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# **ABORTION:**

## **WHAT YOU NEED TO KNOW**

FEBRUARY 2020

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## Section 1.0 Introduction

If you are facing an unplanned pregnancy, you may be wondering whether abortion is the answer.

At Mosaic Pregnancy & Health Centers, we understand that this is a difficult, emotional time in your life. It's important that you slow down, take a deep breath and give yourself plenty of time to gather medically accurate information before making your pregnancy decision.

Mosaic PHC is here to help. Although we do not perform or refer for abortions, we do provide free, confidential pregnancy and sexual health services.

- Pregnancy testing
- Pregnancy ultrasounds
- Abortion information
- STI/STD testing and treatment
- First Steps parenting classes and free baby items
- Abortion recovery

In this booklet, we give you information about abortion to help you make your pregnancy decision. We review a number of topics that you have the right to know about:

- When your baby's heartbeat starts and other information on early fetal development
- Why an ultrasound is necessary before

making an abortion decision

- Questions to ask before scheduling an abortion
- Different types of surgical abortion, including aspiration abortion, dilation and evacuation (D&E) and dilation and extraction (D&X)
- Medication abortion, also known as the abortion pill
- Common abortion side effects and possible complications
- Post-abortion syndrome and abortion recovery

If you are unsure where to turn for help with an unplanned pregnancy, schedule an appointment with Mosaic PHC today. Our licensed medical professionals and trained volunteers are here to provide the compassionate care you deserve in a friendly, nonjudgmental setting.





## Section 2: Does Mosaic Pregnancy & Health Centers Provide Abortion?

At Mosaic Pregnancy & Health Centers, we do not provide or refer for abortion.

As a 501(c)3 nonprofit health center, we provide free and confidential pregnancy help, testing and sexual health services.

- Pregnancy testing
- Pregnancy ultrasound
- STI/STD testing and treatment
- Abortion information
- First Steps parenting classes
- Baby items
- Abortion recovery

Mosaic PHC stands to gain no profit from your pregnancy decision. All of our services are sup-

ported by generous community members who care about access to quality pregnancy care in our area. That gives us the freedom to provide you with the compassionate care you need at this time in your life, in a completely nonjudgmental setting.

***If you are dealing with an unplanned pregnancy, or suspect you may be pregnant, please schedule an appointment with us.***

You can reach us online at [revealmosaic.com](https://revealmosaic.com) or call 618-451-2002.





## Section 3: When Does the Baby's Heartbeat Start? What Should I Know About Fetal Development?

Your baby's heart begins to beat within 14 to 21 days after conception. It is important to learn about this and other aspects of fetal development before making your pregnancy decision.

Pregnancies are dated from the first day of your last menstrual period (LMP) before your baby was conceived. This is called the gestational age of your pregnancy. Your baby's fetal development age is about 2 weeks less than your gestational age.

In this section, we give you a summary of what's happening with your baby during the first trimester of pregnancy, which includes the first 13 weeks after your last period.

### Weeks 1-2

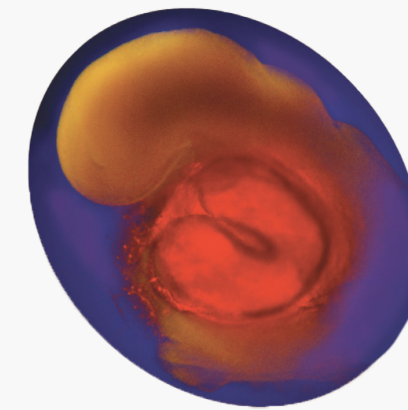
Ovulation occurs when one of your ovaries releases an egg into the fallopian tube. This usually happens about 11-21 days after the first day of your period.

When you have vaginal sex, millions of sperm from your partner travel through the cervix and fallopian tubes to the egg. If one sperm fertilizes the egg, it creates a single cell called a zygote. The zygote is a completely new human life, distinct from his or her mother and father.

