Teenage pregnancy and abortion laws

By Susan Baumel
AFRO Staff Writer

Abortion and teenage pregnancy are two battles being waged side by side in the gut of American society today.

When teenagers received one-third of all abortions received in the U.S. for the latest date available and 660,000 teenagers gave birth to babies in this country last year, it is not difficult to understand why these two issues move through the foreground of the national conscience.

Perhaps both issues are directly related to the fact that one-half of all teenagers in the U.S. had sexual relations but only 50 percent of those used contraceptives, according to research compiled by the Alan Guttmacher Institute.

And of those women who did not use contraceptives, seven out of 10 said that they believe they cannot become pregnant as a result of their sexual activities, the same survey showed.

Teens face great dangers in the childbirth and delivery of their babies, especially those young women who are 14 years old or younger.

The death rate from problems in either pregnancy or childbirth is 60 times greater for those teenagers who are 14 year old or less than it is for women in their early twenties.

Children born to teenage mothers are two or three times more likely to die before they reach their first birthday than those born to mothers in the early 20 range.

Yet every state in the country has reported not only pregnancies but the ensuing births and abortions of teenage women who are 14 years old or less.

The District of Columbia scored the highest number of teenage pregnancies to those between the ages of 15 and 19 in the nation last year, according to figures provided by the D.C. Department of Human Services.

That department also testified before the mayor's Commission on the Homeless at a public hearing in November, 1984 that the average homeless person in the District is a single black woman between the age of 25 and 30 years old with two to three children who may never have lived independently of relatives.

In addition to having the highest number of teenage pregnancies in the 15-19 age bracket, the District also has a higher percentage of blacks than any other state in the union.

But president of the National Adoption Committee, Dr. William Pierce cautions against statistics that show that a higher percentage of blacks than whites have children out-of- wedlock or abortions.

He said that the problem lies in the labelling equation. "The out-of wedlock rate looks artificially high among black children" because children with one white and one black parent are counted as black. This is not true for other transracial children, according to Pierce.

He said that if his daughter, who is white, was to give birth to a child whose father was American Indian then the child would be considered white. But if she were to give birth to the child of a black father, the child would be considered black.

One black parent and one white parent results in a black child. One black parent and one Hispanic or Asian parent also results in a black child. But the same combinations of Hispanic or Asian with a white partner is called a white child.

"If you suddenly said that anyone with European blood of any amount was white, then you would suddenly have a vast number of people relabelled" said Pierce. He added: "The statistics are absolutely weird."

Actually, Pierce persisted, "Black young women are much more hesitant about having an abortion than are white women."

The problem has reached such great proportions within the District of Columbia, however, that Mayor Marion Barry has formed a blue ribbon panel to study the problem of what he and the Rev. Jesse Jackson have termed, "babies making babies."

Abortion Decision

Abortion, the only post-pregnancy solution to pregnancy other than childbirth, was legalized a decade ago on January 22, 1973 by a United States Supreme Court decision.

Under the Supreme Court ruling, during the first 12 weeks of pregancy the decision of whether or not to have an abortion is between the woman and her doctor

In the second trimester, the Supreme Court ruled that the state can only regulate the abortion procedure if it is to protect the woman's health.

Between the sixth and the ninth month of pregnancy, known as the third trimester, the state has the right to regulate or prohibit abortion except when the procedure is necessary to protect the health or the life of the woman.

Right to Life

The overwhelming majority of abortions were performed on unmarried women, a full 80 percent, according to statistics compiled by Planned Parenthood for 1982.

Anti-abortionists raise the question of the right to life with the emphasis on the unborn child's life.

But the vast majority of abortions are being performed on single, in many instances, teenage women, whose ability to raise the child emotionally and financially, especially with rising costs of living and decreasing social services, is also a part of the overall equation.

The quality of the mother's life as well as that of her other children, if she has any, must be recognized at a time when shelters across the country are harboring single women with more than one child.

Adoption is the primary tool being offered by those who oppose abortion as an alternative for pregnant women with unwanted babies, or babies whose presence would seriously impair the life of the mother or her other children.

Two and one-half million parents are waiting to adopt children in the U.S. today, points a staffperson of the National Right to Life, Inc.

The number of children awaiting adoption, on the other hand, has been greatly reduced since the passage of legislation that legalized abortions.

Pierce, estimated that number had been decreased by at least half since the legalization of abortion.

Coinciding with the decrease in adoption because of the drop in children available, the infertility rate in both men and women in the U.S. has tripled in the past 20 years, according to Pierce.

