

SCRIPT -- Woman's Right to Know DVD - Kansas (K.S.A. 65-6709 and 65-6710)

[Picture of cover of Women's Right to Know (WRTK) Handbook]

The purpose of this video is to offer some basic information to help you make an informed decision about whether or not you want to have an abortion or continue the pregnancy. Here we present information about normal human embryonic and fetal development, about the methods and risks of abortions, and about the medical risks of childbirth. Kansas law requires your doctor to tell you about this and other information so that you can make an informed decision.

-----Begin Video Segment 1-----

Sarah is walking to a yet unknown destination.

Shannon is sitting on a park bench as Sarah approaches.

Sarah: Hey

Shannon looks up.

Shannon: Hey

Shannon notices something is the matter with Sarah as she sits down.

Shannon: Something the matter?

Sarah looks at Shannon with a look of worry on her face. Sarah looks down.

Shannon: Hey, you can tell me.

Sarah looks up.

Sarah: I'm pregnant.

Shannon: Really. Are you sure?

Sarah shakes her head in agreement.

Sarah: Yes, just got the confirmation from the doctor's office this morning.

Shannon: Oh honey, I know you weren't planning this. (Beat) How far along are you?

Sarah: Not far.

Shannon: Have you told Kyle yet?

Sarah: No not yet. Haven't worked myself up to tell him, I'm afraid of how he is going to react.

Shannon: Well you need to tell him and soon.

Sarah: Yeah I know, guess I'll tell him tonight.

Sarah begins to get upset.

Shannon holds her.

Shannon: Hey, hey, listen, everything is going to work out.

Sarah: I know, I just can't believe this is happening to me. I mean I don't know what I am going to do.

Shannon: You just need to stay calm and look at your options. There are plenty of resources out there; you just need to know where to look.

-----End Video Segment 1-----

-----Definitions-----

Now we will explain some terms used in this video: 1) Conception -- A man's sperm and a woman's egg unite to form a single cell. This usually occurs two weeks after the start of the woman's last menstrual period.

2) Embryo – This refers to the cell at conception until the eighth week after conception.

3) Fetus -- An embryo becomes a fetus after the eighth week of pregnancy.

4) Two systems used for length of pregnancy – one is number of weeks from estimated day of conception, and the other is number of weeks from the first day of the last normal menstrual period.

-----Developmental Stages-----

[Insert Week 4 photo here]

After conception, a fertilized cell divides into many cells as it moves down one of the woman's fallopian tubes. After about 6 days it attaches to the wall of the uterus or womb. At Week 4, the embryo continues to grow. It is about 1/100 of an inch long. The embryo has implanted in the uterus and the swelling bulges into the uterine cavity.

[Insert Week 6 photo here]

At Week 6, the embryo is now about 1/4 inch long. Upper limbs are flipper-like. Blood is beginning to be pumped through fetal circulation. The heartbeat is visible by ultrasound.

[Insert Week 8 photo here]

At Week 8, the embryo is about 1/2 inch long. Fingers are beginning to form on the hand. Reflex activity begins.

[Insert Week 10 photo here]

At Week 10, eyelids and ears are formed. There is still a sexless appearance. The head is more rounded and human-like. The fetus is slightly over an inch long.

[Insert Week 12 photo & ultrasound here]

At Week 12, the fetus is about 1 ½ inches from head to rump. Early fingernail development occurs. The fetus begins small, random movements, too slight to be felt. The fetal heartbeat can be detected with a Doppler or heart monitor.

[Insert Week 14 photo & ultrasound here]

At Week 14, the fetus is over 3 inches from head to rump and weighs about 1 ounce. Different fetuses make different facial expressions. Sucking muscles fill out cheeks. Sex is distinguishable externally.

[Insert Week 16 photo & ultrasound here]

At Week 16, the fetus is about 4 ¾ inches from head to rump and weighs about 4 ounces. The head is erect and the arms and legs are developed. The skin is loose and wrinkled with fingerprints beginning.