The zygote immediately begins dividing into new cells. It travels through the fallopian tube where it implants in the uterus. Your baby is now called an embryo.

### Week 3 (Fetal Age Week 1)

Once the embryo implants into the uterus, the cells begin to differentiate. Your baby's brain, spinal cord, heart and gastrointestinal tract begin to form.



Week 5

### Weeks 4-5 (Fetal Age Weeks 2-3)

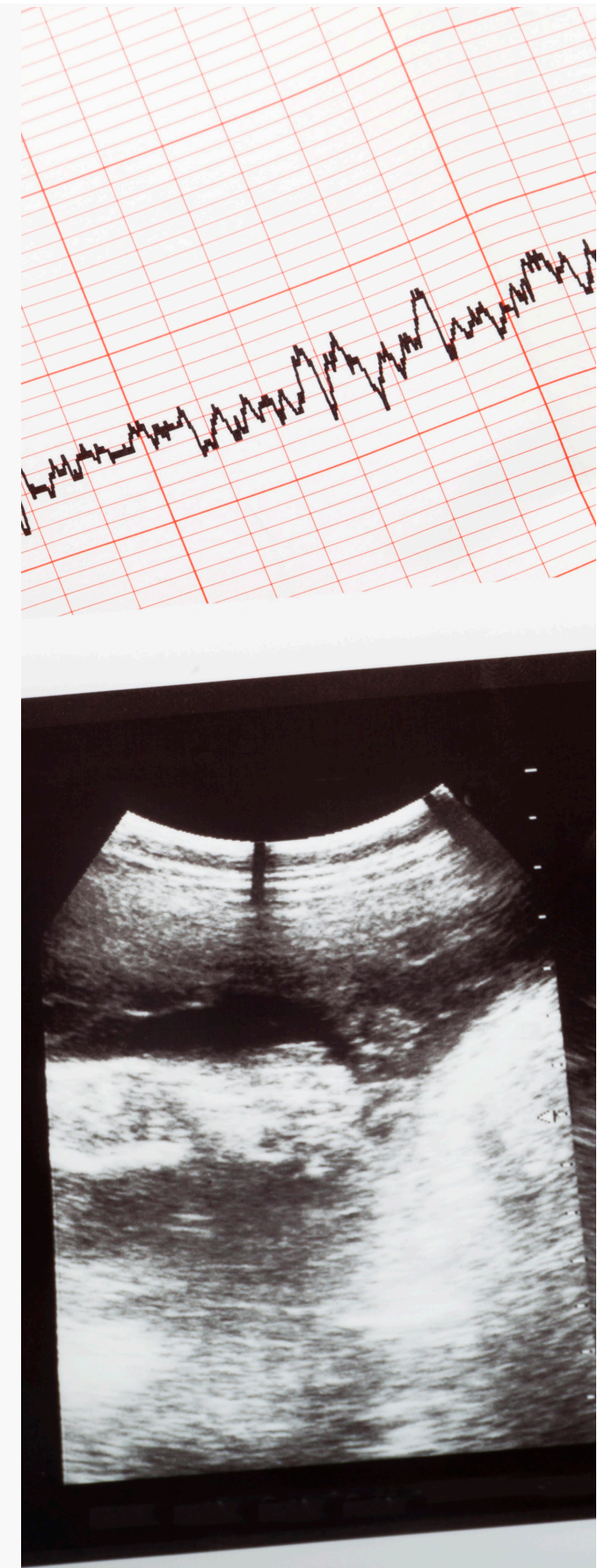
The embryo is now ¼" long. The heart begins to beat, and blood begins traveling through the blood vessels.

Your baby's eyes and ears begin developing, and arm and leg buds appear. Your placenta also begins forming and produces important pregnancy hormones including hCG.

### Week 6 (Fetal Age Week 4)

Your baby is already ½" long, and his or her heartbeat can now be detected by ultrasound.

