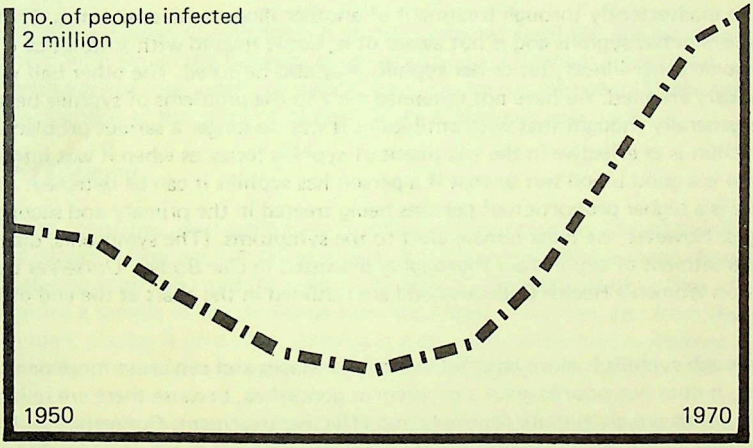
Venereal Disease



It is a woman's right to control her body and to determine for herself when she would like to bear children. But if she cannot get adequate health care for her body, she cannot make these choices. Venereal disease is the main disease which takes away a woman's right to choose. It can make her sterile, less fertile, miscarry, have stillbirths or diseased children.

In spite of the severe consequences, VD tests are not yet a routine part of the health check-up. AND when you do get a VD test, it is very often not accurate.

More women are being exposed to VD today than in the past. This is probably because women have more sexual freedom today. But as long as VD is a threat, women cannot have sex without fear, and this is limiting our sexual freedom.

VD was on the decline in the 1950's, but today it is the most widespread serious communicable disease in the country. It infects perhaps one American in every 100, and young people are the largest group infected. If any other disease that is passed from one person to another so easily were that widespread, it would be considered an epidemic and would receive urgent national attention.

One reason VD has been neglected seems to be because of the moralistic attitude toward sex in this country—sex outside of marriage is "bad." If you have sex outside of marriage, you deserve to suffer the consequences. Instead of treating the disease, the authorities tell people not to have sex. Other reasons that VD has been neglected are discussed at the end of this paper.

There are two types of VD, syphilis and gonorrhea. There has been a recent increase in syphilis, but gonorrhea is out of control and is a greater danger to women. For this reason, this information is mostly about gonorrhea.

SYPHILIS

At least 500,000 Americans have syphilis and don't know it. Half of them will be cured inadvertently through treatment of another illness with antibiotics. That is, if a person has syphilis and is not aware of it, but is treated with antibiotics for some other illness, his or her syphilis may also be cured. The other half will be seriously affected. We have not remained alert to the problems of syphilis because it was generally thought that with antibiotics it was no longer a serious problem. Penicillin is as effective in the treatment of syphilis today as when it was introduced. There is a good blood test so that if a person has syphilis it can be detected. And there is a higher proportion of persons being treated in the primary and secondary stages. However, we must remain alert to the symptoms. (The symptoms, diagnosis and treatment of syphilis are thoroughly discussed in *Our Bodies, Ourselves* by the Boston Women's Health Collective and are outlined in the chart at the end of this paper.

Although syphilis is more harmful in the later stages and can cause more damage then, it does not pose as great a problem as gonorrhea, because there are reliable tests which are given more routinely and effective treatment. Gonorrhea seldom produces symptoms in women (or produces symptoms that are more readily attributed to other women's problems), has no reliable diagnostic tests and no reliable test to assure a woman that she is cured. The high dosage of penicillin needed for treatment may cause complications or future resistance to this drug. Thus, we can see that gonorrhea is a great problem for women, and we intend to stress the aspects that we feel are not discussed elsewhere.

GONORRHEA

Although syphilis and gonorrhea are two different diseases, they have one thing in common and that is that they are both caught in only one way: from having sexual intercourse with someone who already has the disease. The germs for each of these diseases can only live for a matter of seconds outside the human body. If they become dry or too hot or too cold, they die. Therefore, to spread to a new person, these germs must be deposited on warm, moist surfaces (such as the lining of the genitals, or perhaps the mouth). This means that sexual intercourse, with a person of the same or opposite sex, provides ideal conditions for the transfer of VD germs.

