INHUMAN:

UNDERCOVER IN AMERICA'S LATE-TERM ABORTION INDUSTRY

Investigative Report for New Mexico Lawmakers and Officials

LIVE ACTION

SPRING 2013

INVESTIGATION OVERVIEW

Location: Southwestern Women's Options
522 Lomas Blvd NE
Albuquerque, NM 87102
http://www.southwesternwomens.com

Date: 01/14/13

Time: 9:15 am

CONTENTS

Clinic Fact Sheet 1
Transcript..... 4

CLINIC FACT SHEET

Abortion Clinic:	Southwestern Women's Options
Location:	Albuquerque, NM
Abortionists:	Dr. Curtis Boyd, Dr. Carmen Landau, Dr. Shelley Sella, Dr. Emily Rothman, and Dr. Susan Robinson
History:	Dr. Boyd has infamously admitted that he is "killing" babies[1] and that he did so in Texas before it was legal.[2] He still practices in Texas, performing abortions up to 24 weeks gestation, the last minute Texas state law allows. However, Dr. Boyd now also operates an abortion facility in New Mexico, which has no gestational limit on abortion. At Southwestern Women's Options in Albuquerque, abortions are offered until birth. Two women have died in Dr. Boyd's clinics.[3,4] Dr. Sella was prosecuted for participating in a coerced, illegal abortion[5] and for gross negligence just this year.[6] Dr. Boyd, Dr. Sella and Dr. Robinson all performed abortions at Planned Parenthood clinics, America's largest abortion provider.[7]
NM State Law:	No restrictions on abortion. New Mexico Statutes 30-2-1. Murder in the first degree is the killing of one human being by another without lawful justification or excuse, by any of the means with which death may be caused.
Federal Law:	Born Alive Infants Protection Act. Infants born alive after an abortion are persons protected under the law.

LIVE ACTION'S INVESTIGATION

Southwestern Women's Options holds the gruesome distinction of being one of the few clinics in America to offer extremely late-term abortions - after 28 weeks. They also are considered particularly dangerous to women, having injured at least 14 women in just the past five years.[8] Live Action's undercover investigators visited this abortion facility to expose their typical utter disregard for their patients' rights and safety.

"HERE, 911 DOESN'T EXIST"

Southwestern Women's Options has been forced to call an ambulance for injured women at least 14 times in the last five years.[9] This gross negligence was on full display during our investigation. Alarmingly, both Dr. Landau and Dr. Sella repeatedly instructed our investigator to call the abortion clinic, not 911, for severe complications from the risky late-term abortion. Dr. Landau lied through her teeth when she said, "You do not need 911. You need us."

The abortionists at Southwestern Women's Options have been sued for seriously injuring and even killing women.[10] They are not a safer option than highly trained, life-saving emergency room physicians.

LATE-TERM ABORTION: GIVING BIRTH ON A TOILET

As is common with late-term abortions, the counselor told our investigator to return to her hotel room once the abortion had been initiated. Should she go into labor, she should "just sit on the toilet," deliver the baby, and "not let [herself] look at any of it." The counselor referred to this process as "delivering a stillborn, in a sense," using the abortion industry's typical description of a gruesome late-term abortion. Later the counselor described a dilation and evacuation (D&E) abortion, and said the baby "always comes out in pieces."

MONEY TALKS, SO ABORTIONISTS LIE

To Southwestern Women's Options, an abortion is a profit, and a patient is a customer. Our investigator was quoted a price of $8,000 for her abortion. Southwestern Women's Options will do anything to avoid losing such a profit – even lie to their patients. Dr. Landau lied to our investigator, saying that her 27-week-old baby would not be hurt by the abortion because the baby had only "a very primitive pain response, and that's about all it has at this stage." In fact, a baby of this age feels pain more acutely than an adult does.[11] This dehumanization of the baby is to be expected of Dr. Landau, who trained in Cuba, where disregard for pre-born life has resulted in routine infanticide[12] and an astronomical abortion rate of 60.2%.

Dr. Landau also lies to her patient about the health risks of abortion. "And the situation where... they would have to remove their uterus—extremely rare. That would really be the only complication that would cause you to not be able to have children in the future. Right? No uterus, no babies." Actually, many other, far more common, effects of abortion that can cause infertility include scarring or infection of the uterus, cervical incompetence and retained remains of the baby.[13]

This manipulative misinformation is not new for Southwestern Women's Options. Dr. Sella has been sued for coercing a 26-week pregnant woman into an abortion by saying that her healthy baby was not viable.[14]

ASSESSMENT

The New Mexico Department of Health should immediately investigate Southwestern Women's Options. The clinic has displayed gross negligence by routinely telling patients of dangerous late-term abortions not to call 911 for severe complications. Injuries from late-term abortions occur in about 1 in 50 cases and include uterine perforation, infection and sepsis, and even death.[15]

Drs. Carmen Landau and Shelley Sella provided false medical information, depriving a patient of her right to give informed consent to a procedure, and exhibited gross negligence by instructing her not to seek life-saving medical attention. The New Mexico Medical Board should immediately launch license investigations.

ENDNOTES

1 Lisa Graas, "Late-Term Abortion Practitioner: 'Yes I am Killing' Babies," Life News, November 14, 2011, http://www.lifenews.com/2011/11/14/late-term-abortion-practitioner-yes-i-am-killing-babies/.

2 "Curtis Boyd, M.D." Physicians for Reproductive Choice and Health, January 01, 20013, http://prh.org/physicians-story/curtis-boyd-md/.

3 Atrash, Cheek, Hogue, "Fatal Embolism During Legal Induced Abortion," American Journal of Obstetrics and Gynecology 162, no. 4 (April 1990), 986-90.

4 *Espinoza v. Bramanti et al.* (2008)

5 "Former Tiller Patient Drops Bombshell Testimony Of Illegal, Coerced Abortion on Legislative Committee," Operation Rescue, September 07, 2007, http://www.operationrescue.org/archives/former-tiller-patient-drops-bombshell-testimony-of-illegal-coerced-abortion-on-legislative-committee/.

6 Atrash, Cheek, Hogue, "Fatal embolism during legal induced abortion,"American Journal of Obstetrics and Gynecology 162, no. 4 (April 1990), 986-90. ; *Espinoza v. Bramanti et al.* (2008); Cheryl Sullenger, "Documents Reveal Horrific Details of Botched 35-Week Abortion," January 31, 2013, http://www.lifenews.com/2013/01/31/documents-reveal-horrific-details-of-botched-35-week-abortion/.

7 Susan Robinson, The New Mexico Statewide Application for Physician/Practitioner Appointment, September 27, 2009.

8 Shelley Sella, The New Mexico Statewide Application for Physician/Practitioner Appointment, September 29, 2009.

9 Curtis Boyd worked in a Planned Parenthood surgical center, Planned Parenthood Nob Hill Health Center in discussion with the author, March, 2013.

10 Operation Rescue, "Botched Abortion at Albuquerque Late-term Abortion Clinic Lands 14th Woman in Hospital," Life Site News, March 1, 2013, http://www.lifesitenews.com/news/botched-abortion-at-albuquerque-late-term-abortion-clinic-lands-14th-woman/.

11 Troy Newman, "Botched Late-Term Abortion Lands 14th Woman in Hospital Since 2008," Life News, March 13, 2013, http://www.lifenews.com/2013/03/03/botched-late-term-abortion-lands-14th-woman-in-hospital-since-2008/.

12 Atrash, Cheek, Hogue, "Fatal embolism during legal induced abortion," American Journal of Obstetrics and Gynecology 162, no. 4 (April 1990), 986-90. ; *Espinoza v. Bramanti et al.* (2008); Cheryl Sullenger, "Documents Reveal Horrific Details of Botched 35-Week Abortion," LifeNews, January 31, 2013, http://www.lifenews.com/2013/01/31/documents-reveal-horrific-details-of-botched-35-week-abortion/.

13 Colleen Malloy, Statement to the House, Committee on the Judiciary, *District of Columbia Pain-Capable Unborn Child Protection Act*, Hearing, May 17, 2012, http://www.nrlc.org/abortion/Fetal_Pain/TestimonyColleenMalloyHR3803.pdf; Anand KS, McGrath PJ, editors. Pain Research and Clinical management. Vol. 5.

14 Pain in neonates. Amsterdam:Elsevier 1993:19-38.

15 Jose Marti, "Abortion and Infanticide in Cuba," PRI Review 5, no. 6 (1995).

16 "Abortion Risks: A List of Major Physical Complications Related to Abortion," Elliot Institute, November 23, 1999, http://afterabortion.org/1999/abortion-risks-a-list-of-major-physical-complications-related-to-abortion/.

17 "Former Tiller Patient Drops Bombshell Testimony Of Illegal, Coerced Abortion on Legislative Committee," Operation Rescue, September 07, 2007, http://www.operationrescue.org/archives/former-tiller-patient-drops-bombshell-testimony-of-illegal-coerced-abortion-on-legislative-committee/.

18 "Possible Physical Side Affects," American Pregnancy Association, Accessed April 15, 2013, http://americanpregnancy.org/unplannedpregnancy/possiblesideeffects.html

INVESTIGATION TRANSCRIPT

PLAYBACK

00:00:00 WOMAN ENTERS CLINIC

00:00:46 WOMAN CHECKS IN WITH CLERK, CLERK HANDS OVER PAPERS TO FILL OUT

00:01:31 WOMAN LEAVES CLIPBOARD TO USE THE BATHROOM

00:26:45 WOMAN HANDS IN PAPERWORK

00:27:16 WOMAN USES THE BATHROOM

00:53:41 WOMAN USES THE BATHROOM

00:54:00 WOMAN APPROACHES FRONT DESK AND ASKS TO SPEAK WITH DR. SELLA AFTER ULTRASOUND

00:55:46 WOMAN IS CALLED BACK UP TO FRONT DESK TO CORRECT SOME OF HER PAPERWORK

01:02:23 WOMAN IS CALLED TO ULTRASOUND ROOM,

01:02:40 CLINIC-1 DOES HER MEDICAL HISTORY

01:03:13 CLINIC-1 ASKS THE WOMAN TO TAKE OFF PANTS AND JACKET (SO SHE CAN DRAW BLOOD)

01:04:16 CLINIC-1 LEAVES THE ROOM

01:05:27 CLINIC-1 RETURNS TO ROOM

01:06:04

CLINIC-1: Somebody here with you?

WOMAN: Yeah my friend, yeah. Yeah thanks. Are you busy today?

CLINIC-1: Mm no.

WOMAN: No (laughs) OK. Well maybe that's good for me, then.

CLINIC-1: I mean, we only have today, um, second trimesters—

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WOMAN: Oh OK.

CLINIC-1: And we started on Monday because of the doctor is leaving—

WOMAN: Oh.

CLINIC-1: So we don't have nothing on Friday (inaudible) because on Monday to start because we never do. It like never happens. We start on Tuesdays.

WOMAN: Really?

CLINIC-1: Mm-hm.

WOMAN: Oh.

CLINIC-1: So uhh it's like—

WOMAN: When does the doctor leave?

CLINIC-1: The doctor leaves on Thursday, I think Friday, and she has a convention to go—

WOMAN: Oh gotcha. Oh so you have to make sure—

CLINIC-1: Yes.

WOMAN: What is, um, second trimester?

CLINIC-1: 15 weeks and up, and then we have third trimester too.

WOMAN: Oh really?

CLINIC-1: Yes.

WOMAN: Oh wow.

CLINIC-1: Yes before they are, um the babies are sick.

WOMAN: Oh OK.

CLINIC-1: Mm-hm. So you were on—

WOMAN: So you've seen women, like, as far along as me?

CLINIC-1: Oh, yeah.

WOMAN: Oh, OK, OK, oh, OK. So it's like pretty common?

CLINIC-1: Yeah, we are the farthest in New Mexico.

WOMAN: Oh, OK. Oh wow, OK. Gotcha.

01:08:09

CLINIC-1: So the doctor's gonna come now, to do another measurement. We do seconds all the time.

WOMAN: Oh, the doctor's going to come in actually?

CLINIC-1: And do another—

WOMAN: Oh, OK. So is it like, like how big is it, then?

CLINIC-1: Uhh, you want weeks?

WOMAN: Um.

CLINIC-1: Or no?

WOMAN: I guess like I'm just trying to think like yeah. Yeah either one.

CLINIC-1: How many weeks did they tell you you were?

WOMAN: Like, um, over 20, yeah. But I'm not really sure. So is it, is it a baby?

CLINIC-1: Mm-hm.

WOMAN: It is? So like what parts does it have?

CLINIC-1: Everything.

WOMAN: Oh, does it?

CLINIC-1: Mm-hm.

WOMAN: I mean I can, I sometimes I can feel it like moving, that's why I thought, y'know?

CLINIC-1: Mm-hm, mm-hm.

WOMAN: What are you getting? (laughs)

CLINIC-1: I'm getting a second one, it's another measurement, it's the femur.

WOMAN: Oh, OK.

CLINIC-1: I'm trying to get, and sometimes it's very hard.

WOMAN: Oh really?

CLINIC-1: It's floating, floating in water and I'm like (inaudible)

WOMAN: (loud laughter cuts out Rebecca)

CLINIC-1: I don't care, I will get it. That's for sure, I will.

WOMAN: (laughs) OK. Have you been doing this a long time?

CLINIC-1: (Inaudible)

WOMAN: Oh, OK. So you have like, different techniques.

01:10:13

CLINIC-1: Yeah. It's just to match the one that I got, the head, and it, it, it goes, the femur, it's 2 weeks less, 2-3 weeks less than what the head measures.

WOMAN: Oh for—for mine?

CLINIC-1: For everybody.

WOMAN: Oh, for everybody. Oh, OK.

CLINIC-1: So if I get 25 the femur is going to be 23.

WOMAN: OK, gotcha. OK. Hmm.

CLINIC-1: Interesting, huh?

WOMAN: Yeah. I just get a little bit nervous about it all, y'know? Yeah that's why I was saying how big it is cause you just get nervous if it's big, y'know.

CLINIC-1: Yeah.

WOMAN: Make sure everything—like how will everything go for me?

CLINIC-1: Yes. Exactly. OK, now I'm going to call Dr. Sella.

WOMAN: OK.

CLINIC-1: (on phone) Dr. Sella, back up Sono please.

CLINIC-1: Yeah but this later, we can still help you.

WOMAN: OK. You can?

CLINIC-1: (inaudible)

WOMAN: Oh, OK, OK. What is, what is her name? Sella?

CLINIC-1: Dr. Sella.

WOMAN: Sella, OK.

CLINIC-1: Yes. S-E-L-L-A

WOMAN: Oh, OK thanks.