[Insert Week 18 photo & ultrasound here]

At Week 18, the fetus is about 5 inches from head to rump and weighs about 6 ounces. The skin is pink and transparent and the ears stick out from the head.

[Insert Week 20 photo & ultrasound here]

At Week 20, the fetus is about 8 inches and weighs about 8 ounces. All organs and structures have been formed and a period of simple growth begins. Respiratory movements occur, but the lungs have not developed enough to permit survival outside the uterus. The woman may feel the fetus moving.

[Insert Week 22 photo & ultrasound here]

At Week 22, the fetus is about 7 ½ inches from head to rump and weighs about 1 pound. There is no chance to survive outside the woman's body. The fetal heartbeat can be heard with a stethoscope.

[Insert Week 24 photo & ultrasound here]

At Week 24, the fetus is about 12 inches from head to rump and weighs about 1 ½ pounds. The survival rate is 55 percent. Surviving babies may have disabilities and require long-term intensive care. 65% have major handicaps and 70% learning disabilities.

[Insert Week 26 photo & ultrasound here]

At Week 26, eyes open during alert times. The survival rate is 83 %. About 30% of survivors have major handicaps and 40% learning disabilities.

[Insert Week 28 photo & ultrasound here]

At Week 28, the fetus is about 10 inches from head to rump and weighs about 2 1/4 pounds. About 9 out of 10 born will survive with intensive care services. 10% will have major handicaps and 25% learning disabilities.

[Insert Week 30 photo & ultrasound here]

At Week 30, the fetus is about 16 inches from head to heel and weighs about 3 pounds. The fetus has lungs that are capable of breathing air, although medical help may be needed. Nearly all babies born now will survive with intensive care services. Less than 10% will have major handicaps and less than 20% learning disabilities.

[Insert Week 32 photo & ultrasound here]

At Week 32, the fetus measures over 16 1/2 inches from head to heel. The fetus weighs about 3 pounds 13 ounces.

[Insert Week 34 photo & ultrasound here]

At Week 34, the fetus is about 17 3/4 inches from head to heel and weighs about 4 pounds 12 ounces. Ears begin to hold shape. Almost all babies born now will live with intensive care services.

[Insert Week 36 photo & ultrasound here]

At Week 36 - The fetus is about 18 1/2 inches from head to heel and weighs about 6 pounds. Scalp hair is silky and lays against the head. The fetus can scratch itself. Almost all babies born now will live. Intensive care services may not be needed.

[Insert Week 40 baby feet photo here]

At Week 40, the fetus is about 20 inches from head to heel and may weigh from 6 1/2 to 10 pounds. The baby is full-term and ready to be born.

-----Pregnancy/Childbirth Info-----

Medical risks of childbirth? Women are more likely to experience problems during and after pregnancy if they did not get early prenatal care and/or didn't continue with prenatal care. Other risks are poor health in general, unhealthy lifestyles such as use of tobacco, alcohol or other drugs.

Continuing pregnancy is usually a safe, healthy process. Based on data from the Centers for Disease Control and Prevention, the risk of a woman dying as a direct result of pregnancy and childbirth is less than 10 in 100,000 live births.

However, continuing pregnancy can include risk of complications. Caesarian/Section (also called C-Section) delivery occurs in about 30 out of every 100 births. Infections occur in approximately 4 out of every 100 women and these are treated with antibiotics. Without treatment, infertility or more serious infections may result. Heavy bleeding may occur as a result of clotting problems, tears in the placenta prior to delivery or if pieces of the placenta remain in the uterus after delivery.

As part of prenatal care a woman will have a blood test to find out her blood type. If she is Rh negative and the father is Rh positive, she can receive shots to prevent serious illness or death of the fetus or newborn.

Causes of Complications in Pregnancy: Severe bleeding; blood clots in the lungs; high blood pressure; seizures, strokes; severe infection; abnormal functioning of the heart; anesthesia-related complications and death. Altogether, these causes account for 80% of all deaths relating to pregnancy. Unknown or uncommon causes account for the remaining 20% of deaths relating to pregnancy. Women who have chronic severe diseases are at greater risk of death than healthy women.