The child's brain becomes more complex, and fingers and toes begin to form. Your baby's lungs, jaw, nose and palate also begin developing at this time.





**Week 7 (Fetal Age Week 5)**

All of your baby's essential organs have now formed. His or her trunk straightens out, and tiny elbows and toes become visible.

The child's hair, nipples, eyelids and tongue begin to take shape.

**Week 8 (Fetal Age Week 6)**

Your baby is now 1" long. Everything that is present in an adult human is now present in the embryo.

The child's facial features and eyelids mature, and the ears develop both internally and externally. His or her bones are forming, and muscles begin contracting.

**Weeks 9-13 (Fetal Age Weeks 7-11)**

At just 10 weeks after your last period, your baby is 3" long and is called a fetus.

Teeth develop, and male and female genital organs have formed. The eyes will stay closed until about the 28th week of pregnancy. Your son or daughter can now make a little fist!

**Source:**

- <https://americanpregnancy.org/while-pregnant/first-trimester/>.



Week 7



Week 8



Week 11





## Section 4: Can I See an Ultrasound Before an Abortion?

If you think you may be pregnant, you can schedule a free lab-quality pregnancy test at Mosaic Pregnancy & Health Centers.

If your pregnancy test comes back positive, your next step should be to schedule an ultrasound. There are several reasons why an ultrasound is necessary before making your pregnancy decision.

### Why do you need an ultrasound?

Research has proven that getting an ultrasound helps women make more informed decisions about their pregnancies.

First, the ultrasound will confirm whether your pregnancy is viable. This simply means you could safely carry the baby for 9 months until delivery. Up to 1 in 4 pregnancies are nonviable and will end naturally in a miscarriage.

The ultrasound will determine how far along you are, which is the gestational age of your pregnancy. Knowing your gestational age will affect which options are available to you.

During the ultrasound, sonographers will check for complications such as ectopic or molar pregnancy. These are potentially life-threatening conditions that require immediate medical attention.

### How does an ultrasound work?

Ultrasound technology uses high-frequency sound waves to scan the inside of your body and give you a picture of your baby and placenta.

First, the sonographer will place a special gel on your abdomen to conduct the sound waves. A transducer will be moved over your abdomen to emit soundwaves into the uterus. The sound waves will bounce off the baby and placenta to generate images you can see on the screen.

### Where can I get an ultrasound?

Although some abortion facilities do provide an ultrasound, it is essential that you get at least one pregnancy ultrasound before scheduling an abortion appointment in the first place.

At Mosaic Pregnancy & Health Centers, you can get a free, confidential pregnancy ultrasound performed by licensed sonographers. It can often take place on the same day as your free pregnancy test and initial consultation. The ultrasound will provide you with important information to guide your pregnancy decision. It's also important to know that abortion facilities charge very expensive fees for an ultrasound.

### Sources:

- <https://americanpregnancy.org/prenatal-testing/ultrasound/>.
- <https://www.care-net.org/center-insights-blog/why-ultrasounds-matter-for-women-planning-abortion>.
- <https://revealmosaic.com/ultrasounds/>.





## Section 5: What Happens Before the Abortion? What Questions Should You Ask?

If you're considering an abortion, it's essential that you gather as much medically accurate information as possible before making your decision.

Here are the topics you'll need to discuss with a qualified health professional before scheduling any type of abortion procedure:

- Abortion alternatives such as adoption or parenting
- Any underlying medical conditions you have
- How abortion works -- both medical vs surgical
- What you need to do to prepare for the procedure
- Expected recovery time after the procedure
- Side effects and how to treat them
- When to call a doctor for possible complications

### Always get tested for STIs first

If you have a sexually transmitted infection, you are at greater risk of a pelvic infection if you have an abortion.

Chlamydia and gonorrhea, the two most common STIs in the U.S., have both gone up in recent years. Almost half of all new infections

occur in people ages 15 to 24, and about one quarter of teen girls have some type of STI.

At Mosaic PHC, you can get free STI testing and treatment.