Gonorrhea is caused by a germ shaped like a coffee bean called a *gonococcus*, which works its way gradually along the passageways of the genital organs. This disease can

be passed on to another person at all stages. The symptoms of gonorrhea are different for men and women, even though the germ is the same.

Symptoms or Lack of Symptoms

To start with, gonorrhea is often without symptoms in women. About 90% of the women infected with gonorrhea are not aware of their infection. This is in contrast to men who usually become aware of the infection within a matter of days because of a pus discharge from the penis and a burning sensation while urinating. Even in the minority of women who do develop symptoms—a vaginal discharge and pain during urination—the symptoms are thought to be a sign of common gynecological problems or the side effect of a birth control method, such as the pill.

Because of this, a woman doesn't learn that she is infected until (1) she is told by an infected male with whom she has had sexual intercourse; (2) she is traced by a Public Health Service casefinder as a person someone else has infected; (3) her own infection has spread to the point of causing pain and she goes to a doctor.

Testing and Diagnosis

In diagnosing gonorrhea, men again have it easier, while women are forced to live in doubt and danger. There are two types of tests for gonorrhea which women should be aware of—the *gram stain* and the *culture*. The *gram stain* method of testing involves taking a sample of the discharge from the cervix in women, and from the urethra in men, placing it on a slide, staining it with a special dye and examining it for gonorrhea germs under a microscope. This method is about 99% reliable for men.

For women, however, the gram stain method, although still the only method used in many places, is highly unreliable and should never be used without also doing the culture test. The *culture* test also involves taking a sample of the discharge, putting it on a special plate, and letting the sample grow under special laboratory conditions for several days in an attempt to let the gonorrhea germs (if there are any) multiply. This allows the germs to be detected more easily. The culture method can also be used as a test for men, but it is hardly ever necessary as the gram stain in males is so reliable.

However, it is important to emphasize that even the culture test can be inaccurate for women. Accuracy depends greatly on which places are chosen to take the culture from. Ideally, the four places of possible infection—the cervix, urethra, vagina, and rectum—should be cultured, but this is very expensive. If a single place is chosen for culture, it should be the cervix since a single cervical culture will detect approximately 82% of infected women. In some studies, about 50% of infected women showed an infection in the rectum. The urethra is another place where germs are likely to spread easily. Therefore, at least two places should be cultured—cervix and urethra or cervix and rectum. Even if more than one place is cultured, 6-9% of infected women will not be diagnosed in a single visit. One explanation for why the culture method doesn't work is that the gonococcus organism often dies on the way from the clinic or doctor's office to the laboratory, thereby resulting in a false

negative result for a woman who is in fact infected. Also, there is some evidence that there is a greater chance of detecting gonorrhea during menstruation.

Test for Cure

Since most women have no symptoms of gonorrhea, the only way they can tell they are cured is by being tested. And since the tests are not reliable, a woman should have at least two negative tests before being discharged as cured. Yet, many women are treated and discharged without ever being tested for diagnosis or cure. They tell a doctor they think they are infected, and the doctor gives them penicillin. This can happen when the doctor does not have the complicated laboratory facilities needed to do the tests. But it is very unsafe for women.

Treatment without testing is very unsafe for women for two reasons. First, she may *not* have been infected and received a large dose of antibiotics needlessly. (Too many large doses of antibiotics can make the body build up a resistance to this medicine.) Second, she can never know if she was cured.

It is obvious that our greatest need is for a cheap, accurate test to diagnose gonorrhea and test for cure. Until we have such a test, many women will discover they have gonorrhea only when it has reached the painful stages, and by then, serious damage may already be done.

Results of Gonorrhea

Unlike syphilis which goes all through a person's body, gonorrhea is essentially a disease of the genital and urinary organs. (Sometimes gonorrhea travels through the bloodstream and causes infection in the valves of the heart, or acute arthritis, blindness and even death. However, this is not at all common.) The disease is more likely to persist and spread in women than in men because the cervix becomes inflamed and the germs get into the glands and do not pass out of the bodily easily. In men, on the other hand, the germs stay at the initial source of infection, usually the urethra, where they can be more easily washed out of the body. Men who are not treated can suffer from narrowing of the urethra and sometimes get chronic inflammation of the testes (the balls).

