What to know about abortion in NC

Abortion Information as required by North Carolina Session Law 2023-14

NC DEPARTMENT OF
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Introduction

This document, developed by the North Carolina Department of Health and Human Services (NCDHHS), provides information and resources for anyone considering an abortion in the state of North Carolina. As required by North Carolina Session Law 2023-14/Senate Bill 20, this document provides information about services available to assist a person during pregnancy, delivery, and after childbirth. This document also provides information on abortion methods, the medical risks of both abortion and childbirth, and the most likely fetal characteristics during the stages of pregnancy.

As required by North Carolina Session Law 2023-14, this document and a resource directory of public and private agencies and services are available at: www.ncdhhs.gov/reprohealth.

People should discuss what is legal with their providers. However, with some specific requirements and exceptions, North Carolina Session Law 2023-14 states that abortions are legal

- During the first 12 weeks of a pregnancy.
- When a qualified physician determines there exists a life-limiting medical emergency.
- After the twelfth week and through the twentieth week of a pregnancy, when the pregnancy is a result of rape or incest.
- During the first 24 weeks of a pregnancy, if a qualified physician determines there exists a life-limiting anomaly in the fetus.

One specific exception stated in North Carolina Session Law 2023-14 is that a medical provider cannot perform or attempt to perform an abortion if they know that the pregnant individual is seeking the abortion, in whole or in part, for any of the following reasons:

1) The actual or presumed race or racial makeup of the fetus

2) The sex of the fetus

3) The presence or presumed presence of Down syndrome

Except in the case of a medical emergency, a pregnant individual seeking an abortion must know about, and have the option to access, these printed and/or online materials at least 72 hours before an abortion.

Abortion Methods

Below describes different types of abortion procedures. The decision for which procedure, if any, is best for you should be made jointly with your medical provider.

Medical Abortion

Medications prescribed by a doctor may be used to end an early pregnancy. There are several medications that can be used to end a pregnancy and you should speak with your physician about the specific medications you will take. However, in most cases, a medication (mifepristone) is taken by mouth in the presence of a physician, in accordance with NC law, to stop the development of the pregnancy. Up to 48 hours later, a second medication (misoprostol) is used, causing the uterus to contract to push the tissue out and end the pregnancy. After receiving these medicines, individuals might experience cramping, pelvic pain or bleeding, and the passing of clots and tissue within hours or days. Medications may be given for the pain, cramping and nausea. According to North Carolina's law, a follow-up visit is scheduled by your provider 7 to 14 days after the medications are taken.

Vacuum Aspiration

Vacuum aspiration is also known as Suction Curettage or Dilation and Curettage (D&C). This type of abortion procedure is usually done before 14 weeks of pregnancy. Different kinds of pain control, including anesthesia (going to sleep), can be used, as decided by the patient and their doctor. After medication has been given, the opening of the cervix is gradually stretched. This is done by the insertion of a series of dilators, each one thicker than the previous one, into the opening of the cervix. The thickest dilator used is 14mm or about ½ an inch thick. After the opening is stretched, a clear plastic tube is inserted into the uterus and attached to a suction system. The pregnancy tissue is then removed. After the tube has been removed, an instrument called a curette, or a smaller tube, may be used to gently scrape the walls of the uterus to be sure all of the pregnancy tissue has been removed.

Dilatation and Evacuation (D&E)

This type of surgical abortion is usually done after 14 weeks of pregnancy. The D&E procedure requires more dilation (opening) of the cervix than in earlier weeks of pregnancy and is typically done for a few hours or a day before the procedure. Dilating the cervix can be done either by placing small sponge-like sticks into the cervix that slowly take on water and expand to open the cervix over time or by placing a medication into the vagina to soften the cervix. Typically, the sponge-like sticks are placed in the cervix 4-24 hours before the evacuation procedure. Once the cervix has been safely dilated, the evacuation procedure takes place. Different kinds of pain control and anesthesia can be used, including being put to sleep, as decided by the patient and doctor for the procedure. The pregnancy is removed from the uterus using suction as well as medical instruments such as forceps. Individuals may experience cramping and spotting during the dilation process and/or after the evacuation procedure.