01:12:13

CLINIC-1: And sometimes she's meeting with other patients.

WOMAN: Oh so I might have to wait a minute? Oh OK.

CLINIC-1: Yeah so let me see, um are you right handed or left handed?

WOMAN: Right handed.

CLINIC-1: OK I'm going to draw a little bit of blood.

WOMAN: Oh, I hate this part (loud moaning).

CLINIC-1: I know everybody hates this. The whole morning I'm listening to this (inaudible)

WOMAN: (loud moaning) OK.

CLINIC-1: I know, I know. And this is just to, um, to draw blood, and to push medications. We start giving you medications starting from, from the first day.

WOMAN: (moans) Oh man.

CLINIC-1: Somebody here with you?

WOMAN: Yeah my friend is.

CLINIC-1: Oh you just told me that.

WOMAN: Yeah, that's OK.

CLINIC-1: OK, OK, OK. Just hold that. Yeah.

WOMAN: (moans)

CLINIC-1: Beautiful.

WOMAN: Oh my goodness.

CLINIC-1: You're really doing great (laughs) OK.

WOMAN: (exhales) You make sure like, I mean, I won't get like infection from this or anything, like, the needle? (breathes heavily)

CLINIC-1: Infection? This is sterile.

WOMAN: OK. (breathing heavily)

CLINIC-1: Take a deep breath.

WOMAN: (inhales)

CLINIC-1: The needle's coming out.

WOMAN: OK.

CLINIC-1: And then you will have a little plastic inside, it's like a little catheter, OK um, the needle's out.

WOMAN: It's, it's, it's, inside me?

CLINIC-1: The plastic is.

WOMAN: (moans loudly) OK.

CLINIC-1: Sit up! And you won't feel no needles anymore.

WOMAN: OK (exhales)

01:14:00

CLINIC-1: And open your fist, totally.

WOMAN: (exhales) OK. Oh man. Oh, I just don't like needles.

CLINIC-1: I know. And you gonna have needles, every day, sorry.

WOMAN: Every day?

CLINIC-1: Every day.

WOMAN: Is it just, stay like, look like that or—?

CLINIC-1: Before you leave we take it out.

WOMAN: OK.

CLINIC-1: And then we'll put another one tomorrow to give you more medications.

WOMAN: (moans) What are the medications?

CLINIC-1: The medications is Fentanyl and a muscle relaxer, which is Valium.

WOMAN: Fentanyl, OK.

CLINIC-1: OK, and let me tape it. We're done with this part.

WOMAN: And and what, what, sorry, what is it for? What is the—?

CLINIC-1: For pain.

WOMAN: For pain, OK.

CLINIC-1: And, um, muscle relaxer.

WOMAN: OK.

CLINIC-1: (inaudible) Relax, tired, like you drink a little, a margherita.

WOMAN: (exhales) OK. Does, does all of this, is it painful?

CLINIC-1: Um, the third day's gonna be very uncomfortable.

WOMAN: The third day?

CLINIC-1: Mm-hm. When you gonna, you gonna push, we're gonna help you, you gonna push.

WOMAN: Oh really?

CLINIC-1: Mm-hm. Mm-hm. But we give you a lot of medication, we help you, we, we with you the whole time. We don't, OK?

WOMAN: OK. Push like, I have to like push out the baby?

CLINIC-1: (nods yes)

WOMAN: Really? (exhales) Are you gonna be there with me?

CLINIC-1: I don't know. Uhh I do a lot of stuff, sometimes I'm there, sometimes I don't.

WOMAN: OK. (laughs)

CLINIC-1: Yes, I know.

WOMAN: OK. I mean, I'm just like, do I push, so it comes, does it come out whole? Like how does it come out when I push, then?

01:16:00

CLINIC-1: Like having a baby.

WOMAN: Yeah, is it like that?

CLINIC-1: Uh-huh.

WOMAN: (exhales)

CLINIC-1: But it's, it's dead. It's not, today we're going to put an injection.

WOMAN: Oh, OK.

CLINIC-1: And uh that injection is to stop the fetus's heart. And it works 30 minutes to 3 hours, tomorrow we're going to check, we do another ultrasound, and check that that worked. And it's 99% that it works. It's very rare that it doesn't.

WOMAN: OK.

CLINIC-1: OK. Um—

WOMAN: I'm just taking it in. So if it what, what do you do, what if, what if it, if it does fail though, what do you do?

CLINIC-1: We put another injection.

WOMAN: You put another injection.

CLINIC-1: Uh-huh and then you come back in the afternoon to check you to see that, but let's not think about that, let's think positive, and it's rare. Really. It's—

WOMAN: Really rare. OK.

CLINIC-1: Mm-hm mm-hm. The doctors are very good, doing that.

WOMAN: I'm not like, rare person though you know (laughs) like it happened to me.

CLINIC-1: Did it work? Did it work?

WOMAN: Not right now. (laughs)

CLINIC-1: Do you have Medicaid?

WOMAN: Mm.

CLINIC-1: You don't have Medicaid?

WOMAN: Mm.

CLINIC-1: How—

WOMAN: But I'm gonna, my friend is gonna help me. OK so—

CLINIC-1: OK so we're waiting for the doctor. We'll do another, a second one.

WOMAN: Good OK (laughs) Can I ask you about this though? Like my question- my concerns? Can I ask you—

CLINIC-1: Yup you're going to talk to the counselor—

WOMAN: OK.

CLINIC-1: But you can ask.

WOMAN: Can I ask you, OK. 'Cause I'm just thinking, can you tell me what, like when it comes out, you said, and it's, then what do you, what do I do with it then?

CLINIC-1: You don't do anything. We do the rest. Nothing. Nothing.

WOMAN: OK.

CLINIC-1: You wanna know the sex, we can tell you that. You don't wanna know nothing, absolutely nothing, you just walk away from here. Uhh you have an appointment, you can go to the doctor, or you can come to us for check up.

WOMAN: OK.

01:18:10

CLINIC-1: In 2 weeks.

WOMAN: OK.

CLINIC-1: But if you don't wanna know anything, OK?

WOMAN: OK. Can you tell me like, with the procedure what it's going to be like?

CLINIC-1: It's going to be uncomfortable.

WOMAN: OK.

CLINIC-1: The third day, it's going to be, you're going to have um, because we're going to give you the (inaudible) you're going to come up 7 in the morning we start giving you medication by mouth, to soften your cervix so you're going to have labor pain more, and more, and more, and more, and more. OK and then uhh you're gonna be in another room and a counselor, I mean a nurse is with you, and she's gonna help you OK. And you're gonna feel— You have children, by the way?

WOMAN: Mm no.

CLINIC-1: OK, that's why.

WOMAN: No (laughs) it's all new to me.

CLINIC-1: So the feeling is like you wanna poop.

WOMAN: OK.

CLINIC-1: And when somebody tells me I feel like I'm going to poop, I'm like, yes! That's what I want.

WOMAN: Oh really?

CLINIC-1: You're very near to finish. Yes, that is the feeling, mm-hm.

WOMAN: So you feel like—

CLINIC-1: And of course having a baby is painful—

WOMAN: Yeah.

CLINIC-1: It is, I mean a head is coming out, you wanna, day by day we're gonna, um dilate your cervix.

WOMAN: OK.

CLINIC-1: And um that's why the doctor wants to know how far you are so she can dilate as far as you are. OK and we're going to put also dilators, those dilators look like sticks—

WOMAN: Can I sit up a little bit or do you want me to stay?

CLINIC-1: You can stay.

WOMAN: I'll stay. OK, OK, OK, that's OK (laughs) sorry. OK so, so keeping going I'm sorry.

CLINIC-1: So um we're going to put dilators so that the cervix can open slowly over night. What they do the dilators they absorb the moisture your body, the water, the moisture so they grow thick. And the next step we take them out, and we put new ones. And then you dilate more, and then on the third day we break up the water, break up the water, and then you go into a room and that's when you start laboring with that medication that we give you. And we're going to give you an IV, and we push medications through there.

01:20:22

WOMAN: OK.

CLINIC-1: OK.

WOMAN: Thank you, so when I labor, I'm gonna labor it, come out—

CLINIC-1: You're going to feel like, "Ow it's hurting, it's hurting, it's hurting." (breathing noises)

WOMAN: OK.

CLINIC-1: And it's not, it can take half a night and—

WOMAN: Really? Does the doctor like do, does he help at all?

CLINIC-1: Mm-hm.

WOMAN: Oh he does?

CLINIC-1: The doctor is a she.

WOMAN: She sorry. (laughs) She, she, she—

CLINIC-1: Oh one of the nurses is there, inside that gurney room. We call it the gurney room.

WOMAN: Gurney, OK. So does she like help it to come out?

CLINIC-1: We help you yes.

WOMAN: OK.

CLINIC-1: You're not, no. You just wish we would take it out.

WOMAN: OK thank you.

CLINIC-1: OK.

WOMAN: So then what if it come out and the, the, the shot didn't work? Then what do you do?

CLINIC-1: Well it doesn't come out.

WOMAN: It doesn't come out?

CLINIC-1: Yeah, we need to, we need to be sure that the shot works. And it will be tomorrow. We check right away, that's the first thing we do.

WOMAN: OK.

CLINIC-1: OK.

WOMAN: I'm just thinking—

CLINIC-1: No.

WOMAN: Worst case and— like if it came out—

CLINIC-1: No. You mean alive?

WOMAN: Yeah that's what I'm saying—

CLINIC-1: No we have to check that—

WOMAN: Because then what, what would I, what would I do?

CLINIC-1: We don't proceed. We don't proceed until—we do a lot of ultrasounds with this. We have another one over there. It's the first thing we're gonna do tomorrow.

WOMAN: Oh OK, OK. OK. Cause what do people do if that happened?

CLINIC-1: It won't happen. It doesn't happen here. Because we look in (inaudible)—

WOMAN: OK, OK.

CLINIC-1: Yeah.

WOMAN: OK but if it did, I'd have to, I'd have to, do, I'd have to—

CLINIC-1: Do you feel movements?

WOMAN: A little bit.

CLINIC-1: You're gonna tell me tomorrow you don't feel any more movements.

WOMAN: Oh really?

CLINIC-1: Then we still check, I don't care what you tell me.

WOMAN: Really?

CLINIC-1: We're going to check.

WOMAN: So am I going to feel it like as it's, like when it dies? I'm gonna feel it dying?

CLINIC-1: No, you will not feel nothing.

WOMAN: I'm not going to feel—

CLINIC-1: You're just not going to feel feelings or movements anymore.

WOMAN: Oh OK 'cause I'm thinking that would be, if I could feel—

CLINIC-1: No.

01:22:27

WOMAN: It's like agh, OK (laughs)

CLINIC-1: No, no, no.

WOMAN: OK, OK, OK. And then I go home—

CLINIC-1: You go home and come back tomorrow—

WOMAN: I go home I come back tomorrow and then I get that, I get that—

CLINIC-1: Tomorrow we just gonna check, that everything went fine, that everything worked, we put more dilators and then you go home.

WOMAN: OK.

CLINIC-1: The third day you're going to be at 7 here in the morning.

WOMAN: OK.

CLINIC-1: In the morning and then uh, we put the medication— no, first—

WOMAN: OK you said yeah, yeah—

CLINIC-1: And then we um, um burst out the water.

WOMAN: Mm mm-hm, mm-hm, mm-hm.

CLINIC-1: And then you know, you're gonna have cramping, labor pain cramping and it's going to take time. You know sometimes it's like 3 doses to 4 until you're like "OK I'm in like a lot of pain" (inaudible).

WOMAN: Mm OK. What if that starts happening to me at— what if I have the baby at home?

CLINIC-1: You gonna call. You're gonna call. You call at whatever time, whatever time.

WOMAN: Call you—

CLINIC-1: We're going to give you a prescription for perco— for um Oxycodone and for nausea today, starting today.

WOMAN: Mm-hm. So If I start feeling like I'm gonna push at home tonight—

CLINIC-1: No I don't think it's going to happen.

WOMAN: Not gonna—

CLINIC-1: It can happen the second day at night, it can, but it's your first—

WOMAN: And if I feel like, like I'm going to do it—

CLINIC-1: So I hope that you take a little bit longer and um, wait until you get here. Yeah but if you do, you're gonna have to call us.

WOMAN: Call you?

CLINIC-1: No matter what time. 1 in the morning, 2 in the morning, you call.

WOMAN: Anytime?

CLINIC-1: You're coming in.

WOMAN: Oh so do I call 911?

CLINIC-1: No, you're going to call here.

WOMAN: OK.

CLINIC-1: You're not going to any clinic but here.

WOMAN: OK. (laughs)

CLINIC-1: No, no.

01:24:15

WOMAN: Why not call 911?

CLINIC-1: Because they're not gonna see you.

WOMAN: They're not going to see me?

CLINIC-1: No. They're gonna say, "where are you having this? You have to have to call them." Here. Here.

WOMAN: Oh really?

CLINIC-1: This is—

WOMAN: Call here, OK.

CLINIC-1: Here. 911 doesn't exist.

WOMAN: Really? What, what what. Yeah what do they do there then? What like—

CLINIC-1: Some people (inaudible) and they're gonna say "she's having an abortion, we're not, we're not going to touch her." "She has to go where she started this, we're not going to finish this." We are going to finish this, we don't want you to call 911. You're going to call this number, we're going to give you everything. Paper—everything.

WOMAN: Oh OK.

CLINIC-1: We're going to give you, don't worry.

WOMAN: Uh.

CLINIC-1: We're going to give you a number to call, don't worry. We're going to give you everything.

WOMAN: Oh.

CLINIC-1: Today, and tomorrow, and—

WOMAN: What, what—

CLINIC-1: But you call here.

WOMAN: I will call here. But what, what do you mean 911 they might not fit like, what do you mean they might not—

CLINIC-1: Well why are you going to call 911?

WOMAN: Like in the middle of the night, it's closed.

CLINIC-1: It's not closed.

WOMAN: No (laughs)

CLINIC-1: We are 24 hours, someone is on call 24 hours.

WOMAN: OK, OK, OK.

CLINIC-1: 911 doesn't exist for this.

WOMAN: Doesn't exist, doesn't exist. Do not call 911, it doesn't exist. OK (laughs).

CLINIC-1: No, no.

WOMAN: Have you ever had people do that?

WOMAN: Oh good 'cause it would just be like—

CLINIC-1: Because then they'll say, "uh what are you having?" "Well I'm in labor." "Why are you in labor?" Well, you know, I, I don't even know what they are going to tell you, 'cause we, nobody calls there. They call here. A nurse is going to answer you and you're going to say, "I need to talk to the lady that is on call."

WOMAN: OK.