One of the most severe consequences of untreated gonorrhea in women is salpingitis (a very painful infection of the tubes which may lead to abcesses or scarring of the fallopian tubes). If this happens several times, it can result in sterility. In 1948, a study showed that salpingitis was present in 2.6% of women diagnosed as having gonorrhea. A study carried out in 1963-66 showed that the percentage had risen to 10.6%. Early recognition and treatment is essential if subfertility and sterility are to be prevented. In addition, a pregnant woman with untreated gonorrhea can infect her baby as it passes through the birth canal. The baby's disease is called gonococcal conjunctivitis and causes blindness if not treated. Gonococcal conjunctivitis is usually prevented by placing a few drops of silver nitrate solution in the baby's eyes at birth. However, in the past ten years, gonococcal conjunctivitis has increased just as gonorrhea has spread. This epidemic must be stopped!

Treatment

The normal treatment for gonorrhea is high-dosage injections of penicillin. If the

first treatment does not cure, the dosage is doubled for a second treatment or other antibiotics are tried. However, treatment is often not as safe or easy as it sounds. Gonorrhea germs, as well as the body's systems, seem to have the ability to build up resistance to penicillin. Strains of gonorrhea are developing which do not respond to the normal high dosage of penicillin treatment. One way these resistant strains seem to develop is when a low dosage of antibiotics is taken for protection against the disease. This low dosage may not be strong enough to kill the gonococcus germs, so instead they adapt to the presence of antibiotics and become resistant to them. As a result of the development of these strains, the Public Health Service (PHS) in 1965 increased its recommended dosage of penicillin for the treatment of gonorrhea to 2.4 million units in men and to 4.8 units in women (4.8 units is the maximum injectable at one time). If dosage requirements increase, future patients may have to be hospitalized for intravenous treatment.

However, some doctors maintain that penicillin impotency is not yet a "major problem nationally" as there are oral antibiotics such as the tetracyclin group and other mycins for difficult cases. And for the few cases that don't respond to this treatment, there is another antibiotic, Loridine, whose cure record is perfect so far. Another treatment is to give oral probenecid along with penicillin. This drug makes you urinate less often and by keeping the water in your body also keeps the penicillin in your body and at a high level for a longer time so it can kill the germs. This does not reduce the danger of taking such high powered drugs, nor does it reduce the need for accurate diagnostic tests and tests for cure.

Funding

The absence of laboratory diagnostic tests for gonorrhea which are comparable to the simple, reliable blood test for syphilis, and the lack of adequate and safe treatment for the disease reflects the priorities of a health care system that severely neglects many of the basic health care needs of women.

One big reason for the neglect of gonorrhea is that the severe effects of gonorrhea were much more widespread among poor (white, brown and black) women who could not get adequate health care. Syphilis, on the other hand, has received much more attention because it killed middle class whites. Our capitalist, racist, and sexist society is not willing to spend money to liberate poor people, Blacks or women.

Millions of dollars are spent each year by the government and private institutions to do research on and educate the public about other diseases like cancer, heart disease, polio, etc. So far, there is no private group doing the same for VD. And the government gives much less money for VD than for other diseases.

The total Public Health Service's VD budget for 1969 was 12 million dollars. Only $500,000 of this was for gonorrhea control. Most of the gonorrhea money was not for research, but for carrying on the traditional casefinding method which was already proven to be a very limited and ineffective approach to the control of gonorrhea. Although research is presently going on at the VD research laboratory in Atlanta for a blood test for gonorrhea, there is little hope that there will be enough money to produce a cheap routine test in the near future.

The gross inadequacy of federal funds is also the reason that there are no preventive

vaccines for syphilis or gonorrhea.

There is also a severe shortage of clinics which will treat VD patients. While some clinics have made the blood test for syphilis a routine part of an OB-GYN exam, almost no health facility gives gonorrhea tests routinely, or even makes the test available.

