try to understand you, not to judge or give their opinion.

The next section looks at who can support you.

G. Getting Support

1. Asking for Help

A tip about asking for help:

If you are worried about what people will say, tell them what you need. For example, you could say:

"I really need you to listen."

Or, "It would help me if you could....."

"I want to talk to you, but I need to know you won't tell anyone else."

"I'm worried that you will judge me (or get upset), but I want to tell you something."



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

EXERCISE 7: Who Do You Tell?

Although this decision is yours—hopefully with the help of your partner or family--you need support. The best support comes from people who will listen to you, offer their feedback, but not tell you what to do.

- They should not judge you, but will try to support you no matter what you choose.
- They shouldn't tell others without your permission.

Think about who would be a good person to tell.

- In the past, which friend or family member was supportive? _____
- Which one didn't tell your story without your permission? _____
- Which person didn't judge you? _____
- Who isn't always criticizing other people? _____
- Who have you already told? _____
- Who else might be helpful? _____
- Would telling this person be hurtful to them? Yes ___ No ___

Comments from Women:

- "I told two or three people and they told two or three. It was a nightmare. I got totally lost in the whole thing."
- "At first I thought my mother would freak, but she was really OK."
- "I'm not usually that close to my dad, but he really helped me."

See also: www.MomDadImpregnated.com for help in telling a parent you are pregnant.

The site includes helpful tips for you, your partner, your parents, and his parents too.

If you are young, --or even if you are not-- you may be wondering whether to include a parent in your decision. In many states a parent must be notified or give consent if a minor wants to have an abortion, place a child for adoption, or seek medical care.

EXERCISE 8: Telling Parents and Family

Even if you decide not to tell them, it's good to imagine what they might say or think.

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

What's the worst?

Here are some things to think about:

I want to tell _____

She/he would probably think:

She/he would probably say:

EXERCISE 9: Telling/Not Telling

Here are some reasons young (and not so young) women give for not telling their parents.

Do any of these sound like your situation? (Check all that apply)

- ___ My mother/father would yell at me, maybe throw me out, or be violent.
- ___ My mother/father is sick, or having a hard time right now, I don't want to add to her/his troubles.
- ___ My parents would be upset. And then I couldn't make up my own mind.
- ___ I feel it's my decision and my life and I just don't want to involve them.
- ___ I think they would support me, but I want to make this decision on my own.

- If I tell them they will make me (have the baby, have an abortion, put the baby up for adoption).
- My parents will ground me and not let me see my boyfriend.
- They will be disappointed in me.
- I really want to tell my mother/father but I'm afraid of _____
- Other:

Look at what you have checked. Is not telling them better for you or better for them?

Remember, this is a big event in your life. If you need them, ask for their help.

You should involve a parent if: (Check all that apply)

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

If you cannot tell a parent about being pregnant, is there another adult or family member you can tell? For more information about how to tell your parents, go to www.MomDadIMpregnant.com and for state regulations, www.ChoiceLinkup.com or www.mappingourrights.org

EXERCISE 10: Telling a Partner / Boyfriend / Husband

Some couples come together in making this decision and some pull apart. The best situations happen when both of you can talk honestly about how you feel and listen to each other without blame or hurt. The website www.menandabortion.com may be helpful to him.

See also the publication Especially for Men at www.abortionconversation.com.

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

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

Write what you partner is saying:



What do you wish your partner would say:

2. Telling Friends

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

Comments from Women:

- "I don't know what I would have done without my girlfriend.

She could listen when my boyfriend couldn't."

- "I told the wrong person, and she didn't keep it private."

3. Talking to a Counselor

Sometimes you need to talk to someone outside the situation, someone who understands, who can explain things, and who will listen to you, for example, a counselor. If you're already seeing a counselor, talk to her or him. Family planning, Planned Parenthood, and women's health clinics usually have counselors on staff who can do "options" counseling. Or they can refer you to a counselor who can see you quickly. Sometimes a teacher, guidance counselor, religious leader, your doctor or nurse can be helpful.

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

[A Guide to Emotional and Spiritual Resolution.](#)

EXERCISE 11: "Who Is Supporting Me?"

My support team

(Name people who will listen, not judge):

If you have told any of these people, what did they say? Comment / Reaction / Response

3. Deciding What To Do

[return to top](#)

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

EXERCISE 12: Take a minute to think how decisions get made in your family.

- Did everybody have a chance to talk about it? Yes ____ No ____
- Or did one person just decide? Who? _____
- Did everybody get mad? Yes ____ No ____
- You may feel like you don’t know how to make such a big decision.
- How do you make decisions? _____
- Do you feel you have to be “perfect”? Yes ____ No ____
- Is it difficult for you to decide what to do, even simple decisions? Yes ____ No ____
- Are you worried that you might make the wrong choice? Yes ____ No ____

(If so, you may need more help and support in thinking through this decision.)

This is a decision about your life and it has to feel OK for you.

- Is there someone pressuring you into one decision or another? Yes ____ No ____, Who? _____
- Do you fear their hurtful or violent reaction? (see section on abuse below) Yes ____ No ____
- You can decide the way you’ve seen your family do it or you can decide a different way.

If deciding is very difficult for you, please read the following and get more help.

You have already done some exercises to help you decide.

Heartsick?

Many women know what they need to do but they feel “heartsick.” In other words, their “head” says one thing, but their “heart” feels “sick” or heavy. Or, they know what the right choice is for them but their head is confused. If this describes you, please take some more time to work out how

you feel. Or, consider talking to a counselor. It is possible to connect your head and your heart. It is possible to feel OK about yourself and your decision.

The exercises on the following pages may help you even more.

Comments from Women:

- "When the lady at the clinic first told me I wasn't ready and had to go home and think about it, I was angry. I wanted it to be over. I thought I could have my feelings later. I worked through the exercises and now I feel comfortable, positive, and not ashamed or guilty about my decision."
- "I thought I had to go through it for my husband. Now I know I am doing the right thing for me."
- "I felt so bad, I really thought I was going to die. But, after I talked to the counselor and did some of the homework, I felt better. Still sad, but OK."
- "The saddest part is that I can't return to that place before the pregnancy."

EXERCISE 13: Pregnancy Experience

- Have you ever been pregnant before? Yes ____ No ____

If you have never been pregnant, skip to the next section.

Your past experience has a big effect on how you feel about this pregnancy.

- What happened in previous pregnancies? _____
- Did you have one or more children? Yes ____ No ____

List names and birth dates.

- Was each baby healthy? Yes ____ No ____
- Was each pregnancy difficult or easy? Did you have problems? Yes ____ No ____
- Was the baby stillborn? Yes ____ No ____

Do you know if there is a problem that could happen in another pregnancy?

(Talk to a genetic counselor or your doctor.)

- Did you have any miscarriages? Yes ____ No ____ How far along were you? _____
- Were you very sad? Yes ____ No ____

Did people around you help you? Yes ____ No ____

How do you feel now? _____

- Did you have any abortions? Yes ____ No ____

How old were you? _____

- Was it difficult? Yes ____ No ____ Physically? Yes ____ No ____ Emotionally? Yes ____ No ____
- Did you have physical or emotional problems afterwards? Yes ____ No ____

If yes, explain:

- How do you feel now? _____
- Did you place a child for adoption? Yes ____ No ____
- How old were you? _____

- How did you feel then? _____
- How do you feel now? _____
- No matter what happened--having a child, an abortion, adoption--did you feel able to make your own decision about the pregnancy? Yes ____ No ____.
- Or, did you feel someone else made the decision for you? Who? _____
- How has being a parent, or not being a parent, changed your life? _____

Whenever we are pregnant, we remember other pregnancies or stories about pregnancy. These stories will bring up feelings. How do these feelings about your past, or about someone else's experience, influence how you feel about this pregnancy? By remembering these stories you can understand how this feels different or the same. Each pregnancy is unique. Every time is a different time for you.

EXERCISE 14: Other Womens' Pregnancy Stories

If you haven't been pregnant before, have you heard stories about family or friends?

How about your mother's pregnancies or a close relative?

Think about the stories you have heard about:

pregnancy-- childbirth-- abortion—adoption—miscarriage-- stillbirth

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

Name: _____

Especially for Parents:

If your daughter is facing a decision about a pregnancy, you are probably very worried about her. As she considers parenthood, abortion, or adoption, you may be having strong feelings. If you are also in crisis, some of the same exercises from this workbook may be useful to help you cope with this unexpected shock.

Listening to Your Daughter

- The single most important thing you can do is listen to what your daughter says about how she feels. It is also very important that your daughter feels comfortable making the decision. Sometimes this means that you need to step back and let her think this through. By all means, tell her what you think, and how her decision will affect you, but please understand that this truly must be her decision.
- Most women feel relieved after making their decision, but there may also be some other feelings like sadness, anger, or guilt. Studies show if a woman feels a loved one is opposing her decision she is more likely to have difficulty. Here are some warning signs of poor coping.

√ loss of appetite or eating much more than usual

√ not being able to sleep or sleeping all the time √ unable to

concentrate, suddenly doing poorly in school

√ crying a lot

√ not caring about how she looks or what she wears

√ excessive anger or irritability

√ hinting about suicide or talking about death

√ cutting herself off from friends, activities

√ staying in her room more than usual



- If you see any of these signs, talk to her about the changes you are seeing. Talk to her about seeing a counselor. Don't ignore any signs of serious distress or depression. Call your local mental health agency, your doctor or clinic for a referral. If any of these are true for your daughter she may need more help.

- If her boyfriend has left her, her whole experience will be colored by the rejection. She may feel alone and in need of a connection. No matter how you feel about him, focus on what she feels she has lost, whether it is him in particular, or feeling needed or attractive. Criticizing him too harshly or not letting her see him may turn her away from you, just when she needs you most.

- If she is in an emotionally or physically abusive situation. If her boyfriend or partner, or someone at home is abusing her, call the local domestic violence number.

- If there has been a recent death or trauma. Women who have had a traumatic experience or an unresolved loss, such as the death of a family member or friend, may have a greater risk for emotional problems no matter what her choice is.

- If she has made a choice her religion says is wrong. If her religion says that abortion or out of wedlock births are wrong and she chooses it anyway, she may feel very guilty. Tell her you think she is still worthwhile and that you love her.

- If she blames someone else. Sometimes women blame their partner or parents for "making her decision for her." These women may feel anger, depression, grief, or guilt for a long time. When she takes responsibility for her part in the experience, she will feel more in control. She may feel less like a victim if she has some choice in the decision.

- If the pregnancy was wanted. Women who wanted to continue a pregnancy but couldn't due to an abnormality or other situation, may grieve the loss deeply.

Post abortion reactions: When women don't have these situations in their lives, they usually cope very well after an abortion, just as they would after any other well thought-out decision. So, don't be surprised if she seems fine. But, if several weeks or months go by, or she expresses regret about her decision, please help her get some counseling.

Postpartum reactions: Depression during pregnancy or after a birth is not uncommon and lack of support from partner or family can make that worse. If she is unable to take care of the baby or herself or cope with the changes in her life, encourage her to talk to her doctor or nurse midwife.

Post adoption reactions: It is quite common for women to be sad or depressed after entrusting a child to adoptive parents. Attend to her closely and encourage her to talk to her adoption counselor or other professional counselor.

HOW ARE YOU DOING? Here are some common feelings you may have:

Disappointed or angry- "I thought she knew better!" Try to remember a time when you disappointed your parents and what you needed from them then. Tell her she is still your daughter and you love her. You have the right to your anger but you may need another adult to talk to. Name-calling and criticism don't prevent future mistakes and can reduce her ability to cope.

Rejected or hurt- "She doesn't care what I think." Your daughter may have made a different choice than you would have, but she hasn't rejected you or everything you have taught her. She is just making her best choice for her life. Broken trust takes mending, which takes more talking, time and effort. Don't give up on her.

Protective- "No more boyfriend, dating, late hours..." Parents can't know what their kids are doing 24 hours a day. Sheltering her will only lessen her ability to make good choices for her life. Set some rules but let her make a decision about how she can protect herself from another unplanned pregnancy.

Guilty or ashamed about abortion- "I've always believed abortion is wrong." If you still feel that abortion is wrong and your daughter is making this choice, you need to find peace and forgiveness. What does your faith teach you is necessary for forgiveness?

Failure- "I tried to teach my kid--I guess I failed." You do not need to hurt yourself with accusations of failure. No parent can totally be responsible for their children's behavior--good or bad. You can only teach and guide. Sometimes experience is the best teacher.

Resources (More Resources Under Each Section of the Workbook) www.MomDadIMpregnant.com includes advice for both sets of parents. www.yourbackline.org Backline -- A Talk Line for all pregnancy experiences. Calls from loved ones are welcomed. 1 888-493-0092.

SPECIAL NOTE:

Are You In An Abusive Relationship?

If you are in a relationship with a partner who is abusive, the decision about how to proceed with a pregnancy can be even harder. Your partner may have very strong feelings about continuing or not continuing the

pregnancy. You may have found out that you were pregnant after leaving the relationship and wonder if you should try to work things out and get back together. For your physical and emotional safety, you might feel like it's important for him not to know that you are pregnant.

"I was pretty sure he got me pregnant on purpose. I didn't want to be pregnant, but he threatened to kill himself. His mother said this baby was the best thing that ever happened to him. I felt so stuck. "

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

"I wasn't sure that I wanted the baby and I didn't know if I was going to keep it or not, but he posted on his MySpace page that I was pregnant for everyone to see. He called my parents and told them before I could. "Now you can't have an abortion," he said, "because everyone will know."

"I used to have a lot of girlfriends, but they didn't like they way he treated me. They didn't even know about the pushing and the hitting. My one friend said that she just couldn't sit and listen to how he bossed me around, so she stopped talking to me. Another friend told me that if I respected myself, I wouldn't put up with it. I felt like I had to choose between them and my baby's dad. I haven't talked to any of my girlfriends for about a year now. "

If your partner has been violent, controlling or abusive in the past, it is important to know that the to increase. You deserve to be physically and emotionally safe. You deserve a partner who does not hurt you, embarrass you or try to control your actions and friendships. Even though you may feel embarrassed or want to deal with this privately, now is a really good time to talk with friends, family, a counselor, or a local domestic violence agency about what's been going on. They will help you understand your rights so that you can make the best decision for yourself and your life.

"I would leave the house after we fought, but we had two puppies and if I left, he wouldn't feed or walk them for days to get back at me. When I got pregnant, I thought about him alone with a baby and it really scared me. It broke my heart, but I knew I couldn't bring a baby into that."

"Having Sophie was the thing that helped me get out of the relationship. I wasn't strong enough to leave by myself, but when I felt like I needed to protect her, I went to the local women's shelter and asked for help. It has been hard and he's said and done some really hurtful things, but I got myself out."

To find the nearest services, call 1-800-799-SAFE (7233)

EXERCISE 15: What if.... Then What?

On a separate sheet of paper, finish the sentence:

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

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

Continue for as many times as you can, and as many answers as you can think of.

Use additional paper as needed. Start with each option you are considering.

(Example: “What if I had a baby.”

“Then, I would take a year off school.”

“Then, my boyfriend would...” etc.)

EXERCISE 16: Draw a Picture of Your Life

Use a separate sheet of paper.

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

Use a separate sheet of paper.

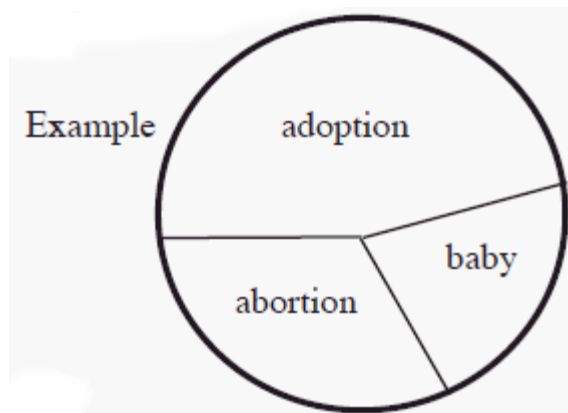
Draw a picture of your life in five years with, and then without, the child from this pregnancy.

