

TAKE CONTROL

**TAKE
CONTROL
Of Your
Reproductive
Health**

access

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1.800.376.4636

TAKE CONTROL! Of Your Reproductive Health

You may be reading this guide because you are facing an unplanned pregnancy. This experience can be very difficult and emotional for many women. You should know that you are not alone; 50% of all pregnancies are unplanned. This guide provides you with basic information that you need to know if you are facing an unplanned pregnancy. In this guide you will find information regarding your rights in accessing reproductive health care, methods to prevent pregnancy, options when you are faced with an unplanned pregnancy and resources for paying for your reproductive healthcare. If you need further support or information, call **ACCESS Healthline at 1-800-376-4636**.

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Know Your Reproductive Rights!

You should be the one who makes decisions about your health! You should be the one who decides when and with whom you have sex, whether you want to have children and when, and how you protect yourself from pregnancy and STI/STDs.

You have the right to make many of these choices on your own and confidentially (where the doctor or clinic cannot tell anyone that you received services), and there are programs that can help you get what you need. In order for you to be able to take control of your life and your health, you have to know your rights!

MINOR'S RIGHTS

ABORTION

Laws

According to California laws (California Family Code 6925) a minor (a person who is under 18 years old) can consent to many types of medical care and receive the care confidentially, except sterilization (i.e., getting your tubes tied or a vasectomy) and some mental health treatments. Under some California Health and Safety Codes [123110 (a) and 123115 (a)], a health care provider is not allowed to tell your parents or guardians or ask them for permission for you to receive or ask about any pregnancy-related services. California DOES NOT require parental consent or notification for a minor to seek information about or have an abortion.

Services

Some of the specific services you have the right to receive on your own are:

1. pap smears, family planning and birth control, including emergency contraception (to learn more about this check out our preventing pregnancy page) While California Health & Safety Code 123450 denies access to abortion services without parental notification, the California Supreme Court has ruled that this law is unconstitutional.
2. testing and treatment for STIs/STDs
3. HIV/AIDS testing and treatment
4. pregnancy testing and prenatal care
5. abortion services
6. some outpatient mental health services [\[i\]](#)

Paying for Care

If a minor wishes to receive confidential health care coverage to cover the costs of an abortion, she can apply for Medi-Cal Minor Consent Services. All the minor is required to provide are pay stubs *if she is employed*. An ID is not required. (See our section on How to Pay for Care for more information about this and other programs) Even if the minor has health coverage under her parents, if there is a potential breach of confidentiality she can still apply for Minor Consent Services.

PRENATAL CARE

Laws

Minors can also seek and receive prenatal care without the consent or knowledge of anyone.

Paying for Care

Medi-Cal Minor Consent Services can cover the costs of prenatal care for minors wishing to keep their pregnancies confidential. Again, all the minor is required to provide is pay stubs *if she is employed*. It is important to note that if a minor is receiving prenatal care coverage, the minor must reapply for the program every month to keep receiving confidential services throughout the pregnancy.

ADOPTION

Laws

According to California adoption laws, minors do not have to get parental consent in order to put their child up for adoption. However, they may need to get the consent of the other parent unless he or she fails to respond to the adoption notice. The only case in which parental consent is needed is if the child is placed in the care of parents and the minor relinquishes gives up his or her any rights to custody.

Paying for Services

If you are putting a baby up for adoption you do not have to pay anything to do this. For more information about adoption, check out these organizations:

- **Adoption Connection**, www.adoptionconnection.org
- **PACT**, www.pactadopt.org, 800-750-7590



UNDOCUMENTED IMMIGRANTS' RIGHTS

ABORTION AND PRENATAL CARE

Laws

In California, undocumented women have the same rights as other women to access many types of health care. If you are undocumented you especially have the right to seek and receive prenatal care, abortion and family planning services in a confidential manner.

Paying for Services

Low-income women, regardless of immigration status are eligible for Emergency or Restricted Pregnancy-Only Medi-Cal for Pregnancy. If they are seeking immediate walk-in prenatal care at a participating provider, these women are also eligible for Presumptive Eligibility Medi-Cal. Middle-income women are eligible for AIM and do not have to provide their Social Security Numbers. Undocumented immigrant women are not eligible for Full-Scope Medi-Cal or Minor Consent Services. To learn more about these programs, see our Paying for Care guide.

ADOPTION

Laws

Undocumented immigrants can place their children up for adoption without jeopardizing their immigration status. If their children are not US citizens, then they may have to go through the international adoption process rather than the usual domestic process.

