Choices: A Sourcebook of Reproductive Health

This sourcebook guide to sexual and reproductive health services in Maryland that are available to you as well as educational information on reproductive health options, including birth control, emergency contraception, and abortion.
What’s Inside?

• How Can This Sourcebook Help You? 3
• Reproductive Anatomy
  o Why Do I Need to Know This? 4
  o Female Anatomy 5
  o The Menstrual Cycle 6
  o Male Anatomy 7
• Birth Control
  o What is Birth Control? 8
  o Hormonal Methods 9
  o Non-Hormonal Methods 11
  o Natural Methods 13
  o STI Prevention 13
  o How to Pick a Birth Control Method 13
• Emergency Contraception
  o What is Emergency Contraception? 14
  o Where Can I Buy it? 15
• Consent and Sexual Assault
  o What Does Consent Look Like? 16
  o What to Do if You’ve Been Sexually Assaulted 18
  o How to Help a Friend Who’s Been Sexually Assaulted 18
• Early Symptoms of Pregnancy
  o I Think I Might be Pregnant 20
  o Where Can I Get a Pregnancy Test? 21
• Unexpected Pregnancy
  o What Are My Options? 22
• Abortion
  o What is an Abortion? 23
  o Myths v. Facts on Abortion 25
• Accessing Services
  o Health Insurance Explained 26
  o Will My Insurance Cover it? 29
  o Family Planning Clinics in Maryland 30
  o What is a Crisis Pregnancy Center? 31
• How to Defend Choice 33
• Other Resources 34
How Can This Sourcebook Help You?

If you are sexually active or thinking of becoming sexually active, there are so many different things that you need to know. You may be asking yourself: What kind of birth control should I use? What happens if I get pregnant? Where do I go if I need help? Choices: A Sourcebook of Reproductive Health is a guide to services in Maryland available to you. It is also an educational guide to help you learn more about your reproductive health options, including birth control, emergency contraception, and abortion.

This sourcebook is meant to be a starting point to guide your exploration into topics surrounding sexual and reproductive health, and is not intended to be a replacement for health professionals. However, when speaking with a health professional, it’s important to have a base understanding about your body and its processes, as well as know some of the different procedures and methods used so you can better advocate for yourself, your health, and your safety. You should work with a health professional who is nonjudgmental and makes you feel comfortable discussing your body and any questions you may have.

It’s important that you feel empowered regarding your body, especially when it relates to sexual and reproductive health in case something unexpected happens like a sexual assault or unintended pregnancy. The more knowledge you have, the better you can advocate for yourself and others.

At the end of this sourcebook are other resources, however if you or someone you know is in crisis, please reach out to someone you trust, like a friend, family member, or health professional, for help.
Reproductive Anatomy

Why Do I Need to Know This?

If you’re going to be sexually active, it’s important that you understand your own body and any potential partners’ body. This knowledge will empower you to make healthy decisions regarding birth control and consent during sexual activity and enable you to be able to ask questions if something doesn’t feel right, both physically and emotionally. When you know a base layer of reproductive anatomy you have the power to make more informed sexual and medical decisions.

Throughout this section we will be referring to “male” and “female” anatomy. These are sex markers indicating body parts and processes NOT gender identity or expression. Everyone’s body is different, but we explain the typical body categories in this section.
Female Anatomy

External Reproductive Anatomy
- **Clitoris**: external mass of sensitive erectile tissue at the meeting of the labia minora, known as the center of female sexual pleasure
- **Labia Majora**: “large lips” enclose and protect the other external reproductive organs
- **Labia Minora**: “small lips” that surround the vaginal opening
- **Vulva**: female external genitals

Internal Reproductive Anatomy
- **Cervix**: opening into the uterus from the vagina
- **Fallopian Tubes**: pathway for ova (egg) to travel from the ovary to the uterus
- **Ovaries**: produce eggs and hormones (progesterone and estrogen)
- **Uterus**: houses fetus and grows the endometrium which leaves the body as menstrual blood
- **Vagina**: joins cervix and the outside of the body and receives penis during intercourse
The Menstrual Cycle

Menstruation is the monthly shedding of the uterine lining (endometrium) and the menstrual cycle is the process of building up and sloughing off the endometrium. The menstrual blood flows from the uterus through the cervix, and out of the body through the vagina. The average menstrual cycle is 28 days, however “normal” menstruation occurs every 26-32 days. The length of your cycle can change based on stress, change in diet or exercise, and medication. If you ever feel severe pain, cramping, or see an abnormal amount of blood, it’s important to consult with a health professional to ensure nothing is wrong; many times cramping and bleeding are impacted by outside factors like stress and are harmless. The menstrual cycle can be broken up into three distinct phases:

