

BEFORE SHE DECIDES

3 things you should do

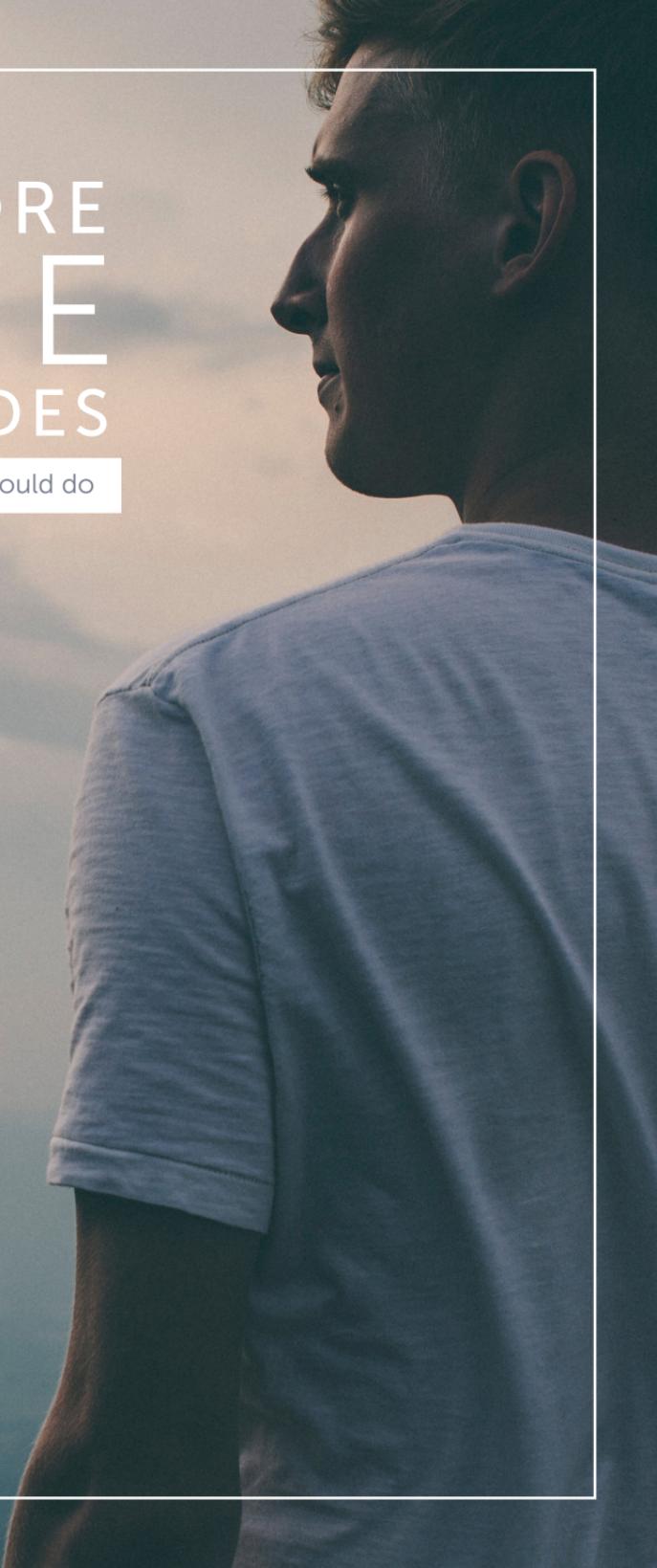


TABLE OF CONTENTS

PART 1: decide to take responsibility, speak up, and embrace becoming a father

3

PART 2: determine to know the facts and choose your best future

10

PART 3: dedicate yourself to supporting her and becoming the best dad you can be

20

END NOTES

26

PART 1

decide

to take responsibility in her choice

Do you want to:

- Become the man you were meant to be?
- Be a hero to someone who really needs you?
- Leave the greatest legacy?

Then decide to take responsibility, speak up, and embrace becoming a father.