EXERCISE 17: The Pie Exercise

How big is the part of you that wants a baby, an abortion, an adoption?

(On a separate sheet of paper) Draw a circle. Divide the “pie” into sections.

Label the parts of the pie, “baby” “abortion” “adoption”



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

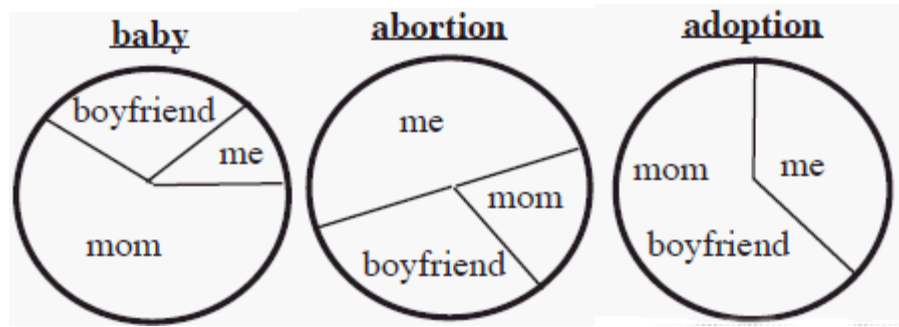
Draw circles for each option and label what other people, including yourself, want.

How big is the piece that belongs to what others want? Put their names in their pieces of the pie.

For example, in one circle, Mom and boyfriend might be more than 50%. What about you?

baby abortion adoption

Examples



EXERCISE 18: Pros and Cons (For and Against)

Write your list of pros and cons for each option

Pro	Con
Having this baby	
Having an abortion	
Placing for adoption	

EXERCISE 19: "What If I Make the Wrong Choice?"

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

- How will you feel? _____
- What will others say or do? _____
- Who will help you through your questioning?
- Return to the decision making exercises, especially the "What if" exercise and ask the above questions for each option.
- Now ask yourself, "How can I get better if I regret my decision?" Sometimes we expect that

our lives should be perfect or that we will never make a mistake. But, we forget that not everything is completely within our control, and that we humans are not perfect. If you see yourself as a “perfectionist” and having a hard time, you may benefit from discussions with a counselor/therapist.

- You might write a letter to yourself to be opened in the future. The letter can remind you that you were trying to do the right thing for all concerned. It can remind you that you were trying to make a good decision for your life and all concerned.
- Think about the idea of forgiveness or compassion. If you feel you need to be forgiven, who should you ask forgiveness from? God, the “baby”, yourself, someone else? _____
- Who will help you if you are in an emotional crisis? _____
- Can you tell them your fears now? Yes ____ No ____
- Is there a counselor or clergy person you can talk to? Yes ____ No ____
- Finally, what might comfort you if you feel you made a mistake? _____

Some people find comfort in some kind of ritual. (See Healing work in this book and in A Guide to Emotional and Spiritual Resolution After An Abortion).

EXERCISE 20: What If I Think I Made the Wrong Choice?

Others look for meaning in the hopes and goals that guided their decision in the first place. It may be difficult to understand now, but ask yourself, “What is the gift of this pregnancy?” You may need to return to these questions after some time has passed.

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

It is possible that no decision will feel completely “right” or “good.” Sometimes we have to do the “least bad” thing and know that we are doing the best we can do. It is possible to think that we made the right choice but to still feel very very sad about it, or guilty.

Feelings about a pregnancy decision are normal; after all, it is a big decision about life.

It’s important to find ways to express those feelings.

See also “Healthy Coping After an Abortion: www.abortionconversation.com.

Or call Backline for help in decision-making at 1.888.493.0092 or go to www.yourbackline.org

EXERCISE 21: Guided “Day Dreams”

Guided imageries, or visualizations are a way of using your imagination to understand feelings.

It's like a day dream with instructions. This and other guided day dreams are on the internet at www.pregnancyoptions.info, both in words and recorded. These exercises may help you form pictures in your mind or you may just get a sense of things.

There is no right or wrong way to have this experience.

Let yourself experience the feelings that come up.

Listen to your inner wisdom. Take your time.

This is a powerful tool to connect your "head" with your "heart." Find a place where you can be comfortable and where you won't be interrupted or disturbed.

Each guided day dream takes about 10-15 minutes.

Think of the place you are most peaceful, and you will know where to go.

After you have practiced the guided day dream, you will know that you can create peace and relaxation any time you want to. Just notice your breathing, allow your body to relax, and in your mind's eye, go to a place that is beautiful and peaceful and safe.



4. Having A Baby/Being A Parent

[return to top](#)

A. Some Common Questions

"What should I do first if I want this baby?" Get medical care as soon as you think you might be pregnant. Ask friends who are recent mothers which doctors or midwives they liked. Or, look in the yellow pages of the phone book under "Physicians—Obstetricians" sometimes known as "OB-GYN." You may also want to see a nurse midwife who can also deliver your baby. Or consult your hospital for a birth clinic. If you think you can't afford to see a doctor, ask your county public assistance or Medicaid program about a special program for pregnant women.

"What is a nurse-midwife?" They are nurses who are specially trained to deliver babies and give women care during their pregnancies. Midwives can give you lots of support during the pregnancy and during labor. They prefer more natural childbirth and less "high tech" monitoring and medication. Nurse-midwives work with doctors and can call one in if you need one.

"Are there things I should or shouldn't eat?" Yes! What you eat affects your baby, so eat well and take the vitamins your doctor prescribes. Especially in the first twelve weeks you need lots of folic acid, vitamin B12 and other minerals and vitamins to prevent certain birth defects. Generally, you want to eat good food-- fresh or frozen fruits and vegetables, lots of dairy foods, proteins, and whole grain foods. You want to stay away from "junk food" and fried or fatty foods that don't give you much nutrition. Also, avoid or reduce

caffeine in coffee, tea, or soda.

“Do I have to quit smoking and drinking?” Yes, definitely. Stay away from alcohol and tobacco and street drugs. Quitting reduces the risk of stillbirth, SIDS (Sudden Infant Death Syndrome), premature birth, small or sick babies, and some birth defects. Quit as soon as you know you are pregnant. Quitting anytime will help prevent problems for your baby, but the sooner the better. (See section “What can harm my baby?”)

“What about my medications?” If you think that you may continue the pregnancy, call your physician or psychiatrist to see if the medications you are on are safe for a developing fetus. Your doctor may tell you it is safe to continue like you normally do, or may suggest a different medication while you are pregnant. (See section “What can harm my baby?”)

“Can I do it alone?” This is one of the most important questions to ask yourself. Will I have support in raising a child? What about the baby’s father, your or his family, friends? It is very difficult to do this alone. And remember, support comes in many forms-- financial, emotional, physical, social. Do the exercises in the next section to see how much support you can count on.

“What kind of financial support is available from welfare/social services?” There are programs like PCAP and Medicaid that might help with medical costs. Your county social services department may be able to help with very basic living expenses. But, the laws are changing for teenagers living at home. Mothers with children under 6 are now being expected to work. The father of the baby will also be expected to provide financial support. Call your local office and ask about possible benefits. WIC (Women, Infants, and Children) can help with nutritious food during pregnancy and up to age 5 for your child. There may be other forms of assistance in your community. Private agencies like Family and Children’s Society, Catholic Social Services, Women’s Centers, Pregnancy Centers, and other groups may be able to help.

“Can I make it through labor?” The average length of labor for a first time mother is between 12 and 24 hours. It is understandable to fear labor. But, fear of labor should not be the most important factor in your decision to have a child. There are many choices in delivering a baby. Natural childbirth is having a baby without any pain medications. Or, your doctor may offer some pain medications. Or you can have complete pain relief with an “epidural anesthesia” where you are numb from the waist down. Talk these over with your doctor or midwife.

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

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

“What is it like being a mother?” Parenthood is hard work but it has many rewards-- your baby’s first smile, holding a small hand in yours, the love you see in your baby’s face when you walk in the room. You will have a huge influence on your baby, and your baby will have a huge influence on you.

What most new parents report is that they are exhausted and tired all the time. There will be sleepless nights and you will provide 24 hour care when necessary. You must consider the baby’s needs above your own. It’s important to be able to give nurturing love and to handle your own anger. Sometimes a baby or a child can be difficult, making you feel frustrated and angry. You have to know how to control your reactions.

You will definitely have less freedom in your life for a number of years. Many young mothers feel isolated and neglected. Others find great fulfillment in caring for their baby. Either way, asking for support is a good idea. Babies won’t always be babies. Within a year, your baby will be walking around. In five years, he or she will be in school. In ten years, he or she will almost be a teenager!

“Will I be depressed after giving birth?” It is completely normal to have the “baby blues” in the week or so after delivery. 80-90% of all women find that they cry a lot and feel moody during the first week. About 10-20% of all women also have “post partum depression” which makes them feel sad or want to cry. This can last for several weeks or up to a year or more. Remember, you and your body have gone through a lot. And during the first month you are getting used to being tired all the time, feeding the baby 12 times a day, and hormonal changes. If the depression doesn’t go away after a week or two, talk to your doctor or midwife. Usually support, lifestyle changes, and counseling help. Sometimes some medicine, or rarely, hospitalization are needed. If you can’t think clearly, are anxious or feel panic, or fear that you are going to harm the baby, call your doctor or mental health crisis line immediately.

EXERCISE 22: Your Dreams For Future

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

B. Support

EXERCISE 23: Your Life Now

- Have you ever done any baby-sitting or childcare for younger brothers and sisters? Yes ___ No ___
- What did you like about it? _____

- What didn't you like about it? _____
- What do you do on an average Saturday or Sunday? _____
- What do you look forward to? _____
- Could you give that up and stay at home with the baby? Yes ___ No ___
- Could you take a baby with you to those activities? Yes ___ No ___
- If you are still in school, can you continue? Yes ___ No ___
- If you are working, when will you be able to return? _____
- Who will take care of your newborn? _____
- Who would take care of your child if you get sick? _____

The baby's father:

- Does he want to be a father to this child? Yes ___ No ___
- Does he have children already? Yes ___ No ___

How many? _____

- Does he spend time with them? Yes ___ No ___ How often? _____
- Does he provide financial support for his children? Yes ___ No ___

Do you know how much? _____

- Do you expect him to help you raise your child? Does he want to?
- Do you trust him to take care of a child? Yes ___ No ___
- Does he drink, do drugs, is he violent? Yes ___ No ___
- If he is not likely to be part of your baby's life, what can you tell your child about his/her father?

1. Some questions for support people:

(Check out this information with the people involved.)

If you are expecting support from a parent or grandparent or anyone else, check it out with that person. Some parents say, "I'm done, I raised my children." Others might like the idea of helping out with a child. How much can they realistically help financially? How much time do they really have that they are willing to give you? Ask them.

2. Are you financially ready to have a child?

Having a child is expensive. You may get help with medical bills from insurance or social services. But diapers and formula are very expensive. So is clothing, baby equipment, food. And don't forget childcare, books, classes, and school expenses. You might want to price some of these items to get a better idea about how much things cost.

EXERCISE 24: Who Can Help?

What kind of support can you expect from

(Check all that you think might happen)

Baby's father?

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

My mother? My father?

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

Baby's father's family?

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

each of the following people?

My brother or sister (name _____)?

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

My friend (name _____)?

___ Provide baby-sitting? everyday? weekends?

once in a while?

___ Buy things for the baby?

___ Play with the child?

___ Other _____

Other relatives (name(s)_____)?

(name(s)_____)?

(name(s)_____)?

(name(s)_____)?

___ Provide baby-sitting? everyday? weekends?

once in a while?

___ Buy things for the baby?

___ Let us live with her/him?

___ Give us money regularly?

___ Play with the child?

___ Other _____

EXERCISE 25: Family history

- At what age did your mother have children? _____
- At what age did your grandmothers have children? _____
- How about your aunts, cousins, or sisters? _____
- How was this for them? (ask them if you can)
- Find out how they felt about it then and how they feel about it now.
- What kind of support did they have? _____

Comments from women about birth and raising a child:

- "Giving birth was much easier than I thought it would be."
- "Giving birth was much harder than I thought it would be."
- "My baby changed my life in ways I never dreamed of."
- "Although the baby's father could have helped me more, I'm the only one responsible."
- "I could not have done this alone."
- "Some nights are so hard I don't know how I've gotten through them."
- "I feel like I'm 37 instead of 17. I have no life."
- "I can't imagine my life without my kids."
- "It seems like I went from paying off my college bills, to paying for pre-school, to paying off the orthodontist, to setting aside money for my kids' college. It never ends!"
- "My child is the light of my life."
- "All these girls come back to school and talk about how cute their babies are. They never talk

about how hard it is. It's not easy.”

- “My head and my heart have finally come together with this decision, and I finally feel at peace with myself. I know it will be a long and trying road ahead but I will endure....”

- “The saddest part is that I can't return to that place before the pregnancy.”

RESOURCES: PARENTING

WIC (Women, Infants, Children) Vouchers for nutritious food for pregnant women and children. Classes and information may also be available at local hospitals, agencies and doctors' offices. Call your County Health Department.

---BOOKS---

The Simple Guide to Having a Baby,
by Penny Simkin, Janet Whalley, Ann Keppler and Joe Gredler;

Pregnancy, Childbirth and the Newborn: The Complete Guide,
by Penny Simkin, Janet Whalley, and Ann Keppler

The Mocha Manual to a Fabulous Pregnancy,
by Kimberly Seals Allers

Our Bodies, Ourselves: Pregnancy and Birth Boston Women's Health
Collective

The Hip Mama Survival Guide, by Ariel Gore.

Caring For Your Baby And Young Child: Birth To Age 5,
American Academy of Pediatrics

What To Expect When You're Expecting,

by Arlene Eisenberg, Heidi Markoff, Sardee W. Hathaway, BSN, Workman Publ.

The Complete Book of Pregnancy And Childbirth, by Sheila Kitzinger

What To Expect The First Year Of Life, by Eisenberg, Murkoff, and Hathaway.

www.modimes.org-- The March of Dimes site with information about healthy pregnancies.

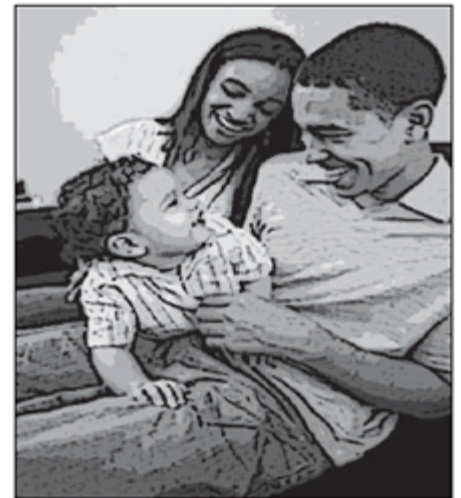
Also 1-888- MODIMES.

www.hipmama.com

www.girlmom.com

www.choicelinkup.com

www.yourbackline.org, 1-888-493-0092



5. Abortion

[return to top](#)

A. Some common questions

“What is an abortion?”

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

“I could never have an abortion!”

If you think you are not ready to have a baby, abortion is one option to consider. As you know, our society is having a big conflict about abortion right now. That makes it difficult to feel OK about abortion. But there is also a lot of wrong information out there. Find out the facts before you make your decision. For instance, did you know that abortion is the most common medical procedure in the U.S.? And that over 1 million women have abortions every year in the U.S. More than 1/3 of all women will have an abortion by age 45.

