

Your Choice for Your Reasons

**Youth Pregnancy Options
HANDBOOK
for
Service Providers**



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Introduction

This handbook replaces the original *Your Choice for Your Reasons* published in 2002, by the Adolescent Parent Interagency Network (APIN) and Healthy Child Manitoba. The 2009 revised handbook provides information for service providers working with youth to aid them in providing up to date and factual information about pregnancy options. This handbook is not intended to replace comprehensive decision making training for service providers regarding counselling women of any age with an unintended pregnancy.

Every Manitoban has the right to comprehensive, reliable services and information about sexual and reproductive health. All women (including youth) have the right to explore their pregnancy options including: abortion, adoption and parenting.

Counselling young women about unintended pregnancy is complex. It addresses several issues: decision-making about the outcome of the pregnancy; counselling and education about the option chosen; and contraceptive and harm reduction education to address future sexual health needs. In addition, there may be other relationship or familial issues that the young woman is experiencing. If this kind of counselling is beyond your expertise or comfort level, it is in the client's best interest to be referred to a trained, pregnancy-options counsellor (See Appendix D).

For more information about how to use this resource, contact Healthy Child Manitoba at 204-945-2266 in Winnipeg; toll free 1-888-848-0140. Or contact the Adolescent Parent Interagency Network (APIN) at info@apin.org; or apin.org.

APIN and Healthy Child Manitoba would like to acknowledge the contributions to this document from the following organizations:

- Aboriginal Health and Wellness Centre
- Adoption Options
- Klinik Community Health Centre
- Manitoba Health and Healthy Living
- Manitoba Status of Women
- Pregnancy Counsellors Interagency Network
- St. Boniface Hospital
- The Family Centre of Winnipeg
- Winnipeg Regional Health Authority
- Adolescent Parent Centre
- Health Action Centre
- Manitoba Family Services and Housing
- Manitoba Métis Federation
- Mount Carmel Clinic
- Sexuality Education Resource Centre
- Teen Talk
- Villa Rosa
- Women's Health Clinic

All information contained in this handbook is current as of January 2009.

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1. Decision-Making Counselling

The goal of decision-making counselling is to help a young woman with an unintended pregnancy make the best choice for herself.

For many young women, this may be the first time she has discussed her unintended pregnancy. She may be afraid that she won't be able to access the services she wants. She may be confused about what resources are available, while others may know what they want and only need help getting it.

Decision-making pregnancy counselling, that supports all three pregnancy choices, must take place in a respectful, non-judgemental atmosphere. Informed decision-making and confidentiality are essential for these client-centered interactions.

Respectful counselling includes open, honest, non-judgemental discussion free from bias and assumptions. Service providers need to be aware of verbal and non-verbal communication cues. Language such as “fetus” instead of “baby;” “placing the child for adoption or choosing adoption” instead of “giving your baby up;” “father of the pregnancy” or “man involved” instead of “boyfriend or husband,” all communicate messages about your bias and feelings as a service provider. Being aware of your own feelings about repeat abortions, a young person's capacity to parent, substance use, sexuality and issues that affect a pregnancy, will help you keep bias out of interactions with clients.

The Personal Health Information Act (PHIA) legislates all health care interactions. It is essential for young women seeking pregnancy options counselling to know their confidentiality is respected. Some young women may not have a supportive friend or family member to assist them. Even young women who have support may not have told that individual all the details about her pregnancy. Clarify how much of a session the young woman wants her support person to take part in. It is essential to meet privately with each young woman, at some point during your discussions, to ensure she is making a free and informed decision for herself. Remember that young women with an unintended pregnancy have a range of life circumstances that have brought them to this point.

Counselling guidelines are particularly important for young women who are under 18 years of age. A supportive, confidential, non-judgemental discussion will help her make an informed decision. Informed consent for a young woman is determined by her ability to understand the risks and benefits of the health services being provided. (See Appendix A “Considerations For Minors With An Unintended Pregnancy”) In Manitoba, all births to women under 18 are reported to Child and Family Services.

For most young women, deciding how to handle an unintended pregnancy and future contraceptive planning can be challenging. Client-centred care recognizes that all women are able to make their own decisions. A harm reduction approach ensures support remains client-centred and addresses the young woman's needs rather than those of the health care provider. Harm reduction meets people where they are at. (See Appendix B “Principles of Harm Reduction”)

Tips for the Counselling Session:

1. Set the tone for the interaction:
 - Begin each session in a non-threatening manner. Introduce yourself, your agency, your role and the goals for the session.
 - Reinforce the principles of PHIA, how personal information will be used, shared and how confidentiality will be maintained.
 - If the young woman has a support person, tell her it is policy to meet first with her and then invite the support person to join them later, if necessary. If this is not possible initially, it is important to meet with the young woman privately at some point, to rule out coercion, control or abuse by anyone who may influence her decision making ability.
2. Clarify with the young woman what her expectations are for the session. Review pregnancy options: abortion, adoption and parenting. (See Appendix C for “Decision-Making Counselling on Pregnancy Options”) Your agency may require that all pregnancies be confirmed with a pregnancy test on site.
3. Help the young woman through the decision making process:
 - Clarify how she feels about the pregnancy and what option(s) she has considered.
 - Address the circumstances surrounding her pregnancy (consensual sex, assault, casual partner(s), established relationship or relationship that has ended).
 - Clarify her understanding of the options available to her. An abortion may be available in Manitoba up to 19 weeks, six days gestation. This depends on the availability of appointments in the health care system. (See Appendix D “Referral Routes for Pro-Choice Pregnancy Counselling Services in Manitoba”)
 - There are several adoption alternatives available in Manitoba. Young women choosing this option should be referred for additional prenatal care and support. (See Appendix E “Prenatal Resources in Manitoba”) (See Appendix F “Adoption Resources in Manitoba”)
 - Young women choosing adoption can also be referred for a variety of health, education and social services available in Manitoba. (See Appendix G “Parenting Resources in Manitoba”)
 - Ask how she made her choice.
 - Clarify her concerns about her decision.
 - Clarify any myths and misconceptions she may have.
 - Clarify who her support network is, who knows about the pregnancy and how they are reacting.
 - Clarify how her decision will impact her life both positively and negatively. Some young women may need to be referred to additional health and social services depending on concerns identified and the scope of practice of the service provider.
 - Clarify any relationship safety concerns and develop a safety plan if necessary. Some young women may need to be referred to additional support services if personal safety is a concern.

- Address any additional health or life issues she may have and refer her to the appropriate services. For example: primary health needs, family dysfunction, addiction concerns, education and employment concerns, financial concerns or abuse issues.
4. A follow up session may be required to allow her time to consider her options and re-evaluate her plan.
 5. Discuss a future contraceptive plan as appropriate.
 6. Discuss sexually transmitted infections (STI)/HIV prevention as appropriate.

2. Abortion

In Manitoba, women of every age can choose to have an abortion. In some cases, a physician may require a parent's or guardian's permission for a woman under the age of 18 to have an abortion. If the young woman cannot or does not want to get permission from a parent or guardian, and she is able to provide informed consent for herself, a pregnancy counsellor will refer her to a physician who does not require parental consent.

In Manitoba, there are several abortion options available: medical termination, community-based care or hospital-based care. The best option depends on the woman's gestational age, health risk factors, availability of service providers in her community and personal preference. Women living outside of Winnipeg may need to travel to Winnipeg for abortion services.

The purpose of abortion counselling is to assist the young woman to make an informed decision about the abortion procedure, possible risks, options and availability of appointments. Appointment requests are prioritized to ensure that women with more advanced gestational age or extenuating circumstances receive timely access to services.

Serious complications from an abortion procedure are extremely rare and happen in about 0.5 to 1.2 per cent of all abortions done in Canada. Serious complication rates for first-trimester abortions are very low, 0.6 per cent (Statistics Canada 1990).

Following the aftercare instructions will minimize the risk of any serious problems developing from a complication. Aftercare instructions are similar regardless of how or where an abortion is done. There are additional monitoring requirements for a medical abortion. (See Appendix H "Abortion Aftercare Instructions")

Women who have an abortion may feel a mix of emotions before and after the procedure. Many women feel this is the most difficult decision they will ever have to make. Feelings may include relief, guilt, shame, a sense of strength and control, anger, a sense of loss or hope for the future. All of these feelings are normal. It is important that counselling services are available throughout the abortion process and after, if needed.

3. Adoption

An adoption is the legal process through which a child becomes a permanent part of a new family. When the order of adoption is granted, the adopted child is considered the legal child of the adoptive parents. Young women do not need parental consent to make an adoption plan. Child and Family Services, Adoption Options, Ukrainian Adoption Services and Canadian Advocates for the Adoption of Children are the only fully licensed adoption services in Manitoba.

The Adoption Act allows birth parents under 18 to place a child for adoption. In Manitoba, all births to women under 18 are reported to Child and Family Services. This is to ensure that the young woman receives the support she requires to either place the child for adoption or to parent on her own.

Young women choose adoption for many reasons. It is important to explore with the woman the various reasons why she may be considering adoption as an option. It is important that she feel comfortable with her decision. As with the other pregnancy options, it is important that the young woman not feel pressured by friends, family, a partner or other service providers, to make a decision that may not be right for her. Pregnancy options and decision-making counselling, collection of medical and social history and grief counselling, are all important parts of the adoption process.