Your partner is going through many changes. An unplanned pregnancy can leave you both feeling scared, depressed, and upset. You may also feel powerless in a culture that says, "*it is her choice, not yours.*" The truth is, any decision about the baby affects all of you. This is the time to speak up—and team up—with her, otherwise you could end up getting shut out. Doesn't it make sense that you and your partner make this important decision together? After all, it's your unborn child too!

It may happen so fast that she hasn't thought through all the options. She may think that she will let down her family and those closest to her. She may be afraid of letting **YOU** down if she has **YOUR** baby. She may be afraid of having to go through it alone and losing out on the future she wants with you.

Sometimes people facing a difficult decision try to please others and end up hurting themselves.

Yes, it is her choice in the end. But it is your responsibility to speak up and be involved in the decision. For her, it could be a hard and painful choice.

The very best plan means that before she decides, the two of you have decided together.

So ask yourself:

- Will you step up and be involved in her choice?
- Will you choose to become the man you were meant to be?
- Will you be her and your child's hero?

Some guys remain silent or passive in their partner's decision. They think they don't have the right to tell her how they feel about the baby.¹ The fact is, many women chose abortion because they did not want to be single mothers.²

Other guys pressure their partners to have an abortion thinking, "*I was just enjoying sex. I'm not ready for a child.*" Or they think that the decision to keep the baby would make everyone miserable. But if you care too much about what other people think, you may not be free to make your best decision.

Now is the time to decide to be responsible, speak up, and be a strong voice for the life of your child. Before she decides, the two of you can decide together.

Make no mistake: your unplanned pregnancy is not a problem to be aborted, your baby is a precious life for you to protect. You can embrace becoming a father!

Doctors call the baby a *fetus*, which means "unborn offspring."

Life is incredibly fragile and amazing. From the very beginning of pregnancy, your partner is feeding and sheltering your baby boy or girl. Some people say, "it's not even a person yet." But the truth is that your baby's features, gender, and hair and eye color are determined at the time of fertilization (also called conception).³ Just three weeks after coming into existence, your baby's brain and spinal cord begin forming and his/her heart begins to beat just 22 days after fertilization.^{4,5}

Consider the following:

6–7
WEEKS

Just one month from conception (6–7 weeks after the LMP*), the embryo** is forming arms, legs,⁶ and kidneys.⁷

9½
WEEKS

The tiny embryo grows rapidly and, by 9½ weeks after the LMP (7½ weeks after fertilization), has distinct fingers and can hiccup.⁸

10
WEEKS

By 10 weeks after the LMP (8 weeks after fertilization), nearly all organs are forming;⁹ they just need to mature. At this age, the baby is very active and can be seen waving arms and kicking on the ultrasound. Boy babies begin making testosterone.¹⁰

12
WEEKS

Unborn babies begin forming unique fingerprints by the time they reach 12 weeks after the LMP (10 weeks after fertilization).¹¹
JUST THINK: The fingerprints you have right now began forming when you were a tiny baby in your mother's belly.

What's happening inside:



Illustration of baby at 9 weeks after the LMP (7 weeks after fertilization)¹²

What you see:



2D ultrasound picture of baby at 9 weeks after LMP (7 weeks after fertilization)

What's happening inside:



Photo of baby's feet in the uterus at 11 weeks after the LMP (9 weeks after fertilization)

What you see:



2D ultrasound image of baby at 13 weeks after the LMP (11 weeks after fertilization)



Photo of baby in the uterus at 22 weeks after the LMP (20 weeks after fertilization)

16
WEEKS

The sex of the baby was established at conception. It is possible to tell if it is a boy or girl on the ultrasound by 16 weeks after the LMP (14 weeks after fertilization).

Gender differences in behavior have also been observed by this point in development: females move their jaws more often than males.¹³

28
WEEKS

Babies in the womb develop a sense of taste by 28 weeks after the LMP (26 weeks after fertilization)¹⁴ and soon after begin to form flavor preferences based on what mom eats.¹⁵ This explains why some kids like spicy food and pickles!