Prevention

As mentioned before, the Public Health Service is charged with the control program for VD. This involves testing for VD and follow-up investigations to locate sex partners and those that a person might have infected. This is not a very reliable way to control VD since a person can refuse to name sex partners. In half of the states, the law *requires* that positive results of lab tests for VD be sent to the Health Commissioner who contacts the doctor or clinic of the person to determine if the disease actually exists. Many private doctors, however, do not report VD cases to the PHS for follow-up. One of the reasons for this is that the PHS has a very moralistic attitude towards sex. When they investigate reported cases of VD, they ask the persons to name all sexual contacts and other persons with whom he has had contact and knows to be *'promiscuous'.* In fact, it turns out that a lot of the people who should supposedly be helping to stamp out VD are really much more interested in stamping out "illegal" sex. The people to be most harrassed by these techniques are poor and low-income people since they often have little choice but to use public clinics which must report to PHS. Attitudes about sexual participation are changing, particularly among young people, and yet in 36 states, it is still illegal for a minor to be treated for VD without his or her parent's consent.

The United States is known for its hypocrisy when it comes to sex (as well as many other things). On the one hand, just about every business in this country uses commercial sex to sell its products. On the other hand, a lot of adults treat sex as if it were something dirty and sinful that should never be talked about—especially in front of young people. And when sex is talked about, it must be moralized about. For instance, some of the movies shown about VD in the schools make it look like getting VD is a justified punishment for committing the "sin" of having sex with someone before being married.

It is clear that the present casefinding and investigation methods of PHS have not worked in wiping out VD, and instead of concentrating on these ineffective techniques, other ways of approaching this problem must be found.

NEW PERSPECTIVES ON V.D. or
HEALTH CARE WITHOUT RACISM, SEXISM or CAPITALISM

1) Up to now, gonorrhea has not been treated as a dangerous epidemic because its severest consequences were found mostly in poor (white, black and brown) communities where there is still no adequate health care available. Sterility from gonorrhea is a type of population control which the ruling class always wants for poor people. No one in authority was ready to put money into researching and eliminating a disease which most severely affected poor (white, black and brown)people. (Non-poor white people who get this disease could secretly go to their private doctors and spend money on expensive treatment.)

As long as the worst effects are felt by women, it is women who will have to struggle to end VD. AS WE EDUCATE OURSELVES ABOUT VD; WE MUST TALK ABOUT THE RACIST AND SEXIST WAY HEALTH CARE IS SET UP.

2) We must demand research for a preventive vaccine and accurate diagnostic tests which are not expensive.

3) Tests must become a routine part of every health check-up—*without* morality attached.

4) Clinics should provide *total* health care, not be separated into VD or social hygiene clinics, gynecological clinics, and birth control clinics.

There should be separate teenage clinics, just as there are pediatric clinics. Teenagers should be able to get total health care at these clinics *without* parental consent.

5) Every institution (clinics, schools, churches, community agencies, etc.) must talk about VD as an epidemic disease and spread the facts. Nursing and medical schools have not even done this for their own students nor have they encouraged VD research.

6) We must help each other by freely discussing VD and telling our sex partners if we think we have been infected. In our present health system with its moralistic attitudes, we cannot depend on clinics, schools, etc. to do this work for us. Since there is no foolproof protection against contracting gonorrhea, and anyone can get it, we have only our feelings of responsibility to each other to protect us.

As long as we have racism, sexism, a profit-making health care system, and an uninformed, moralistic public, we will continue to have terrible health problems such as uncontrolled gonorrhea.

Even if women get the very best health care presently available:

There is no prevention.
There is no good diagnosis.
There is no foolproof treatment
for any woman's gonorrhea.

IMPORTANT FACTS ON V.D.

• SYPHILIS:

POSSIBLE SYMPTOMS:

1) Primary stage: (9-90 days after infection) chancre
2) Secondary stage: (few weeks-6 months later)
   rash—all over, or on hands and feet
   sores in mouth
   sore throat
   mild fever
   swollen joints
   headache
   patchy balding
3) Latent stage: (10-20 years) no outward symptoms at all
4) Late stage:
   heart disease
   crippling
   deafness
   blindness
   paralysis
   insanity
   death

DIAGNOSIS:

1) Physical examination by doctor
2) In early stage: examination of pus from chancre
3) After that: blood test called VDRL.

TREATMENT:
High dosages of long acting penicillin.

