

# Information about the Developing Embryo and Fetus, Abortion, and Abortion Alternatives



Published by:  
Utah Department of Health  
Division of Family Health and Preparedness  
May 2017

Prepared in compliance with Utah Code Annotated 76-7-305.5

## **Introduction**

Women have abortions for a variety of reasons. The decision whether or not to have an abortion should be carefully considered. It is important to be well-informed before making such an important decision. This booklet contains information about the developing embryo and fetus, abortion procedures, alternatives to abortion, and resources available for pregnant women in Utah.

### All women considering abortion should be advised:

- The State of Utah prefers childbirth over abortion.
- Private adoption is legal in Utah.
- The law permits adoptive parents to pay the costs of prenatal care, childbirth, and neonatal care.
- The father has a legal responsibility to assist in child support, even in instances where he has agreed to pay for an abortion. In cases where the father fails to pay child support, the State Office of Recovery Services may be able to help you collect that child support, although there is no guarantee of collection.
- It is unlawful for any person to coerce a woman to have an abortion.
- Any physician who performs an abortion without obtaining the woman's informed consent or without ensuring that she has a face-to-face medical consultation may be liable to her for damages in a civil action at law.

## **Pictures and Descriptions of the Developing Embryo and Fetus**

### **How do medical professionals describe a pregnancy at different stages?**

Healthcare providers call an unborn child either an “embryo” or a “fetus” depending on the age. When a pregnancy is eight weeks or less (measured from the time of conception), they describe it as an “embryo.” When the age is more than eight weeks (measured from the time of conception), they use the term “fetus.”

### **How do healthcare providers describe the age of an embryo or fetus?**

Healthcare providers describe the age of a fetus in two ways. The first is based on the number of weeks since the first day of the woman’s last menstrual period. This is referred to as “LMP” age, because “LMP” is short for “last menstrual period.” It is also known as “gestational age.”

The second way to describe the age of a fetus is based on the number of weeks since the time of conception. This is referred to as “conceptional age” or “age from the time of conception.”

### **What is the difference between LMP age and conceptional age?**

The LMP age of an embryo or fetus is approximately two weeks more than the conceptional age.

For example, if your healthcare provider says that the fetus is 12 weeks LMP age (again, LMP stands for last menstrual period), it also means that the fetus is 10 weeks conceptional age, or 10 weeks of age measured from the time of conception.

On the other hand, if your healthcare provider says the fetus is 12 weeks conceptional age, it also means that the fetus is 14 weeks LMP age, or 14 weeks measured from the last menstrual period.

The pictures of embryos and fetuses in this booklet will give the conceptional age and the LMP age. The LMP age will be in parentheses.

**How do healthcare providers measure the length of an embryo or fetus?**

Healthcare providers usually measure the length of an embryo or fetus from the crown of the head to the rump. This is known as “crown-rump” length, or “CR” length for short.

The photo below shows how the crown-rump length of an embryo is measured. This way you can see what is meant by “crown” and what is meant by “rump.”

The pictures in this booklet will give the size of the embryo or fetus according to CR or crown-rump length.



Image Source: A Colour Atlas of Life Before Birth  
by Marjorie A. England, 1990.  
Mosby-Wolfe Europe Limited, London, UK.

Each pregnancy is unique. The development of each embryo and fetus is based on a number of variable factors.

The following materials describe the typical, normal development of an embryo and fetus, giving typical sizes.

Typical Embryo at  
**Four Weeks from the Time of Conception**  
(Six Weeks LMP)

Length from crown to rump: Less than  $\frac{1}{8}$  inch (3 millimeters)



The embryo has the beginning of a circulatory system. The cells that will form the heart have begun to move and blood flow begins. The neural tube (which later becomes the spinal cord and brain) forms by week five. The locations of the ears, eyes, and nose are just becoming evident.

Image Source: Lennart Nilsson/Bonnier Alba AB

The size of this photograph is larger than the actual typical size of an embryo at this stage

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Typical Embryo at  
**Six Weeks from the Time of Conception**  
(Eight Weeks LMP)

Length from crown to rump:  $\frac{5}{8}$  inch (15 millimeters)



The heart continues to develop. The umbilical cord is formed. Structures that will form eyes, ears, arms and legs begin to form. The spinal cord is also beginning to take shape. Toward the end of this period is the first time the embryo can be seen with the naked eye.

Image Source: Lennart Nilsson/Bonnier Alba AB

The size of this photograph is larger than the actual typical size of an embryo at this stage.

Typical Fetus at  
**Eight Weeks from the Time of Conception**  
(10 Weeks LMP)

Length from crown to rump: 1 ¼ - 1 ½ inches (30 millimeters)



The beginnings of organs are present, although not fully developed or in their final locations. The shape of the lungs is nearly formed. The intestines are beginning to coil. The diaphragm is completed. The digits of the hand are separated but webbed. Eyes and ears are more obvious. Tongue and taste buds are present. The fetus begins reflex activity but movements are too slight to be felt.

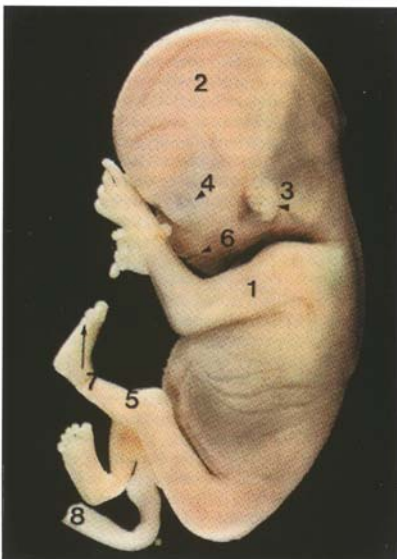
Image Source: Lennart Nilsson/Sonnier Alba AB.

The size of this photograph is larger than the actual typical size of an embryo at this stage.