“Is abortion safe?”

Abortion is very safe, especially when done early in pregnancy. Many studies have been done that show that having an abortion in the first twelve weeks is many more times safer than having a baby. Even a later abortion (18-24 weeks) is less dangerous than having a baby.

“Is it legal?”

Abortion is legal up to 24 weeks LMP of pregnancy in the US, After that time it is only legal in some states if the mother’s life or health is seriously in danger or if the baby has a severe deformity or disease that would mean it can’t live or function. After 26 weeks, if the baby is normal, but the mother is in danger, every effort will be made to save the baby by delivering it prematurely. Some states may have rules about receiving certain information 24 hours before your abortion or requiring that the parents of a woman under 18 be informed of her decision. Call a clinic in your state to find out the most recent laws. Or, go to www.mappingourrights.org.

“How is it done?”

There are a few different ways. The most common is “vacuum aspiration” where a doctor removes the pregnancy with a gentle suctioning. It takes less than 5 minutes. Early in a pregnancy, a “medical abortion” (“with medicine”) as opposed to a “surgical abortion” might be available where you live. Two different medications are used – mifepristone or methotrexate, both used with misoprostol. The first one stops the pregnancy from growing and the second helps your body pass the pregnancy. The symptoms are just like a miscarriage. It takes two or more days and you might have a lot of bleeding, clots, and cramps.

To understand the advantages or disadvantages of each method see chart on pgs. 37 - 42. Later in a pregnancy, a “D & E” technique is used. The opening to the uterus is opened large enough for the doctor to remove the pregnancy with forceps. A slightly different method called “Intact D&E” may be used after 20 weeks. This is the so-called “partial birth abortion” which is very rare. The doctor collapses the head so that

the fetus can come out all at once. In a few cases, an induction procedure is used after 20 weeks. The cervix is opened over a day or more, then labor is induced, causing a miscarriage. 89% of all abortions are done in the first 12 weeks of pregnancy. Almost all of these use the more common suction method or medication.

“Will it hurt?”

We all have different experiences of pain. Different doctors use different ways to control pain. With a suction abortion, there will usually be a few minutes of cramps. With a medication abortion, it takes longer, so cramps last longer. In later pregnancy, the procedure will take longer. It is normal to fear pain, but fear of pain should not be the most important factor in your decision. You will probably be offered medication to help with pain. Please ask. (See below for discussion of pain and pain relief.)

“Does the baby feel pain?”

Medical experts generally agree that the fetus cannot feel pain until there is a more developed brain and nerves which starts to happen well after 22 weeks. Many doctors who perform very late abortions make sure the fetus dies before the actual abortion begins just to be sure it feels no pain. Ask your doctor or clinic if you have a concern about this.

“Can I do it myself?”

No! Please do not try. When abortion was illegal, many women tried to do an abortion on themselves and many women died. Anything that supposedly can stop a pregnancy can hurt or kill you. Please call a clinic or hotline number before you do something that might hurt you.

“How much does it cost?”

Call the clinics in your area. An abortion in the first 12 weeks generally costs \$350-550. Most private insurance covers it. If the cost seems really low, find out if lab fees and medication are included. Ask if there is time set aside for counseling and to recover afterwards. Find out which clinic or doctors are recommended by friends, Planned Parenthood, or Family Planning Services. A quality clinic where you will be respected is important. (See Abortion Resources) If you are having financial problems, is there someone you can borrow money from? Do you have a credit card, or could you use someone else's and pay that off over time? Call the National Abortion Federation Hotline for a clinic or an abortion fund (www.nnaf.org) near you. (See Resources)

“How do I find a doctor?”

To find the closest clinic or doctor, look in the yellow pages of your phone book under “Abortion Services” (see page 1 of this workbook), or search the web abortion clinic—your city and state or at www.AbortionClinicDirectory.com or www.ChoiceLinkup.com. You can also ask your doctor, or other friends

what they know about different clinics. (See Resources) When you call, ask for the information you want to know. Don't be afraid to ask questions. Some questions might be:

- 1) How long has the doctor been doing abortions?
- 2) Is it painful? What do you offer for pain?
- 3) What state regulations are there?
- 4) What is involved in the visit?

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

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

You deserve to have some peace of mind about this difficult situation. Take some time to do the exercises in this section. They will help your "head" and your "heart" come together so you can make a decision you feel good about. (See also sections on healing)

"Is it murder?"

You have probably heard some people say "abortion is murder." That's what the people who want to make abortion illegal usually say. Some people say abortion is murder without really thinking it through. Abortion is legal, so clearly the law does not see it as murder. The law says murder means you have "malicious intent" or you really want to hurt them. But that doesn't really answer the question of whether it is right or wrong for you. That's a question each woman has to answer for herself. Abortion stops the pregnancy. The embryo or fetus is living inside the woman's body, and it is removed by the abortion procedure. Most people do not believe that removing an embryo or fetus is the same as killing a born person.

- "Is having an abortion like killing a newborn or a 2 or 3 year old child, or like killing a friend of yours?"
- "Can you kill and still love that person or thing?"
- "What is a person? When does a fetus become a person?"

These are tough questions, but it's good to look at them to see what you really think. Take the time now to explore what you really believe.

"Am I a bad person for choosing abortion?"

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

Different people have very different answers to this question. Some believe that abortion is wrong and bad. Others believe that abortion can be a very good and responsible choice. Some people would ask if your intentions are good or bad. Are you trying to make the best choice you can, or are you trying to do something bad? Still others might remind you that a person can be good, even when she is making difficult decisions.

Millions and millions of women throughout the world and over all the years of history have made the decision that abortion is the best thing they could choose in their situation. But only you can judge whether the choice you are making is coming from a good place or a bad place. Do you think of yourself as a selfish person? What is the difference between being selfish and taking care of yourself? What does your conscience say to you about abortion? Can abortion be moral? What good can come out of having an abortion?

B. Feelings About Abortion

“How will I feel afterwards?”

Most women feel very relieved after they have an abortion, and they usually feel pretty good physically too. Whatever fear they might have had about the medical part is over, and a big problem that has been taking up a lot of attention has been taken care of. Depending on the individual, there may be other feelings too.

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

Are you very sad? It is natural for some women to have a feeling of grief and loss about abortion. (See healing section) This can take a little time to heal. Take the time to work on your feelings about abortion before you have one. Then you will be better prepared for whatever feelings you might have afterwards. If you are having really difficult feelings after an abortion, there is help. (See exercise on regret below and section on healing, and resource section.)

EXERCISE 26: What will you feel?

If you have an abortion will you feel guilty? sad? happy? angry? ashamed?

On a separate sheet of paper, write a little about each feeling you might have:

“I want to have an abortion, but my religion says that it is wrong.”

“I used to think abortion was wrong, but now I think it is my best choice.” Most people make some choices in life that do not agree with their religion. Maybe even having sex or getting pregnant went

against some of the rules of your religion. We can feel very uncomfortable and guilty if we think we are living the wrong way.

If your religion says that abortion is wrong, and that's important to you, it might be useful to know what God thinks. The first step might be to pray or talk to God and share how it has been for you to make this decision. Does God know you are doing the best you can in this situation? Is your God loving and compassionate? Can God see into your heart? Some women believe God loves them and will be with them even in difficult times. Some women believe God thinks abortion is wrong, but will forgive them. Some women believe God will punish them if they have an abortion. (See also Religion section)

What do you believe?

What would it be like to pray to God and truly listen to what God has to tell you? If you have trouble hearing God's guidance, you may want to talk with a religious person who respects that you have to make your own decision. Have you prayed for guidance? If yes, do you feel you have received guidance? What is the guidance? If you have ever done something you thought was wrong in the past, how have you made up for it?

For more help, call Faith Aloud Clergy Talkline 1-888-717-5010, or do the Guided Day Dream on Loss, or the writing exercise.

EXERCISE 27: "Will I regret having an abortion?": Self Test

Some situations are warning signs that certain women will have a hard time after an abortion.

If you are worried about how you will feel afterwards, answer the following questions.

Score using a 1, 2, or 3:

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

1. ____ I believe abortion is the same as murdering a born person.
2. ____ I am not sure if I am making the right decision.
3. ____ I don't want an abortion, but I have to have one.
4. ____ I know I will regret having an abortion.
5. ____ My parents are rejecting, critical, or abusive.
6. ____ The man involved is abusive, rejecting, and controlling.
7. ____ I think God will punish me for having an abortion.
8. ____ I will not be able to forgive myself for having an abortion.
9. ____ No one is giving me emotional support right now.
10. ____ Someone else is forcing me to have an abortion.
11. ____ I am never going to think about it again after it's over.
12. ____ I suffer from depression or diagnosed personality disorder.
13. ____ I am a "perfectionist" and I can't forgive myself for getting in this situation.

Add up your score. Enter your total here _____

If your score on this self test is 26 or over, you may want to do some more work, or see a counselor before you have an abortion. Go back and complete all the exercises in the Decision-Making section if you need to. (See also resource section for counseling)

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

C. Which Method Is Right For Me?

Comparison between the Abortion Pill (Medication Abortion)
and the *Abortion Procedure* (Surgical or Vacuum Aspiration)

This is the table referred to on page 32

1. How far along in the pregnancy can I be?

Mifeprex™ with misoprostol: (Medication Abortion)

- Up to 7 weeks LMP (49 days). Some doctors use method until 9 weeks (63 days). Success 92-97%, may decrease as length of pregnancy increases.

Methotrexate with Misoprostol: (Medication Abortion)

- Up to 7 weeks LMP (49 days)

Surgical or Vacuum aspiration

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

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

Mifeprex™ with misoprostol: (Medication Abortion)

- Usually 1-2 visits + required follow-up visit
- Day 1 for Mifeprex™, Day 2 or 3 for misoprostol
- The pregnancy may not pass exactly when expected or desired
- Heavy bleeding after misoprostol lasts 4-8 hours for most; days for some to complete
- Continued bleeding for 14 days is common
- Ultrasound at follow-up 7-14 days after Mifeprex™ will make sure abortion is complete.

Methotrexate with Misoprostol: (Medication Abortion)

- Usually 1-2 visits + 1 or more required follow-up visits.
- Day 1 for Methotrexate and usually Day 5, 6, or 7 for misoprostol.
- Very unpredictable when pregnancy will pass.
- Bleeding after misoprostol starts 12-24 hours later, may last 4-6 hours to several days.
- Ultrasound at follow-up 7-14 days after methotrexate will make sure abortion is complete. May need another

dose of misoprostol.

Surgical or Vacuum aspiration

- 1 visit + follow-up exam
- Actual abortion less than 5 minutes
- Follow-up in 2-3 weeks at abortion facility or other doctor or clinic of your choice.

3. Can I still have children later in life?

Regardless of method, abortion is about 20 times safer than childbirth. Infections are the greatest threat to fertility, not abortion. Future childbearing is not affected, unless there are rare, serious complications which you would be aware of

4. How painful is it?

Mifeprex™ with misoprostol: (Medication Abortion)

- From mild to very strong cramping during the abortion process. Cramping usually worse for about 4 - 8 hours after misoprostol when pregnancy is passing. Pain pills may be offered.
- Milder cramps may continue for several days - 2 weeks.

Methotrexate with misoprostol: (Medication Abortion)

- From mild to very strong cramping during the abortion process. Cramping usually worse for about 4 - 8 hours after misoprostol when pregnancy is passing. Pain pills may be offered.
- Milder cramps may continue for several days - 2 weeks.

Surgical or Vacuum aspiration

- From mild to very strong cramping for a few minutes during the abortion procedure, and for several minutes after. Pain medication, general anesthesia, or sedatives may be available, depending on the clinic.
- Milder cramps may continue for several days.

5. Can the abortion fail?

Mifeprex™ with misoprostol: (Medication Abortion)

- Success rate varies from 92-97% by Day 15. Surgical abortion may be necessary if it fails.

Methotrexate with misoprostol: (Medication Abortion)

- Success rate 92-96% by Day 30. A second or third dose of misoprostol may be required. A surgical abortion is necessary if it fails.

Surgical or Vacuum aspiration

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

6. What are the common side effects ?

Mifeprex™ with misoprostol: (Medication Abortion)

- Nausea, vomiting, diarrhea, cramping, bleeding, headache, dizziness, fever or chills, anemia (rare). Possible need for surgical abortion.

Methotrexate with misoprostol: (Medication Abortion)

- Nausea, vomiting, diarrhea, cramping, bleeding, headache, dizziness, fever or chills, mouth sores (rare), and anemia (rare). Possible need for surgical abortion.

Surgical or Vacuum aspiration:

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

7. What are possible serious side effects (complications)?

Mifeprex™ with misoprostol: (Medication Abortion)

- Both Mifeprex™ and misoprostol have been formally studied and used safely.
- Mifeprex™ will not end ectopic or tubal pregnancies which, if undetected, can be dangerous or fatal.
- Need for transfusion (rare).
- Some women may be allergic to medications.
- A rare but deadly infection has occurred in a few cases of medical abortion, but also in other gynecological procedures. It is not known why or if there is any link to the medical abortion.

Methotrexate with misoprostol: (Medication Abortion)

- Methotrexate and misoprostol have been formally studied and used safely.
- Methotrexate can effectively treat some ectopic pregnancies with supervision of a doctor.
- Need for transfusion (rare).
- Some women may be allergic to medications.

Surgical or Vacuum aspiration:

- Surgical abortion has been formally studied for over 30 years.
- Injury to the uterus is rare in the first trimester. Excessive bleeding is rare. Infection and retained tissue, which would require antibiotics or a re-suctioning, are less than 1%.
- Vacuum aspiration will not end ectopic or tubal pregnancies which, if undetected, can be dangerous or fatal.

8. How much does it cost?

Mifeprex™ with misoprostol: (Medication Abortion)

- Sometimes higher than surgical. Prices vary. Check what is included.

Methotrexate with misoprostol: (Medication Abortion)

- May be less than Mifeprex™, same or more than surgery. Prices vary and this option is not widely available in the US because it is not as effective. Check what is included.

Surgical or Vacuum aspiration:

- May be less than medical abortion. Prices vary. Check what is included.

9. How will I be affected emotionally?

Mifeprex™ with misoprostol and Methotrexate with misoprostol:

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

Surgical or Vacuum aspiration:

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

10. What are the advantages of each method?

Mifeprex™ with misoprostol: (Medication Abortion)

- Mifeprex™ induces a miscarriage-like process.
- If available, highly effective and safe for very early pregnancy.
- Avoids shots, anesthesia, instruments, or vacuum aspiration, unless it fails. (Blood work required. Injection needed if your blood type is Rh-. Vaginal ultrasound may be required.)
- Being at home instead of a clinic may seem more comforting and private.
- Any support person can be there with you during the abortion process.
- It is finished quicker than the Methotrexate method.
- The timing is more predictable than for Methotrexate.

Methotrexate with misoprostol: (Medication Abortion)

- Methotrexate induces a miscarriage-like process.
- If available, effective and safe for very early pregnancy.
- Avoids anesthesia, instruments, or vacuum aspiration, unless it fails. (Blood work required. Injection needed if your blood type is Rh-. Vaginal ultrasound may be required.)
- Methotrexate may end a tubal pregnancy as well as a normal pregnancy.
- Being at home instead of a clinic may seem more comforting and private.

- Any support person can be there with you during the abortion process.