During the final weeks of pregnancy, the unborn baby's brain is growing rapidly and his or her body is packing on the pounds in preparation for birth.

Did you ever think about what it would be like to have a son or daughter?

Now you know what's happening inside the mother of your child and how your baby is growing. Decide to take responsibility. Decide to be a voice for your unborn child and tell your partner about your desire to embrace becoming a father.

determine

to know the facts and choose your best future.

Men tend to think that being "supportive" means they have to keep their emotions to themselves and leave the decision up to their partner.¹⁶

You have a right to know the facts, too.

THE ABORTION PILL¹⁷

The "abortion pill" uses a combination of two drugs to abort pregnancies up to 70 days (10 weeks) from a woman's LMP. The first drug (mifepristone) breaks down the baby's connection to the mother, eventually resulting in his/her death. The second drug (misoprostol) causes strong cramps and heavy bleeding that expels the embryo. It is possible that she may see identifiable parts if she is beyond 8 weeks LMP. But by 10 weeks LMP, the developing baby is over one inch in length with clearly recognizable arms, legs, hands, and feet.

Information is lacking about the long-term mental health effects of the abortion pill, particularly, how women feel about giving themselves an abortion, and seeing baby parts expelled.

This regimen sometimes fails to abort the pregnancy. If that happens, the woman will usually undergo a surgical abortion. Medical abortion is associated with more bleeding than a surgical abortion and, although they cost about the same, a significant number of women need a surgical scraping* to stop the bleeding. Because of the risk of serious complications, the mifepristone abortion is only available through a restricted program. This program requires abortion providers to inform patients about the risk of serious events and what to do should complications arise.

There are some who claim that using the abortion pill to abort a pregnancy is "just like a miscarriage." This is simply untrue. Abortion is an intentional intervention with the sole purpose of ending the life of a growing, living human being. In contrast, miscarriage happens on its own when a baby stops growing and dies naturally.

SURGICAL ABORTION¹⁸

All surgical abortions involve opening the cervix and emptying the uterus (where the baby grows) using surgical tools. The length of time a woman has been pregnant determines the type of abortion that is performed. The basic surgical abortion procedure is as follows:

- A day or two before the abortion, the cervix may be softened and slightly dilated using medication placed in the vagina and/or by placing thin bundles made of seaweed (known as laminaria) into the cervix opening.
- The day of the abortion, the pregnant woman is placed on her back with her feet in stirrups and her knees spread widely apart.
- She is given medication to cause some level of sedation (may include general anesthesia, which raises the cost and risk of the procedure significantly).
- A metal, clamp-like instrument is placed in her vagina and stretched open to access the cervix (the opening to the womb/uterus).
- Local anesthetic is injected into the cervix.
- The cervix is stretched open using progressively larger metal rods.
- A plastic tube is placed through the cervical opening into the uterus and attached to suction (manual or electric pump).
- The suction pulls the baby's body apart and out through the tubing into a jar.

- For pregnancies about 16 weeks LMP and beyond, a grasping tool is used to pull out parts of the baby because: his bones are hardening, and he's too large to fit through the suction tubing in one piece.¹⁹ The abortion provider keeps track of what is being removed so that a body part is not left behind that could cause bleeding and/or infection.*
- Finally, a scraping instrument is used to remove any remaining fetal tissue, the placenta, and the amniotic sac.

*This procedure is known as D&E (Dilation and Evacuation).



LATER TERM ABORTION²⁰

Later term abortions are generally considered to be those taking place after 22 weeks since the woman's LMP and are associated with a higher risk of complications and death. For these abortions, injections of specific medications are sometimes given to cause the baby's death before the abortion begins. This involves using an ultrasound machine to guide placement of a large needle through a pregnant woman's abdomen and into the amniotic fluid, umbilical cord, or directly into the fetus' heart, causing it to stop beating. A surgical abortion may follow or the abortion provider may induce labor, which usually involves 10-24 hours in the hospital's labor and delivery unit where the woman will give birth to a dead baby. Sometimes a surgical scraping of the uterus is necessary to remove the afterbirth.