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Typical Fetus at  
**10 Weeks from the Time of Conception**  
(12 Weeks LMP)

Length from crown to rump: 2 ¾ inches (61 millimeters)



At this age, the embryo is now called a fetus. The heartbeat can usually be heard using ultrasound or fetal doppler. The kidneys are present but are not fully functional. The nose is clearly visible, and mouth or finger movement may occur spontaneously. Anatomy noted in photo:

- |          |                   |
|----------|-------------------|
| 1. Arm   | 5. Knee           |
| 2. Brain | 6. Mouth          |
| 3. Ear   | 7. Toes           |
| 4. Eye   | 8. Umbilical cord |

Image Source: A Colour Atlas of Life Before Birth by Marjorie A. England, 1990. Mosby-Wolfe Europe Limited, London, UK.

The size of this photograph is larger than the actual typical size of a fetus at this stage.

Typical Fetus at  
**12 Weeks from the Time of Conception**  
(14 Weeks LMP)

Length from crown to rump:  $3 \frac{3}{8}$  inches (87 millimeters)



Some bones are formed sufficiently to be visible on an x-ray. The spinal cord is continuing to develop. The bone marrow is making blood cells. External genitalia are forming and the sex of the fetus can occasionally be correctly determined by experienced observers looking at ultrasound images.

Image Source: A Colour Atlas of Life Before Birth by Marjorie A. England, 1990. Mosby-Wolfe Europe Limited, London, UK.

The size of this photograph is about the actual typical size of a fetus at this stage.

Typical Fetus at  
**14 Weeks from the Time of Conception**  
(16 Weeks LMP)

Length from crown to rump:  $4 \frac{3}{4}$  inches (120 millimeters)



The joints are now functioning and limb movements become more coordinated.

Image Source: Lennart Nilsson/Sonnier Alba AB.

The size of this photograph is smaller than the actual typical size of a fetus at this stage.

Typical Fetus at  
**16 Weeks from the Time of Conception**  
(18 Weeks LMP)

Length from crown to rump: 5 1/2 inches (140 millimeters)



Swallowing and chest movements are clearly present. The ears stand out from the head now. Muscles are spontaneously active. The mother may feel movements now. Anatomy noted in photo:

1. Ear
2. Eye
3. Umbilical cord

Image Source: A Colour Atlas of Life Before Birth by Marjorie A. England, 1990. Mosby-Wolfe Europe Limited, London, UK.

The size of this photograph is smaller than the actual typical size of a fetus at this stage.

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Typical Fetus at  
**18 Weeks from the Time of Conception**  
(20 Weeks LMP)

Length from crown to rump: 6 1/4 inches (160 millimeters)



A protective waxy coating on the skin, called "vernix caseosa" is present. The spinal cord is continuing to develop. The bone marrow is making blood cells. The sex of the fetus can be more easily identified by ultrasound.

Image Source: A Colour Atlas of Life Before Birth by Marjorie A. England, 1990. Mosby-Wolfe Europe Limited, London, UK.

The size of this photograph is smaller than the actual typical size of a fetus



Typical Fetus at  
**20 Weeks from the Time of Conception**  
(22 Weeks LMP)

Length from crown to rump: 7 1/2 inches (190 millimeters)



A downy hair covers the body. The lungs are still very immature and survival rates at this age are rare, even with intensive care.

1. Abdomen
3. Eye
6. Umbilical cord

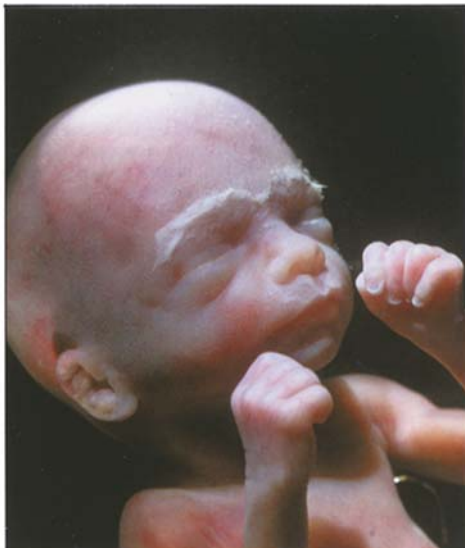
Image Source: A Colour Atlas of Life Before Birth by Marjorie A. England, 1990. Mosby-Wolfe Europe Limited, London, UK.

The size of this photograph is smaller than the actual typical size of a fetus at this stage.

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Typical Fetus at  
**22 Weeks from the Time of Conception**  
(24 Weeks LMP)

Length from crown to rump: 8 1/4 inch (210 millimeters)



Most of the organs are now formed and the fetus enters now a period of growth and further organ development.

Image Source: Lennart Nilsson/Bonnier Alba AB.

The size of this photograph is smaller than the actual typical size of a fetus at this stage.

Typical Fetus at  
**24 Weeks from the Time of Conception**  
(26 Weeks LMP)

Length from crown to rump: 9 inches (230 millimeters)



The fetus has fingernails and clearly demonstrates reflexes such as sucking and gripping.

Image Source: A Colour Atlas of Life Before Birth by Marjorie A. England, 1990. Mosby-Wolfe Europe Limited, London, UK.

The size of this photograph is smaller than the actual typical size of a fetus at this stage.

Typical Fetus at  
**26 Weeks from the Time of Conception**  
(28 Weeks LMP)

Length from crown to rump:  $9 \frac{13}{16}$  inches (250 millimeters)



The eyes are partially open and eyelashes are present.  
Anatomy noted in photo:

1. Abdomen
2. Eye
3. Hand

Image Source: A Colour Atlas of Life Before Birth by Marjorie A. England, 1990. Mosby-Wolfe Europe Limited, London, UK.

The size of this photograph is smaller than the actual typical size of a fetus at this stage.

Typical Fetus at  
**28 Weeks from the Time of Conception**  
(30 Weeks LMP)

Length from crown to rump:  $10 \frac{5}{8}$  inches (270 millimeters)



At this time, the eyes are fully open. There may be hair on the fetus' head and body and the skin is smooth.

Image Source: A Colour Atlas of Life Before Birth by Marjorie A England, 1990. Mosby-Wolfe Europe Limited, London, UK.