### What happens before a surgical abortion?

Most surgical abortions are performed on an out-patient basis, which means you would go home on the same day as the procedure, instead of staying overnight in a hospital or abortion facility.

As with any type of surgery, you may need to fast beginning the day before the procedure. When you arrive at the abortion facility, you will begin by filling out paperwork that includes information on your medical history.

You'll also receive a pre-abortion workup that may include one or more of the following:

- Physical exam
- Pregnancy test
- Blood test
- STI screening
- Ultrasound to date the pregnancy and determine viability



### What happens before a medication abortion?

If you're having a medication abortion, you will meet with the doctor beforehand to complete several important steps:

- Evaluation of your medical history
- Physical exam to confirm your pregnancy
- Ultrasound to date your pregnancy and rule out ectopic pregnancy
- Blood and urine tests
- Patient education including how the procedure works, possible side effects, risks and complications

For any type of abortion procedure, it's also essential to talk with other people you trust before making a decision. Give yourself time to weigh the alternatives and to consider how the procedure may affect your future.

- Your partner
- Family members
- Friends
- Doctors
- Spiritual leaders
- Counselors

### Sources:

- <https://www.healthline.com/health/do-abortions-hurt>.
- <https://revealmosaic.com/mosaic-phc-blog/std-trends-know-your-risk-and-get-tested/>.
- <https://www.webmd.com/women/abortion-procedures#1>.
- <https://www.mayoclinic.org/tests-procedures/medical-abortion/about/pac-20394687>.





## Section 6.1: Suction Abortion

This is the most common type of abortion and usually takes place in the first 12 to 13 weeks of pregnancy. You may also hear it referred to as dilation and curettage (D&C), suction aspiration, suction curettage, or vacuum aspiration.

### How does it work? What happens to the baby?

A suction abortion may take as little as 10 to 15 minutes. However, it may take much longer depending on many things, like how far along you are, how long it takes to dilate your cervix and your pain management requirements.

Absorbent rods are put into place to dilate your cervix, which may take from a few hours to a few days. This means you may have to go back to the abortion facility a second time.

You will lie on the exam table with your feet in the stirrups. The doctor inserts a speculum into your vagina. A grasping instrument is used to hold your cervix in place.

A long plastic tube is inserted and attached to a hand-held syringe or vacuum machine. The vacuum sucks your baby and placenta out of your uterus. The doctor then uses a sharp metal instrument to scrape the uterus of any remaining tissue.

The doctor examines closely to be sure the procedure is complete. You will rest for at least

30 minutes, and you may need to stay at the facility for a few hours.

### Does it hurt? Will they “put me under?”

Physical pain from abortion is different for everyone. For some women, it feels similar to menstrual cramps, while for others it’s more painful.

Here are some things that may affect abortion pain:

- Your overall health
- Any underlying medical conditions you may have
- How far along your pregnancy is
- Your personal pain tolerance
- The type of abortion you have
- Your emotions and stress level

With a suction abortion, you may feel a dragging or pulling sensation as the fetus and placenta are removed. You may also feel cramping similar to what happens during your period. Cramping and bleeding may continue for a few days or weeks.

For a suction abortion, a local anesthetic is used to numb your cervix. You may also receive



oral pain medications such as ibuprofen.

Sedation or general anesthesia may be used, but this is less common with a suction abortion. If you receive sedation or GA you'll need someone to drive you home.

### What are the common side effects of suction abortion?

As noted above, some period-like cramping and bleeding are common for a few days or weeks after having an abortion.

- Cramping
- Bleeding
- Spotting
- Abdominal pain
- Nausea
- Vomiting
- Diarrhea

### What are the possible complications and their symptoms?

Although some side effects are considered normal, abortion always carries a risk of complications, just like any type of major surgery.

