

Transcript of call to Southwestern Women's Options in Albuquerque, New Mexico, requesting information about late-term abortions and their funding.

October 4, 2011

[Begin]

SWO's Sue: Dr. Boyd's. This is Sue.

Caller: Hi. I was calling about a possible late-term abortion. Are you the person I can ask a couple of questions to?

SWO's Sue: Sure.

Caller: Well, I'm about 26 weeks, and um, I was just wondering how long I have to make a decision whether or not I want to actually go through with it.

SWO's Sue: Well, um, do you happen to have a BPD measurement from an ultrasound?

Caller: No, I haven't had an ultrasound in awhile, but I know my due date is January 6th. Does that help?

SWO's Sue: Okay, yeah. Can you hold for a moment?

Caller: Sure.

SWO's Sue: I'm sorry, you said it was January 26th?

Caller: No, the sixth.

SWO's Sue: January 6th.

Caller: Yeah.

SWO's Sue: And – just kind of estimate then with that date. And then this is October 4th. So, yeah. So based just on that date, could be 26, close to 27. Our clinic will actually do an elective procedure up until about 28 weeks --

Caller: Okay.

SWO's Sue: --or a 6.9 BPD. We really don't talk in weeks anymore at this point in the pregnancy only because that – um – the measurement of the pregnancy, that BPD measurement, is really the most accurate.

Caller: And what is a BPD?

SWO's Sue: That's the measurement of the head.

Caller: Okay.

SWO's Sue: And, um, that's the – that's, you know, and that will translate into weeks, uh, differently depending on what sono scale's being used. But that measurement – that's why we need really to be more accurate, that measurement gives us a little more information, and it can differ by as much as two to three weeks depending on what scale is being used. So --

Caller: Um-hum.

SWO's Sue: So, but just estimating from the due date, um – like I said we would do an elective procedure up until about 28 weeks or 6.9 BPD. After that it's strictly case by case, uh --

Caller: Is that just for the fetal indications that's on your web site?

SWO's Sue: No, actually, we do work with maternal indications as well, so we would need to – but it would be the doctor that would, uh, need to be the one to, you know, approve --

Caller: Okay, so if --

SWO's Sue: --whether or not we would be able to see you here.

Caller: Okay, so if I came in within, like you say, within the next weeks or so? I mean, do you guys start the procedure every day? Or how does that work?

SWO's Sue: We would have to start this procedure on a Tuesday and it is a three to four day process --

Caller: Um-hum.

SWO's Sue: We are located in Albuquerque, so you would need to, if you don't live here in Albuquerque, then you do have to make arrangements to be in Albuquerque for about five days.

Caller: Okay.

SWO's Sue: Um, and uh, it is a process of um, of laboring. Of inducing labor, uh, so the first couple of days is, um, dilating the cervix over a period of time. Um. The doctor also uses a medication on the first day, which is called digoxin, and that, um, medication is injected directly into the uterus. And that will stop the fetal heart on that first day.

Caller: Okay.

SWO's Sue: Okay? And then usually on the third day, although sometimes it goes into the fourth day, because it just depends on how your body is responding, you know, to the medications we're using, to the dilation of the cervix. Um, but that – the day of the procedure is the doctor using medications to help induce labor and you actually will go through a process of laboring and actually pushing the fetus out --

Caller: Okay.

SWO's Sue: --vaginally.

Caller: Do you guys offer, like, epidurals? I mean, is it -- it must be a painful process.

SWO's Sue: We do not offer epidurals, no, uh, 'cause you need to be able to push and to, you know, kind of help with the process. Now, you know, obviously the pregnancy is quite a bit smaller than full term, so the cervix isn't dilated all the way to 10, for example, and you know, the fetus is quite a bit smaller than full term. Um, we do use medications for you, to help your comfort.

Caller: Um-hum.

SWO's Sue: And, you know, we have someone with you – with you on that day of the procedure to, you know, kinda help guide you through the process, and, um, it can be a really long day for some women. You know, it can take, um, a couple of hours. It could take all day.

Caller: Hm.

SWO's Sue: So, you know, it just kind of depends on the person.

Caller: Okay, um – Two questions regarding the fetus. Like, is there a chance that it could come out alive, or does that ever happen?

SWO's Sue: No. No, that's why the doctor is – she'll use the digoxin on the first day. Um, typically, the fetal heart will stop within about 30 minutes up to 4 hours, and then on the second day when you come in she checks by the ultrasound to make sure that the heart has stopped. If for any reason in that case that it did not work, which is pretty rare, but if that happens, then she give you another dose, and then checks again later in the day.

Caller: Okay. What happens to the fetal remains? What options do I have there?

SWO's Sue: Well, you do have some options, uh, from – you know you can certainly make arrangements through a funeral home, if it's something that you're wanting to have cremated for example and, uh, the remains shipped to you. Uh, it would have to – those arrangements would have to be made through a funeral home here who then makes arrangements with a funeral home where ever it is that you live. Um. So that certainly is something that some patients do choose to do.