The size of this photograph is smaller than the actual typical size of a fetus at this stage.

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Typical Fetus at  
**38 Weeks from the Time of Conception**  
(40 Weeks LMP)

Length from crown to rump:  $14 \frac{3}{16}$  inch (360 Millimeters)



At this time, the fetus is fully developed or considered to be full-term.

Image Source: A Colour Atlas of Life Before Birth by Marjorie A. England, 1990. Mosby-Wolfe Europe Limited, London, UK.

# Medical Complications and Risks Associated with Pregnancy and Childbirth

## Medical Risks

Over the years, the risk of dying from pregnancy and childbirth has declined significantly. Such deaths are now considered very uncommon. In fact, most women go through pregnancy and childbirth without any life threatening complications. However, there are complications that may occur in some women.

Common complications of pregnancy include:

- High blood pressure - Sometimes called pregnancy induced hypertension (PIH), pre-eclampsia, or gestational hypertension, high blood pressure in pregnancy is a complication that occurs in approximately 8% of pregnant women. Usually it is detected sometime after the 20th week of pregnancy and it goes away soon after birth. When it is severe, conditions can develop which can place the mother and fetus at risk. The mother may have organ damage (eyes, kidneys, liver, or brain), swelling of hands and face, and even seizures. The fetus may not get enough blood, which is rich in oxygen and nutrients, through the placenta and may stop growing. The fetus may also be at risk for premature delivery and related problems.
- Bleeding - Postpartum hemorrhage is heavy bleeding after childbirth. Women who lose too much blood may need a blood transfusion or require a hysterectomy to stop blood loss.
- Infection - Infections may develop during pregnancy or after delivery. Infections during pregnancy can contribute to preterm delivery.
- Premature labor - Premature labor is labor that starts between 20 and 37 weeks of pregnancy. Some premature labor can be stopped with medicine.
- Preterm birth - Preterm birth is a baby born before 37 weeks of pregnancy. Babies born early are at a higher risk of health problems and may require admission to the newborn intensive care unit.
- Blood clots - Blood clots can form in the blood vessels and break away to the lungs or brain, which may cause maternal death.
- Gestational diabetes - Diabetes that develops during pregnancy may cause the baby to be born big if not properly controlled. Some women can control gestational diabetes with diet, while others may need to use insulin until birth.
- Placenta previa - This is a condition where the placenta covers all or part of the opening of the uterus (cervix). Many previas will resolve with expansion of the growing uterus; however, if it is still present at delivery, a cesarean section may be required.
- Placental abruption - An abruption occurs when the placenta separates from the uterus before delivery.

In addition, existing medical conditions such as diabetes or heart and kidney problems may get worse during pregnancy.

There are several factors known to increase a woman's risk for complications. These include:

- Age (those younger and older women at the extremes of the childbearing years)
- Lack of prenatal care
- Smoking, alcohol, or drug use
- Closely spaced pregnancies (when there is less than 12 months between delivery and conception)

### **Emotional Risks**

During pregnancy and following the birth of a baby, a wide range of emotions are possible. A substantial number of new mothers experience various degrees of postpartum depression. This complication can occur within days of the delivery or appear gradually, sometimes up to a year later. In most cases, women will experience mild symptoms that may last only a few days. However, some women may experience severe symptoms such as exhaustion, hopelessness, worthlessness, memory loss, and fear of harming herself or the baby. Although these symptoms may not last long, professional help and support should be sought.

You can reduce the risk for complications in any pregnancy by getting early and regular prenatal care; eating a well-balanced diet; achieving a steady weight gain; getting regular exercise; and by not smoking, drinking alcohol, or taking drugs.

If you have questions or concerns talk to your health care provider or call the Mother to Baby Program at the Utah Department of Health at 855-999-3525 or email [expertinfo@mothertobaby.org](mailto:expertinfo@mothertobaby.org).

## **Infant Survival at Various Stages of Pregnancy**

National research shows that before 20 weeks after conception (22 weeks LMP), there is no possibility that a fetus can survive outside the womb. After this time, survival depends on a number of factors, including the age, weight, sex of the fetus, whether the pregnancy is a single fetus or multiple (twins), or if an infection is present.

## **Current Abortion Procedures**

### **Vacuum Aspiration (Suction Curettage)**

Vacuum aspiration, sometimes referred to as suction curettage, is an abortion that is performed during the first trimester (first three months of pregnancy). An ultrasound is done before the procedure to determine the exact location of the embryo. In a vacuum aspiration abortion, the cervix, or opening of the uterus, is dilated or stretched. This allows the physician to insert a small plastic tube, called a cannula, into the uterus. The cannula is attached to a suction tube and machine or, occasionally, in early pregnancy to a large special syringe that is used to apply manual suction. As the suction cannula is moved throughout the uterus, it scrapes and removes by suction the soft and flexible fetus along with the placenta and other tissues and fluids of pregnancy. Vacuum aspiration is generally performed in a clinic under local anesthesia.

### **Medical Abortion (Mifepristone and Misoprostol)**

A non-surgical abortion procedure using the drugs, Mifepristone and Misoprostol, may be used by women who are in the first 10 weeks of pregnancy (by LMP). This procedure usually allows a woman to have the abortion at home. An ultrasound is done before the procedure to determine implantation of the embryo. Then a dose of 200 mg of Mifepristone is given at the clinic. She is then given Misoprostol tablets to take anytime between 24 and 48 hours later at home. Misoprostol causes the uterus to contract, bleed, and expel the pregnancy. A follow-up examination is necessary to determine if the abortion was complete. In cases where the pregnancy continues, vacuum aspiration is recommended because of the possibility of birth defects should the woman complete her pregnancy.

Research indicates that mifepristone alone is not always effective in ending a pregnancy. You may still have a viable pregnancy after taking mifepristone. If you have taken mifepristone but have not yet taken the second drug and have questions regarding the health of your fetus or are questioning your decision to terminate your pregnancy, you should consult a physician immediately.