- Failed or incomplete abortion in which some fetal tissue remains in your uterus
- Heavy or prolonged bleeding, including

large blood clots

- Infection causing fever, pain, abdominal pain and scar tissue
- Damage to your cervix
- Perforation of your uterus
- Damage to internal organs, including bladder, intestines and blood vessels
- Death

Symptoms of complications include the following:

- Excessive bleeding, defined as soaking 2 or more regular-sized maxi pads per hour for 2 hours or longer
- Severe, persistent abdominal or back pain that doesn't respond to OTC medications
- Foul-smelling discharge
- Fever over 100.4°F
- Continued symptoms of early pregnancy, such as ongoing breast tenderness, fatigue and nausea.

Women who experience any of these symptoms after an abortion must seek immediate medical attention.

In addition to these short-term complications, abortion also carries a number of long-term risks to your health:

- Difficulty carrying future pregnancies to term
- Premature births with future pregnancies
- Uterine rupture during future pregnancies
- Hemorrhaging during future deliveries
- Anxiety, depression and suicide

### Sources:

- <https://www.abortionprocedures.com/aspiration/#1466797067815-ef6545f9-db0b>.
- <https://americanpregnancy.org/unplanned-pregnancy/surgical-abortions/>.
- <https://www.webmd.com/women/abortion-procedures#1>.
- <https://www.acog.org/Patients/FAQs/Induced-Abortion?IsMobileSet=false>.
- <https://www.healthline.com/health/do-abortions-hurt>.
- <https://www.medicalnewstoday.com/articles/325598.php#summary>.
- <https://www.nhs.uk/conditions/abortion/risks/>.
- <https://americanpregnancy.org/unplanned-pregnancy/abortion-side-effects/>.





## Section 6.2: Dilation & Evacuation (D&E) Abortion

If you are more than 12 weeks pregnant, you would most likely undergo a dilation and evacuation abortion. Sometimes it is also called D&E. It is the most common type of second-trimester abortion.

### How does it work? What happens to the baby?

A D&E abortion procedure may take as little as 15 to 30 minutes. However it can take much longer depending on things like how far along you are, how long it takes to dilate your cervix and your pain management requirements.

This type of abortion requires more prep work than a suction abortion. About 24 hours before the procedure, the doctor inserts absorbent rods to open your cervix.

You will lie on the exam table with your feet in the stirrups. A gripping tool is used to hold your cervix and uterus in place. Cone-shaped rods are inserted to keep your cervix open. The doctor may administer a shot that stops your baby's heartbeat.

A long tube is inserted, and vacuum suction is used to remove most fetal and placental tissue. The doctor uses a spoon-shaped instrument to scrape any remaining tissue out of your uterus. Forceps are used to remove larger pieces of tissue.

Fetal remains are examined to make sure the abortion is complete. You may need to have a final vacuum suction to clear your uterus of remaining tissue.

### Does it hurt? Will they "put me under?"

As with a suction abortion, many women feel a pulling sensation and cramping as the fetus and placenta are removed. Cramping and bleeding may continue for a few days or weeks.

The amount of pain you feel depends on a number of things:

- Your overall health
- Any underlying medical conditions you may have
- How far along your pregnancy is
- Your personal pain tolerance
- The type of abortion you have
- Your emotions and stress level

Pain management for a D&E abortion is often similar to a suction abortion. A local anesthetic is used to numb your cervix, along with oral pain medications like ibuprofen.

Sedation and general anesthesia are more common with a D&E than with a suction abortion. If you receive one of these, you'll need someone to drive you home.

### What are the common side effects of a D&E abortion?

Cramping, spotting and bleeding are common after a D&E abortion. These may continue for a few days to a few weeks.

