Brave, hardworking and isolated

Abortion doctor speaks

South Africa legalised abortion in 1996. **Dr Marijke Alblas** originally came from the Netherlands in 2000, to assist in South Africa's Termination of Pregnancy programme. In this diary she describes a typical work week, recorded in early 2008, as an abortion doctor in Cape Town.

This is my 'busy' week. Every second week, I travel in and around Cape Town to perform second trimester (13–20 weeks) abortions, often at two sites a day. I am one of three roving doctors, but our other colleague had a car accident and I have taken over most of her lists.

MONDAY

The week starts not too bad. I only work at Marie Stopes clinic in one of the suburbs and perform eight second trimester terminations No problems, apart from the electricity not working, but I have enough light coming through the windows. The only problem is that I can't do a scan and the fan is not working.

TUESDAY MORNING

My morning starts with taking part in the 'After 8 Debate' on Safm. It is dealing with abortion I agreed, although later, after discussing this with members of the Reproductive Rights Alliance, I argue that we want one of our 'black' members to take part. As a 'white', I might be accused of wanting to force abortions on the black population. Arguments such as 'This is not part of our culture' are often heard. However, Safm does not want to make any changes.

I'm lucky, we are three panel members, and only one is from Doctors for Life (against abortion), the other is the chairperson of the Portfolio Commission on Health who defended the Choice on Termination of Pregnancy Amendment Bill in parliament. This Bill is meant to improve the accessibility of abortion services. Instead of only nurse-midwives, registered nurses are now also allowed, after training, to perform first trimester (up to 12 weeks) procedures.

Several people call in, both pro-choice and anti-choice. But I feel a bit frustrated, because I haven't been able to say all I wanted. However, I get lots of text messages saying that I did OK.

After this ordeal I go to a township hospital and do scans. This hospital functions as an 'overflow' unit for the region, so we see many women with unwanted pregnancies.

On Monday, another doctor does the scans and on Tuesdays and do scans for another ± 40 women. We want to know how far pregnant they are. The ones needing first trimester are booked for the nurses. They do it with manual vacuum aspiration (MVA) up to 12 weeks (by suction which evacuates the contents of the uterus).

The second trimesters are booked for the other doctor and I. I don't normally perform abortions in this hospital, but since my colleague's accident, I have to do her list since no one else is prepared to.

I emphasise that I don't want more than 20 cases in a day. Although I find 20 too much, I am forced to do that many. My other colleague, Dr S, is willing to do 30 a day. These numbers are too high and that's why Dr S lets the women start with the misoprostol taken under the tongue (causes contractions and softens and opens the cervix, so it is easier to clear the uterus) at around 10pm the evening before, even though it was originally meant for priming the cervix. My women are asked to start the misoprostol at three o'clock in the morning, which is early and quite inconvenient for them, I think.

I am of the opinion that it is irresponsible to let women start the evening before with misoprostol. Several abort at home or start bleeding. Many abort once they arrive early in the morning at casualty, so Dr S can just do a standard suction. At least half of her patients have aborted by morning, although she is supposed to be doing surgical abortions!

I could complain, but since we have no other doctors willing to do second trimesters, we are letting her do it.

WEDNESDAY

This is my George day, which I do once in two weeks. I am happy that I now fly to George instead of driving, something I have done for almost six years (425 km one way!).

I perform the second trimesters at the Marie Stopes clinic. The region can send their patients here for free, since Marie Stopes has a contract with the regional Department of Health.

There are 13 women. Some come from very far, but they were lucky today because they could use the state ambulance, but they had to leave home at about 3:30am! 'After the holidays' period is notorious for the high number of women needing a termination and many second trimesters.

Four women are 19 weeks pregnant and one 20 weeks. I am happy that they are all well-dilated. That is my fear, as the misoprostol does not always work well. Sometimes I really struggle.

I examine the women and the ones not dilated enough I give misoprostol vaginally. Usually I have no problem but today, I arrive at the airport 20 minutes before the plane is leaving. I am home around 7pm.

In the evening, I visit my colleague who had the car accident. I discuss what happened at the Marie Stopes clinic in town. It is really necessary to air my frustrations, we both do that regularly. Performing terminations of pregnancy and especially second trimesters, is a lonely struggle. The nurses usually don't understand our problems very well. If I have a complication, some of these colleagues don't have much understanding. They consider it 'my problem' and curse me for doing abortions.