Paying for Services

There are non-profit organizations in California that help birth mothers, regardless of their documentation status, go through the adoption process. Call us for more information about these services.

[\[1\]](#) State law requires that parents or guardians of a minor receiving outpatient mental health treatment or counseling be contacted, unless the doctor providing the mental health services says that it's not ok to inform the parents. There is legislation pending that would allow minors older than 12 to be able to legally consent to their treatment.

Preventing Pregnancy

You have the right to choose if, when, where, with whom and how you have sex and children. If you want to prevent STDs or being pregnant, you have the right to know about all of the medical options that you have, to make your own choices and to take control.

When deciding what birth control you want to use, ask yourself:

- What type(s) of birth control you are interested in using—or NOT using?
- What kinds of birth control have you used in the past?
- What did you like/dislike about that method of birth control? Why did you stop using it?
- How would you feel about getting pregnant right now? How important is it to you that you don't get pregnant right now?

The chart below provides you basic information about the different methods you can use to prevent pregnancy and gives you a place to start in figuring out what method might be the best for you. Once you think you have an idea of which option you might want to try, do you have access to a doctor or clinic where you can get it? Do you have health insurance that will cover it?

Check out our paying for care guide for information about Family PACT, a program you can use to cover the cost of most family planning services, and to find a provider that accepts Family PACT click here (link to: www.familypact.org). Don't hesitate to call the ACCESS Healthline at 1-800-376-4636 if you have any questions!

Summary of Birth Control Methods

Method	What is it?	Cost ¹	How effective?	Pros	Cons	Occasional Side Effects
Non-Hormonal Barrier Methods						
Condoms	Plastic/latex sheath put on the penis or inside vagina that physically blocks sperm from entering the vagina or uterus.	Male condom: \$0.20-\$2.50 Female condom: \$2.50-\$5.00	85 - 98 % (male condom) ² 79 - 95% (female condom) ³	-inexpensive -can buy w/out prescription -prevents HIV, STIs	-requires partner cooperation -can break -may interrupt spontaneity	Rare allergies to latex condoms
Diaphragm	Placed into vagina before sex and inhibits sperm from entering uterus	\$30 to \$50 plus cost of medical exam	84 – 94 %	-only has to be used before sex -few or no side effects	-must be inserted properly -must be used with spermicidal gel -may interrupt spontaneity	Rare bladder infections
Cervical Cap	Placed into vagina before sex and inhibits sperm from entering uterus	starts at about \$72 plus cost of medical exam	84 – 92 % 68 – 74 % (for women who have delivered a baby)	-only has to be used before sex -few or no side effects	-must be inserted properly -must be used with spermicidal gel -may interrupt spontaneity	Rare bladder infections

¹ Mayo Foundation for Medical Education and Research, <http://www.maxoclinic.com/health/birth-control/>, January 25, 2008

² UCSF Medical Center, Women's Health Matters, Birth Control Methods, July 2004

³ UCSF Medical Center, Women's Health

Copper T IUD	Inserted into uterus by clinician, kills sperm, and can last up to 10 yrs	\$200 to \$300 plus the cost of an office visit for insertion and a follow-up app	99 %	-few side effects -long term -easy to use -rapid return to fertility after removal	-initial cost -clinician must insert and remove	-occasional cramping -heavier periods
Hormonal Methods						
Combined Birth Control Pill	Artificial hormones in pill form that prevent ovaries from releasing egg, thicken cervical mucous and thin uterine lining	\$5-\$35 each month plus cost of medical exam	92-99 %	-more regular menstrual cycles -less cramping -may improve PMS symptoms	-must take pill daily -possible hormonal side effects -doesn't protect against HIV and other STIs	-nausea -headaches -irregular spotting -mood changes -rare risk of stroke or heart attack
Birth Control Patch	A plastic patch worn on skin that releases artificial hormones which stop ovaries from releasing eggs, thicken cervical mucous and thin uterine lining	\$50 for a month's supply of three patches plus initial exam	92-99 %	-only need to reapply once/week -constant level of hormones = less side effects -regular menstrual cycles -no advanced planning before sex	-must replace patch on schedule -doesn't protect against HIV and other STIs -may not be good for women with liver disease, blood clots, or cancer of breasts or uterus	-headaches -irregular spotting -mood changes -rare risk of stroke or heart attack -possible skin irritation