Consent is another important part of placing a child for adoption. Consent means agreeing that adoption is the best option for the child. After signing a consent form for adoption, the birth parents have 21 days to change their minds. They may decide to parent the child by withdrawing their consent (in writing). If the birth parents withdraw their consent within 21 days, the child will be returned to them immediately, unless there are child protection concerns. If consent is not withdrawn, the parents' rights end after 21 days. If either birth parent is still undecided after 21 days, more time may be given for them to make a decision.

The Adoption Act requires that the birth father be named and notified of a proposed adoption, even if he is not involved in the process and planning with the birth mother. Consent to an adoption cannot be given until the birth father has been notified or the court has dispensed with this requirement and at least 48 hours have passed since the birth of the child. The court may dispense with the notice to a birth father if a judge feels it is in the best interests of the child; or the father cannot be found.

There are several types of adoption arrangements available:

DIV I (Permanent Ward Adoption) and DIV II (Private Adoption)

This means that another family has the legal right to raise the child on a permanent basis.

DIV 5 (Extended Family Adoption)

The young woman may place the child with a member of her extended family. A Notice of Application must also be served by a lawyer to a child welfare agency so that the agency can prepare a report for the court.

Guardianship

Someone other than the young woman takes legal responsibility for raising the child on a short-term or permanent basis. This can range from an extended family member to a non-family member. The guardian applicant needs to make a formal application for guardianship through a lawyer. If the birth parent is involved with a child protection agency, the family services worker must support the guardianship application. The court will require a home study for the guardianship applicant. Unlike other adoption placement processes, parental rights (ability to reapply for guardianship) are not automatically terminated.

Openness Agreements

Birth parent(s) placing a child for adoption have the opportunity to have contact with the adoptive family. Contact is on a continuum ranging from non-identifying exchange of information (letters and pictures) to direct contact between adoptive parents and birth parent(s). Where there is an agreement, the degree of openness is determined between the adoptive family and the birth family. The Adoption Act provides for openness agreements, which formalize the details of contact agreed upon. It is possible to renegotiate the agreement over time. The best interests of the child are paramount to any openness agreement.

Adopting in Manitoba

Adults who are Manitoba residents may be eligible to adopt a child. The process to adopt a child includes an application to Child and Family Services, home study and assessment, including reference letters and child abuse and criminal records checks. Education for prospective adoptive parents is a mandatory component of the adoption process. Education will help prospective parents decide whether adopting a child is right for them. A child can not join a family through adoption until the family has an approved home study.

The Post-Adoption Registry provides information, search and reunion services to eligible family members who were involved in an adoption granted under a DIV I or DIV II adoption. The Child Protection and Support Services Branch of Manitoba Family Services and Housing operates the registry.

A woman may feel a mix of emotions after she places the child with the new family. Many birth mothers feel this is the most difficult decision they will ever have to make. Common feelings include guilt, shame, anger and a sense of loss. Other feelings may include empowerment to have made a hard decision, a sense of strength, hope for the future and relief. All of these feelings are normal. It is important that counselling services are available throughout the adoption process and after.

4. Parenting

Many young women may feel a range of emotions throughout the stages of their pregnancy and their children's lives. It is important to validate their feelings at all times. Discuss the various reasons the young woman may want to parent her child. In Manitoba, all births to women under 18 are reported to Child and Family Services. This is to ensure she receives the support she requires to either place the child for adoption or parent on her own. Referrals for additional programs, including support and counselling, may be very valuable for some women.

If the young woman continues with the pregnancy and chooses to parent, she is obliged to provide care until the child is 18 years old (excluding the option of voluntary placement after the child is born). There are resources in the community that can help with housing, education and training, child care and some of the challenges of parenting. She may be entitled to income assistance if she has no other means of support. Subsidized housing options are available for young women over the age of 18 but may be limited and may require being relocated to a different neighbourhood.

Young women are also entitled to some financial support from the male involved, regardless of his contact with the child. The male may request access to the child, whether or not he is providing financial support. If she decides that she would like financial support from the male involved, she may file for child support payments through the court system. Other legal issues may include custody agreements between the parents as well as maintenance enforcement.

A pregnant or parenting young woman may wish to continue with her education. Students in Manitoba are eligible to attend public school until June of the calendar year they turn 21. In Manitoba, there are some schools allowing young parents to continue their education while recognizing the demands of parenthood. If she wishes to continue her education, a school guidance counsellor can help develop an education plan. It is important that she feels supported to continue her education. This can have a significant impact on whether or not she is able to continue going to school. A teen parent may drop out of school due to increased family and parenting demands. As well, she may feel isolated or unable to fit in with her peers who are not pregnant or parenting.

