

▶ you are
not
alone...

making an informed decision



Certification Form

Video and Written Decision-Making Materials

Instructions: The health-care professional who gave you this handbook is required by law to offer you the opportunity to watch the video that goes along with the handbook. While you are not required to watch the video, you must complete and sign this form. You will receive a copy of this form, and the original will be placed in the medical records relating to your pregnancy.

Date _____

**I hereby certify on this date I have been offered
and/or I have viewed the video entitled
You Are Not Alone: Making an Informed Decision
and the accompanying written material.**

Signature of Minor: _____

Name of Minor: _____

Address: _____

City, State, Zip Code: _____

Name of Physician: _____

Address: _____

City, State, Zip Code: _____

Note: Any person who knowingly falsifies the certification form is guilty of a fraudulent practice in fourth degree.

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about your pregnancy

This publication was produced by the Department of Public Health through a contract with American Media, Incorporated, 4900 University Avenue, West Des Moines, Iowa. Funding was appropriated by the 76th General Assembly for implementation of Iowa Code Chapter 135L.

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Important:

You Must Sign the Certification Form

You should find a card inside the front cover of this handbook. The health care professional who gave you this handbook is required by law to offer you the opportunity to watch the video which goes along with this handbook. While you are not required to watch the video or read the handbook, you must complete and sign this form. You will receive a copy of the form, and a copy will go in your confidential medical records related to the pregnancy.

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Introduction

When you are faced with a difficult decision, it's not unusual to feel confused, frustrated, and perhaps a little frightened because you are not sure what to expect or where to turn for answers. Hopefully, this handbook and the video that goes with it can help.

The purpose of this handbook is to assist you in making an informed choice about your pregnancy.

The handbook is divided into seven sections:

1

Some Things To Think About

This section contains a “decision guide” checklist. It is intended to help you make sure you’ve thought through all of the options available to you prior to making your decision.

2

Fetal Development and Pregnancy

This section provides some information on the physical changes that may be experienced during pregnancy as well as information on the development of the fetus during the nine months of pregnancy.

3

A Choice: Abortion

This section contains information on the medical and emotional aspects involved in having an abortion now and in the future. It also provides information on who needs to be involved in the decision.

4

A Choice: Becoming A Parent

This section contains information on the physical and emotional changes you can expect during your pregnancy, and it provides some thoughts on the impact that becoming a full-time parent can have on your life, now and in the future. It also provides information on who needs to be involved in the decision.

5

A Choice: Adoption

This section contains information on placing a baby for adoption. In addition to providing information on the adoption process, it also contains information on the emotional aspects you may experience, now and in the future. This section also provides information on who needs to be involved in the decision.

6

Resources Providing Assistance

This section provides directions on how you can contact people and resources that are available to answer any questions you might have regarding the options of abortion, parenting, and adoption.

7

What Do You Think

At the back of this handbook is a very brief survey. It asks questions about this handbook and the video. You don't need to put your name on it. Please take a few minutes to answer the questions. Fold it over and tape it shut. Then drop the survey in the mail. The postage is pre-paid. Your answers will be used to help improve this handbook and the video in the future.

Suggestions on How to Get the Most from These Materials

1. Watch the video - You Are Not Alone: Making An Informed Decision.
2. Review all the information in this handbook.
3. Write down any questions you might have.
4. Talk to your doctor to get the answers to your questions.
5. Take some time to think things through and discuss it with others you trust.
6. Make a decision that's right for you.

If You Have Been Sexually Assaulted

If your pregnancy occurred because you have been sexually assaulted or raped (had sex against your will), there are specially trained people who can help. The health care professional who gave you this handbook can provide you with more information about these resources and the services they offer. Information about support for victims of sexual assault is available by calling the **TEEN Line, 1-800-443-8336**.

Section One:

Some Things to Think About

Sometimes it seems like life is full of pressures and decisions. And some of those decisions aren't always easy to deal with. While you can't make the problems go away, you can make informed decisions.

Right now, you may be feeling depressed, angry, relieved, scared, or you may not even want to admit that it's happening. That's okay.

Being pregnant can be scary and confusing, but you do have options. This handbook (and the accompanying video) will give you information about those options. **Please take the time to read through this handbook completely before you make up your mind.**

Thinking It Through

You might want to follow these suggestions to make sure you're making an informed choice.

_____ I have gathered information on all the options.

The first step in making an informed decision is to find out as much as you can about all your options. In addition to this handbook and the companion video, there are a lot of other sources for good information on abortion, becoming a parent, and adoption. For example, family members, health care professionals (doctors or nurses), social service agencies, religious leaders, legal counsel, counseling services, and your local library can be very good sources of information. Another good source is **TEEN Line (1-800-443-8336)**, which is a health information and referral service provided by the Iowa Department of Public Health.

_____ **I have considered the impact each of the options might have on my life.**

Each of the three choices you can make will have different consequences for you—now and in the future. For example, you may want to think about how your decision will impact your ability to complete high school or go on to college. You may want to consider how your decision will affect your ability to get a job or continue with the job you currently have. And you may want to consider the impact your decision will have on your family, your friends, the male who is involved in the situation, your future relationships, and other people you care about.