CLINIC-1: And then they're gonna call the lady and then we bring you here.

WOMAN: (crying) 'Cause I don't want to go there and they make me have labor and everything.

CLINIC-1: No you're going to come here. Let me see where the doctor is.

WOMAN: OK. Thank you.

CLINIC-1: You're very welcome.

01:26:12 CLINIC-1 LEAVES EXAM ROOM

01:30:40 DR. SELLA ENTERS EXAM ROOM

DR. SELLA: Hello, I'm Dr. Sella.

WOMAN: Hi Dr. Sella

DR. SELLA: You are?

WOMAN: (Removed for Privacy)

DR. SELLA: (Removed for Privacy)

WOMAN: (Removed for Privacy)

DR. SELLA: Uh-huh. (inaudible conversation with Clinic-1) OK where are you from (Removed for Privacy)?

WOMAN: (breathes heavily) Santa Fe.

DR. SELLA: Mm-hm. Who's here with you today?

WOMAN: (breathes heavily) My friend (Removed for Privacy).

DR. SELLA: Are you nervous? Is that why you're breathing like that?

WOMAN: Yeah (laughs)

DR. SELLA: Have you had an ultrasound at all?

WOMAN: No.

CLINIC-1: I was telling (Removed for Privacy), that um, not to call 911, because she said, "do I call 911?"

DR. SELLA: For?

CLINIC-1: For if, whatever reason.

DR. SELLA: Yeah, yeah.

WOMAN: 'Cause I'm going to go home tonight.

CLINIC-1: I said that, uh, 911 doesn't exist for this week.

DR. SELLA: Yes not for, yeah.

WOMAN: OK.

CLINIC-1: And we are here, like I said somebody's on call for 24 hours.

DR. SELLA: (Inaudible)

WOMAN: Oh good.

DR. SELLA: Do you have a place to stay the other night?

WOMAN: Yes.

DR. SELLA: Yeah OK.

WOMAN: And you're going to be my doctor?

DR. SELLA: Well, there are two of us. Two doctors—

WOMAN: OK.

DR. SELLA: You got two for the price of one.

WOMAN: OK.

CLINIC-1: (laughs)

DR. SELLA: It's me and Dr. Landau. She's great she has no grey hair—

WOMAN: Oh OK.

DR. SELLA: Um and we are working together.

WOMAN: OK.

DR. SELLA: Yeah she's wonderful. (To Clinic-1)- Is that what you have?

CLINIC-1: No, a little bit less. But I want this one.

DR. SELLA: OK. So um (Removed for Privacy), what we get is that you're 27 weeks.

CLINIC-1: Mm-hm.

WOMAN: Oh really?

DR. SELLA: Yup. So you're about a month—yeah actually, you're about a month off from how you thought you were.

WOMAN: Oh wow.

DR. SELLA: Does that change how you feel about this?

WOMAN: I just didn't know I was that—

DR. SELLA: Uh-huh.

WOMAN: —far. I mean is there—is there a difference?

DR. SELLA: Uh, in terms of—

WOMAN: Um, like—

DR. SELLA: It's a different proced— You thought you were 23 weeks?

WOMAN: Yeah.

DR. SELLA: It is a different procedure. This—you actually—we induce labor, so you will deliver a stillbirth.

CLINIC-1: I, I told her already.

DR. SELLA: Oh, so you already talked about that, yeah, so you know that, OK.

WOMAN: Yeah.

DR. SELLA: OK.

WOMAN: OK, OK, um—

DR. SELLA: And it may last longer, it may take, usually it's three days, but it may be even longer, that kinda depends on your body. Have you had a baby before?

01:33:05

WOMAN: Mm-mm. No um—

DR. SELLA: Yes?

WOMAN: Could you, like am I going to get to talk to you before I start everything?

DR. SELLA: Oh my God, of course.

WOMAN: OK. (laughs)

DR. SELLA: I would never start something like that without talking to you. You will talk to many people because you'll talk to—

WOMAN: OK, OK. I know I talked, 'cause I was talking to, OK.

DR. SELLA: You'll talk to Rebecca, you'll talk to a counselor, you'll talk to me—

WOMAN: I'll talk to you—

DR. SELLA: Or Dr. Landau, one of us.

WOMAN: OK, OK. And that'll be today?

DR. SELLA: We will start today.

WOMAN: OK.

DR. SELLA: Just measuring your belly.

WOMAN: Oh OK I was like what is this?

DR. SELLA: Sorry it's cold.

WOMAN: No it's OK. (laughs)

DR. SELLA: OK do you need more towels to wipe that off?

WOMAN: Um yeah that would be ni— yeah maybe.

DR. SELLA: Here.

WOMAN: OK thank you. Can I sit up now?

DR. SELLA: Yes, please.

WOMAN: OK.

DR. SELLA: (talks to Rebecca) (inaudible)

CLINIC-1: Thanks Dr. Sella.

DR. SELLA: (Removed for Privacy) I'll be seeing you in a little bit.

WOMAN: OK.

DR. SELLA: OK.

WOMAN: Thanks, Rebecca.

CLINIC-1: Ugh (Removed for Privacy), it's going to be more money.

WOMAN: Oh OK.

CLINIC-1: So um, they're gonna tell you, I don't know in my mind, but um—

WOMAN: But they're going to tell me everything?

CLINIC-1: We can give you a loan also. OK?

WOMAN: OK.

CLINIC-1: OK.

WOMAN: All right.

CLINIC-1: So you can go back outside.

WOMAN: Well yeah I'll have time to talk to my friend and everything.

CLINIC-1: Yes.

WOMAN: OK.

01:34:58 CLINIC WORKER LEAVES THE EXAM ROOM

01:35:57 WOMAN LEAVES EXAM ROOM, BACK TO WAITING ROOM

01:59:32 WOMAN IS CALLED

COUNSELOR: (Removed for Privacy)

WOMAN: Hi.

COUNSELOR: Hi I'm Suzanna [spelling approximate].

WOMAN: Hi Suzanna.

COUNSELOR: I'm going to be your counselor, go ahead and have a seat on the couch.

WOMAN: Oh OK.

COUNSELOR: OK so we just set aside a little meeting to answer any questions or concerns.

WOMAN: Oh OK.

COUNSELOR: And um go over some more paperwork. Was there anything concerning or questions you had? On any of the procedure?

WOMAN: I just feel like I want, like to talk to the doctor about everything.

COUNSELOR: OK. And you'll, you'll have a chance to meet with the doctor, um—

WOMAN: (laughs) OK.

COUNSELOR: This is just, um in, case I can answer anything for the doctor ahead of time, and then you'll definitely have your time for the doctor.

WOMAN: OK.

COUNSELOR: So regarding umm regarding steps in the procedure, did they fully cover all of that? Or—

WOMAN: Not. I mean if you, like it, I mean, have they done people at my stage before?

COUNSELOR: Yes. Oh, definitely. And, and further.

WOMAN: This late?

COUNSELOR: Uh-huh. Mm-hm.

WOMAN: So it's like fairly common?

COUNSELOR: Uh-huh. Mm-hm. Yeah.

WOMAN: OK. I mean if, I guess like is it, it's like pretty big? Do you know like how big?

COUNSELOR: Um, so you're at 27 weeks, um and that's, let me see, finishing up about 6 — uh, you're in—about 6 months into the—

WOMAN: OK.

COUNSELOR: —pregnancy.

COUNSELOR: So I guess that's probably, uh maybe a pound, a little over a pound.

WOMAN: Oh OK.

COUNSELOR: OK.

WOMAN: So like, just like that like—

COUNSELOR: Maybe um, let me think (laughs) it might be the size of, I'm trying to think (laughs). Let me see if they measured you, they can't measure the actual, the whole thing. I think they just—

WOMAN: Oh, OK.

COUNSELOR: Let me, um—

WOMAN: OK, is it—like, is it a baby?

COUNSELOR: Well, what—how—what do you consider a baby? (Laughs) It's definitely—

WOMAN: I guess—

COUNSELOR: —a fetus (laughs).

WOMAN: OK.

COUNSELOR: Um as far as um, medical definition of a baby, I think, is technically until it's born. Um, it's um, until then, when it's in gestation, it's considered a fetus. So—

02:01:54

WOMAN: Ah.

COUNSELOR: —um, it depends what the term "baby" means to you—

WOMAN: Oh.

COUNSELOR: —and how you perceive it (laughs). What, what is your perception of it?

WOMAN: I guess I just wanted to know if, you know (laughs) like how like, it has all its parts and stuff? I just am trying to think, like—

COUNSELOR: Um, yeah.

WOMAN: OK.

COUNSELOR: Yeah it does. It's developed. Um, as far as, um—in terms of, um, surviving on its own—

WOMAN: Yeah I guess that's what I'm kinda thinking.

COUNSELOR: Um, it—it would have difficulty, but, um, and need assistance at this point, OK? So um, the last thing to develops on—on the fetuses are, like, their lungs, really—

WOMAN: Ah.

COUNSELOR: —so um it would probably have difficulty breathing and need assistance, like with the incubator. And uh—

WOMAN: What's that? Oh OK.

COUNSELOR: So it would probably if you were to have, say if you were to, um, give birth or early labor right now—

WOMAN: Yeah.

COUNSELOR: —um, yeah, it would have to probably—probably spend some time in the hospital before you would take it home, if you were to give a live birth. Um, and that—

WOMAN: Oh would they, would, is. OK. Would that hap—could that happen?

COUNSELOR: Today? No. That will not—that will not happen in this process, OK? Um because, and uh, the main point because we would give a digoxin injection, um, to the fetus, and that would lower the heart rate. OK? So when you do, um, on the third or fourth day, have the procedure, um, and you do pass the pregnancy, its—its heart would have stopped. It will not, it will not be able to survive.

WOMAN: Oh, it won't be able to survive?

COUNSELOR: No, not at all (laughs).

WOMAN: Oh OK.

COUNSELOR: Once the heart stops, nothing else continues to, um—

WOMAN: Oh.

COUNSELOR: Um, function.

WOMAN: Oh OK.

COUNSELOR: Yeah.

02:03:48

WOMAN: So I mean it like, if it was like, what would happen if it was like moving or something when it came out?

COUNSELOR: Um, well we would have checked to make sure that the injection worked. And by doing that we would have looked for a heart rate, um, so, um, and we will check that tomorrow. OK? Um, and it so it won't, there's no expected, it to be moving when it comes out. (laughs) OK? It will already be deceased.

WOMAN: Oh, OK.

COUNSELOR: Yeah.

WOMAN: But OK, if it was though would I have to take it?

COUNSELOR: Um no. Not at all.

WOMAN: OK.

COUNSELOR: But we wouldn't, we wouldn't, um, continue with the, if—if the digoxin injection didn't work-

WOMAN: Mm-hm.

COUNSELOR: Like I said we would check and we would administer another. OK, so there's no, there's no, um, passing of the pregnancy without it working at this point, yeah.

WOMAN: OK yeah, 'cause I'm thinking what would, like I'm just thinking I wouldn't wanna have to—

COUNSELOR: Take it home? No.

WOMAN: Yeah.

COUNSELOR: And you know it would um, and that wouldn't be (laughs) a possibility. OK and it—

WOMAN: 'Cause you know you hear rumors like that they have, like a failed procedure or something like that.

COUNSELOR: Yeah, no. Never heard of it or seen it to tell you the truth. (Laughs) So don't

worry. And you'll definitely, this is definitely something you can talk to the doctor about—

WOMAN: Yeah.

COUNSELOR: 'Cause if that's a concern—

WOMAN: OK I will yeah, yeah, yeah.

COUNSELOR: Um any of your concerns you have with me even though we go over them I try to just cover what I can with you just because the doctor is busy doing stuff (laughs) um and you can definitely bring them up with her as well. OK?

WOMAN: Oh OK.

COUNSELOR: Doesn't mean that you're not allowed to.

WOMAN: OK. (laughs)

COUNSELOR: I also want to let you know that there's um, we'll probably schedule you in the morning to meet with some of the, um, other patients, OK, who are um in the same, um gestation OK?

WOMAN: Oh, that would be nice.

02:05:52

COUNSELOR: OK. So it's kinda nice, the doctor likes to do this, um so, like you kind of posed earlier—

WOMAN: Yeah.

COUNSELOR: That you felt like you were the only one. You're not. Um we do have other patients this week who are, um, going through the same process as you OK?

WOMAN: Yeah, OK.

COUNSELOR: So that kind of helps, it's kind of for the doctor to um, you guys kind of know each other and, and have a little support within the clinic during your stay.

WOMAN: Yeah, oh OK. That would be nice.

COUNSELOR: So yeah. And it's nice because you all have similar concerns.

WOMAN: Mm-hm.

COUNSELOR: Um, so that kinda come up in—

WOMAN: Yeah that was definitely like something when we first started talking about it being later—

COUNSELOR: Mm-hm.

WOMAN: Like me being far along, you know just thinking that it could, like, survive basically. (laughs)

COUNSELOR: So no. Um, in this procedure, in our process, we make it so it does not, and then even if you were to be earlier, um, where say you were, say, in the first, or early second trimester and the digoxin injection was not given—

WOMAN: Mm-hm.

COUNSELOR: Um, the sedation would affect the fetus, it would have, um, it could cause fetal indi— it could cause fetal indications from the sedation from the medicine we give you, so um, the chances of its survival is not, isn't, um possible (laughs) outside of the, the mother.

WOMAN: Oh OK.

COUNSELOR: Um but you're, because you are a little further along there are very premature babies, women go into early labor—

WOMAN: Yeah.

COUNSELOR: But um we don't, that's not a possibility. Because we do administer the digoxin—

WOMAN: Yeah, exactly. And I mean we wouldn't, like would you try to, like, save it? And then I would have to keep it?

02:07:49

COUNSELOR: Um well see, I guess the way I understand it is we would check before it would be exiting your body for a heart rate, and if there is none then there's no, nothing to do to save it. (laughs). Yeah there's no, our, our concern is um your safety, um, you're our patient, so (laughs) in this situation yeah um that is the safest way to go about it, to stop its heart rate.

WOMAN: Oh OK. So, could you just tell me like a little, I guess just like a, how the procedure works like I guess.

COUNSELOR: Yeah, sure—

WOMAN: Yeah.

COUNSELOR: So day by day. Today what we would do is the digoxin injection, so it takes um takes a few hours to lower the baby's heart rate. You don't feel anything, um, it's directly administered straight to the pregnancy. OK? Um and then it—

WOMAN: Through me?