Caller: Okay.

SWO's Sue: Um, yeah, so --

Caller: What if I don't want to do a burial. What do you guys do with the remains?

SWO's Sue: Well it is, um – We have a biohazard company that picks up all of our fetal remains. And then they actually do incinerate, just as they would with any kind of medical waste, for example, blood products. And so, you know, at that point it's considered, you know, biohazard, but uh, you know, [unintelligible.]

Caller: And um, so do you have any, like, funeral homes there that do work with you on a regular basis?

SWO's Sue: We do.

Caller: Because wouldn't I need to make those arrangements ahead of time?

SWO's Sue: Uh, not necessarily. You can make them when you're here. We can get you the referrals that we have.

Caller: Okay. And – um – let me see --

SWO's Sue: So, is there anything wrong with the pregnancy?

Caller: No, there's not.

SWO's Sue: Okay.

Caller: Um, it's just a personal thing. My husband lost his job, so I don't think we're really going to be prepared. If we had a little bit of time, we would just maybe try again later. The only other thing I wanted to find out was how much it is --

SWO's Sue: Well, again, you know, I can give you kind of a fee range right now. Will you go on hold for just a moment?

Caller: Sure.

[Approximately 45 second break in conversation]

SWO's Sue: Okay, are you there?

Caller: Yes. So if I was able to come in, let's see, a week from today, how much would it be?

SWO's Sue: Well, I'm pretty sure that our doctor may want you to have an ultrasound and a BPD measurement to work from --

Caller: Okay.

SWO's Sue: -- so that she knows kind of what she really is dealing with --

Caller: Right.

SWO's Sue: -- um, the size of the pregnancy. Um – where do you live?

Caller: Actually, I do live in New Mexico. I live in Hobbs.

SWO's Sue: Okay. Do you have insurance or Medicaid that you're using?

Caller: I do have the pregnancy Medicaid.

SWO's Sue: Okay. And when was the last ultrasound that you had?

Caller: Oh, I think was probably the – it was the 20 week anatomy scan, so --

SWO's Sue: Okay.

Caller: --six weeks or so ago?

SWO's Sue: Okay. Um, so if we would start this on, um, next week on Tuesday, um – You know, you may – Well, actually Medicaid covers the abortion in the State of New Mexico.

Caller: Oh, okay.

SWO's Sue: Yeah, so if you have the – you know, if you're current on Medicaid for October, then actually, we can accept that.

Caller: Okay.

SWO's Sue: Yeah, yeah. It would cover the abortion.

Caller: How much is it? I'm just curious.

SWO's Sue: Uh, well, you would probably be looking at a range from anywhere from eight to nine thousand dollars --

Caller: Oh, okay.

SWO's Sue: -- with what you're describing.

Caller: Okay.

SWO's Sue: Okay?

Caller: Alright, so I don't have to worry about that then if my Medicaid is current?

SWO's Sue: Right. Correct. Yeah. Yeah, as long as you have the presumptive or the pregnancy related or full benefits. The Family Planning is the only Medicaid that does not cover the abortion.

Caller: Okay.

SWO's Sue: So--

Caller: Okay, well I know you need to get going probably, but , um, are there any major risks that I need to take into consideration?

SWO's Sue: Risks are about the same, you know – equal to full term pregnancy and delivery. You know, um – like going through a laboring process and a delivery process, so --

Caller: Um-hm. Okay. So it's --

SWO's Sue: --The risks are low. They are very low, but they're certainly there and that's something we talk to you about and go over with you when you're here as well.

Caller: Okay. Do you guys use like Pitocin or anything to induce?

SWO's Sue: We do.

Caller: Okay, so --

SWO's Sue: Now, have you had any previous C-Sections?

Caller: No, I've had some miscarriages, and I think I might be classified as a high-risk pregnancy --

SWO's Sue: Oh.

Caller: -- does that make a difference?

SWO's Sue: Uh, any vaginal deliveries?

Caller: No.

SWO's Sue: How far were you in the pregnancy when you miscarried?

Caller: Um, around 17 or 18 weeks.

SWO's Sue: I'm sorry. How far?

Caller: Seventeen to eighteen weeks.

SWO's Sue: Oh, wow. Okay. Yeah. Well, not that I'm aware of. Um. You know, the doctor, you know would just want to get your history from you, but I don't know that that would be anything that would necessarily have anything to do with the procedure here or the process we do here. So --

Caller: Okay. And would the doctor there need to be in touch with my doctor?

SWO's Sue: Well, I guess that would be up to her, if she felt like that would put you at some higher risk for this procedure, then she may want records or something from your doctor's office, but other than that, no.

Caller: Okay.

SWO's Sue: Okay?

Caller: Alright, so when do I need to have the appointment set by?

