

GETTING AN ABORTION

IN VANCOUVER

Vancouver Women's  
Health Collective

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MAKING SURE YOU ARE PREGNANT:

If you think you may be pregnant, the first step is to have a pregnancy test done. This can be done through your own doctor, at the Pine Clinic (1985 West 4th Ave) or at the Vancouver Women's Health Collective. If you haven't yet had a test done, you will need to know that:

1. In order for the test to read accurately, it must be at least 6 weeks from the first day of your last menstrual period (LMP). If you have the test done sooner than this, you may get a false negative (i.e. test reads negative even though you are pregnant).
2. It is best to bring in your first urine sample of the morning. This should be a mid-stream sample--pee in the toilet first, then in your (clean) container, then finish in the toilet. If you are not coming in right away, refrigerate the sample or keep it in a cool place.

If you can't bring in a sample, usually urinating immediately before the test is OK, provided the urine isn't too dilute (i.e. from drinking too much liquid before the test).

The test takes 2 minutes. It tests for the presence of HCG, a hormone secreted by the embryo into your urine, if you are pregnant. By the time you are 6 weeks from the first day of your last menstrual period, this hormone is usually concentrated enough in your urine to give a positive pregnancy test. (Note: Women who are more than 20 weeks past their last menstrual period sometimes have negative tests. If you have missed more than one period and think that you are pregnant, you should have a bimanual exam done--this is a procedure in which a person inserts 2 fingers into your vagina and uses the other hand on your abdomen to determine whether your uterus has begun to expand, and whether you may be pregnant.

CALCULATING DATES:

If you have had a positive pregnancy test, the next step is to determine how long you have been pregnant. The number of

weeks is always (for technical reasons) counted from the first day of your last menstrual period and then calculated on a calendar or easy-to-use "pregnancy wheel" which we have here at the Health Collective. Because the type of abortion you have may depend on the number of weeks you are pregnant, it is important to be as accurate as possible with your dates. Most doctors will also do a bi-manual exam to check the size of the uterus and make sure that your dates are fairly accurate. (Because our uteri grow at different rates during pregnancy, there is no way of verifying the time to the exact day.)

#### DECISION-MAKING:

Depending on how advanced your pregnancy is, there are several ways of going about getting an abortion. You might want to talk with someone at the Health Collective about what would be your best course of action.

Although having an abortion can be a clear decision for some of us, most women do have mixed feelings about being pregnant and about what they should do. Abortion is not the only option. You may have come to

the decision to have an abortion when you first discovered you were pregnant. Or, it may have taken many hours and days of thought to make a decision. You may feel confident about your choice, or doubts may still remain in your mind. You may find that your emotions have fluctuated between extremes since the time you first discovered you were pregnant. Indeed, it can be difficult to decide what is right for you when you are experiencing physical changes that may, at times, be uncomfortable. Your decision-making may be further complicated by the pressures of coping with a system that places obstacles (in this case federal laws, the need for committee approval, etc.) in the way of obtaining an abortion. These feelings of doubt may reoccur until you have had your abortion and can continue after the procedure is completed. Whatever happens, it is important to remember that you are facing a major decision. It is normal to feel emotional and upset. In dealing with some of the feelings that come up you may find it useful to talk with someone who is not intimately involved in your situation. Women at the Women's Health Collective are available for such purposes.

## DOCTORS:

If you decide to have an abortion, the Health Collective has names and telephone numbers of the doctors who perform abortions in Vancouver. We have names on our list of doctors who are fairly readily available. We also have the impression, from women we have seen, that they are generally competent and non-judgemental about abortion. However, it is important for us to get all the feedback we can on these practitioners so that we can pass the information on to other women. Let us know directly (or fill out a feedback form at the Health Collective) about what your experience was like.

Once you have the name of a doctor, phone and make an appointment to see him/her as soon as possible. The entire procedure, from the time you see the doctor to the time you get your abortion can take 2-3 weeks, so it's important not to delay too long.

## THE LAW:

The length of time it takes to get an abortion in Vancouver (or anywhere in Canada, for that matter) has a lot to do with the law. Abortion falls under Section 251 of the Canadian Criminal Code and is considered legal

only when the pregnancy "would or would likely endanger a woman's life or health". The word "health" is not defined and so, the approach of each individual hospital depends on how they interpret that word. The World Health Organization states that "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Clearly, any hospital that is prepared to accept this definition would permit any woman who does not want to be pregnant, for whatever reason, to qualify for a therapeutic abortion. (VGH, for example, does this.)