What can go wrong?

Abortion carries the risk of serious complications. While few women die or suffer harmful physical problems after early abortions, some do. The risk of serious complications and even death following abortion increases significantly with the length of pregnancy.²¹

The uterus can be punctured during surgery causing bleeding and/or damage to nearby structures. If any tissue is left behind, an infection can develop, which could lead to scarring. In rare cases, complications from abortion can lead to death.²³

Potential immediate physical risks include:²²

- Excessive bleeding.
- Incomplete abortion and/or infection.
- Damage to the cervix, uterus, or bowel.
- Reactions to anesthesia.



You and your partner deserve to know about all the potential risks ahead of time before going through a procedure that could have long-term effects on your health and well being.

AFTER AN ABORTION

Following abortion, many women experience initial relief. Life seems to return to "normal." For others, however, the crisis isn't over. Months and even years later, significant problems can develop that may affect a woman's ability to enjoy life. Abortion significantly increases a woman's risk for:²⁴

- Clinical depression and anxiety.
- Drug and alcohol abuse.
- Post-Traumatic Stress symptoms.
- Suicidal thoughts, attempts and deaths.
- Relationship difficulties, including sexual intimacy issues.

In addition, having a surgical abortion increases a woman's risk of having a premature baby in the future.²⁵ In contrast, carrying a baby to term reduces breast cancer risk, especially for younger women with their first pregnancies.²⁶

As you can see, this decision affects much more than just the next nine months, it can impact the rest of her life—and yours, too.

BEYOND THE FACTS

Men who have experienced a partner's abortion may struggle with:²⁷

- Anger.
- Anxiety.
- Depression.
- Feelings of failure.
- Feeling powerless.
- Grief.
- Relationship problems.

WHAT ABOUT THE ROLE OF FAITH?

Whatever your core values might be, there is a spiritual side to abortion that could have lasting impact on you.

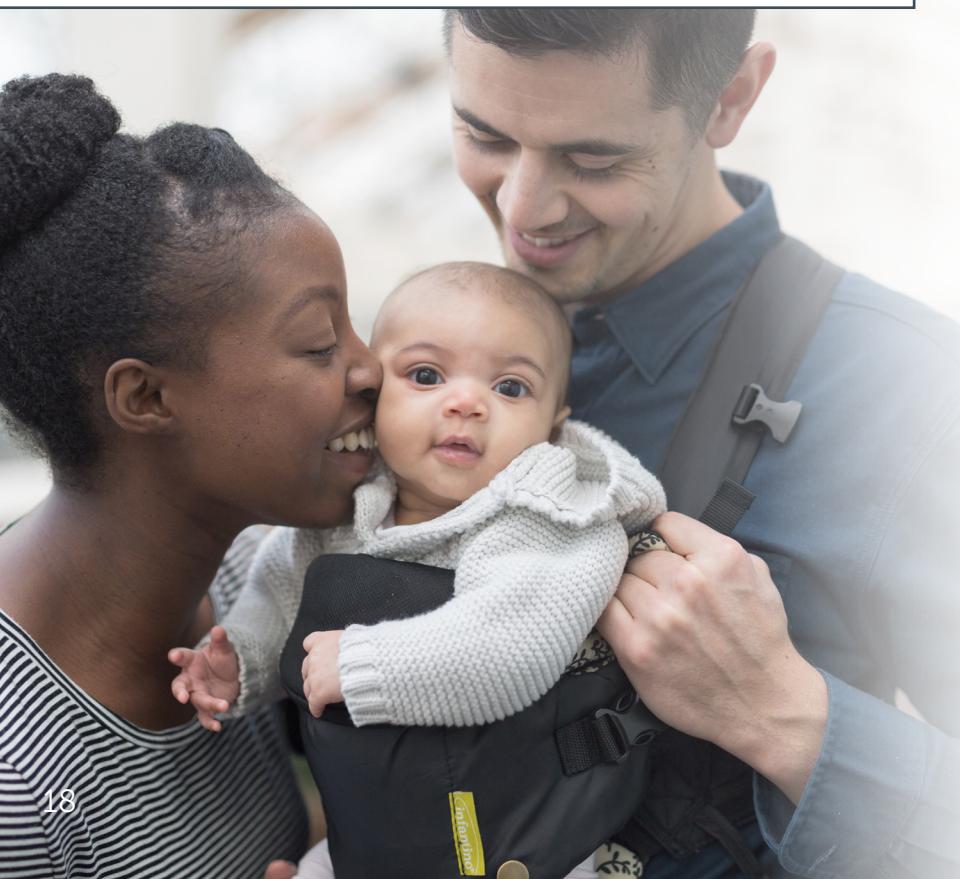
Have you thought about why God gave you this child?