Surgical or Vacuum aspiration:

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

11. What are the disadvantages of each method?

Mifeprex™ with misoprostol: (Medication Abortion)

- It takes 2-3 or more days to end a pregnancy.
- It is not completely predictable. There is some uncertainty about when you will bleed and pass the pregnancy.
- Bleeding can be very heavy and lasts longer than with surgical abortion.
- There may be restrictions if you live more than an hour away from the clinic or a hospital, in case of very heavy bleeding, depends on doctor.
- Cramping can be severe and lasts longer than with surgical abortion.
- 2-3 visits are required.
- It fails more often than surgical abortion but is more successful than Methotrexate.
- It cannot end an ectopic (tubal) pregnancy.
- It may cost more than other two options.
- Not good method if you are trying to conceal abortion.
- Advisable to have support.

Methotrexate with misoprostol: (Medication Abortion)

- It takes days and sometimes weeks to end a pregnancy.
- It is not completely predictable. There is more uncertainty about when you will bleed and pass the pregnancy.
- Bleeding can be very heavy and lasts longer than with surgical abortion.
- There may be restrictions if you live more than an hour away from the clinic or a hospital, in case of very heavy bleeding, depends on doctor.
- Cramping can be severe and lasts longer than with surgical abortion.
- At least 2-3 visits are required, sometimes even more.

- It fails more often than surgical abortion and has a lower success rate than Mifeprex™.
- It takes longer to complete than either Mifeprex™ or surgical abortion.
- Not good method if you are trying to conceal abortion.
- Advisable to have support.

Surgical or Vacuum aspiration:

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

12. Who should not use one of these methods? (What are the contraindications?)

Don't use Mifeprex™ with misoprostol if:

- If you are more than 7-9 weeks LMP (depends on doctor)
- Medical conditions:
 - a. allergy to medications;
 - b. blood clotting problems or on blood thinners;
 - c. chronic adrenal failure;
 - d. chronic systemic corticosteroid use
- IUD in place
- inherited porphyrias (blood problems)
- severe anemia (lack of iron in the blood)
- possible ectopic pregnancy
- uncontrolled seizures

Don't use Methotrexate with misoprostol if:

- If you are more than 7 weeks LMP
- Medical conditions:
 - a. allergy to medications
 - b. blood clotting problems or on blood thinners
 - c. active liver or renal disease
 - d. severe anemia
 - e. IUD in place

- f. uncontrolled seizures
- g. inflammatory bowel disease

Don't seek Vacuum Aspiration if:

- Some medical conditions or allergies to anesthesia may require a surgical abortion in a hospital setting.

D. The Abortion Experience

If you have decided that abortion is the best choice for you, and you have chosen a doctor or clinic to help you, then you are ready to plan the day of your abortion. Even if you can't control everything that happens, you are in charge of your attitude. You can decide how you will act during the abortion process.

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

EXERCISE 28: "Questions before I go?"

If you are still feeling unsure or scared about anything, feel free to call the clinic you are going to and get your questions answered before you go. It's normal to be a little scared.

Write down questions you have: _____

EXERCISE 29: "How do I want to feel on the day of the abortion?"

You have a CHOICE about how this experience is for you!!!

Would you like to be: (circle all that apply)

- really angry all day • proud that I could decide for myself • honest • helpful to others
- whiny • a victim • unwilling to share my feelings • courageous • anxious
- demanding • patient • impatient • passive • curious • real good to myself
- friendly • ashamed • Other: _____

It will help make things easier if you share your thoughts, wishes, or feelings with the staff at the clinic! They probably want to make this as easy as they can for you, but you have to tell them what you are thinking.

EXERCISE 30: Past experiences with pain

What are your past experiences with pain? (Examples: "I never have cramps and nothing bad has ever happened to me, so I'm worried about how it will feel." Or, "I have had a lot of surgeries and although I do OK, I really dread it each time.")

On a separate sheet of paper, tell your story:

EXERCISE 31: About pain...

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

Try to answer the following questions:

1) Period Cramps: What are your period cramps like? _____ Use a 1-5 pain scale where:
1 = mild cramps (you're aware of them but you can still do normal activities) to
5 = severe cramps (cramps where you cannot do anything and the cramps are the worst you ever felt, and pain medication doesn't seem to help.)

Describe your experience of period cramps: _____

Pain Relief: What helps you when you have cramps?

(Check all that apply)

- ___ a. pain reliever (like Advil, Midol, Tylenol, _____)
- ___ b. going to bed
- ___ c. a heating pad or hot water bottle
- ___ d. someone sitting with me or sympathizing
- ___ e. a back rub or massage
- ___ f. having something hot to drink
- ___ g. distracting myself with an activity
- ___ h. other _____

EXERCISE 32: Feelings About Pain:

How do you feel emotionally when you are in pain? (Circle all that apply)

- alone • frantic • sad • upset • irritable • scared • numb • ashamed
- I feel like crying/screaming • I feel sorry for myself • out of control • distracted
- frustrated that I can't do things • angry • other: _____
- Do the people that are supporting you understand what you need when you are in pain? ___Yes ___No
- Do they understand these emotions? ___Yes ___No
- Have they been around you when you are in pain? ___ Yes ___ No
- If you could have anyone at all with you who would it be? _____

Why? How would they help you? _____

Pain Relief:

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

EXERCISE 33: Negative feelings about the situation

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

Do any of these match what you are feeling?

Put an X next to the examples that are most like what you are feeling.

What follows each example is a possible way to change how you are thinking about this experience.

_____ *"I really feel stupid and irresponsible."*

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

_____ *"I shouldn't have been with him, and now I'm paying for it."*

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

_____ *"No one can know about this. I am so ashamed."*

When we are trying to hide something, we carry an extra burden of feelings: dread, fear, shame. Instead of imagining the worst possible reaction from someone, imagine the best. They might say: "I'm sorry you're in this situation, but I know you will make the best decision for your life."

Even if the worst is true, does it mean that you deserve to be in pain?

_____ *"I've heard so many awful things about abortion. I'm really scared. What if.....?"*

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

_____ *"I feel terrible about doing this, but I really have no choice."*

No one ever wanted to be in this situation, even though 43% of all women will have an abortion someday. Once you are pregnant, and don't want to be, you are making what you believe is the best choice for your life under the circumstances. You are not a bad person and you don't deserve to be in

pain.

- Write what you are feeling about this situation:

- Now rewrite a more positive message to yourself:

EXERCISE 34: Managing Stress and Pain

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

EXERCISE 35: Advance planning to make it easier.

Which ones would be helpful for you? (check all that apply)

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

EXERCISE 36: After your abortion

What I'd like to do to take care of myself:

(For example, "be with friends who understand," "have a nice meal," "be quiet," "do a ceremony,"

--see healing section)

Who will you ask for support afterwards? _____

Tell them how you would like to take care of yourself (above).

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

EXERCISE 37: Telling someone

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

What would it take for you to tell them? (circle all that apply)

- risk • honesty • courage • caring • love • pride in yourself • openness • trust
- What else? _____

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

E. Emotional health

Emotional health is an important part of our overall health. It allows us to cope with life's challenges and enjoy life's pleasures. Being pregnant can shift our perceptions of ourselves, our relationships, and the future in powerful ways, regardless of whether we give birth, have an abortion, or make an adoption plan for a child. Any choice can bring upheavals in our lives, strong feelings, and difficulty coping. You may want to explore all of the factors that went into your decision.

F. Forgiveness

For some women, an important part of the process before an abortion is forgiveness. It may be easier to sense forgiveness from God, or even the spirit of the pregnancy, than from yourself. Not being able to forgive yourself or another can keep you emotionally "stuck." Consider talking to a familiar trusted clergy person, or one you can find from the Abortion Resources on pages 48-49

One way to find forgiveness is to do a guided "day dream." Guided imageries, or visualizations are a way of using your imagination to understand feelings. It's like a day dream with instructions. A Guided Day Dream on Forgiveness and other guided day dreams.

RESOURCES: ABORTION

--ORGANIZATIONS--

The Abortion Care Network, www.abortioncarenetwork.org 202 419-1444 Good information about finding a quality clinic, post abortion emotional health, parents' and partners' feelings, spirituality etc.

The Abortion Conversation Project, www.abortionconversation.com. This group talks about how to challenge the stigma of abortion. Available: Healthy Coping After an Abortion, Mom, Dad, I'm Pregnant, (www.MomDadIMpregnant.com) and Especially for Men, all offer advice for good communication, how to have conversations about abortion and other articles of interest.

Abortion Clinics Online, Internet Directory, <http://www.gynpages.com>.

Abortion Services Directory, www.abortionclinicdirectory.com Internet listing of clinics.

Faith Aloud, www.faithaloud.org, clergy counseling, recorded messages, resources.

National Abortion Federation Hotline 1-800-772-9100. Referrals. Fact Sheets Available www.prochoice.org

National Network of Abortion Funds (NNAF), List of Abortion Funds at www.nnaf.org

--BOOKS--

Peace After Abortion, A Pro-Choice Self-Help Guide for Women and Men, by Ava Torre-Bueno, LCSW \$11.95 postpaid, 1-800-352-6305 Pimpernel Press PO Box 33110 San Diego, CA 92163-3110 website: www.peaceafterabortion.com. Also available at www.pregnancyoptions.info/store

The Healing Choice, Your Guide to Emotional Recovery After an Abortion, by Candace DePuy, PhD and Dana Dovitch, PhD, \$12, Simon & Schuster, available 1-800-999-7909.

In Good Conscience, A Practical, Emotional, Spiritual Guide to Deciding Whether to Have an Abortion, Anna Runkle

"A Time to Decide, A Time to Heal", Especially for women who have ended a pregnancy due to fetal problems. Pineapple Press PO 312 St. Johns MI 48879 \$5.95 + 3.50 s/h
Also available at www.pregnancyoptions.info/store

The Abortion Resource Handbook, by K. Kaufmann, Fireside Press, Simon & Schuster.

Unspeakable Losses, Understanding the Experience of Pregnancy Loss, Miscarriage, and Abortion by Kim Kluger-Bell \$23.95, WW Norton Book Co. 1998

Sacred Choices : The Right to Contraception and Abortion in Ten World Religions (Sacred Energies Series) by Daniel C. Maguire

Abortion: My Choice, God's Grace: Christian Women Tell Their Stories by Anne Eggebroten (Editor)

Pride and Joy, Lives and Passions of Women Without Children. Terri Casey Beyond Words Publ.

--PAMPHLETS--

"Inner Healing After Abortion" by Marilyn Gryte www.mgryteinnerhealing.com.

Also available at www.pregnancyoptions.info

"After Her Abortion", "Spiritual Comfort", and other pamphlets on coping after abortion by Anne Baker, The Hope Clinic for Women, Ltd. 1602 21st St. Granite City IL 62040 (618) 451-5722

www.hopeclinic.com

"Abortion: Finding Your Own Truth", "How Good Women Make Wise Choices," "Clarifying What You Believe," and other pamphlets from Religious Coalition for Reproductive Choice www.rcrc.org

"You Are Not Alone," Conscience magazine and other pamphlets from Catholics for a Free Choice www.catholicsforchoice.org

Our Truths/ Nuestras Verdades a zine for women and others about abortion experience, in English and Spanish, in print and on the web. www.ourtruths.org

--OTHER RESOURCES--

Childless By Choice, Support for people who decide never to have children. PO Box 95 Leavenworth WA 98826. Related site: www.nokidding.net

Pre- or Post-Abortion and Decision-Making Counseling by phone: Charlotte Taft, CHT (505) 757-2991, email: taft@newmexico.com.

www.heartssite.com -- women's words to comfort each other about their abortion.

www.yourbackline.org 1-888-493-0092 for all aspects of pregnancy decisions and experience.

www.4exhale.org Phone: 1-866-4EXHALE in English, Spanish, Vietnamese or Cantonese.

www.imnotsorry.net writings of women who are satisfied with their decision to terminate a pregnancy.

www.afterabortion.com site for women who are having difficulty emotionally after an abortion. Includes a step by step healing program, chat rooms, and advice.

www.choicelinkup.com a prochoice webring with access to thousands of resources about reproductive health and rights.

6. Adoption

[return to top](#)

A. Some Common Questions

“What is adoption?”

Legally, adoption means surrendering your right to parent your child and giving someone else the permission to take on the legal right and responsibility of parenting your child. Adoption isn't giving away your child, giving up on your child, or selling your child. It is making a plan for your child's care when you are unable to care for your baby yourself.

“I could never do that!”

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

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

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

“Where do I go for help?”

You can either go to an adoption agency (which is called an “agency” adoption) or you can go to an adoption lawyer (which is called a “private” adoption). Private adoptions are legal in most states. Find out what your state’s rules are. An adoption agency will help you think through all the questions you may have about adoption and help you be sure that adoption is right for you. In a private adoption, you can ask these same questions of your lawyer. Whether you meet with an agency or a lawyer, you have the right to receive unbiased, nonjudgmental counseling about your decision. If you feel that you want to go ahead with an adoption plan, the agency or your lawyer will help you with the adoption process.

“How do I find them?”

Adoption agencies are not all alike, and neither are lawyers. It is a good idea to look around for an agency or lawyer that meets your needs. Ask your doctor, teacher, social worker, counselor, minister, etc. to help you find an adoption agency or an adoption lawyer. You deserve knowledgeable and trustworthy professionals who are concerned about you. You can also look in the telephone yellow pages or search on the internet under “Adoption” or “Lawyers - Adoption.” (See resources below.)

“I can’t afford to pay for this!”

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

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

These ads are placed by couples or individuals who would like to adopt a child. They are willing to talk to birthparents in order to try to plan an adoption. This is just one way to find an adoptive family for your child. Sometimes birthparents and adoptive parents find each other through mutual friends or relatives. Sometimes ministers or doctors help birthparents to find adoptive families. If you choose to work with an adoption agency, they will have several waiting adoptive families you can choose from. If you don’t want to choose an adoptive family yourself, many adoption agencies can choose an appropriate family for your child. Whether you find adoptive parents yourself or work with an adoption agency to find an adoptive family, be sure you have experienced professional support (either an attorney or an agency) to help you plan the adoption. You shouldn’t do this on your own!

“Can I get money for myself?”

No. It is illegal for birthparents to be paid to complete an adoption. In some states, expenses related to your pregnancy (like medical expenses, for example) and the expenses of the adoption process can be legally paid for by the adoptive parents. Laws are different from state to state so you should ask your adoption professional to explain the rules in your state.

“What are my choices in adoption?”

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

Other people prefer to learn about each other through their adoption agency or their lawyer. They might not meet each other or call each other directly, but they are still able to keep in touch with letters and pictures they send to each other through the agency or lawyer. This is a “semi-open” adoption. A “closed” adoption is one in which the birthparents and adoptive parents are given some information about each other before the adoption, but they cannot contact each other-- ever. You have the right to choose which kind of adoption would be best for you. In some states it is even possible to make this a legally-binding arrangement.

“Which is better - open or closed adoption?”

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

Some birthparents, as well as adoptive parents, do not feel that they could handle having any contact with each other. They prefer a more closed adoption which gives them greater privacy. There is no right or wrong way to do this. It is important for you to decide what you think would be best for you and your child.

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

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

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

In other words, adoption isn't your first choice. But it's too late now for an abortion. Perhaps this leaves you feeling like you don't have a choice, that you are forced to choose adoption. If that's the case, you are probably feeling frustrated, pressured, fearful, even angry because you feel pushed into adoption. But you still do have a choice - between adoption and parenting. Think hard about these two choices. Is one clearly more comfortable or more possible for you than the other? Does one offer you and your child more of what you want and need? Whether you choose adoption or you choose to parent, realize that this is your decision. Sometimes, we face very tough decisions in life. This is truly one of those tough choices, but it is still a choice-- your choice! Don't choose adoption because you feel forced, because you feel you have no choice, or because you don't know what else to do. Do choose adoption if it seems like the best decision you can make now for yourself and your child. Only you know if that is true for you. No matter what you decide, adoption or parenting, the knowledge that you had a choice and that you made the best decision you could, will help you.

