

A Woman's Right To Know. . .

Information on:

- Wisconsin Law
- Fetal Development
- Medical Risks of Abortion
- Pregnancy-Related Resources

Introduction

If you are thinking about abortion, you have the right to have all your questions answered. That is why Wisconsin law requires that you have the information you need to make good decisions about your pregnancy. This booklet, developed by the Wisconsin Department of Health Services, provides basic, medically accurate information about abortion and human development. You will find answers to many of your questions and will also learn about resources that may help you.

Pregnancy leads to many questions. Each person and each pregnancy is unique. Your doctor can offer information about your individual situation and answer your questions. This booklet includes pictures and details about development of the fetus throughout pregnancy. Your doctor will tell you how many weeks pregnant you are and the age of the fetus at the scheduled time of the abortion procedure.

The doctor will also discuss the medical procedures that might be used and the risks that you should consider, including the risks associated with continuing the pregnancy through childbirth. This booklet covers some of this information.

The doctor will make sure that you know about resources that may be available to you as you are making decisions. You may be eligible for help with your medical bills if you decide to have your baby. If you keep your baby and are not married, the father may be responsible for child support.

There are also organizations to support you if you decide on adoption.

The last section provides information about a variety of services to help, whether you decide to have an abortion, continue your pregnancy or explore adoption as an option. Information about services in your area is available by calling 1-877-855-7296 or 211.

Wisconsin Law

Wisconsin wants to make sure that you have all of the information you need to make decisions about your pregnancy. The law, Wisconsin Statute 253.10(3), requires the doctor to explain certain things to you at least 24 hours before the abortion except in a medical emergency (see page 20). It spells out the information that doctors must provide and requires that the state provide written information to you. The law also requires that you voluntarily agree to the abortion in writing. It is illegal for a doctor to perform an abortion if someone has forced you to agree to it.

You can find the law here: <http://docs.legis.wi.gov/statutes/statutes/253/10/3>.

When you give your consent for an abortion, you are saying that the doctor has told you about:

- Your medical risks associated with the chosen abortion procedure.
- The probable age of the embryo/fetus at the time the abortion is scheduled and an option to have an ultrasound to view the embryo/fetus.
- Your medical risks if you decide to carry the pregnancy to term.

Your consent also notes your doctor has provided information that:

- You may be eligible for medical coverage of prenatal care, delivery and newborn care.

- Fathers may be required to assist with child support even if they offer to pay for the abortion.
- You have the right to review this booklet online at <http://www.dhs.wisconsin.gov/publications/P4/P40074.pdf>.

The printed materials, prepared by the Department of Health Services, include:

- A description and pictures of development of the fetus every two weeks during pregnancy.
- A statement about fetal pain.
- Descriptions of common abortion procedures and their medical risks.
- Possible harmful emotional effects following abortion.
- Medical risks of pregnancy and childbirth.
- Agencies and services that may assist you through pregnancy, delivery and raising your child.
- Adoption agencies and contact information.

If you have medical questions or concerns after reviewing this booklet, please contact your doctor or health care provider.

STAGES OF PREGNANCY

In general, pregnancy lasts nine months and includes trimesters of about three months each. Doctors count pregnancy from the first day of your last normal menstrual period. That means that in medical terms, pregnancy usually lasts about 280 days or 40 weeks. Since the fetus is actually conceived about 2 weeks after your last period, the true age of the fetus will always be about 14 days younger than the length of the pregnancy. For example, when the doctor says you are 10 weeks pregnant, the fetus is actually 8 weeks old.

Often the first sign of pregnancy is a missed menstrual period about four weeks after the last normal period. There are different kinds of tests to determine pregnancy. Some may not be accurate for up to three weeks after conception, or five weeks after the last normal period.

During the first ten weeks, the organs are forming and the embryo (medically called a fetus beginning at 10 weeks) is most at risk of harm from medications, drugs, nicotine in cigarettes, alcohol, viruses (like German measles) and vitamin deficiencies (such as folic acid).

The size of the fetus from 10 weeks onward is measured from the crown or top of the head to the rump or bottom.

