Missouri's Informed Consent Booklet

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AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
Services provided on a non-discriminatory basis.

Available online at www.health.mo.gov/informedconsent

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INTRODUCTION

Section 188.027.1(2), RSMo, requires that the information provided in this booklet be given to women considering an abortion. The law also requires the women to be informed that

> **"The life of each human being begins at conception. Abortion will terminate the life of a separate, unique, living human being."**

In the 2010 legislative session Senate Bill 793 was passed which repealed sections 188.027, 188.039, and 376.805, RSMo, and enacted in lieu thereof four new sections relating to abortion, with penalty provisions. In the 2014 legislative session the combined version of House Bill 1307 & 1313 was passed repealing sections 188.027 and 188.039, RSMo, and replacing it with two new sections enacted in lieu thereof, to be known as sections 188.027 and 188.039, RSMo, relating to abortions.

The revised Missouri statute states that "Except in the case of medical emergency, no abortion shall be performed or induced on a woman without her voluntary and informed consent, given freely and without coercion. Consent to an abortion is voluntary and informed and given freely and without coercion, if and only if, [the statutorily required information] is provided at least seventy-two hours prior to the abortion."

The physician who is to perform or induce the abortion or a qualified professional must inform the woman, orally, reduced to writing, and in person, of the nature of the physical and emotional risks of the abortion procedure. The physician must also provide additional information and a chance to ask questions so an informed, private decision can be made without the influence of others.

This booklet provides women considering an abortion with some basic facts to help them decide whether to have an abortion or to continue the pregnancy to term. The booklet will inform women about normal human embryonic and fetal development and about the methods and risks of abortion and the medical risks of childbirth. In addition, this booklet will provide information about the responsibilities of the father.

The term embryo refers to a developing human from conception, which is fertilization of the female egg with the male sperm, until the eighth week of pregnancy. After eight weeks the embryo becomes a fetus. Embryonic and fetal development is measured from the first day of the last normal menstrual period in weeks, also known as gestational age. Fetal lengths are measured from the top of the head to the rump.

A directory of services to assist women in carrying their pregnancy to term is available at www.health.mo.gov/informedconsent and is listed as Missouri Alternatives to Abortion Program Providers, Pregnancy Assistance Information Providers and Fetal Ultrasound Providers.

A list of the providers in the various regions of the state can also be obtained by calling 1-800-TEL-LINK (1-800-835-5465). By calling or visiting the agencies in the directory a woman can find out about alternatives to abortion, assistance to make an adoption plan for her baby, and/or to locate public and private agencies that offer medical and financial help during pregnancy, during childbirth, and while raising her child. When considering an abortion, women should also be aware:

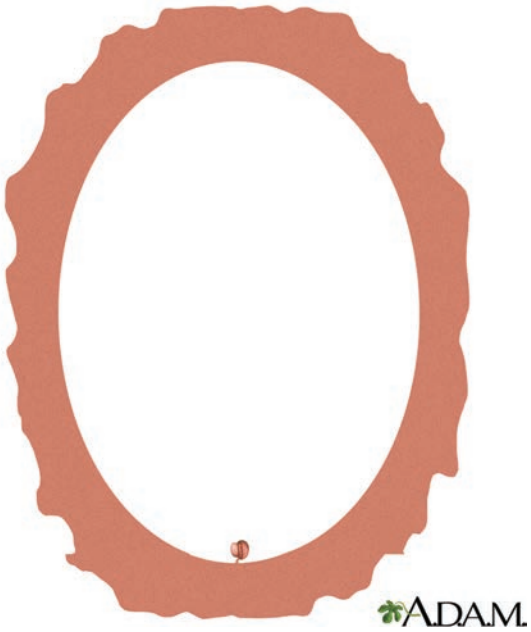
> **"There are public and private agencies willing and able to help you carry your child to term, and to assist you and your child after your child is born, whether you choose to keep your child or place him or her for adoption. The state of Missouri encourages you to contact those agencies before making a final decision about abortion. State law requires that your physician or a qualified health professional give you the opportunity to call agencies like these before you undergo an abortion."**
>
> **Section 188.027.1 (6) (d), RSMo**

- The father of the unborn child is liable to assist in the support of the child, even in instances where he has offered to pay for the abortion.
- The physician who is to perform or induce the abortion shall provide the woman with the opportunity to view at least seventy-two hours prior to the abortion an active ultrasound of the embryo or fetus, and to hear the heartbeat if it is audible.
- That the woman is free to withhold or withdraw her consent to the abortion at any time without affecting her rights to future care or treatment and without the loss of any state-funded or federally funded benefits to which she might otherwise be entitled.
- All information concerning the abortion should be presented to the woman individually in a private room. Should she be unable to read the materials provided to her, they should be read to her or if she needs an interpreter to understand, one should be provided to her.
- No one can coerce a woman into having an abortion. If the woman is being coerced, services are available including but not limited to, rape crisis centers and domestic violence shelters to provide or assist with the application for services.
- The woman cannot be required to pay any amount for the abortion procedure until the seventy-two hour waiting period has expired.
- Any person who violates the provisions of RSMo 188.027 is guilty of a class B felony.

FETAL DEVELOPMENT

A pregnant woman may notice her first missed menstrual period at the end of the second week after conception, or about four weeks after the first day of her last normal period. There are different types of tests for pregnancy. Some may not be accurate for up to three weeks after conception, or five weeks after the first day of the last normal period. The following section describes the embryo/fetus at two-week gestational increments from conception until full term.