In 30-50% of women who take mifepristone alone, the pregnancy will continue. It has been hypothesized that women who take mifepristone, but not yet misoprostol, can reverse the effects of mifepristone by taking the medication progesterone (Delgado, et al). A systematic review of the literature yields insufficient evidence, to date, that this treatment is more effective than monitoring alone (Grossman, et al).

In every pregnancy, there is a 3-5% chance to have a baby with a birth defect, which is called the background risk. A review of published studies indicates that there is no increased risk above the background risk for birth defects with fetal exposure to mifepristone alone and no consistent pattern of birth defects have been reported.

## **Dilation & Evacuation (D & E)**

Dilation & Evacuation procedures are the most common procedure performed in the second trimester of pregnancy (months 4-6). An ultrasound is done before the procedure to determine the exact location of the fetus and placenta. With a D & E procedure, the cervix must be dilated before the procedure. This can be done with either medications, a natural or synthetic substance inserted into the cervix that slowly widens the cervix as it swells with moisture, or a combination of the two. Sometimes preparing the cervix must be done the day before the D & E procedure. When the opening of the cervix is sufficient, the suction tube or cannula is inserted into the uterus. The suction tube or cannula removes by suction the fluid, placenta, and possibly other pregnancy tissues. The procedure is carried out using ultrasound guidance to assure safety. Forceps are used to remove larger fetal parts and parts of the placenta. The procedure is performed under sedation, often a combination of local anesthesia as well as intravenous medication, and can be done in a clinic.

## **Prostaglandins**

An abortion procedure that is sometimes used during the second trimester involves prostaglandin, a natural hormone and other medications that induces labor. Prostaglandin is generally placed, in suppository form, into the vagina. Typically, prostaglandin causes the woman to go into labor and deliver the fetus and other tissues of pregnancy within 24 to 36 hours. This procedure is usually performed in a hospital.

## **Risks Associated with Abortion**

### **Medical Risks**

A woman's risk of dying from a legal abortion is very low. Abortions performed early in pregnancy have the lowest risk. Women who have an abortion do not have any known increased risk of problems in future pregnancies. Women who have D & Es or complications from their abortion procedure also have a low risk of problems in future pregnancies.

Each woman reacts differently to an abortion. Nearly all women undergoing an abortion have some pain or discomfort, ranging in intensity from mild to very severe. Serious medical complications rarely occur from a legal abortion. Potential complications may include:

- Incomplete abortion - The uterus may not be completely emptied which may cause heavy bleeding and a repeat procedure may be required.
- Heavy bleeding - Some bleeding after an abortion procedure is common. Heavy bleeding is uncommon however, may need to be treated with medication or repeat suction.
- Blood clots - Blood clots in the uterus may cause severe cramping and may require removal with suction or medication.
- Cervical injury - The opening of the uterus, the cervix, may tear during the procedure. Injury to the cervix occurs in less than 1% of abortion procedures.
- Puncturing of the uterus - A medical instrument used in an abortion procedure may go through the wall of the uterus, although this is rare. Depending on the severity of the perforation, it can lead to infection, heavy bleeding, or both. Surgery may be required to repair the uterus and, in rare cases, a hysterectomy may be necessary.

### **Emotional Reactions**

The American Psychological Association's Task Force on Mental Health and Abortion states that women seek abortions for different reasons, at different times in their pregnancy, have different abortion procedures, and have differing backgrounds. Due to this wide variation, a single statement on how abortion affects women emotionally would be misleading.

The Task Force report states that the best scientific evidence indicates that for women having only one abortion procedure, the risk of mental health problems after the procedure is no greater than those experienced among women who carry a pregnancy to birth. There is some evidence of elevated risks for poorer mental health among women with multiple abortion procedures.

Women may experience sadness; grief; and feelings of loss, depression, or anxiety after an abortion procedure. Women who experience these symptoms may benefit from discussing them with a trained mental health professional.



## **Fetal Pain**

If you are seeking an abortion and you are 20 weeks or more pregnant (by gestational age, or LMP) - Utah law requires that you get information about possible pain that the fetus may feel during the procedure, unless this procedure has to be performed for emergency reasons.

### **Does an unborn fetus feel pain?**

Some studies support that a fetus can feel pain by 20 weeks after conception. Other studies suggest that pain is felt by the fetus later in pregnancy. Although scientific studies are not conclusive as to when an fetus' nervous system is developed enough to feel pain, the State of Utah feels that there is substantial medical evidence from studies concluding that a fetus of at least 20 weeks gestational age (LMP) may be capable of experiencing pain during an abortion procedure.

### **Utah law requirements**

Beginning May 10, 2016, Utah code 76-7-308.5 requires any physician who performs an abortion on an unborn child of at least 20 weeks gestational age (LMP) to administer an anesthetic or analgesic to eliminate pain to the fetus. Exceptions to this law are abortions done to save the life of the mother, irreversible impairment of a major bodily function of the mother will occur unless an abortion is performed, or a lethal birth defect of the fetus has been confirmed by two maternal-fetal medicine specialists.

### **How is the medicine given?**

Medicine to lessen or take away pain can be given to the fetus in a couple of ways. One is by injecting a pain medicine or an anesthesia medicine directly to the fetus through a needle. The other is to give the medicine to the woman so it goes to the fetus.

### **Is the medicine effective to control pain?**

The medicines that would be used are effective to control or eliminate pain in children and adults. There is no evidence to know if the effect in a fetus is the same.

### **What are the risks to the woman?**

There are always some risks when a person takes medicines, especially pain and anesthetic medicines. The woman should discuss these risks with their healthcare provider. A healthcare provider is not prohibited by Utah laws from informing the woman of his/her own opinion regarding the administration of medicine to lessen or take away fetal pain.

## **Statewide Resources**

### **Adoption services**

In Utah, adoption services are available through licensed agencies or private attorneys. While the services vary, agencies usually provide free counseling and education about adoption. The agencies evaluate the adoptive parents to ensure that they have a stable family and that they are able to raise a child. In some cases, they allow the birth parents to interview or choose an adoptive family based on factors that are important to them.