CONCEPTION

2 weeks

- Conception means a woman's egg has been fertilized by a man's sperm.
- Within a day, the egg begins to divide and develop rapidly.
- A few days later the cluster of cells arrives in the uterus (womb).
- By the eighth day after conception, this cluster has increased to hundreds of cells and attaches to the wall of the womb where it continues its rapid growth.



FIRST TRIMESTER



4 weeks

- After the cluster of cells attaches to the womb it is called an embryo.
- The embryo is between 1/100 and 4/100 of an inch long at this time.
- The embryo continues rapid growth.
- The embryo's heart motion may be seen with ultrasound.

6 weeks

- The embryo is about 1/4 inch long and has developed a head and a trunk.
- Structures that will become arms and legs, called limb buds, first appear.
- A blood vessel forms and begins to pump blood. This will develop into the heart and circulatory system.
- At this time, a ridge of tissue forms down the back of the embryo. That tissue will develop into the brain and spinal cord.



8 weeks

- The embryo is about 1/2 inch long.
- Fingers and toes begin to form.
- The heart now has four chambers.
- Reflex activities begin as the brain and nervous system develop.
- Cells begin to form the eyes, ears, jaws, lungs, stomach, intestines and liver.

10 weeks

- The fetus is about 1¼ inches long (the head is about half this length) and weighs less than 1/2 ounce.
- The beginnings of all key body parts are present, but they are not completed.
- Structures that will form eyes, ears, arms and legs can be seen.
- Muscles and skeleton are developing and the nervous system becomes more responsive.



12 weeks

- The fetus is about 2½ inches long and weighs about 1/2 ounce.
- Fingers and toes are distinct and have nails.
- Hair begins to develop, but won't be seen until later in the pregnancy.
- The fetus begins small, random movements, too slight to be felt.
- The fetal heartbeat can be detected with a heart monitor.
- All major external body features have appeared.
- Muscles continue to develop.

14 weeks

- The fetus is about 3½ inches long and weighs about 1½ ounces.
- The fetus begins to swallow, the kidneys make urine and blood begins to form in the bone marrow.
- Joints and muscles allow full body movement.
- There are eyelids and the nose is developing a bridge.
- External genitals are developing.



SECOND TRIMESTER



16 weeks

- The fetus is about 4½ inches long and weighs about 4 ounces.
- The head is erect and the arms and legs are developed.
- The skin appears transparent. A fine layer of hair has begun to grow on the head.
- Limb movements become more coordinated.

18 weeks



- The fetus is about 5½ inches long and weighs about 7 ounces.
- The skin is pink and transparent and the ears are clearly visible.
- All the body and facial features are now recognizable.
- The fetus can grasp and move its mouth.
- Nails begin to grow.
- The fetus has begun to kick. Some women feel this movement.



20 weeks

- The fetus is about 6¼ inches long and weighs about 11½ ounces.
- All organs and structures have been formed, and a period of growth begins.
- The skin is wrinkled and appears pink to reddish in color due to being thin and close to the blood vessels.
- At this time, an ultrasound can often identify the sex of the fetus.
- Respiratory movements occur, but the lungs have not fully developed enough to permit survival outside the uterus.
- By this time, women usually feel the fetus moving.
- The fetus may feel pain.

22 weeks

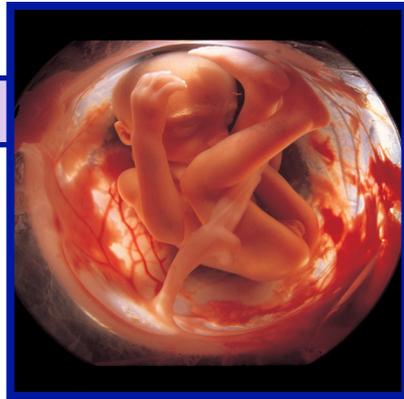
- The fetus is about 7½ inches long and weighs about 1 pound.
- Eyebrows and eyelashes begin to form and the fetus may have some head and body hair.
- The fetus may suck his or her thumb and is more active.
- The brain is growing very rapidly.
- The fetal heartbeat can be easily heard.
- The kidneys start to work.
- At 23 weeks, approximately 31% of babies born survive. Babies born at this age require intensive care and usually have lifelong disabilities and chronic health conditions.