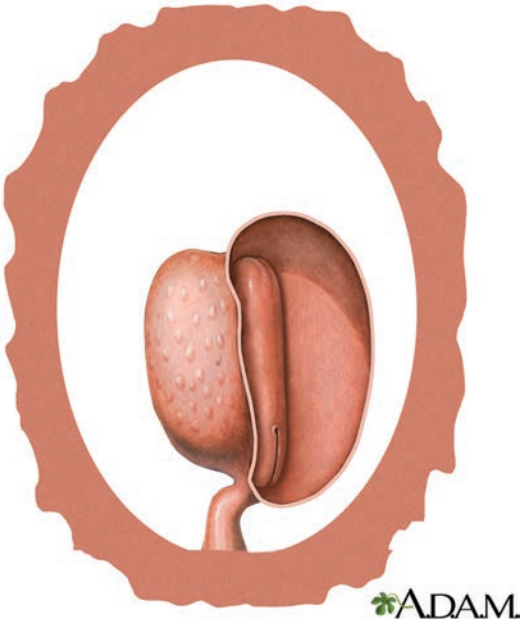
FIRST TRIMESTER



2 WEEKS

(4 weeks after the first day of the last normal menstrual period)

- The fertilized egg attaches to the lining of the uterus. Following implantation, the blastocyst is called an embryo. Some of the cells will grow into the embryo and other cells will form the placenta, which functions as a life-support system during pregnancy delivering oxygen, nutrients, and hormones from the woman to the embryo.
- The embryo is about 1/100 of an inch long at this time.
- The embryo continues to grow.



4 WEEKS

(6 weeks after the first day of the last normal menstrual period)

- The embryo is 1/6 to 1/4 of an inch long, and has developed a head and a trunk.
- Arms and legs, called limb buds, begin to appear.
- A blood vessel forms which will later develop into the heart and circulatory system. Blood is beginning to be pumped and is visible upon ultrasound.
- A ridge of tissue forms down the length of the embryo which will later become the brain and the spinal cord.

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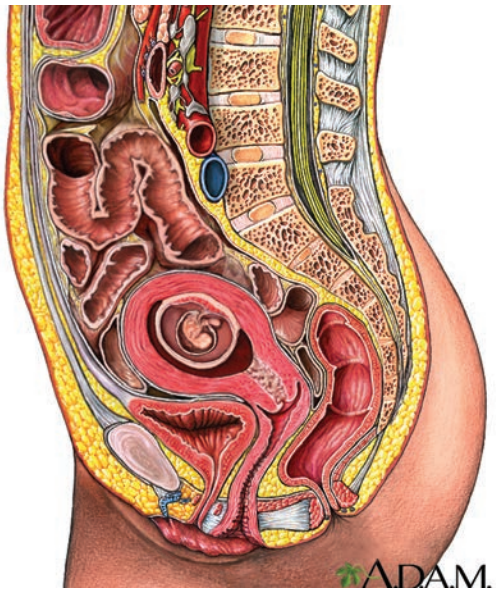
6 WEEKS

(8 weeks after the first day of the last normal menstrual period)

- The embryo is 1/2 to 3/4 inches in length and less than 1 ounce in weight.
- The heart now has four chambers.
- Reflex activity begins with the development of the brain and the nervous system.
- Cells are starting to form the eyes, ears, jaws, lungs, stomach, intestines and liver.



8 WEEKS

(10 weeks after the first day of the last normal menstrual period)

- The embryo is now called a fetus and is 1 1/4 to 1 1/2 inches in length and weighs less than 1 ounce in weight. The head makes up about half the size of the fetus.
- The beginnings of all key body parts are present although they are not all positioned in their final locations.
- The structures that will form the eyes, ears, arms and legs are identifiable. The eyes remain closed.
- The muscles and bones are developing and the nervous system is becoming more responsive.

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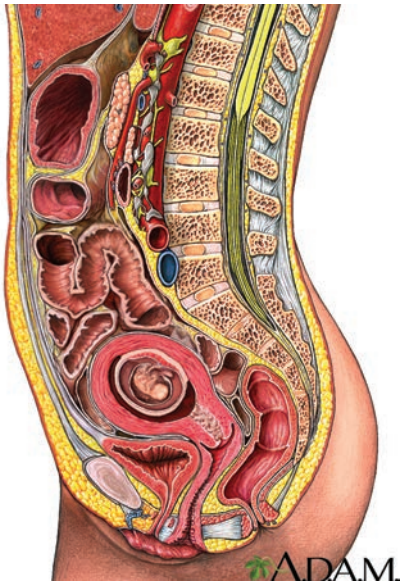
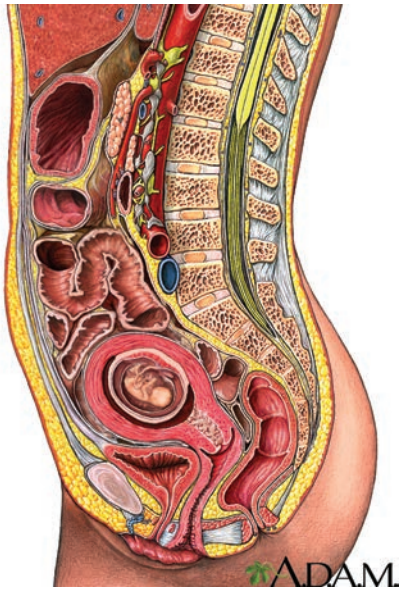


10 WEEKS

(12 weeks after the first day of the last normal menstrual period)

- The fetus is now about 2 1/2 inches from head to rump weighing about 1 1/2 ounces.
- Fingers and toes begin to form and have soft nails.
- Twenty buds for future teeth appear.
- Muscles and bones continue to grow.
- The fetus begins small random body movements that cannot yet be felt.
- The fetal heartbeat can be detected with a Doppler or heart monitor.
- The skin is almost transparent.
- The arms are longer than the legs.