For example, check out the lyrics written by the rap artist, Piper, after his child was aborted.

"Please accept my apologies, wonder that would have been...Would you've been a little angel or an angel of sin? Tom-boy running around, hanging with all the guys. Or a little tough boy with beautiful brown eyes? I paid for the murder before they determined the sex. Choosing our life over your life meant your death."

— Rap Artist, Piper of Flipsyde, Happy Birthday



In contrast, Cliff tells his true story of taking responsibility for his child, speaking up, and stepping up:

When I got the call from my girlfriend Marie, I was pretty scared when she told me that she might be pregnant. Those whole thing was in slow motion for me because it was such a life-defining moment. I knew that the easy thing to do was to take the easy way out. Even the nurse at the clinic suggested that Marie have an abortion.

But I knew that Marie was depending on me to step up. She really needed me. So I told her that I would marry her and be a father to our child and this was the best decision that I have ever made. Honestly, it made me truly feel like a man to step up to my responsibility because that's what real men do. And, I have heard of guys who didn't, and they have regretted it for the rest of their lives. So, sure our baby was unplanned—but it was not a crisis because we created a family. I thank God every day that I did this.

You have the chance to do one of the greatest things that a man can do: Protect someone who needs you.

You can choose your best future NOW!

Determine now to share the facts with her, and choose your best future by speaking up before it's too late.

dedicate

yourself to supporting her and becoming the best dad you can be.

You now know that your opinion is vital to her decision about the life growing inside of her.

The truth is that women are more likely to choose abortion if they experience lack of support.²⁸

Other reasons women choose to abort a child include:²⁹

- They can't afford the child right now.
- They don't want to be a single parent.
- They are having relationship problems with their husband or partner.
- A baby could interfere with education, job and/or career.
- A baby could interfere with ability to care for other children and family.
- Their partner wants them to abort.

That's why now is the time to dedicate yourself to supporting her.

Becoming a parent is not easy, but it is one of the most rewarding things that you will ever do because your children are your greatest legacy. So dedicate yourself now to becoming the best dad you can be by doing three things:

1. Be a voice in her choice.

Discuss what you have learned. Tell your partner how you feel about the child growing inside of her. You can start by simply saying, "Can we talk? I want to figure this out together."

2. Listen well and remain gentle in your tone.

If your partner doesn't want you involved in the choice and is leaning toward abortion, you might start by saying, "Please help me understand why you feel this way." This approach will show that you want to understand and that you value her and her point of view. When you listen to her concerns without walking away, even if she gets angry, she will be more likely to feel heard and respected.³⁰



3. Tell her how much you will support her and your child.

Many women choose to have an abortion because they don't want to be single mothers or because they are having problems in their relationships with their partners.³¹ Your commitment to help raise your child could have direct impact on her actions. And remember, building a strong relationship and healthy marriage with her is one of the most important ways to show her that you are committed to support her and your child.

Show her that you are committed to becoming the best dad you can be.

Make the promise now. But remember, your actions speak louder than your words. Be proactive in building your fathering skills. As you do, your confidence and your partner's confidence in you will grow. Look for people and resources to help you to become the best dad you can be.

The best parenting choice is about what is best for your child.