• GONORRHEA:

POSSIBLE SYMPTOMS:

1) In Women:
   maybe slight vaginal discharge
   maybe some pain when urinating
   (later) severe abdominal pains
   infected bladder
   infected rectum
   infected tubes
   sterility
   arthritis
   blindness
   death
2) In Men:
   discharge from penis
   pain during urination
   sore, swollen testicles
   infected bladder
   infected tubes (seminal vesicles or epididymis)
   sterility
   arthritis
   blindness
   death

DIAGNOSIS: 1) "gram stain" method (very *un*reliable in women): taking a smear of the urethral or vaginal discharge, placing it on a slide, staining it with a special dye, and examining it under a microscope for germs.

2) "culture" method (about 82% reliable for women): taking a smear of the discharge (in men, a urethral smear; in women a smear from at least the cervix and the rectum), innoculating it on a special medium or culture plate and incubating the culture under special laboratory condition for several days. This is to let the gonorrhea germs multiply for greater chance of detection.

TREATMENT: a high dosage of penicillin or related antibiotic.

HEALTH ORGANIZING COLLECTIVE OF
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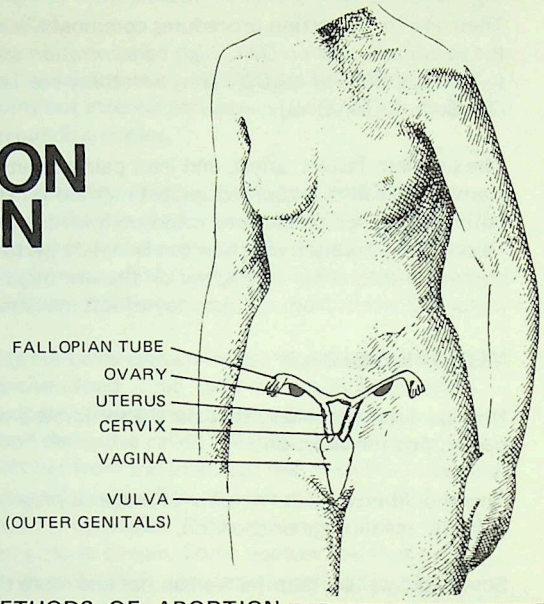
VACUUM ASPIRATION ABORTION



COMMON METHODS OF ABORTION

Length of Pregnancy (from 1st day of last period)	Method	
Up to 12 Weeks	1) D&C: Dilation & Curettage Uterine contents scraped out. Performed in hospital, clinic or Dr.'s office. Local or general anesthesia.	2) ASPIRATION (or suction curettage) Uterine contents sucked out by vacuum apparatus. Performed in hospital, clinic, or Dr.'s office. Local or general anesthesia.
12 to 14 weeks	D&C and ASPIRATION occasionally performed, but risks are higher than earlier in pregnancy. Generally should be performed in hospital. General anesthesia.	
14 to 16 weeks	No safe method in use in United States.	
16 weeks and over	1) SALINE INJECTION (or salting out.) Some amniotic fluid replaced by salt solution causing uterus to expel contents. Hospitalization preferable. Local anesthesia.	2) HYSTEROTOMY (or 'mini-cesarean') Uterine contents removed by major abdominal surgery. Performed in hospital only. General anesthesia.

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There are four abortion procedures commonly in use in the United States: they are the *vacuum aspiration, D&C, high concentration saline installation,* and *hysterotomy* (for descriptions of the *D&C* & hysterotomy see The Birth Control Handbook and Our Bodies Ourselves).

The simplest, fastest, safest, and least painful method is the *vacuum aspiration* (sometimes called *suction curettage*) method generally performed by gynecologists (although trained technicians could perform the procedure under medical supervision). An aspiration abortion can be safely performed in a properly equipped *doctor's office, clinic or hospital* on the vast majority of women up to approximately 12 weeks from the first day of last menstrual period.

MEDICAL HISTORY

It is absolutely necessary that the doctor know a woman's *medical history* before performing the abortion.

This should include the number of *previous pregnancies* and whether they ended in delivery, miscarriage or abortion.