The most common side effects from a D&E abortion are as follows:

- Cramping, bleeding and spotting
- Abdominal pain other than cramping
- Nausea
- Vomiting
- Diarrhea

### What are the possible complications and their symptoms?

The further along your pregnancy is, the greater the risk of complications from abortion. Here are some of the complications associated with a D&E abortion:

- Heavy, persistent bleeding
- Extreme blood loss
- Infection or sepsis
- Damage to the cervix
- Scarring of the uterine lining
- Perforation of the uterus
- Damage to other internal organs, including bladder, bowels and rectum
- Death







Symptoms of possible complications include:

- Severe abdominal or back pain that makes it hard to stand up
- Bleeding that soaks 2 or more pads per hour for 2 or more hours
- Foul-smelling discharge
- Fever over 100.4°F
- Continuing pregnancy symptoms

Women who experience any of these symptoms after an abortion must seek immediate medical attention.

In addition to these short-term complications, abortion also carries a number of long-term risks to your health:

- Difficulty carrying future pregnancies to term
- Miscarriages or premature births with future pregnancies
- Uterine rupture during future pregnancies
- Hemorrhaging during future deliveries
- Anxiety, depression and suicide

#### Sources:

- <https://www.abortionprocedures.com/>.
- <https://www.webmd.com/women/abortion-procedures#1>.
- <https://americanpregnancy.org/unplanned-pregnancy/surgical-abortions/>.
- <https://www.medicalnewstoday.com/articles/325598.php#summary>.
- <https://americanpregnancy.org/unplanned-pregnancy/abortion-side-effects/>.



## Section 6.3: Dilation & Extraction (D&X) Abortion

A D&X abortion typically occurs 20 or more weeks after the woman’s last menstrual period. This type of abortion is also known as partial-birth abortion or intrauterine cranial decompression.

**How does it work?**  
**What happens to the baby?**

Because it occurs later in pregnancy, a D&X abortion generally takes longer and carries greater risks than other types of surgical abortion.

About 48 hours before the procedure, absorbent rods are inserted to dilate your cervix. This will cause your water to break within about three days.

You will lie on the exam table with your feet in the stirrups. The doctor will use a gripping tool to hold the cervix in place. Your baby is rotated so that his or her feet are positioned toward the birth canal. Forceps are used to pull the baby’s legs, arms and shoulders through the birth canal.

An incision is made at the base of the baby’s skull, and a catheter is inserted into the incision. Suction is used to remove the baby’s brain through the catheter until the skull collapses. The deceased baby is completely removed from your uterus.

**Does it hurt?**  
**Will they “put me under?”**

Because a D&X abortion is more likely to use sedation or general anesthetic, many women may not feel pain during the procedure itself. However, cramping and bleeding are common after these medications wear off.

**What are the common side effects of dilation & extraction abortion?**

D&X abortion carries many of the same side effects as other types of surgical abortion. These side effects may continue for several weeks.

- Cramping, bleeding and spotting
- Abdominal pain other than cramping
- Nausea
- Vomiting
- Diarrhea

**What are the possible complications and their symptoms?**

Women who have a D&X abortion are at a greater risk of emotional problems after having the procedure. This is due to the more advanced level of fetal development at the time of the abortion.

In addition, a D&X procedure carries the same risk of complications that can occur with a D&E abortion. Complications appear in about 1 in 50 abortions that take place in the second or third trimesters.

- Heavy, persistent bleeding
- Infection or sepsis
- Damage to cervix
- Scarring to uterine lining
- Perforation of uterus
- Damage to other organs
- Death

Seek immediate medical attention if you experience any of the following symptoms:

- Severe abdominal or back pain that makes it hard to stand up
- Bleeding that soaks 2 or more pads per hour for 2 or more hours
- Foul-smelling discharge
- Fever over 100.4°F
- Continuing pregnancy symptoms

In addition to these short-term complications, abortion also carries a number of long-term risks to your health:

- Difficulty carrying future pregnancies to term
- Miscarriages or premature births with future pregnancies
- Uterine rupture during future pregnancies
- Hemorrhaging during future deliveries
- Anxiety, depression and suicide

**Sources:**

- <https://www.abortionprocedures.com/>.
- [https://www.cdc.gov/reproductive-health/data\\_stats/abortion.htm](https://www.cdc.gov/reproductive-health/data_stats/abortion.htm).
- <https://americanpregnancy.org/unplanned-pregnancy/surgical-abortions/>.
- <https://americanpregnancy.org/unplanned-pregnancy/abortion-side-effects/>.