24 weeks

- The fetus is about 8¼ inches long and weighs about 1¼ pounds.
- Bones of the ears harden making sound conduction possible. The fetus hears the mother's sounds such as breathing, heartbeat and voice.
- The first layers of fat are beginning to form.
- This is the beginning of substantial weight gain for the fetus.
- Lungs continue developing.

26 weeks



- The fetus is about 9 inches long and weighs about 2 pounds.
- The fetus can respond to sounds inside and outside the womb.
- Reflexes continue to develop and body movements are stronger.
- Lungs continue to develop.
- The fetus now wakes and sleeps.
- The skin is slightly wrinkled.
- At 27 weeks, approximately 87% of babies born survive. Babies born at this age require intensive care and have an increased risk of developmental delays and chronic health conditions.

THIRD TRIMESTER



28 weeks

- The fetus is about 10 inches long and weighs about 2 pounds, 3 ounces.
- Mouth and lips show more sensitivity.
- The eyes are partially open and can perceive light.
- More than 90% of babies born at this age will survive. Some survivors will have developmental delays and chronic health conditions.

30 weeks

- The fetus is about 10½ inches long and weighs about 3 pounds.
- The lungs are capable of breathing air, although medical help may be needed.
- The fetus can open and close his or her eyes, suck its thumb, cry and respond to sound.
- The skin is smooth.
- Rhythmic breathing and body temperature are now controlled by the brain.
- Most babies born at this age will survive.



32 weeks

- The fetus is about 11 inches long and weighs about 3 pounds, 12 ounces.
- The connections between the nerve cells in the brain increase.
- Fetal development now centers on growth.
- Almost all babies born at this age will survive.

34 weeks

- The fetus is about 12 inches long and weighs about 4½ pounds.
- Ears begin to hold shape.
- Eyes open during alert times and close during sleep.
- Almost all babies born at this age will survive.



36 weeks

- The fetus is about 13 inches long and weighs between 5½ to 6 pounds.
- Scalp hair is silky and lies against the head.
- Muscle tone has developed and the fetus can turn and lift his or her head.
- Almost all babies born at this age will survive.

38 weeks

- The fetus is about 14 inches long and weighs about 6½ pounds.
- Lungs are usually mature.
- The fetus can grasp firmly.
- The fetus turns toward light sources.
- Almost all babies born at this age will survive.

40 weeks

- The fetus is about 15 inches long and weighs about 7½ pounds.
- At the time of birth, a baby has more than 70 reflex behaviors, which are automatic behaviors necessary for survival.
- The baby is full-term and ready to be born.



ABORTION METHODS & THEIR ASSOCIATED MEDICAL RISKS

If a woman has made an informed decision and has chosen to have an abortion, she and her doctor must first determine how far her pregnancy has progressed. The stage of a woman's pregnancy will directly affect the medical method of abortion. The doctor will use different methods at different stages of pregnancy. In order to determine the age of the embryo or fetus, the doctor will use history, tests and exams.

Abortion Risks to the Mother

An abortion is a medical procedure that always involves risk to the woman. At or prior to eight weeks after the first day of the last normal menstrual period is considered the safest time for the woman to have an abortion. The complication rate doubles with each two-week period after that time. The risk of complications for the woman increases with each additional week of pregnancy. The risk of a mother dying as a result of an induced abortion increases with the length of pregnancy.

METHODS USED BEFORE FOURTEEN WEEKS GESTATION

Early Non-Surgical Abortion

- A drug is given that stops the hormones needed for the fetus to grow. This causes the placenta or attachment of the fetus to the womb to separate, ending the pregnancy.
- A second drug is given by mouth or placed in the vagina causing the womb to contract and expel the fetus and placenta.
- A return visit to the doctor is required for follow-up to make sure the abortion is completed.