Some doctors feel that if a woman has had more than 5 previous pregnancies the uterine walls may be soft and thin and the chance of perforating (poking through) the uterine wall are increased so that they feel it would be safer to perform the procedure in a hospital. Some doctors feel, however, that if the last delivery or termination was more than six months earlier it is still very safe.

A woman who has had one or more deliveries by caesarean sections generally should not have an office or clinic abortion. She should go to a hospital because the chances of perforating the scar tissue are greater than if the uterus has never been opened by surgery.
Because aspiration abortion is a relatively new method in the U.S., doctors have many theories but do not know what is safe and unsafe.

A past history of asthma, heart disease, kidney failure disease, bleeding or clotting problems, epilepsy or major operations (especially on the intestinal or pelvic areas within 6 months prior to the abortion) *may* possibly make an office or out-patient abortion dangerous, and a doctor may recommend the abortion be performed in a hospital.

It is also important that the doctor and staff are aware of previous bad reactions to local or general anaesthetics or to medication.

PRE-PROCEDURAL TESTING

Some doctors feel the need of tests before performing an abortion. These may include a blood clotting time test, hemoglobin and a hematocrit (the last two show if a woman is anemic—loss of blood in a woman with severe anemia is dangerous.)

A few doctors also take x-rays or ekg's to show possible lung and heart problems and urine tests which show kidney infections.

The *blood pressure* of a woman may be taken before, during and after the procedure. A change in blood pressure may point out internal bleeding *if* the uterus has been perforated and damage done to surrounding organs.

Aspiration has had wide use in other countries. It is just being accepted in the United States. For this reason, many overly conservative members of the medical profession have been extremely cautious in using it. Many doctors, who are already experienced with this procedure, think that a good medical history is all that is necessary before performing an aspiration abortion.

Another question under some debate concerns women whose blood type is Rh negative. If a woman has an *Rh negative* blood type (and the man is Rh positive), the fetus will be Rh positive. Some doctors recommend that a Rh negative woman receive an injection of a blood derivative called *Rhogam* within 72 hours after the procedure. This will protect her from the small but real possibility that she may build up antibodies in her blood which would react against the blood of the fetus in possible *future Rh positive* pregnancies. These antibodies are produced if fetal blood passes into the woman's blood stream. Some doctors feel that the expensive injection (it may run as high as $100) is unnecessary before the 12th week of pregnancy.

PROCEDURE

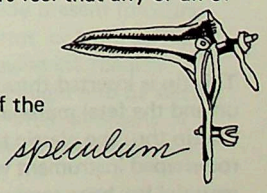
After taking the medical history and explaining the procedure to the woman, she is asked to empty her bladder. It is usually better to eat little or nothing before the procedure because it minimizes discomfort and possible nausea from any drugs she may be given.

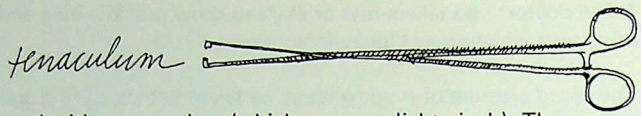
The procedure begins when the woman lies down on a gynecological (or operating-room) table with a sheet draped across her and her feet in stirrups or her legs supported by knee pads.

The doctor then performs a *bi-manual* exam, inserting 2 fingers of one hand into the vaginal canal, holding the cervix with his/her fingers, and placing the other hand on top of the abdomen, to determine the size of the uterus.

At this point, a woman may receive an injection or an intra-venous (IV) drip into her bloodstream. This may contain a glucose mixture, a tranquilizer, such as valium, and/or pitocin, a uterine contractant which helps the uterus to contract to pre-pregnant size after the fetal material is removed. However, some doctors feel that any or all of the above are unnecessary.

The doctor then inserts an instrument called the *speculum* which keeps the vaginal canal open and allows a good view of the cervix (the mouth or opening of the uterus). This usually does not hurt.

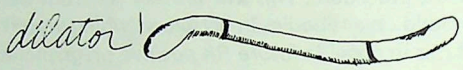




The cervix is then grasped with a *tenaculum* (which causes a slight pinch). The cervix will be held steady throughout the rest of the procedure.