COUNSELOR: Um, it doesn't penetrate you. OK so we're gonna, um, place a speculum which opens your vagina, were going to slightly dilate your cervix a little bit, and that makes kind of a gateway to get straight to the um, the pregnancy. So it does, um, in terms of it's gonna go (laughs) through the birth canal and stuff but it will not penetrate any of you, you yourself, just the pregnancy. OK? Um and then we will insert some dilators to begin dilating your cervix OK? So they're called Laminaria and they're made out of seaweed so we refer to them as seaweed sticks or—

WOMAN: Dilators.

COUNSELOR: Yeah. And they work kind of like a tampon where they absorb moisture and start opening up your cervix, OK? That could cause a little cramping, um we'll give you a prescription for Oxycodone and, um, also Promethazine, anti-nausea medication, in case the Oxycodone is too strong for your stomach, some women tend to get nauseous. OK? And you'll want to take that Promethazine as soon as you have signs of nausea or vomiting. OK? Um, if you're prone to getting nauseous taking medicine then you just go ahead and take them at the same time. OK? We'll also give you Ibuprofen if you feel Oxycodone's too strong, um and some Doxycycline which is an antibiotic.

02:10:13

WOMAN: Oh excuse me.

COUNSELOR: Um to prevent infection. OK? And all of this is written down (laughs) a lot of stuff (laughs) and it'll be, uh, re-explained after when you're in the recovery room. So every day, um, we do give you the sedation in your arm through the catheter. And we give you Fentanyl and Versed, so an anti-anxiety medication to kinda help you calm down, or make you a little relaxed, um, and the Fentanyl is the pain blocker, so it blocks the pain receptors to your brain. Now we do give in small doses because everyone has a different tolerance so, today I'll be in the room with you and the doctor as well so I'm kind of your advocate, If anything is intolerable, or overwhelming or anything, you're in charge so if you need a break or anything or you feel like you need more medicine just talk to myself and the doctor and we will most certainly help you, OK?

WOMAN: OK.

COUNSELOR: Um we just don't want to over medicate if we don't have to and that's why we start small. OK—

WOMAN: Good, good.

COUNSELOR: Um so that's what's gonna happen today. Tomorrow we will take out the dilators and insert some more. So a short visit, kind of check how you slept, how you are doing, um how you're feeling OK. Um, then of course the Doctor will check how much you have progressed OK?. And then, um our intention is Wednesday to, um, remove the pregnancy. OK um, you will have um labor pains, you will have contractions, it will be, um, work OK. It will be uncomfortable so you will want to bring your Oxycodone and Promethazine in case cause we can't be giving you sedation all day 'cause it offsets the labor progress. Yeah, so be sure to bring that prescription and you'll want to anticipate being here all day. Now we do want to prepare you that it could be a 4 day process if your cervix is not progressing, pretty much the procedure and the removal of the pregnancy cannot be done unless your cervix his opening up OK. So that's, we don't, we manipulate it a little bit chemically with some Misoprostol and we might induce some contractions with a little Pitocin. But um, we can't force the cervix to open, OK, that's um, that's um a safety concern and that's our ultimate priority, your safety. OK. And, um, so we try to let it open as it needs to, and as much time as that needs to take, we're gonna allow it to take. OK so we can't give you a time of when it's going to be done, an exact time. It's kind of when it happens, OK. So there's a possibility, and I always like to warn all the patients, that you may be sent home Wednesday if you're not progressing enough. And sometimes eating and sleeping does a ton for the progression and just relaxing. Um, we try to make you as comfortable as we can here in the recliners and gurney beds but um, sometimes your mind is just not letting go, yeah. So if you can go home and rest and then, um, come back the next day or if you so happen to go into early labor over the night then that's fine. OK. Um, you will have, that's being said you will have to, um, stay here. Are you traveling back and forth to Santa Fe or are you?

02:13:50

WOMAN: No we were going to just stay somewhere close—

COUNSELOR: OK. Perfect yes. Um did you decide which hotel?

WOMAN: My friend is setting it up actually so—

COUNSELOR: Oh OK.

WOMAN: She's kind of doing all of that for me.

COUNSELOR: And is it one relatively close?

WOMAN: I think so yeah.

COUNSELOR: Oh OK so we like to refer you to the Plaza Inn which is right across the street. Or the Embassy in Malagati (?) because they have shuttles.

WOMAN: OK.

COUNSELOR: In case you need it. But yeah we will need to know which hotel, the hotel room. In the event that you get, go into early labor the doctor and the nurse will go to you, OK? So um, but um, if it's too late they will go to you OK? Um if you're still like, maybe your contractions are on top of each other, right, and um, you have time and you have someone to bring you we'll ask you to come to the clinic. OK? Even if its the middle of the night. And we'll—

WOMAN: That's good.

WOMAN: OK.

COUNSELOR: —go ahead. And when we get there we'll, um—

WOMAN: OK good so just, just basically push it out, and just—

COUNSELOR: Yeah, that's in the event that you're already feeling it passing, OK?

WOMAN: OK.

COUNSELOR: Um, if you can catch the signs and symptoms before, and that's only because there are some women who have contractions and have the luxury of not feeling pain when they're in labor. OK.

WOMAN: Mm.

COUNSELOR: Otherwise most women know (laughs) OK.

WOMAN: OK.

COUNSELOR: So yeah we'll try to catch it before, but I just want to prepare you, worst case scenario.

WOMAN: Thank you. OK, well, so, so worst case scenario if it, if it comes out in there—

COUNSELOR: Uh-huh.

WOMAN: And I'm going to call and everything, if I look down like the whole thing with it, like, like am I going to have to take it out, like what if it comes out, in the, in the toilet and it looks like it's, like, breathing?

02:17:39

COUNSELOR: Um unlikely (laughs). And probably not going to happen, OK?

WOMAN: OK. What should I do if it does, that does happen?

COUNSELOR: So, you know what we're going to do, is we're gonna, most, I'm going to let the doctor know and the nurses, that, um, we're going to confirm with you that we see, that there is no heartbeat (laughs).

WOMAN: OK.

COUNSELOR: And um that's kinda—

WOMAN: Just to yeah—

COUNSELOR: To calm you down so you don't—

WOMAN: Either, yeah but either way, like I wouldn't have to worry about that because it would be taken care of—

COUNSELOR: You know I would say, I'm gonna tell you for sure, if this, if this even happens—

WOMAN: Yeah, yeah.

COUNSELOR: You're just gonna, the steps you're going to take are, um and your friend, your friends with you or—?

WOMAN: Yeah, (Removed for Privacy).

COUNSELOR: Oh OK. You guys are just gonna, if you're feeling, feel it coming out, you're going to go sit on the toilet—

WOMAN: OK.

COUNSELOR: With the cellphone—

WOMAN: OK.

COUNSELOR: You're gonna start calling the on call person, your friend's gonna unlock the door for the doctor, and the doctor knows to come straight in, um we're, we don't, um, we don't talk to the front desk, we don't do anything like that, we just go straight, like we're guests, to your room. OK. So we don't cause a commotion or anything, they're just

gonna come straight in calmly, and you're just going to sit on the toilet with a towel—

WOMAN: Oh good.

COUNSELOR: And whatever. Don't look down, don't look, even if you're concerned you're going to be on the phone with someone, and if you have any concerns like, "oh I feel like this is happening, and I wanna look or I'm worried," they'll talk to you—

WOMAN: They'll tell me what to do?

COUNSELOR: Yes.

WOMAN: OK good.

COUNSELOR: They'll know exactly what to do—

WOMAN: Good.

COUNSELOR: And you just stay there until the doctor and nurse get there. OK?

WOMAN: OK.

COUNSELOR: So no action from you other than to sit on the toilet and be on the phone.

WOMAN: Good. And I'm, and I— I was talking to the nurse about this, if, even if it's the middle of the night like I don't, I don't have to—I don't call 911 or anything.

COUNSELOR: No you'll call us. Because, um, if you were to call 911 or an ambulance or anything then that would kind of make it a little complicated. But also, you know, we're ready for this we're, we've done this before (laughs)—

WOMAN: This has happened before?

COUNSELOR: Uh-huh. There just some women, they just progress and it's, it's not anything to be concerned about. It's not. It's not the emergency situation that's like a live birth where we are worried about the fetal life. OK, life of the baby, OK.

02:20:05

WOMAN: Oh what's the difference with that?

COUNSELOR: Well because, because in a live birth, the, the baby's alive. OK. So you're worried about the baby's condition as well. You will be delivering a stillborn in a sense, OK, so we're not worried about the baby's condition, we're just concerned about yours.

WOMAN: Oh OK gotcha. So we don't have to worry about the—

COUNSELOR: Mm-hm yeah.

WOMAN: OK.

COUNSELOR: Yeah it's not, it's not quite as emergent, it's still, it's still um, yeah, it's still an emergency in a sense of your well being. That's why the nurse and Doctor still go straight to you. But it's not in the sense, so if an ambulance were to, um, go it could be a little more traumatic, because if they were confused and didn't understand that this was an abortion process, and they're trying to recover the fetus (laughs) and there's nothing to recover. So I, we don't want you to go through that.

WOMAN: Oh yeah. They would basically try to, like, they might try to take it out and like save it you're saying?

COUNSELOR: Yeah when it can't. It can't be.

WOMAN: It can't. Yeah.

COUNSELOR: OK now—

WOMAN: Can it be at, at, am I 26 or something? Can it survive at 26 weeks?

COUNSELOR: Um you know when it's, so when you're, in this process it's not going to

survive. There's no possibility. No possibility in recovering it, there's no chance in you delivering a live baby. OK um it's going to be deceased. It's going to be a stillborn.

WOMAN: OK.

COUNSELOR: By the time you get to that point OK?

02:21:51

WOMAN: Gotcha, OK.

COUNSELOR: Yeah, we're gonna, we'll go ahead and confirm it with you OK?

WOMAN: Gotcha. Because otherwise there's a possibility if it hadn't, if it had that care or something like that then that, then that might happen?

COUNSELOR: Um you mean it surviving?

WOMAN: Yeah like, if—if I didn't, if I wasn't calling you then there might be a chance that they would like, take me there and try to save it?

COUNSELOR: Um yes—

WOMAN: To survive it.

COUNSELOR: I mean I'm sure if you explained, maybe they wouldn't. Um but so, so pretty much, what it's considered once it's out of your body is um, hazardous waste.

WOMAN: Oh OK.

COUNSELOR: Biological hazardous waste. OK? And it's disposed of as such, unless you'd like otherwise. OK?

WOMAN: OK.

COUNSELOR: And that's something you'll go over with the doctor as well.

WOMAN: OK.

COUNSELOR: OK so does that help a little bit and put, kinda put into perspective the situation?

WOMAN: OK.

COUNSELOR: OK.

WOMAN: It does, thanks.

COUNSELOR: Does that help?

WOMAN: Mm-hm.

COUNSELOR: Ok, um, how I guess, how do you feel hearing all of this?

WOMAN: Um—

COUNSELOR: Is it overwhelming?

WOMAN: I mean it's a lot. (laughs)

COUNSELOR: Yeah it's definitely a lot.

WOMAN: Um and, um, I might have to, because I thought I was earlier so I might have to talk to my friend about the money and all of that issues.

COUNSELOR: OK.

WOMAN: Um, but I mean its not in terms of like changing, its just in terms of, um, making sure of with the money and things like that so.

COUNSELOR: OK.

WOMAN: But they said that I have a little bit of time.

COUNSELOR: Yes.

WOMAN: So that's OK—

COUNSELOR: So yeah you do have, if, if you did need to reschedule for next week or anything, then that's totally fine.

WOMAN: Mm-hm OK.

COUNSELOR: Um the price may change again next week, it does go up every week, um, if you need a day, I can talk to them and just double check, you still may be able to come back tomorrow and start—

02:23:55

WOMAN: OK.

COUNSELOR: Um, so that maybe there's not such a price—

WOMAN: OK.

COUNSELOR: But I need, that's not definite.

WOMAN: OK.

COUNSELOR: Um, I would say plan on possibly having you schedule for next week and the price going up for even more.

WOMAN: Yeah, OK.

COUNSELOR: Um, do you need that time?

WOMAN: Um, I think so, um, but maybe I just wanted to talk to you and—

COUNSELOR: Yeah.

WOMAN: Like talk to the doctor and things like that and then I'll talk to my friend and stuff—

COUNSELOR: All right so, so let's go ahead and do that and we'll get the counsel and everything out of the way so you know exactly what you're dealing with the process and, that might also help if you need time to process that as well.

WOMAN: OK, yeah, and you said I would be meeting with other women and stuff too so that's good.

COUNSELOR: Mm-hm yeah, you'll meet with the other doctors, if you wanna meet with them, you'll meet with them before we get our today, it sounds like you might benefit meeting them today—

WOMAN: OK.

COUNSELOR: Um, in the event that they're, uh, they're busy (laughs) or don't have time to today we may have to put that off until we reschedule you. OK.

WOMAN: OK um—

COUNSELOR: And I'm not sure, I need to check when they come out, OK—

WOMAN: OK, so are you going to be in the room with me then?

COUNSELOR: Um during the laminaria and everything? Yes. Every day you will have, once you're in the procedure room, you will have some— a counselor with you every day.

WOMAN: Oh OK.

COUNSELOR: So yeah, you're never just by yourself, and we're, and that's 'cause we're, we know your situation, we're there to be your advocate, um, and totally focused on you, and relay that to the doctor. So you—

WOMAN: Oh OK.

COUNSELOR: The doctor is taking care of you as well, but she's focused on her thing and then we kind of, um, assess and communicate with you to the doctor during the procedure.

WOMAN: OK so like the shot part you were talking about—

02:25:49

COUNSELOR: Mm-hm.

WOMAN: That it goes like up—

COUNSELOR: Yeah Mm-hm. It goes through your vagina, past, past your cervix.

WOMAN: OK.

COUNSELOR: Not through, but—

WOMAN: OK.

COUNSELOR: Past your— So I'm going to show you this little diagram. (laughs)

WOMAN: OK yeah. (laughs)

COUNSELOR: See how there's kind of a canal, um, and it's the birth canal, so you know how, I mean unless it's a C-section, you're not being, um, um, it's not penetrating any, the cervix or any of the actual tissue. The uterus is a muscle, the vagina's a muscle, the cervix is a muscle, they're all muscles. OK. They're all opening up—

WOMAN: You're good at explaining stuff.

COUNSELOR: Yeah. (laughs) So um we're not penetrating any of that, um to insert the injection, it's going straight into the, um, into the sac—into the pregnancy, OK?

WOMAN: Oh oh OK, so it's, it's going, like, it's, it's, going in the baby really?

COUNSELOR: Mm-hm, yes. Yes.

WOMAN: OK. So where, I mean, where does it go? Like does it go in the head? Like, where does it get sticked?