An abortion in Canada may only be performed by a "qualified medical practitioner" in an "accredited" or "approved hospital" after the practitioner has presented the woman's case to the "therapeutic abortion committee" of the hospital for it to approve. The majority of the committee (made up of no less than 3 members, all of whom are, themselves, qualified medical practitioners) must approve the abortion.

It is easy to see how we, as women, are victims of this system. No hospital is required to set up an abortion committee (20% of Canadian hospitals have them).

Of those that do, many are conservative and turn down a large number of the applications for abortion that they review. At this point, there are one or two hospitals in Vancouver that regard abortion as pretty much a woman's choice, however, we are kept hanging in the balance and made to feel, because of the system and, often, because of the attitude of individual doctors, that abortion is a privilege--we do not have the right to choose for ourselves. Fighting<sup>1</sup> to change the present law concerning abortion in Canada is one way of gaining more control over decisions about our bodies.

#### THE DOCTOR'S APPOINTMENT:

If you are making the doctor's appointment yourself, you should tell the receptionist that you need an abortion (therapeutic abortion) and s/he will try to fit you in as soon as possible before the next meeting of the committee at the hospital where the doctor works. If you are over 19 years of age and less than 10 weeks pregnant, you can have the abortion done by a GP. (The Health Collective has phone numbers of some general practitioners that will perform abortions.)

If you are more than 10 weeks pregnant, you will need to see a gynecologist. To see a gynecologist you will need a referral from another doctor--it could be your own doctor, if s/he is supportive. If your doctor is not supportive, or you need help finding a referral, you can talk to someone at the Health Collective.

If you are 16-19 years old, you must have consent from one of your parents or, if you don't want your parents to know you are having an abortion, you must have a "second medical opinion". A second medical opinion means that another physician who is not going to participate in the abortion procedure or the committee decision, states that s/he has seen you and gives written agreement that you should have an abortion. If you don't want to tell your parents and need help arranging for a second opinion, you can ask someone at the Health Collective about where to go.

If you are under the age of 16, the hospital requires you to have your parent's consent to have an abortion in BC. If this is a problem, again, someone at the Collective may be able to help you figure something out.

The doctor you see will usually ask you for information--your name, your address, the date of your last menstrual period, your (or your parent's) medical insurance number. (Try not to worry about your parents finding out--the doctor's and hospitals' files are "confidential" and MSP (medical plan) never itemizes reasons for treatment on their bills). The doctor will probably do a bi-manual exam (described on Page 2). After your appointment is over, s/he will send an application form (which s/he has filled out) to the hospital prior to the next meeting of the therapeutic abortion committee. The doctor or the receptionist should tell you when to call back to find out your hospital date.

#### PREPARATION FOR THE ABORTION:

Preparation for the abortion starts the day before your hospital appointment. Some doctors insert a laminaria tent (a cylinder of dried seaweed) 24 hours prior to the procedure to gently dilate the cervix before the abortion.<sup>2</sup> This kind of dilation may cause cramping for some women, and this is not always the procedure. Your doctor will specifically tell you if s/he recommends a

laminaria tent.

All women going to the hospital for an abortion should remove nail polish, rings and jewelry. If you are having general anaesthetic (unless you have made specific arrangements otherwise, you will be given general anaesthetic) DO NOT EAT OR DRINK ANYTHING FOR 12 HOURS PRIOR TO YOUR ADMISSION TO THE HOSPITAL. No water, no food, no gum, no cigarettes, nothing until after your surgery. If you "cheat" on this instruction your abortion may be cancelled or you may be risking serious complications or death under the anaesthetic. (See section on general anaesthetic.)

#### ADMITTING PROCEDURE:

The admitting clerk at the hospital will ask for the following information:

- your name, address, age, social insurance number, occupation and place of employment;
- name, address and telephone number of a relative or close friend who can be notified only in case of emergency;
- name and addresses of two people who are not relatives. These people are not notified of your hospital admission

unless there is a non-payment of your bill.

-the identity and dependent number of your BC Medical Services Plan. There is a \$ \_\_\_\_\_ outpatient fee which should be paid at this time. If you do not pay it, a statement will be sent to your address.

WHAT TO DO IF YOU DON'T WANT  
MAIL COMING TO YOUR HOME:

- pay the doctor's bill and the anaesthetists fee at your doctor's appointment. It is sometimes possible to arrange with the doctor to pay these later, but you need to check this to be sure;
- pay the outpatient fee at the time of admission to hospital.