12 WEEKS

(14 weeks after the first day of the last normal menstrual period)

- The fetus is about 3 1/2 inches from head to rump and weighs about 2 ounces.
- The fetus begins to swallow, the kidneys make urine, and the blood begins to form in the bone marrow.
- Joints and muscles allow full body movement.
- There are eyelids and the nose is developing a bridge.
- External genitals have developed and the sex can be identified.

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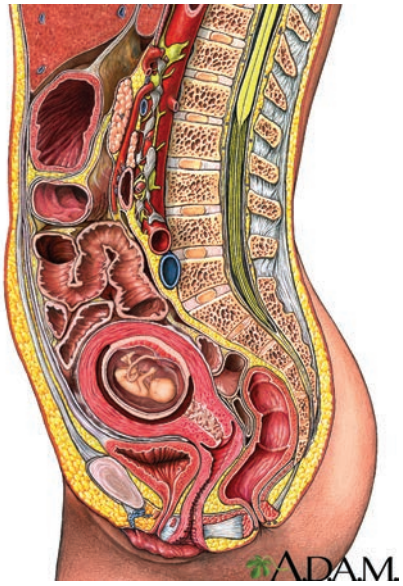
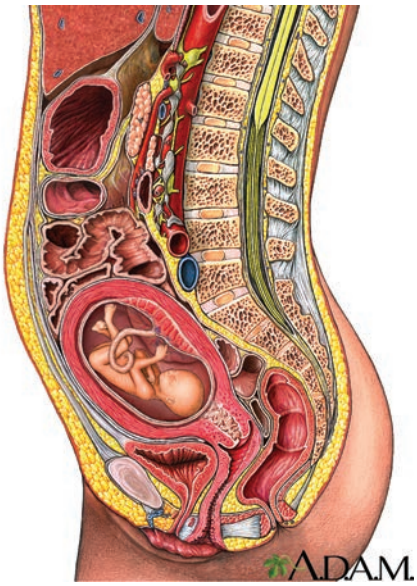


14 WEEKS

(16 weeks after the first day of the last normal menstrual period)

- The fetus is about 4 3/4 to 5 inches from head to rump and weighs 4 ounces.
- The head is erect, as the neck is formed, and the arms and legs are developed.
- 1 A fine layer of hair (lanugo) has begun to grow on the head.
- Limb movements are more coordinated.



16 WEEKS

(18 weeks after the first day of the last normal menstrual period)

- The fetus is about 5 to 5 1/2 inches in length from head to rump, 6-7 inches overall and weighs from 5 to 8 ounces.
- The placenta is fully formed.
- The skin is wrinkled and the body is covered with a waxy coating (vernix).
- The ears are clearly visible; all body and facial features are now recognizable.
- The fetus can blink, grasp, and move its mouth.
- Hair and nails being to grow.
- The fetus has begun to kick although the movement may not yet be felt.

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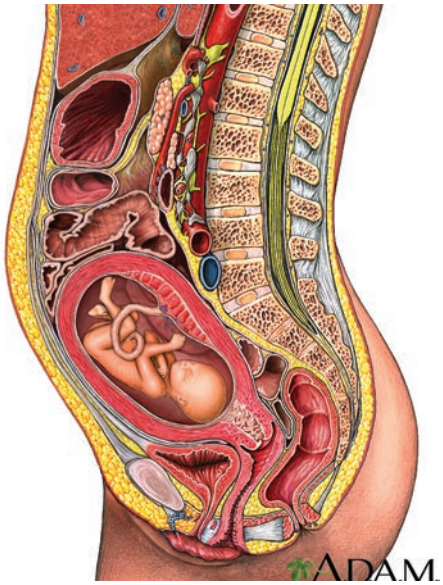
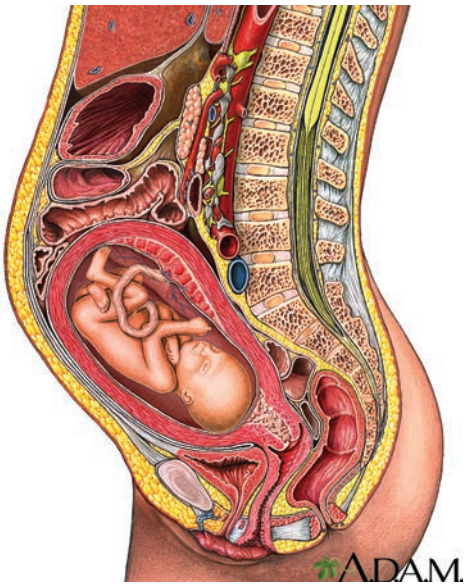


18 WEEKS

(20 weeks after the first day of the last normal menstrual period)

- The fetus is about 6 1/4 inches in length from head to rump, 10 inches overall and weighs about 8 to12 ounces.
- Now that all organs and structures have been formed, a period of simple growth begins.
- Respiratory movements occur, but the lungs have not developed enough to permit survival outside the uterus.
- The woman should begin to feel the fetus moving (quickening).
- If an ultrasound is performed at this time, the sex of the fetus may be revealed.



20 WEEKS

(22 weeks after the first day of the last normal menstrual period)

- The fetus is about 7 1/2 inches length from head to rump, 10 inches overall and weighs 1 pound (16 ounces).
- If the hand floats to the mouth, the fetus may suck its thumb.
- This is a time of extremely rapid brain growth.
- The fetal heartbeat can now be heard with a stethoscope.
- The kidneys are starting to work.
- The fetus sleeps and wakes regularly.
- The nails grow to the tips of the fingers.
- The gallbladder begins to produce bile, which is necessary to digest nutrients.
- There is little chance that a baby born at this time could survive outside of the uterus.