Possible Complications:

- ◆ Incomplete abortion
- ◆ Allergic reaction to the medications
- ◆ Painful cramping
- ◆ Nausea and/or vomiting
- ◆ Diarrhea
- ◆ Fever
- ◆ Infection
- ◆ Heavy bleeding

Vacuum Aspiration Abortion

- A local anesthetic is applied or injected into or near the cervix, the opening to the womb, to prevent discomfort or pain.
- Conscious sedation and/or general anesthesia are also commonly used.
- The opening of the cervix is gradually stretched with a series of dilators. The thickest dilator used is about the width of a fountain pen.
- A tube is inserted into the womb and is attached to a suction system to remove the fetus, placenta and membranes from the womb.

Possible Complications:

- ◆ Incomplete abortion
- ◆ Pelvic infection
- ◆ Heavy bleeding
- ◆ Torn cervix
- ◆ Perforated uterus

Dilation and Curettage Abortion (D&C)

- A local anesthetic is applied or injected into or near the cervix to prevent discomfort or pain.
- Conscious sedation and/or general anesthesia are also commonly used.
- The opening of the cervix is gradually stretched with a series of dilators. The thickest dilator used is about the width of a fountain pen.
- A spoon-like instrument (curette) is used to scrape the walls of the uterus to remove the fetus, placenta and membranes.
- A follow-up appointment should be made with the doctor.

Possible Complications:

- ◆ Torn cervix
- ◆ Weakened cervix
- ◆ Perforated uterus
- ◆ Incomplete abortion requiring vacuum aspiration
- ◆ Pelvic infection
- ◆ Heavy bleeding

Dilation and Evacuation (D&E)

- Sponge-like pieces of absorbent material are placed into the cervix. This material becomes moist and slowly opens the cervix. It remains in place for several hours or overnight.
- A second or third application of the sponge material may be necessary.
- Following dilation of the cervix, medications may be given to ease pain and prevent infection.
- After a local or general anesthesia has been administered, the fetus and placenta are removed from the uterus with medical instruments such as forceps and suction curettage. Occasionally for removal, it may be necessary to dismember the fetus.

Possible Complications

- ◆ Heavy bleeding
- ◆ Cut or torn cervix
- ◆ Perforation of the wall of the uterus
- ◆ Pelvic infection
- ◆ Incomplete abortion
- ◆ Anesthesia-related complications
- ◆ Weakened cervix

THE MEDICAL RISKS OF ABORTION

The risk of complications for the woman increases with each week of pregnancy. Below are descriptions of possible complications.

Pelvic Infection (Sepsis): Bacteria (germs) from the vagina may enter the cervix and womb and cause an infection. Antibiotics are used to treat an infection. In rare cases, a repeat suction, hospitalization or surgery may be needed.

Incomplete Abortion: Fetal parts or parts of the placenta may not be completely emptied from the womb, requiring further medical procedures. Incomplete abortions may result in infection and bleeding.

Bleeding: Some amount of bleeding is common following an abortion. Heavy bleeding is not common and may be treated by repeat suction, medication or, in rare instances, surgery. Ask the doctor to explain heavy bleeding and what to do if it occurs.

Cut or Torn Cervix: The opening of the womb (cervix) may be torn while it is being stretched open to allow medical instruments to pass through and into the uterus.

Perforation of the Wall of the Womb: A medical instrument may go through the wall of the uterus. Depending on the severity, perforation can lead to infection, heavy bleeding or both. Surgery may be required to repair the uterine tissue, and in the most severe cases a hysterectomy may be required.

Anesthesia-Related Complications: As with other surgical procedures, anesthesia increases the risk of complications.

LONG-TERM MEDICAL RISKS

Early abortions that are not complicated by infection do not cause infertility or make it difficult to carry a later pregnancy to term. If complications occur after an abortion, it may be more difficult to become pregnant in the future or to carry a pregnancy to term.

MEDICAL EMERGENCIES

When a medical emergency requires the performance of an abortion, the doctor will talk with the woman before the abortion. The doctor will explain the medical reasons supporting the physician's judgment that an abortion is necessary to prevent her death or that a 24-hour delay may create serious risk of substantial or irreversible impairment of a major bodily function.