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

Yes, birthparents do have the right to change their minds within a certain time limit. The birthparent must sign a legal paper that says you are willingly giving up all your parental rights to this child. Until you sign this paper, you may change your mind. Once you have signed the consent paper, states have different laws about the time you have to change your mind. Ask your adoption professional. It is very important that you choose an agency or lawyer that is willing and able to help you have the type of adoption you want. If an agency or attorney does not offer what you want, find another agency that does. Lawyers generally leave it to the birthparents and adoptive parents to decide how much openness they want. If a lawyer or agency says you can't choose for yourself, find another lawyer.

“Does the birth father have any legal rights?”

Yes, but the laws about father's rights are different in each state. His rights may depend on whether you

are married to him, whether or not he has provided financial support, and other factors. Ask your adoption professional to explain your state's laws.

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

Of course! You are the parent of the child until you sign a consent. You should be treated no differently than any other parent. That means you have the right to hold, feed, change, or take pictures of the baby and even name your baby. You can also make medical decisions and even room-in with your baby if you so choose. You can plan the "birth" day and decide all these things as well as whether you want the adoptive parents to be there. Let your adoption professional know about your plans so that the two of you can work together to communicate this plan to the hospital where you will deliver.

"What if I don't want to hold the baby?"

Some birthparents feel they do not want to hold the baby or even see the baby after it is born. They think this will make it easier for them to let go. However, many people familiar with adoption have found that just the opposite is true. They find that birth parents benefit from having the opportunity to say goodbye. They are able to carry memories of their baby which help them deal with the loss that they feel. But remember, it is important for you to do whatever makes you feel comfortable.

EXERCISE 38: Adoption Options

- Do you think you would want to know how the child is doing? Yes _____ No _____
- Would it make it any easier for you to consider adoption? Yes _____ No _____

Why or why not?

- Do you think it would be easier to meet the adoptive parents or have someone else make the arrangements? Yes _____ No _____

Why?

Write down your thoughts and feelings about:

Closed adoption (no contact)

Semi-Open Adoption (letters and pictures sent through someone else)

Open Adoption (direct contact with the adoptive family)

"How will adoption affect my life?"

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

EXERCISE 39: "Is Adoption an Option For Me?"

• Do you want to be a parent right now? Yes ____ No ____

Why or why not?

• Do you think you can handle the demands of being a parent right now? Yes ____ No ____

What would those demands be?

• Are you able to go through a nine month pregnancy? Yes ____ No ____

• Can you take good care of yourself during this time by: (Check all that apply)

a. eating good food

b. not smoking

c. not drinking

d. not doing drugs

e. going to doctor's appointments regularly?

• Do you think you would be able to give up your parental rights and allow some one else to be your

child's parent? Yes ____ No ____

Why or why not?

• What are your hopes and dreams for your future?

• What are your hopes or dreams for this child?

• Would adoption help you fulfill any of those hopes and dreams for yourself or your child? Yes ____ No ____

Which ones? _____

• What about the child's father? Is he aware of your pregnancy? Yes ____ No ____ If not, do you want to tell him? Yes ____ No ____ Why or why not? _____

• If he already knows, what does he want you to do? _____

• Would he be willing to agree to an adoption? Yes ____ No ____

• Do you think he would oppose an adoption plan? Yes ____ No ____

• Do you have a close relationship with the child's father? Yes ____ No ____

• How would a decision to place the child for adoption affect your relationship with him? _____

• How would adoption affect your relationships with others? _____

• Adoption isn't always popular among family and friends. Would your family and friends support you if you decided to make an adoption plan for your baby? Yes ____ No ____

• Would your family oppose an adoption plan? Yes ____ No ____

• Write the names of those family members and friends who would support you:



“How will I feel after the adoption?”

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

EXERCISE 40: Feelings About Adoption

(Circle the feelings that you have as you think about adoption now)

- scared • relieved • uncertain • angry • hopeful • turned off • sad
- sure of myself • nervous • Other _____

“Why does everyone want me to get counseling?”

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

After surrendering a child, birthparents have strong feelings. The grief that follows an adoption is sometimes more difficult than expected. Having a counselor that you know and trust can be helpful if you're having a hard time with your feelings. (Counseling can be provided for you free of charge either by the adoption agency or a private counselor paid for by the adoptive parents.) (See exercises in Healing section)

“How will adoption affect my child?”

When birthparents make a decision to place their child for adoption, they usually do it with a great deal of love and concern for their child. It is not a selfish decision. Most birthparents feel very worried about

whether or not their child will be all right. This is why some birthparents feel so strongly about having at least some openness in the adoption so they can have some idea of how their child is doing.

Adopted children will have many questions about their adoption and about their birthparents too. They often want to know what their birthparents looked like, how old their birthparents were when the adoption took place, where their birthparents are now. Most importantly they want to know, "Why did they decide to place me for adoption?"

B. Adoption Planning

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

Giving a complete medical history can be very helpful to your child later in life. It may not seem like much, but information about you can be the most important gift you can give to your child. What would you want a child to know about you? Take some time to write down some information about you, your family, the birthfather, and why you are thinking about adoption. Explain to the child why you are thinking about adoption. Write your story on a separate sheet of paper. If you are making an adoption plan you might want to do a video or audio recording for your child to look at later.

EXERCISE 41: Adoption Planning

What qualities would you want in a family who adopted your child? _____

What is important to you? (Circle all that apply)

- Education • For the child to be loved • Opportunities to have activities • Religion
- Other _____

What do you imagine is your "ideal" family/parenting situation?

Comments from others about making an adoption plan:

- "When I first told my friends what I was thinking of, they said, "You can't do that!" But they didn't understand. They knew less than I did and I didn't know very much."
- "I wanted to make my own decision, but at the same time, I almost wanted someone else to make it for me, because it was such a difficult choice." -Birthfather
- "Our adoption agency was fabulous. They explained that whatever I wanted to happen with the

adoption would happen. The agreement was completely between myself and the adoptive parents."

- "Once the baby was born it was very different. This little baby that was growing inside me was finally out and in the world, and decisions needed to be made and final."

- "I wanted to meet the parents and get to know them and talk and laugh with them. Because we chose an open adoption they were able to be there at the birth."

- "He looks so happy and he's right at home. You can just see the joy and love in everyone's eyes. They made him his family. It is hard. Tears fill up but I know he's happy and that's the most important thing."

- "At first I was in shock. I thought that I would have an abortion and go on with things, but I was afraid to tell my mother."

C. Adoption Letters

This is an actual letter to a birthmother from a couple hoping to adopt:

See also "Writing a letter to the child" in the Healing section)

Dear Birthmom,

Thank you for considering us as adoptive parents for your baby. First, we realize this must be a very difficult and confusing time for you full of hard decisions. If there is anything we can do to make it easier for you we will try. If you would like, we would be happy to meet with you in person, talk with you by phone, or exchange letters and pictures so that you can get to know us better. Also, we would be happy to establish an ongoing exchange of letters and pictures after the adoption.

Let me tell you some specifics about Elizabeth and me and our life together. We are both in our early 30's and feel very ready to become parents. We live in a beautiful neighborhood on a hillside. There are lots of kids in our neighborhood. We have one cat, Tess, who is eight years old and a puppy named Theodore. Both animals adore children and play well with our nieces and nephews. We both have warm and loving families who are looking forward to welcoming an adopted child.

The life we envision for a child includes stories everyday, lots of outside activities, playing with friends, and visiting family members. Both of us were fortunate to have attended college. Elizabeth has a degree in English literature and I have a degree in business. Education is very important to us. We feel that the time we've spent on our education will provide our family with a financially secure future. We plan to offer as much encouragement and financial assistance as possible for any of our children who choose to go to college.

Hopefully, this letter shows you our commitment to each other and how much we are looking forward to the day when we expand our family to include a child. Thank you for reading this letter and considering us as adoptive parents for your baby. We wish you the very best.

Sincerely, Tom & Elizabeth

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

Dear Baby Kathleen,

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

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

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

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

I love you. -Deirdre

This is a letter from the adoptive family to a birthmother when the child was 14 months old. In this case, the couple and the birthmother met before the baby was born and decided to exchange letters and pictures once a year.

Dear Jennifer,

Tom and I have been thinking about you a lot lately and thought we would write you a letter to say "hi" and let you know how Katherine is doing. We hope everything is going well for you. Katherine is a growing, happy, fourteen month old baby. She is amazing. Currently, she is about 32" tall and weighs about 25 pounds. She started walking at ten months of age and hasn't slowed down since. Her favorite activities are running and climbing. As she has gotten older, our house has become more toy oriented and has fewer and fewer breakables. She eats pretty well - her favorite foods are broccoli, apples, graham crackers, spaghetti, meat loaf, and carrots. She doesn't like tuna fish or potatoes. During dinner she eats in a high chair and we put her food on her tray. She makes it pretty clear what food she doesn't want by dropping it, piece by piece, on the floor. We have learned to give her only a little bit at a time.

She is starting to talk. We think she is going to be quite a chatterbox once she understands language a little bit better. She talks a lot in baby babble - sometimes seeming to ask complete questions or make definitive statements. Her first word was "Ut oh"--as in when you drop your favorite toy or bottle on the floor and it is now out of reach. She also loves to wave at people - and loves it more when they wave back.

Her favorite television show, we discovered, is "The Wheel of Fortune." She loves all the clapping and actively participates for the entire half hour. Her current favorite word is "puppy." Recently, she was looking at a book about animals. She proudly held the book up and said "puppy." She was quite pleased with her efforts.

If you would like to write us a letter, we would really love to hear from you. We hope you enjoy the pictures. Take care.

Fondly, Elizabeth & Tom

Birthmother in a videotaped message to her son, just after birth.

Hello Darien,

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

—Tisha

RESOURCES: ADOPTION

---ORGANIZATIONS---

Am. Academy of Adoption Attorneys Box 33053 Washington DC 20033.

Free directory www.adoptionattorneys.org

Child Welfare Information Gateway <http://www.childwelfare.gov/adoption/>

A US government clearinghouse on adoption information.

---BOOKS---

Both www.tapestrybooks.com and www.Adoptionbooks.com are good ways to find current books on adoption. You can also search other online booksellers or bookstores.

A Legal Guide for Birth and Adoptive Parents, by Kelly Allen Sifferman \$8.95 Available

Dear Birthmother, Thank you for Our Baby, by Kathleen Silber, MSW and Phyllis Speedlin, Esq. \$15

Birthmothers: Women who have Relinquished Babies for Adoption Tell Their Stories, by Merry B. Jones. \$21.95

The Third Choice, A Woman's Guide to Placing A Child for Adoption, Leslie Foge

The Open Adoption Experience, A Complete Guide for Adoption and Birth Families, from Making the Decision through the Child's Growing Years by Lois Ruskai Melina \$11

Twenty Things Adopted Kids Wish Their Adoptive Parents Knew, by Sherrie Eldridge.

Birthparent Guide, by Brenda Romanchik

Saying Goodbye To A Baby- Birthparents Guide to Loss and Grief in Adoption by Patricia Roles.
Books are available from Tapestry Books, 1-800-765-2367.

---WEBSITES---

"Adoption is an Option" Video can be viewed at www.infertilityeducation.org

<http://laws.adoption.com>-- state-by-state laws about adoption.

www.birthmombuds.com -- online birthmother support groups/mentoring

www.choicelinkup.com a listing of online resources for all reproductive health and rights including adoption

www.yourbackline.org a talkline for all aspects of pregnancy including adoption

7. Stages of Pregnancy

[return to top](#)

A. Fetal Development

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

1. "How far along am I?"

Doctors date the pregnancy from your Last Menstrual Period (LMP), which is the beginning of your cycle. Most conceptions happen two weeks after your last normal period. The following descriptions are based on the actual age of the embryo or fetus. This is usually two weeks less than age by LMP. (The LMP age is also listed here.) Example: If your last period was 8 weeks ago, the embryo is 6 weeks old. But your doctor will

consider you 8 weeks along, because your cycle started then.

EXERCISE 42: How pregnant are you?

First Day of Your Last Menstrual Period? _____ Today's date _____

How many weeks between these two dates? _____

The growing embryo or fetus is two weeks less.

It is now _____ weeks old. This is called the gestational age.

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

2. Conception

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

3. Implantation

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

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

4. Growth

- Weeks 2-4 (4-6 LMP)

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



- Week 5-6 (7-8 LMP)

The embryo will grow from the size of an apple seed to the size of a blueberry in these two weeks. The

embryo begins to bathe in clear liquid inside the sac. The fetus begins to form limb "buds" which, over the next 4 weeks, grow into arms and legs.



- Week 7-8 (9-10 LMP)

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



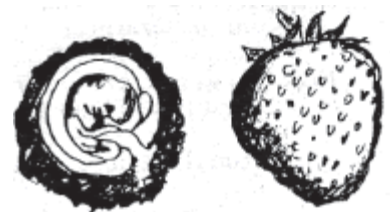
- Week 9-10 (11-12 LMP)

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



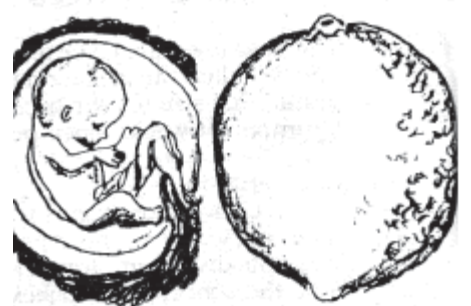
- Week 11-12 (13-14 LMP)

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



- 4th month: 13-16 weeks (15-18 LMP)

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



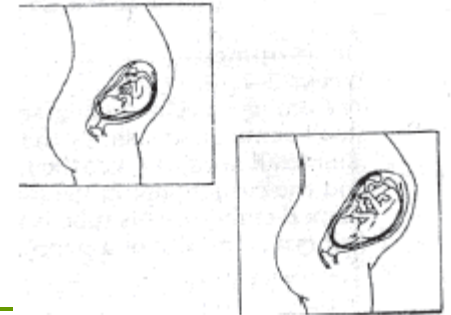
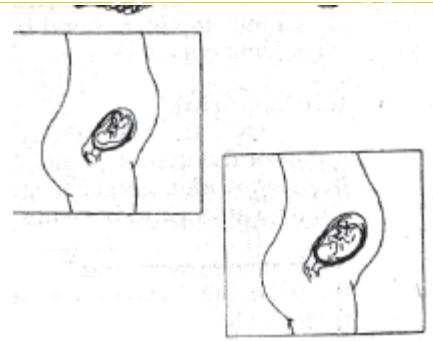
- 5th month: 17-20 weeks (19-22 LMP) By the end of this month the fetus will be at least 12 inches long. The nose takes a more defined shape as cartilage (the soft bone) appears.

- 6th month: 21-24 weeks (23-26 LMP)

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

- 7th month - 9th month

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



8. What can hurt the pregnancy?

[return to top](#)

A. Birth Defects

Birth defects can happen for many reasons. Each pregnancy carries a 3 to 5 % chance that the child will be born with a minor or major birth defect.

Causes of birth defects may be:

1. inherited conditions that are passed down in families,
2. accidental changes to the genes at the time the egg or sperm were forming.
3. Exposures to some kinds of medications, diseases, chemicals or pollutants.

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

EXERCISE 43: Birth Defects

Do you know of an inherited disease or condition in your family? Yes _____ No _____

Describe:

Do you or anyone in your family have a birth defect? Yes _____ No _____

Describe:

B. Exposures

Some birth defects are caused by drugs, chemicals, viruses and by some medical conditions that a

pregnant woman may have. These exposures or “teratogens” should be avoided or controlled. If you are wondering if something you were exposed to can harm the pregnancy, keep reading and check the resource section for more help.