You will be asked for the name and telephone number of the person who plans to pick you up from the hospital. It is illegal to drive for 24 hours after having general anaesthetic and the nurses will not let you walk, ride a bicycle, take a bus

or a taxi home alone. YOU MUST HAVE SOMEONE PICK YOU UP. IF THIS ISN'T CONFIRMED AT THE TIME OF YOUR ADMISSION, THE HOSPITAL MAY DECIDE TO CANCEL YOUR SURGERY!!

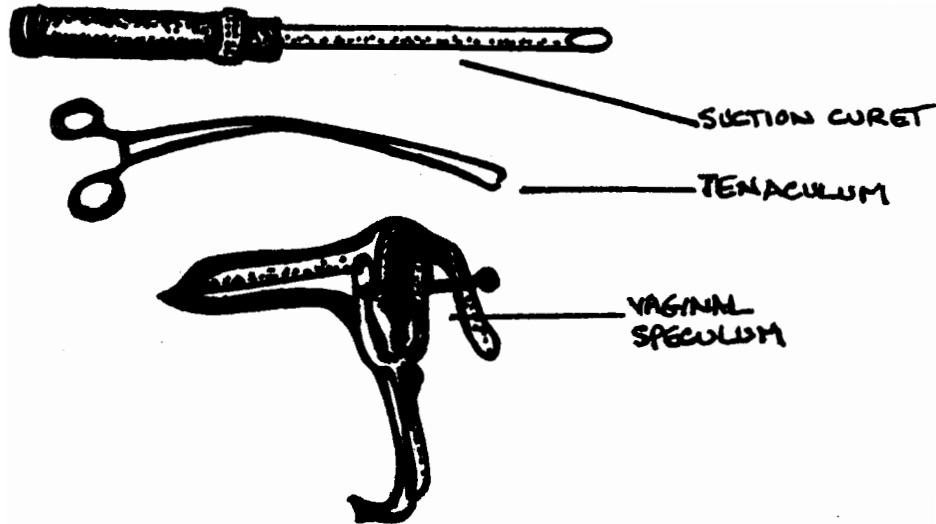
PRE-OPERATION PROCEDURE:

You will generally be in the hospital for 4-5 hours. All your belongings and clothing will be left in a locker after you have changed into a hospital gown, so leave your valuables at home. In preparation for surgery you will be given an injection which will dry up the secretions in your mouth and throat.

You will then be taken to the operating room where an intravenous needle will be inserted into your arm. The bottle attached to the IV needle allows sodium pentathol and dextrose and water to slowly enter your bloodstream to make you stay asleep during the procedure and to keep your blood sugar normal. Within a few minutes, you will be unconscious. If you have arranged to have a local anaesthetic, novocaine or xylocaine (as used by dentists) will be injected into either side of your cervix.

### SUCTION ABORTION:

A brown sterilizing solution is swabbed over your genital area (it may take a few days to wear off). A speculum used for pelvic exams is inserted into your vagina to hold open the walls of the vagina and the cervix is brought into clear view with a tenaculum (an instrument that holds the cervix stable--see illustration). The os (the opening in the cervix) is dilated (gently opened) and a sterile, hollow plastic tube is inserted into the uterus. This suction curette is attached to a vacuum bottle which collects the contents of the



uterus when vacuum pressure is applied. This part of the procedure takes about 5-10 minutes. Some doctors then use another curette to manually scrape the uterus to ensure that all the tissue has been removed.

### RECOVERY:

When you wake up, you'll be in the recovery room. You may have an oxygen mask over your nose and mouth or a nurse may be taking your blood pressure or calling your name. You may also find that you are disoriented, feeling nauseous or having cramps when you first wake up, but this will soon pass. After you are completely awake and your blood pressure is normal, you will be allowed to leave--about 2 hours after the operation. Remember that a friend has to pick you up. Also, if you still feel disoriented or half asleep, stay in Surgical Day Care until you feel well enough to leave.

### RH IMMUNE GLOBULIN:

If you have Rh negative blood you will receive an injection of Rh immune globulin to prevent problems in future pregnancies. (Your blood type should have been taken at



the doctor's appointment.)

#### POST-ABORTION CARE:

Take it easy immediately after the abortion. If you are hungry, you may eat lightly, but remember that the anaesthetic is still in your system and you may feel nauseous if you eat too quickly.

You will have menstrual-like bleeding for a few days to a week after the abortion. If this bleeding becomes very much heavier than a period (i.e. if you are soaking more than 1 pad an hour), if you are passing clots or the discharge is foul smelling, see a doctor as soon as possible; you may be hemorrhaging or you may have an infection.

