
Informed

Consent

Information

And

Resources

Informed Consent Materials

State law requires that the Mississippi State Department of Health publish specific printed materials about pregnancy prevention, medical risks associated with pregnancy and termination of pregnancy, gestational development, and resources available to assist a woman through pregnancy, childbirth, and early childhood care. These materials by design are objective, nonjudgmental, and scientifically accurate.

Copies of the materials are available on request to —

Division of Health Facilities Licensure and Certification
Mississippi State Department of Health
Post Office Box 1700
Jackson, Mississippi 39215-1700
Telephone 601/354-7300
Fax 601/354-7230

Conception and Development

Physicians most often refer to an unborn child's age from the first day of the last menstrual period, which usually occurs two weeks before conception. Approximate ages listed in this material are based on first day of last menstrual period.

Lengths listed are based on "crown-rump" measurement, from the top of the head to the bottom of the buttocks. The measurement is used because differences in heights are usually seen in limbs, not in the body.

The following descriptions and photographs are designed to tell you the probable anatomical and physiological characteristics from the time a woman can be known to be pregnant to full term.

4 weeks

- ☐ Only lab test determines pregnancy
- ☐ Development begins as "undifferentiated tissue," a group of cells in a flat, saucer-like shape
- ☐ No chance of survival outside the womb



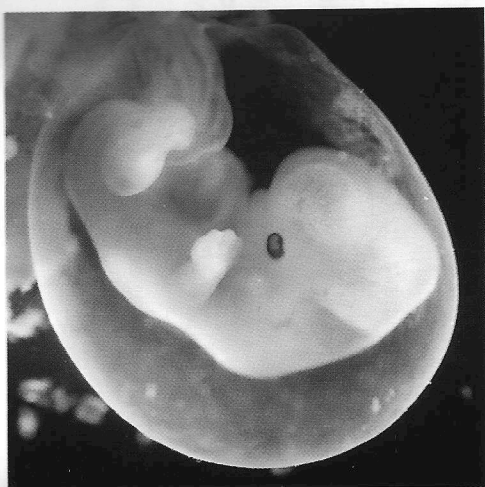
4 to 6 weeks

- ☐ Laboratory pregnancy test and many home test kits, show positive
- ☐ Rapid growth to about 4 mm long
- ☐ Physical characteristics: arm and leg buds, heart chambers, and circulatory system are present
- ☐ Sonogram picks up fetal movements
- ☐ No chance of survival outside the womb



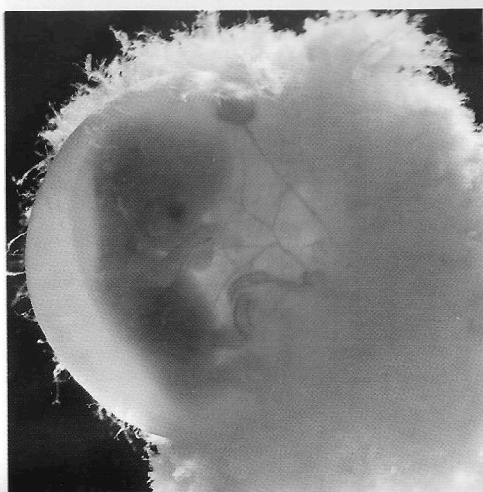
6 to 8 weeks

- ☐ Length reaches 22 to 24 mm, about 1 inch
- ☐ Heart begins beating; Sonogram can detect the beats
- ☐ Physical characteristics: head, trunk, arms, legs, fingers, toes, and ears are recognizable
- ☐ No chance of survival outside the womb



8 to 10 weeks

- ☐ Length: 40 mm, about 1 1/2 inches
- ☐ All major organ structures and systems finish forming, but they are not mature
- ☐ No chance of survival outside the womb



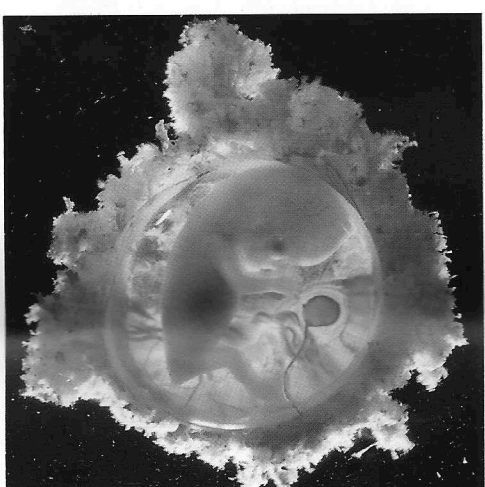
10 to 12 weeks

- ☐ Length: 61 to 70 mm, about 2 1/2 inches
- ☐ Formed structures begin to mature
- ☐ Physical characteristics: fingernails and hair growth appear; bones begin forming; outward signs of sex begin to show
- ☐ Reacts to stimuli such as movement of the mother or loud sounds
- ☐ A special instrument called a Doppler can pick up heart beat for mother and physician to hear
- ☐ No chance of survival outside the womb