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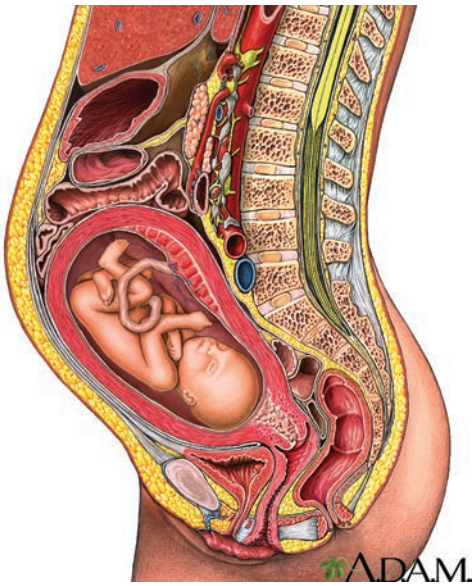
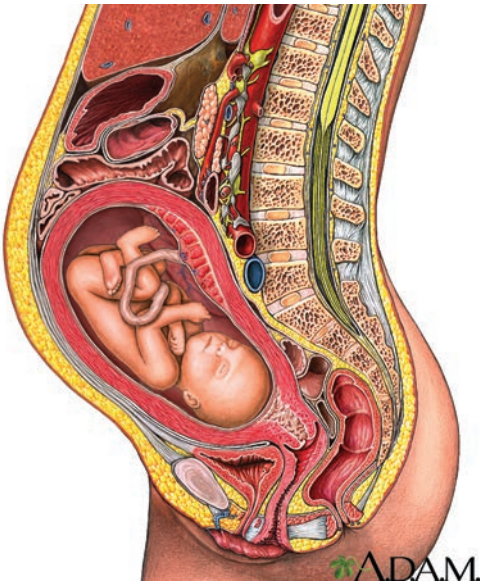


22 WEEKS

(24 weeks after the first day of the last normal menstrual period)

- The fetus is 8 to 8 1/2 inches in length from head to rump, 12 inches in length overall and weighs about 1 1/4 pounds.
- In girls the eggs have formed in the ovaries. In boys the testicles begin to descend into the scrotum from the abdomen.
- Bones of the ear harden making sound conduction possible, and the fetus hears the mother's sounds such as her heartbeat, breathing and speaking.
- The first layers of fat are beginning to form.
- This is the beginning of substantial weight gain for the fetus.
- Changes are occurring in lung development so that some babies are able to survive with intensive care services. Surviving babies may have disabilities and require long-term intensive care.

THIRD TRIMESTER



24 WEEKS

(26 weeks after the first day of the last normal menstrual period)

- The fetus is 9 inches from head to rump, 12 inches overall and weighs about 2 pounds.
- The fetus can make grasping movements and respond to sound from inside and outside the uterus.
- Lungs continue to develop.
- The skin has turned red and wrinkled and is covered with fine hair.
- 8 out of 10 babies born now may survive with intensive care services. Some may still have disabilities requiring long-term care.

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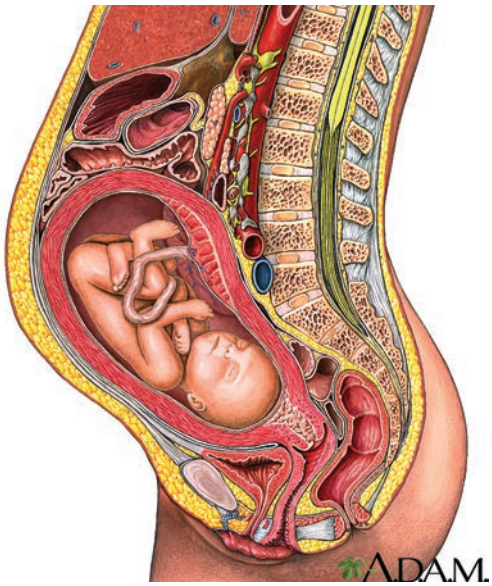
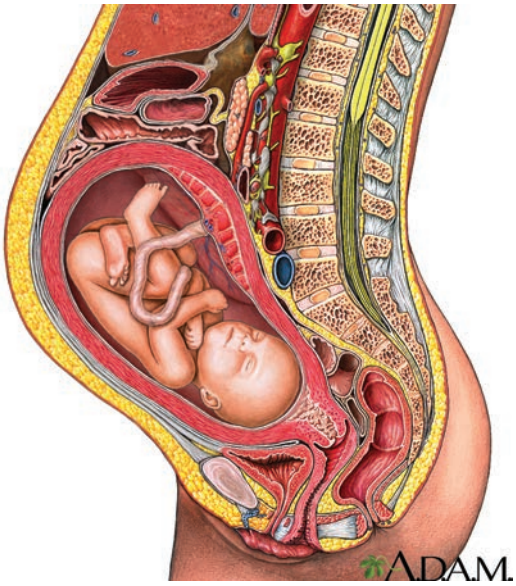


26 WEEKS

(28 weeks after the first day of the last normal menstrual period)

- The fetus is 10 inches from head to rump. 14 inches overall and weighs about 2 1/2 pounds.
- The mouth and lips show more sensitivity.
- The eyes are partially open and can perceive light.
- Brain wave patterns resemble those of a full-term baby at birth.
- 9 out of 10 babies born now may survive with intensive care services. Some may still have disabilities requiring long-term care.



28 WEEKS

(30 weeks after the first day of the last normal menstrual period)

- The fetus is 10 1/2 inches from head to rump, 14 inches overall, and weighs about 3 pounds.
- The fetus has lungs that are capable of breathing air, although if born early may require medical support.
- The fetus can open and close its eyes, suck its thumb, cry and respond to sound.
- Rhythmic breathing and body temperature are now controlled by the brain and central nervous system.
- Nearly all babies born now will survive with intensive care services. Some may still have disabilities requiring long-term care.