PREGNANCY CENTERS

Most communities have a pregnancy center. These organizations help people like you and your partner prepare for the birth of your baby. Many of these centers also have resources to help men become great fathers. Most services are free, and everything is confidential. To find a pregnancy center in your community, type in your zip code at: pregnancydecisionline.org

FATHERHOOD.ORG

Visit this site for free tips and tools. It also offers information for new dads to help you learn how to care for a baby and support the mother of your child. fatherhood.org/fathers

Find a good father in your neighborhood, faith community, or workplace who can be a mentor for you. Remember, you don't have to do this alone. Seek out others who will help you!

ADOPTION

As a dad, you have parenting rights and options. If you and your partner are unable to care for your baby, adoption is a parenting option to think about. It is a loving—and unselfish—way to provide for your child. To explore this parenting option, it is best to connect with a licensed adoption agency in your state. Keep in mind, asking questions about adoption does not commit you to this choice, but it does show that you are open to what is best for your child.

THIS CHOICE WILL CHANGE YOU
NO MATTER WHAT YOU AND SHE DECIDE.
WILL YOU JUST LET IT HAPPEN?

—OR—

WILL YOU HAVE A SAY IN YOUR FUTURE—
AND THE LIFE OF YOUR UNBORN CHILD?

There are few decisions as great and life changing as the decision to embrace becoming a father. Before she decides, make sure you are part of the decision process!

WHAT NOW?

1. Becoming the man—and father—you are meant to be.
2. Step up and speak up NOW. Don't regret being silent.
3. Know the facts and share the facts—and risks.
4. Commit to becoming a great dad by taking action.