5. Contraceptive/Safer Sex Planning

For many young women the circumstances surrounding the unintended pregnancy, decision-making and the subsequent option chosen can be emotionally stressful. For some young women their response to the question, “What are your future contraceptive/safer sex plans?” is that they will not have sex again. While this sentiment may be how she feels at the time, it is likely that she will eventually have sex again. To prevent another unintended pregnancy and STI/HIV, it is essential to discuss contraception and safer sex planning with the young woman.

Contraceptive counselling involves a frank discussion of available options. This includes the effectiveness of various methods, barriers to accessing them, cost, how to negotiate safer sex, harm reduction counselling related to relationships, substance use, lifestyle, STI/HIV prevention and selection of a reliable method.

Effective, reversible methods may include:

- male or female condoms with appropriate use of emergency post-coital contraception (Plan B).
- contraceptive pills/patch/ring/injection with appropriate use of Plan B.
- IUD/IUS.
- diaphragm and spermicidal gel with appropriate use of Plan B.

Note: Due to manufacturing issues, diaphragms may not be readily available.

It is important to stress to the young woman (and the male involved if appropriate) that she is able to become pregnant immediately after an abortion or after giving birth. Individuals requesting permanent sterilization (tubal ligation) need to be referred to an appropriate physician.

When an unintended pregnancy is the result of sexual assault or sexual coercion, the discussion requires extra sensitivity on the part of the health care provider. Women can be referred to community resources such as Klinik Community Health Centre’s Sexual Assault Program, for additional support.

Appendix A

Considerations for Minors with an Unintended Pregnancy

Provision of Health Care

An unintended pregnancy is a stressful situation for most women. For young women, the situation is compounded by misconceptions surrounding conception, barriers to confirming a pregnancy, misinformation about available pregnancy options, fear of disclosure, concerns about parental consent or relationship issues.

In Canada, there is no legal age of consent for health care or health care procedures. People under 18 can give consent for health care/procedures if the health care provider feels the person understands the implications of receiving or not receiving care and can make an informed decision. Individual health care providers may require parental or guardian consent before they care for minors.

Courts commonly recognize the concept of a “mature minor.” This is a person who has the capacity to fully appreciate the nature and consequences of a proposed health treatment, and is capable of giving informed consent. It is not based on age but on capacity to understand. The mature minor concept applies to all medical and surgical treatments, including therapeutic abortions. In Manitoba, a woman under 18 has the right to choose abortion, adoption or parenting without the consent of a parent or guardian.

The code of ethics for physicians and nurses both cite the importance of “considering the well-being of the patient” when providing care to young people with or without parental or guardian consent.

Responsibility to Report Sexual Assault or Abuse

The ability to consent to a medical procedure is not related to new federal laws on consent for sexual activity. Consent for medical procedures does not relate to a service provider’s professional obligation to report sexual assault or child abuse under *The Child and Family Services Act*.

Appendix B

Principles of Harm Reduction

There are many reasons people engage in high-risk behaviour and are not able to make the immediate changes necessary to refrain from it. Harm reduction is a set of non-judgemental policies and programs that provide and/or enhance skills, knowledge, resources and support people need to live safer, healthier lives. It encourages people to build strengths and gain a sense of confidence. Harm reduction can help move a person from chaos to control over his/her own life and health. For some people, not having sex is the best way to reduce harm. Interventions that aim for abstinence and safer drug use both have a place within harm reduction. The key is to balance abstinence-based programs with those that reduce harm for people who continue to use drugs and engage in high-risk sexual activity.

The International Harm Reduction Association (2002) describes harm reduction as: “Policies and programs which attempt primarily to reduce the adverse health, social and economic consequences of mood altering substances to individual drug users, their families and communities, without requiring decrease in drug use.”

Harm Reduction can also be defined as “a set of strategies and tactics that encourages people to reduce harm to themselves and their communities, through the sharing of relevant information, facts and practical material tools that will allow them to make informed and educated decisions. It recognizes the competency of their efforts to protect themselves, their loved ones and their communities.” (Harm Reduction Considered and Applied, Health Canada 2002)

Principles of Harm Reduction

Common sense

- accepts risk-taking as normal human behaviour
- recognizes people have more success in changing when they make choices that reduce the possibility of harm, rather than totally eliminate harm or risk as the first step towards change
- identifies a range of risks for STI, HIV/AIDS and Hepatitis C infection and the context in which they occur
- encourages people to start “where they’re at” to protect themselves, their partners, families and their communities

Human dignity

- recognizes the intrinsic value and dignity of all human beings
- does not judge individuals on the basis of their individual behaviours
- accepts that isolating people and communities based on moral judgements is harmful
- enhances social and health programs, disease prevention and education by reducing oppressive and punitive measures
- expects accessible, flexible, culturally responsive and non-judgemental services for all
- recognizes the rights and abilities of people to make their own choices

Focus on harm

- challenges the harmful policies and practices that result from myths within and about communities and about risk-taking behaviours
- challenges the harmful policies and practices that isolate individuals and communities and prevent them from accessing needed services

Balance

- demands that individuals and communities that are affected, be directly involved in the organization of strategies for harm reduction
- recognizes diversity within the community or communities, accepting that there is no one homogenous group
- contributes to the safety and well-being of the community

Dealing with priorities

- recognizes the right for comprehensive, non-judgemental medical and social services and the fulfillment of the basic needs of all people and communities
- supports the development and provision of accessible harm reduction tools and information

These principles have been adopted by the Manitoba Harm Reduction Network (MHRN) and are included in the MHRN harm reduction policy framework available on the MHRN website at www.harmreductionnetwork.mb.ca.