I have been lucky, I haven't had a serious complication for the last four years. However, last week I did have a complication in Marie Stopes in Cape Town. An 18-year-old was 18 weeks pregnant and she had opted for conscious sedation (part asleep) – not possible in state facilities.

This girl was very anxious, but because she was on sedation it did not help to ask her to lie still. She was constantly moving up and down, screaming, so one nurse had to hold her one leg, another the other leg, to try to keep her still.

On top of this, the cervix was not well-dilated and after struggling and not getting much fetal material, I saw fat, which means the peritoneum (fatty membrane covering most organs in the abdomen). I really felt bad, I had made a perforation.

We tried to admit her to the nearby private hospital. However, they wanted money first!! So we decided to get her to the nearest state hospital in an ambulance. Miraculously, getting her there went quickly, though it isn't normally easy.

In the evening, I called the hospital but they said they'd done nothing yet!! The next day they operated on her only at 10 that night (the perforation happened at 2pm!) and she had lost a large amount of blood. I was relieved to hear that no other internal organs had been damaged and that they could close the tear in the uterus.

I called the girl's mother and explained what had happened (luckily the mother knew about the abortion). She was happy with my explanation.

THURSDAY, A BUSY DAY

I start at 8am in a hospital in the suburbs, and there are only seven women. They don't want to book more, because I have to work in the 'small theatre' and they need this theatre for other procedures which they find more important than abortions.

In December I had a fight about this, because they had women on a waiting list for at least three weeks

Until recently Alblas drove to George from Cape Town every 2 weeks to do abortions – some 850kms

and many were pushed into the second trimester.

The first day I worked there I noticed that women had been on the waiting list for three weeks already, and as a result one was 20 weeks pregnant. Yet when she came for the ultrasound she was 17 weeks! The others were in the first trimester when the ultrasound was done, but because of the delay they were now second trimesters.

I was furious and had a discussion with the people responsible. I succeeded in having the nurse do extra sessions with the first trimesters, so we were able to work away the backlog. From now on, I will be watching carefully what the booking clerk does, so that no new waiting list is created.

After a quick coffee, I drive to W, 115 km from Cape Town. I arrive at 12:30pm and ten women are waiting on hard wooden benches, in a cramped waiting area.

We work in a temporary space in this hospital, and my procedure room is tiny!! It measures barely 2.5 x 2.5 m and apart from myself and the woman, there are two nurses in the room. Luckily, we have had air conditioning for the past two months. Last year I nearly suffocated.

The women start with the misoprostol when they arrive but some come really late. Transport is often a problem. There are four girls, one is 16, two are 17 and one is 18 years. W is in the Western Cape wine farming area. We see a lot of teenage pregnancies here.

In the evening, I see an e-mail from Ipas (American NGO promoting reproductive health rights worldwide) which confirms my participation in a second trimester training of one week. I can't believe that they have succeeded in finding 15 doctors willing to be trained because for all these years no one was interested! I don't know what is wrong with the Western Cape. All doctors are coming from other provinces; we haven't been able to find more than one doctor to participate. I'm excited that we will go ahead with training.

FRIDAY, A REAL BUSY DAY!

I first have to go to A, a small town, desolate and sandy, ± 65 km north of Cape Town. I do first and second trimesters here. I am expecting many patients, because two weeks ago they cancelled all terminations. Their counsellor hadn't come back yet, and nobody in the hospital wanted to counsel the abortion patients, so 20 (!!) women had to be sent away. So I am suspicious to see only 13 women today.