Emotional Reactions. During pregnancy and following the birth of a baby, some mothers experience various degrees of postpartum depression. This can occur within days of the delivery or appear up to a year later. In most cases, mild symptoms last only a few days, but for some professional help and support is needed.

You can reduce the risk for complications in any pregnancy by getting early and regular prenatal care, eating a well balanced diet, achieving a steady weight gain, getting regular exercise, and by not smoking, drinking alcohol or taking drugs. If you have any questions or concerns talk to your health care provider.

-----Begin Video Segment 2-----

Sarah and Shannon sit at a table and begin talking.

Sarah: How have you been doing?

Shannon: I've been alright. How have you been?

Sarah: Been doing really good

Shannon: Well you look great.

Sarah: Thanks. My doctor's been encouraging me to take care of myself.

Shannon: Well that's good.

Sarah: Yea, and I also went to the clinic yesterday after we talked and picked up some brochures about my options.

Shannon: Glad to hear it. Getting the right information is half the battle when making an important decision like this.

Sarah: Yea, I'm glad I got this brochure, its definitely helped me to weigh the pros and cons of things like adoption and abortion.

Shannon: Have you thought about raising the child yourself?

Sarah: I have but, I keep thinking about all the responsibility and the cost of being a single parent and I just don't know if it would be the right choice for me.

Shannon: I think you would do just fine as a mother if you decided to raise the baby yourself. You may qualify for assistance to help with the cost of child birth. What's Kyle have to say?

Sarah: He said that he might pay for an abortion if that's what I decided, but little else.

Shannon: Well regardless, Kyle is legally responsible to assist you with child support if you choose to keep it. But either way I will support you decision.

Sarah: I know, its just such a hard decision.

-----End Video Segment 2-----

[Insert Directory photo]

You may or may not have private insurance for your pregnancy health care. If you do not have private insurance, you may qualify for financial help, depending on your income. If you qualify, programs such as the state's medical assistance program, called Medicaid, will pay or help pay the cost of doctor, clinic, hospital and other related medical expenses to help you with prenatal care, childbirth delivery services and care for your newborn baby.

A listing of agencies that are available to help you get financial assistance or medical care is available by calling toll free 1-888-744-4825.

[Insert SRS Office photo here]

The father of a child has a legal responsibility to provide from the support, education, medical and other needs of that child. In Kansas, that responsibility includes child support payments to the child's mother or legal guardian. A child has rights of inheritance from their father and may be eligible through him for benefits such as life insurance, Social Security, pension, veteran's or disability benefits. Further, the child benefits from knowing the father's medical history and any potential health problems that can be passed genetically.

Paternity can be established in Kansas by two methods. First, the father and mother, at the time of birth, can sign forms provided by the hospital acknowledging paternity and the father's name

is added to the birth certificate. Second, a legal action can be brought in a court of law to determine paternity and establish a child support order. Issues of paternity effect your legal rights and the rights of your child. More information concerning paternity establishment and child support contact any regional office of the Kansas Department of Social and Rehabilitation Services, Division of Child Support Enforcement.

-----Begin Video Segment 3-----

Previous scene continued...

Shannon: Well what about adoption?

Sarah: I'm seriously considering that. I actually know a really great couple that could raise a baby in a way that I don't think I could.

Shannon: That's great! Hey do you remember my friend Lisa?

Sarah: Yeah I remember her. What's she up too?

Shannon: Well, I don't know if you knew, but she was in about the same situation you are in right now about a year ago.

Sarah: Really, I had no idea.

Shannon: Yea, she got the same information you got, weighed her options. Said she really felt like she made the right choice for her.

-----End Video Segment 3-----

-----Adoption Info-----

Women or couples facing an untimely pregnancy who choose not to take on the full responsibilities of parenthood have another option: adoption. Making a plan for adoption is rarely an easy decision. If you decide to place your baby for adoption, resources are available through licensed adoption agencies and private attorneys. Agencies usually provide free counseling and education about adoption. And carefully screen adoptive parents to try to assure that the child will grow up in a healthy environment.