- **Follicular Phase (Day 1-13):** This phase starts the first day of your period. During this phase, follicle stimulating hormone (FSH) and luteinizing hormone (LH) are released from the brain and travel to the ovaries to stimulate the growth of a follicle, which houses an egg, and triggers an increase in estrogen production. As this phase progresses, one follicle matures and continues to produce estrogen.
- **Ovulatory Phase (Day 14):** Ovulation is the midpoint of the menstrual cycle and when a woman is most likely to become pregnant if unprotected sex occurs. The rise in estrogen production in the ovary causes a surge in LH in the brain, triggering the release of the egg from the ovary into the fallopian tube. Also during this phase, there is an increase in the amount and thickness of the cervical mucus to create a “sperm friendly” environment.
- **Luteal Phase (Day 15-28):** Once the follicle releases the egg, it develops into the corpus luteum and secretes estrogen and progesterone. If the egg is not fertilized in the fallopian tube it passes through the uterus. The uterine lining begins to breakdown and shed, as it is not needed for pregnancy, and the next menstrual cycle begins. If sperm has fertilized the egg, the embryo (fertilized egg) will travel through the fallopian tube and implant into the uterine wall.
Male Reproductive Anatomy

- **Penis**: used for penetration during intercourse and the delivery of semen and urine outside of the body
- **Prostate Gland**: adds fluid to ejaculate (semen) and nourishment to sperm
- **Testicle**: responsible for making testosterone and producing sperm
- **Urethra**: carries urine from the bladder to outside of the body and delivers semen to outside of the body
Birth Control

What is Birth Control?

Birth control, also known as contraception, is used to prevent pregnancy. Any device, practice, or substance taken to prevent pregnancy from occurring in any way is a birth control method. Birth Control methods fall into three main categories: Hormonal (those that use hormones to prevent pregnancy), Non-Hormonal (those that do not use hormones to prevent pregnancy), and Natural methods. There are several different methods of birth control, so if you are sexually active or thinking of becoming sexually active and want to prevent pregnancy from occurring, you have a lot of options. Sometimes the amount of different methods can be overwhelming, but speaking with a trusted health professional and doing your own research should help you figure out what methods you’d like to try. Sometimes it can take a few tries to find the right method for you, so it’s important to work with a health professional and be honest about how you feel about the birth control method.

In this section, we review several different birth control methods will be broken up by general category to help you understand what options are out there and help you narrow down the choices. This will help you be better prepared to speak with a health professional about what birth control methods you’d like to try.
Hormonal Methods

Hormonal Birth Control methods regulate the change in hormones during a female’s monthly cycle to prevent ovulation and thicken cervical mucus to make it an uninhabitable environment for sperm. This is done through a combination of different synthetic hormones that mimic estrogen and progesterone that are naturally produced and control the menstrual cycle. Many of these methods require a visit to a health professional or pharmacy, but the visit is typically fairly short, depending on the method.

Below is a list of common Hormonal methods

**Contraceptive Patch:** The patch is a thin, beige piece of adhesive plastic that looks like a square Band-Aid that releases hormones through your skin. You apply a new patch each week and wear no patch on the fourth week, when you will get your period. The patch is waterproof so it can be worn swimming, in the shower, and during exercise and should be placed on the stomach, upper outer arm, butt or upper torso.

**Depo Provera:** This method is a contraceptive shot that you get once every three months to prevent ovulation and thicken cervical mucus. The shot must be administered by a health professional, however many people like Depo Provera because of its ease; you only need to remember to go for an appointment every three months.

**Nexplanon:** This method is a small rod that releases hormones for up to four years and is inserted under the skin of your upper arm. It’s so small most people can’t see it once it’s inserted. Many people prefer this method because of its ease and privacy; there’s nothing to be lost or forgotten once a health professional inserts it.

**NuvaRing:** The ring is a small, bendable plastic ring that releases hormones which you insert into your vagina and is left in place for three weeks at a time. The ring is taken out the fourth week, which is when you get your period, and a new ring is inserted at the end of the week. You can have sex while the ring is inserted.
people and their partners report being able to have undisturbed sex), however if it is uncomfortable for you or your partner to have sex with the ring inserted, you can remove it, but must put it back within three hours; this process can only be done once every 24 hours.

**Oral Contraceptives:** Commonly referred to as “the pill”, oral contraceptives are taken once a day at the same time every day. Despite the name, there are several different types of oral contraceptive pills that differ based on what and how much hormones are in the pills. You can be prescribed combination pills which contain estrogen and progestin to prevent ovulation, or progestin only pills if you’re having negative side effects of the combination pill or have certain risk factors for more severe side effects.