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9:00 A.M. — Church School
9:50 A.M. — Church/Community Hour
10:50 A.M. — Morning Worship
MUSIC The Anthem — "He Is Coming, Hallelujah,' — McKinney
The Carol — "Angels From The Realm Of Glory," — Smart
Preaching — "The Real Christmas Presence," — Dr. Ray
3:30 P.M. — Christmas Cantata, "Down From His Glory," — Composer, John W. Peterson
7:30 P.M. — Monday, December 24, 1984, Community Christmas Eve Service, Allen A.M.E. Church, 1130 W. Lexington Street.
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SAFETY TIPS

Pregnant women shouldn't use seat belts

Should pregnant women wear seatbelts? This unexpected question has provoked two nurses at the Maryland Institute for Emergency Medical Services Systems (MIEMSS), commonly known as the Shock Trauma Center, to seek the answer.

Patricia Payne, a High Risk Maternity Coordinator for MIEMSS noticed the lack of information on seatbelts for pregnant women. She is part of the MIEMSS Regional Neonatal Program involved with the transport of high risk mothers in premature labor or those who have acute obstetric problems.

Lyn Gerber Smith works in the admitting area for MIEMSS. She has asked pregnant women, who were at the center due to an auto accident, whether they had been wearing a seatbelt. Most did not know how they should wear a seatbelt while pregnant. They were afraid of hurting the unborn baby.

In casual conversations these two nurses discovered they had the same concerns for the pregnant mother and her baby. Together they decided to do something about the question of seatbelts.

A careful review of the nursing literature turned up almost nothing to answer the question. Nor was there any information in the literature for nurses or physicians which emphasized prevention of auto injury in pregnant women.

The only thing they could find in their research was information for physicans on the anatomical and physiological changes which affect a pregnant woman as a response to traumatic injuries.

Working with Ameen Ramzy, M.D., a trauma surgeon at MIEMSS, and David Nagey, M.D., Ph.D., as Associate Professor of obstetrics at the University of Maryland School of Medicine, these two women first developed a brochure for health professionals and then a course for obstetric and emergency room nurses. The course has been given here in Maryland, and at conferences in hospitals out of state to rave reviews.

What the brochure tells physicians, so they can educate their patients, is three things. First wear a seatbelt. If in an accident, there will be less harm done to the baby and the mother from the seatbelt than there would be if the mother were thrown from the car or, crushed against the dashboard.

Second, wear both the shoulder and the lap belt. This allows the full body to take the impact rather than just the stomach or the shoulders. Third, wear the lap belt as low as possible (trying to get it under the baby) even if it is uncomfortable in the last months before delivery. This way the impact of the accident is lessened on the child.

With the birth rate rising and the mobility of women increasing during pregnancy, the chances of a pregnant woman being in an auto accident are about 1 out of 14. Payne and Smith hope to raise the consciences of both the medical professionals and the consumers to, not only ask the question about seatbelts but to answer in the affirmative.

The seatbelt brochure has been endorsed by the Maryland Section of the American College of Obstetricians and Gynecologists. The Maryland Section of the American College of the American College of Obstetricians and Gynecologists. The Maternal Welfare Committee of the Medical and Chirurgical Faculty and of course the Maryland Institute for Emergency Medical Services Systems.

(Prevention of trauma through education is a less well known fact of MIEMSS' work as part of its role as the stae emergency medical systems coordinator.)

Single copies of the brochure on pregnant women and seatbelts can be had by writing to Field Nursing, c/o Karen Burley, MIEMSS, 22 S. Greene Street, Baltimore, Maryland, 21201. Please enclose a stamped, self-addressed envelope.

School closing guidelines

Parents of children enrolled in the Baltimore City Public Schools are reminded of procedures which will be followed when schools must close for emergencies.

The Superintendent of Public Instruction recognizes that emergency closing of schools may create problems for some parents, however, the safety of all children remains a top consideration. The danger of walking or traveling on icy and poorly visible streets are factors that impact the decision to close schools.

The procedure to determine whether schools will be closed usually begins at 5:00 a.m. when the City Department of Transit and Traffic alerts the Superintendent as to the weather conditions and the conditions of the streets in Baltimore City.

The Superintendent consults with the Weather Bureau, staff, and MTA for information and advice. Based upon this data, the Superintendent makes the decision not later than 6:00 a.m.

Once the decision is made to close schools, a communication chain is placed into operation which notifies appropriate staff, area radio and television stations and the City Hall Operator.

On days when predictions of inclement weather conditions exist: parents are asked to tune in to their regular radio or television station to find out if there is a change in the

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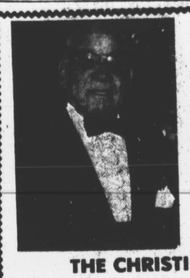
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