SWO's Sue: Well, if you decide that you want to come next week, um, I would say if you could call us by Friday, that would be great but you can even call us on Monday and we can still probably get you in that morning. We have kind of a shortened schedule next week, but, um, so you may want to try and get back to us by Friday, if possible, but, um --

Caller: Okay.

SWO's Sue: --But if it's something you decide over the weekend and you want to call us Monday, we'll certainly work with you on getting you in --

Caller: Is -- okay.

SWO's Sue: -- We'll have to see you, though, early Tuesday morning, so, because of our schedule's a little bit different next week on Tuesday, um -- Typically we go into the afternoon and have -- we just have a shortened schedule because we are closed in the afternoon next week, so --

Caller: Okay.

SWO's Sue: So our doctor's only going to be available a few hours in the morning, so --

Caller: Okay.

SWO's Sue: --you have to be here, and if you're driving from H-- How far away is Hobbs?

Caller: It's about four hours?

SWO's Sue: Yeah. So you may even want to, you know, even come in the night before possible. I don't know --

Caller: Okay.

SWO's Sue: Just because our morning appointments are between 8 and 9.

Caller: And so I should plan to be there from Tuesday to Saturday? Or maybe you guys do it on Friday?

SWO's Sue: Yes, I would say definitely through Friday and sometimes, you know, sometimes it turns out to be Saturday morning before you're able to go. So you may want to at least make that plan for yourself, just to be on the safe side, then if you're able to leave earlier, that's great, you know. But, um, we always suggest, simply you know because we can't really tell you how your body and how your cervix is going to respond uh, to the -- The doctor uses these small little dilators also that are called laminaria, and uh, the laminaria she'll insert on the first day and on the second day. Um, the laminaria helps to, um, open up or dilate your cervix over a period of time, so it's kind of a gentle, more gradual process.

Caller: Okay.

SWO's Sue: And again, it just depends on how you and your body and how it's responding to all of that. For some women, their bodies respond really quickly and really, um, you know, uh, they're done on that

third day no problem, and for others, it goes into the fourth day. It happens often enough, um, that we always just prepare you for that.

Caller: Do you have any nearby hotels that you recommend, or --

SWO's Sue: We do, actually. There's a couple of hotels that even offer discounted rates for our patients, um, and uh, we can certainly give you that information. There's also -- there's an Econo Lodge literally right around the corner from us --

Caller: Um-Hm.

SWO's Sue: --which has -- I think their rates are probably pretty good, and there's a MCM Elaganté Hotel, which, um -- it's only a couple of miles from us and they offer discounted rates for our patients and they also offer shuttle service to and from appointments, although it sounds like you'd probably have a car here, but --

Caller: Right.

SWO's Sue: --if you needed that shuttle service, it'd be available.

Caller: Okay.

SWO's Sue: Uh, yeah. An there's a Plaza Inn that's two blocks away from us, too, that is also very convenient.

Caller: Okay, and --

SWO's Sue: --So there's quite a few hotels right around us.

Caller: Okay. Um, just one last thing and I'll let you go.

SWO's Sue: Sure.

Caller: The laboring process -- I mean, is that just like a typical laying in the bed or are you on the toilet or different positions?

SWO's Sue: Well, we have what we call our kind of pre-op room or gurney room. We have kind of these large -- um gurneys. *[Laugh]* It's what we call them, but, you know they, um -- They're actually pretty comfortable. You can sit up in them or you can lay back. You kind of control, you know, if you're sitting up or you can kind of, you know, bring your feet up or put them back down, so -- And that's kind of where you usually will be laboring, or hanging out, really, while -- you know because you're not laboring for that whole entire time. The doctor's using medications to help induce the labor. The labor itself is usually fairly quick --

Caller: Um-hm.

SWO's Sue: --but you may be here several hours just as medications are being used to help get you to that point of labor.

Caller: Okay. Are there usually a room, like, one woman at a time in there, or is there --?

SWO's Sue: No, actually there may be up to three, um, it is, you know, pretty -- pretty private, though. I mean we do have, um -- we have curtains in there separating the, you know --

Caller: I see --

SWO's Sue: --women from each other and you have, like I said, there is, you know, usually a couple of staff people in there with you throughout the time that you're there. You're not in there alone or on your own at all. And then of course, the doctor is in and out checking with you, too, seeing how things are progressing. But, yeah, there's always someone with you [*unintelligible*] --

Caller: Are you able to have your spouse with you?

SWO's Sue: Yeah, actually, you can. Yeah, you know, probably not the entire time, but he can kind of come and go, as is appropriate, you know --

Caller: Um-hm.

SWO's Sue: Kind of as -- depending what's going on in the room and things like that, but yes, he can certainly be art of this, uh-huh.

Caller: Okay.

SWO's Sue: Okay?

Caller: Alright, well, thanks, Sue. I'll try to make up my mind and call back as soon as I can.

SWO's Sue: Yeah. Yeah, okay.

Caller: Alright. Thank you.

SWO's Sue: You're welcome.

Caller: Okay, bye-bye.

SWO's Sue: Bye.

[End]