**Some Intrauterine Devices (IUDs):** Hormonal IUDs are small, “T” shaped, plastic devices that are inserted into the uterus by a health professional and release hormones to thicken cervical mucus. The shape of an IUD interferes with the sperm’s ability to navigate through the uterus to the egg which helps prevent pregnancy. Some name brands for Hormonal IUDs are Skyla, Mirena, and Kyleena, but the type that is inserted depends on which brand is right for you. Hormonal IUDs can last for three to six years depending on the brand, but they must be inserted by a health professional.
Non- Hormonal Methods

Non- Hormonal methods of birth control work to create a barrier between the sperm and the egg or to immobilize sperm so they can’t swim through the vagina and reach the egg. Many of these methods can be purchased over the counter and can be used in conjunction with a Hormonal method of contraception to help increase the chance of preventing pregnancy. For example, a female can have an IUD inserted and still use condoms, either internal or external, to prevent pregnancy.

Below is a list of common Non- Hormonal methods

**Cervical Cap:** A cervical cap is a silicone cup you insert into your vagina up to two days before sex to cover your cervix to keep sperm out of your uterus. For a cervical cap to be most effective it must be used with spermicide and left in place for at least six hours after the last time you had sex.

**Diaphragm:** A diaphragm is a shallow, dome shaped cup made of silicone that is inserted into the vagina to cover the cervix and keep sperm out of the uterus. For a diaphragm to be most effective, you must use it with spermicide. You can put the diaphragm in a few hours before sex, but it must stay in place for at least six hours after sex, but no more than 24 hours.

**Internal (Female) Condom:** Internal Condoms are inserted into the vagina or anus before sex and work similarly to external condoms as a barrier method. Many colleges and health centers give them out for free, but they are fairly inexpensive if purchased. All internal condoms are made from polyurethane, making them latex free and a good option for someone with a latex allergy. It is important to only wear one condom at a time; if multiple condoms are worn at once it can cause too much friction and make the condoms tear which allows for ejaculate to leak out.

**External (Male) Condom:** External condoms are one of the most popular forms of birth control. They come in many different shapes, sizes, colors, and flavors and are fairly inexpensive; many colleges and health centers give them out for free.
This barrier method is worn over the penis during sex, but should be replaced with each new sexual activity. Most are made of latex, but if you have a latex allergy there are condoms made of polyurethane that are just as effective. Do not use flavored condoms for vaginal intercourse as they can cause vaginal infections.

**Some Intrauterine Devices (IUDs):** ParaGard is the only non-hormonal IUD available in the United States. This IUD is a small “T” shaped device made of plastic and a small amount of copper that is inserted into the uterus by a health professional. The copper and shape of the IUD work to prevent pregnancy and is effective for up to 12 years. The copper IUD can also work as emergency contraception if it is inserted within 5 days of unprotected sex.

**Spermicides:** This method contains many different creams, films, foams, gels, and suppositories that contain chemicals to immobilize sperm. Spermicides should be inserted deep into the vagina to best prevent pregnancy. Some external condoms come with a spermicidal lubricant, but spermicide is easy to purchase and is fairly inexpensive.

**Sponges:** The contraceptive sponge is a small round piece of white plastic foam that is inserted into your vagina before sex. The sponge continuously releases spermicide and blocks your cervix from sperm trying to enter. Once the sponge is inserted, you can have sex as many times as you want within a 24 hour period, but the sponge must remain in for 6 hours after sex, but not for longer than 30 hours total.
Natural Methods

Natural methods of birth control do not involve any medications or devices to prevent pregnancy but rather rely on behavioral practices and familiarity with the menstrual cycle. These include withdrawal (“pulling out”), abstinence, and fertility awareness based methods where you refrain from sexual activity during the ovulation window. While these methods are free and easy to hide, menstrual cycles can be unpredictable and it can be hard to stop ejaculation, so it would probably be best to use another form of birth control if you’re planning on having sex.

A Note on STI Prevention

To best prevent STIs (Sexually Transmitted Infections), you should use condoms or dental dams (small latex squares placed over a flat surface) for every sexual activity involving genitals, including oral, anal, and vaginal sex. It’s important that you know your own STI status by being regularly tested. STI tests are low cost and are offered at many college health centers and family planning clinics. You may even be able to get a free STI test at a health center near you!

How to Pick a Birth Control Method

You should work with a health professional to decide what methods of birth control may be right for you and your sex life. Below are several helpful questions to consider when picking a method

- How easy is it to use and store? Can it be hidden?
- Does it protect me from STIs?
- How often do I need to replace or take it?
- How much does it cost? Is it easy to get?
- Does it eliminate or reduce my period? Are there any health benefits?
Emergency Contraception

What is Emergency Contraception?