Medical Risks

There are possible risks associated with both having an abortion procedure and continuing a pregnancy to deliver at full term. **Not all risks may apply to you, and you should talk with your doctor to discuss specific risks for you.** Based on data from the Centers for Disease Control and Prevention (CDC), the risk of death as a direct result of a legally induced abortion is less than one in 100,000 abortions. The risk of death in a full-term delivery is 17 to 27 per 100,000 live births. Potential risks of medical abortions, surgical abortions, and continuing pregnancy to term, along with how often the risks happen include:

Risks* (The chance of a medical problem)	**Medical Abortion**	**Surgical Abortion**	**Delivery at Full Term Pregnancy**
Infection	Less than 1 in 100	2-3 in 1000	4 in 100
Hemorrhage (Excess Bleeding)	Less than 1 in 100	1-3 in 1000	4-5 in 100
Uterine Injury: • Perforation – poking a hole in the uterus • Rupture – bursting open of the uterus	No increased risk	Perforation: Less than 1 in 100	Rupture: Less than 1 in 100
Cervical Tear	No increased risk	In first trimester: Less than 1 in 1000 In second trimester: 2-3 in 100	Less than 1 in 100
Risks to future pregnancies: • Infertility • Preterm birth – inability to carry a pregnancy to term	Infertility: Not increased when there are no complications	Infertility: not increased when there are no complications Preterm birth: unclear evidence about increased risk of preterm birth after surgical abortion	Infertility: Not increased when there are no complications Preterm birth: 10-11 in 100 pregnancies
Psychological effects (Mood disorders after procedure or delivery)	Anxiety: 10-16 in 100 over 3 years Depression: 9-14 in 100 over 3 years (for both medical and surgical abortions)		Anxiety: 14 in 100 over 3 years Depression: 10 in 100 over 3 years
Death	Less than 0.5 in 100,000 abortions (for both medical and surgical abortions)		17-27 per 100,000 live births
Side Effects	• Nausea, vomiting • Headache, dizziness, fatigue • Fever • Bleeding • Cramping	• Side effects from anesthesia • Bleeding • Cramping	• Nausea, vomiting • Side effects from anesthesia • Bleeding • Cramping

* Reported data/numbers are estimates subject to change based on the most current research/evidence

Finding Services

Per Session Law 2023-14, NCDHHS has published a resource directory designed to inform pregnant people of public and private agencies and services available to assist them through pregnancy, upon childbirth, and while a child is dependent, including adoption agencies. The publication is available online at: www.ncdhhs.gov/reprohealth

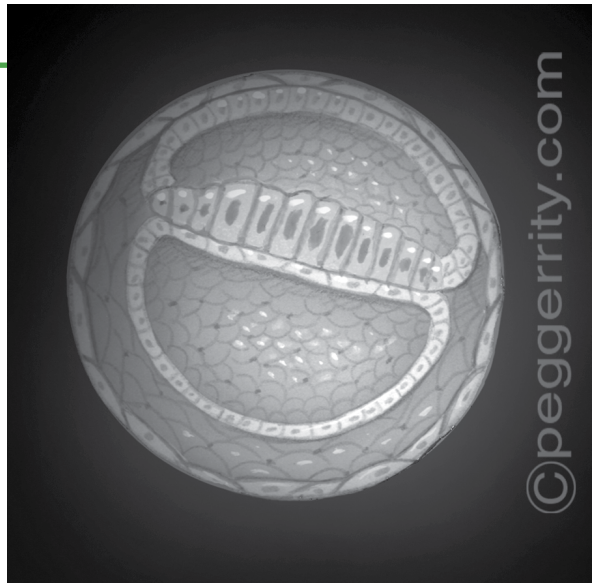
Medical Assistance Benefits for Prenatal Care, Childbirth and Care for Baby

An individual may qualify for financial help for medical care depending on income. For people who qualify, programs such as Medicaid may help pay bills for a doctor, clinic, hospital and other related medical expenses for prenatal care, childbirth/delivery services, postpartum care, and care for newborns. For information about Medicaid, including eligibility requirements and how to apply for benefits, visit: https://ncgov.servicenowservices.com/sp_beneficiary?id=bnf_apply.