_____ **I have discussed my decision with an adult I trust.**

This is very important. Even though it may seem like it right now, you're not alone in this. There are people who care about you, who want to help. Often a family member or a friend can help you think through a tough decision. They can't make the decision for you. But just talking things through with someone whose judgment you respect and trust can help you look at things in a way you may not have considered.

_____ **I have made a decision that's right for me.**

Deciding what to do about your pregnancy is your decision. While you can and should get advice and perspective from others, you should make a decision that is right for your individual situation and circumstances. Just because someone else decided to have an abortion, or become a parent, or place their baby for adoption doesn't mean it's going to be the right decision for you. Only you know what's right for you.

Take Some Time

It's very, very important that you take enough time to follow these decision-making suggestions. You don't need to make this decision right away. Unless your doctor tells you there's a medical reason for deciding quickly, it's a good idea to give yourself the time you need to get more information and talk to someone you trust about your decision.

Section Two:

Fetal Development and Pregnancy

The following pages provide some information on the physical changes that may be experienced during pregnancy as well as information on the development of the fetus during nine months of pregnancy. As you go through this information, please be sure to write down any notes or additional questions you have in the space provided at the end of this section. The person who gave you this handbook can direct you to additional sources of information to help you address your questions and concerns.

Q What changes take place to the fetus during pregnancy?

After fertilization, the egg divides and multiplies to form the embryo.

2 Weeks After Fertilization - The developing embryo is about the size of a pinhead and is now inside a protective shell of special cells in the uterus wall. The cells are beginning to grow into groups that will be parts of the embryo.



4 Weeks After Fertilization - The embryo is about $\frac{1}{4}$ inch long. A blood vessel forms which will later develop into the heart and circulatory system. It begins to pump blood. At about the same time, a ridge of tissue forms down the length of the embryo. That tissue will later develop into the brain and spinal cord. Arm and leg buds are present.

6 Weeks After Fertilization - The embryo is about $\frac{3}{4}$ inch long. Cells of the embryo continue to multiply and start to form the brain. At the other end is a tail bud which will become the end of the spine. Fingers and toes are starting to appear. Cells, which also are multiplying in other parts of the embryo are starting to form the eyes, ears, jaw, lungs, stomach, intestines, and liver.



8 Weeks After Fertilization - The embryo is now called a fetus. The length of the fetus is about 1 to 2 inches. The head is large. Structures which will form the eyes, ears, arms and legs are identifiable. Muscles and skeleton are developing.

12 Weeks After Fertilization - The fetus measures approximately $3\frac{1}{2}$ inches long, and weighs roughly $1\frac{1}{2}$ ounces. The head is still the dominant part of the fetus. The eyes are beginning to grow toward the front of the head and 20 buds are present for baby teeth. There are eyelids and the nose is developing a bridge. External genitals have been developing so that the sex can be identified.



14 Weeks After Fertilization - The fetus is approximately 5 inches long, crown to rump. Limbs are well developed. The head is large compared to other body structures.



16 Weeks After Fertilization - The fetus from crown to rump is now roughly 5½ inches long. Weight is almost 8 ounces. Skin is pink and transparent.

18 Weeks After Fertilization - The fetus is just over 6 inches long. Respiratory movements occur, but the lungs have not developed enough to permit survival outside the uterus. By this time, the woman can feel the fetus moving.

24 Weeks After Fertilization - Length is about 9 inches and average weight is about 1½ pounds. Lungs continue to develop. Body movements are stronger.

28 Weeks After Fertilization - Length is about 10 inches and weight is about 2½ pounds. Fat is accumulating, and the body is more rounded. The fetus can open and close its eyes, suck its thumb and cry. Over 95 percent of babies born in comprehensive perinatal centers survive at this birth weight.

32 Weeks After Fertilization - Crown to rump length is about 12 inches. Weight is just under 4 pounds. The skin is pink and smooth. Fat continues to accumulate, and the fetus continues to gain weight steadily.

36 Weeks After Fertilization - Length is about 13 inches. Weight is about 5½ pounds or more. In most cases, the fetus is fully developed. More than 99 percent of babies born at this point survive.

Q What do I need to do to make sure the baby is healthy during my pregnancy?

The most important thing you can do to ensure your baby's health during your pregnancy is to get regular prenatal checkups, eat right, and get plenty of rest.

You will need to see your health care giver (doctor) about 9 – 13 times before your baby is born. You may need to go more often if you have problems.

The most important thing you can do to ensure your baby's health during your pregnancy is to get regular prenatal checkups, eat right, and get plenty of rest.

During your first prenatal visit, your health care provider will ask you questions about your health now and in the past (your medical history). Your answers about other pregnancies, health problems, illnesses (including sexually transmitted diseases), and your lifestyle will help your care giver decide the best care for you.

During the initial visit you will also receive a physical exam. This will include pelvic (internal) and breast exams, checking your heart, lungs, eyes, ears, nose, and throat, and measuring your weight and height. You'll also receive a blood and urine test and a check of your blood pressure. In addition, a culture of the cervix and a Pap smear will be done to check for some possible problems that might affect your pregnancy.

Q What about alcohol, tobacco, and other drugs?