Emergency Contraception (EC), sometimes referred to as the “morning after pill” or “Plan B”, is a dose of progestin (a hormone commonly used in birth control methods) that helps prevent pregnancy when taken 72 hours after unprotected intercourse or contraceptive failure. The sooner you take EC after unprotected sex the more effective it will be at preventing pregnancy. Some example situations where you should take EC are when you forget to take a birth control pill on time, a condom tears, or you’ve experienced a sexual assault. EC prevents ovulation and will not impact an existing pregnancy and won’t stop implantation or fertilization. EC is not the same as medication abortion (“the abortion pill”).

There are actually three different forms of EC:

- **Over the counter EC**: can be purchased over the counter and requires no prescription; is the focus of the content in this section
- **Ella**: requires a prescription but can be taken up to 5 days after unprotected sex
- **ParaGard IUD**: this copper IUD must be inserted by a physician but can last as a non-hormonal birth control method for up to 12 years

Since over the counter EC is the most accessible and well known, it is the focus of this section.

EC should not be used as a regular method of birth control and if you find yourself having to use it multiple times per year, you should speak with a health professional about picking a birth control method that is right for you.
Where Can I Buy EC?

EC is classified as an over the counter drug, which means it can be purchased without restriction or a prescription just like Tylenol or Advil. You do not need to speak with a pharmacist or go to a health professional for a prescription before purchasing EC. Over the counter EC ranges in price from $35- $60 at pharmacies, grocery stores, and chain stores like CVS, Walgreens, and Target and many college health centers offer it for a reduced price to students. Some common EC brands are Plan B One Step, My Way, Next Choice One Dose, Take Action, and Aftera.

In Maryland, there is no age restriction on purchasing EC and you do not need to show an ID or driver’s license to purchase it. Since EC is a higher cost item, many stores place it in locked boxes on shelves or hold it behind the counter. If you don’t see EC out on the shelf or it’s in a locked box, ask a store employee to help you find and purchase EC. You should be able to purchase EC with the same ease as purchasing any other over the counter medication, however many stores institute unnecessary questioning or age restrictions. Don’t be discouraged if you try to purchase EC and it’s held behind the counter; overcome the barriers and take control of your reproductive health!
Consent and Sexual Assault

What Does Consent Look Like?

Consent is an agreement between participants to engage in sexual activity that can be verbal or nonverbal. To help respect everyone’s boundaries when it comes to different sexual activities, verbal consent may be the best route.

You can withdraw consent at any time! Consent is all about communication between sexual partners. Consent needs to happen every time you engage in sexual activity and for every sexual activity. For example, consent to kiss someone does not give permission to remove their clothes. Consent to have sex with someone once, does not mean you have to have sex with them again or whenever they want, even if you’re in a relationship. If you feel uncomfortable or need a break, it is your right to withdraw consent. It’s important that you communicate with your partner that you no longer feel comfortable with this activity and wish to stop. The best way to ensure that everyone is comfortable with a sexual activity is to talk about it.

Positive consent can look like this:

- Communicating when you change the type or degree of sexual activity
- Explicitly agreeing to certain activities with affirmative and positive statements
- Using physical cues to let your partner know you’re comfortable taking things to the next level
- Examples:
  - “Is this okay?”
  - “Can I take your pants off”
  - “Yes!”
  - “I’m open to trying”
  - “Are you comfortable?”
Consent does NOT look like this:

- Pressuring someone into sexual activity by using fear or intimidation
- Assuming that wearing certain clothes, flirting, dancing, or kissing is an invitation for anything more
- Refusing to acknowledge “no” as a response
- Someone being incapacitated because of drugs and/or alcohol
- Assuming you have permission to engage in a sexual activity because you’ve done it in the past

Examples:
  - “No, I don’t want to do that”
  - “But we had sex last week”
  - “You shouldn’t have been dancing like that if you weren’t interested”
  - “I’ll leave if you don’t take your shirt off”
  - If someone says nothing!
What to Do If You’ve Been Sexually Assaulted

A sexual assault is any sexual activity that you have not given consent to. After a sexual assault, it’s hard to know how to react. You may be physically hurt, emotionally drained, and unsure what your next steps should be. Learning more about what steps to take after an incident of sexual assault can help ground you and give you a sense of control in this difficult time. **It’s important to remember that the sexual assault was not your fault.**

Recovering from sexual assault looks different for everyone and there is no one “correct” response. There is no timeline or benchmarks for recovery and you shouldn’t feel pressured to “get over it”.

It’s important to speak with a health professional, trusted family member or friend, and/ or member of the criminal justice system to help you throughout this difficult time. Again, there is no “right” response you should take, however if you feel like you are in immediate crisis, reach out for help. In the Resources section of this guide, please find several websites and organizations to help you through this time.

How to Help a Friend Who’s Been Sexually Assaulted

Whether your friend has just been sexually assaulted, or you find out they’ve previously experienced sexual assault, it’s important you always remain supportive and nonjudgmental. Reassure your friend that **the sexual assault was not their fault** and that you are there to support them in any way that you can.