FETAL PAIN

There is some evidence that by 20 weeks gestation the fetus avoids certain stimuli the same way in which an infant or an adult would respond to pain. Anesthesia is routinely administered to fetuses who are 20 weeks gestational age or older who undergo prenatal surgery.

THE EMOTIONAL SIDE OF ABORTION

Each woman having an abortion may experience different emotions before and after the procedure. Women frequently have both positive and negative feelings after having an abortion, often at the same time. Some women may feel relief that the abortion is over and they are no longer pregnant. Other women may feel anger at having to make a hard choice. Many women may feel sad about ending the pregnancy. For a while after the abortion, there may be feelings of emptiness and guilt. Some women may question whether they made the right decision. Some women find that these feelings go away with time. Others find them more difficult to overcome.

Counseling or support before and after an abortion is very important and often helps with these difficult emotions. Family help and support is also very important, but may not be enough if the feelings that appear after an abortion become intense. Talking with a professional counselor before having an abortion can help a woman better understand her choices and the pros and cons of each one.

Remember, it is a woman's right to be fully informed by her doctor prior to any procedure. A woman should be encouraged to ask questions, including those about how she might feel following the procedure.

THE MEDICAL RISKS OF PREGNANCY AND CHILDBIRTH

Women choosing to have their baby can usually expect their pregnancy and delivery to be a safe process. To help ensure this, women should make sure that they are healthy prior to becoming pregnant. They should see their doctor as soon as they know they are pregnant. Early and consistent prenatal care is very important and helps women have healthy babies.

Women's bodies undergo many changes during pregnancy. For some women, these changes can lead to complications. Major complications might include the following:

Possible Complications:

- ◆ Some women may have blood pressure problems during or after pregnancy, especially during their first pregnancy. An abnormal increase in blood pressure after the 20th week of pregnancy, called preeclampsia, can cause swelling, headaches, sudden weight gain over 1-2 days, belly pain on the right side, irritability, nausea and vomiting, and vision changes. The doctor will monitor this condition closely. In many cases, preeclampsia can be managed at home until the baby has a good chance of surviving after delivery. A few women may require hospitalization so the mother and baby can be closely watched. Very rarely, preeclampsia and related disorders can even cause death.
- ◆ Some pregnant women develop diabetes (high blood sugar) during pregnancy; this is called gestational diabetes. Symptoms are generally mild and often are controlled through diet and exercise. Women with gestational diabetes are at higher risk for high blood pressure during pregnancy. They also tend to have larger babies at birth which can increase difficulties during delivery and may require a Caesarean birth (C-section). The blood sugar level usually returns to normal after delivery but diabetes may reappear with another pregnancy or later in life.
- ◆ A few women may develop a uterine infection during or after delivery. These infections, referred to as endometritis, occur more commonly in women who have C-sections. Endometritis involves inflammation of the lining of the uterus and is treated with antibiotics. If left untreated, endometritis can cause severe complications or even death.

- ◆ Some women experience heavy blood loss during delivery.
- ◆ A few women may experience rare events such as blood clots or stroke during or immediately following delivery.
- ◆ About 70 to 80 percent of all new mothers experience some negative feelings or mood swings immediately after the birth of their baby. Many new mothers cry often for no apparent reason, feel exhausted, have trouble sleeping, are often irritable or nervous or may worry about being a good mother. All of these feelings are normal and are called “baby blues”, a mild form of depression. “Baby blues” generally last about two weeks and will go away on their own. Rest and support from family and friends are the best treatment.
- ◆ For some women, the feelings described above are very intense and do not get better with time. These feelings make it hard to take care of the baby and to do daily tasks such as cooking, doing laundry or even taking a shower. Some women also have thoughts of harming themselves or their baby. These are symptoms of postpartum depression. Women with these symptoms should seek immediate help from a doctor or other health care professional.
- ◆ Women with severe chronic diseases such as heart disease, kidney disease, liver disease and asthma are at greater risk of developing complications during pregnancy, labor and delivery.