Private attorneys are another avenue for adoption, because they may have clients who want to adopt. With this option, the adoptive family may be able to pay the attorney fees.

If a birth mother identifies an adoptive family and wants to initiate a private adoption, she must go through an agency or attorney for it to be legally valid. With each option, it may be possible, if desired, to have contact with the child and the adoptive parents.

Financial help may be available for pregnancy-related expenses, including health costs associated with prenatal care, childbirth, newborn care, and living expenses. The Department of Workforce Services (DWS) can provide financial assistance for up to 12 months to qualifying women who participate in school or training programs, and who place their babies for adoption. A list of DWS offices and contact information can be found starting on page 21.

Placing a child for adoption can be a difficult decision to make and it maybe helpful to get counseling.

The following pages contain a comprehensive list of adoption services, including directions on how to find agencies or private attorneys whose practice includes adoption.

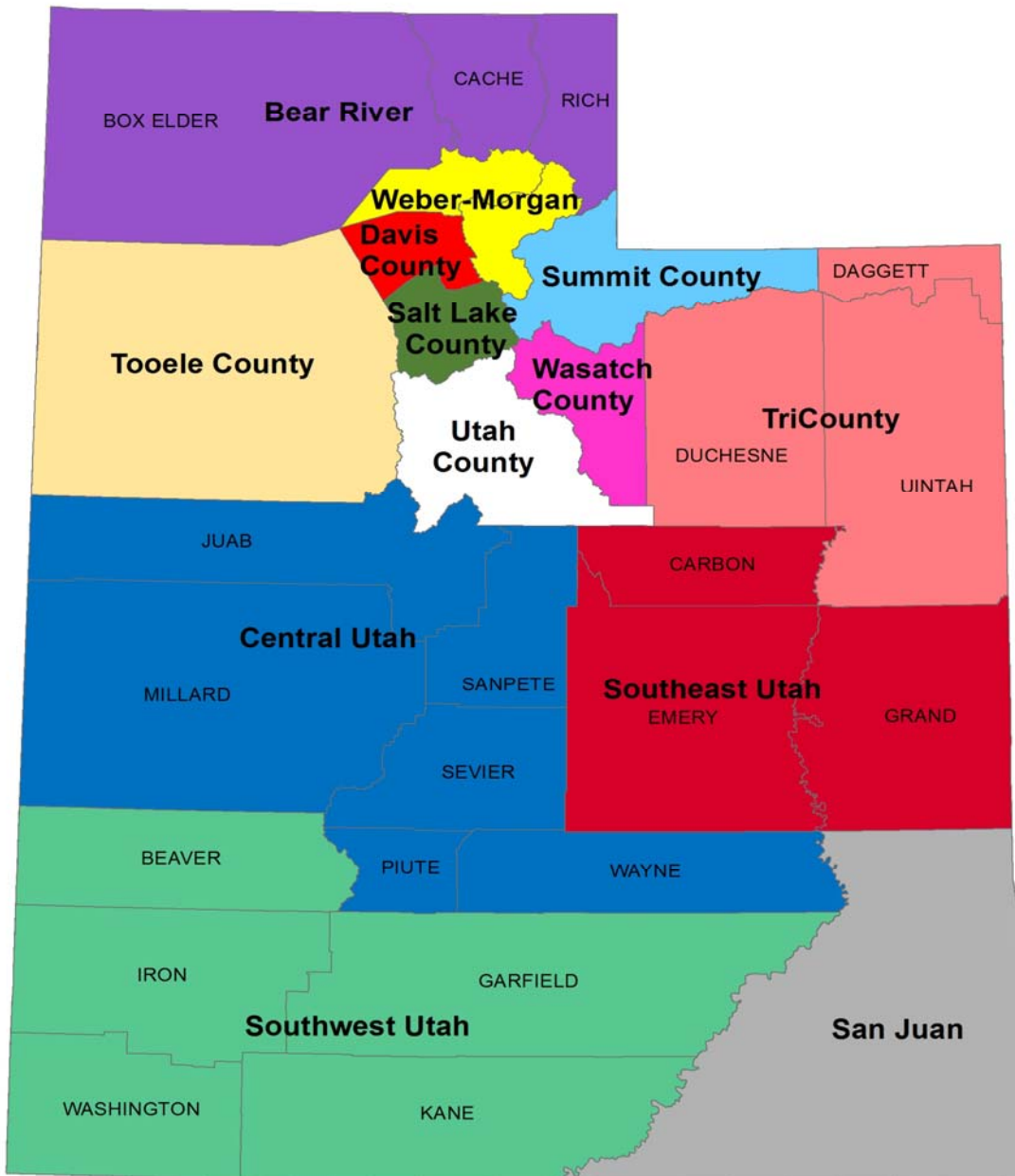
### **Private adoption agencies and attorneys whose practice includes adoption**

A list of licensed adoption agencies and child placing agencies in Utah can be found on the Department of Human Services website at <http://hslic.utah.gov/services/adoption-agencies/>.

To find an attorney who specializes in adoption law, call the Utah Bar at 801-531-9077 or visit <https://www.licensedlawyer.org/>.

## Agencies offering services to assist a woman through pregnancy by local health district

The following agencies, listed by local health district, have a variety of services available to assist a woman through pregnancy, at childbirth, and while the child is dependent on parental care. The map below shows the location of each local health district.