Make sure you are patient with your friend and don’t push them to heal in a specific way. However, **if your friend is considering suicide or exhibiting crisis behaviors reach out** to a trusted family member, health professional, or friend on how you can help support and guide your friend to resources and help.

Remember to never ask questions like “what were you wearing?” or “how much were you drinking?” when speaking with your friend about their assault. Those types of questions promote rape culture and victim blaming, two ideas which put the locus of responsibility for the assault on the survivor, when in reality the
perpetrator is the one to blame. Only commit yourself to things you know you can do to help support your friend, and if you are finding it difficult to be there, especially for emotional reasons (example: this is bringing up painful feelings from your own sexual assault) reach out for help. Be honest with your friend and yourself about what you are actually capable of doing to help them through this time.

No matter what, you and your friend don’t have to go through this alone. Explore the Resources section of this guide for more help or talk with a trusted friend, family member, or health professional.
I Think I Might Be Pregnant

Sometimes birth control fails, a sexual assault occurs, or we get caught up in the moment. Especially if the sex act occurred near or when you ovulate, it’s much more likely for you to become pregnant. Some early signs of pregnancy include:

- Missed period
- Tender or swollen breasts
- Nausea with or without vomiting
- Increased urination
- Fatigue
- Moodiness
- Bloating
- Light spotting
- Cramping

Many of the signs of early pregnancy are the same as premenstrual syndrome (PMS) or menstruation, so it’s important to take a pregnancy test to confirm whether or not you are pregnant. It is suggested to wait until a week after your missed period, however many modern pregnancy tests can detect pregnancy up to five days before a missed period.
Where Can I Get a Pregnancy Test?

If you think you may be pregnant, you can take an at home pregnancy test or go into a health clinic or doctor’s office to receive one. There are two different types of pregnancy test: a blood pregnancy test and a urine pregnancy test, which both test for human chorionic gonadotropin (hCG), a hormone which is released by the placenta after implantation.

At home pregnancy tests are easy to find in pharmacies, grocery stores, and chain stores like CVS, Walgreens, and Target. Home pregnancy tests should cost between $8 and $15 and are fairly easy to complete; you urinate onto a prepared cotton tip of a test, let it sit for a few minutes, and then the test will display your results.

Many of these signs and symptoms aren’t unique to pregnancy. Some can indicate you’re getting sick or that your period is about to start. Also, you can be pregnant without experiencing any symptoms other than a missed period. If your pregnancy test is positive, or it’s negative but you’re period is over a week late, make an appointment with a healthcare professional. The sooner your pregnancy is confirmed, the sooner you can start planning and figuring out your options.
Unexpected Pregnancy

What Are My Options?

Finding out you’re pregnant when you weren’t expecting it can be overwhelming and stressful. Making a decision about an unplanned pregnancy is personal; however you don’t need to do it alone. Speak with a health professional to work through what option might be right for you.

People who are pregnant have three options:

- **Parenting**: carrying to term, giving birth, and raising the child
- **Abortion**: taking medication or having a medical procedure that ends the pregnancy
- **Adoption**: carrying to term, giving birth, and placing the child with another person or family

The decision on what to do about an unplanned pregnancy is very personal and different based on your situation. While it can help to talk with trusted family and friends, the decision is yours in the end. There is no set way to respond or react to the news of an unplanned pregnancy.

There are a lot of factors that go into your decision when it comes to an unplanned pregnancy which include age, family, relationship, life and academic goals, health, safety, and personal beliefs. If the pregnancy was a result of sexual assault, this may be a particularly difficult experience as you may still be dealing with trauma from that experience.

Consult with a trained health professional or counselor to help decide which option is right for you.
What is an Abortion?

Since abortion can be discussed in such a controversial way, this guide will explain the most common abortion procedures in a neutral medically accurate way to help you better understand your options. It’s important to receive nonjudgmental advice and care when it comes to unexpected pregnancy and your options, especially abortion, so you can make the best decision for your life and your health. It’s okay to be overwhelmed and confused after an unexpected pregnancy. Schedule an appointment at a licensed family planning or abortion clinic to talk with a counselor about your different options and what plan of action and procedure may be right for you.

An abortion is any medication or procedure that ends a pregnancy. There are two main categories of abortion, medication and surgical, and a few different procedures that fall under those categories.

The different types of abortion procedures are:

- **Medication Abortion**: Commonly known as “the abortion pill”, medication abortion is actually two different pills taken several hours apart. The first pill, mifepristone, is given at the clinic and blocks the body’s progesterone which is needed for continuation of pregnancy. The second pill, misoprotosol, is taken 6-48 hours after the first pill to cause cramping and bleeding (similar to a heavy period) to empty the uterus. Medication abortion is typically used up to 10 weeks after the first day of your last period.