COUNSELOR: Um it depends, it depends the positioning of the pregnancy, OK? So if it, say if it is a breech in the bottom—

WOMAN: Oh OK.

COUNSELOR: —it's bottom down, it'll insert through the—the baby's bottom, OK?

WOMAN: OK, so it's—

COUNSELOR: If it's head-down, it'll be inserted through the head—the cranium. OK.

WOMAN: Ew, yeah. (laughs)

COUNSELOR: OK. Yeah but not actually penetrating your tissue.

WOMAN: OK.

COUNSELOR: Yes.

WOMAN: Does it—

COUNSELOR: So—

WOMAN: —does it feel that?

COUNSELOR: Um you know, I'm not—I'm not sure. Um, I—that'd would be a good—I don't believe so? Um—

WOMAN: Hmm.

COUNSELOR: I don't know if it's developed enough to feel that.

WOMAN: Hmm. OK.

COUNSELOR: Um it might be. OK? Does that idea bother you? If it does feel?

WOMAN: Um, a little bit, I guess. Like—I mean, what about you? Like— (Laughs)

02:27:51

COUNSELOR: (Laughs) Um, well, I feel that it's, um, necessary for the procedure to happen and, ultimately, um, the safest, and kind of the most, kinda, humane way to do it, you know? Because, um, we cannot, um, deliver a live baby. (laughs) Um, that's not the abortion process, you know. This is kind of the process to ensure your safety and—

WOMAN: Yeah.

COUNSELOR: Ensure that it is deceased before it exits your body.

WOMAN: Has that ever happened?

COUNSELOR: No.

WOMAN: No. Hmm OK.

COUNSELOR: That's why I'm saying—

WOMAN: 'Cause that's why you're saying it's safe, oh so there's not been like, safety things—

COUNSELOR: That's why we confirm tomorrow that the heartbeat has stopped, if it has not, we administer another injection.

WOMAN: Oh OK. Oh good. OK 'cause that's what I was gonna say is if, if it, if it missed or something and you said—

COUNSELOR: Yeah, yeah. And that's why every day I guess, let me, maybe this kinda helps piece it together. Every day the procedure is guided by ultrasound. It's not, um, the best ultrasound like at a perinatal, um where they can check everything and see everything very clearly, um it's just enough to do um, basic measurements and see, um, cardiac motion, OK so of the heartbeat. OK—

WOMAN: OK.

COUNSELOR: So what we always do with the re-laminaria when we take them out tomorrow and put, place more to continue the dilation, is we always check for the cardiac movement and that confirms if the injection worked OK—

WOMAN: Oh OK.

COUNSELOR: So maybe that would, I'm sorry (laughs) I should have pieced it together in that sense. That's where the, um, confusion was.

WOMAN: 'K.

COUNSELOR: And that does the confirmation, OK.

WOMAN: Mm-hm.

COUNSELOR: So we will, um, most definitely let you know, (laughs) 'cause that seems like a concern for you.

02:29:49

WOMAN: OK, thanks. OK, OK, OK and um, does it, does it always come out like in one piece then?

COUNSELOR: Um, so, um, there's two, um, if you were a little earlier on the procedure would be considered a D & E, a delivery and, um, extraction, that's where the doctor assists. Ok.

WOMAN: Hmm.

COUNSELOR: And that always, that does not, that always comes out in pieces, OK.

WOMAN: Hmm.

COUNSELOR: Um the safest way, and um, to go about it, and not that the D & E is any more dangerous, or at risk for your safety, it's not, absolutely not. Um, but the easiest way to kinda go about it, um, is sort of a labor process. For you to dilate and um, if you feel the need to push, push, and that's the way it comes out, in, in entirety.

WOMAN: Oh OK, so it's like having a baby—

COUNSELOR: Mm-hm.

WOMAN: —but a dead baby.

COUNSELOR: Stillborn. Mm-hm.

WOMAN: Yeah.

COUNSELOR: Yeah, stillborn.

WOMAN: OK. Oh, that's what—what is stillborn?

COUNSELOR: Stillborn is a—is a dead baby.

WOMAN: Oh OK.

COUNSELOR: No cardiac motion, it's, um—

WOMAN: Oh OK.

COUNSELOR: It's um, it's um, tech— that's, that's the term they use, stillborn.

WOMAN: OK.

COUNSELOR: It's dead, essentially.

WOMAN: Oh OK. Is it the same as a normal labor?

COUNSELOR: Um it's very similar, um normal labor they're concern— like I say they're concerned with the live birth, a live baby coming out. So they're concerned about the um, the, uh, condition that the baby's in. So a lot of times when you hear a regular pregnancy, um, if your water breaks, there is a time limit. Um that they're concerned with, and that's because of the baby's condition OK. Um, we're not so worried—we're not worried at all about the baby, about the baby's condition, OK. Um because this is an abortion. We're only concerned about your condition.

02:31:54

WOMAN: Oh OK.

COUNSELOR: So those kind of details, those kinds of concerns are eliminated. OK so, um, if your water were to break you would just call us and let us know um and the rush to get here is not immediate like it would be if you were delivering a live baby.

WOMAN: Gotcha because we're not worried about the rush of the water, 'cause we're not worried about the baby's, or the— got it.

COUNSELOR: Mm-hm yup. So um that's why it helps to go over this and explain if a dilator falls out, it's not a huge, you just call us and let us know, but it's not an immediate concern. Um if you're, what we're worried about it is your contracting very close together, you have no relief between contractions—

WOMAN: Yeah.

COUNSELOR: Also if you feel like pressure's moving down, it kind of feels like you may need to poop, or push or something—

WOMAN: 'K.

COUNSELOR: Give us a call. Um, the only critical and immediate concern is if, worst case scenario you're sitting on the toilet and it's coming out. OK, and that's when the doctor and nurse go straight to you. Otherwise if we can get you here when you're getting those real close contractions or when you're feeling, y'know, um, the pressure moving down, if we can get you here before (laughs) the actual delivery, then that would, that's ideal. OK, and that's what we plan. So, um ideal scenario and typical what usually happens, um, we just prepare you for worst case scenario, we just want to prepare you for everything so you understand, so you're not shocked or traumatized OK. Um is that you come in Wednesday, we start you on the Misoprostol, which helps soften your cervix—

02:33:41

WOMAN: Mm-hm.

COUNSELOR: And starts some contractions of the uterus, OK. Um and then we monitor you here the whole time. So that you're here from the time you, kind of more, you're a little more dilated, but we kind of try to finish the dilation and then the delivery happens, OK. Um and it all happens here, OK.

WOMAN: Mhhm, mmmm.

COUNSELOR: Um—

WOMAN: OK.

COUNSELOR: But like I say, if your cervix is not open enough, and the progression is just at a standstill, then the, you'll benefit more from going home and resting and eating and kinda getting out of this environment, to let your body— so your body can do what it wants to do. And that's the only worry point, that we're always on call, we're always aware of, we always consider, um, and that's where we need you to stay by your phone.

WOMAN: Mm-hm.

COUNSELOR: OK, and we'll go straight over to you.

WOMAN: OK.

COUNSELOR: Yeah.

WOMAN: OK.

COUNSELOR: So um-

WOMAN: Gotcha.

COUNSELOR: Yeah and, like I say it has happened, they know how to deal with it, how to take— how to go and take care of you.

WOMAN: It has happened?

COUNSELOR: Yeah you just need to stay on the phone if you feel it is happening, on the toilet, um, and then they'll kind of walk you through.

WOMAN: OK.

COUNSELOR: Like do checks, see how your feeling, see what exactly is happening. And be, and give you instruction of whether to stay put, stay on the toilet, it's coming out, or come into the clinic, get you into the clinic. Umm, do you all have a car?

WOMAN: She does.

COUNSELOR: OK, so um, we'd ask for your friend to drive you here to the clinic and then we would finish it, OK? Finish the process.

WOMAN: OK gotcha.

COUNSELOR: OK.

WOMAN: OK.

COUNSELOR: Does all of that help?

WOMAN: Yes.

COUNSELOR: Yeah so see that's why um—

WOMAN: I just thought what if my phone dies?

COUNSELOR: (laughs) Well, there's hopefully a phone in the room, and you've got your friend with you she can bring it to you or be on the phone if you're sitting on the toilet—

02:35:52

WOMAN: Oh OK, yeah, OK. And that's why you have to make sure, I'm thinking what if the woman was by herself? What would she do?

COUNSELOR: And you know um you're going to meet with them tomorrow. But there is a woman who is here by herself.

WOMAN: Really?

COUNSELOR: Mm-hm. So we go over all of that with her, we go step by step—

WOMAN: Yeah.

COUNSELOR: What you would do in that situation, have you considered that. Um that's why we ask when you make the appointment if you will be accompanied by someone or not, and we try to consider all of these things ahead of time before.

WOMAN: Yeah. Is she gonna have somebody, is she going to be able to get somebody?

COUNSELOR: Um no. But she's, she's prepared and she's considered everything, and she does have a cellphone, um, hopefully she charges it. (laughs)

WOMAN: Yeah.

COUNSELOR: Um if not, she might just have to grab the phone and pull the cord (laughs) into the toilet.

WOMAN: Yeah just try to pull it and get it close to the toilet. OK.

COUNSELOR: So we definitely go over all these things, and this is why it's good to have this time—

WOMAN: Thank you, I'm sorry, and what was your name?

COUNSELOR: Suzanna. (laughs)

WOMAN: Suzanna, OK, OK. Thank you, Suzanna.

COUNSELOR: (laughs) You're welcome and anytime you need it repeated, or clarification, or questions, just call us.

WOMAN: OK.

COUNSELOR: So we totally understand it can be an overwhelming experience, and we're trying as much as we can to explain what we can so it's not traumatic, it's not—

WOMAN: Mm-hm, Mm-hm.

COUNSELOR: It's not something you carry as a bad experience when you leave here.

WOMAN: Mm-hm.

COUNSELOR: Um we understand it's not an ideal situation—

WOMAN: Yeah.

COUNSELOR: Um so we just try to get you through it and help with what we can. OK, so—

WOMAN: Have you ever been through it before?

COUNSELOR: Um not, not uh as advanced—

WOMAN: Mm-hm. OK.

COUNSELOR: —Abortion. But I have, have had uh, early abortions.

WOMAN: Oh you have? OK, OK.

COUNSELOR: Yeah so um, it's, it's, much different, some, you know, there could be some, similar feelings, with early as advanced or there could be completely different—

02:37:51

WOMAN: Oh OK.

COUNSELOR: Experience, OK.

WOMAN: Yeah 'cause I've never had early—

COUNSELOR: OK as far as physical, it, it will be a different experience. But as much as—as far as emotional, there could be a lot of very similar, and that's also the benefit of the meeting in the morning that you're with other women who are as close to gestation as you are, as you guys, so you may, you may be feeling more similar, um things. Some emotions or concerns might come out that other women are afraid, to express or open up about, but everyone kind of benefits.

WOMAN: Mm, mm-hmm.

COUNSELOR: Everyone gets a little more calm— (laughs)

WOMAN: Yeah.

COUNSELOR: To go through the, to get through it. Just knowing that there's—

WOMAN: Yeah and they, are they going to have to go through the same process as me?

COUNSELOR: Um they, yeah, if they are all advanced, uh yes.

WOMAN: OK.

COUNSELOR: Um now, I just to need to um, um double check that everyone will be in attendance with the meeting, if the doctor feels there are some patients that will or will not benefit—

WOMAN: That's fine, yeah I was just, that's fine, I was just wondering, yeah.

COUNSELOR: But um, I really think that it would help—

WOMAN: That's fine, yeah.

COUNSELOR: —If you attended so, I kinda give my recommendation to the doctor and then of course she meets with you and—

WOMAN: Oh OK.

COUNSELOR: —assesses as well.

WOMAN: Oh, thank you Suzanna.

COUNSELOR: Sure.

WOMAN: OK, so that, that, if, if I could, could I talk to the doctor today?

COUNSELOR: Oh you will, you will definitely meet with the doctor.

WOMAN: OK.

COUNSELOR: Um.

WOMAN: OK.

COUNSELOR: At some point, if you need to, if you are very adamant, it would just help you—

WOMAN: I think would just help me, it would.

COUNSELOR: If you met before you left?

WOMAN: Yeah.

COUNSELOR: Um the only thing that would stop that is if, there, if we just, um, are backed up or anything, OK?

WOMAN: Gotcha.

COUNSELOR: I've no clue yet because—

WOMAN: OK. Well I can wait in here if—

COUNSELOR: Oh yeah, you will probably meet in here, If um, if you need to reschedule. So um—

WOMAN: OK.

02:39:57

COUNSELOR: So is that a definite, that we need to reschedule you?

WOMAN: I think so, yeah. (laughs)

COUNSELOR: OK so yeah you'll—

WOMAN: But the only problem is do I have to keep this in?

COUNSELOR: No, no. We'll take that out.

WOMAN: Oh OK, OK.

COUNSELOR: OK um so as far um, let's back up a little bit. When did you find out you were pregnant?

WOMAN: I don't remember. (laughs) Um like maybe, um, I, I can't remember actually. (laughs)

COUNSELOR: So weeks ago, or days ago, or?

WOMAN: No, more than days ago. Like weeks ago, yeah.

COUNSELOR: Like December? November?

WOMAN: Um yeah more before December.

COUNSELOR: OK um.

WOMAN: Yeah.

COUNSELOR: And, and do you remember your like initial reaction when you found out?

WOMAN: Um well I was with somebody and I'm not anymore, so.

COUNSELOR: Oh OK.

WOMAN: Yeah.

COUNSELOR: Um so when you found out was it, uh, like, did you have intentions of like keeping it?

WOMAN: Well I told him about it, and we were gonna decide together, so that's kind of why I waited, and now he doesn't, doesn't want to, so—

COUNSELOR: OK.

WOMAN: So I don't want to either.

COUNSELOR: Yeah. And so that was kind of the defining decision?

WOMAN: Yeah.

COUNSELOR: OK, um, does he know that you, um, are here today?

WOMAN: Um he knows that I'm going through with it, yeah.

COUNSELOR: Oh OK. And does that um—

WOMAN: I'm not really with him any more so—

COUNSELOR: Yeah but does that um—

(KNOCK AT THE DOOR)

COUNSELOR: Hi.

DR. SELLA: Oh I'm sorry, I keep going into the wrong room.

COUNSELOR: (laughs) OK. (laughs). That's actually Dr. Sella, you'll meet with her.

WOMAN: Oh OK.

COUNSELOR: Um, but um, it—does it influence your decision, being with him or not being with him? Or do you—if there's any anticipation at all with getting back together? Do you feel that there would be regret in your decision?

02:42:00

WOMAN: I mean I haven't really thought about those things because I kind of—

COUNSELOR: Yeah.