12 to 14 weeks

- ☐ Length: 87 mm, about 3 1/2 inches
- ☐ Kidney functions, and fetal swallowing begins
- ☐ No chance of survival outside the womb



14 to 16 weeks

- ☐ Length: 121 mm, about 4 3/4 inches
- ☐ Fetus can hold its head up
- ☐ No chance of survival outside the womb



16 to 18 weeks

- ☐ Length: 140 mm, about 5 1/2 inches
- ☐ Physical characteristics: ears stand out from the head
- ☐ No chance of survival outside the womb



18 to 20 weeks

- ☐ Length: 160 mm, about 6 1/4 inches
- ☐ Weighs less than 1 pound
- ☐ Mother begins feeling fetal movement and kicking
- ☐ Development continues, but survival outside womb is not probable



20 to 22 weeks

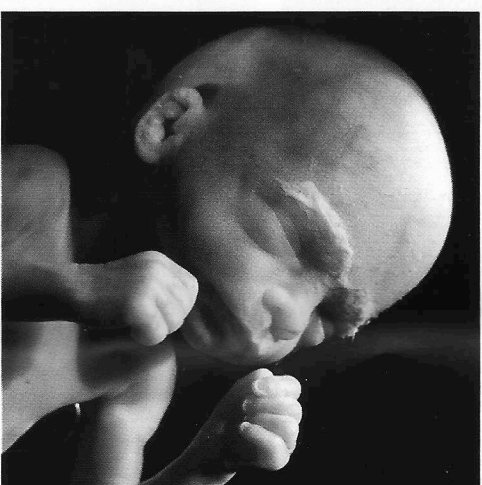
- ☐ Length: 190 mm, about 7 1/2 inches
- ☐ Organs continue to grow
- ☐ Survival outside womb is extremely unlikely (about one in a million)



Survival rates outside womb depend on the condition of the mother, condition of the fetus, quality of prenatal care, and quality and availability of intensive newborn medical care.

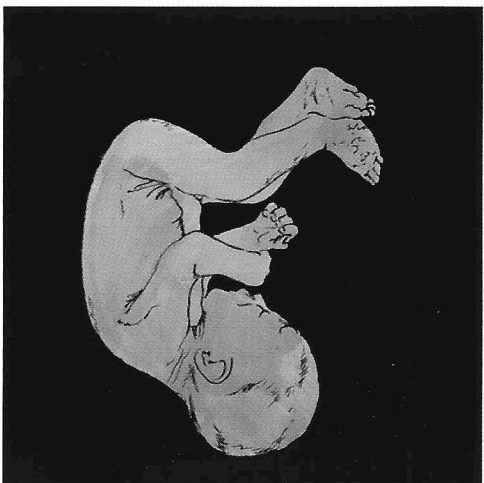
22 to 24 weeks

- ☐ Length: 210 mm, about 8 1/4 inches
- ☐ Weight: about 1 1/4 pound
- ☐ Physical characteristics: light body hair begins to show
- ☐ At the end of the 24th week, survival rate is about 25 percent (about 50 percent of the survivals might have long-term disabilities)



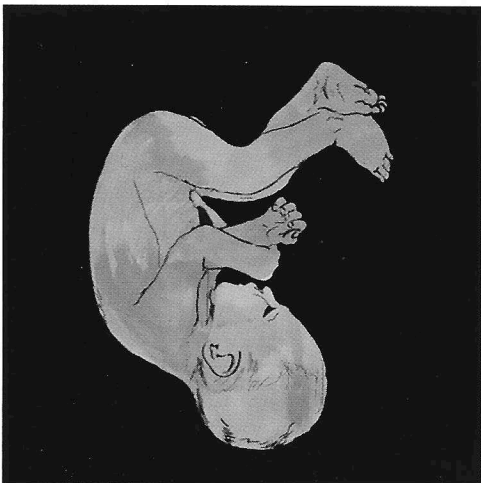
24 to 26 weeks

- ☐ Length: 230 mm, about 9 inches
- ☐ Weight: 850 grams or about 2 pounds
- ☐ Survival rate: about 50 percent; about 30 percent of babies who survive could have major handicapping conditions