Vaginal Ring	A small, flexible ring inserted into the vagina skin that releases artificial hormones which stop ovaries from releasing eggs, thicken cervical mucous and thin uterine lining	\$35-\$50 each month plus cost of exam	92-99%	-only need to reinsert once/month -constant level of hormones = less side effects -regular menstrual cycles -no advanced planning before sex	-must replace patch on schedule -doesn't protect against HIV and other STIs -may not be good for women with liver disease, blood clots, or cancer of breasts or uterus	-headaches -irregular spotting -mood changes -rare risk of stroke or heart attack -possible increase in vaginal infection or irritation
Progesterone IUD/ "Mirena"	Small, plastic device that is inserted into the uterus and releases hormones that inhibit sperm and thicken cervical mucous	\$300 to \$400 every five years plus the cost of office visit for insertion and a follow-up app.	99 %	-very effective -long term -may decrease menstrual cramps and bleeding -easy to use	-clinician must insert and remove -initial cost	-irregular or no period
Depo Provera	Injection of artificial hormones that stop ovaries from releasing eggs, thicken cervical mucous and thins the uterine lining	\$35-\$75 for 3 month injection plus cost of medical exam	97-99%	-very effective -easy to use -lasts 3 months -no advanced planning before sex	-must be injected by clinician -doesn't protect against HIV or other STIs -cannot be removed after injection -may need 12-18 months for return of fertility after 3 months	-possible weight gain -mood swings -irregular periods or heavy prolonged bleeding after 3 months

Progestin Pill/ “Mini-Pill”	Pill with hormones that thicken cervical mucous and thins the uterine lining	\$30 to \$60 per month plus cost of medical exam	95-99%	-more regular menstrual cycles -less cramping -may improve PMS symptoms -good for some women who can't take combined birth control pill	-must take at the same time everyday to be effective -doesn't protect against HIV and other STIs	-irregular to no periods
Emergency Contraception/ “Morning After Pill”	High dose Progestin hormone pills which can be taken up to 5 days after unprotected sex to prevent pregnancy	\$40- \$60	89%, depending on when you take it after sex	-excellent back-up to other BC options -easy to use	-limited time frame of effectiveness -doesn't protect against HIV or other STIs	-nausea -abdominal pain -fatigue -headache -menstrual changes
Permanent Methods						
Tubal Ligation	Surgically blocks passage of egg into the uterus	varies	99.5-100%	-very effective -virtually permanent	-post surgical discomfort -irreversible	-Minor surgical and anesthetic risks
Vasectomy	Surgically blocks passage of sperm out of the penis	varies	99.9%-100%	-very effective -virtually permanent	-irreversible	-rare and minimal surgical risks
Liquid Chemical Methods						
Spermicidal suppositories, gels and film	Sperm killing chemicals placed in the vagina and cervix	\$10-\$12 per tube	71-85%	-easy to use -may be used shortly before sex	-don't protect against STIs	-can irritate skin of vagina or penis

“Natural” Methods						
Withdrawal	Removing the penis from the vagina before ejaculation	No cost	73-93%	-inexpensive -can be used at the last minute	-pre-ejaculation fluid may contain sperm -doesn't protect against STIs -requires partner cooperation	-may decrease sexual satisfaction
Abstinence	Not having sex	No cost	100%	-only sure way to not get HIV, other STIs or to become pregnant	- not experiencing the physical pleasure associated with sexual intercourse	none
Fertility Awareness Method (Natural Family Planning)	Uses events of menstrual cycle and fertility signs to predict periods of infertility	\$10 for basal body temperature thermometer	75-95%	-inexpensive -helps woman learn about her body	-requires careful daily attention to fertility signs and calendar	none



Your Options

If you are facing an unplanned, unexpected or unwanted pregnancy, you are not alone and you have options. It is up to you, and only you, to decide what is best for you and your family, and to take control of your reproductive health. This section includes information about your options and things to think about when making your decision. If you want to talk to someone directly about your options, your feelings, your questions or anything else call the ACCESS Healthline at 1-800-376-4636.

This section is intended to give you a brief overview of your options, including abortion, adoption and parenting. You have a right to receive as much counseling on these options as you need and to make your own decision. No counselor should scare you away from certain choices. If you are pregnant it is important that you seek information and medical care immediately.

ABORTION

Abortion ends a pregnancy. There are different methods of abortion. Your medical provider can help advise you on which is right for your individual situation. If you are having trouble finding a provider in your area or need help paying for care, please call ACCESS.

Types of Abortion

1) Medication Abortions (up to 9 weeks from the first day of your last period)

There are two types of medication abortions: Mifeprex or RU 486 (the abortion pill) and Methotrexate (the abortion shot). For women who choose medication abortion, some prefer it because it may feel more natural, like a miscarriage, or because they would like to go through the abortion process in the privacy of their own home or be able to have any support person there with them.