EXERCISE 44: Exposures

Have you been exposed to a chemical, drug, medications, radiation/ x-rays or viruses since your last period (LMP)? Yes _____ No _____

For each item you think you may have been exposed to, write down all the days you were exposed and, if you know, the dosage. To determine if you may have a risk, it is important to know:

What you were exposed to?

How much, and for how long, was the exposure?

How old the embryo/fetus was when the exposure(s) occurred.

Exposure: _____, Amount: _____, Date(s): _____, Gestational age: _____
_____, _____, _____, _____

Example: 1. Amoxicillin for a bladder infection, 750 mg. Daily June 1st-8th 12-13 weeks

Example: 2. Albuterol inhaler for asthma, 4 puffs every day, throughout pregnancy.

Share this list with your doctor or genetic counselor.

Special Note:

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

B. Harmful Substances: Some Common Exposures

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

- Acne medications (Accutane or Isotretinoin):

Time of exposure to avoid: The first 12 weeks of pregnancy. Greatest risk: Between the 2nd week and 5th week of pregnancy> Risks: Birth defects affecting the brain, heart and/or face have been reported. There is also a greater chance of miscarriage. The risk can only be determined through a careful review of your exposure and the medical information. Several years ago this drug was made available to treat acne. This drug has also been prescribed for other facial blemishes. Because of its well known ability to harm the developing embryo/fetus, obtaining this medication requires a woman’s physician to inform her about the risks for birth defects from this drug. If you are taking this medication you are likely to be familiar with the

pledge program. However, in spite of required precautions with Accutane (generically known as isotretinoin) some pregnancies may still occur. Retin A is a topical form of this drug and has considerably lower risk, but may still pose some risk.

- **Alcohol: Time of exposure to avoid: Anytime in pregnancy**

Greatest Risk: Fetal alcohol syndrome Fetal alcohol syndrome (FAS) is the leading cause of mental retardation in the U.S. Children who have FAS have growth delays, nervousness, possible heart defects as well as learning difficulties. Heavy drinking also increases risk for subtle changes in the face as well as other birth defects. Alcohol crosses the placenta, which means the baby gets it directly. Daily or excessive (over 5 drinks per day) alcohol use can harm the baby. Lesser but frequent amounts of alcohol in pregnancy may also affect the development of the baby. There is no agreement on a safe level of alcohol use in pregnancy. FAS has been known to occur even for women who use alcohol in small amounts.

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

- **Antibiotics: Time of exposure to avoid: The first 12 weeks**

Greatest risk: After 4th week of pregnancy. Some, but not all antibiotics are known to cause birth defects. Streptomycin is an anti-biotic known to affect the baby's development. **Risks:** There is an almost 10% risk that the ears of the developing fetus can be affected. Sometimes deafness may occur but this is considered to be a less frequent result of exposure to streptomycin during pregnancy. However, it is not possible to determine if hearing will be affected when exposure occurs. It is important to discuss your specific anti-biotic exposure with your doctor.

- **Anticonvulsants (medications to control seizures): Greatest risk: The first 12 weeks.**

There are many different kinds of medications for seizure conditions. It is important to learn if the medication you are taking is known to carry a risk. If you are taking a combination of medication to prevent seizures, risks may be increased. These medications may not be avoidable. Seizure medications are required to prevent other complications in pregnancy. Some anti-convulsant medications are safer than others during pregnancy.

- **Anticonvulsants (medications to control seizures): Greatest risk: The first 12 weeks.**

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

- **Anti-depressants, Anti-anxiety and medications for Psychological Conditions**

There are many different medications that are used to help people with depression and feelings of anxiety or panic. Many of the anti-depressant medications don't appear to carry an increased risk of birth defects. A medication used to treat bi-polar disorder, lithium, appears to bring an increased risk for a specific kind of heart defect. It does not happen to all babies exposed to lithium in pregnancy. For many medications there is simply not enough information available to determine if they increase risks or not. It is important to tell your doctor that you are pregnant if you are taking medication for depression, anxiety or for any other psychological condition.

- **Cat box/ toxoplasmosis:**

Time of exposure to avoid: Six months prior to pregnancy through the first 12 weeks. It is possible that exposure in early pregnancy to the parasite, toxoplasma gondii found in cat litter boxes may increase the risk for birth defects. If you have been around outdoor cats often before pregnancy and throughout your life, it is likely you have already been exposed to this infection, often without symptoms, and have developed immunity against re-infection. If you are concerned that you may have been exposed, a test is available to determine whether there is active infection. Risks: About 30% of all women who become infected with this parasite in early pregnancy will pass it to the fetus. If it is exposed during this time, the baby is at risk for brain malformations, deafness, vision abnormalities, and mental retardation.

- **Cigarette smoking:**

The greatest risk for complications rises with the number of cigarettes smoked per day and how far into the pregnancy the smoking occurred. Risks: Women who smoke in their pregnancy have an increased chance that the pregnancy will end in a miscarriage or stillbirth. The babies are sometimes born with low birthweights and this can be a factor for delay in the growth and development of the baby. Babies born prematurely to mothers who smoke heavily have a greater risk of developing infection than when the premature baby's mother does not smoke.

- **Cocaine use: Time of exposure to avoid: The entire pregnancy**

Risks: The greatest risk for pregnant users of cocaine is to experience bleeding and an increased risk for miscarriage and stillbirth. Birth defects reported mainly affect urinary tract and genital development. Other birth defects have been reported. The risks from cocaine use increase with greater use.

- **Diabetes:**

Greatest risks: Women who need insulin and are not in control of daily insulin levels. Diabetes can affect anyone at any age. Some forms of diabetes require the person to take insulin. Whether you take insulin or not, there is a known increased risk for birth defects. Risks: Many different kinds of birth defects can occur but the most common are spina bifida, heart defects and deformity of the legs. Women who are able to take insulin and control the diabetes have an excellent chance of avoiding this risk.

- **Anticonvulsants (medications to control seizures):**

Greatest risk: The first 12 weeks. Risks: Depending on which anticonvulsant was used in the pregnancy, there is a risk for heart defects, spina bifida, cleft lip, and mental and physical delays.

- **Anti-depressants, Anti-anxiety and medications for Psychological Conditions**

There are many different medications that are used to help people with depression and feelings of anxiety or panic. Many of the anti-depressant medications don't appear to carry an increased risk of birth defects. A medication used to treat bi-polar disorder, lithium, appears to bring an increased risk for a specific kind of heart defect. It does not happen to all babies exposed to lithium in pregnancy. For many medications there is simply not enough information available to determine if they increase risks or not. It is important to tell your doctor that you are pregnant if you are taking medication for depression, anxiety or for any other psychological condition.

- **Cat box/ toxoplasmosis:**

Time of exposure to avoid: Six months prior to pregnancy through the first 12 weeks. It is possible that exposure in early pregnancy to the parasite, toxoplasma gondii found in cat litter boxes may increase the risk for birth defects. If you have been around outdoor cats often before pregnancy and throughout your life, it is likely you have already been exposed to this infection, often without symptoms, and have developed immunity against re-infection. If you are concerned that you may have been exposed, a test is available to determine whether there is active infection. Risks: About 30% of all women who become infected with this parasite in early pregnancy will pass it to the fetus. If it is exposed during this time, the baby is at risk for brain malformations, deafness, vision abnormalities, and mental retardation.

- **Cigarette smoking:**

The greatest risk for complications rises with the number of cigarettes smoked per day and how far into

the pregnancy the smoking occurred. Risks: Women who smoke in their pregnancy have an increased chance that the pregnancy will end in a miscarriage or stillbirth. The babies are sometimes born with low birthweights and this can be a factor for delay in the growth and development of the baby. Babies born prematurely to mothers who smoke heavily have a greater risk of developing infection than when the premature baby's mother does not smoke.

- Cocaine use:

Time of exposure to avoid: The entire pregnancy Risks: The greatest risk for pregnant users of cocaine is to experience bleeding and an increased risk for miscarriage and stillbirth. Birth defects reported mainly affect urinary tract and genital development. Other birth defects have been reported. The risks from cocaine use increase with greater use.

- Diabetes:

Greatest risks: Women who need insulin and are not in control of daily insulin levels. Diabetes can affect anyone at any age. Some forms of diabetes require the person to take insulin. Whether you take insulin or not, there is a known increased risk for birth defects. Risks: Many different kinds of birth defects can occur but the most common are spina bifida, heart defects and deformity of the legs. Women who are able to take insulin and control the diabetes have an excellent chance of avoiding this risk.

- Thyroid medicine:

There are medications that are prescribed for over-active and under-active thyroid. Ask your doctor if the medication you are taking is known to cause birth defects. Usually the time to avoid use of some forms of thyroid medication is between 4-20 weeks of fetal development. If you are taking synthroid, (also known as Levoxyl and thyroxine) to maintain proper thyroid function, taking this medication is not expected to increase risks to your pregnancy. Risks: The most common concern is developing an underactive thyroid in the fetus.

- Viruses: Time of exposure to avoid: The first 12 weeks of pregnancy Some examples:

Rubella (German measles), chicken pox, cytomegalovirus Risks: Women who are exposed to one of these virus during the first half of their pregnancy, and who never had been exposed before, may develop the illness. During this time, the embryo or fetus is also exposed. If the viral infection occurs during the development of the early brain, this can result in brain deformity and mental retardation.

- **Workplace Exposures:**

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

- **X-Rays/radiation: Time of exposure to avoid: The first trimester.**

Greatest risk: At the time of implantation of the dividing egg, and up to day 10. We are exposed to radiation in lots of ways-- at work, in our homes and when we have an X-ray. A critical aspect of x-rays is dosage or amount. Most average exposures are less than 1 rad. Concern arises when a pregnancy is exposed to more than 5 rads. This would be the result of an unusual circumstance or medical crisis. Risks: There is an increased risk for miscarriage. Only for those pregnancies that have had significant x-ray exposure there is risk for developmental delay, mental retardation and childhood cancers. If you have had significant x-ray exposure you may want to discuss this with your doctor or a genetic counselor. What about exposures to the father? In general, exposures to the father are unlikely to increase the risk to a pregnancy because, unlike the mother, the father does not share a blood connection with the developing baby. An exposure to the father generally affects the quality of his sperm, usually affecting his sperm's ability to fertilize the egg.

RESOURCES: HARMFUL SUBSTANCES

- OTIS (Organization of Teratology Information Specialists) for information about exposures during pregnancy and potential risk to the developing baby. Toll free 866-626-6847 or www.OTISpregnancy.org to locate a telephone information service serving the area where you live.

- March of Dimes-For information on teratogens and things that will harm a pregnancy, call your local office or visit the website at www.modimes.org

- Genetic Counselor- To find a genetic counselor, see www.nsgc.org or ask your doctor.

Especially for Male Partners:

How are you feeling?

Even if you are trying to be strong for her, you are probably having some feelings about this situation. You may be scared for her, or for how your own life is affected. You may feel guilty. You may feel shut out of

things. Or, sad about the relationship. Or, upset at the idea of losing, or continuing, the pregnancy.

Most women want to know how their partner feels. You may think it's better to support "whatever she wants", or, you may not want to "influence" her too much. But, it's important to tell her how you feel, knowing that ultimately she has to follow her own feelings. This decision affects you too. She does want to hear that you are concerned about her and that you care.

Your feelings (what you are happy, sad, angry, scared, or ashamed about) are different from your thoughts. Telling her your feelings is different from telling her what you think she should do. Both of you may feel more than one thing. You may want someone to talk to. This may—or may not—be your partner. Choose someone who is a good listener. The talklines listed below are free and non judgmental.

Are you feeling any of the following?

"I feel so guilty" Some men feel guilty that they caused the pregnancy, especially if they were not using a condom. Unless you pressured her into having sex, you are both responsible for the pregnancy. Focus on what you can do now and in the future. Tell her you are sorry it happened and become involved in preventing a future pregnancy. You may be feeling guilty if she has chosen an abortion. Most people choose abortion because they think it's better than the other alternatives. If you still think abortion is morally wrong, the solution lies in forgiveness--from yourself, for her, or from God.

"I feel bad because I'm not a good provider."

Sometimes men feel like a failure because they worry that they can't afford a child--or another child. It may be a goal to get more financially stable so that you can have a child. Or, you may feel that if you are working all the time, you can't be with her or with your children. More and more families are relying on two or more paychecks to get by. Or, you may feel that even though it will be hard, it's worth having another child. Share your thoughts with her and let her help.

"Will we break up?"

If both of you agree and support each other--and talk to each other--the relationship can even get better. Even if you don't agree, if you show that you care about each other, the relationship can grow. But it is a very stressful time, so be patient and take the time to talk to each other.

"What do I do if she keeps blaming me?"

If your partner is blaming you, it may mean that she wants to hear that you are sorry she is hurt or going

through all this. Try saying sincerely, “I’m sorry I helped you get into this, and I’m sorry you’re hurting.” Are there concrete things you can do to help her?

“I wanted this baby.”

It may be hard on you if you wanted to raise a child with her or get married and she doesn’t. It may seem that you feel the loss more than she does. People who suffer a loss need to grieve. It’s important that you find someone who can listen to what you’re going through. That may be a counselor or a friend who can keep a confidence.

Showing Her You Care

1. Let her know you’re sorry she’s the one who has to go through all this physically.
2. Check in with her often about how she’s feeling. Rather than say, “how are you doing?” ask her to describe how she is feeling or what she is experiencing.
3. Do something special for her--flowers, a love letter, or help her with a task like washing her car, child care, or doing the dishes.
4. Be affectionate, but be prepared for her not to want to be sexual. You may feel rejected, but remember that she connects sexual intercourse with unintended pregnancy.
5. Be understanding about pregnancy symptoms. Nausea, tiredness, irritability and moodiness are all pregnancy symptoms. Most will go away within a few days after an abortion. If she continues the pregnancy, some symptoms like nausea may go away after 12 weeks or so.
6. Attend doctor’s appointments with her and understand the medical instructions given to her.
7. Help with birth control. Use condoms. Help to pay for other birth control options.

Taking Care of Yourself

1. Acknowledge that this is having an effect on you and try to write down or say all the ways that you are thinking about it.
2. Tell someone what you are thinking—if not your partner, then someone you trust.
3. Figure out what you can take from this experience: a goal, a new way of looking at your life, closeness with your partner.
4. You and your partner may not communicate in the same way—most men and women don’t! It may take you longer to put your thoughts into words. You can say, “I’m not sure how I feel. Can I think about it and tell you tomorrow?” Give yourself the time you need, and do get back to her as soon as you can when you are clear about what you want to say.
5. The resources listed below are non-judgmental and anonymous. Learning more and getting help are ways to take care of yourself.

Talking to Someone

The talklines listed below welcome calls from male partners. Ask at the doctor's office or clinic if there is someone on staff you can speak to. Or, seek out counseling from a mental health clinic, a family planning clinic, or a private therapist. Signs that you need more help include: thinking about it all the time, disruptions in sleeping, eating habits, or your ability to concentrate.

RESOURCES (More Resources Under Each Section of the Workbook)

www.menandabortion.com Information on abortion, common experiences, concrete advice.

www.yourbackline.org Backline -- A Talk Line for all pregnancy experiences. 1 888-493-0092. Calls from loved ones are welcomed.

www.faithaloud.org. Spiritual counseling 1-888-717-5010

www.4exhale.org. Exhale post abortion talkline 1-866-439-4253

www.MomDadIMpregnant.com also includes advice for partners and parents of young men.

www.ChoiceLinkup.com --A fast way to access accurate information about reproductive health and rights. Includes discussion sites, blogs, etc.

www.pregnancyoptions.info includes this workbook but also A Guide to Emotional and Spiritual Resolution After an Abortion. "Note to Healing Partners" and online store for more resources.