The Western Cape wine farming areas see a lot of teenage pregnancies

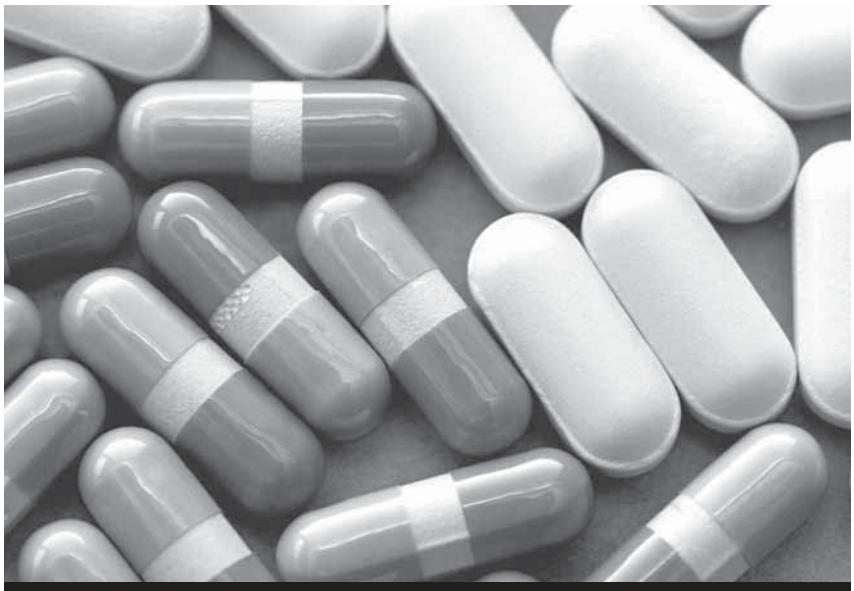
The nurse is also upset and says a new doctor doing scans is showing images to the women and telling them that they are murderers. Two weeks ago, she referred ten women with more advanced pregnancies to a hospital in Cape Town. The hospital wants to do counselling on one day and abortions on another, which means women have to go twice. Many can't afford the transport. A is known for high unemployment.

So I only have four second trimesters, the others are first trimesters. I eat my lunch while driving to the township hospital, where I did the scans on Tuesday.

A group of women are waiting on plastic chairs, with linen 'towels' between their legs because several have started bleeding. There are 18 second trimester patients.

I received a phone call the day before from one of the nurses. She was very upset, because 50 second trimester patients arrived for that day. One of the clinics had not consulted her about which day they could send patients.

It was impossible for my colleague to do 50 second trimesters, but the problem was that the women had started at 10pm the night before with the misoprostol. I advised the nurse to observe them, and with the ones that had not started bleeding or had not aborted yet, to send them home and let them come back the next day.



Medical abortions are done with medication only, while surgical abortions are done through suction

So most of the 18 women were here for the second time. They had received another two misoprostol tablets in the morning, and some were bleeding and a few had even aborted. However, most of the women did not react to the misoprostol. They were not well dilated. I really struggled that afternoon and I was only finished at 6pm and totally exhausted.

SATURDAY

Once every fortnight, I do terminations at Mosaic, an NGO training, and healing centre for women. We started a Comprehensive Reproductive Health clinic a few years ago, but because of lack of funding we can only employ one reproductive health nurse, who does the MVAs during the week.

Usually there are ±15 patients, mostly first trimesters. Quite a number are students from the University of Cape Town. My first patient is a final-year medical student. I have a discussion with her about the activities of Students for Life (against abortion). She is not clear where she stands, but admits that Students for Life are active among medical students. I have noticed that, when I give my 'abortion' lecture to sixth-year medical students.

Usually about half have a very negative attitude.

As I enter the procedure room the electricity goes off. Since there are no windows it is pitch dark! We have one torch, so we use that to shine into the vagina, and the rest of the room is lit by candles. We make jokes with the women that they are getting special treatment – abortion by candlelight!

Three hours later, when I am finished, the power is still off. The nurse and I had almost fainted because it got so hot.

At last, my weekend and I plan to have a good rest. However, when I arrive home and see the weekend newspaper, I know I must react to the sensationalist and horrible story about abortion.

On the front page, there are little coffins and a text about 'killing babies'. The article consists of two interviews with women who recently had abortions. The headline especially puts me off: 'They were cutting up the fetus and threw the pieces into a dish' and the woman says she could hear the fetus being crushed!

Both women state that they had made the right decision in having an abortion. But they were appalled at the way the abortion was done. To me, it looked as if they didn't realise they were going to feel something, they had just wanted to be sedated and wake up and find that 'it' was gone. And both had extreme cramps from the misoprostol.

Although it was sensationalist, it did make clear to me how important it is to give information to women. I wrote a letter to the editor and had contact with the journalist. I explained how abortions are done, medical and surgical (medical abortion is done with medication only, the woman gets contractions and expels the fetus. Surgical abortions are done under local anaesthesia through suction or by suction and forceps and is quicker).

I explain that abortion in the first trimester is a very safe and simple procedure and that it is preferable to come as early in the pregnancy as possible. A termination in the second trimester is a more complicated procedure and the risk of complications increases with the length of pregnancy. A week later, they published my letter, giving it a lot of space with a big headline: 'Key pointers on abortion'.

At last I can stop and rest! In the eight years I have worked in the Western Cape, there has never been a dull moment!! LB

A longer version of Dr Alblas' work week was first published in 'Reproductive Health Matters' (September 2008).