END NOTES

- 1 Coyle, C. (2007). Men and abortion: A review of empirical reports. *Internet J of Mental Health*, 3(2).
- 2 Finer, L. (2005). Reasons U.S. women have abortions: Quantitative and qualitative perspectives. *Perspectives on Sexual and Reproductive Health*, 37(3), 110–18.
- 3.1 Carlson, B. (2009). *Human embryology and developmental biology*. (4th ed.). Mosby Elsevier.
- 3.2 Guyton, A. (2000). *Textbook of medical physiology*. (10th ed.). Philadelphia: W.B. Saunders.
- 4.1 Müller, F. (1983). The first appearance of the major divisions of the human brain at stage 9. *Anat Embryol*, 163(3), 419–32.
- 4.2 O'Rahilly, R., Müller, F. (1999). *The embryonic human brain: An atlas of developmental stages*. (2nd ed.). New York: Wiley-Liss.
- 5.1 Campbell, S. (2004). *Watch me grow: A unique 3-dimensional week-by-week look at your baby's behavior and development in the womb*. New York: St. Martins.
- 5.2 Gittenger-de-Groot, A. (2000). *Textbook of fetal cardiology: Normal and abnormal cardiac development*. (pp. 15–27). London: Greenwich Medical Media Limited.
- 6 O'Rahilly, R., Gardner, E. (1975). The timing and sequence of events in the development of the limbs in the human embryo. *Anat Embryol*, 148(1), 1–23.
- 7 Agtuaco, T. (1999). The fetal genitourinary tract. *Semin Roentgenol*, 34(1), 13–28.
- 8 deVries, J. (1982). The emergence of fetal behaviour. I. Qualitative aspects. *Early Hum Dev*, 7(4), 301–22.
- 9 O'Rahilly, R., Müller, F. (2001). *Human embryology and teratology*. (3rd ed.). New York: Wiley-Liss.
- 10 Moore, K. (2003). *The developing human, clinically oriented embryology*. (7th ed.). Philadelphia: W.B. Saunders.
- 11 Moore, K. (1991). *Dermatoglyphics: Science in transition*. (pp. 95–112). New York: Wiley-Liss.
- 12 Licensed from The Endowment for Human Development. www.ehd.org.
- 13 Hepper, P. (1997). Sex differences in fetal mouth movements. *Lancet*, 350(9094), 1820–21. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/9428256?dopt=Abstract>.
- 14 Moore, K. (2008). *The developing human*. (8th ed., p. 177). W.B. Saunders.
- 15 Mennella, J. (2001). Prenatal and postnatal flavor learning by human infants. *Pediatrics*, 107(6).
- 16 Coyle, C. (2007). Men and abortion: A review of empirical reports. *Internet J of Mental Health*, 3(2).
- 17.1 American College of Obstetricians and Gynecologists. (2005). Medical management of abortion. *ACOG Practice Bulletin*, 67, Retrieved from http://www.acog.org/Resources_And_Publications/Practice_Bulletins/Committee_on_Practice_Bulletins_-_Gynecology/Medical_Management_of_Abortion.
- 17.2 Physician's Desk Reference. (n.d.). *Mifepristone drug summary*. Retrieved on June 14, 2018 from <http://www.pdr.net/drug-summary/Korlym-mifepristone-2928#topPage>.
- 17.3 Food and Drug Administration. (2018, Mar). *Mifepristone questions and answers*. Retrieved from <https://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm492705.htm>.
- 17.4 Gary, M., Harrison, D. (2006). Analysis of severe adverse events related to the use of mifepristone as an abortifacient. *The Annals of Pharmacotherapy*, 40, 191–97. doi: 10.1345/aph.1G481.
- 18 Meckstroth, K., Paul, M. (2009). First-trimester aspiration abortion. In M. Paul, E. Lichtenberg, L. Borgatta, D. Grimes & P. Stubblefield (Eds.), *Management of Unintended and Abnormal Pregnancy: Comprehensive Abortion Care* (pp. 138–49). West Sussex: Wiley-Blackwell.
- 19 Hammond, C., Chasen, S. (2009). Dilation and evacuation. In M. Paul, E. Lichtenberg, L. Borgatta, D. Grimes & P. Stubblefield (Eds.), *Management of Unintended and Abnormal Pregnancy: Comprehensive Abortion Care* (pp. 166–73). West Sussex: Wiley-Blackwell.
- 20.1 Ibid.
- 20.2 Kapp, N., von Herten, H. (2009). Medical methods to induce abortion in the second trimester. In M. Paul, E. Lichtenberg, L. Borgatta, D. Grimes & P. Stubblefield (Eds.), *Management of Unintended and Abnormal Pregnancy: Comprehensive Abortion Care* (pp. 178–88). West Sussex: Wiley-Blackwell.
- 21 Guttmacher Institute. (2018, Jan). *Facts on induced abortion in the United States*. Retrieved from <https://www.guttmacher.org/fact-sheet/induced-abortion-united-states>.
- 22 Lichtenberg, E. (2009). Surgical complications: Prevention and management. In M. Paul, E. Lichtenberg, L. Borgatta, D. Grimes & P. Stubblefield (Eds.), *Management of Unintended and Abnormal Pregnancy: Comprehensive Abortion Care* (pp. 224–46). West Sussex: Wiley-Blackwell.
- 23 Ibid.