Appendix C

Decision-Making Counselling for Pregnancy Options

The following are questions and issues to consider when discussing options with young women who are unintentionally pregnant. Use the questions to help facilitate a discussion.

Abortion

- What are your feelings about abortion?
- Do you have any beliefs that may prevent you from considering abortion as an option?
- What do you know about abortion?
- Have your views changed over time?
- Have your views changed, now that you are pregnant?
- Do you know anyone who has had an abortion?
- Would you like to know more about the procedure?
- Is anyone pressuring you to have an abortion?
- Have you told anyone you are considering an abortion?
- What was their reaction?
- How do you think you may feel after having an abortion?
- Who will support your decision?
- Who will not support your decision?
- Do you have any concerns about having an abortion?

Adoption

- What are your feelings about adoption?
- What do you know about adoption?
- What have you heard about adoption?
- Would you like to know more about the types of adoption available?
- What does it mean to you to make an adoption plan?
- Do you think you would like to have an ongoing relationship with the adoptive family?
- Would you want the adoptive parents to be extended family members or someone you do not know?
- How do you think you will feel if your birth child wanted to get in touch with you in the future?
- What are your thoughts about how you will support yourself financially during the pregnancy?
- Do you have any concerns about your health or lifestyle during your pregnancy?
- How do you think you will feel about carrying this pregnancy to term?
- How do you think the important people in your life will react to your decision?
- How do you think the male involved will react to your adoption plan?
- How would you feel if the male involved wanted to try to assume his full parental rights?

Parenting

- What are your feelings about parenting?
- What has been your experience with caring for babies?
- What do you know about parenting?
- How do you think you'll meet the demands on being a parent?
- How will you support the child, financially and emotionally?
- Where will you live?
- What is your plan for continuing your education or employment?
- What do you think will be your family's reaction?
- Will your family be supportive?
- How do you think you will cope with potentially parenting on your own?
- How do you think the male involved will react to your plan?
- How will you plan for child care needs?
- How do you imagine becoming a parent may change your relationships?

Appendix D

Referral Routes for Pro-Choice Pregnancy Counselling Services in Manitoba

There are several agencies listed at the end of this appendix that provide women with pregnancy counselling and information about options, including abortion. It describes the process that most agencies use.

For women whose choice is abortion, the following steps are necessary:

1. Pregnancy counselling

Pregnancy counselling helps ensure the client is aware of her options including abortion, adoption and parenthood. It addresses her feelings about those options and provides appropriate referrals for the choice she makes. For women who choose abortion, the counsellor will provide information about what is involved in the procedure and aftercare instructions. A birth control plan is also addressed.

2. Examination and tests by a physician/nurse are necessary and include a physical exam.

3. Referrals

Following decision-making counselling, the woman is referred to one of four places for an abortion, each of which has its own procedures. Please note that waiting times between appointments may vary. Availability of services depends on availability of physicians.

- a. At the Health Sciences Centre Pregnancy Counselling Clinic (PCC); women can refer themselves for an abortion. All appointments must be booked over the phone, preferably by the woman herself. If a woman is referred by an outside agency, her lab results should be sent to the clinic before her appointment time. PCC performs abortions up to 19 weeks and six days gestation. Consent of one parent may be required for women under 18. International students with insurance coverage can access abortion services through PCC. Their insurance carrier can often be billed directly for the cost.

The initial appointment involves counselling with a nurse to discuss the client's options. If abortion is chosen, the procedure is explained. A medical assessment, including a pelvic examination, is arranged. Then, the abortion is scheduled. The abortion usually involves a laminaria tent insertion the day before the procedure is performed. The following day, a woman can expect to be at the hospital for three or four hours for the abortion and recovery time. Special scheduling arrangements can often be made for women from outside Winnipeg to minimize the number of appointments required.

A follow-up appointment is recommended two weeks after an abortion. Women may go back to their physician/clinic for their exam.