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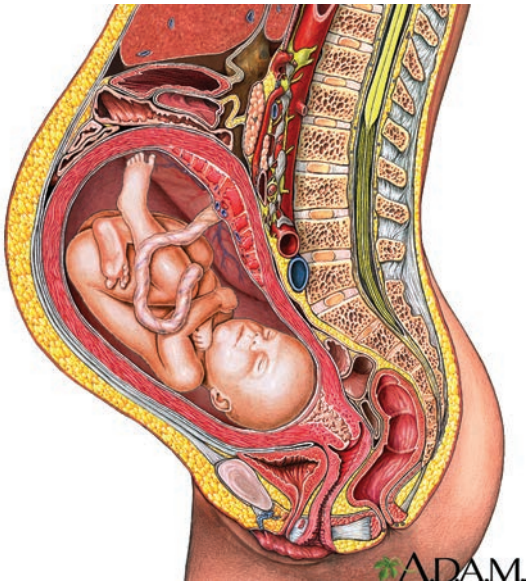
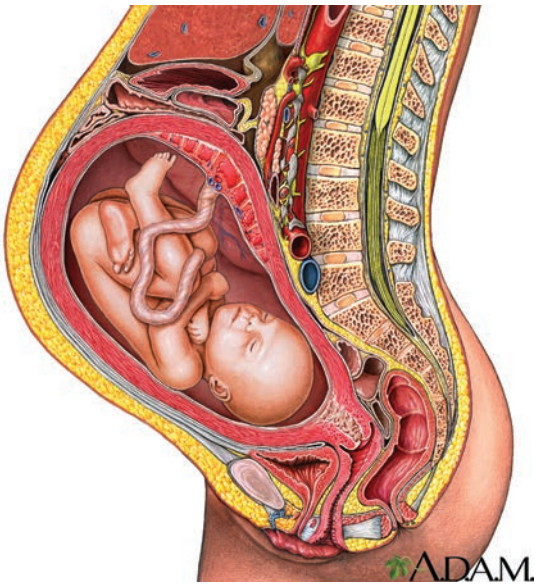


30 WEEKS

(32 weeks after the first day of the last normal menstrual period)

- The fetus is 11 inches in length from head to rump, 16 inches overall and weighs more than 3 pounds.
- Skin is thicker and pinker in color.
- There is an increase in connection between the nerve cells in the brain.
- With its major development finished, the fetus gains weight very quickly.
- Nearly all babies born now will survive with intensive care services. Some may still have disabilities requiring long-term care.



32 WEEKS

(34 weeks after the first day of the last normal menstrual period)

- The fetus is 11 3/4 to 12 inches in length from head to rump, about 18 inches in length overall and weighs about 4 1/2 pounds.
- The bones harden but the skull remains soft and flexible for delivery.
- The ears begin to hold shape.
- The eyes are open during alert times and close during sleep.
- Nearly all babies born now will survive with intensive care services. Some may still have disabilities requiring long-term care.

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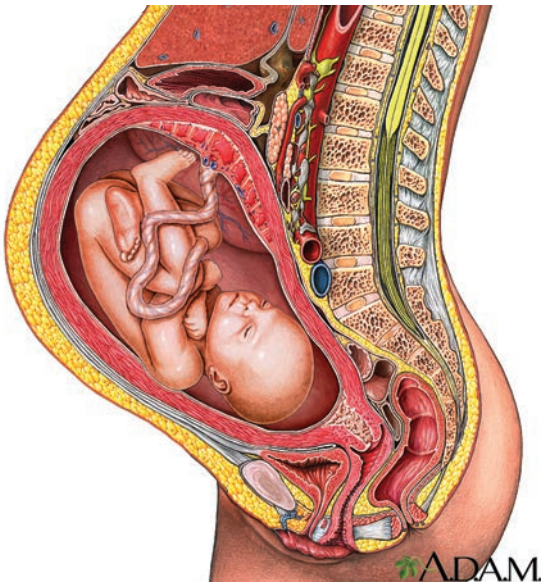
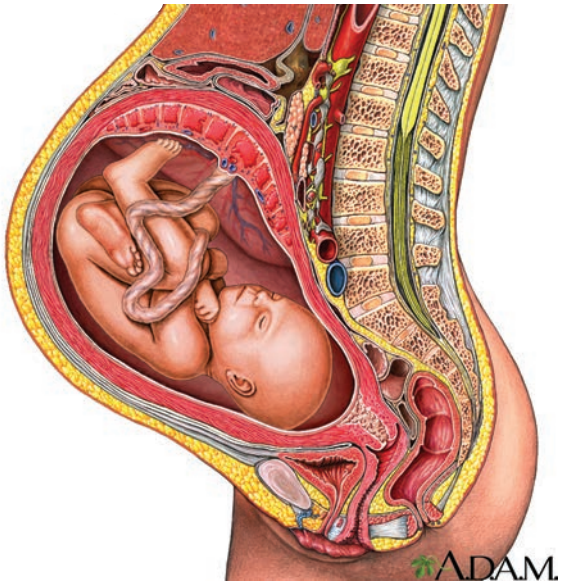


34 WEEKS

(36 weeks after the first day of the last normal menstrual period)

- The fetus is now 12 1/2 inches in length from head to rump, about 18 inches in length overall and weighs about 5 to 5 1/2 pounds.
- The scalp hair is silky and lies against the head.
- Muscle tone has now developed and the fetus can turn and lift its head.
- Nearly all babies born now will survive. Some may still have disabilities requiring long-term care.