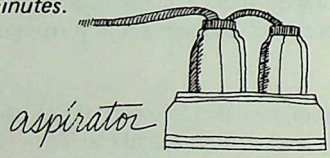
A *paracervical block* (or local anaesthetic) usually xylocaine or novacaine (a substance similar to that used in a dentist's office) is injected into the cervix at 2 points. This numbs the cervix and uterus. The injection is relatively painless as the cervix is a muscle and has few nerve endings in it.

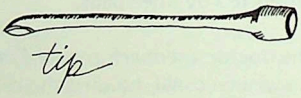
A local, rather than general (or total) anaesthesia is both safer and less expensive. Recovery time is also shorter. A general anaesthetic can worsen lung infections (including bronchitis or colds). It puts a strain on kidneys (especially if the woman has a history of kidney disease and failure). It increases the chances of heart failure. Also, with local anaesthetic there is no added cost of anaesthesiologist.



The cervix is then dilated (opened) slowly with sterile, generally stainless steel, instruments called *dilators*. They are from 6 to 12 inches long and vary in diameter from the size of a matchstick to the width of a piece of chalk and are slightly curved on the ends. The *cervix is dilated* with the smallest dilator first and then with larger and larger dilators until it is opened wide enough for the tip of the aspirator to enter the uterus.

Because the cervix is a muscle, and muscles cramp when they change size, a woman may experience what feels like very heavy menstrual cramping while the cervix is being dilated. If the cervix has been dilated previously (e.g., during miscarriage, delivery, or previous abortions), the cramping is usually less. Dilation usually takes less than *2 minutes*.





The *aspirator* is a machine which consists of a vacuum-producing motor connected to two bottles to which is attached a hollow tube several feet long. At the end of the tube is a handle into which a variety of different sized sterile hollow tips can fit. These are either stainless steel or disposable plastic and are approximately 6 inches long. The diameter of this tip varies with the length of pregnancy.

This tip is inserted through the open cervix into the uterus. The machine is turned on and the fetal material is removed by gentle vacuuming of the uterine walls, into the tip thru the plastic tube and into the bottle. The abortionist may use a *curette* (a rod-shaped instrument with a triangular or spoon shaped end) to make sure all fetal material has been removed by gently scraping the uterine walls.

The aspiration generally takes *5 to 7 minutes* and is a *painless* procedure. However, as the uterus is emptied of fetal material, it begins to contract back to pre-pregnant size. Since it is a muscle, these contractions generally cause *cramping*. The cramping, often less severe that that felt during dilation, generally lasts *15 to 30 minutes* after the procedure is completed.

Recovery time with local anaesthetic is usually about *half an hour*, after which most women may return home and resume normal activity.

The amount of pain a woman feels depends not only on physical factors but also and perhaps primarily on her psychological frame of mind. Women who have been told frightening stories about the dangers of illegal abortions done by butcher techniques, who have been made to feel guilty over exercising their *right* to have or not have children, or who would like to carry the fetus to term, but are financially or otherwise unable to do so, often find the procedure more painful.

It is very important to help a woman relax. Of greatest importance is a doctor who has a *non-moralizing, reassuring attitude*. Also, if the woman has the support of *another woman by her side* throughout the entire procedure who is speaking to her, explaining the procedure as it progresses, or even just holding her hand, the whole procedure will go much more easily.

POSSIBLE COMPLICATIONS

The chance of complications from an aspirator abortion is very low. Based on New York City Board of Health figures of abortions performed on 69,000 women, complications resulting from vacuum aspirations were less than 6 out of every 1,000 women.

HEMORRHAGE

Possible complications include *hemorrhage** which may occur in about one out of every 1,000 women. It may be caused by laceration (scratching) of the uterine wall or may occur at the point where the placenta is attached to the wall of the uterus. Perforation (poking through) of the wall of the uterus with dialator, aspirator tip or currette might cause hemorrhage (sometimes internally). Heavy bleeding (approximately, more than twice the flow of the woman's normal period) often accompanied by heavy clotting might indicate that not all the fetal material was removed or that the uterus had not contracted down to normal size. Hemorrhage can occur during or after the procedure. It should not be confused with the normal spotting or flow (similar to a normal period) which follows the abortion and which may be present for 2 to 3 weeks after the abortion.