<b>Bear River Health District (Box Elder, Cache, Rich counties)</b>		
<b>Organization</b>	<b>City</b>	<b>Phone Number</b>
Bear River Health Department (Including the Supplemental Food Program for Women, Infants, and Children (WIC))	Brigham City	435-734-0845
	Tremonton	435-257-3318
	Logan	435-792-6500
	Randolph	435-793-2445
	Garden City	435-881-3383
Department of Human Services	Logan	435-787-3415
	Brigham City	435-734-4075
Department of Workforce Services	Logan	435-753-4933
	Brigham City	435-695-2660
Family Support Center of Box Elder	Brigham City	435-723-6010
The Family Place	Logan	435-752-8880
New Hope Crisis Center	Brigham	435-723-5600
Planned Parenthood	Logan	435-753-0724
The Pregnancy Care Center	Brigham City	435-723-0500
The Center for Pregnancy Choices	Logan	435-752-1222
<b>Community Health Centers (prenatal and child health care)</b>		
Bear River CHC	Tremonton	435-723-8276
Clinica de Buena Salud	Brigham City	453-723-8276
Cache Valley CHC - Logan	North Logan	435-755-6061
Cache Valley CHC	North Logan	435-755-6061
Cache Valley CHC South	Hyrum	435-245-6988
Bear Lake CHC	Garden City	435-946-3660
Midtown Logan Clinic	Logan	435-752-7060

<b>Central Utah Health District (Juab, Millard, Piute, Sanpete, Sevier, Wayne counties)</b>		
<b>Organization</b>	<b>City</b>	<b>Phone Number</b>
Central Utah Health Department (Including the Supplemental Food Program for Women, Infants, and Children (WIC))  <b>Additional locations for WIC only</b>	Delta	435-864-3612
	Fillmore	435-743-5723
	Manti	435-835-2231
	Mt. Pleasant	435-462-2449
	Nephi	435-623-0696
	Junction	435-577-2521
	Richfield	435-896-5451
	Wayne	435-836-1317
	Hanksville	435-836-1317
	Eureka	435-623-0696
Department of Human Services	Nephi	435-623-7207
	Delta	435-864-3869
	Manti	435-835-0780
	Fillmore	435-743-6611
	Richfield	435-896-1250
Department of Workforce Services	Nephi	435-526-0950
	Delta	435-864-3860
	Manti	435-835-0720
	Richfield	435-893-0000
	Junction	435-893-0000
	Loa	435-893-0000
Family Support Center of Central Utah	Richfield	435-896-4798
<b>Community Health Centers (prenatal and child health care)</b>		
Hanksville Clinic	Hanksville	435-542-3281
Koosharem CHC	Richfield	435-893-0977
Bicknell Clinic	Bicknell	435-425-3744
Kanosh CHC	Kanosh	435-759-2610

<b>Davis County Health District</b>		
<b>Organization</b>	<b>City</b>	<b>Phone Number</b>
Davis County Health Department (Including the Supplemental Food Program for Women, Infants, and Children (WIC))	Clearfield	801-525-5000
	Woods Cross	801-292-7803
Department of Human Services	Bountiful	801-397-7640
	Clearfield	801-776-7300
Department of Workforce Services	Woods Cross	866-435-7414
	Clearfield	866-435-7414
Family Connection Center	Layton	801-771-4642
	Clearfield	801-773-0712
	Bountiful	801-773-0712
<b>Community Health Centers (prenatal and child health care)</b>		
Davis County Medical and Dental Clinic	Clearfield	801-393-5355

<b>Salt Lake County Health District</b>		
<b>Organization</b>	<b>City</b>	<b>Phone Number</b>
Salt Lake County Health Department (Including the Supplemental Food Program for Women, Infants, and Children (WIC))	Salt Lake City	385-468-4100
	Rose Park - SLC	385-468-3660
	South Main - SLC	385-468-3990
	West Valley City	385-468-3710
	Sandy	385-468-4335
	West Jordan	385-468-4365
Department of Human Services	Salt Lake City	801-468-5000
Department of Workforce Services	Salt Lake City	801-526-0950
	Taylorsville	801-526-0950
	Midvale	801-526-0950
Family Support Center	Sugarhouse	801-487-7778
	Midvale	801-255-6881
	West Valley	801-967-4259
	Taylorsville	801-955-9110
Children's Service Society	Salt Lake City	800-839-7444
Pregnancy Resource Center	Salt Lake City	801-363-5433
Teen Mother & Child Program	Salt Lake City	801-587-2525
Teen Success Program	Salt Lake City	801-521-2731
Planned Parenthood	Salt Lake City – Metro	801-257-6789
	Salt Lake City	801-322-5571
	South Jordan	801-254-2052
	West Valley	801-973-9675
<b>Community Health Centers (prenatal and child health care)</b>		
72 <sup>nd</sup> street Clinic	Midvale	801-566-5494
Central City CHC	Salt Lake City	801-539-8617
Copperview CHC	Midvale	801-566-5494
Ellis R. Shipp Clinic	West Valley City	801-676-4405
4 <sup>th</sup> (Fourth) Street Clinic	Salt Lake City	801-364-0058
Midtown South Salt Lake	South Salt Lake	801-486-0911
Mid-Valley Health Clinic	Midvale	801-417-0131
Neighborhood Clinic	Salt Lake City	801-328-5750
Steven C. Ratcliffe CHC	Salt Lake City	801-328-5750
Oquirrih View Clinic	Kearns	801-964-6214

<b>San Juan Health District</b>		
<b>Organization</b>	<b>City</b>	<b>Phone Number</b>
San Juan Health Department (Including the Supplemental Food Program for Women, Infants, and Children (WIC))	Blanding	435-678-2723
	Monticello	435-678-2723
	Montezuma Creek	435-678-2723
	Monument Valley	435-678-2723
Department of Human Services	Blanding	435-678-1491
Department of Workforce Services	Blanding	866-435-7414
<b>Community Health Centers (prenatal and child health care)</b>		
Blanding Family Practice	Blanding	435-678-3601
Montezuma Creek Clinic	Montezuma Creek	435-651-3291
Monument Valley CHC	Monument Valley	435-651-3291
Navajo Mountain CHC	Navajo Mountain	928-672-2498