- **Suction Abortion (Surgical Abortion)**: Suction abortion, also called vacuum aspiration, uses gentle suction to empty your uterus of pregnancy tissue. A special tool called a curette may also be used to remove any tissue that’s left in your uterus or to check that all tissue has been removed. Most in clinic abortions take between 10 and 15 minutes to complete, but the
actual appointment can last for about an hour to include counseling, a physical exam, and the actual procedure.

- **Dilation and Evacuation (Surgical Abortion):** Dilation and Evacuation (D&E) uses suction and medical tools to empty your uterus and is typically used 16 weeks after your last period. A combination of medical tools and a suction device are used to remove the tissue out of your uterus. You may receive numbing medication near or into your cervix to help with any pain that may be felt from the doctor dilating (stretching) your cervix to extract the pregnancy tissue.

Abortions feel different for everyone; some people report pain, others just feel a little uncomfortable. You may have some residual cramping in the hours following your abortion and may want to take it easy if you can, like you would for any other medical procedure. Your discomfort can depend on the medications you get, what type of procedure you have done, and how many weeks into the pregnancy you are. For many people, it just feels like strong period cramps. The health professionals you work with and provide your abortion care will help you feel as comfortable as possible.
Myth v. Facts on Abortion

Because abortion is such a hot button issue, there is a lot of misinformation in public rhetoric and on the internet. We hope to debunk some common misconceptions in the following section.

Myth: Getting an abortion increases your risk of breast cancer

Fact: Both the American Cancer Society and the American Medical Association have concluded there is no link between breast cancer and abortion.

Myth: Abortions are unsafe and cause infertility

Fact: Like any medical procedure, there are risks associated with having an abortion. However, less than half of 1% of legal abortions performed result in serious complications, like infertility.

Myth: If I have an abortion, I’ll be suicidal and depressed

Fact: Abortion is not associated with long term emotional distress or suicidal ideation. The most common feeling after an abortion is relief. The best indicator of your emotional state after an abortion is your emotional state before an abortion.

Myth: Emergency contraception (“the morning after pill”) and medication abortion (“the abortion pill”) are the same thing

Fact: Emergency contraception will not impact an existing pregnancy and has no impact if fertilization has already occurred; it merely prevents fertilization from occurring. Medication abortion terminates an already established pregnancy.
Health Insurance Explained

It can be difficult to understand how your health insurance works, especially if you’ve just become insured. Below find some basic information on health insurance in the United States:

Who pays for healthcare?

Health insurance in the United States functions as a third party payer system, meaning that the insurance company pays the healthcare provider for services rendered; the individual who uses the services doesn’t directly pay for those services.

There are two main types of health insurance: public and private insurance. Public insurance includes Medicaid, Medicare, and Tricare, where the government, at the state or federal level, serves as the insurer. Private insurance is when an individual or their employer pays a private health insurance that pays the provider for services rendered. Some example private health insurance companies are Blue Cross Blue Shield, Kaiser Permanente, and Aetna.

Important Terms:

Premium— a set amount paid to an insurance company for an insurance policy that is normally paid monthly

Copay— short for copayment which is a payment made by a beneficiary of health services at the time of care, in addition to a payment made to the provider by the insurer

Deductible— the amount you pay for covered healthcare services before your insurance plan starts to pay for services

Cost- Sharing— the share of costs covered by your insurance that you pay out of pocket, which includes deductibles and copays
For example, Elyse pays $250 to her insurance company as her premium for her health insurance plan. This month, she went to the doctor for a sinus infection and payed a $25 copay at the time of service directly to her provider. Elyse’s doctor prescribed an antibiotic that costs $65 which she will have to pay out of pocket because she has not reached her $1,000 deductible yet. This partnership of Elyse and her insurance company both paying for services is an example of cost-sharing.

**Public Health Insurance:**

Medicare is the federal health insurance program for people who are 65 or older, certain younger people with disabilities, and people with end stage renal disease.

Medicaid provides health insurance for low income individuals of all ages and is administered by federal and state governments, but largely run at the state level. To learn more about the Maryland Medicaid Program visit our website on Maryland Medicaid and Abortion.

Tricare is coverage for those in the United States military or other armed forces, their families, and veterans.

**Private Health Insurance:**

Most private health insurance companies offer managed care plans where companies place limits on what types of healthcare they will pay for in an effort to cut healthcare costs. There are three main types of managed care plans.

Health Maintenance Organization (HMOs)—a type of health plan that usually limits coverage to care from doctor who work for or contract with the HMO and will generally only cover out of network care in an emergency situation.