Consuming alcohol, using any kind of drugs (illegal, prescription, or non-prescription), or smoking cigarettes can have a serious effect on the health of your baby during pregnancy.

Using alcohol, tobacco, or other drugs can result in everything from lower birth weights to serious birth defects, mental retardation, premature birth, or death of the unborn baby. The best advice is if you have used any of these substances in the past, tell your doctor. If you're currently using them, stop immediately. And, if you've never used any, don't start!

Both prescription and non-prescription medications should be used only as recommended by your doctor.

Consuming alcohol, using any kind of drugs, or smoking cigarettes can have a serious effect on the health of your baby during pregnancy.

Q How will changes in my body during pregnancy affect me?

The hormones of pregnancy affect all of your body, not just your reproductive system. The changes you experience - both physically and emotionally - are normal adjustments to being pregnant. Some of the things you might experience include: sore breasts, anemia (lack of iron in the blood), headaches, morning sickness, and rapid swings in your mood. These mood swings can sometimes cause problems in relationships.

The following information was taken from the *Guide to Planning for Pregnancy, Birth, and Beyond* published by the American College of Obstetricians and Gynecologists, Washington, D.C., 1990.

During pregnancy the fetus grows in the mother's uterus. The uterus is located in the pelvic cavity between the bladder and the rectum. Almost as soon as pregnancy occurs, the lining of the uterus begins to thicken and its blood vessels enlarge in order to nourish the growing fetus. The uterus changes continually throughout pregnancy, expanding as the fetus grows.

First Trimester

*2 weeks after fertilization to
14 weeks after fertilization*

1st Month: You may not notice anything different, but your body is going through many changes. The lining of the uterus is thickening. The hormones progesterone and estrogen are being produced in increasing quantities. Perhaps you have not had a period or this month's period was very different from normal ones (scanty bleeding or spotting). Your breasts are slightly enlarged and tender, and your nipples may have become more prominent. You probably need to urinate more often, but this will ease in midpregnancy.

2nd Month: The total volume of blood in your body increases to accommodate the growing fetus. Your breasts are still tender. You may still be having some of the early discomforts of pregnancy as your body continues to adjust.

3rd Month: As you gain weight, your waistline begins to disappear. You may need to start looking for a larger bra and maternity clothes.

4th Month: Your abdomen begins to swell with the increased size of the fetus this month. Your nipples and the area around them start to darken. A line running from your navel to your pubic hair may darken (linea nigra). Especially if you have dark hair and fair skin, the skin on your face may darken. This condition is called chloasma and can be brought on by or worsened by being in the sun.

The next few months are usually some of the easiest in pregnancy, because most of the early discomforts have disappeared. Sometimes from the end of this month on, you may begin to feel the movement of the fetus. This is called “quickening” and feels like a fluttering of wings or like small bubbles. Let your doctor know when you first feel this, because it helps to establish or confirm your due date.

5th Month: This month your uterus has expanded to reach the height of your navel, and the skin of the abdomen stretches. If you have not already, you will now begin to feel the fetal movements.

6th Month: This is your period of greatest weight gain. You may feel the fetus kicking. You may also experience a stitch-like pain at times down the side of your abdomen as the uterine muscle stretches.

7th Month: Increased growth of the fetus adds stress to your system, causing some discomfort. The breasts and uterus continue to increase in size. For some women, stretch marks may appear on the abdomen and breasts, and you may feel Braxton-Hicks contractions (false labor pains).

8th Month: Stronger contractions may be felt this month, and you may notice a leakage of colostrum, a fluid secreted from your breasts at the beginning of milk production. Aches and pains due to increased weight may now occur more frequently. Your uterus has grown so that the top part lies just under your diaphragm.

9th Month: You may now notice shortness of breath and your navel protruding. Toward the end of this month, when the baby drops into a lower position, you may be able to breathe easier and may have an increased need to urinate. Your cervix will soften, and contractions will increase. Colostrum leakage may be increasing. Discomforts caused by the pressure and weight of the fetus are common, and you often need to rest during the day. Your ankles may swell some at the end of the day.

With all of the changes in your body, regular prenatal visits to your doctor will help make sure you and your baby stay healthy.

Q Is it safe to have a baby at my age?

There are many factors that influence the risks involved in delivering a baby. Generally, if you are in good health, maintain your health during pregnancy, and receive good prenatal care, the risks of delivering a baby when you are under the age of 18 are medically acceptable. However, the younger you are, the greater the risk of complications during pregnancy and during delivery.

With all the changes in your body, regular prenatal visits to your doctor will help make sure that you and your baby stay healthy.

Again, the best advice is to ask your doctor to tell you about the risks involved. He or she will be in the best position to give you advice specific to your individual situation.

Thoughts and Questions About Pregnancy and Fetal Development

Use this space to record your thoughts and questions.



Section Three:

A Choice - Abortion

The following pages provide some answers to a few of the most common questions about abortion. As you go through this information, please be sure to write down any notes or additional questions you may have in the space provided at the end of this section. The person who gave you this handbook can direct you to additional sources of information to help you address your questions and concerns.

Q What is an abortion?