Women who need additional support, before or after an abortion, can get access to a social worker through PCC.

b. Private physicians

Agencies that offer pro-choice pregnancy counselling can refer clients to physicians who perform abortions. Private physicians usually require a consultation and the results from all required tests. Clients meet once with the physician to confirm their decisions and have pelvic examinations. The physician arranges the date for the procedure and for laminaria insertion (if used by the physician). Individual physicians determine gestational limits for abortions. A maximum of 19 weeks and six days is currently the limit in Manitoba. Access for women with advanced gestational age depends on the availability of a physician. Some physicians may require parental consent for abortions performed on women under 18.

c. Women's Health Clinic (WHC) Portage

Women may refer themselves to WHC Portage or get a referral from a pro-choice agency. All appointments must be booked over the phone, preferably by the woman herself. The clinic provides abortions from 5.5 to 16 weeks gestation. The client can expect to be at the clinic for three or four hours. Northern Health Travel Grant application forms are available from the clinic for women travelling from Northern Ontario. Out-of-province clients or international students with insurance coverage will need to pay before the abortion and then may apply to their carriers for reimbursement. A sliding fee scale is available for those requiring financial assistance.

d. Medical abortions

Accessibility to medical abortions depends on the availability of health care providers who provide it. Medical abortions are available from 49 to 56 days from the last normal menstrual period. For additional information, contact a pro-choice agency listed at the end of this appendix.

4. Out-of-province referrals

If a woman is unable to obtain an abortion in Manitoba due to her estimated gestational age (EGA), the pro-choice agencies listed can refer her to a clinic in another province or the United States. These clinics all charge fees based on EGA.

5. Post-abortion follow-up

It is very important that women follow all instructions from the physician or clinic after an abortion. Approximately two weeks after the abortion, women should see a health practitioner for a medical follow-up. This appointment is necessary to check for possible complications, reinforce the contraceptive plan and address any other concerns. Pelvic exams are only performed if there is an indication one is needed. Follow-up may be provided by the woman's own health care provider or by a practitioner at some of the agencies listed below. Pro-choice pregnancy counselling agencies can also provide post-abortion counselling and support, if required.

Agencies that provide pregnancy counselling and abortion referral

All agencies listed may not be open to new referrals or may have specific service areas or intake requirements. All agencies will help women find the most appropriate service provider.

Health Action Centre

425 Elgin Avenue
Winnipeg, Manitoba
R7A 1P2
Phone: 204-940-3844
Fax: 204-942-7828

Nor West Co-op Community Health Centre

103-61 Tyndall Avenue
Winnipeg, Manitoba
R2X 2W2
Phone: 204-940-2020
Fax: 204-632-4666
www.norwesthealth.ca

Women's Health Clinic

3rd Floor, 419 Graham Avenue
Winnipeg, Manitoba
R3C 0M3
Phone: 204-947-1517
Fax: 204-944-0223
www.womenshealthclinic.org

Mount Carmel Clinic

886 Main Street
Winnipeg, Manitoba
R2W 5L4
Phone: 204-582-2311
Fax: 204-582-6006
www.mountcarmel.ca

Health Sciences Centre Pregnancy Counselling Clinic Women's Hospital

735 Notre Dame Avenue
Winnipeg, Manitoba
R3E 0L8
Phone: 204-787-1980
Fax: 204-787-2876

Women's Health Clinic-Portage

419 Graham Avenue, Unit A
Winnipeg, Manitoba
R3C 0M3
Phone : 204-947-1517
Fax: 204-943-3844
www.womenshealthclinic.org

Klinik Community Health Centre

870 Portage Avenue
Winnipeg, Manitoba
R3G 0P1
Phone: 204-784-4090
Fax: 204-772-7998
www.klinik.mb.ca

Sexual Health Office & Public Health Services

Brandon Regional Health Authority
A5-800 Rosser Avenue
Brandon, MB R7A 6N5
Phone: 204-571-8379
Fax: 204-726-8743
www.brandonrha.mb.ca

Individuals with an unintended pregnancy can call Health Links for information about pregnancy options and referral information at 204-788-8200 or toll free at 1-888-315-9257.

Appendix E

Prenatal Resources in Manitoba

After a young woman has made the decision to continue with the pregnancy, it is important to support her in a healthy pregnancy. There are numerous services available for prenatal and postnatal health. The best referral is to your regional health authority. For regional health authorities in Manitoba, see www.gov.mb.ca/health/rha/contact.html.

Alcohol and drug use during pregnancy

Everything a pregnant woman eats, smokes, drinks or consumes affects the developing fetus. Alcohol, tobacco, marijuana, over-the-counter drugs, prescription medications and all other drugs have the potential to cause mental and physical problems for the developing fetus. Drinking alcohol during pregnancy can cause birth defects. Babies born with Fetal Alcohol Spectrum Disorder (FASD) may have developmental delays, behaviour problems and physical malformations. There is no known safe amount of alcohol for a developing fetus. Quitting (or cutting down on) alcohol or drugs during pregnancy is beneficial to the fetus.