2) Surgical Abortions (up to 24 weeks)

Vacuum Aspiration (4-12 weeks)

This is the most common method used for first-trimester abortions. Women may prefer this method over the medication abortion because the procedure itself only takes about a few minutes, medical staff is present, and it is an option offered later than medication abortion. During a vacuum aspiration, the physician numbs and dilates the cervix and then inserts a hollow plastic tube



with an opening in one side of the tip that is connected to a vacuum aspirator. The vacuum aspirator produces gentle suction that empties the uterus.

Dilation and Evacuation (12-24 weeks)

This is a two-day procedure that requires a woman to be at a clinic for several hours. On the first day, the physician inserts a sterile fiber (laminaria) into the cervix which absorbs moisture from the body and expands to enlarge the opening in the cervix. On the second day, the woman returns to the clinic to have the laminaria removed and to complete the procedure. The fetal tissue is removed using small forceps and gentle suction

Surgical abortions are very safe but there are risks just as with any medical procedure. The risks increase the longer you are pregnant and also if you have sedation and general anesthesia. Your medical provider will alert you of any warning signs to watch out for. It is important for you to have an honest dialogue with your provider about your health and medication. It is also important that you are aware of all risks and are prepared to alert your provider of any warning signs you might have after your abortion.

As with any medical procedure, you should consult with your medical provider and be sure that you understand all information given to you and ask any questions that you may have.

Source: Our Bodies Ourselves, The Boston Women's Health Book Collective (2005 and 1998)

PREGNANCY

Prenatal Care

Prenatal care refers to care under a physician during pregnancy used to detect and prevent any problems such as miscarriages, birth defects, and maternal death.

Women are encouraged to schedule an appointment as soon as they know they are pregnant. After the initial appointment, women with low risk pregnancies should expect to see their prenatal care provider once a month for the first 28 weeks, every two to three weeks for 28th to the 36th weeks, and weekly from the 36th week until delivery. Women with high risk pregnancies should expect to see their clinicians more often.

ADOPTION

Adoption permanently and legally places a birthmother's child with people who will raise the child as their own. If you are considering adoption, there are agencies that can provide you with information and counseling on the



choices you have and to help you create an adoption plan.

Consent of Other Parent

The father (or presumed father) must consent to the adoption if the child was born while the parents were married or within 300 days of divorce, if the child’s parents tried to get married but it was not valid for some technical reason, or if the father at some point accepted the child into his home. If none of these cases apply, then the father does not have to consent; however, if a man signed the birth certificate or a form at the hospital with the mother saying he is the father, he must be *notified* of the adoption.

For more information on adoption and adoption laws:

<http://laws.adoption.com/statutes/california-adoption-laws.html>

<http://www.weblocator.com/attorney/ca/law/c08.html>

PARENTING

If you choose to continue your pregnancy it is important that you seek out medical care immediately.

Please refer to paying for care section for children’s health programs.

Resources for Parents:

Women, Infants, and Children Program (WIC) is a nutrition program that helps pregnant women, new mothers and young children eat well and stay healthy.

www.wicworks.ca.gov/

1-800-852-5770 or 1-888-942-9675

Maternal Child and Adolescent Health Program (MCAH) is program where healthy living is promoted for mothers, and their families through programs for reproductive health, family planning, pregnancy, birth defects, infants, children, teens, and human stem cell research.

<http://ww2.cdph.ca.gov/programs/mcah/Pages/default.aspx>

1-866-241-0395

Paying for Care

Have you ever had trouble getting the health care you need because you do not have insurance or your insurance does not cover what you need? Are you wondering how to pay for a pap smear or prenatal care? Does your insurance not cover abortion?

You have options! There are many programs for which you may qualify that will help you pay for the care you need. See the charts below for basic information and to figure out what programs you might qualify for based on your income.

To apply for most of the programs (specifically the Medi-Cal programs) you have to go to your local social service office to apply in person. Be sure to take as much of the required paperwork as you have with you so that your application can be submitted completely.

You can apply directly for Family PACT and Presumptive Eligibility at a clinic, hospital or doctor's office that is part of the programs. To find a list of providers near you that offer Family PACT services click here ([link to Family PACT website](#)) or for referrals to providers where you can enroll in Presumptive Eligibility call us.

If you have any other questions or problems with the processing of your application, call our Healthline at 1-800-376-4636.