An abortion is ending a pregnancy that is unwanted, either by surgical means or by medication. The most common abortions are performed in the United States in the first trimester. Occasionally, abortions are done in the second trimester. Third trimester abortions are extremely rare and are generally performed only to protect the life and health of the mother.

The most common form of an abortion is a minor surgical procedure which involves the scraping and suctioning of the lining of the uterus. You may have heard it referred to as a “dilation and curettage”, or D & C.

An abortion is ending a pregnancy that is unwanted, either by surgical means or by medication

Q What is involved in a D and C?

First, the doctor may do an ultrasound examination prior to performing the procedure. This is done by passing over your abdomen a microphone-like instrument which measures the size of your uterus. This helps the health-care provider to more accurately determine the age of the pregnancy and determine whether there are conditions that may cause complications.

You will be given an oral or IV pain medication. Once this has taken effect, a local anesthetic is injected into or around the cervix (the lower part of the uterus). The opening of the cervix is gradually stretched by a series of narrow rods (dilators), each a little wider than the one before. The largest dilator may be about as thick as your index finger.

The most common form of abortion is a “dilation and curettage”, or D & C. This involves the scraping and suctioning of the lining of the uterus.

A blunt-tipped tube (cannula) is inserted into the uterus. This tube is attached to a suction machine, which is then turned on. After the uterus has been emptied by suction, a spoon-shaped instrument (curette) may be used to determine that the uterus has been emptied completely.

After the procedure is complete, you will spend some time resting in the doctor’s office or clinic under observation. When you’re stable and ready to leave, you’ll receive the necessary prescriptions and follow-up instructions, including what you should do in the event of a complication.

Q Are there any medical risks?

Risks or complications are possible with any kind of medical or surgical procedure. With a first trimester abortion, there is the potential for side effects and complications like bleeding, cramping, infection, and fever. However, an early (first trimester) abortion is generally considered to be very safe. Fewer than 1 woman in 100 experience serious complications.

There is the potential for long-term medical complications. However, in most cases, these risks are considered minimal. If you decide to have an abortion, your doctor will discuss all of the potential risks and side effects with you in more detail prior to performing the procedure.

With a first trimester abortion, there is the potential for side effects and complications like bleeding, cramping, infection, and fever. However, an early (first trimester) abortion is generally considered to be very safe.

Q What is involved in a second trimester abortion?

To perform an abortion in the second trimester, the physician usually uses a method known as a dilation and evacuation (D & E). In using this method, the physician may insert a gel-like material into the cervix. As the gel gets wet, it becomes larger, opening the mouth of the cervix. The physician will remove the gel 2 – 16 hours later. The suctioning process described above or forceps may be used to remove the fetus.

Potential complications involved in second trimester abortions from D & E are similar to those involved in first trimester D & C abortions. However, the risk for serious complications increases with the length of pregnancy.

Q How will having an abortion affect me emotionally?

Just as no two people are exactly alike, no two women will have exactly the same emotional reaction to having an abortion.

Depending upon your circumstances, you may experience strong feelings of relief, or mixed feelings of guilt, regret, loss, or anger. You may experience these strong feelings for a few days or for a much longer period of time.

Depending upon your circumstances, you may experience strong feelings of relief, or mixed feelings of guilt, regret, loss, or anger.

These feelings may occur much later. Everyone is different.

The important thing to remember is that the feelings are natural. The feelings you experience are part of your adjustment to a difficult change. The best advice is to talk about what you're feeling with someone you trust. They can't make the feelings go away, but they can help support you

during this time of change. Remember that counseling is available to assist you at this time or at any time in the future.

Q Who needs to know if I decide to have an abortion?

If you are under age 18 and considering having an abortion, you should ask the physician who will perform the abortion to provide you with current information about all the legal requirements. You can also find out about these requirements by calling **TEEN Line (1-800-443-8336)**.

It is important to understand that no one can prevent you from choosing to have an abortion. You have the final decision.

Q Does the guy need to know?

The simple answer is - from a legal standpoint, the father of the baby does not need to be involved in your decision to have an abortion. Although you are not required to do so, you may want to talk to him about the situation if you feel it's appropriate. Laws of confidentiality prevent anyone in the medical provider's office from informing him of your decision.

It is important to understand that no one can prevent you from choosing to have an abortion. You have the final decision.

Q Where can I get more information on abortion?

Ask your doctor for help in finding out more about the medical and emotional facts about abortion. Or, feel free to call **Teen Line (1-800-443-8336)** for referral.

Thoughts and Questions About Abortion

Use this space to record your thoughts and questions.



Section Four:

A Choice - Becoming a Parent

The following pages provide some answers to a few of the most common questions about pregnancy, having a baby, and becoming a parent. As you go through this information, please be sure to write down any notes or additional questions you may have in the space provided at the end of this section. The health care professional who gave you this handbook can direct you to additional sources of information to help you address your questions and concerns.

Q How will being a parent make my life different?

To begin with, being pregnant will make your life different for nine months. You will no longer be responsible for just your own health and well-being, but for your baby's health as well. That may mean you'll have to significantly change your lifestyle.

For example, you may not be able to eat or drink whatever you want, socialize with friends whenever you want, participate in sports or recreational activities that may present the risk of injury, etc.