Women who drink alcohol or use drugs during pregnancy may require counselling or other assistance to help them reduce their drug or alcohol use. For more information on Fetal Alcohol Spectrum Disorders, please contact FASD Information Manitoba, toll free at 1-866-877-0050.

Smoking during pregnancy

Smoking lowers the supply of food and oxygen to a fetus. Smoking reduces the fetus' ability to exercise the muscles it will need to breathe on its own at the moment of birth. Women who smoke during pregnancy face an increased risk of miscarriage, premature birth and stillbirth. Babies born to mothers who smoke have a higher risk of low birth weight, other health problems and Sudden Infant Death Syndrome (SIDS).

Second-hand smoke can also harm the baby. Second-hand smoke can irritate the eyes and nose and block a baby's very small airways. Pneumonia and bronchitis are twice as common in young children if their parents smoke.

Marijuana and/or street drugs during pregnancy

Marijuana use during pregnancy may be harmful to the developing fetus. Tremors, exaggerated startle reflexes and abnormal responses to light are found in babies exposed prenatally to marijuana. Exposure levels in newborns equal maternal levels. Marijuana also passes easily through breast milk to the nursing child. Second-hand smoke from marijuana may also affect the baby. Babies born to mothers who use cocaine during their pregnancy may suffer excessive jitteriness, sensitivity to noise and external stimuli, premature birth, low birth weight, other physical difficulties and an increased risk

of SIDS. Use of other street drugs such as heroin and LSD can cause miscarriage, premature birth, stillbirth, bleeding and low birth weight. For more information on women and addictions and treatment services within Manitoba, contact the Addictions Foundation of Manitoba at www.afm.mb.ca.

Prescription medication

Pregnant women should consult with a doctor before using any prescriptions and over-the-counter medications. A doctor can tell her if the benefit of a prescription/over-the-counter medication outweighs the possible dangers to the developing fetus. Cough syrups, painkillers, antacids, nose drops, laxatives, sedatives, diuretics and vitamin supplements are drugs that should be used carefully and only on the advice of a doctor. Birth control pills or other hormonal contraceptives must be discontinued during pregnancy.

More information about prescription drugs and other chemical or drug exposures while pregnant can be found through the Motherisk Program at www.motherisk.org/prof/index.jsp.

Prenatal care

Pregnant women should have regular appointments (once a month at first, weekly in her last weeks of pregnancy) with a medical professional (family doctor, midwife or other health care provider), if possible. During her pregnancy, a woman can get midwifery services that provide increased support for both pre- and post-delivery. Doulas (people who provide medical support) are also available in some parts of Manitoba to help pregnant women and mothers. There are many resources in Manitoba to assist your client in finding suitable medical services for her prenatal period. Contact your local public health nurse for a list of services available (<http://www.gov.mb.ca/health/rha/contact.html>). Dealing with the responsibilities of continuing a pregnancy can be overwhelming; it is important to encourage young women to take care of their physical health and emotional well-being as early as possible.

Postnatal care

A woman's postnatal care should include a medical exam by a medical professional six weeks after the delivery of the baby. Poor health may lead to weariness, irritability and depression. Postnatal care should also include birth control counselling and STI/HIV prevention education. There are many resources in Manitoba to assist young women find suitable medical services for postnatal care. Contact your local public health nurse or child and family services agency for a list of programs available in your area.

Infant nutrition

If the young woman is choosing to parent, she may want information about options for infant feeding. Manitoba Health and Healthy Living has infant feeding resources at www.gov.mb.ca/health/nutrition/resources.html.

Appendix F

Adoption Resources in Manitoba

Manitoba Family Services and Housing
www.gov.mb.ca/fs/childfam/adoption.html

Provincial Child and Family Services offices
www.gov.mb.ca/fs/misc/loc/cfsagencies.html#department

Private Agencies
www.gov.mb.ca/fs/misc/loc/cfsagencies.html#mandated

First Nation Agencies
www.gov.mb.ca/fs/misc/loc/cfsagencies.html#firstnation

Métis Agencies
www.gov.mb.ca/fs/misc/loc/cfsagencies.html#metis

Private Services Providers (foster care, counselling, etc.)
www.gov.mb.ca/fs/misc/loc/cfsagencies.html#private

Private Adoption Agencies
www.gov.mb.ca/fs/misc/loc/cfsagencies.html#adoption

Manitoba Post-Adoption Registry
www.gov.mb.ca/fs/childfam/registry.html

Appendix G

Parenting Resources

Adolescent Parent Interagency Network (APIN)
Website provides a listing of parenting supports
in the province
www.apin.org

Parenting on Your Own handbook
Manitoba Women's Advisory Council
204-945-6281
1-800-282-8069 ext. 6281
www.mwac.mb.ca

