

abortion adoption parenting

an informational guide for
unexpected pregnancy

facing an unexpected pregnancy

An unexpected pregnancy brings many questions and emotions. **You have a difficult decision to make and we want to help you make an informed choice.** This booklet and your support worker will help you sift through the information as you consider all your options, so you can make a decision you will be comfortable with.

Other women have identified the following people or circumstances as having influenced their decision. On a scale from 1 to 5, rate them for yourself:

Influencing my decision

1 - 2 - 3 - 4 - 5
not at all completely

- | | |
|---|---|
| <input type="checkbox"/> my partner's opinion | <input type="checkbox"/> my relationship with my partner |
| <input type="checkbox"/> my family members' opinions | <input type="checkbox"/> my friends' opinions and experiences |
| <input type="checkbox"/> my cultural or religious beliefs | <input type="checkbox"/> my future plans, goals and dreams |
| <input type="checkbox"/> my current health | <input type="checkbox"/> my own beliefs about pregnancy |
| <input type="checkbox"/> my finances | <input type="checkbox"/> my reaction to a past abortion |
| <input type="checkbox"/> other: _____ | |

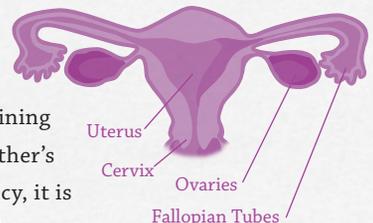
understanding pregnancy

A normal pregnancy usually lasts between 38 and 42 weeks. A pregnancy is divided into thirds called trimesters. Women experience hormonal, physical and emotional changes during this time.

Doctors calculate the age of pregnancy from the first day of the last menstrual period, but actual fertilization (egg fertilized by sperm) takes place later in the menstrual cycle. For example, if a woman is 6 weeks pregnant, then it has probably been 4 weeks since fertilization.

At fertilization, the fertilized ovum (egg) contains all of the DNA (genetic information) that determines, together with environmental influences, many of the physical and personality qualities of a new human being, including sex, hair and eye colour, height and skin tone.

In the second week after fertilization (i.e., between 6 and 12 days), the fertilized ovum attaches itself to the lining of the uterus and begins to draw nutrition from the mother's body that allows it to continue to grow. During pregnancy, it is important for a woman to see a health care professional.



understanding pregnancy – fetal development

Most women discover they are pregnant after missing a menstrual period. This would be about Week 5 of the pregnancy. The following are milestones that take place during the first trimester:

- **Week 5** (*3 weeks after fertilization*): By day 21, the embryo starts to develop the beginnings of its heart, nervous system (later giving rise to the spine and brain), eyes, ears, nose and digestive tract. Ultrasound can detect the embryo's heart beat between 3 to 4 weeks after fertilization.
- **Week 7–8** (*5–6 weeks after fertilization*): Nervous system activity can be recorded. The arms and legs, and fingers and toes, are developing and become recognizable.
- **Week 9**: The embryo is about 2.5 cm (1 inch) long and weighs approximately one gram.
- **Week 10**: All major internal organs, such as the lungs, kidneys and liver, are in place. The fetus begins to move and respond to stimuli.
- **Week 12**: All the major internal organs are formed. During the remainder of the pregnancy, the organs grow and mature in order to function independently outside the womb. The brain and muscles are working together to kick, curl toes, press lips together and produce some facial expressions. The sex can be distinguished at this stage. The fetus is now 9 cm (3.5 inches) long and weighs about 15 grams.