And once the baby is born, you will find that parenting is a 24-hour-a-day responsibility for at least the next 18 years. Becoming a parent can really test your ability to cope with unforeseen problems and responsibilities. For example, a newborn baby seldom sleeps through the night. And when your baby is awake, you'll have to be awake. When your baby is sick with a cold or a stomachache, you'll have to be there to take care of him or her, even if you had plans to go to a movie with a friend.

Everyone adapts to these changes differently. Some young women feel happy, fulfilled, and able to adapt to the change in lifestyle relatively easily, particularly if they have an active support network of family and friends to help out. Other young women experience feelings of frustration, guilt, being trapped, and resentful at having to make such big changes in their lifestyle.

Q What are some of the things I need to think about while I'm pregnant?

You need to think about where you're going to stay while you're pregnant. Being pregnant causes a lot of changes in your body and you'll need extra rest, good meals, and access to good medical care. Having a good, supportive place to live during your pregnancy is very, very important.

When your baby is sick with a cold or a stomachache, you'll have to be there to take care of him or her, even if you had plans to go to a movie with a friend.

You should also think about the impact your pregnancy will have on your education. Continuing your education while you're pregnant is important, and in most cases, possible. Most School systems in Iowa have programs in place to help you continue with your education during your pregnancy. You'll want to find out more about what your school has available.

You also need to think about what being pregnant will do to your ability to participate in activities with your friends - particularly in the last three months of your pregnancy.

Q What are some things I need to think about after the baby is born?

There are a number of questions you should answer now - before your baby is born - in order to ensure that you have the support available to raise your baby once he or she is born. Some of the questions you'll want to ask yourself are:

- ✓ Will I have a good, safe, supportive environment to live in while my child is growing up?
- ✓ Will I be able to afford child care, or will I have friends and relatives available to watch my baby while I continue my education or find employment?
- ✓ What will be the impact on my education? What will I need to do to finish high school? What about going on to college if that's what I want to do?
- ✓ What will be the impact on my ability to keep my current job or find a good job in the future?
- ✓ Will I be able to afford to raise the child on my own, or will I need help? And, if I do need help, where will it come from?
- ✓ How will having a baby and, potentially, raising it on my own affect my future relationships with my friends, the possibility of getting married sometime, the ability to have a lifestyle I'm used to and comfortable with?

It is possible to find answers to most of these questions. The important thing is that you need to think about them now, not after your child is born.

Q How will I feel about becoming a parent a few months or years from now?

Again, no two people are alike. So, how you will feel later on depends a great deal on your personality and the situation you find yourself in. Some young women are able to make the adjustment to parenthood (which can often mean being a single parent) successfully. Others find the 24-hour responsibility of raising a child to be frustrating and a burden. Remember that counseling is available to assist you at this time or at any time in the future.

Q Does the guy need to be involved in my decision to become a parent?

While it is your decision to carry the pregnancy to term and have the baby, once the child is born, the father has legal and financial rights and responsibilities that must be considered.

The father of the child is liable for some of the support of the child. If you seek public assistance, you must work with the child support recovery unit

While it is your decision to carry the pregnancy to term and have the baby, once the child is born, the father has legal and financial rights and responsibilities that must be considered.

in establishing the paternity of the child and in seeking support payments for a reasonable amount of the costs associated with the pregnancy, medical support, and maintenance from the father of the child, or if the father is a minor, from the parents of the minor father. If you are not eligible for public assistance, you may still seek the assistance of the child support recovery unit.

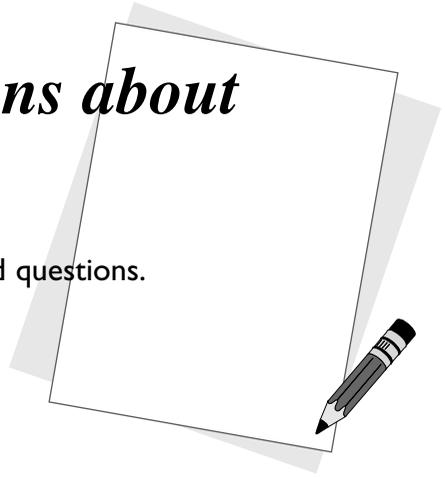
If you are considering becoming a parent, it would probably be a good idea to talk about the information in this section of the handbook with the prospective father. He needs to think about the same kinds of questions you're thinking about right now.

Q **Where can I get more information on becoming a parent?**

Ask your doctor for help in finding out more about the medical and emotional facts about becoming a parent. Or, feel free to call the number listed in the “Resources Providing Assistance” section of this handbook.

Thoughts and Questions about Becoming a Parent

Use this space to record your thoughts and questions.



Section Five:

A Choice - Adoption

The following pages provide some answers to a few of the most common questions about adoption. As you go through this information, please be sure to write down any notes or additional questions you may have in the space provided at the end of this section. The person who gave you this handbook can direct you to additional sources of information to help you address your questions and concerns.

Q What is adoption?

Placing a child for adoption involves the process of permanently transferring your parental rights to an adoptive family.

Q How is an adoption done?