The First Two Weeks

- Shortly after the menstrual period begins, the body begins preparing for possible pregnancy.
- Approximately two weeks after the period, one of the ovaries releases an egg into the fallopian tube next to the ovary.
- Fertilization occurs when a sperm meets a newly released egg. Fertilization is now possible for the next 24 hours or so.
- If fertilization occurs, a single-cell embryo forms, which has a diameter of about 4/1000 of an inch. The image below is what can be seen only with a microscope.

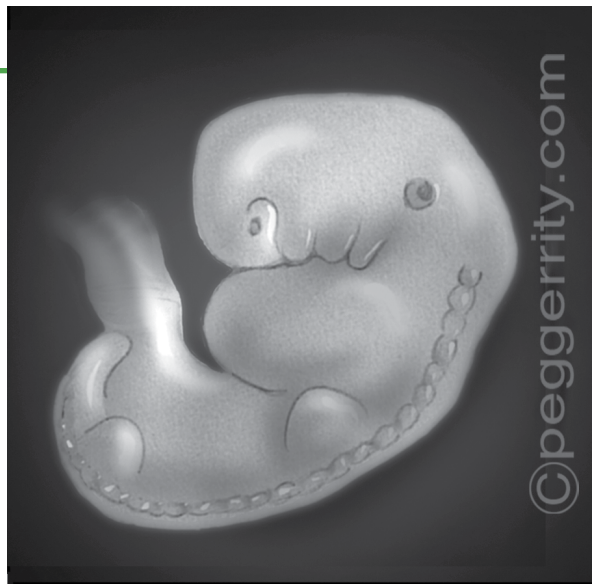
2 to 4 Weeks



- The cells of the embryo repeatedly divide as the embryo moves through the fallopian tube into the uterus.
- During the fourth week after menstruation, the embryo may implant into the wall of the uterus. If this happens, pregnancy begins, and the pregnancy hormone (HCG) starts being produced. This can be detected by a home pregnancy test around the end of the fourth week after the period starts and the second week after ovulation.
- Some cells of the embryo begin to develop into a placenta, which helps to transfer oxygen, nutrients, and hormones to the embryo, and remove waste products, throughout pregnancy.
- If the embryo does not implant, the person resumes having menstrual periods.
- The image below is what can be seen only with a microscope.

4 to 6 Weeks

- At four weeks, the embryo is less than 1/100th of an inch long.
- By five weeks, the brain, spinal cord, and heart begin to develop.
- Electrical activity begins in the heart at approximately five weeks and may be visible by ultrasound.



6 to 8 Weeks

- At six weeks, the embryo measures less than ¼ of an inch long from head to rump.
- By six weeks, the heart is pumping the embryo's blood to the brain and body.
- The head, chest and abdominal cavities have formed and the limb bud structures that will become the arms and legs can be seen.
- Brain development continues with the appearance of the cerebral hemispheres at about seven weeks.

8 to 10 Weeks

- At eight weeks, the embryo measures about a ½ inch from head to rump.
- Electrical activity in the brain can be detected around eight weeks.
- The bones of the jaw and collar bone begin to harden.
- Ears and eyes begin to form.
- By nine weeks, web-like hands can move, and the neck can turn.
- Ovaries and testes have formed.
- The heart rate may start to be heard with a hand-held fetal heart tone monitor (Doppler ultrasound monitor) on the stomach.

10 to 12 Weeks

- After 10 weeks, the embryo is now called a fetus.
- The 10-week-old fetus weighs less than ½ of an ounce. The fetus measures slightly less than 1 ¼ inches from head to rump, with the head accounting for about half of this size.
- By 10 weeks, kidneys begin to produce and release urine, and intermittent breathing motions begin.
- The fingers and toes are no longer webbed and have formed.
- Movements of the hands and feet can be seen on ultrasound.
- By 11 weeks, the head moves forward and back, the jaw actively opens and closes.
- In the female fetus, ovaries now contain reproductive cells, and the uterus is now present.