26 to 28 weeks

- ☐ Length: 250 mm, about 9 3/4 inches
- ☐ Weight: 1100 grams or about 2 1/2 pounds
- ☐ Physical characteristics: eyes are partially open and eyelashes are present
- ☐ Fetus has established a pattern of sleeping, turning, sucking, and kicking
- ☐ Survival rate: about 80 percent



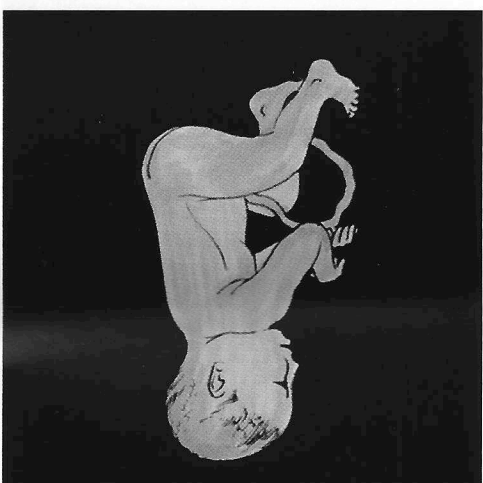
28 to 30 weeks

- ☐ Length: 270 mm, about 10 1/2 inches
- ☐ Weight: 1300 grams or about 3 pounds
- ☐ Physical characteristics: skin is still wrinkled; eyes are open
- ☐ Survival rate: about 90 percent



30 to 32 weeks

- ☐ Length: 280 mm, about 11 inches long
- ☐ Weight: 1700 grams or more than 3 pounds
- ☐ Physical characteristics: body is filling out; toenails are present; testes in males begin descending
- ☐ Survival rate: about 91 percent



32 to 34 weeks

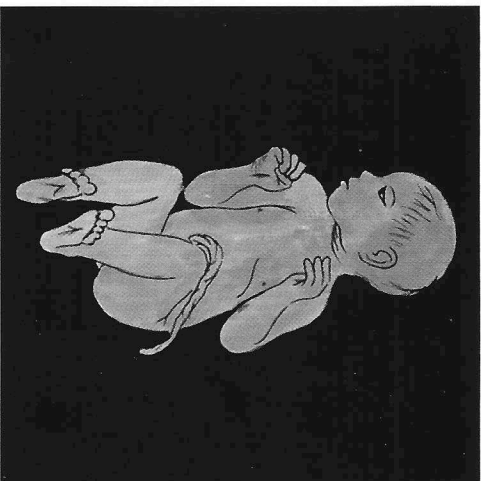
- ☐ Length: 300 mm, about 11 3/4 inches
- ☐ Weight: 2100 grams or about 4 1/2 pounds
- ☐ Physical characteristics: fingernails reach the fingertips; skin is pink and smooth
- ☐ Survival rate: about 95 percent



Survival rates past 34 weeks are above 95 percent, close to those of a full-term delivery.

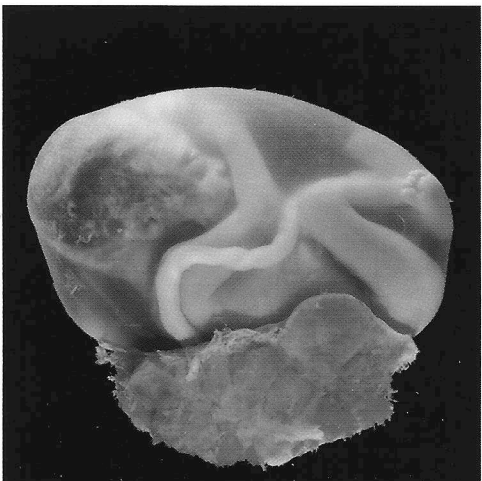
34 to 36 weeks

- ☐ Length: 320 mm, about 12 1/2 inches
- ☐ Weight: 2400 grams or about 5 1/2 pounds
- ☐ Growth continues



36 to 38 weeks

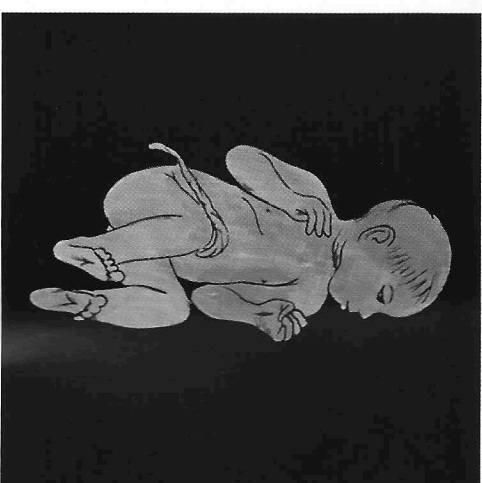
- ☐ Length: 340 mm, about 13 1/2 inches
- ☐ Weight: 2900 grams or about 6 1/2 pounds
- ☐ Physical characteristics: body is usually plump; lanugo hair — fine body hair that covers the fetus during development — is almost absent; toenails reach toe tips



Pregnancies are considered full-term after completion of the 38th week.