An adoption is typically handled through public and private agencies or through independent placements, which are usually handled by private attorneys. In Iowa, approximately half of the mothers who place their babies for adoption choose independent placement through attorneys, and half choose placement through agencies.

Q Will I know who the adoptive parents are?

A lot of things have changed about adoption in the last few years. Today, there is a range of openness in adoption. In other words, adoption can be “closed,” in which no information is shared between the birth parents and the adoptive parents; “open,” in which all information is shared; or “semi-open,” in which some information is shared.

Adoption can be “closed,” in which no information is shared between the birth parents and the adoptive parents; “open,” in which all information is shared; or “semi-open,” in which some information is shared.

Typically, you would work with a professional counselor (for example, an adoption agency or a private attorney specializing in adoptions) to determine the amount of contact that takes place between you, the adoptive parents, and the child prior to and after the adoption.

It is possible for you to have a great deal of input in selecting the type of family who adopts your baby. You may obtain information about prospective adoptive couples or even arrange to meet them. Once a couple is selected, you can choose to receive letters and pictures from them or express a desire for future meetings.

Or you may wish to have greater confidentiality and may even want the adoption agency or private attorney make the selection of the adoptive parent. It is important that you feel in charge of your decision. Talk to your professional counselor about the level of openness that you desire.

Q How can I assure the best placement?

Any family that wishes to adopt your child must have an adoptive home study completed before placement can occur. A home study must be conducted by individuals certified by the State of Iowa. These investigators go into the home to check many characteristics of the prospective family, such as why the parents want to adopt a child, the stability of the family, their ability to cope with problems, medical considerations, their capacity to give and receive affection, income information, disciplinary practices, history of abuse, and substance use and abuse. Child abuse and criminal record checks are done to determine whether the family has a criminal record or founded child abuse report. If either has occurred, an evaluation is conducted to determine whether the family is suitable for adoption. An investigator will also make at least three visits to the adoptive family's home following placement.

You are encouraged to contact a certified adoption investigator or licensed child-placing agency if you are considering adoption.

You are encouraged to contact a certified adoption investigator or licensed child-placing agency if you are considering adoption. For these numbers, call **TEEN Line at 1-800-443-8336**. It is important to be comfortable with the agency or counselor that you work with. If you feel the need, do not be afraid to search out a different counselor or agency.

Q Will I be able to see my child again?

As you work with your professional counselor, you may record your desire for future contact with your child. This information can be used later to help facilitate a reunion. Currently there is no legal acknowledgment or enforcement of any verbal or written agreements between the parties involved in adoptions.

Q Will I have to pay for the cost of an adoption?

In most cases, there are no fees involved in placing your baby for adoption. In some cases, the medical expenses of delivery may be paid through the agency or independent placement person who is handling the adoption.

Q Does the guy need to be involved in the decision to place my baby for adoption?

While it is your decision to carry the pregnancy to term and have the baby, once the child is born, the prospective father has legal and financial rights and responsibilities. The birth father can submit his name to the paternity registry. (See Section Six: “Resources Providing Assistance - Establishing Paternity by Affidavit” for more information about this process.)

While it is your decision to carry the pregnancy to term and have the baby, once the child is born, the prospective father has legal and financial rights and responsibilities.

If you are considering placing your baby for adoption, it would probably be a good idea to talk about the information in this section of the handbook with the prospective father. He needs to think about the same kinds of questions you’re thinking about right now.

Q Who else needs to know if I decide to place my baby for adoption?

If you are under age 18, you are required by Iowa law to let either a parent or legal guardian know of your decision to place your baby for adoption. There are certain cases where a judge can make exceptions to this requirement. While you are required to notify a parent or guardian, no one can prevent you from choosing to place your baby for adoption. You have the final decision. Your professional counselor can give you more information on how this notification process works.

The decision to place the baby for adoption isn't final until after the baby is born and the termination of your parental rights has been approved by a judge.

Q What if I change my mind and decide to keep the baby?

The decision to place the baby for adoption isn't final until after the baby is born and the termination of your parental rights has been approved by a judge. You are not allowed to sign a "release of custody" until at least 72 hours after your child's birth. If you sign a release of custody, you have a total of 96 hours in which to change your mind and ask a court to set aside your release. Otherwise, it will be very difficult to recover your child.

Q How will placing a child for adoption affect me emotionally?

Again, your emotional reaction will be different depending upon your unique situation and set of circumstances.

It's natural to have conflicting feelings about adoption during your pregnancy and after your baby is born. For example, some young women may feel a sense of relief, closure, and assurance, while others may feel guilt, grief,

It's natural to have conflicting feelings about adoption during your pregnancy and after your baby is born.

depression, or loss. These are very natural feelings, and, as with any change in your life, it will take some time to work through them.

The important thing to keep in mind is that dealing with change emotionally is a natural part of the healing and adjustment process. So, the best advice is to discuss what you're feeling with someone you trust. Again, while they can't change how you feel, they can be there to listen to you and support you. Remember that counseling is available to assist you at this time or at any time in the future.

Q Is everybody going to expect me to act like nothing happened?