12 to 14 Weeks

- The 12-week fetus weighs less than 1 ounce and measures about 3 inches from head to heel.
- The bones are hardening in many locations.
- The lips and nose are fully formed.

14 to 16 Weeks

- The 14-week fetus weighs about 2 ounces and measures slightly less than 5 inches from head to heel.
- Teeth develop.
- Ears and other organs are shifting to their permanent locations.
- The fetus produces a variety of hormones, and external genitals are developed.
- Arms reach final proportion to body size.

16 to 18 Weeks

- At 16 weeks, the fetus is about 6-7 inches long and weighs about 4 ounces.
- Around 17 weeks, the bone marrow begins to form blood cells and the fetus begins to store energy in body fat.
- A pregnant person may begin to feel fetal movement by 18 weeks.
- Production of a variety of digestive enzymes begins.

18 to 20 Weeks

- The 18-week fetus weighs around 6 ounces and is about 8 inches long.
- The fetus is covered in short hairs called lanugo.
- At 18 weeks, the breathing passages, called the bronchial tree, are formed.

20 to 22 Weeks

- The 20-week fetus weighs about 9-11 ounces and is about 9-10 inches long.
- By 20 weeks, almost all the organs have been formed.
- By 20 weeks, the larynx, or voice box, begins moving.
- The skin has developed sweat glands and is covered by a greasy white substance, called “vernix.”
- At 21 weeks, body movements and heart rate begin to follow daily cycles called circadian rhythms.
- Limb movements become more coordinated.

22 to 24 Weeks

- The 22-week fetus weighs slightly less than 1 pound and is about 11 inches long.
- By 22 weeks, the sense of hearing begins to function, and the fetus may move in response to sound. The cochlea, the organ of hearing, reaches adult size. All skin layers and structures are complete.
- Eye movements begin.

24 to 26 Weeks

- The 24-week fetus weighs about 1¼ pounds and is about 12 inches long.
- The fully developed lungs are beginning to produce a substance necessary for breathing after birth, but they are not yet ready to function outside the uterus.
- The fetus develops more body fat.
- The fetus is regularly sleeping and waking and may respond to light and sound stimuli.

26 to 28 Weeks

- The 26-week fetus weighs almost 2 pounds and is about 14 inches long.
- The lungs continue to produce the substance necessary for breathing after birth.
- By week 27, the fetus has developed eyelashes, and can open and close its eyes.

28 to 30 Weeks

- The 28-week fetus weighs more than 2½ pounds and is about 15 inches long.
- By 28 weeks, the sense of smell is functioning, and eyes produce tears.
- By 29 weeks, the eyes can sense and react to changes in light.

30 to 32 Weeks

- The 30-week fetus weighs about 3¼ pounds and measures about 16 inches long.
- The brain is growing and maturing. The fetus can process and react to more information and stimuli like sounds outside the uterus.
- Wrinkles in the skin are disappearing as more fat deposits are formed.

32 to 34 Weeks

- The 32-week fetus weighs about 4-5 pounds and is about 17-18 inches long.
- Through the digestive system, the fetus is able to absorb minerals like calcium and iron.
- Bones continue to harden but the skull remains soft and flexible.

34 to 36 Weeks

- The 34-week fetus weighs about 5 pounds and is about 18 inches long.
- The lung tissue continues to develop.
- The brain continues to grow.

36 to 38 Weeks

- The 36-week fetus weighs about 5¾ pounds and is about 18½ inches in length.
- By 37 weeks the fetus has a firm hand grip.

38 to 40 Weeks

- The 38-week fetus weighs about 6 pounds and is about 19 inches in length.
- At term, the umbilical cord is typically 20 to 24 inches long.
- The fetus continues to grow about ½ pounds per week until it reaches full-term. At full-term, newborn babies typically weigh 6 to 9 pounds and are 18 to 20 inches long.

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