INFECTION

Another complication is *infection* which may result from unsterile instruments, from a lowered resistance after the abortion which allows already present infecting agents to spread, from tissue left in the uterus which breeds germs, or from germs entering thru the vaginal canal on tampax, thru douching or having intercourse before the uterus has had a chance to heal totally. An infection might also be started if the uterus is perforated allowing infection to spread to other internal organs. A temperature of over 100.5°, heavy cramping, nausea or vomiting are all danger signs which can warn of infection.

*loss of more than one pint of blood

PERFORATION

Perforations of the uterine wall are generally slight and given time will often heal by themselves. However, a large perforation can damage the uterus and sometimes other internal organs and can lead to infection, hemorrhage or other complications.

INCOMPLETE ABORTION

The doctor may also fail to remove all the fetal material in which case a woman may need to be admitted to a hospital for a D&C(dilation of the cervix and curettage (scraping) of the uterus) to complete the abortion. A foul smelling vaginal discharge, cramping, nausea, vomiting, prolonged heavy bleeding and infection may indicate a possible *incomplete* abortion.

Infection accounts for complications in one out of every 1,000 women, perforation in 2.3 of every 1,000 women and retained tissue (incompletes) occur in about one of every 1,000 women having aspirations.

Complication rates would go down if medical schools became less conservative and trained old and new doctors, midwives and technicians to perform safe aspiration abortions.

AFTERCARE

Medication- —Some doctors prescribe *ergotrate* or other smiliar drugs which help assure that the uterus contracts back to pre-pregnant size (in this way helping to prevent infection and possible hemorrhage). Doctors prescribe ergotrate as a matter of course when the uterus is fairly large or there was a good deal of bleeding.

Ampicillin, Tetracycline or some other *antibiotic* is often prescribed. Many doctors feel that this helps to prevent possible infection while others feel the antibiotic may cover up symptoms of infection.

Instructions for After the Abortion

If infection or heavy bleeding should occur a woman should refrain from any strenuous activity and contact a doctor immediately. Normally a woman can go back to her normal pattern of activities as soon as she feels well enough to leave the doctor's office or clinic.

If there were no complications, it is generally not a good idea to see a gynecologist until the post-abortion bleeding has stopped, as he may give her an infection if he does an internal exam.

To prevent infection:
A woman should *not* douche or use vaginal deodorants
A woman should *not* take tub baths
A woman should *not* use tampax, and
A woman should *not* have intercourse (oral, manual or genital) until all bleeding has stopped or appr. from 2-4 weeks after the abortion.

There is a difference of opinion about the length of time a woman should not do these things, because doctors do not know how long it takes any one woman's uterus to heal completely.

It is best not to have intercourse until some form of birth control is being used. The diaphragm with spermicidal jelly, birth control pills, or an IUD (inter-uterine device, or loop) are the most effective.

If an antibiotic is prescribed, women should be sure to take it at the times specified to keep the level of the medicine in her body high enough to fight any possible infection.

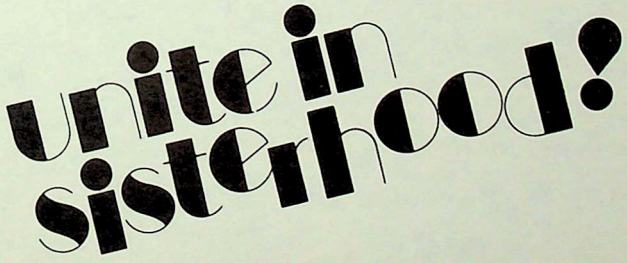
If tetracycline is prescribed, the woman should not drink milk as it lowers the potency of the drug.

COST

In most states abortion is still illegal. An aspiration abortion in New York State, where early abortion is legal, can cost up to $1,000 especially for in-hospital abortions. One hospital estimated that an in-hospital aspiration abortion would cost $250, but if done in a special out-patient clinic associated with the hospital, the estimated cost would go down to $140. In the New York City area to date the lowest price for an in-office, out-patient abortion is $100. It is very difficult to get free abortions.

Until oppressive abortion laws in all states are overturned, until women's bodies are no longer exploited by profiteers, the chances of free, safe abortions for all women are bleak.

It is powerful and revolutionary for us to learn about and become at ease with our bodies, but until we gain control of our inalienable rights to free abortion and health care, we will continue to be oppressed.



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