WOMAN: I don't, I'm not planning on getting back together with him.

COUNSELOR: OK.

WOMAN: That would kind of lead to just—

COUNSELOR: Yeah. Do you mind me asking like what led to— was the pregnancy a cause for the break up or—?

WOMAN: Um yeah, kind of a whole bunch of different things—

COUNSELOR: OK.

WOMAN: Yeah but it might have been part of it, with him.

COUNSELOR: OK, mm-hm.

WOMAN: But I've talked to (Removed for Privacy) about this too and it's just, I just don't want to—

COUNSELOR: Have children?

WOMAN: Yeah, yeah exactly.

COUNSELOR: Wrong time.

WOMAN: Exactly, yeah.

COUNSELOR: OK—

WOMAN: Especially without, with being alone—

COUNSELOR: Mm-hm.

WOMAN: I mean I have other friends and stuff but just like, alone, I would just want like a father.

COUNSELOR: Mm-hm, mm-hm yeah. Not the ideal situation.

WOMAN: Yeah.

COUNSELOR: And um, and, how are you, how are you doing with that? Does that idea bother you?

WOMAN: (crying) No I mean I just, I just wouldn't want like, baby to not have parents.

COUNSELOR: Right, right. (inaudible)

WOMAN: Yeah, I mean I know like single moms can be OK, but—

COUNSELOR: Yeah.

WOMAN: So—

COUNSELOR: Well, but it's your, it's your life. Um it's your decision, it's most important, you know. Um, do you, had you considered adoption or any other alternatives?

WOMAN: It would just be hard like, him growing up knowing that I didn't want him.

02:43:53

COUNSELOR: Mm-hm, Yeah. Lifestyle—

WOMAN: You know, you know what I mean, like yeah.

COUNSELOR: Yeah, it's very normal. It's very normal to feel like that.

WOMAN: It is you think?

COUNSELOR: Oh definitely, yes, yes. Many women don't want that (laughs) don't wanna bring someone into the world in that way, you know.

WOMAN: Mm-hm.

COUNSELOR: It's very normal. But you feel safe in this procedure and in your decision?

WOMAN: It seems like I'm getting good answer, like it seems like you're explaining everything to me so, I mean, I mean is there anything where it would not be safe for me?

COUNSELOR: Um, you know, this is actually a safe procedure. Um contrary—there's a lot of scary things on the Internet. There's a lot of pro-life people who misconstrue things and, um, don't necessarily get facts. Um, they just kind of just want to have an intimidating scaring factor into women from getting it done. So—

WOMAN: What, why is that?

COUNSELOR: 'Cause they want to influence, um, their beliefs on women, and they'll use that through fear or through—so yeah, there's a lot of, um, skewed, um, info.

WOMAN: Yeah.

COUNSELOR: On the other hands there's also risks with any procedure. Which um you've read, or we have listed here and we do go over again if you have any concerns, OK? Um there's also a lot of patients who are concerned about fertility—

WOMAN: Oh yeah, yeah. Oh yeah, I forgot that I was thinking that earlier, I totally forgot.

COUNSELOR: (Laughs) Which we do want to address, and answer, OK um. A lot of um pro-life people, um, do um, try to push that. That if, "oh if you have it done, you'll never be able to conceive again," which is absolutely—

02:45:57

WOMAN: Is that true?

COUNSELOR: No. There are studies that show, um, there's lots of information out there that show, um, there's no influence with fertility. Um in fact, and kind of a thing I like to refer to is we do have repeat patients. (laughs) So if, obviously they don't have a problem (laughs) conceiving again.

WOMAN: Oh you have? I see what you're saying, people that come back for other abortions that—

COUNSELOR: Multiple abortions yeah.

WOMAN: Oh, OK.

COUNSELOR: So um another way I like to explain it is physiologically. Is we don't affect anything um, the way, um, you would um, really have concerns with um fertility is um, you have a higher chance, um when you have a C-section of affecting fertility, OK. And that's because you're actually carv— you're penetrating the uterus to get the pregnancy out and you leave scar tissue on the uterus from the C-section, OK?

WOMAN: Oh, OK.

COUNSELOR: That could cause a defect in um, in fertilization, or when the embryo, kinda imbeds in the uterus.

WOMAN: Oh.

COUNSELOR: So the way I mean, and I never knew this until I studied and understood it, um when there's um, a conception, the egg and the sperm come together, it usually conceives up here in the fallopian tube then moves down into the uterus and embeds there. And that's how it gets like the bloodline, and the support to live off of the mother, pretty much and develop, OK?

WOMAN: Ok.

COUNSELOR: If that, if that embedding doesn't happen then it, it's like a miscarriage, it just gets taken out when you have your period. You know, which happens more often than not actually, only about 20% of fertilized eggs um survive to be live births, so actually, yeah it's a—

02:47:54

WOMAN: Oh.

COUNSELOR: Yeah, I didn't believe that either, but it's in all the pregnancy books—

WOMAN: Wow.

COUNSELOR: Until you look up miscarriages, that's the 25 or 25% are the only ones that survive so—

WOMAN: Wow, so you said like, so when does it start developing?

COUNSELOR: So um—

WOMAN: Just, this is interesting.

COUNSELOR: Yeah. It is is super interesting. Um when there's, um, conception, the sperm move up into the fallopian tube where the egg is ideally. Sometimes the egg's already down in the uterus and that's when it concev— when they, it unites and it conceives, OK?

WOMAN: Oh OK.

COUNSELOR: Then over a period of a couple days or so embeds in the lining of the uterus, and then, if its a sexu— a successful embedding, um, that's when it starts um, the zygote, you know the cells become multiplying into a zygote and that's how the pregnancy—

WOMAN: That's how it starts.

COUNSELOR: —begins, yeah.

WOMAN: Oh OK so that's when it really begins?

COUNSELOR: Uh-huh.

WOMAN: OK.

COUNSELOR: Um it needs to embed in the lining of the uterus to survive, OK. Sometimes, what's called an ectopic pregnancy is when it's embedded outside of the uterus—

WOMAN: I've heard of that.

COUNSELOR: In the fallopian tube. Or somehow it gets all the way, you don't see the end of the fallopian tube, somehow it gets embedded outside of the uterus. Um there's just crazy—

WOMAN: Yeah.

COUNSELOR: —situations that can happen. Um and that would an ectopic pregnancy, and it would not survive outside, it can't grow and survive—

WOMAN: It seems like it takes a lot to actually, actually happen. (laughs)

COUNSELOR: It does, it does. But surprisingly it happens sometimes, very rare but it does. And that's when it would be a threat to the mother's life. OK, Um, but um, that's where I'm coming back to the fertility. Um, if the, if the embryo was to embed like on scar tissue, that's where it would be more of a fertility, um, type issue, OK.

02:49:58

WOMAN: Oh, OK.

COUNSELOR: Um because it doesn't always a successful embedding, or it could cause bleeding because the scar tissue is not um, um always safe for the pregnancy, um, but that's always a low case scenario. There have been plenty of women who have had multiple pregnancies and they still have successful pregnancies, OK. Um so these are very worst case scenario type things, OK. The only other things that would have to affect would be the fallopian tubes and ovaries to affect fertilization, which we don't even touch at all.

WOMAN: Hmm.

COUNSELOR: The whole process of an abortion, whether it's early or late term is we're simply cleaning out the uterus of the pregnancy lining, like any other, any kind of menstrual cycle, develops like a menstrual cycle. And um when you have your period it all gets flushed out with blood, the uterus bleeds to get it all out and prepare for—

WOMAN: Oh so that's what the blood is when you have your period?

COUNSELOR: Yeah. And if there's any little clots or anything, that's the lining, the lining of the uterus that's coming out. OK, and flushing it out, all right.

WOMAN: Oh OK.

COUNSELOR: So we're in a sense, um, a kind of, in a far more advanced in a more extreme sense manipulating um the cycle of the cleaning out the uterus. We don't use anything sharp or blunt, even in earlies, the, the pregnancy is removed with a gentle suction, OK. We're not cutting you or anything, we're not causing any scarring, nothing like that—

WOMAN: Oh gotcha, so there's no risk of, like, scar tissue?

COUNSELOR: Yeah. Um the, there is bleeding after, but that's the process of the uterus to get back to its natural cycle. There's bleeding after any pregnancy, after a live birth, after a miscarriage, that's how the uterus works. It

gets, um what's in there out through bleeding, OK.

WOMAN: Mm OK.

COUNSELOR: Um in the advanced cases we are doing some manipulation to get the pregnancy out, getting the uterus to start contracting, giving medicine that starts to get the lining of the uterus to detach, um to begin that flushing out process, OK. Um, it is a bigger pregnancy, so there is more, that's why we need to induce the dilation, um but we're not doing anything to cause damage to the reproductive system, OK and that's where fertility would be coming into effect.

WOMAN: Gotcha. So there's no risk of fertility with this?

COUNSELOR: No. No, unless, worst case scenario, there were like, you—you were punctured somehow (laughs), but we don't really use anything to puncture you so there's not a lot of risk. Um or tearing or something, but I don't see it happening. You know like, um, you hear with live, with women who are giving birth, that they tear—

WOMAN: Mm-hm.

02:53:07

COUNSELOR: And that is with the fetus has already gained all of its weight, it's already developed to its full gestational age of 38 to 40 weeks. And um, the doctors don't usually go past, on average they usually don't go past 30. Um—

WOMAN: Oh OK.

COUNSELOR: Sometimes if there's a fetal indication, and the baby has stopped um, um growing and progressing and it's still relatively small, then the doctor may OK as long as the woman's health history is safe, to um have the procedure. Otherwise it—

WOMAN: Oh to have like an abortion after 30 weeks?

COUNSELOR: Yeah mm-hm, yeah. Yeah, that's when it's very red flag, the doctor, the doctor always has to um analyze and consider every, probably from 25 weeks up—

WOMAN: Yeah, yeah. Gotcha.

COUNSELOR: 22 weeks up, the doctor analyzes each individual case. Every case—

WOMAN: Because 'its so—

COUNSELOR: Yeah—

WOMAN: So, it's just so like developed?

COUNSELOR: Mm-hm.

WOMAN: OK.

COUNSELOR: And just make sure it's a safe procedure. Um it typ–It usually is up to 30 weeks, but 30 and higher it's definitely a case by case. She's carefully paying very close attention to the medical history, past c-sections, any blood conditions, um and history of hemorrhaging or um, um bleeding after pregnancies. Um, and that's when those things kind of come into play, that would um put the mother's life at risk. OK? If it is a dangerous procedure, she will not do it (laughs). Someone's having a baby (laughs).

WOMAN: OK.

02:54:52

COUNSELOR: Um but she's already, you've already gone past that step already.

WOMAN: OK.

COUNSELOR: And you're not even like in the flag zone.

WOMAN: OK.

COUNSELOR: That's why we say it's still safe to reschedule for next week.

WOMAN: OK. Oh, thank you Suzanna.

COUNSELOR: Does that help?

WOMAN: Yeah it does.

COUNSELOR: OK and I totally understand, because, you know who gets an extensive (laughs) –

WOMAN: Yeah, you're very, you're very well educated. You are.

COUNSELOR: (laughs) It helps.

WOMAN: Did you have to go to school for all of this?

COUNSELOR: Uh no, honestly I got a degree in community health, like public health–

WOMAN: Oh.

COUNSELOR: And um the training here is extensive—

WOMAN: Oh really?

COUNSELOR: And it's obviously valu— it's vital.

WOMAN: Yeah.

COUNSELOR: To, um the patients um—

WOMAN: Oh, OK so they train you here?

COUNSELOR: Yes, uh-huh.

WOMAN: Wow.

COUNSELOR: And um, there's plenty of resources to do more training on your own here, so it, and it helps.

WOMAN: Yeah and you have training in counseling?

COUNSELOR: Um I got the training here in counseling, it actually—

WOMAN: OK.

COUNSELOR: A very specific kind of counseling, and here we are on a 6 month preliminary period of training, and um—

WOMAN: Oh OK.

COUNSELOR: We sit in on a lot of counsels, we are always debriefed when we're training—

WOMAN: Yeah.

COUNSELOR: "How did it go?" "What would you have done?"

WOMAN: Yeah. Wow.

COUNSELOR: 'Cause it's a very extensive um, um, and see, that's the niceness and uniqueness about this clinic, it's a private clinic, and the doctor's philosophy, Dr. Boyd, who opened the clinic, he also has one in Dallas. But the importance of the patient understanding the um, the, you know, um, sympathy and empathy with the patient and what they're going through and helping them get through the procedure so, um, unfortunately you may not find care like this everywhere (laughs).

02:56:51

WOMAN: Sounds like a good thing I came here.

COUNSELOR: You know if you're calm and you understand we answer and we address all of your concerns, emotional, mental, physical, societal, anything like that, or religious even. If we address what's important to you, then you are going to have a better experience, and we

can take care of you safer. So um, that's most definitely, safety is the priority—

WOMAN: Thank you.

COUNSELOR: (Laughs) And your concerns and feelings are our priority as well throughout this whole process. So—

WOMAN: And there has never been any unsafe issues?

COUNSELOR: No you know, um we're not gonna lie to you, there have been medical transports, if a patient is (inaudible)—

WOMAN: What does that mean?

COUNSELOR: Um where we have to transport you to an emergency—

WOMAN: Oh OK.

COUNSELOR: Um there, I have not seen one since I've been here—

WOMAN: Oh OK.

COUNSELOR: Since May of this year, I mean last year, I'm sorry.

WOMAN: Oh OK.

COUNSELOR: Um but there are rare cases, very, less than 1% of it happening—

WOMAN: Oh OK.

COUNSELOR: And it's usually when there are previous conditions. Medical conditions, numerous C-sections—

WOMAN: Oh OK.

COUNSELOR: Um, things with the, concerns with the cervix or already— you know, pre-existing conditions—

WOMAN: Oh OK.

COUNSELOR: And that's why the doctor weighs whether to do the procedure or not—

WOMAN: Oh OK, OK, OK.

COUNSELOR: To try to avoid that—

WOMAN: Yeah 'cause what happened to those women?

COUNSELOR: Um they've maybe had bleeding that couldn't be stopped.

WOMAN: Oh OK.

COUNSELOR: And we don't have, necessarily have all the, you know, we're not the hospital—

WOMAN: Oh OK.

COUNSELOR: So we don't have all the equipment to assess it, and you know it's in her best interest to transport her down the street to the hospital.

WOMAN: Oh OK. Did the patient, was she OK?

COUNSELOR: Uh-huh. They've all survived (laughs), yeah. No deaths. (laughs)

WOMAN: OK.