36 WEEKS

(38 weeks after the first day of the last normal menstrual period)

- The fetus is now 13 1/2 inches in length from head to rump, up to 20 inches in length overall and weighs about 6 1/2 pounds.
- Lungs are usually mature.
- The fetus can grasp firmly.
- The fetus can turn toward light sources.
- Nearly all babies born now will survive. Some may still have disabilities requiring long-term care.

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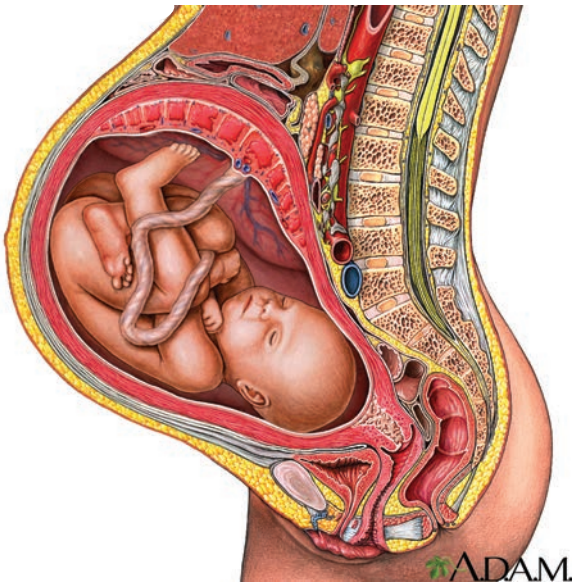

38-40 WEEKS

(40-42 weeks after the first day of the last normal menstrual period)

- The fetus is now 14 inches in length from head to rump, about 20 inches in length overall and weighs about 6 1/2 to 10 pounds.
- The lungs are mature and ready to function on their own.
- The fetus usually turns into a head-down position for birth.
- At the time of birth, a baby can display more than 70 reflex behaviors, which are automatic and unlearned behaviors necessary for survival.
- The baby is full-term and ready to be born.

METHODS OF ABORTION WITH RISKS

Abortion occurs when the fetus is expelled from a woman's uterus. When the procedure is done to end a pregnancy, it is called "induced abortion." Most abortions are done in the first 12 weeks of pregnancy.

If a woman is making an informed decision and is deciding whether to choose to have an abortion, she and her physician must first determine how far her pregnancy has progressed.

The stage of a woman's pregnancy will directly affect the appropriateness and method of abortion. The physician will use different methods of abortion for women at different stages of pregnancy. In order to determine the gestational age of the embryo or fetus, the physician will perform a pelvic exam and/or an ultrasound.

Induced abortion can be done in several ways. Some are done by surgery and others are done with medication.

The type of abortion depends on a woman's choice and health; where the abortion is performed; and the length of the pregnancy, which is measured in weeks from the first day of a woman's last normal period. The later in pregnancy the abortion is done, the more complex the procedure and the higher the risk.

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SURGICAL ABORTIONS

Menstrual Aspiration

Menstrual aspiration can be done within 1–3 weeks after a missed period. With this method, a syringe is used to remove the pregnancy from the lining of the uterus.

Suction Curettage/Vacuum Aspiration

Suction curettage is the most common type of abortion. The contents of the uterus are removed by a suction device that is inserted into the uterus.

It also may be called vacuum curettage. It can be done up to 12 weeks (during the first trimester) of pregnancy. After that time, this procedure may be called dilation and evacuation (D&E).

Sharp Curetage (Dilation and Curettage)

Dilation and curettage (D&C) uses a sharp instrument to remove tissue from inside the uterus. It is a rarely performed type of surgical abortion done in the first 12 weeks (first trimester) of a pregnancy.

Intra-Uterine Instillation (Saline or Prostaglandin)

Instillation abortion is performed by injecting a chemical solution consisting of either saline, urea, or prostaglandin through the abdomen and into the amniotic sac. It can be done in the first 12 weeks (first trimester) of a pregnancy.

The cervix is dilated prior to the injection, and the chemical solution induces uterine contractions which expel the fetus.

Sometimes a dilation and curettage procedure is necessary to remove any remaining tissue. Instillation methods can require hospitalization for 12 to 48 hours.

Immediate Risks

Immediate medical risks of menstrual aspiration and suction curettage include blood clots in the uterus, heavy bleeding, a cut or torn cervix, perforation of the wall of the uterus, pelvic infection, incomplete abortion, and anesthesia-related complications.

Sharp Curettage (D&C) has an increased risk of bleeding and injury to the uterus compared with the usual procedure that uses suction to clear the uterus (manual or machine vacuum aspiration).

MEDICAL ABORTIONS

With a medical abortion, certain drugs are taken to cause an abortion. It only can be done early in pregnancy. For this option, a woman must be no more than nine weeks pregnant.

A medical abortion does not require surgery or anesthesia, but multiple visits to the doctor are needed. For some types, the drugs can be taken at home. In this case, it is important that a

woman understands the process. She needs to know what is normal and what is not. There are four types of medical abortions:

- Mifepristone and misoprostol pills
- Mifepristone pills and vaginal misoprostol
- Methotrexate and vaginal misoprostol
- Vaginal misoprostol alone

The drugs used in a medical abortion will cause bleeding and cramping. They also may cause side effects such as nausea, vomiting, fever, and chills. The doctor will explain what can be expected in terms of pain, bleeding, and passing tissue.

Signs that may require care include heavy bleeding, severe abdominal pain, or fever. If a woman is still pregnant after she has tried a medical abortion, she will have to have a surgical abortion.

Immediate Risks
Immediate medical risks of a medical abortion are blood clots in the uterus, heavy bleeding, allergic reaction to the medications, painful cramping, nausea and/or vomiting, diarrhea, fever, infection, or an incomplete abortion.