THE FATHER’S RESPONSIBILITY

Fathers play an important role in their children’s life. Children who have an ongoing, positive connection to their fathers do better in school, tend to stay out of trouble and get along better with their peers than children without such a relationship.

Fathers have a legal responsibility to provide for the support, medical insurance and other needs of their minor children. In addition, children have rights of inheritance from their father, including social security, veterans’ benefits or other pensions.

If the pregnancy is a result of rape or incest, a woman can oppose the establishment of paternity and may want to consider ending the father’s rights.

For information about child support and how to establish paternity (legal fatherhood), please visit <http://dcf.wisconsin.gov/bcs/paternity/default.htm>. Or call 1-877-855-7296 for the location of the nearest child support office.

For help on how a man can be a responsible, loving parent, visit the National Fatherhood Initiative at <http://fatherhood.org> or call 301-948-0599.

ADOPTION IS AN OPTION

Women facing an unplanned pregnancy are often overwhelmed with questions and anxious about making the wrong decision. Many of Wisconsin's adoption agencies provide counseling and guidance in helping women explore their options, including adoption.

Adoption is a legal proceeding that includes ending the rights of the birth parents. It is sometimes thought of as "giving up" the baby. Rather than approaching adoption in this manner, it might be more helpful to consider the decision as an informed "choice" to offer the infant opportunities the mother may feel she is not able to provide now or doing what is in the best interest of the baby.

In some cases, the adoptive parents may agree to pay for some of the expenses of the birth mother. In other instances, birth parents may continue to have contact with the child; these arrangements are called open adoptions.

For additional information about adoption as an option for your pregnancy, please call 1-877-855-7296 to find an agency near you that also provides pregnancy counseling. Information about adoption is also available at <http://dcf.wi.gov/children/adoption>.

FINDING SERVICES YOU NEED

Wisconsin has many public and private services to help you. The following information describes a number of these. To find services in your area, please call the services hotline for women, children and families, 1-877-855-7296. The hotline is a referral point for women considering options for their pregnancies.

Operators are available 24 hours a day, 7 days a week. A resource directory is available free of charge by request.

Medical Assistance Benefits for Prenatal Care, Childbirth & Neonatal Care

You may qualify for financial help for medical care depending on your income. For people who qualify, programs such as BadgerCare Plus may help pay your bills for a doctor/clinic, prenatal drugs, hospital and other related medical expenses for prenatal care, labor and delivery and care for newborns.

You can apply for BadgerCare Plus online at <http://access.wisconsin.gov/>. ACCESS will ask you if you need help with food, utility expenses, cash assistance or help in paying for child care. You can also enroll in BadgerCare Plus by calling the Enrollment Services Center, 1-800-291-2002, or visiting a local public agency in your area; call 1-877-855-7296 to find the nearest location.

Because you are pregnant, you may be able to get temporary health insurance immediately for up to two months. This service only covers doctor visits for prenatal care and some prenatal drugs. The clinic you go to may be able to help you apply or call the Enrollment Services Center, 1-800-291-2002.

Safe Place for Newborns

Not ready to be a parent . . . afraid to tell anyone you are pregnant? Wisconsin law allows mothers to leave their unharmed newborn in a safe place with no questions asked. Parents of a newborn can safely leave their baby with any firefighter, police officer, EMT (emergency medical technician) or hospital employee without fear of getting into trouble as long as the baby is unharmed and less than 72 hours old. For additional information, go to <http://www.safeplacefornewborns.org/> or call 1-877-440-2229.

Family Planning Services

Almost all health care providers can give you information about how to prevent unplanned pregnancies and how to plan for a pregnancy. This information generally includes natural family planning or NFP. NFP is a method of getting pregnant or avoiding pregnancy (spacing pregnancies) by observing the changes in a woman's body that naturally indicate a couple's fertility. You may be able to get help with family planning services. To find out, go to <http://access.wisconsin.gov/> or call 1-800-362-3002 and ask about Family Planning Only Services.