9. Spiritual and Religious Concerns

[return to top](#)

A. What is Spirituality?

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

Our spirituality is wise and loving, and we usually know when we are honoring it. When we step away from our spirituality, we may actually feel pain, and feel like we have betrayed ourselves. Sometimes we know this from our dreams, our intuition, or how we feel. It's important to discover your own truth and honor it.

"Making a choice about your pregnancy can be a gift of learning and growth. It is an invitation for you to develop a larger vision of yourself. It's a way to practice compassion and loving kindness toward yourself."

(Adapted from "Abortion: Finding Your Own Truth" by Corrintha Rebecca Bennett, pamphlet from Religious Coalition for Reproductive Choice 1025 Vermont Ave. NW #1130 Washington DC 20005 (202) 628-7700.

EXERCISE 45: What are your spiritual or religious concerns? (Check all that apply)

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

Faith Aloud

Faith Aloud offers spiritual and religious counseling. "Our specially trained counselors are clergy and people of faith: Roman Catholic, Jewish, Unitarian Universalist, Protestant Christian, Buddhist, and Muslim. Persons of all faiths, or no particular faith are welcome to call. Including your spirituality in your decision-making can enrich and enhance this experience in your life."

"Families who have dealt with a loss such as miscarriage, abortion, placing a child for adoption, infertility, stillbirth, or a denial of adoption may choose to speak to a religious counselor about the confusing emotions of grief, guilt, anger, joy, and relief. No two loss experiences are identical, and yet all share some similar responses." www.faithaloud.org 1-888-717-5010.

B. What Different Religions Say

Here are some thoughts from many religions and beliefs about a woman making her own choice and particularly about abortion. These thoughts may not be the "official" position of a religion, but they may be helpful to your thinking.

1. Protestant Faiths:

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

The heritage of Jesus in the gospel of Matthew cites four specific women as foremothers: Tamar, Rahab, Ruth, and Bathsheba. Each of them was considered a social outcast. Each woman experienced a serious threat to her well-being. Each, in order to manage her situation, risked going against what was "normal" for

their time. In so doing, each woman rose above difficulty and won respect within the community.

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

Adapted from "How Good Women Make Wise Choices" by Rev. Nancy Rockwell, pamphlet published by Religious Coalition for Reproductive Choice 1025 Vermont Ave. NW Suite 1130 Washington DC 20005 (202) 628-7700. Web site: www.rcrc.org.

2. Black Protestant Ministers:

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

Excerpted from "Black Ministers Support Your Right To Choose," pamphlet from Religious Coalition for Reproductive Choice 1025 Vermont Ave. NW #1130 Washington DC 20005 (202) 628-7700

www.rcrc.org

3. Judaism and Abortion:

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

From "Abortion: Perspectives from Jewish Traditions" Religious Coalition for Reproductive Choice 1025 Vermont Ave. NW #1130 Washington DC 20005 (202) 628-7700 www.rcrc.org

4. Islam (Muslim) and Abortion:

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

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

There are a very few reasons for abortion in Islamic teaching: If the woman's life or longterm health is threatened by the pregnancy, and if a nursing infant is threatened by its mother's next pregnancy.

** In the past, Muslim physician-scholars wrote about abortion and its uses. Al Razi (d. 923 A.C.) wrote that abortive medicines could be used if a very young woman was raped, or if carrying the fetus to term would kill the mother. Ibn Sina (d.1037 A.C.) wrote, "At times it may be necessary to have an abortion: 1) when the pregnant woman is young and small and it is feared that childbirth would cause her death, or 2)when she suffers from a disease of the uterus (that would make it very difficult for the fetus to emerge)." **

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

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

• *Muhammad Sa'id Ramadan al Buti, Tahdid al Nasl, Damascus: Marktabah al Farabi, 1976, pp. 96-99.*

** *Abdul Fadl Mohsin Ebrahim, Abortion, Birth Control, & Surrogate Parenting: An Islamic Perspective. Indianapolis: American Trust Publications, 1989, p.92.*

5. Buddhism and Abortion:

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

Questions regarding the nature of life bring to mind two most basic ideas about life in Buddhism. First, life is believed to be eternal; without beginning or end. Life and death are two sides of the same coin, and just as nature passes through the seasons of spring, summer, fall, and winter, human beings pass through cycles of

life that are continuous and eternal. Buddhism also teaches that life is sacred, and to be protected at all costs. In between these two fundamental tenets lies a large gray area in which we as Buddhists are challenged to find our own wisdom to apply to the challenge of making a decision regarding an unplanned pregnancy.

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

In Buddhism, there is a concept called the Ten Worlds, or ten basic life states. They are, from lowest to highest, Hell, Hunger, Animality, Anger, Tranquillity, Rapture, Learning, Realization, Bodhisattva, and Buddhahood. At each moment of life we are manifesting one of these life states. In conjunction with this is the idea of the Mutual Possession of the Ten Worlds; that within each life state is the potential to manifest the other nine. Human beings are constantly shifting between these states. As Buddhists, we strive to elevate our basic life tendency, striving towards Buddhahood. The important thing to realize is that no matter where you are at, you have the ability already

in you to be happy, have closure, and be at peace with whatever decision you have made or will make. Buddhism holds that each person's life is infinitely valuable and precious. That you hold, or have held, life within you does not deny this fact of your life. It is important to remember that you have the power to shape your life, attain your dreams, and change difficult, painful circumstances into knowledge, wisdom, and ultimately, happiness.

Whether you write in a journal, meditate, chant, or perform rituals to determine the best path for your life, always remember this: the answer to your question lies within you and cannot be dictated by any other being in this world, or another. Listening to what your heart is telling you is the first step on this life-long path. The Lotus Sutra was Shakyamuni Buddha's final and most essential teaching that he left to his followers before his death. In it he states the equality of all living beings, and everyone's ability to attain enlightenment in this lifetime as they are. In Buddhism, as in most other world religions, there are many beliefs about abortion and women's right to choose it. Religious leaders from all backgrounds have always been debating the question of when life begins to understand when abortion is allowable within the teachings of their religion.

If you are struggling to make a decision regarding your pregnancy, or, if you are looking for a way to heal spiritual wounds after an abortion, know this: you have within you the ability to turn this difficult time into one of growth, and eventually happiness.

6. Catholicism and Abortion:

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

In fact, Catholic women choose abortion in the same proportion as non-Catholic women. Catholics for Free Choice "You Are Not Alone" 1436 U St. NW #301 Washington DC 20009 www.catholicsforchoice.org

Pope John Paul II recognized that "in dire circumstances, some women may honestly feel trapped with no viable option or alternative but to turn to abortion. Decisions that go against life sometimes arise from difficult or even tragic situations of profound suffering, loneliness, a total lack of economic prospects, depression, and anxiety about the future. Such circumstances can mitigate, even to a notable degree, subjective responsibility and consequent culpability of those who make these choices which, in themselves, are wrong." (as quoted by Father Roberts, speech, 1998)

7. A Pagan View of Pregnancy Decisions:

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

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

What is the lesson of the pregnancy? We ought to approach a pregnancy decision with an awareness of the web, and with love and self-acceptance. Ideally, you would have three rituals, the first to help make the decision, the second after the decision has been made and the third a year and a day after the decision, to complete the cycle.

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

(Adapted from "What would the Goddess say? A Pagan approach to Abortion" by Beth Goldstein.)

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

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

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

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

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

In the following section you will find rituals from other cultures and ones that women have created for themselves. These events help the woman and her supporters acknowledge her loss and think about it in a way that helps her heal.

10. Healing Work

[return to top](#)

A. Healing Ceremonies

1. Ceremony to Release Spirit Life (Taino Clan)

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

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

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

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

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

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

(Taino Ritual, Caney Clan)(Adapted from Songs of Bleeding by Spider p. 138-141, 1992, Black Thistle Press 491 Broadway New York, NY 10012 (212) 219-1898. \$15.00) Permission granted.

2. Mizuko Jizo -- Ceremony for Water Babies (Buddhist, Japan)

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

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



B. Writing a Letter

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

If you are placing your child for adoption, you might want to have the birth parents give your letter to the child at a certain age. You might want to write one letter for your grief process and one to give to the child.

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

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

These letters can be very healing. When you are done with them you can make a decision to keep them in a safe place, or share them with someone who can understand. Some women choose to bury the letter or burn it, thus "releasing" it back to the earth.

Examples of letters from women choosing abortion:

Dear Baby,

I'm sorry I won't get to see you and watch you grow. I feel very sad about this, but I think you are better off in Heaven. If you came now, it would be very hard for all of us. I hope that you can understand and forgive me. I will see you in Heaven. I love you very much.

Mom

To my little angel,

Although I say goodbye today, you will always be in my mind, heart, and soul. Please understand that this wasn't your time, because you are better off in the hands of God than mine at this moment. My own creation, you are, and forever will be, beautiful and pure. I smile when I think of you, even if I cry. You have given me reason to be strong and wise and responsible. You will always be my baby. I will see you in heaven, sweetheart.

I LOVE YOU!

Always and unconditionally your mommy, 05-31-01

Poem written by woman at clinic just before an abortion:

Without Even Knowing You

Without even knowing you

I feel a special bond.

A closeness no one else could feel,

A love that's shared as one.

But, now I know you have to leave,

And because you are, I can't receive

The joy and love you're supposed to be.

Without even knowing you

I feel a tremendous loss.

How I feel and what I know

End up telling me you need to go.

You were loved before you came,

And you'll be missed when you are gone.

But, I know, someday, you will return

And that's what keeps me holding on.

I love you.

In loving memory. --4-7-99

C. Women's Stories

Women are very wise. These are actual stories of women who have told us how they have created a way to grieve.

Shelley: "I collect enameled boxes. So I took my very favorite box and wrote a little note in it to the baby. Then my mother and I buried it in the garden. We both cried, but it really helped me."

Tammy: "One of my favorite places to walk and to think is this old orchard near my school. So, I decided to plant a tree there --an apple tree. I'm probably moving away, so I can't watch it grow, but in my mind, it's growing."

Deb: "I had a long conversation with the spirit child that I was carrying and we decided it couldn't be. For me, it was like throwing a star back into the sky. Sometimes I look at the night sky and think, maybe that one is my star."

Sharon: "It was right before Christmas when I lost my baby. So I got a Christmas ornament and every year I put it up and it reminds me of that child that couldn't be." Jen: "I got a helium balloon and carried it around for a while. It made me happy. Then I released it and said goodbye."

Claire: "When I was making my decision someone gave me a beautiful polished stone. I held it during the abortion and kept it for long while after. Then I walked down to the river one day and threw it as far as I could. I felt peaceful."

Annie: "My father died a few months ago. We were very close. He always used to tell me to go down by the river and watch it go on its way to its destination, the ocean. I knew that my father was at his destination, Heaven, and that he would take care of my baby."

Charlotte: "I had a very hard time with my decision but I thought abortion was best for me and for my baby. But it didn't mean that I didn't care. I found a pendant that had two halves of a heart. I wear one and I buried the other half to remind me that something of me was lost."

Bea: "It was difficult for me to cry even though I felt terribly sad. Someone suggested that I take some time and just be sad. So I did. I took one whole day and wrote about my feelings, listened to some music that

always makes me cry, and basically, said "goodbye". Also I didn't eat until sundown, but then my food tasted so good. Now I still think about it but it doesn't feel like I'm all bottled up."

Suzanne: "I did a ceremony by the river. I collected some feathers and put them in a little white silk cloth, closed it with a ribbon, and threw it in the river with a white lily and a red rose. I've also sown seeds of wild flowers next to the river. This helped me feel more peaceful, to remember, but also release some of the pain, and to feel all right. My notebook also helps me."

Shaniqua: "This may sound strange, but on the due date that would have been, I get a cupcake like it was a birthday. It's OK"

Crys: "I had a terrible time for about a year, then I wrote a poem to the baby and went to the highest hill around where there would be a good wind. I read the poem out loud, then ripped it into little pieces and let the wind take it. I still grieve but it was a good thing to do."

"Whether we experience it or not, grief accompanies all the major changes in our lives. When we realize that we have grieved before and recovered, we see that we may recover this time as well. It is more natural to recover...than to halt in the tracks of grief forever...our expectations, willingness, and beliefs are all essential to our recovery from grief. It is right to expect to recover, no matter how great the loss. Recovery is the normal way."

-- Judy Tatelbaum

D. Guided Day Dream on Loss

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

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

This guided imagery is designed to help you recognize what losses you may be feeling, and to release them gently.

RESOURCES: HEALING

[A Guide to Emotional and Spiritual Resolution](#) After an Abortion,

another workbook in this series is available to order.

Religious Coalition For Reproductive Choice website: www.rcrc.org.

www.faithaloud.org- Clergy Talkline for all kinds of pregnancy loss. 1
888 717 5010

www.yourbackline.org Backline –a talkline for honest pregnancy options information and discussion.
1-888-493-0092.

www.4exhale.org website and talkline 1-888-4EXHALE for women and others after an abortion.

www.Heartssite.com is a website for women who want to leave other women a message about their
experience of abortion.

www.afterabortion.com a website for women who are having emotional difficulty after an abortion.
Includes advice, step program for healing, and online support.

Peace After Abortion: A Pro-Choice Self-Help Guide for Women and Men, by Ava Torre-Bueno, LCSW
\$11.95 postpaid, 1-800-352-6305 Pimpernel Press PO Box 33110 San Diego, CA 92163-3110 website:
peaceafterabortion.com

Also available at: www.pregnancyoptions.info

“A Time to Decide, A Time to Heal” www.pineapplebooks.com

Also available at www.pregnancyoptions.info

The Healing Choice: Your Guide to Emotional Recovery After an Abortion, by Candace DePuy, PhD
and Dana Dovitch, PhD, \$12, Simon & Schuster, available in bookstores or 1-800-999-7909.

Unspeakable Losses: Understanding the Experience of Pregnancy Loss, Miscarriage, and Abortion by
Kim Kluger-Bell \$23.95, WW Norton Book Co. 1998

“Inner Healing After Abortion” by Marilyn Gryte Also available at www.pregnancyoptions.info/store

Saying Goodbye To A Baby: the Birthparent’s Guide to Loss and Grief in Adoption, by Patricia Roles,



11. Taking Care of Yourself

[return to top](#)

No matter what you choose, there are some things you need to know just to take care of yourself. In this section, you will find some advice on dealing with morning sickness, birth control, and protecting yourself against sexually transmitted diseases, including HIV. You can also learn about endometriosis and how to be sexually “healthy”. Finally, there is a section on continuing to take care of yourself emotionally. With all choices, you can have some strong feelings and big changes in your life, and you need as much support as possible.

A. Morning Sickness

Most women have nausea when they are pregnant. For some women, it is very severe and lasts longer than just the morning. Usually, this nausea lasts from the 5th week to the 12th week of pregnancy, but it can last the entire pregnancy. There are many patterns of morning sickness. There may be some prescription medications that help, but most medical practitioners are cautious about prescribing for a pregnant woman because of possible harm to the fetus. Some women are helped by over-the-counter products like Dramamine or Emetrol.