The adoptive family will likely pay all fees related to adoption services including the woman's adoption counseling, any attorney fees, and pregnancy-related expenses. Many women wonder if they can see their child again. It is possible to have pictures and letters or contact with the child and the adoptive family. The range of openness depends on the agreement between the birth mother and the adoptive family. Some women would like a relative or someone they know to adopt their child. This is one of the many possibilities. However, if relatives do adopt your child, you will have the same loss of rights, as if your child were to be placed with a non-relative. If you identify a family you would like to initiate an adoption with, you will need to go through a licensed child-placing agency or an attorney for it to be legally valid.

You may wonder how placing a baby into an adoptive home will affect you. It is a difficult decision. Your emotions may range from depression, loss, guilt, to relief and peace of mind knowing that the child is in a good home. Having an adoption counselor you trust and being around other women in the same situation can be helpful.

[show Directory Adoption section here]

Counseling and support services are a key part of adoption and are available from a variety of adoption agencies and parent support groups across the state. A list of adoption agencies is available by calling toll free 1-888-744-4825 and asking for the *If You are Pregnant: Directory of Available Services*. Online ---- www.womansrighttoknow.com

-----Abortion Info-----

Abortion. If you make an informed decision to have an abortion, your doctor will determine which abortion procedure to use based on how long you have been pregnant. Based on the Centers for Disease Control and Prevention (CDC), the risk of dying as a direct result of a legally induced abortion is less than one per 100,000.

Abortion from 2-12 weeks after conception.

Early non-surgical abortion. A drug is given to stop the development of the pregnancy. A second drug is given by mouth or placed in the vagina causing the uterus to contract and expel the fetus and placenta.

Vacuum aspiration. A local anesthetic is injected into or near the cervix, which is the opening of the uterus or womb, to prevent pain. The cervix or opening is gradually made larger to about the width of a fountain pen. Then a clear plastic tube is inserted into the uterus and attached to a suction system. The fetus and placenta are removed by suction. After the tube is removed from the uterus or womb, another spoon-like instrument called a curette may be used to gently scrape the walls of the uterus.

Medical Risks: Rare but possible medical risks may include: blood clots in the uterus, heavy bleeding, cut or torn cervix, perforation of the wall of the uterus, pelvic infection, incomplete abortion, anesthesia-related complications.

Abortion from 13-21/22 weeks after conception.

Dilation and Evacuation (D&E). In this procedure, sponge-like tapered pieces of absorbent material are placed into the cervix. This material becomes moist and slowly opens the cervix. It remains in place for several hours or overnight, sometimes requiring a second or third application. Intravenous (IV) medications may be given to ease pain and prevent infection. After local or general anesthesia is given, the fetus and placenta are removed from the uterus

Medical Risks: Rare but possible medical risks may include: blood clots in the uterus, heavy bleeding, cut or torn cervix, perforation of the wall of the uterus, pelvic infection, incomplete abortion, anesthesia-related complications.

Labor Induction may require a hospital stay. Medicine is given to start labor in one of three ways: placed directly into the cervix, into the woman's vein or into the woman's abdomen and amniotic sac. Labor usually begins in 2-4 hours. If the afterbirth (placenta) is not completely removed, then the doctor opens the cervix and uses suction curettage.

This method carries a higher risk for problems. When medicines are used to start labor, there is a risk of rupture of the uterus. Other risks may include the following: blood clots, heavy bleeding, cut or torn cervix, perforated uterus, pelvic infection, incomplete abortion, anesthesia-related complications.

Abortion from 22-38 weeks after conception.

Labor Induction (as already described)

Hysterotomy (similar to C-Section). This procedure requires a hospital stay. This may be performed if labor cannot be started by inducing labor or if the woman or her fetus is too sick to undergo labor. This is the surgical removal of the fetus. Anesthetic medication is given intravenously, into the woman's back, or by the woman breathing it in.