Perinatal Hospice

Perinatal hospice is support care for parents who choose to continue a pregnancy after learning that their baby's life will be brief. Services may begin at the time of diagnosis of a life-threatening condition. Families receive support with decision-making and with their grief. Perinatal hospice is a way of providing care with services integrated into standard obstetric and birth care. For additional information, go to www.perinatalhospice.org.

Domestic Violence

The Centers for Disease Control and Prevention report that 4 to 8 percent of pregnant women report abuse during pregnancy. Pregnancy causes stress in any relationship and is a common trigger of domestic violence. Domestic violence is a pattern of assault. Being hit or threatened, and/or being subjected to intimidating behavior, such as forcing you to do something you do not want to do, are examples. These acts have immediate and lasting effects on you and your baby. In order to have a healthy pregnancy and baby, you need to be free of fear and violence. If you are experiencing domestic abuse or violence, it is important to get immediate help by calling 911 or the police. Additional information and help can be found at <http://www.doj.state.wi.us/ocvs/victim-rights/your-rights-victim>. This document includes a list of local agencies with addresses and telephone numbers that provide help in developing safety plans and provide information about support services. You can also call the Victims Resource Center, 1-800-446-6564. Your health care provider will also be able to help you.

Public Health

County Health Departments provide a wide range of services in every community, including information and referrals, pregnancy tests, referrals for prenatal care, well-child check-ups and developmental screenings and immunizations. Locations of Wisconsin's local health departments can be found at <http://www.dhs.wisconsin.gov/localhealth/> or by calling 1-877-855-7296.

Supplemental Nutrition Program for Women, Infants and Children (WIC)

The WIC Program is a supplemental food and nutrition program for low-income pregnant women, women who are breastfeeding, postpartum women, babies and young children. WIC provides nutrition education, vouchers for supplemental foods and referrals to health and nutrition services.

To find out more about WIC or to locate the nearest WIC office, go to <http://www.dhs.wisconsin.gov/wic/> or call 1-800-722-2295.

FoodShare (Supplemental Nutrition Assistance Program)

FoodShare Wisconsin helps low-income families and individuals to buy nutritious food. You can apply online at <http://access.wisconsin.gov/> or by calling Member Services at 1-800-363-3002 to find a local agency near you.

Child Care (Wisconsin Shares)

Wisconsin's Child Care Subsidy Program, Wisconsin Shares, helps low-income families pay for child care. This allows parents to work, attend high school, or participate in a variety of programs to help you find a job or develop new job skills. To find out more about Wisconsin Shares, please visit <http://dcf.wisconsin.gov/childcare/wishares/> or you can call 1-877-855-7296 to find a local agency near you to complete an application.

Wisconsin Works (W-2)

Wisconsin Works (W-2) helps low-income families with minor children prepare to get and keep a job, and find services they need so they can go to work. W-2 also provides cash assistance to eligible families. It may also provide paid job placements for certain individuals. For more information, go to <http://dcf.wisconsin.gov/w2/wisworks.htm>. You may apply online at <http://access.wisconsin.gov/> or call 1-877-855-7296 to find a local agency near you to complete an application.

Child and Dependent Care Tax Credit

The Household and Dependent Care Credit is a non-refundable tax credit available to all United States taxpayers. The credit is available for taxpayers who care for a 'qualifying' individual such as a child under age 13 or a child of any age that is not able to take care of himself/herself. The credit was created by Internal Revenue Service Section 21 to allow the taxpayer to be gainfully employed. For additional information, please consult individuals or organizations that help prepare tax returns. The Volunteer Income Tax Assistance (VITA) program provides free tax information and help in preparing federal and Wisconsin income tax returns for low-to-moderate income individuals. See <http://www.revenue.wi.gov/faqs/pcs/vita.html> for a list of locations, or call 1-800-906-9887 or your local 211.

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For additional copies of this booklet in English or Spanish,
go to <http://www.dhs.wisconsin.gov/publications/index.htm>
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For additional information on services and supports for
pregnant women, call toll-free at 1-877-855-7296.