Long-Term Risks
Based on data from the Centers for Disease Control and Prevention (CDC), the risk of dying as a direct result of a legally induced abortion is less than one per 100,000. The risk of dying in childbirth is less than one per 10,000 births.

Early abortions that are not complicated by infection do not cause infertility or make it more difficult to carry a later pregnancy to term. Complications associated with an abortion can make it more difficult to become pregnant in the future or carry a pregnancy to term.

Because every woman is different, one woman's emotional reaction to an abortion may be different from another's. After an abortion, a woman may have both positive and negative feelings, even at the same time. One woman may feel relief, both that the procedure is over and that she is no longer pregnant.

Another woman may feel sad that she was in a position where all of her choices were hard ones. She may feel sad about ending the pregnancy. For a while after the abortion she may feel a sense of emptiness and guilt, wondering whether or not her decision was right.

Some women who describe these feelings find that they go away with time. Others find them more difficult to overcome.

Certain factors can increase the chance that a woman may have difficulty adjusting to an abortion. One of these is not having any counseling before consenting to an abortion. When help and support from family and friends are not available, a woman's adjustment to the decision may be more of a problem.

Other reasons why a woman's long term response to an abortion can be poor may be related to past events in her life. Negative feelings could last longer if a woman has not had to make major life decisions or has serious emotional problems.

Talking with a counselor or physician may help a woman consider her decision fully before she takes any action.

POSSIBILITY OF FETAL PAIN

Per Section 188.027, RSMo, the woman contemplating an abortion is required to receive information about the possibility that an abortion could cause pain to the fetus past the gestational age of twenty-two (22) weeks.

The law requires the woman to be informed of the following:

- At least by 22 weeks of gestational age, the fetus possesses all the anatomical structures, including pain receptors, spinal cord, nerve tracts, thalamus, and cortex, which are necessary to feel pain.
- There is evidence that at 22 weeks of gestational age, fetuses seek to evade certain stimuli in a manner that in an infant or adult would be interpreted as pain.
- Anesthesia is given to fetuses who are 22 weeks of gestational age or older who undergo prenatal surgery.
- Anesthesia is given to premature children who are 22 weeks or more gestational age who undergo surgery.
- Anesthesia or an analgesic is available in order to minimize or alleviate any pain that may be felt by the fetus.

DOES YOUR CHILD HAVE A LEGAL FATHER?

Paternity Information for Moms and Dads

Definition of paternity:

The legal acknowledgment of the parental relationship between a father and his child.

Why should paternity be established?

Well-Being – Fathers are an important part of their children's lives. When both parents share the responsibilities of parenthood, children are more likely to stay off drugs, finish high school, stay out of jail, delay pregnancy and earn more money as adults.

Identity – It is important to everyone to know who their parents are. Knowing both parents can give a child a sense of belonging.

Medical – Children need to know if they have inherited any special health problems. If a child develops a serious medical condition, it may be necessary to identify relatives with compatible blood or tissue types. Employers usually require paternity to be established before a father can add his child to his health insurance plan.

Financial – Both parents should support their children. Children supported by only one parent are more likely to live in poverty than children supported by both parents. If paternity is not established for a child, the child is not legally entitled to support from the father.

Benefits – Children often receive benefits from both parents. These may include health and life insurance, inheritance rights, Social Security benefits, and veteran's benefits. Usually, paternity must be established before a child can receive these benefits from the father.

How is paternity established?

The easiest way to establish paternity is for both parents to sign an Affidavit Acknowledging Paternity at the hospital when the baby is born. Hospital staff give this form to parents who are not married. If both parents complete the form before the hospital files the child's birth certificate, the father's name is added to the child's birth certificate and the man becomes the legal father.

If the parents do not complete an Affidavit Acknowledging Paternity in the hospital, it is not too late. They can contact the Department of Health and Senior Services, Bureau of Vital Records (877-817-7363) or the Department of Social Services, Family Support Division – Child Support Enforcement (800-859-7999) to get an Affidavit. Staff at these offices will help parents complete the form so the father's name can be added to the child's birth certificate and the man can become the legal father.

If either the mother or the man who believes he may be the child's father are not absolutely sure who the biological (natural) father is, a genetic test should be done.

A genetic test is done by collecting tissue samples from the mother, the man and the child. Tissue samples are usually collected by rubbing the cheeks inside the mouth with a swab.

The samples are then sent to a laboratory for testing. If the results of the genetic test show at least a 98 percent probability that the man is the father, then Missouri law says he is the presumed father.

A genetic test to determine paternity may be obtained through Department of Social Services, Family Support Division – Child Support Enforcement, and either the mother or the man who believes he may be the child's father can apply for this service.

When a case is opened with the Department of Social Services, Family Support Division – Child Support Enforcement; the state of Missouri will pay for the cost of the genetic test. If the man is

found to be the biological (natural) father, he may be required to repay the state for the test.
If the mother or the father doesn't agree to establish paternity, either parent can ask the Department of Social Services, Family Support Division–Child Support Enforcement for help. Either parent can also talk with a private attorney.

When the parents do not agree to establish paternity, Department of Social Services, Family Support Division – Child Support Enforcement or a court can order the genetic test at the request of a parent or the child's custodian. Once the genetic test has been completed, Department of Social Services, Family Support Division – Child Support Enforcement or the court may enter an order establishing paternity without the consent of the parents.

What last name goes on the child's birth certificate?

When a baby is born to an unmarried mother, the mother can give the child a last name she chooses. When there is agreement as to who the father is, the mother and father can agree on a last name. This is easiest to do at the hospital when the child is born.

If paternity is established after the mother leaves the hospital, the child's last name may be changed when completing the Affidavit Acknowledging Paternity.