Point-of-service (POS)—a type of plan where you pay less if you use providers that belong to the plan’s network; this type of plan requires you to get a referral from your primary care doctor in order to see a specialist.
Preferred Provider Organizations (PPOs)– a type of health plan where you pay less if you use providers in the plan’s network; you can use providers outside of the network without a referral for an additional cost

**What is Obamacare?**

Obamacare is actually a nickname for the Patient Protection and Affordable Care Act (PPACA or ACA) that was put into place by former president Obama. The ACA requires insurance companies to expand coverage and provide coverage to more people in the United States, even if they have a preexisting condition. Medicaid coverage for low income individuals was expanded to continue reducing the number of people in the United States without health insurance. The ACA also required private plans to cover recommended preventative services for women like breast cancer screening, pap tests, and contraception.
Will My Insurance Cover It?

For many people, cost is a barrier when accessing reproductive healthcare, like birth control or abortions. If you have health insurance, they may cover all or part of your birth control or abortion depending on many different factors like religious affiliation, whether the provider is in-network, or employer. The best way to find out what your insurance covers is to call their customer service hotline or look up the covered services and providers on their website. You can also call a provider and ask them what insurance they accept and how much services cost without an insurance plan. If payment is an issue for birth control or abortion services, speak with your provider about these barriers. The provider will be able to connect you to lower cost resources or benefit plans to help pay for the services you need.

The Maryland Medical Care Program covers abortion in five specific medical reasons:

- Risk to life of the mother
- Risk to mother’s current or future somatic health
- Risk to mother’s current or future mental health
- Fetal genetic defect or serious deformity or abnormality
- Mother was a victim of rape or incest
Family Planning Clinics in Maryland

It’s important to access your reproductive health care and information from legitimate facilities that will present you with medically accurate information and all of your options. This is especially important if you are faced with an unexpected pregnancy. You deserve to be treated with respect and receive nonjudgmental care, even when it comes to reproductive health, birth control, and abortion. Below is a list of family planning clinics in Maryland (and two in DC that are metro accessible) that also provide abortion services:

- AbortionClinics.Org (ACO) of Bethesda Maryland (Bethesda)
- Carafem (Chevy Chase)
- Femi- Care Surgery Center (Owings Mills)
- Gynemed Surgical Center (Baltimore)
- Hagerstown Reproductive Health (Hagerstown)
- Hillcrest Clinic (Catonsville)
- Metropolitan Family Planning (Camp Springs)
- Metropolitan Family Planning (College Park)
- Metropolitan Family Planning (Gaithersburg)
- Planned Parenthood Clinics in Maryland
  - Annapolis Health Center (Annapolis)
  - Baltimore City Health Center (Baltimore)
  - Carol Whitehill Moses Center (DC- NoMa Gallaudet U stop)
  - Easton Health Center (Easton)
  - Frederick Health Center (Frederick)
  - Gaithersburg Health Center (Gaithersburg)
  - Owings Mills Health Center (Owings Mills)
  - Prince George’s County Health Center (Suitland)
  - Towson Health Center (Towson)
  - Waldorf Health Center (Waldorf)
- Potomac Family Planning Center (Rockville)
- Silver Spring Family Planning (Silver Spring)
- Whole Women’s Health of Baltimore (Baltimore)
What is a Crisis Pregnancy Center?

Anti-choice crisis pregnancy centers (CPCs) provide information and services for individuals who may suspect or know that they are pregnant, including free pregnancy tests and “counseling” on abortion, adoption, and parenting. These centers operate with the purpose of discouraging abortion as a pregnancy outcome option, and often discourage contraceptive use as well. Many times they reach this mission by providing incorrect information on fetal development, abortion, contraception, and conception. However, many CPCs masquerade as real medical institutions, deceiving people who think they might be pregnant or who are already pregnant into believing they are in a supportive facility that will give them unbiased information on all of their options related to pregnancy. Many of these centers are located near legitimate family planning clinics or in areas without any accessible family planning clinics. Below is a list of known CPCs in Maryland:

- 1st Way Pregnancy Support Center (Cumberland)
- Alpha Pregnancy Center (Reisterstown)
- Alpha’s Glory Crisis Pregnancy Center (Aberdeen)
- Annapolis Pregnancy Clinic (Annapolis)
- Baltimore Pregnancy Center (Baltimore)
- Birthright of Annapolis (Arnold)
- Birthright of Bel Air (Bel Air)
- Birthright of Frederick (Frederick)
-Birthright of Montgomery County (Olney)
- Birthright of North Anne Arundel County (Glen Burnie)
- Birthright of Prince Frederick (Prince Frederick)
- Bowie Crofton Pregnancy Clinic (Bowie)
- CareNet Pregnancy Center of Southern Maryland (Frederick)
- CareNet Pregnancy Center of Southern Maryland (Leonardtown)
- CareNet Pregnancy Center of Southern Maryland (Lexington Park)
- Carenet Pregnancy Center of Southern Maryland (Prince Frederick)
- Catherine Foundation (Waldorf)
• Catoctin Pregnancy Center (Emmitsburg)
• Cecil County Pregnancy Center (Elkton)
• Centro Tepeyac Women’s Center (Silver Spring)
• Choice for Life and Pregnancy Help and Resource Center (Federalsburg)
• Choices Pregnancy Center (Easton)
• Christle Lighthouse Pregnancy Care Center (Camp Springs)
• Columbia Pregnancy Center (Columbia)
• Eastern Shore Pregnancy Center (Salisbury)
• Forestville Pregnancy Center (Temple Hills)
• Germantown Pregnancy Choices (Germantown)
• Greater Baltimore Center for Pregnancy Concerns (Arbutus)
• Greater Baltimore Center for Pregnancy Concerns (Essex)
• Hagerstown Area Pregnancy Center (Hagerstown)
• Laurel Pregnancy Center (Laurel)
• Mary’s Center (Glen Burnie)
• Mary’s Center (Hagerstown)
• Mountain Top Crisis Pregnancy Center (Oakland)
• Pregnancy Center North (Baltimore)
• Pregnancy Center West (Baltimore)
• Rockville Pregnancy Clinic (Rockville)
• Severna Park Pregnancy Clinic (Severna Park)
• Shady Grove Pregnancy Center (Gaithersburg)
• Shirley Grace Pregnancy Center (Berlin)
• Tender Care Pregnancy Consultation Services (Westminster)
• Women’s Care Center (Baltimore)

It’s important that you receive accurate medical information so you can best care for your reproductive health. Go to a legitimate family planning clinic (listed in the previous page or use a tool from our Resources section) so you can receive unbiased and supportive care. If you live in an area without a family planning clinic, or that clinic is inaccessible for you, call one of the hotlines listed in the Resource section, and they will guide you on what your next steps should be.
How to Defend Choice

Want to get involved but not sure how? Feel free to contact us by visiting www.prochoicemd.org or emailing us at info@prochoicemd.org. Below, we’ve also included a list of some simple ways for you to get involved in the fight for reproductive freedom!

- Learn more about common myths related to reproductive health, abortion, contraception, and sex so you can arm yourself with solid facts against common anti-choice myths
- Write a letter to the editor or post for an online publication
- Call your Senators, Congressmen, and other government officials and attend rallies or protests to ensure your voice is heard
- Volunteer to help at a reproductive healthcare center or hotline
- Engage your social networks, both in person and online, to educate others on reproductive freedom
If you or someone you know is in immediate physical danger, please contact emergency services (call 911) or get to an emergency medical facility as soon as possible. If you are in crisis, please reach out to one of the hotlines below:

- Rape, Abuse, and Incest National Network
  - 800-656-4673
  - [https://hotline.rainn.org/online/terms-of-service.jsp](https://hotline.rainn.org/online/terms-of-service.jsp)
- National Suicide Prevention Lifeline
  - 1-800-273-8255
  - [https://suicidepreventionlifeline.org/chat/](https://suicidepreventionlifeline.org/chat/)
- The Trevor Project Crisis Line
  - 1-866-488-7386
  - [https://www.thetrevorproject.org/get-help-now/#sm.0000wv2ip8snef7wuj71gjxajiz0i](https://www.thetrevorproject.org/get-help-now/#sm.0000wv2ip8snef7wuj71gjxajiz0i)
- National Abortion Federation Hotline
  - 1-800-772-9100

Finding a Provider or Clinic

- National Abortion Federation Locator
  - [https://prochoice.org/think-youre-pregnant/find-a-provider/](https://prochoice.org/think-youre-pregnant/find-a-provider/)
- Planned Parenthood Find a Health Center
  - [https://www.plannedparenthood.org/health-center](https://www.plannedparenthood.org/health-center)
- Bedsider Find a Clinic
  - [https://www.bedsider.org/clinics?ne_corner=64.15934593488006,46.79266074999998&sw_corner=45.10322675267146,166.67547324999998](https://www.bedsider.org/clinics?ne_corner=64.15934593488006,46.79266074999998&sw_corner=45.10322675267146,166.67547324999998)

Birth Control

- Which Method is Right for Me?
  - [https://tools.plannedparenthood.org/bc/birth_control_quiz](https://tools.plannedparenthood.org/bc/birth_control_quiz)
• Methods Comparison
  o https://www.bedsider.org/methods

Sexual Assault

• Rape, Abuse, and Incest National Network (RAINN)
  o https://www.rainn.org/

• Maryland Coalition Against Sexual Assault
  o https://www.mcasa.org/

• National Sexual Violence Resource Center
  o https://www.nsvrc.org/

For Teens

• Amaze
  o https://amaze.org/

• Sex and U
  o https://www.sexandu.ca/