<b>Southeast Utah Health District (Counties: Carbon, Emery, Grand counties)</b>		
<b>Organization</b>	<b>City</b>	<b>Phone Number</b>
Southeast Utah Health Department (Including the Supplemental Food Program for Women, Infants, and Children (WIC)) <b>Additional locations for WIC only</b>	Price	435-637-3671
	Castle Dale	435-381-2252
	Moab	435-259-5602
	East Carbon	435-888-0814
	Green River	435-564-3722
Department of Human Services	Price	435-636-2360
	Castle Dale	435-381-4730
	Moab	435-259-3720
Department of Workforce Services	Castle Dale	866-435-7414
	Price	866-435-7414
	Moab	866-435-7414
Family Support Center	Price	435-636-37379
	Moab	435-259-1658
Arches New Hope Pregnancy Center	Moab	435-259-5433
<b>Community Health Centers (prenatal and child health care)</b>		
Carbon Medical Service	East Carbon	435-888-4411
Green River Medical Center	Green River	435-564-3434
The Helper Clinic	Helper	435-472-7000



<b>Southwest Utah Health District (Beaver, Garfield, Iron, Kane, Washington counties)</b>		
<b>Organization</b>	<b>City</b>	<b>Phone Number</b>
Southwest Utah Health Department (Including the Supplemental Food Program for Women, Infants, and Children (WIC))	St. George	435-673-3528
	Cedar City	435-586-2437
	Kanab	435-644-2537
	Beaver	435-438-2482
	Panguitch	435-676-8800
Department of Human Services	Beaver	435-438-3400
	Panguitch	435-676-1400
	Cedar City	435-865-5650
	Kanab	435-644-4530
	St. George	435-652-2960
Department of Workforce Services	Beaver	435-438-3580
	Cedar City	435-865-6530
	St. George	435-674-5627
	Panguitch	435-676-1410
	Kanab	435-644-8910
Family Support Center	St. George	435-674-5133
	Cedar City	435-586-0791
Hope Pregnancy Care Center	St. George	435-652-8343
Planned Parenthood	St. George	435-674-9933
<b>Community Health Centers (prenatal and child health care)</b>		
Enterprise Valley Medical Clinic	Enterprise	435-878-2281
Family Healthcare Cedar City Clinic	Cedar City	435-865-1387
Cedar City East Clinic	Cedar City	435-865-1387
Family Healthcare St. George Clinic	St. George	435-986-2565
Hurricane Middle School Clinic	Hurricane	435-986-2565
Southwest Utah CHC	St. George	435-986-2565
Kazan Memorial Clinic	Escalante	435-826-4374

<b>Summit County Health District</b>		
<b>Organization</b>	<b>City</b>	<b>Phone Number</b>
Summit County Health Department (Including the Supplemental Food Program for Women, Infants, and Children (WIC))	Coalville	435-336-3234
	Kamas	435-783-3161
	Park City	435-333-1500
Department of Human Services	Park City	435-645-8703
Department of Workforce Services	Park City	801-526-0950
Pregnancy Help Center	Park City	435-731-8901

<b>Tooele County Health District</b>		
<b>Organization</b>	<b>City</b>	<b>Phone Number</b>
Tooele County Health Department (Including the Supplemental Food Program for Women, Infants, and Children (WIC))	Tooele	435-277-2300
	Wendover	435-665-7004
Department of Human Services	Tooele	801-253-5720
Department of Workforce Services	Tooele	866-435-7414

<b>Tri County Health District (Daggett, Duchesne, Uintah counties)</b>		
<b>Organization</b>	<b>City</b>	<b>Phone Number</b>
TriCounty Health Department (Including the Supplemental Food Program for Women, Infants, and Children (WIC))	Vernal	435-247-1177
	Roosevelt	435-722-6300
Department of Human Services	Vernal	435-781-4250
	Roosevelt	435-722-6550
Department of Workforce Services	Vernal	866-435-7414
	Roosevelt	866-435-7414
Family Support Center	Roosevelt	435-722-2401
<b>Community Health Centers (prenatal and child health care)</b>		
Vernal Family Health Center	Vernal	435-789-2024

<b>Utah County Health District</b>		
<b>Organization</b>	<b>City</b>	<b>Phone Number</b>
Utah County Health Department (Including the Supplemental Food Program for Women, Infants, and Children (WIC)) <b>Additional locations for WIC only</b>	Provo	801-851-7000
	American Fork	801-851-7333
	Orem	801-851-7340
	Payson	801-851-7360
Department of Human Services	American Fork	801-763-4100
	Orem	801-224-7820
	Spanish Fork	801-794-6700
Department of Workforce Services	Lehi	801-526-0950
	Provo	801-526-0950
	Spanish Fork	801-526-0950
Planned Parenthood	Orem	801-226-5426
Family Support Center	Orem	801-229-1181
<b>Community Health Centers (prenatal and child health care)</b>		
East Bay Health Center	Provo	801-429-2000
Mountainlands Family Health Center	Provo	801-429-2000
Payson Family Health Center	Payson	801-465-1890
Wasatch Family Health Center	Provo	801-429-2000

<b>Wasatch County Health District</b>		
<b>Organization</b>	<b>City</b>	<b>Phone Number</b>
Wasatch County Health Department (Including the Supplemental Food Program for Women, Infants, and Children (WIC))	Heber City	435-654-2700
Department of Human Services	Heber City	435-657-4200
Department of Workforce Services	Heber City	801-526-0950
Planned Parenthood	Heber City	435-654-7105

<b>Weber-Morgan Health District (Weber and Morgan counties)</b>		
<b>Organization</b>	<b>City</b>	<b>Phone Number</b>
Weber-Morgan Health Department (Including the Supplemental Food Program for Women, Infants, and Children (WIC))	Ogden	801-399-7100
	Morgan	801-829-4275
Department of Human Services	Washington Terrace	801-621-0161
	Ogden	801-626-3300
Department of Workforce Services	Ogden	866-435-7414
Family Support Center	Ogden	801-393-3113
Catholic Community Services	Ogden	801-394-5944
Utah Pregnancy Care Center	Ogden	801-621-4357
Planned Parenthood	Ogden	801-479-7721
<b>Community Health Centers (prenatal and child health care)</b>		
Hope CHC	Ogden	801-393-5355
James Madison Elementary Health Center	Ogden	801-622-1451
Midtown Children's Clinic	Washington Terrace	801-475-7007
	Ogden	801-393-5355
Midtown CHC	Ogden	801-393-5355
Weber Wellness Clinic	Ogden	801-675-3700

## **Availability of medical assistance benefits for prenatal care, childbirth, and neonatal care**

Financial assistance for prenatal and obstetric care may be available from several sources. This includes private insurance, public funding for poor and near-poor women through Medicaid (Title XIX of the Social Security Act) and other sources, such as private charity care. Also available are prenatal and postnatal food and nutrition education services through the Women, Infants and Children (WIC) program. Financial assistance programs are also available to help meet the child's medical needs.