If the parents decide to change the last name after the father's name has been added to the birth certificate, a court order is required.

How long after a child is born can paternity be established?

Parents can voluntarily establish paternity for their child by completing an Affidavit Acknowledging Paternity any time after their child's birth, regardless of the child's age.

If the parents do not agree to establish paternity, one of the parents can bring an action to establish paternity for the child at any time up to the child's 18th birthday.

Children can bring an action to establish paternity for themselves between the ages of 18 and 21.

Does paternity establishment give a father rights to custody or visitation?

The mother and father may agree on custody and visitation without court involvement. If they do not agree, a court must settle the matter.

Will one of the parents have to pay support?

When the parents voluntarily sign an Affidavit Acknowledging Paternity, there is no order for support or medical coverage.

Department of Social Services, Family Support Division – Child Support Enforcement or a court can enter an order for support at the request of a parent or the child's custodian.
The parent who does not live with the child is usually required to provide financial and medical support.

State law sets the amount of support. It is based on the needs of the child and both parents' income and ability to pay.

What is the Putative Father Registry?

The Putative Father Registry records the names and addresses of fathers (or men who believe they are fathers) of children born outside of marriage.

Why should a father put his name on the Putative Father Registry?

The Putative Father Registry allows a man to "officially" claim he is the father of a child.

A man may want to do this before paternity is legally established if he can't find the child's mother or if the mother does not want to establish paternity for the child.

The Putative Father Registry is used in adoption proceedings to identify the child's father and promptly secure his consent to proceed with the adoption.

A man who is concerned that his child may be adopted without his consent should place his name on the Putative Father Registry before the child's birth, or within 15 days of the child's birth, in order to be notified of an adoption proceeding for the child.

How is a man's name added to the Putative Father Registry?

A man's name is automatically added to the Putative Father Registry when an order is entered saying he is the legal father or when both parents complete an Affidavit Acknowledging Paternity.

A man can also add his name to the Putative Father Registry by filing a Notice of Intent to Claim Paternity with the Department of Health and Senior Services, Bureau of Vital Records.

Filing this notice doesn't establish legal paternity, but it does create an official record of the man's claim to be the father of a child.

A man should contact the Department of Health and Senior Services, Bureau of Vital Records if he wants to add his name to the registry. Staff at this office will help the man complete the form so he can add his name to the registry.

For more information about birth certificates or the Putative Father Registry contact: the Department of Health and Senior Services, Bureau of Vital Records.

For more information about paternity, child support, or genetic tests, contact your nearest child support office.

WHAT'S THIS ABOUT CHILD SUPPORT?

Every child has a right to receive support from both parents even if the parents are divorced, separated or never married. The Department of Social Services, Family Support Division helps families get the support they need.

Who is eligible for child support services?

The Missouri Department of Social Services, Family Support Division is a state agency that provides child support services to:

- Custodial parents - parents who live with the children
- Noncustodial parents - parents who do not live with the children
- Custodians - legal guardians of the children (other than the parents)
- Adult children - persons between the ages of 18-21
- Alleged fathers - men whose fatherhood is in question

A person does not have to live in Missouri to receive Family Support Division's services. If children receive public assistance, Family Support Division will automatically provide services. For information contact the Missouri Department of Social Services, Family Support Division at 800-859-7999.

If children do not receive public assistance, a person can apply for services.

What help is available?

If a parent's whereabouts is unknown, Family Support Division uses the following resources to help find that parent:

- Division of Motor Vehicle and Driver Licensing records
- Division of Employment Security records
- State Parent Locator Service, which provides information from Missouri tax records,
- Department of Corrections and other states' locator resources
- Federal Parent Locator Service, which provides information from the Social Security Administration
- Internal Revenue Service
- Department of Defense and other federal locator resources
- New Hire Reporting, which employers use to report newly hired employees to Family Support Division

Establishment and Review of Support Orders

Family Support Division establishes child and medical support orders when a support order does not exist. Family Support Division also reviews existing child and medical support orders to determine if the orders should be changed.

When determining the amount of the child support payment, Family Support Division staff use the child support guidelines established by the Missouri Supreme Court.

The guidelines consider the income of both parents.

Enforcement of Support Orders – Family Support Division helps families receive their child, medical, and spousal support by:

- Withholding income (wages, Workers' Compensation benefits, unemployment compensation benefits, etc.)
- Intercepting federal and state income tax refunds
- Ordering employers to enroll noncustodial parents' children in health care plans
- Reporting noncustodial parents who owe past-due support to credit bureaus
- Filing liens on personal and/or real property
- Intercepting lottery winnings
- Suspending licenses (drivers', recreational, professional)
- Asking the prosecuting attorney to file civil contempt or criminal non–support charges
- Working with other states to collect support when noncustodial parents live outside Missouri

What information is needed?

The Family Support Division provides helpful and courteous service. Parents can help by providing as much information as possible.

Information they can provide includes:

- Legal documents such as birth certificates, marriage licenses, divorce decrees, and support payment records
- Information about the other parent's home address, employer, and/or other income source
- Complete financial information
- Any changes in job, address, or health care coverage

How can support payments be made and received?

Family Support Division offers several ways for child support payments to be made and received. Information on all of these methods may be obtained by calling your child support office.

If you are ordered to pay child support, you may:

- Arrange for automatic withdrawal from your checking or savings account
- Make online support payments at: https://mo.smartchildsupport.com
- Send a check or money order
- Send a payment through Western Union®

If you receive child support, you may:

- Arrange for direct deposit of your payments into your bank account
- Receive payments on the SecuritE Card, which is a prepaid debit MasterCard® loaded with your support payments.

If you have further questions about child support, please contact your nearest child support office.

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