For 2 or 3 weeks after the abortion, do not use tampons, do not have intercourse, do not take tub baths or go swimming. In other words, do not allow anything into the vagina that might push bacteria up into the uterus. The cervix will return to its normal state within a few weeks, but immediately after the abortion the os remains dilated and bacteria can be carried up into the uterus and cause an infection, possibly Pelvic Inflammatory Disease (PID).

#### DANGER SIGNALS OF INFECTION

ARE:

- feeling heavy cramps a day or two after the procedure;
- running a temperature or feeling a fever;
- an unusually heavy or foul smelling discharge.

If you think you might have an infection see a doctor immediately. Infections can be treated early but are much harder to treat if left to develop into PID.

Also, you should consider yourself fertile immediately after the abortion, so you will need to plan a method of birth control. If you need information on birth control, the Health Collective has lots.

It is as normal to feel emotionally upset after an abortion as before. Some of this is because of sudden changes going on in your body, and it will pass. However, some of the feelings you may experience are normal reactions to having made a difficult decision and having gone through a physically and emotionally

traumatic experience.

You may find it helpful to have a friend or someone to talk with about these feelings. Again, women at the Vancouver Women's Health Collective can be available to do this.

#### ANAESTHETIC:

Abortions are done with either general or local anaesthetic. At the Vancouver General Hospital, 97-98% of all abortions are done under general anaesthetic. If you are having a general anaesthetic, it is important not to eat or drink anything for 12 hours prior to admission to hospital. Your "gag" reflex is missing when you are under general anaesthetic and if you have anything in your stomach and you vomit (which may happen) you can choke to death! This includes water, toothpaste, anything! If you smoke, it is also a good idea to cut down. Having a general may slightly increase your risk of cardiac arrest, brain damage, convulsions, post-operative pneumonia. General anaesthetic can also interfere with the functions of the respiratory system, the heart and blood vessels, the kidneys

and the brain. According to Robert S. Mendelson in his book Malepractice: How Doctors Manipulate Women, "anaesthesia causes or contributes to death once in every 3,000 surgical cases". General anaesthetic takes a while to come out of your system--some people feel groggy for several days afterwards.

#### ANAESTHETIC PROCEDURE:

Initially an intravenous will be inserted into your arm and sodium pentathol will be administered to induce sleep. The anaesthetist will then place a mask over your nose and administer a solution of nitrous oxide (to relieve pain). The nitrous oxide will be mixed with one of ethane, alothane or florane. The choice of drug to be mixed with the nitrous oxide depends on the anaesthetist's preference. Some anaesthetists think that there is a slightly increased risk of hypothermia (lowered body temperature) with these drugs. Those anaesthetists prefer to use a solution of nitrous oxide and phenatil instead. Once under anaesthetic, a woman can expect to be asleep for about 10 minutes.

It takes 24 hours for the general

anaesthetic to get out of one's system. During this time it is important not to attempt to do anything that requires much concentration, such as driving a car. For this reason the Surgical Day Care Centre at the Vancouver General Hospital requires that arrangements are made to have someone pick you up after the abortion. This rule is followed strictly and if they can't confirm that someone will be there to get you, they may cancel your surgery! So make sure the person picking you up is with you or by a phone when you go to the hospital.

There are a few instances when a local anaesthetic is administered instead of a general one. Local anaesthetic is not usually preferred by doctors because they think that the woman, when awake, can be more tense than when sedated. But women do have the right to request a local anaesthetic. Some women have had bad experiences with general anaesthetic and do not wish to repeat these experiences, especially when an abortion can be performed under local anaesthetic. Other women think it is important for them to be aware of the abortion experience and therefore request a local anaesthetic. In cases where a woman has had

something to eat or drink that might interfere with the general anaesthetic, a local will be administered. As a rule, if a woman is more than 10-11 weeks pregnant a local is not used.

The procedure for local anaesthetic is simple. Xylocaine or novocaine (as used by dentists) is injected on either side of the cervix. Unlike with general anaesthetic, the recovery period from local anaesthetic is much shorter.

There is no cost for the anaesthetic when you are covered by a medical plan. Without medical coverage, the cost for general anaesthetic is \_\_\_\_\_ and for a local is \_\_\_\_\_.

#### ABORTIONS IN THE UNITED STATES:

Abortion is a decision between a patient and her doctor in some states, and so a committee does not have to process applications. The legal age of consent for an abortion in Washington State is 16. In Washington State a first trimester abortion usually costs about \_\_\_\_\_ (US) and is done in a doctor's clinic (a cross between an office and an out patients' hospital).

The appointment that you make when you phone is the actual abortion appointment-- it is not necessary, as it is in Canada, to have several appointments.