Unlike 20 or 30 years ago, women who place their babies for adoption are no longer expected to go through life as if "nothing ever happened." If you choose adoption, you will never forget your child. You will want to remember that you made a loving, selfless, mature, responsible decision for your child and be able to continue your own life emotionally strong. There are a number of support groups available to you. They provide an opportunity to share your feelings and needs with people who have been through the adoption process too. You can find out more about these groups by calling **TEEN Line at 1-800-443-8336**.

Q As my baby grows up, how will being adopted affect him or her?

Because no two people are the same, it is impossible to predict how any individual child will be affected by being adopted. However, studies of teens have shown that adoptees did as well or better than their non-adopted counterparts in the areas of psychological adjustment, development of academic and social skills, stability of the home, development of strong emotional bonds with adoptive parents, and development of positive identities.

You will want to remember that you made a loving, selfless, mature, and responsible decision for your child and be able to continue your own life emotionally strong.

Q Can adoptive parents love their child as much as birth parents?

Adoptive parents can love their child as fully and selflessly as biological parents. Good parenting is a matter of unconditional love and acceptance, consistently nurturing and caring in a way that puts the needs of the child first.

Q Where can I get more information on adoption?

Ask your doctor for help in finding out more about the medical and emotional facts about adoption. Or, feel free to call the number listed in the Section Six: “Resources Providing Assistance” in this handbook.

Thoughts and Questions About Adoption

Use this space to record your thoughts and questions.



Section Six:

Resources Providing Assistance

As a teenager, you have special emotional needs. You have many thoughts and feelings to sort out about growing up and about your future. It is important to take the time to discuss your thoughts with an adult you trust who can help you. You may be afraid to tell your parents that you are pregnant. They might be disappointed or angry. But once they accept that you are pregnant, they may be supportive and willing to help. If you know that you cannot tell your parents that you are pregnant, try to talk with another adult who can help you. Another relative, a doctor or other health-care giver, a school counselor or school nurse, or a religious leader may be the right person.

If you are concerned about physical abuse or that someone may harm you, talk to your doctor or social worker about it.

There are many community resources to assist you. If you don't know where to go, please call the **TEEN Line at 1-800-443-8336**. The TEEN LINE is a health information and referral service provided by the Iowa Department of Public Health in cooperation with Iowa State University Extension. The phone is answered 24 hours a day by a nurse or counselor. They have the information on agencies throughout the state which can provide support to you in your decision. These are some examples of the types of agencies you might find helpful.

Abortion

A listing of the clinics which are known to provide abortion services in Iowa is available through **TEEN Line (1-800-443-8336)**.

Adoption

Both agency and independent adoptions are legal in Iowa and regulated by the state. The adoptive family and home must be approved by the Department of Human Services, which is the state agency responsible for adoptions, and by the court before the adoption is final. **TEEN Line (1-800-443-8336)** can provide you with information.

Maternal Health Services

Maternal Health Centers provide medical care during pregnancy and after the birth of a child for Medicaid eligible and other low income women. Services include medical assessment, health and nutrition education, social counseling, care coordination, and home visiting after the baby's birth. These centers will help clients make arrangements for delivery. Federal Title V and state funds support this program.

Birthright

These local groups offer free pregnancy testing and ongoing support and encouragement for any girl that may have an unplanned pregnancy. They provide assistance in obtaining prenatal information, education on pregnancy, medical help, financial assistance, information on parenting skills, legal advice, and adoption referrals.

Child Health Services

Child Health Centers provide comprehensive health assessments for children ages birth to 21. Assessments include history and physical examinations; developmental, vision, hearing and speech screening; dental assessment; social assessment; laboratory testing; and health education community resource information and referral. Title V and state funds support this program.

Family Planning Clinics

Family Planning clinics provide health care services to women. Services include pregnancy testing, birth control, annual physical exam, breast and cervical cancer screening and referral, screening and treatment of sexually transmitted infections, and HIV testing and counseling. Federal and state funds support this program. Call **TEEN Line (1-800-443-8336)** for a listing of these clinics.

Women, Infant and Children Nutrition Program (WIC)

Special supplemental foods, nutrition, and referral for health care are available for pregnant women and children up to age five whose income is less than 185 percent of current poverty guidelines or are determined to be at nutritional risk. Federal funds support this program.

Caring Foundation

Health care benefits are provided to children who do not qualify for other government medical assistance and can't afford private health insurance. Benefits include office visits, diagnostic tests, emergency accident care, immunizations, routine physicals and preventive care services. The program is supported by private contributions from foundations, corporations, religious and community groups and individuals. This non-profit foundation was established by Blue Cross and Blue Shield of Iowa and is supported in part with state funding.

OB Indigent Program

Labor, delivery, immediate postpartum, and newborn care benefits are provided to low income Iowa women who do not qualify for Medicaid. Women may use this program to deliver at hospitals close to home. This program is supported by state funds.

Physician Diagnosis and Treatment

Diagnosis and treatment of acute conditions is available to children enrolled in Iowa Department of Public Health sponsored Child Health Centers. Funds are paid to local physicians, hospitals, and pharmacies that provide care to children based on referral criteria. State funds support this program.

Vaccine Preventable Diseases

Vaccine is made available to local health departments and child health centers for all required childhood immunizations.