COUNSELOR: But that's the risk of any kind of procedure, you know sometimes you do not understand, you don't know exactly what you're getting into until you get there that's always the risk of any doctor. Even if they're just a family practice doctor. (laughs)

WOMAN: Oh really?

02:59:08

COUNSELOR: Um yeah because I mean, even if you have like cancer or something, totally of outside what this is, how do you actually know until a doctor has actually seen. (laughs)

WOMAN: Yeah, yeah.

COUNSELOR: They go in for a physical exam—

WOMAN: I'm sorry, I'm going to grab a tissue.

COUNSELOR: No, go ahead. So—

WOMAN: I'm actually—can I have a cup of water? (laughs) Or—

COUNSELOR: Yeah, sure. So, you know, our preference is that you not eat or drink, so do you want to reschedule?

WOMAN: Oh. Yeah. Yeah.

COUNSELOR: So let's go ahead, um, um, I'll go get you water.

WOMAN: Thank you.

COUNSELOR: We'll kinda, let me see if they want me to continue assessing your medical history so that it's ready for when you come back—

WOMAN: OK.

COUNSELOR: You don't have to go through the counseling again when you come back, but if you'd like to and you have questions and stuff you most certainly can.

WOMAN: OK.

COUNSELOR: So let me just go check and then we'll get you set up to meet with the doctor as well.

WOMAN: Perfect, thank you Suzanna.

COUNSELOR: Sure and then we'll get your catheter out as well.

WOMAN: Oh good OK.

COUNSELOR: (laughs) I'll be right back.

03:00:05 COUNSELOR EXITS THE ROOM

03:04:20 COUNSELOR ENTERS ROOM

WOMAN: Oh thank you.

COUNSELOR: Sure. And here's some water, we thought you'd might like some crackers too.

WOMAN: Aw thank you.

COUNSELOR: And then we'll get the um—

WOMAN: Oh thank you (laughs)

COUNSELOR: You're welcome. Um we'll get that out and we'll go ahead and finish with the medical history. So just so it's out of the way.

WOMAN: OK.

COUNSELOR: And then we'll continue, we'll get like your paperwork out of the way and stuff.

WOMAN: Sure.

COUNSELOR: But I want to take this out so you're more comfortable.

WOMAN: OK, thanks.

COUNSELOR: Sure. Sorry.

WOMAN: No that's OK, you got it that's OK.

COUNSELOR: (laughs) I know the tape can be the worst part. And just apply pressure for 30 seconds.

WOMAN: Oh is it out?

COUNSELOR: Mm-hm. Yeah.

WOMAN: Oh OK.

COUNSELOR: (laughs) OK. Just so I can get it done, OK. And will you be able to come back next Tuesday?

WOMAN: Next Tuesday? OK.

COUNSELOR: Yeah 'cause we usually, this week was an exception, we usually start on Tuesdays, not on Mondays.

WOMAN: OK.

COUNSELOR: Um, and probably the same, well, no, it'll be and afternoon—

WOMAN: OK.

COUNSELOR: Um, appointment, um—

WOMAN: I'll just, when I leave I'll, I'll call, I'll talk with my friend and call, if that's a problem.

COUNSELOR: Yeah, and it may be a little easier, and that'll be good because there may be some wait for you to meet the doctor.

WOMAN: OK.

COUNSELOR: So um we have two doctors that um switch on and off, and we have one who's here all the time. So you'll meet with Carmen, Dr. Landau.

WOMAN: OK.

COUNSELOR: Um, she's the one who is here all the time, but as far as the other doctor you'll be working with, she, um, is is not here, OK. So we'll just have you meet with the one who will be here, and then um, the one who poked her head in, she won't be here.

WOMAN: Oh, OK.

COUNSELOR: So you'll meet with that one next week.

03:06:10

WOMAN: OK.

COUNSELOR: Um so let me see, um, this is your first pregnancy, correct?

WOMAN: Mm-hm.

COUNSELOR: OK, and then um, let me see, was there any type of contraceptive that we could answer questions on, or that you were interested in?

WOMAN: No thanks.

COUNSELOR: OK. Um do you, have you used any? Or would you use any (inaudible)

WOMAN: Yeah, I'm—I'm going to figure that out after.

COUNSELOR: OK. OK, um do you have any drug allergies?

WOMAN: Mm.

COUNSELOR: OK. Um, let me see, any surgeries or hospitalizations?

WOMAN: I've never had surgery.

COUNSELOR: No wisdom teeth or tonsil removal? Anything like that?

WOMAN: Mm.

COUNSELOR: OK. Any hospitalization for anything?

WOMAN: Mm. Is this considered surgery?

COUNSELOR: Um it would. Um yes. We do a clean, remove the placenta, do a check and clean out your uterus of any lining, residual lining.

WOMAN: Oh OK, OK.

COUNSELOR: Um are you currently taking any medications, vitamins, recreational drugs, anything like that?

WOMAN: No I mean I was taking a multivitamin on and off, but—

COUNSELOR: No? OK.

WOMAN: Yeah.

COUNSELOR: Um any like history of asthma, diabetes, or you didn't (inaudible)

WOMAN: Honestly I'm easy, I don't have any, any history at all. (laughs)

COUNSELOR: Yeah, you're healthy. Nothing to worry about. OK, um.

03:08:00

WOMAN: I'm just grabbing the water.

COUNSELOR: No go ahead. We're gonna go ahead and fill out the rest of the paper work that way it's ready when you come back, OK? So um regarding the dilator consent and the digoxin, did you have any questions that you were concerned about—

WOMAN: Um well those were like the, as I was reading it the things I circled—

COUNSELOR: Oh OK.

WOMAN: But um, we might have talked about it, but—

COUNSELOR: Ok so let's, let's go over them and just see if we've covered them or not, or you need any further explanation. Failure to cause fetal demise, um, this is very unlikely, we will do an ultrasound to determine that the demise has occurred and if it has not, a second injection. So what that means, um, was um, so pretty much, um I need to explain also, um, like I said earlier, once you're given sedation, so you, when we bring you back to the room for the laminaria insertion, we begin, the nurse comes in and starts the sedation, the Fentanyl and Verced. And um that in and of itself would cause, could cause fetal demise if you were to change your mind. So before, if you had any thoughts of changing your mind, which happens, doesn't bother us, um were not going to do anything to you that you don't want done—

WOMAN: Oh OK.

COUNSELOR: And we would prefer that you (laughs) make the decision before we bring you back into the room, before there's anything done to cause damage to the fetus.

WOMAN: OK.

COUNSELOR: OK, so those two medications can have um, effects on the fetus, OK. But the ultimate effect on the fetus is this digoxin injection, OK. We are purposely causing the heart to stop for the safety of the procedure, OK. Obviously it will have an effect on the fetus, if you were to change your mind, so that is absolutely the point of no return. OK? Um and that's what it says. Um failure to cause fetal demise. That's what I was also telling you, we do an ultrasound the next day confirms that the heart rate has stopped.

03:10:12

WOMAN: OK.

COUNSELOR: So we would give you confirmation, the failure to cause it would be, we would give an additional digoxin injection to further—

WOMAN: Gotcha OK. So what would happen to those women, has there been, like, what if the woman got the shot and then changed her mind?

COUNSELOR: Um she has to commit to continue with the abortion, OK.

WOMAN: Yeah.

COUNSELOR: And that's what you, that's what this consent is about.

WOMAN: Oh OK.

COUNSELOR: That you are committing to it, um if you um chose to change your mind, that you did so, I mean, technically you had already consented to it, but because like I say this clinic is very concerned emotional, and mental health, you know your state. If you're

not ready to do it, we're not, it's not like we're going to press charges against you and say, "no you have to have this now" or whatever, that's fine. Um, but, in your best interest, in your fetus' best interest, that you change your mind before this happens— (laughs)

WOMAN: Yeah.

COUNSELOR: Because otherwise it does have detrimental effects.

WOMAN: Like, could it, like have deformities and stuff?

COUNSELOR: Uh-huh. And it would um, it would not survive.

WOMAN: It would not survive?

COUNSELOR: Even if the first injection didn't work, eventually it would cause, either um deformities or um, you know, the brain wouldn't function or it would cause severe damage to the development of the fetus, OK. Um if not stop it at some point, OK. Just because it didn't stop it in 24 hours doesn't mean it wouldn't over a longer period of time, OK. So that's what that says, "we are purposely stopping the heart rate, if it does not work the first injection, we will administer a second and confirm it," OK?

03:12:05

WOMAN: OK.

COUNSELOR: Um the second one, early unexpected onset of labor, which may result in an unexpected delivery outside the clinic, any questions on that? That we didn't—

WOMAN: I think you, yeah, you told me about that, yeah. I guess, and I'm thinking with the shot part on the first day, could it happen to me tonight that I would start doing that—er, er, er, I mean next week, I guess—

COUNSELOR: Um so the early onset of labor would be more determined on your dilation of your cervix, OK. So, um, I would say if you were going into early labor, um the laminaria could fall out.

WOMAN: Hmm.

COUNSELOR: If one does, it's not a big deal. But you'll definitely feel like, um, something moving down (laughs). If you're not feeling contractions, then you will feel pressure, and feel a mass coming through the birth canal.

WOMAN: OK.

COUNSELOR: So um-

WOMAN: Which is, um, like, you mean the baby?

COUNSELOR: Mm-hm, yeah.

WOMAN: OK, OK.

COUNSELOR: Your water may or may not break.

WOMAN: OK.

COUNSELOR: Um and there's just a variation and everyone's different and all possibilities have happened.

WOMAN: OK.

COUNSELOR: So um yes—

WOMAN: Gotcha.

COUNSELOR: If you have any concerns or questions, today, since you're not having anything done it's not like—

WOMAN: Yeah, yeah.

COUNSELOR: Nothing is going to happen (laughs).

WOMAN: OK.

COUNSELOR: Um so just call if you have any concerns, OK.

WOMAN: OK.

COUNSELOR: But we're not placing any laminaria, no sedation has been given, pretty much you're just as good as when you walked in here.

WOMAN: OK.

COUNSELOR: OK. Um, fetal/Maternal transfusion, where the blood from the fetus enters the woman's blood circulation through the woman's placenta, I've never seen this happen. Um this would be a better question for the doctor 'cause I've never, I don't know quite how to explain—

WOMAN: No that's fine. That's fine, I actually probably can't stay like too long, 'cause I'm thinking I'm gonna need something to eat, so (laughs).

03:14:03

COUNSELOR: Yes, so abdominal pain after injection typically results spontaneously with supportive treatment, um and that's probably just due to the body recognizing the um, termination of the pregnancy.

WOMAN: OK.

COUNSELOR: And trying to start the onset of labor.

WOMAN: OK.

COUNSELOR: Or the extraction of the pregnancy, OK.

WOMAN: OK.

COUNSELOR: So um does that kind of answer, does that kind of cover—

WOMAN: Mm-hm.

COUNSELOR: OK. So um, go ahead for me and initial, uh right there and fill in your name here.

WOMAN: OK. Um I initial there.

COUNSELOR: Yeah so go ahead and initial there, on the side with circles just to show that we covered it.

WOMAN: OK.

COUNSELOR: And then um your name right here.

WOMAN: OK.

COUNSELOR: OK, and then here I need you to fill out um a number, like a cellphone number you can be reached at.

WOMAN: Oh OK, OK. Um let me give the same number that, um, 'cause this is a new phone.

COUNSELOR: Oh OK.

WOMAN: And I don't want to give you my old one (laughs) which would not be good. That would be bad. OK, perfect. It's the same one I have on the other form, too, so.

COUNSELOR: OK.

WOMAN: It's the same number.

COUNSELOR: OK and go ahead and sign there, yes.

WOMAN: OK.

COUNSELOR: Thank you.

WOMAN: Yeah, sure.

COUNSELOR: So any other questions that you can think of at the moment?

WOMAN: (shakes head no)

COUNSELOR: OK, like I said, even before you come back for your appointment give us a

call, and we'll address them. This is the on-call sheet that um, I'm just gonna copy the number, that you wrote on here. So um, let me see, when you come back next week and when you get a hotel and everything, you want to give us where you're staying, the hotel you're staying at—

03:16:03

WOMAN: OK.

COUNSELOR: —the room number, OK.

WOMAN: OK.

COUNSELOR: Um and I'm just going to, since this will be the same number as next week, I'm just going to copy it—

WOMAN: OK.

COUNSELOR: Um like I said, that the, this is the on-call sheet that the on-call person will have and we'll fill out your hotel, and number so that they know how to get to you.

WOMAN: OK.

COUNSELOR: Who's your friend who's going to be with you?

WOMAN: (Removed for Privacy)

COUNSELOR: OK.

WOMAN: Is there a lot more papers?

COUNSELOR: No, there's 2 more.

WOMAN: OK. Sorry I'm just getting like—

COUNSELOR: There's 2 more and then 1 statement that I need to write, and then we're good.

WOMAN: OK.

COUNSELOR: So this is the sedation information, did you have any questions regarding the Fentanyl and Versed, or Valium?

WOMAN: (shakes head no)

COUNSELOR: OK. Or the risks or anything? The common thing we see is women getting nauseous, which is a big concern.

WOMAN: OK.

COUNSELOR: Any questions regarding, this one I saw you put—

WOMAN: Yeah, that's what I was thinking, yeah.

COUNSELOR: So did you, did that help with the digoxin explanation?

WOMAN: Mm-hm.

COUNSELOR: OK, and like I said if any other questions come up—

WOMAN: Yeah and I can always, yeah and I can clarify it with her too, OK.

COUNSELOR: Any other things you like to go over?

WOMAN: (shakes head no)

COUNSELOR: OK and if you wanna go over them again next week, we most certainly can.

WOMAN: OK.

COUNSELOR: Down here just mentions if you have any concerns, call us. Even after the procedure regarding bleeding or anything, give us a call.

WOMAN: OK.

COUNSELOR: So just initial here and there, and then you'll date and sign the first two lines. And if you're pressed with time you can always meet with the doctor next week. But if you're real eager-

WOMAN: I think yeah, it just, it won't be too long. Maybe I'll just do that fast and then me and my friend will go get lunch. That would be good—

COUNSELOR: So lastly, all I need to do is write a statement that you're clear in your decision to terminate the pregnancy, and you're aware of the risks and benefits and nobody forced you to come here today.

03:18:10

WOMAN: OK.

COUNSELOR: Um, as far as um, payment, it's all out of pocket?

WOMAN: Yeah.

COUNSELOR: OK. Sometimes there's some statements that we need to include for insurance reasons—

WOMAN: OK.

COUNSELOR: Um that I'm not gonna include here. Um I'm just gonna write that, that small verbatim.

WOMAN: OK.