All abortions in clinics are done under local anaesthetic. A nurse is in the room at all times and usually the doctor explains what s/he is doing at the same time. A local anaesthetic is injected into the area around the cervix (you might feel pressure, but usually not pain) and the os is dilated. A suction curette "vacuums" out the contents of the uterus, just as explained for suction abortions. You may feel some menstrual-like cramping but this will pass. You will have a quiet place to rest and recover from the procedure but it is recommended that a friend accompany you home. All after-care instructions are the same as previously described.

If you are having an abortion in the US, you should remember the following:

1. Phone for an appointment. This appointment will be for the abortion itself.
2. If you have Rh negative blood, you will have to have an Rh immune globulin injection to prevent problems with future pregnancies. This will cost an extra

\$ \_\_\_\_\_ over and above the cost of the abortion. If you don't know your blood type, there are several ways of finding it out. Ask someone at the Health Collective if you need information about this.

3. DO NOT EAT OR DRINK anything for 3 hours prior to your appointment. This will help prevent nausea from the anaesthetic.
4. Shower or bathe before the appointment.
5. Have someone come with you to take you home. It is possible to do it alone, but it is also possible to feel faint or weak afterwards.
5. Bring cash or a money order in US funds. (MSP won't reimburse you for an abortion in the US.)

It is possible to go down to the States for the procedure and come home again the same day. If they ask the purpose of your visit at the border crossing, say you're just down for a day of sightseeing.

FOOTNOTES:

1. There are many ways of "fighting" that do not involve physical confrontation or armed struggle. These are some of our ideas:
  - .Signing petitions, writing letters or making phone calls to politicians to let them know what we think of the present laws concerning abortion and what kinds of changes we are demanding. If you belong to a group, getting your group to write a letter, for example, can be effective.
  - .If your local hospital elects a board of directors every year, try organizing with other women or groups to make sure that the members that are elected have a pro-choice position on abortion. A mainly pro-choice hospital board of directors is more likely to decide to set up an abortion committee at the hospital and ensure that abortions are available in your community or area.
  - .Joining groups that are active on abortion issues. One group that has been active for years in Vancouver is Concerned

Citizens for Choice on Abortion (CCCA),  
 P.O. Box 24617, Station C, Vancouver.  
 Tel: 876-9920.

2. There is some concern that inserting laminaria increases the risk of pelvic infection. Because (with laminaria) the cervix is dilated slowly over a relatively long period of time, there is more chance of bacteria in the vagina getting up into the uterus.

REFERENCE MATERIAL AND FURTHER READING:

## ABORTION:

.Boston Women's Health Book Collective;  
OUR BODIES, OURSELVES; Simon and Shuster;  
New York; 1979; Pages 216-238.

Content: This is thorough but mainly deals with the abortion situation in the United States. The section called "Having a Vacuum Suction Abortion" is particularly useful, however, it talks about having an abortion with a local anaesthetic (the common procedure in the States). Most abortions in Vancouver (and BC) are done under general anaesthetic.

.Montreal Health Press; A BOOK ABOUT BIRTH CONTROL; Montreal; 1979; Pages 40-45.

Content: The information is useful and thorough but, again, unlike the description of the procedure in this book, abortions in BC are done under general anaesthetic, unless otherwise requested. The introduction in the section on abortion in the pamphlet is particularly good.

For a more general discussion about abortion, see the "Abortion" section in the Health Collective Library and/or the files on abortion in the Resource Centre at the Collective.

## BIRTH CONTROL:

.Montreal Health Press; A BOOK ABOUT BIRTH CONTROL; Montreal; 1979.

.Boston Women's Health Book Collective;  
OUR BODIES, OURSELVES; Simon and Shuster;  
New York; 1977.

.Barbara Seaman; WOMEN AND THE CRISIS IN SEX HORMONES; Bantam Books; New York; 1979.

.San Francisco Women's Health Centre;  
THE DIAPHRAGM; San Francisco, 1979.

.Denise Guren and Nealy Gillette;  
THE OVULATION METHOD: CYCLES OF FERTILITY;  
Ovulation Method Teacher's Association;  
Bellingham; 1978.

.Vancouver Women's Health Collective;  
SAFE AND EFFECTIVE BIRTH CONTROL DOES EXIST;  
Kinesis (Vancouver); August 1981.

Also see the Health Collective Library and Resource Centre, at 1501 West Broadway, for more information.

## FURTHER READING:

.Vancouver Women's Health Research Collective;  
PELVIC INFLAMMATORY DISEASE; Vancouver; 1983.

.Montreal Health Press; A BOOK ABOUT SEXUALLY TRANSMITTED DISEASES; Montreal, 1984.