38 to 40 weeks

- ☐ Length: 360 mm, about 14 1/4 inches
- ☐ Weight: can vary from about 6 to 10 pounds
- ☐ Physical characteristics: prominent chest is evident; fingernails extend beyond the fingertips



Acknowledgments and Sources:

- Boyd, W. Jerome (Computer Graphics Designer). (1995). *Abortion: Making A Decision*. Baton Rouge, Louisiana: Louisiana Department of Health and Hospitals.
- Graves, G. R. (1990-1995). [Survival statistics of very low-birthweight babies at University of Mississippi Medical Center]. Unpublished raw data.
- Nilsson, Lennart (Photographer). 1990. *A Child Is Born*. New York, New York: Bantam Doubleday Dell Publishing Group, Inc. (Originally published in Sweden under the title *Ett barn blir till* by Albert Bonniers Förlag, Stockholm).
- Pritchard, J., MD, MacDonald P., MD, Gant N., MD (1985). *Williams Obstetrics* (15th ed.). Norwalk, Connecticut: Appleton-Century-Crofts.

Informed Consent Resources

A supplemental, readily updated resource list is grouped geographically according to Mississippi State Department of Health public health districts. The nine public health districts are illustrated in the map on the supplement.

- ❑ **Family Planning and Prenatal Care:**
 - **County Health Departments:** These offer a variety of services including pregnancy tests, counseling, maternity care, WIC Program, immunizations, family planning, some care for babies and children, including services or referral through Children's Medical Program (formerly Crippled Children's Services). Contact your local health department for a complete list of services.
 - **Community Health Centers:** All CHCs offer family medical care; many offer prenatal and well baby care. Contact the center in your area for specifics.
- ❑ **County Human Services Offices:**
 - **Economic Assistance (EA):** Persons in need of economic assistance may apply at these offices for Medicaid programs, Aid to Families with Dependent Children (AFDC), food stamps, and USDA commodities; other programs may be available. Call the office for specifics and to determine what information is required to apply for the various programs.
 - **Social Services (SS):** County offices provide counseling, information, and referral to pregnant women. They also arrange for placement in licensed maternity homes.
- ❑ **Crisis Pregnancy Centers:** CPCs are private organizations offering pregnancy testing and counseling. CPC staff help arrange prenatal care and delivery care and, in some instances, can help secure clothing and housing. Contact local CPC for more information.
- ❑ **Pregnancy and Maternity Counseling:** Counseling and referrals for women who need help and guidance in securing a plan for the future. Often finds "host families" or "sheparding care/homes."
- ❑ **Licensed Maternity Homes:** Maternity homes provide a place away from home for the woman who wants to leave her community for privacy or protection during pregnancy; babies are normally released for adoption. Contact individual homes for more details.
- ❑ **Hospitals With Delivery/Newborn Services:** These hospitals provide the physical facilities for labor and childbirth. Type of services offered for complicated pregnancies and births vary; contact local hospital for specific information about services available.
- ❑ **Licensed Adoption Agencies:** Adoption agency services vary, but most offer counseling for the pregnant woman before and after delivery and locate a home for the baby when it's born. They also counsel with the adoptive family before and after placement. Contact individual agencies for specifics.

Health Facilities Licensure and Certification

Mississippi State Department of Health
Post Office Box 1700
Jackson, Mississippi 39215-1700

Equal Opportunity in Employment Services
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Informed Consent Medical Risks

MEDICAL RISKS

Mississippi law requires doctors to tell pregnant women about the risks of the abortion procedures that end pregnancies and the risks of carrying a child to term.