## Section 7: Medication Abortion

A medication abortion, also known as RU-486 or the abortion pill, is actually a two-drug combination. It may only be taken in the first 7 to 9 weeks of pregnancy. It accounts for almost 40% of abortions performed in the United States.

### **How does it work?** **What happens to the baby?**

You will have to visit the abortion facility twice to receive each medication separately.

The first drug, mifepristone, is taken orally during your first visit. This medication blocks the hormone progesterone. This causes your uterine lining to break down. Your baby is deprived of nutrients needed to survive, resulting in his or her death.

You will return to the facility to obtain the second drug, misoprostol, about 36 to 72 hours later. Misoprostol is usually taken at home. It causes your uterus to contract and expel the deceased fetus, along with the placenta. This process occurs within a few hours to a few days.

You will have to go back to the facility about one week later to verify whether the abortion was complete.

### **Does it hurt?** **What can I do for the pain?**

Most patients will experience pain after taking misoprostol, as a result of uterine contractions.

Bleeding from a medication abortion is typically heavier than a normal period, and you can expect to pass a few large clots along with the fetus. Ongoing bleeding or spotting may continue for several weeks.

### **What are the side effects of medication abortion?**

Side effects from a medication abortion typically last about 2 to 4 weeks.

As noted above, the most common side effect is heavy bleeding, cramping and passing blood clots. Other side effects may include:

- Fatigue
- Headaches
- Abdominal pain
- Nausea and vomiting
- Diarrhea
- Dizziness
- Fever or chills
- Hot flashes
- Light lactation
- Breast tenderness

### **What are the possible complications of medication abortion?**

Medication abortion fails about 8 to 10% of the time. If this occurs, you will need surgery to prevent more severe consequences.

Even if the abortion is completed with medication alone, this type of procedure still carries a risk of other complications:

- Excessive bleeding that lasts longer than expected
- Blood clots
- Infection
- Allergic reactions to one or both medications

You should seek immediate medical attention if you experience any of the following symptoms after a medication abortion:

- Excessive bleeding, defined as soaking 2 or more pads per hour for 2 consecutive hours
- Passing clots larger than a lemon for 2 or more hours
- Severe abdominal or back pain
- Fever of 100.4°F
- Nausea, vomiting or diarrhea that continues for 24 hours or longer





- Foul-smelling vaginal discharge
- Continued symptoms of pregnancy
- Depression or suicidal thoughts

Just like a surgical abortion, a medication abortion also carries a number of long-term risks to your health:

- Difficulty carrying future pregnancies to term
- Miscarriages or premature births with future pregnancies
- Uterine rupture during future pregnancies
- Hemorrhaging during future deliveries
- Anxiety, depression and suicide

**Can the abortion pill be reversed?**

Sometimes women change their minds about the abortion after taking mifepristone, but before taking misoprostol. If you find yourself in this situation, abortion pill reversal may be an option.

Remember, mifepristone is a progesterone blocker. It prevents progesterone from reaching your uterus, which cuts off nutrients for your baby. However, the effects of mifepristone may be reversed if you receive natural progesterone treatment.

Natural progesterone has a long history of safe and effective use in early pregnancy. It is

often used to treat women who are already at high risk of miscarriage, and it has been used for decades in women who are trying to conceive through invitro fertilization.

About 60 to 75% of babies survive when their moms receive progesterone treatment after taking mifepristone, and there is no increased risk of birth defects to your child.

If you're wanting to save your pregnancy after taking mifepristone, contact the Abortion Pill Reversal Network at <https://www.abortionpillreversal.com/>. You can also call their helpline at 877-558-0333. You will speak with a qualified health professional who will help you access the care you need. Help is available 24 hours a day, 7 days a week.