Programs that can help you pay for care

Program	Client Age	Income Guidelines⁴	Residency	Paperwork Required	Cost	Some of the Services Covered
Medi-Cal (Full-Scope)	Birth-21 and over 65, people in between 21 and 65 have to meet specific criteria to qualify ⁵	100% Federal Poverty Level	US citizenship or legal permanent residency	Medi-Cal application, proof of income, proof of citizenship, other supplemental documents as requested	Share of cost for some clients	-Complete medical coverage, including all preventative care -Health education -Mental health services -Substance abuse services -Prescription medicines
Presumptive Eligibility for Pregnant Women	All	200% Federal Poverty Level	Has to live in CA, but does not need to be a citizen or legal permanent resident	Application at clinic, doctor's office, or hospital	None	-Certain walk-in prenatal care services -Limited family planning services -Prescription drugs for conditions related to pregnancy -Abortion *this program only covers services for one month and it is recommended that a person apply for Full-Scope Medi-Cal or Restricted Medi-Cal for Pregnancy in order to continue receiving care

⁴ You can see a chart that lists the latest federal poverty guidelines at: <http://aspe.hhs.gov/poverty/>

⁵ If you are an single, childless adult between the age of 21-65, please visit the following website to see if you qualify for benefits: <http://www.dhcs.ca.gov/services/medi-cal/Pages/Medi-CalEligibility.aspx>

Restricted Medi-Cal for Pregnancy	All	200% Federal Poverty Level	Has to live in CA, but does not need to be a citizen or legal permanent resident	Medi-Cal application, proof of income and assets, proof that you live in California	None	<ul style="list-style-type: none"> -Comprehensive preventive care services -Primary and specialty care -Medical office visits -Vision and dental care -Mental health services -Hospitalization -Prescription medicines -Abortion -Prenatal care and labor and delivery -Postpartum related services
Access for Infants and Mothers	18 and older	200-300% Federal Poverty Level	Current CA residency	AIM application, proof of income	1.5% of family income	Comprehensive health coverage for all medically necessary services the pregnant woman has throughout her pregnancy and for 60 days after her pregnancy ends. The child is covered for two years after birth

Family PACT	Males up to 60 Females up to 55	200% Federal Poverty Level	CA residency	Client eligibility certification form	None	<ul style="list-style-type: none"> -Contraception -Treatment and diagnostic testing of STIs and HIV -Treatment and diagnostic testing of UTIs and cervical anomalies (women only) -Pregnancy testing -Pre-conception counseling -Male and female sterilization -Limited infertility services -Cancer screening -Reproductive health education and counseling
Medi-Cal Minor Consent Services	Under 21 years old and still living with or financially dependent on parents or guardians	200 % Federal Poverty Level	Address in county receiving services, undocumented women are not eligible	Application	None	<ul style="list-style-type: none"> -For youth under the age of 12, Minor Consent Services covers: <ul style="list-style-type: none"> Pregnancy and pregnancy related care, including abortion Family planning services (except sterilization) Sexual assault services -For youth aged over 12 it covers the above services as well as: <ul style="list-style-type: none"> Confidential services for sexually transmitted disease treatment Drug and alcohol treatment Counseling and mental health outpatient care

Emergency Medi-Cal (also called Restricted Medi-Cal)	All	200% Federal Poverty Level	CA residency	Application	None	-Emergencies, like a broken arm or giving birth -Pregnancy-related care, including abortion, for women through 60 days after the baby is born -Nursing home care or other long-term care -Kidney dialysis -Breast or cervical cancer treatment or related services for up to 18 months for breast cancer and 24 months for cervical cancer.
Healthy Families Program	Under 19	250% Federal Poverty Level	US citizenship or legal residency	Application	\$4-\$17 per child a month; up to \$51	Complete medical coverage, including all preventive care Vision and dental care Health education Mental health services Substance abuse services Prescription medicines

How to Figure Out if you qualify for Programs

The Federal Poverty Level (FPL) is a poverty threshold developed by the U.S. Census Bureau and issued each year by the U.S. Department of Health and Human Services. The guidelines are used to decide whether a person is eligible for certain federal and state programs, including many Medi-Cal programs, based on the size of his or her family and how much money s/he makes.

To figure out if you fall under any of the qualifying FPLs count the number of people in your family, or household, and pair that with total monthly or yearly income in your family or household. For example, if you are a single parent, are pregnant and have two other children, you would have a family size of 4. Currently, if you make \$3500 a month, or \$44100 a year, before taxes, you would fall under 200% of the FPL and just above 185%. Note that for Restricted Medi-Cal for Pregnancy you have to be under 200% of FPL. (There are exceptions on how family size and income are calculated, so if you have questions or you have a complicated situation, call us.)

**If you need further information,
call ACCESS Healthline at 1-800-376-4636!**