Families First
Home Visiting Supports
1-888-848-0140
<http://www.gov.mb.ca/healthychild/familiesfirst/>

Triple P Positive Parenting Program
1-888-848-0140
<http://www.gov.mb.ca/healthychild/triplep/index.html>

Health Care Providers

College of Registered Nurses of Manitoba
204-774-3477
1-800-665-2027
www.crnmb.ca

College of Physicians and Surgeons of
Manitoba
204-774-4344
1-877-774-4344
www.cpsmb.ca

College of Midwives of Manitoba
204-783-4520
www.midwives.mb.ca

Housing, Financial, Educational and Legal Support

Manitoba Employment and Income
Assistance
204-945-2611
1-866-626-4862
www.gov.mb.ca/fs/assistance/eia

Shelter Allowance for Family Renters
(SAFFR)
204-948-4000
1-877-587-6224
www.gov.mb.ca/fs/housing/shelterbenefit.html

Manitoba Child Benefit
1-800-563-8793
www.gov.mb.ca/fs/assistance/mcb.html

Healthy Baby/Manitoba Prenatal
Benefit
1-888-848-0140
www.gov.mb.ca/healthychild/healthybaby

Federal Child Tax Benefit Program
1-800-387-1193
www.cra-arc.gc.ca/bnfts/cctb

Community Learning and Youth
Branch
204-945-3556
1-800-282-8069
www.edu.gov.mb.ca/youth

Manitoba Student Aid
204-945-6321
1-800-204-1685
www.gov.mb.ca/educate/sfa

Manitoba Child Care Subsidy Information

Services

204-945-0286

1-888-213-4754

www.gov.mb.ca/childcare

Legal Aid Manitoba

204-985-8500

1-800-261-2960

www.legalaid.mb.ca

Villa Rosa

204-786-5741

www.villarosa.mb.ca

Adolescent Parent Centre

204-786-5741

www.wsd1.org/APC

Addictions Services

Addictions Foundation of Manitoba

204-944-6200

www.afm.mb.ca

Native Addictions Council of Manitoba

204-586-8395

www.mts.net/~nacm/

FASD Information Manitoba

1-866-877-0050

Appendix H

Abortion Aftercare

Instructions for care after an abortion

Young women need to take care of themselves after an abortion. Encourage her to listen to her body, use common sense, and let her feelings guide her when resuming normal activities. The following is recommended:

- Do not drive for 24 hours.
- If travelling for more than one hour, get up, stretch and walk around for five to ten minutes.
- Rest for the day and take it easy for the next 24 to 48 hours.
- Avoid strenuous exercise and heavy lifting for three to four days.
- Drink plenty of fluids and eat well-balanced meals.
- Avoid alcohol and street drugs for 48 hours.
- Avoid or reduce smoking.
- Do not use tampons. Use pads until the next normal menstrual period in four to six weeks.
- No vaginal sex for two weeks.
- No tub bath for two weeks; showers are okay.
- No swimming, whirlpools, sex toys, douching or vaginal sprays for two weeks.

What to Expect

Bleeding can be light for the first three days after an abortion. It may become heavier on the fourth or fifth day, often with clots and cramping. Normal bleeding can range from no bleeding to bleeding that is similar to a heavy menstrual period. Light bleeding or spotting may last two to four weeks after your procedure. It is normal for bleeding to increase with increased physical activity.

Blood clots are normal after an abortion. They may be loonie-sized for the first few days. The inside of the uterus is thicker at this time than during a regular period. Cramping normally occurs during the passing of clots.

Cramping is normal after an abortion. The uterus is contracting back to its normal size. A heating pad, hot water bottle, rest and/or acetaminophen (Tylenol) or ibuprofen (Motrin or Advil) can help. Avoid ASA (aspirin) as it may increase bleeding.

It is important to call Health Links/Info Santé at 788-8200 in Winnipeg; or toll free 1-888-315-9257 or seek other medical attention with a family doctor, walk-in clinic or emergency department if she:

- soaks three or more maxi-pads in three hours
- has a fever of 38.0°Celsius or 100.4°Fahrenheit or higher
- feels chills or shaking
- passes clots the size of lemons
- has unusual vaginal discharge or bad odour
- still feels pregnant two weeks after the procedure

Sex After An Abortion

Women can become pregnant or get a STI/HIV any time after an abortion if they have unprotected sex. It is important to decide what method of birth control to use before resuming having sex. If she wishes to use birth control pills/patch/ring or Depo-Provera, she should be started soon after having the abortion. The health care provider will tell her when to start birth control pills.

If a young woman chooses Depo-Provera it can be given immediately after the procedure, before leaving the hospital or clinic. It provides protection immediately. If she chooses to use a diaphragm or cervical cap, she will need to be refitted.

Remember that only latex or polyurethane condoms will reduce the risk of getting a STI or HIV.