**Is there anyone who should avoid a medication abortion?**

Although nearly 40% of abortions are done by medication, it is not safe for everyone. For starters, medication abortion only works in early pregnancy. If you are more than 9 weeks along, the abortion pill is unsafe for you.

You should also avoid the abortion pill if you lack access to critical follow-up services. This includes:

- A follow-up doctor visit to make sure the abortion is complete

- A surgical abortion if the pill fails
- Emergency medical care in the event of complications

Medication abortion is not safe for patients who are currently using an intrauterine device, or IUD. It is also not an option for women with ectopic pregnancy, molar pregnancy or an ovarian mass.

Patients with any of the following health conditions should also avoid a medication abortion:

- Acute inflammatory bowel disease
- Adrenal failure
- Allergies to either mifepristone or misoprostol
- Anemia
- Asthma
- Bleeding disorders
- Heart disease
- High blood pressure
- Liver or kidney disease
- Seizures

Finally, medication abortion is unsafe for people who are taking corticosteroids or blood thinners.

**Sources:**

- <https://www.abortionprocedures.com/>.
- <https://americanpregnancy.org/unplanned-pregnancy/medical-abortion/>.
- <https://www.guttmacher.org/fact-sheet/induced-abortion-united-states>.
- <https://www.medicalnewstoday.com/articles/325598.php#summary>.
- <https://www.healthline.com/health/do-abortion-hurt>.
- <https://americanpregnancy.org/unplanned-pregnancy/abortion-pill/>.
- <https://americanpregnancy.org/unplanned-pregnancy/abortion-pill/>.
- <https://www.mayoclinic.org/tests-procedures/medical-abortion/about/pac-20394687>.
- <https://aaplog.org/wp-content/uploads/2017/02/AAPLOG-APR-Fact-Sheet.pdf>.



# Section 8: Abortion Recovery

Some women experience emotional problems after having an abortion, including unexpected feelings of grief and depression.

On top of that, there is often tremendous pressure to act as if nothing happened. Many women feel like they have to pretend they are happy or relieved about their decision. This pressure comes from many sources, including husbands or boyfriends, parents, friends, doctors and the mass media.

This leads many women to suffer alone. Others will suppress their negative feelings only to have them resurface years or even decades later.

## What Is Post-Abortion Syndrome?

Post-Abortion Syndrome, or PAS, is a type of Post-Traumatic Stress Disorder (PTSD). Symptoms of PAS include:

- Guilt
- Anxiety
- Depression
- Drug or alcohol abuse
- Eating disorders
- Avoidance of children or pregnant women
- Flashbacks or nightmares about the abortion
- Suicidal thoughts

Women are at a higher risk of PAS if they were coerced or forced to have the abortion by a spouse, partner, parents or others. Other risk factors include having a medication abortion, a prior history of mental illness and little or no support system.

## Where Can I Get Help After a Past Abortion?

Women who are struggling with a past abortion require compassionate care to address their emotional and spiritual needs.

Mosaic Pregnancy & Health Centers offers healing and hope for women struggling with a past abortion. Our free abortion recovery program is led by post-abortive women who have already gone through the recovery process and are ready to help you through your own journey of healing.

The program also includes Her Choice to Heal by Sydna Masse. This powerful book includes stories of strength and hope. It walks you through the difficult journey of denial, anger and grief, and on to forgiveness, redemption and letting go.

You may choose whether to complete the program one-on-one or in a group setting. All services are completely confidential and are provided in a completely judgment-free zone.

To register for our abortion recovery program, call Donna at 618-355-9977 or contact us online at <https://revealmosaic.com/contact/>.

Seek immediate medical attention if you are experiencing any symptoms of physical complications after an abortion. Call your doctor or go to the emergency room for assistance.

Sources:

- <https://www.lifesitenews.com/resources/abortion/abortion-risks/feelings-after-abortion-post-abortion-syndrome>.
- <https://revealmosaic.com/hopehealing/>.