During pregnancy, many women are curious about fetal development, especially as they begin to feel the baby moving (as early as 16 weeks). Many websites and books will help track pregnancies, and your provincial health care will typically cover at least one ultrasound appointment.

the option of abortion – abortion procedures

There are various abortion procedures available during different stages of pregnancy. In Canada, 90 per cent of abortions are done in the first 12 weeks of pregnancy, avoiding the added risks associated with later term abortions. An ultrasound may be given before an abortion to determine the stage of pregnancy and also afterwards to determine if the abortion is complete.

medical abortions (typically up to 9 weeks) – There are several methods of medical abortion available in Canada. One method, Mifegymiso®, is a combination of two drugs, mifepristone and misoprostol. The first pill, mifepristone, is taken by mouth. Mifepristone blocks the hormonal support necessary for a pregnancy to continue. The second drug, misoprostol, is taken buccally (absorbed through the cheek mucosa) one to two days later. Misoprostol causes the uterus to contract, and cramping and bleeding will occur as the embryo and placenta are expelled. Other types of medical abortion include methotrexate (which stops cell growth) and misoprostol, or use of misoprostol alone. Medical abortion may take several days to complete and require one or more visits to the abortion provider. If an incomplete abortion occurs then a surgical procedure may be required.

surgical abortions – Depending on the type of abortion, the procedure may take between 5 to 30 minutes, with the entire process being generally less than 2 hours. With each of the following surgical procedures, the cervix will be dilated (opened) to allow instruments to enter the uterus. Dilatation may be done using misoprostol, laminaria (seaweed sticks), an osmotic dilator (expanding sponge) or metal rods. A local anaesthetic, as well as medication to reduce pain, blood loss and risk of infection, may be given. The tissue removed from the uterus may be examined to identify fragments of the embryo or fetus and the placenta.

vacuum aspiration and dilation & curettage: D&C (1st Trimester) – After dilation, abortion is performed by inserting a long tube (cannula) into the uterus. After the contents are removed by suction, a procedure using a loop-shaped instrument (curette) may also be required to scrape the wall of the uterus.

dilation & evacuation: D&E (2nd Trimester) – This method requires two appointments. After 24 hours of dilation, this procedure is performed with the use of both suction and scraping used in 1st trimester abortions (above), and the use of forceps to remove fetal parts. For abortions in the late 2nd trimester, prior to the procedure, a needle may be placed into the fetal heart with ultrasound guidance and potassium chloride injected to ensure the fetus is not alive prior to evacuation.

induction of labour (2nd Trimester) – In the 2nd trimester, as an alternative to D&E, sometimes labour is induced and the fetus delivered. As above, potassium chloride may also be used prior to induction of labour.

the option of abortion – abortion risks

Thousands of abortions are performed every year in Canada, and are considered to be a safe medical procedure. However, as with any medical procedure, there are potential risks that you need to consider before making a final decision.

physical

- Heavy bleeding
- Infection
- Increased risk of premature births in subsequent pregnancies ¹
- Damage to cervix or uterus, including a small risk of infection or scarring ² that can be associated with infertility or miscarriage

emotional

After an abortion many women feel some relief, while others have negative emotions. Reactions may be immediate, or feelings may arise years later. Responses vary. They depend on a woman's age, stage of pregnancy, religious or cultural beliefs, previous mental health, or whether she is being pressured by others into having an abortion.

Women who experience negative emotions after an abortion have reported the following reactions: ³

- Sadness
- Guilt or shame
- Emotional numbing
- Depression
- Nightmares or flashbacks of the abortion
- Alcohol and drug abuse
- Thoughts of self-harm



the option of adoption

Adoption is one option to consider if you find yourself financially, emotionally or otherwise unable to parent at this stage in your life.

Though sometimes easily dismissed, adoption can be a good choice for both you and your baby. It means you are able to pursue your life goals without the responsibility of parenting or the potential grief of abortion.



Creating an adoption plan gives you a number of choices.

You may be involved in choosing a family for your child. You may choose a family that has been screened by a government-approved adoption agency, or perhaps place your child in the home of someone you know.

You can choose a “closed adoption” to preserve your identity or you can choose an “open adoption” with the potential for ongoing contact with your child. With an open adoption, it is possible for you to remain a part of your child’s life. Some birth mothers have visits or receive regular updates on their son or daughter’s growth and activities.

The decision to make an adoption plan can be made any time during your pregnancy, or even after your baby is born. Adoption laws vary by province. Consulting a local adoption agency or an adoption lawyer (at no charge) will provide you with accurate information.