ABORTION

Legal abortions in the United States usually take place without difficulty. However, complications can result:

- Hemorrhage - Heavy bleeding. A blood transfusion might be needed to replace what is lost. Sometimes a second procedure (D&C) is necessary to stop the bleeding.
- Infection - The uterus is more likely to become infected after abortion. Pain and fever indicate an infection has started. If treated right away with antibiotics, and sometimes with a second procedure, the woman usually recovers quickly. But if she delays getting medical care, a very serious life-threatening infection can develop. In rare cases, a hysterectomy (surgical removal of the uterus) is necessary.
- Perforation - Instruments used in the abortion procedure might be accidentally pushed through the wall of the uterus while trying to remove the pregnancy. If the instrument damages one of the internal organs, major surgery might be necessary to repair this damage. Perforation occurs one or two times in a thousand cases.
- Continued pregnancy - Sometimes the abortion procedure does not completely remove the pregnancy. When the woman comes back two to three weeks later for her first post-abortion checkup, the continued pregnancy will be discovered, and an abortion can still be performed.
- Effects on later pregnancy - If hysterectomy has to be performed because of complications, then later pregnancy is impossible. Severe injury to the cervix (mouth of the womb) happens once or twice in a thousand abortions and can result in early loss of later desired pregnancy.
- Death - The risk of death depends on the length of pregnancy when the abortion is done and increases with time. An abortion performed in the first three months of pregnancy has a risk of death of about one or two per 100,000 abortions.

Medical professionals disagree about a possible connection between abortion and breast cancer risk. Some studies show that women who do not carry a pregnancy to term by choice or circumstance are more likely to develop breast cancer. Other studies have found no link between loss of pregnancy and breast cancer risk.

PREGNANCY

Continuing a pregnancy and delivering a baby is usually a safe, healthy process. The risk of dying as a direct result of pregnancy and childbirth is less than 10 in 100,000 births. The risk is higher for African-Americans, 22 in 100,000. Women who have chronic severe diseases face greater risks than healthy women.

About 80 percent of all pregnancy-related deaths are caused by:

- Emboli - blood clots affecting the heart or brain.
- Eclampsia - high blood pressure complications.
- Hemorrhage - severe bleeding.
- Sepsis - severe infection.
- Cerebral vascular accidents - stroke, bleeding in the brain.
- Anesthesia-related complications.

Some risks in continuing pregnancy to term are not life-threatening.

- About 15 to 20 of every 100 pregnancies require delivery by Caesarean.
- One in 10 women develops infection during pregnancy or after delivery.
- About one in 20 pregnant women has blood pressure problems.
- One in 20 women hemorrhage - lose large amounts of blood - at the time of delivery.

SERVICES/OPTIONS

Women who carry their pregnancies to term have access to several support service programs for themselves and their babies.

Mississippi law requires fathers to assist in the support of the child once paternity is determined, even in instances in which the father has offered to pay for an abortion. Government and private agencies help determine the amount of support and help collect payments.

Family Planning and Prenatal Care are available through county health departments, which offer a variety of services including pregnancy tests, counseling, maternity care, WIC Program, Immunizations, and family planning. The departments may also provide some care for babies and children, including services or referral through Children's Medical Program (formerly Crippled Children's Services). Contact your local health department for a complete list of services.

Community Health Centers offer family medical care. Many offer prenatal and well baby care. Contact the centers in your area for specifics.

Crisis Pregnancy Center (CPCs) are private organizations which offer pregnancy testing and counseling. CPC staff help arrange prenatal care and delivery care and, in some instances, can help secure clothing and housing. Contact local CPC for more information.

Pregnancy and Maternity Counseling is available for women who need help and guidance in securing a plan for the future.

Licensed Maternity Homes provide a place away from home for the woman who wants to leave her community for privacy or protection during pregnancy; babies are normally released for adoption. Contact individual homes for more details.

Hospitals With Delivery/Newborn Services at hospitals provide a place for labor and childbirth. The type of services offered for complicated pregnancies and births vary. Contact local hospitals for specific information about services available.

Licensed Adoption Agencies provide many different types of services, but most offer counseling for the pregnant woman before and after delivery and locate a home for the baby when it's born. They also counsel with adoptive family before and after placement. Contact individual agencies for specifics.

Mothers in need of economic assistance can apply at Department of Human Services offices in each county for Medicaid programs; Aid to Families with Dependent Children (AFDC), food stamps, and USDA commodities. Other programs might be available. Call the office for specifics and to determine what information is required to apply for the various programs. Social Services offices provide counseling, information, and referral to pregnant women. They also arrange for placement in licensed maternity homes.

INFORMED CONSENT MATERIALS

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For copies of the materials, ask this clinic or contact:

Bureau of Health Facilities Licensure and Certification

Mississippi Department of Health

P.O. Box 1700

Jackson, MS 39215

Telephone - 601-576-7300

Fax - 601-576-7350