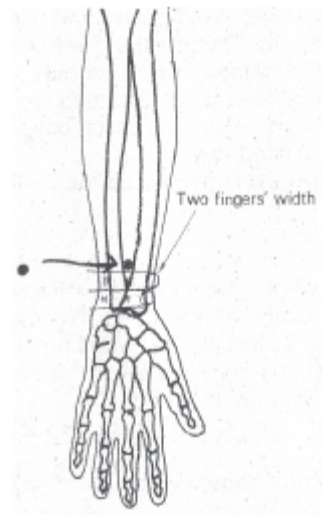
There are some other safe remedies suggested by alternative medicine and women’s home remedies. The real danger to you is in getting dehydrated. If you can’t hold any water or liquid down at all for a day or more, call your medical practitioner or seek help at a walk-in clinic or emergency room. One over-the-counter remedy is a combination of a vitamin and sleep aid: Vitamin B-6 Pyridoxine 10-25 mg three times a day. (DO NOT EXCEED 100 mg daily) PLUS 12.5 mg doxylamine 3-4 times a day, (1/2 tab of Unisom sleep tabs –NOT gel tabs) (“A Practical Approach to hyperemesis gravida” by T. Murphy Goodwin MD Contemporary Ob/Gyn June 2004.

1. Folk Remedies

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

2. Traditional Chinese Medicine (Acupuncture and Herbs)

Chinese medicine hopes to achieve balance in the body. They believe that there are various points on the body that help keep the body in balance. They also think that various herbs are beneficial. The most common advice from Traditional Chinese Medicine is to apply pressure to the wrist in the spots shown here. There is also an acupuncture "bracelet" called SeaBands or Relief Bands that are sometimes sold in drug stores. You can press the spot yourself for temporary relief. Use your thumb and apply steady pressure. The bracelet presses the spot for you.



According to this system of medicine, nausea happens when the digestive system is out of balance. If you are having morning sickness, you may find help from an acupuncturist in your area.

3. Homeopathic Remedies

Homeopathy is a system of alternative medicine that uses tiny amounts of substances to encourage your body to "fix" itself. There may be homeopathic medical practitioners in your area or a chiropractor who knows something about homeopathy. Most health food stores carry some homeopathic remedies.

4. Other suggestions:

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

B. Getting Pregnant Only When You Want To- Birth Control

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

1. "What's the most effective method for you?"

The best birth control method for you is one that will be easiest for you to use and has little or no side

effects. It may take some trying to find the best one for you. There are many types of very effective birth control methods that are 97-99% effective against pregnancy when used perfectly. However, many of these birth control methods will not protect you against sexually transmitted diseases, including HIV/AIDS. Only latex condoms used correctly and consistently will give some protection from sexually transmitted diseases, including HIV/AIDS. Only abstaining from sexual intercourse is 100% effective in preventing pregnancy and sexually transmitted diseases.

2. The Birth Control Pill

Oral Contraceptives-- or the pill -- is the most popular form of birth control in the US. Most women like it and can take it without problems. Some women have side effects with the pill. Most are not serious like bleeding in the middle of the cycle, nausea, or a change in mood. A very few are serious like migraine headaches, vision problems, and stroke. There are many different kinds of pills and your doctor or clinic can help find one that works for you, without side effects.

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

Other medications may interfere with the effectiveness of pill. These medications include: Rifampin (used to treat tuberculosis), Phenobarbitol (sedative and anti-seizure medicine), Phenytoin, Dilantin, Carbamazepine, Tegretol (anti-seizure medication), and Griseofulvin (potent anti-fungal). It is important to discuss other medications you are taking with your medical practitioner.

3. Nuva Ring™

-- is another way to deliver the same hormones as the pill. It is a small plastic ring you put inside your vagina (where you would put a tampon) and it slowly releases hormones. The vaginal ring stays in place for 3 weeks. You will remove the ring on the 4th week and have a period. It's a good method if you do not want to have to remember to take a pill everyday and are comfortable putting it in and taking it out of your vagina.

4. Ortho Evra™

-- The Patch -- is another way to deliver the same hormones as the pill. You put a new patch on once a

week for three weeks. You do not wear a patch during the fourth week which is when you have a period. The patch is good if you do not want to remember to take a pill every day. The patch may not be effective for overweight women. Ask your doctor or clinic for more information.

5. Depo Provera™

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

6. Paragard™ or Mirena™

-- The IUD -- The IUD stands for Intra Uterine Device and is used throughout the world. The IUDs currently sold in the United States, Paragard™ or Mirena™, are good for up to 5 or 10 years depending on the brand. The IUD makes a poor climate inside the uterus for getting pregnant. One advantage of the copper IUD, Paragard™, is that there are no hormones. Some women report that their periods are heavier with a Paragard™ IUD. The Mirena™ is coated in a small amount of hormone, which may lighten your period. It has recently been approved for younger women who want to delay child bearing for 5 years. IUDs are not recommended for women who are at risk for PID (Pelvic Inflammatory Disease), have multiple sexual partners, have lower immune response, abnormal pap smear, heart disease, anemia, a history of severe menstrual cramping and heavy flow, a history of ectopic pregnancy, or previous problems with an IUD. It is ideal for women who do not want more children but who do not want to get a tubal/sterilization. Your doctor or clinician must insert and remove the IUD in their office.

7. Implanon™

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

8. Male Condoms

-- are a "barrier" method. They are called that because they put up a barrier or wall between the sperm and the egg. The most common and effective barrier method is the latex male condom, which the man

puts over his penis. Condoms are also the only method that can help prevent sexually transmitted diseases, including AIDS/HIV. When used correctly and consistently, the latex male condom is 98% effective in preventing pregnancy and sexually transmitted infections. If you or your partner have a reaction (itchy, redness) there are male condoms made of polyurethane. Male condoms made of animal skin or for novelty use are not effective in preventing pregnancy or sexually transmitted diseases.

9. Female Condoms

-- are a plastic sheath that a woman can put in her vagina before vaginal sex. In the United States, the female condom is called Reality™ condom. The female condom is made of polyurethane, a safe, effective alternative to latex. It also covers more of the vulva, so it provides some additional protection against skin-to-skin contact sexually transmitted diseases.

10. Spermicides

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

11. Diaphragm or Cervical Cap

-- The diaphragm and the cervical cap are made of rubber and fit over the cervix so that sperm cannot get through. They come in different sizes, so you need to go to a doctor or clinic to get fitted for one. You will also need to learn how to put it in. Spermicides must be used with the diaphragm and the cap.

12. Sterilization

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

Sterilization for a man is called a vasectomy. The tubes are cut between the entrance to the penis and

where the sperm are stored. It is considered a permanent method. It can be performed in a doctor's office. A vasectomy does not reduce sexual pleasure for the man and does not affect his ability to ejaculate during orgasm.

13. Emergency Contraception

-- This method, now marketed as Plan B™ in the United States, is used after unprotected sex. It is a good method to use if you forgot to use a condom, the condom broke, or you were forced to have sex when you did not want to. Emergency Contraception is a large dose of the same hormone in birth control pills. It is taken within 24-120 hours (the earlier, the more effective) after unprotected sex. It is not a good method to use regularly but it is good as a "second chance" at birth control. It is available by asking your pharmacist for Plan B™ if you are over 18. If you are under 18 you will need a prescription. To find a doctor or clinic who can give you Emergency Contraception, call 1-800-584-9911, 24 hours a day. www.NOT-2-LATE.com or www.getthepill.com. Or, ask your regular doctor to write a prescription "just in case you need it."

C. Sexually Transmitted Diseases:

1. Protect Yourself

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

2. "What Can Happen To Me if I get an STD?"

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

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

3. "How Do I Know If I Have a STD?"

You don't know if your partner has an STD by looking at him/her. Most people who have an STD have no symptoms.

Some warning signs include:

*sores, bumps or blisters near your mouth, genitals, or anus

*burning or irritation when you pee

*itching, pain, unusual discharge in genital area

*(for women) pain in lower belly with or without a fever

*(for women) bleeding between periods

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

4. "What if I Get AIDS?"

AIDS (Acquired Immune Deficiency Syndrome) is caused by HIV (Human Immunodeficiency Virus), a virus that attacks your body's immune system, so you can't fight off many infections and cancers. There are treatments available to help people live longer and be healthier. These treatments work better when HIV is discovered early, so testing is very important.

You can get infected with HIV during anal, oral, and vaginal sex or sharing needles for any reason. HIV can be passed from mother to child during pregnancy, labor and delivery, or from breast feeding.

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

D. Protecting Future Fertility

Protecting your fertility (your ability to conceive and carry a pregnancy to term) is important. One out of every six couples has a problem that will make it very difficult or impossible to have a successful pregnancy. There are many reasons for infertility and they involve men as often as women. It is also important to know that you can prevent most things that will harm your chances of getting pregnant. If you think you have a problem, talk to your doctor or family planning clinic.

1. Here are the most common things that threaten fertility:

a. Sexually transmitted diseases/infections (STDs or STIs) are very common among people who are sexually active, especially with multiple partners. Condoms are the only protection against sexually transmitted diseases. If untreated, chlamydia and gonorrhea can spread to your uterus and fallopian tubes causing pelvic inflammatory disease (PID). PID can cause permanent damage leading to pelvic pain, infertility, and potentially ectopic pregnancy (pregnancy outside the uterus). See STD's p.84.

- b. Smoking has been found to affect the egg as well as the sperm. The nicotine and carbon monoxide found in tobacco smoke have been linked to health and pregnancy problems such as irregular menstrual cycles, ectopic (tubal) pregnancies, and a greater chance of miscarriage.
- c. Hazardous chemicals and radiation. If you work around any hazardous substances it may affect the fertility of both women and men. Ask your employer for OSHA information on every chemical you work with. For more information on exposures see What Can Harm a Pregnancy pgs. 64-66.
- d. Medications. There are a few medications that can affect fertility, though usually not permanently. If you are considering a pregnancy in the near future, ask your medical practitioner about any medication you are taking and any known risk to fertility or pregnancy.
- e. Family history of miscarriage or infertility. If there are people in your family or extended family who could not get pregnant, had several miscarriages, premature births, babies that died or had birth defects, you should discuss this with a doctor specializing in infertility or a genetic counselor. To find a genetic counselor, see p.66, go to www.nsgc.org, or ask your doctor.
- f. Endometriosis is a disease that causes severe pain during the menstrual period. It can cause scar tissue. Endometriosis can be treated and you can feel better; talk to your doctor or clinic. See pg. 86.
- g. Excessive Dieting or Exercising can lead to problems with your hormones. Eating disorders or a very low level of body fat can cause temporary fertility problems in some women.

2. Previous Abortions or Miscarriages

do not cause infertility. An uneventful abortion, (even more than one abortion) has not been proven to cause a problem with getting pregnant again. "Uneventful" means that you did not get an infection afterwards or there wasn't some injury during the abortion. These problems are usually rare and happen less than 1% of the time. One or two miscarriages do not necessarily mean you will have a problem in the future. If you have had three or more miscarriages, you should consult a doctor who specializes in fertility.

3. What can I do?

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

4. Menstrual Problems

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

ENDOMETRIOSIS (end-oh-me-tree-oh-sis)

If yes, you may have a disease called ENDOMETRIOSIS. It is not something you get from sex. There are things you can do to get better. You should consult a doctor who specializes in treating endometriosis and learn more about it.

Some things you can do:

1. regular exercise
2. improve nutrition, especially reducing fatty food and increasing fruits and vegetables
3. take pain medicine like Motrin, Advil, Midol 200, or Ibuprofen
4. birth control or hormone therapy
5. surgery. Talk to your doctor about what happens to you and what help there may be for you.

(Endometriosis 1-800-992-3636, www.endometriosisAssn.org.)

E. Healthy Sexuality: Thinking about Sex in Your Life

Some things to consider about sex:

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

- Everybody has sexual feelings but we all choose to act on them differently.
- You get to decide what's right for you.
- What's important to you?
- What's the best way to take care of yourself?

2. How can you express your sexual feelings?

- Dancing, holding hands, kissing, touching yourself, having sex with someone else are some answers to this question.
- What are you comfortable with?

3. How can you protect yourself from unwanted pregnancy?

- Can you ask for what you need to feel safer?



- See sections on birth control.
- Learn to talk about these things with your partner.
- Talk to your doctor/nurse/clinic.

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

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

5. How can you take care of your body?

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

6. Where can you get information about sex, birth control, STD testing?

- Check the yellow pages under Birth Control, clinics.
- Ask your health teacher at school. Read books. Use the internet.

7. Who can you talk to about sexual feelings?

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

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

- Say no — it's not OK.
- Tell others what is going on. Look under Domestic Violence Programs in your phone book, or call the national domestic violence hotline at 800-799-7233.

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

- If you don't have a medical practitioner or clinic already, look in the yellow pages of your phone book. Read books and pamphlets from school, health department, library, hospital.
- Use the internet.

Feeling sexual is a part of being human. Each group or culture has different messages and "rules" about how to be sexual. Sometimes it seems like what we feel and what we are told are very different.

Researchers* are looking at ways girls become sexually healthy.
Here is what they think: Sexual Health is....

*knowing how you feel -- emotionally and in your body

*accepting your feelings as OK

*making responsible and safe choices in relationships

*making choices based on what you want, not being pressured to do what others want

(*Dr. Deborah Tolman Dilemmas of Desire 1994,

also Center for Research on Gender and Sexuality www.crgs.sfsu.edu)

RESOURCES: TAKING CARE OF YOURSELF

National STD Hotline 1-800-227-8922, free, confidential, M-F 8am-11pm EST

National AIDS Hotline 1-800-CDC-INFO free and confidential, 24 hours a day.

<http://www.birth-control-comparison.info>

<http://www.sexetc.org/>

<http://www.ultimatebirthcontrol.com/choose.html>

<http://www.plannedparenthood.org/health-topics/birth-control-4211.htm>

12. Exploring Your Feelings Afterward

[return to top](#)

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

When there is a lot of change or stress in your life, you need to pay attention to your feelings.

- You also need support from the people around you.
- Support means that they will check in to see how you are feeling.
- It means they will listen when you want to talk. It doesn't mean that they will read your mind!
- Sometimes we find it difficult to talk about this stuff, but we have to ask for what we need.
- Ask for help.

Talk about your feelings.

- If you are having feelings that disrupt your life (trouble sleeping, eating, concentrating, or crying often), you probably need more help.
- If you have delivered a baby and are feeling depressed or anxious, talk to your doctor or mid wife.
- If you have made an adoption plan and are feeling depressed, you can also talk to the adoption counselor.
- If you have had an abortion another workbook in this series may help: [A Guide to Emotional and Spiritual Resolution After an Abortion](#) offers more information and resources or call a talkline like Backline 1-888-493-0092.

The decision about whether to bring life into the world gives us a chance to look at our own lives. It is important to understand what you have learned from this decision, and what, if anything you want to change in your life. Remember, all decisions about pregnancy require some sacrifice.

EXERCISE 46: (Use blank page 89 for your responses)

1. How can you make the sacrifice worth it?
2. What are your goals in life? (example, finish school, get a job, provide for your children, spend more time with them, etc.)
3. What must happen to reach your goal:
4. Qualities you like in yourself:
5. Things you want to change:
6. What losses have you experienced?
7. What have you gained? (What are the “gifts” of this decision-making process?)
8. What kind of life will you create for yourself now?

Important: No matter what you chose, if you are having strong feelings of regret or sadness that don't get better, get help!! Warning signs include: crying all the time, problems with sleeping or eating or not being able to concentrate. See Healing section and consult a counselor. There are talklines and other resources to help you.

Reader Feedback Questionnaire:

Thank you for giving us feedback on the usefulness of this workbook. We appreciate your comments.

Your age: ____ What city and state do you live in? _____

Where did you get a copy of this workbook?

Which exercises were most helpful?

Which exercises were least helpful?

What did you like about the workbook?

What did you dislike about the workbook?

What did you want more information about?

What did you decide? _____ have a baby _____ abortion _____ adoption or, _____ still undecided

Do you feel like you made a good decision?

Attn: Pregnancy Options Workbooks

124 Front St.

Binghamton, NY 13905

FAX (607) 724-8290

or Info@pregnancyoptions.info