“ I chose adoption because I wanted to give my baby the best. I loved him so much, and I knew he would have a better life with two parents who were able to look after him. Now I know that he’s safe, loved and happy, which is what every parent wants for their child. ”

– Stephanie, Ontario

Planning an adoption for your child can be emotionally difficult. There will be a grieving process involved. It is important to have support throughout the entire adoption journey. You may find the support you need from your family and friends, your support worker, or from an adoption agency. Participating in post-adoption support will help you move forward positively and give you encouragement to pursue your goals.

the option of parenting

The thought of becoming a parent can be overwhelming at any time, but especially if the news of your pregnancy is unexpected. Caring for a new life is indeed a big responsibility, but it can also be one of life's most rewarding experiences.

Many people would like to be parents at some point in their lives. Although the timing and your current situation may not be what you pictured, your pregnancy still offers you the opportunity to experience the joy of becoming a parent.

If you are on a tight budget, your support worker can help you explore ways to meet the costs of a new baby. Daycare options, free or low-cost baby supplies, and government assistance may be available to you as a parent. If you are concerned about finishing school or losing work opportunities, it is important that you explore all your possibilities. Collect as much information as possible on employment laws, maternity benefits and child care to help in your decision-making on what it may mean for you to parent a child.

“ Although I was scared, I felt ready to be a parent. I was becoming more mature and I was more informed about community resources. Being a parent has positively changed my life. The sacrifices have been worth it. ”

– Jessie, New Brunswick

You may have heard the proverb, “It takes a village to raise a child.”

This means that parenting is done best with the help of a supportive network. Consider asking for support from your partner, family and friends. Depending on your situation, you may also want to find out about support in your community. Helpful resources may include prenatal classes, moms' groups, parenting classes, churches, Big Brothers/Sisters, foster parents, surrogate grandparents, and your local pregnancy care centre, to name a few.

At times parenting will require personal sacrifice and you may need to delay some of your goals. By making a long-term plan and finding solutions to your challenges, you may find that you have the confidence to face the future as a parent.



we're here for you.

For help 24/7, contact **1.800.712.HELP** or **OnlineCare.ca**.

Visit **PregnancyCareCanada.ca/Help** to view an accompanying options video,
“Your Pregnancy and Informed Consent.”

endnotes

1. P. Shah and J. Zao, “Induced termination of pregnancy and low birthweight and preterm birth: a systematic review and meta-analyses,” *British Journal of Obstetrics and Gynaecology* 116, (2009): 1425-42; H.M. Swingle, T.T. Colaizy, M.B. Zimmerman and F.H. Morris, Jr., “Abortion and the risk of subsequent preterm birth: a systematic review with meta-analyses,” *Journal of Reproductive Medicine* 54, no. 2 (2009): 95-108.
2. Asherman syndrome, or intrauterine adhesions/scarring or synechiae.
3. Sources: Canadian abortion providers (references available on request). Also see BC Women’s Hospital, “Coping with Ending a Pregnancy,” <http://www.bcwomens.ca/health-info/sexual-reproductive-health/abortion-services> (accessed March 2017). Also see P.K. Coleman, “Abortion and mental health: quantitative synthesis and analysis of research published 1995-2009,” *British Journal of Psychiatry* 199, (2011): 180-86; D.M. Fergusson, J.L. Horwood and J.M. Broden, “Abortion and mental health disorders: Evidence from a 30-year longitudinal study,” *British Journal of Psychiatry* 193, (2008): 444- 451; N.P. Mota, M. Burnett and J. Sareen, “Associations between abortion, mental disorders, and suicidal behaviour in a nationally representative sample,” *Canadian Journal of Psychiatry* 55, no. 4 (2010): 239-247.

additional resources

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This brochure has been reviewed by more than 45 specialized practitioners in Canada, including perinatal nurses, family physicians, obstetricians/gynaecologists, medical ethicists, psychologists and social workers.

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