- 24.1 Coleman, P.K. (2011). Abortion and mental health: Quantitative synthesis and analysis of research published 1995–2009. *The British Journal of Psychiatry*, 199, 180–86. doi: 10.1192/bjps.2010.1077230.
- 24.2 Fergusson, D. et al. (2006). Abortion in young women and subsequent mental health. *J Child Psychol Psychiatry*, 47(1), 16–24.
- 24.3 Coleman, P.K., Reardon, D.C., Rue, V., Cougle, J. (2002). Prior history of induced abortion in relation to substance use during subsequent pregnancies carried to term. *Am J Obstet Gynecol*, 187, 1673–78.
- 24.4 Coleman, P.K., Rue, V., Coyle, C. (2009). Induced abortion and quality of intimate relationships: Analysis of male and female data from the Chicago health and social life survey. *Public Health*, 123, 331–38. doi: 10.1016/j.puhe.2009.01.005.
- 24.5 Coyle, C., Coleman, P.K., Rue, V. (2010). Inadequate preabortion counseling and decision conflict as predictors of subsequent relationship difficulties and psychological stress in men and women. *Traumatology*, 16(1), 16–30. doi: 10.1177/1534476509347550.
- 24.6 Rousset, C., et al. (2011). Posttraumatic stress disorder and psychological distress following medical and surgical abortion. *Journal of Reproductive and Infant Psychology*, 29(5), 506–17.
- 24.7 Rue, V., Coleman, P., Rue, J., Reardon, D.C. (2004). Induced abortion and traumatic stress: A preliminary comparison of American and Russian women. *Medical Science Monitor*, 10(10), 5–16.
- 25.1 Shah, P., et al. (2009). Induced termination of pregnancy and low birthweight and preterm birth: A systematic review and meta-analyses. *Brit J of Obstetrics and Gynecology*, 1425–42.
- 25.2 Swingle, T., et al. (2009). Abortion and the risk of subsequent preterm birth: A systematic review with meta-analyses. *J of Reproductive Medicine*, 95–108.
- 26.1 National Cancer Institute. (2018, Mar). *Breast cancer prevention*. Retrieved from https://www.cancer.gov/types/breast/patient/breast-prevention-pdq#section/_12.
- 26.2 Trichopoulos, D. (1983). Age at any birth and breast cancer risk. *Int. J. Cancer*, 31, 701–04.
- 26.3 Troisi, R., et al. (2013). A linked-registry study of gestational factors and subsequent breast cancer risk in the mother. *Cancer Epidemiol. Biomarkers Prev*, 22(5), 835–47.
- 26.4 Vatten, L., et al. (2002). Pregnancy related protection against breast cancer depends on length of gestation. *Brit J of Cancer*, 87, 289–90.
- 27.1 Coleman, P.K., Maxey, C., Spence, M., Nixon, C. (2009). Predictors and correlates of abortion in the fragile families and well-being study: Paternal behavior, substance use, and partner violence. *Int J Ment Health Addict*, 7(3), 405–22.
- 27.2 Coleman, P.K., Rue, V., Coyle, C. (2009). Induced abortion and quality of intimate relationships: Analysis of male and female data from the Chicago health and social life survey. *Public Health*, 123, 331–38. doi: 10.1016/j.puhe.2009.01.005.
- 27.3 Coleman, P.K., Rue, V., Spence, M. (2007). Intrapersonal processes and post-abortion relationship challenges: A review and consolidation of relevant literature. *The Internet Journal of Mental Health* 2007, 4(2).
- 27.4 Coyle, C., Coleman, P.K., Rue, V. (2010). Inadequate preabortion counseling and decision conflict as predictors of subsequent relationship difficulties and psychological stress in men and women. *Traumatology*, 16(1), 16–30. doi: 10.1177/1534476509347550.
- 27.5 Coyle, C. (2007). Men and abortion: A review of empirical reports. *Internet J of Mental Health*, 3(2).
- 27.6 Rue, V. (1996). His abortion experience: The effects of abortion on men. *Ethics and Medics*, 21(4), 3–4.
- 28 Coleman, P.K., Maxey, C., Spence, M., Nixon, C. (2009). Predictors and correlates of abortion in the fragile families and well-being study: Paternal behavior, substance use, and partner violence. *Int J Ment Health Addict*, 7(3), 405–22.
- 29 Finer, L. (2005). Reasons U.S. women have abortions: Quantitative and qualitative perspectives. *Perspectives on Sexual and Reproductive Health*, 37(3), 110–18.
- 30 (18) Goleman, D. (1997). *Emotional intelligence*. (p. 142). New York: Bantam.
- 31 Finer, L. (2005). Reasons U.S. women have abortions: Quantitative and qualitative perspectives. *Perspectives on Sexual and Reproductive Health*, 37(3), 110–18.



BYD:Mobile

Interactive Education for Your Pregnancy Decision



To find a pregnancy center near you, visit:

pregnancydecisionline.org

CARE[®]NET

© 2018 Care Net. All rights reserved.