Establishing Paternity by Affidavit

Paternity means fatherhood. If the parents of a child were not married at the time the mother became pregnant or when the child was born, paternity must be legally established before a man is considered to be the legal father. Paternity can be established by both parents signing a paternity affidavit form. This form can be obtained from the hospital where your child is born or from the Department of Public Health, your local Child Support Recovery Unit, or from any Clerk of Court. Call **TEEN Line 1-800-443-8336** for the number of the Child Support Recovery Unit in your area to learn more about this process.

Medicaid

Medicaid is an assistance program that pays for covered medical and health care costs of eligible persons. The Medicaid program is financed by federal and state funds and is administered by the Iowa Department of Human Services. Call **TEEN Line at 1-800-443-8336** for information about your local Department of Human Services office.

Presumptive Medicaid Eligibility

Presumptive Medicaid Eligibility is a program designed to allow pregnant women to receive Medicaid coverage for medical care while a formal Medicaid determination is being made by the Department of Human Services.

Child Support Recovery

The goals of the Child Support Recovery Program are to encourage families to be responsible for their children, ensure that children receive financial support from their parents, and help families remain off public assistance. Child Support Recovery Units can assist in locating the noncustodial parent, establishing paternity (fatherhood), obtaining an order for support, and collecting the support payments.

Family Investment Program (FIP)

The Family Investment Program (FIP) replaced Aid to Dependent Children (ADC) in Iowa. The goal of this program is to help individuals leave poverty and become self-supporting. FIP offers training or education, allows workers to keep and save more of money earned, and teaches how to deal with the problems the family may face. FIP is available to one-parent families and to relatives caring for children whose parents are absent. FIP-Unemployed Parent or FIP-Incapacitated Parent assistance is available to two-parent families.

Other Programs

There are other programs that a family may qualify for at the same time it gets FIP. The family may get coupons to buy food through the Food Stamp Program. It also may get help with rent and utility bills through the Emergency Assistance program, when the program has funding. The Family Development and Self-Sufficiency (FDSS) program can help individuals work through basic problems that keep a family from becoming self-sufficient. Find the number of your local Department of Human Services office by calling **TEEN Line (1-800-443-8336)**.

Sexual Assault Coalitions

These local groups provide information, support, and referral for victims of sexual assault. Call the **TEEN Line (1-800-443-8336)** for the group in your area of the state.

Quick Reference of Resources

Abortion Services

- Planned Parenthood (Des Moines)I-800-568-2404
- Planned Parenthood (Iowa City)I-800-568-2368
- Emma Goldman ClinicI-800-848-7684

Adoption Services

- Bethany Christian ServicesI-800-38-4269
- Catholic CharitiesI-800-772-2758
- Family Networks,Inc.I-800-553-4409
- Iowa Bar Association Lawyer Referral Service .I-800-532-1108
- Ralston Adoption AgencyI-800-304-0219

BirthrightI-800-550-4900

Concerned United Birth Parents ..I-800-822-2777

Iowa Healthy Families LineI-800-363-2229
(TT/TTY) I-800-735-2942

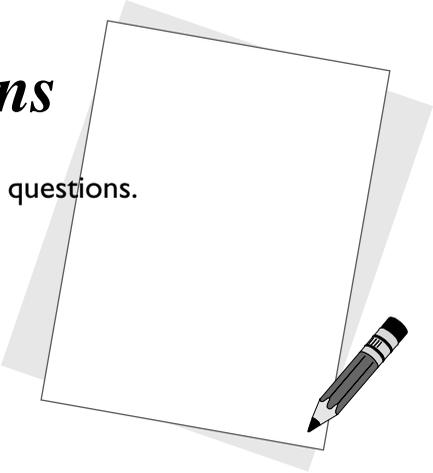
TEEN LineI-800-443-8336
(TT/TTY) I-800-735-2942

TEEN Line provides health information and referral to agencies throughout the state that provide support for any option chosen.

Youth Law CenterI-800-728-1172

Thoughts and Questions

Use this space to record your thoughts and questions.



Section Seven:

What Do You Think?

Instructions: *This survey asks questions about this handbook and the video. You do not need to put your name on it. Please take a few minutes to answer the questions. Your answers will be used to help improve this handbook and the video in the future. Please return this form to:*

*Iowa Department of Public Health
Adolescent Coordinator - Bureau of Family Health
321 E. 12th Street
Des Moines, Iowa 50309-0075*

1. The handbook helped me think about questions that I wouldn't have thought about otherwise.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

2. The handbook was easy to read.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

3. The people who talked in the interview gave me information that helped me better understand my options.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

4. The suggestions on how to go about making a difficult decision that were presented in the handbook and the video will help me think things through.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

5. After reading the handbook and watching the video, I feel like I know where to go and who I can contact to get the answers to my questions.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree



Sometimes it seems like life is full of pressures and decisions. The choices aren't always easy. While you can't just make your problems go away, you can make informed decisions.

This handbook and its companion video provide medically accurate, unbiased, factual information about the options and decision-making resources available to you.

Remember, even though it may seem like you have to face this decision all by yourself, the truth is —

You Are Not Alone.

1 • 800 • 443 • 8336

©1997-Iowa Department of Public Health
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