The Baby Your Baby Hotline is available with additional information by calling 1-800-826-9662, or visiting [babyyourbaby.org](http://babyyourbaby.org). The Baby Your Baby Hotline is a statewide toll-free resource and referral service that provides information on how to obtain financial assistance and where to go for prenatal and child health care. Referrals are also made for other prenatal or postnatal services such as adoption services and parenting education. All calls to the Hotline are confidential.

### **Agencies offering services to assist a woman through pregnancy (listed alphabetically)**

The following agencies have a variety of services available to assist a woman through pregnancy, at childbirth, and while the child is dependent. Some agencies may not be available in all areas of the state, but appropriate referrals can be made.

The Information and Referral Center, a service of the United Way, can also provide referrals to resources in your area. Dial 211 or visit <http://www.uw.org/211>.

#### **Children's Service Society** (parenting program, counseling, adoption services)

124 South 400 East Suite 400  
Salt Lake City, Utah 84111  
801-355-7444 or 800-839-7444  
[Cssutah.org](http://Cssutah.org)

#### **LDS Social Services**

1-800-537-2229  
<https://providentliving.lds.org/lds-family-services?lang=eng>

#### **Legal Aid Society** (fee based on ability to pay)

801-328-8849  
<http://www.legalaidsocietyofsaltlake.org/>

#### **MotherToBaby**

(Information on effects of medication, drugs, or environmental factors during pregnancy)  
1-800-822-2229  
<https://mothertobaby.org/>

#### **ProLife Utah**

385-243-1973  
<http://www.prolifeutah.org/>

**Right To Life**

2390 West 450 South #8  
Springville, Utah 84663  
801-491-9742

**Utah Department of Human Services, Child & Family Services**

195 North 1950 West  
Salt Lake City, Utah 84116  
<https://dcfs.utah.gov/>  
801-538-4100

To find the Department of Human services location nearest to you, go to [hs.utah.gov/locations/](https://hs.utah.gov/locations/) and enter your zip code.

**Utah Department of Workforce Services**

(financial assistance for medical care)

For information on how to apply for Medicaid, go to:  
<https://medicaid.utah.gov/apply-medicaid>

To apply for Medicaid, go to: <https://jobs.utah.gov/mycase/>

To find the Department of Workforce services location nearest to you, go to:  
<http://jobs.utah.gov/> and enter your zip code

**Utah Office of Recovery Services (child support)**

515 East 100 South  
Salt Lake City, Utah 84102  
801-536-8500

**Women, Infants and Children Nutrition Program (WIC)**

(supplemental food and nutrition education)

See local listings starting on page 20

**Utah Women's Health Center (pregnancy testing, adoption services, counseling)**

515 South 400 East  
Salt Lake City, Utah 84111  
801-531-9192

**Wasatch Women's Center for Reproductive Health**

(pregnancy testing, adoption services, counseling)

715 East 3900 South  
Salt Lake City, Utah 84107  
801-263-2111

## References

- American College of Obstetricians and Gynecologists. Periviable Birth. *Obstetric Care Consensus No. 3*. *Obstet Gynecol* 2015;126:e82-94.
- American Medical Association Council on Scientific Affairs. (1992). Induced Termination of Pregnancy Before and After Roe V Wade: Trends in the Mortality and Morbidity of Women. *JAMA*, 268 (22), 3231-3239.
- American Psychological Association, Task Force on Mental Health and Abortion. (2008). Report of the Task Force on Mental Health and Abortion. Washington, DC: Author. Retrieved from <http://www.apa.org/pi/wpo/mental-health-abortion-report.pdf>.
- Cunningham, F.G., MacDonald, P.C., Gant, N.F., Leveno, K.J., Gilstrap, L. C., Hankins, G.D.V. & Clark, S.L. (1997). *Williams Obstetrics* (23rd ed.). Stamford, CT: Appleton & Lange.
- Delgado G, Davenport ML. Progesterone use to reverse the effects of mifepristone. *Ann Pharmacother*. 2012 Dec;46(12):e36.
- Grossman D, White K, Harris L, Reeves M, Blumenthal PD, Winikoff B, Grimes DA. Continuing pregnancy after mifepristone and "reversal" of first-trimester medical abortion: a systematic review. *Contraception*. 2015 Sep;92(3):206-11
- Hausknecht, R.U. (1995). Methotrexate and Misoprostol to Terminate Early Pregnancy. *New England Journal of Medicine*, 333 (9), 537-540.
- Lee SJ, Ralston HJP, Drey EA, Partridge JC, Rosen MA. Fetal pain: A systematic multidisciplinary review of the evidence. *JAMA* 2005; 294: 947-954.
- Lowery, CL, Hardman, MP, Manning N, Clancy B, Hall RW, Anand KJS. Neurodevelopmental Changes of Fetal Pain. *Seminars in Perinatology*. 31(2007) 275-282.
- National Institute of Child Health and Human Development Neonatal Research Network (NRN): Extremely Preterm Birth Outcome Data  
[https://www.nichd.nih.gov/about/org/der/branches/ppb/programs/epbo/Pages/epbo\\_case.aspx](https://www.nichd.nih.gov/about/org/der/branches/ppb/programs/epbo/Pages/epbo_case.aspx).
- Salihagić Kadić A, Predojević M. Fetal neurophysiology according to gestational age. *Semin Fetal Neonatal Med*. 2012 Oct;17(5):256-60.
- Van de Velde M, De Buck F. Fetal and maternal analgesia/anesthesia for fetal procedures. *Fetal Diagn Ther*. 2012;31(4):201-9.

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January 2017