Complications are possible and these would be similar to those of other abdominal surgeries and use of anesthesia: severe infection, blood clots, stomach contents breathed into the lungs, severe bleeding, and injury of the urinary tract. Other possible side effects are: heavy bleeding, pelvic infection, retention of pieces of placenta, anesthesia-related complications.

What if the fetus is determined to be viable?

Viability is the chance that the fetus can live outside the uterus. This increases as the gestational age increases. The doctor will tell you the probable gestational age of the fetus at the time the abortion would be performed. By Kansas law, no person shall perform or induce an abortion or a partial birth abortion when the fetus is viable unless such a person is a physician and has a documented referral from another physician not legally or financially affiliated with the physician performing or inducing the abortion. Both physicians then determine that the abortion is necessary within the requirements of the law. If a child is born alive, the attending physician has a legal obligation to take all reasonable steps necessary to maintain the life and health of the child.

Medical Emergencies. When a medical emergency requires the performance of an abortion, the physician shall tell the woman, before the abortion if possible, of the medical indications supporting the physician's judgment that an abortion is necessary to prevent substantial and permanent damage to any of the woman's major bodily functions. The physician is not required to comply with conditions which in the physician's medical judgment, he or she is prevented from satisfying because of the medical emergency.

Long-Term Medical Risks:

Future Childbearing. Early abortions that are not complicated by infection do not cause infertility or make it more difficult to carry a later pregnancy to term. Complications associated with an abortion may make it difficult to become pregnant in the future or carry a pregnancy to term.

Breast Cancer. A National Cancer Institute panel concluded that “Having an abortion or miscarriage does not increase a woman’s subsequent risk of developing breast cancer.”

Emotional Reactions. Every person is different and one woman’s emotional reaction to an abortion may be different from another’s. There may be both positive and negative feelings, even at the same time. One woman may feel relief, another woman may feel sad that all of her choices were hard ones. Sometimes the feelings go away over time and sometimes professional help and support may be needed.

[Photo of Directory]

There are a wide variety of programs and services which can support you in the decision you make. The Kansas Department of Health and Environment publishes a directory of agencies and organizations that can help you through your pregnancy, childbirth and afterward. These are listed by county so that you can identify those closest to where you live. Also, the directory has a special section on adoption resources.

Be sure to ask your doctor or clinic about this directory if you haven’t seen it. The directory is available by calling 1-888-744-4825. Or, it is on-line at -- www.womansrighttoknow.com

[photo of Capitol building]

It is unlawful for anyone to force a woman to have an abortion. In addition, any physician who performs an abortion without obtaining a woman’s informed consent, or without ensuring that she has a face-to-face medical consultation may be liable to her for damages in a civil action.

-----Begin Video Segment 4-----

Sarah picks up her phone and dials a number.

Shannon’s phone rings.

Shannon answers.

Shannon: Hello

Sarah: Hey, its me.

Shannon: Hey, how you doing?

Sarah: Oh good. Hey I just wanted to call and thank you for your help. Our talk the other day really helped me make an informed decision.

Shannon: Hey, no problem. So it sounds like you got things sorted out.

Sarah: Yea, it was tough, but after weighing all my options, I really think I can be happy with the decision I made.

-----End Video Segment 4-----

If you have questions about health care, adoption and parenting or financial services available for pregnant women, please call the Kansas Department of Health and Environment at 1-888-744-4825.

[Show slides of credits]

Slide 1: This production was produced in compliance with the Woman's Right to Know Act, KSA 65-6708 et seq

Slide 2: Acknowledge contributions as follows In utero photographs - Lennart Nilsson (*A Child is Born*, Dell Publishing, 1990); Alexander Tsiaras (*from Conception to Birth: A Life Unfolds*, Doubleday, 2002); Moore et al, *Color Atlas of Clinical Embryology*, Elsevier, 2002)
Text – Louisiana Department of Health and Hospitals, Utah Department of Health

Slide 3: State seal and Kansas Department of Health and Environment name underneath.

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