An ounce of prevention, a pound of cure

by C. Ricketts

The woman in the corner is chain smoking. Her face is drawn, she smiles wanly at the woman beside her who is gamely trying to make polite conversation.

A fifteen year old girl sits nervously between her parents. Her father stubs out his cigarette, looks at his wife and leaves the room. The others, a woman in her forties, a petite Oriental woman and a woman in her early twenties, watch him go, then lapse again into private thoughts.

The nurse enters, calls for Julie, smiles at the rest of the waiting women, and escorts her, robe flapping and slippers slapping on the cold marble, down the hall.

This is a typical scene at the abortion clinic in Halifax's Victoria General Hospital.

The abortion issue has been raging in Canada for years. Pro-lifers argue for the unborn child's right to life, condemning abortion as murder and an abomination of the sanctity of human life. Pro-choice groups wage a battle for the right of a woman's control over her own body and the right of every child to be wanted and loved from birth.

In Canada, women are legally permitted to seek therapeutic abortions when their physical or psychological well-being is threatened as a result of carrying a pregnancy to term. In Nova Scotia, a woman seeking an abortion must have her case reviewed by a hospital committee, either by having her physician personally represent her, or by submission of letter from two doctors who have examined her.

"There are three groups of women who seek abortions," says Dr. Johnson, head of Health Services at Dalhousie. "Those women in their late teens and early twenties, older women approaching menopause, and the group of women in between."

Younger women become pregnant for a variety of reasons says Johnson. "They may be reluctant or afraid to use birth control, and parents don't help, either because they themselves are uninformed or are uncomfortable to talk about it with their offspring."

"At that age, sex tends to be spontaneous. Often young women don't plan to have intercourse, but they go to a party, and get turned on," says Johnson.

A small group of women become pregnant accidentally. They tend to be older and hold down jobs. "A pregnancy is the last thing they have planned," says Johnson.

The tragedy is that no woman need ever become pregnant with the widespread availability of birth control, says Johnson. In the event of contraceptive failure, such as a ruptured condom or unprotected intercourse, an effective and extremely safe "morning-after pill" has been developed. If taken within 48 hours of unprotected intercourse, its failure rate is about six per cent, or roughly the same contraceptive effectiveness of an IUD (intra-uterine device).

Birth control teaching in the high schools is woefully inadequate. Johnson has gone to some of the local high schools to talk to students about sexual reproduction and sexually transmitted diseases, but due to the school's policies he says he has not been allowed to talk about methods of birth control.

Johnson says he sometimes manages to get around this restriction by informing students that condoms are one of the most effective means to avoid transmission of venereal disease. He then passes out a pamphlet with pertinent information which also contains two sample condoms.

Mike Tanner, head of the Health and Physical Education Department at Queen Elizabeth High School says to his knowledge there is no contraceptive education at most of the high schools in Halifax. At QEH he says human sexual reproduction is taught basically as anatomy and physiology as part of the Grade 12 biology curriculum.

"I think they ought to teach birth control, but it should be taught by someone who is qualified to teach it," said Tanner. Although he does not consider himself qualified to teach contraception to a class, he said if he were approached by one of his students, he would refer them to someone who could answer questions.

After only ten minutes, Julie reenters the room, visibly shaken. She has been crying, the trails of tears still faintly visible on her cheeks. She reaches for the paper sack containing her street clothes and goes to the changing room.

The nurse turns to Linda, who had been trying to make conversation before. Linda grabs her friend's hand for a final squeeze and heads to the door.

As Julie, dressed in street clothes, passes through the door into the hall, the nurse can be heard directing her to the nurse's station to make an appointment two days from now.

Therapeutic abortions within the first three months of pregnancy are carried out by dilatation and curettage (D and C). This is a procedure in which the cervix, or neck of the womb, is dilated under local anesthetic, and the uterine lining removed by insertion of a curette applied with vacuum suction to extract the lining.

The entire procedure takes about fifteen to twenty minutes, is painful and leaves cramping which subsides within a few hours. Blood flows at a rate heavier than normal menstrual flow for two days after the procedure, then is reduced to spotting which disappears within a few more days.

If a woman is more than three months pregnant, abortion is conducted by saline induction. The fetus is injected with a saline solution which kills it and induces labour.

"The woman is actually passing a very small baby," says Johnson. "Complication rates are higher, the procedure requires a longer stay in the hospital and the experience is much more emotionally traumatic for the woman."

Julie's pregnancy is too far advanced to allow for the simpler D and C. Most doctors are reluctant to perform a therapeutic abortion after four months from conception. "If there is any suspicion that a woman is pregnant, it's important to seek help right away," says Johnson.

Linda is accompanied into a small bright room. The doctor is seated at the foot of a table, checking over his instruments. The nurse directs her to get on the table and places her feet in stirrups above the doctor's head.

Before the abortion procedure begins, the doctor conducts a pelvic examination to determine the extent of Linda's pregnancy and to check for possible complications. After taking a swab which is sent to the hospital lab, the doctor tells Linda he is going to freeze her cervix with an injection of local anesthetic. "This is going to pinch," he says.

The pain is excruciating. Linda tells the nurse she is going to faint, and is told this is a perfectly normal reaction. The numbness in her belly does not last for long. As the instrument dilating her cervix clicks, there are successive spasms of still more pain, despite the anesthetic. The doctor reaches for the curette and she feels pressure as it probes its way into her womb.

The vacuum suction is flicked on, the cramps become unbearable. Linda clenches her teeth, feels her hands grow cold as she grips the sheet draped over her legs.