COUNSELOR: And then you'll sign it.

WOMAN: OK.

COUNSELOR: If you want me to change anything I can.

WOMAN: OK.

COUNSELOR: But I have to do it in front of you (laughs).

WOMAN: OK.

COUNSELOR: So you see what I'm writing—

WOMAN: Gotcha.

COUNSELOR: And then um after we're done, and you're going to meet with the doctor, I'm going to include another note on this page that says you will schedule for next week.

WOMAN: OK, perfect.

COUNSELOR: For all the dates and stuff—

WOMAN: OK.

COUNSELOR: OK go ahead and sign there.

WOMAN: OK.

COUNSELOR: Read it over. And um I guess I don't need your blood pressure since we're not starting today. (laughs)

WOMAN: OK good. (laughs)

COUNSELOR: So um let me go get the doctor, any questions before I leave?

WOMAN: Perfect. Uhhh no can I, can I just pee real quick? (Laughs)

COUNSELOR: Yeah, yeah.

WOMAN: OK.

COUNSELOR: Go ahead and use the restroom, do you need, would you like some more water?

WOMAN: Umm no I think—

COUNSELOR: Crackers?

WOMAN: Crackers might be good.

COUNSELOR: OK.

WOMAN: Thank you.

COUNSELOR: And there's a restroom right there.

WOMAN: OK perfect thank you.

03:20:03 Woman uses bathroom

WOMAN: Go ahead.

COUNSELOR: OK so I'm going to have you wait in here.

WOMAN: OK. Thanks Suzanna.

COUNSELOR: Here some more crackers would you like some more water?

WOMAN: Um, sure. Thank you. (laughs)

COUNSELOR: No you're fine. We also have Coke and Sprite. Would you like a soda?

WOMAN: Sure, yeah.

COUNSELOR: Which one?

WOMAN: Sprite. Thank you. (laughs)

COUNSELOR: Sure so I'll get you some crackers and then I'll get the doctor.

WOMAN: OK, thank you.

03:20:28 COUNSELOR EXITS THE ROOM

03:21:40 COUNSELOR COMES BACK INTO THE ROOM

WOMAN: Thank you.

COUNSELOR: So if you'd like um, would you like us to, do you wanna go ahead and come around the front and reschedule? They'll get that set up, and then you can meet with your friend outside, and then we'll call you in to meet with the doctor when she's done, 'cause she's still doing—or do you just want to meet with her when you come back?

WOMAN: Um, no well, I wanted to meet with her today but um—

COUNSELOR: Or you can meet with—I say let's—

WOMAN: How long is it going to be like?

COUNSELOR: I'm not sure at least, it could be another 15 to 30 minutes.

WOMAN: Oh that's OK. I thought you meant like hours. No that's OK.

COUNSELOR: Oh no.

WOMAN: That's OK, I'll stay here. Yeah, yeah, yeah. Oh, that's plenty, perfect.

COUNSELOR: I just want to make sure.

WOMAN: Oh thank you for checking.

03:22:22 COUNSELOR LEAVES THE ROOM

03:24:52 COUNSELOR COMES BACK INTO THE ROOM

COUNSELOR: (Removed for Privacy)

WOMAN: Yeah.

COUNSELOR: 11:15 on next Tuesday, would that be OK?

WOMAN: I think so, yeah.

COUNSELOR: OK so I'm gonna start penciling you in for all of that.

WOMAN: OK.

COUNSELOR: And get you a little card, an appointment card, OK.

WOMAN: That would be good, OK.

03:25:05 COUNSELOR EXITS ROOM

03:29:49 DR. CARMEN LANDAU ENTERS COUNSELING ROOM

DR. LANDAU: Hi, (Removed for Privacy)

WOMAN: Hi.

DR. LANDAU: I'm Dr. Carmen Landau, nice to meet you.

WOMAN: Hi Dr. Carmen, nice to meet you too. Thanks for coming in.

DR. LANDAU: So really—

WOMAN: Yeah (laughs) yeah. (laughs)

DR. LANDAU: This has been kind of a wild day for you, huh?

WOMAN: Thank you (laughs) for coming in. (laughs)

DR. LANDAU: No problem. I understand that before you make an appointment to come back that it's good to have a better idea of what it is that's going to be going on.

WOMAN: Yeah and just, I never had surgery before, and just, you know I wanted to, y'know—

DR. LANDAU: Yeah so this is not really surgery. So everybody you know, in the medical world we talk about abortion as a surgery, but it's really not, I mean, we're not cutting anything. And that's what surgery is, when you take a knife and you cut someone open, and we are not doing that. The only that we're doing is gently dilating the cervix so gently opening up a natural body opening, that knows how to open up because, that's how babies are born. So it's a natural process and we're just kind of helping it along.

WOMAN: OK.

DR. LANDAU: Does that make sense to you?

WOMAN: Mm-hm, yeah.

DR. LANDAU: Before I forget, this is your appointment card for next week.

WOMAN: OK.

DR. LANDAU: And, and I will be here so—

WOMAN: Oh OK, OK.

DR. LANDAU: Yes, yes.

WOMAN: Oh good OK, OK.

DR .LANDAU: A familiar face, and Suzanna will be here.

WOMAN: OK.

DR. LANDAU: So—

WOMAN: She was great, yeah.

DR. LANDAU: Yeah that's good to know that you're coming back to a familiar face—

WOMAN: Yeah, she's, OK—

DR. LANDAU: So, so, you under—, so you were not as, as far, you are further along than what you had expected.

WOMAN: Yeah, yes.

DR. LANDAU: So what happened? Did you take a pregnancy test at home or—

WOMAN: Mm-hm yeah.

DR. LANDAU: And then what happened? When was that?

WOMAN: I, uh, they keep asking me, and I can't, I can't remember. (laughs)

DR. LANDAU: (laughs)

WOMAN: I'm sorry, I really can't remember exactly when it was.

DR. LANDAU: Was it a few weeks ago, a few months ago?

WOMAN: Um more month, like maybe two months maybe.

DR. LANDAU: OK.

WOMAN: Yeah and then it was just issues with not, you know, with the, with the, guy, basically.

DR. LANDAU: Mm, so it seemed like things were going to work out?

WOMAN: Yeah and—

DR. LANDAU: And it turned out that you didn't want to be tied to him for the rest of your life? That kind of situation?

03:31:54

WOMAN: Mm-hm yeah.

DR. LANDAU: OK so he knows—he knows about this pregnancy?

WOMAN: Mm-hm.

DR. LANDAU: And have you guys talked about this?

WOMAN: Yeah.

DR. LANDAU: And?

WOMAN: He, I mean, he doesn't want a baby either, so.

DR. LANDAU: OK so he, he was in agreement with this decision? But it's not something that you really want him to be a part of?

WOMAN: Yeah.

DR. LANDAU: OK is this somebody that you're, that you've been in a relationship with?

WOMAN: Yeah but we're not anymore.

DR. LANDAU: OK. This was kind of the test for the relationship?

WOMAN: Yeah.

DR. LANDAU: Yeah, this wasn't, didn't, didn't hold up.

WOMAN: Yeah so, yeah.

DR. LANDAU: Um so but he's supportive, would you say, of this?

WOMAN: Yeah he's supportive of this, yeah.

DR. LANDAU: OK. So how, have you gotten any ultrasounds before today? Or how far along did you think you were?

WOMAN: Mm. Um, I thought I was like around 20.

DR. LANDAU: Mm so—

WOMAN: Which I guess it's kind of, it's kind of the same, but I'm farther now.

DR. LANDAU: Yeah so, let's just double check, so, basically what happens is that, after 24 weeks, it's just not as safe to do the regular abortion that we would if you were, say 20 weeks.

WOMAN: Yeah.

DR. LANDAU: Um it's safer to let your body do the work rather than us take out the pregnancy, you would have contractions and push out the pregnancy—

WOMAN: Ok and what is, what's the difference with that like the 20 version— is it just that—

DR. LANDAU: So at about, about 24, 25 weeks, the size of the pregnancy, it's just bigger.

WOMAN: Just bigger? OK, like how big, how big is like—

DR. LANDAU: Um so 27 weeks, I would say, probably about that big.

WOMAN: Oh OK.

DR. LANDAU: Yeah.

WOMAN: OK, OK.

DR. LANDAU: So—

WOMAN: Gotcha.

DR. LANDAU: Whereas at 20 weeks we're talking about that big, you know it's—

WOMAN: Yeah I can understand.

03:33:49

DR. LANDAU: It's the work that your cervix has to do, it's just a little bit more.

WOMAN: It's pretty big. (laughs)

DR. LANDAU: Yeah.

WOMAN: Yeah. (laughs)

DR. LANDAU: Now it's not this, this is a term baby—

WOMAN: OK gotcha.

DR. LANDAU: Those things come out too. (laughs)

WOMAN: Yeah.

DR. LANDAU: You know so it's, it's a lot less.

WOMAN: OK.

DR. LANDAU: We're talking about less opening of your cervix.

WOMAN: Gotcha.

DR. LANDAU: Less pushing, etc. But you, you're going to be going through labor.

WOMAN: Yeah.

DR. LANDAU: Yeah, and having a delivery. It's—it's gonna probably be a shorter labor—

WOMAN: OK.

DR. LANDAU: And it's definitely safer. You know, the bigger the pregnancy, the more risks there are in—in delivering.

WOMAN: Oh so—so—so this is actually safer than—

DR. LANDAU: Than having—a full-term baby.

WOMAN: —a normal—

DR. LANDAU: Yeah, yeah.

WOMAN: Gotcha.

DR. LANDAU: So all of the risks that we always have to, that we always worry about, we don't want you to—

WOMAN: Yeah.

DR. LANDAU: —to worry about it, 'cause we worry about it. Which is mostly bleeding, is the thing we worry about, because it happens after deliveries. You know, some amount of bleeding we're pretty comfortable with, and we have a lot of tools that we can use, you know, medicines and things we can do to stop bleeding, usually we have no problem with that—

WOMAN: Mm-hm.

DR. LANDAU: But every once in a while, someone will have really heavy bleeding. And if we cannot safely and comfortably stop someone from bleeding here, we will send them to the hospital. You know—

WOMAN: Yeah.

DR. LANDAU: If somebody needs a blood transfusion or if they need something else done, we will send them to the hospital. Because our number one priority is keeping you safe. And very, very, very, rarely do we have to do that.

WOMAN: OK.

DR. LANDAU: OK. And you know the situation where someone bled so heavily they would need a blood transfusion, even more rare. And the situation where somebody would bleed so heavily, and even in the hospital they couldn't stop it, stop them from bleeding, and they would have to remove their uterus—

WOMAN: Mm.

DR. LANDAU: Extremely rare. That would really be the only complication that would cause you not be able to have children in the future. Right? No uterus, no babies.

03:35:56

WOMAN: Yeah.

DR. LANDAU: That's how it works, right?

WOMAN: Right, right. OK.

DR. LANDAU: And this is extremely rare. And there are some risk factors, there are some women who look at them, and we're like, (makes sound) "you're a little riskier", and you're not one of those people.

WOMAN: Oh OK.

DR. LANDAU: You haven't had 10 children, you haven't had 2 C-sections. So you are what we consider to be pretty low risk, for, for having those complications.

WOMAN: OK.

DR. LANDAU: But you know it's a .000 something percent risk, but it's there. And death, you know, you go get your teeth taken out, that's always, you know, every medication, that's always a risk. It's a very, very small risk. And it doesn't go away if you decide to keep the pregnancy, it just gets more. Right? So the bigger the pregnancy, your risk of having severe bleeding, surgery, or death—it's all higher than having this abortion.

WOMAN: So it's safer to have the abortion?

DR. LANDAU: It is.

WOMAN: OK.

DR. LANDAU: It is. So you know, we want, we want to be honest and saying like, like this is, this is a big deal.

WOMAN: Yeah.

DR. LANDAU: But choosing not to have it, doesn't mean you get rid of the risks.

WOMAN: OK.

DR. LANDAU: OK?

WOMAN: So have you—have you done this before with people my size? OK.

DR. LANDAU: Yeah, lots.

WOMAN: You have done it a lot?

DR. LANDAU: Yeah.

WOMAN: OK (laughs).

DR. LANDAU: Yeah, yeah people come from all over—

WOMAN: OK, well that's reassuring.

DR. LANDAU: People come from all over the country and all over the world to our clinic—

WOMAN: Oh, wow.

DR. LANDAU: —because in most places you cannot get an abortion after 24 weeks.

WOMAN: Yeah.

DR. LANDAU: So we see a lot of people who are pretty late in their pregnancy.

WOMAN: Wow. Well what do you have, do you have other things here that you can do it, like what's the difference, like with it being able to do it here and not another place?

DR. LANDAU: New Mexico has, uh, laws. They don't have a lot of the restrictions—

WOMAN: Yeah, OK, OK, gotcha.

DR. LANDAU: Now you live in Santa Fe?

WOMAN: Mm-hm.

DR. LANDAU: So you know that you're going to be staying in a hotel here right?

WOMAN: Mm-hm, yeah, Suzanna told me all of that.

DR. LANDAU: And you're going to figure all that stuff out?

03:37:46

WOMAN: Mm-hm, yeah. Yes, OK, OK, OK, gotcha.

DR. LANDAU: So we're not sending you back to Illinois or something. That's good.

WOMAN: Yeah. (laughs)

DR. LANDAU: So um—

WOMAN: So that's good, so you've done this before and—

DR. LANDAU: Yeah, yeah.

WOMAN: Yeah. So uh she pretty much went through the procedure with me. So um, and I mean I guess I just, sometimes people feel better hearing things from doctors.

DR. LANDAU: Yeah.

WOMAN: Like no offense to her, but like—

DR. LANDAU: No, no, no I understand.

WOMAN: Sometimes it's just and I don't know why—

DR. LANDAU: Do I come in here with like a ski mask on?

WOMAN: Yeah it's just like, sometimes it's reassuring when it comes from a doctor. (laughs) But if you could like quick walk me through, or just like quick—

DR. LANDAU: Day one.

WOMAN: Yeah.

DR. LANDAU: We do the injection that stops the heartbeat of the fetus, OK? And, I don't know, have you been feeling any movement?

WOMAN: Mm-hm.

DR. LANDAU: Yeah. Most people, within a few hours, they notice that there's no movement. On day two, we're gonna check and make sure that that worked. OK? That's not a m—that's not something we're gonna let slip through the cracks. So day one we do the injection—

WOMAN: OK.

DR. LANDAU: And we slowly start to open your cervix, it's the natural opening, and we're just gently opening it just a little bit more with what we call "wands," basically something like this—

WOMAN: Yeah that's what she was telling me.

DR. LANDAU: It doesn't have any kind of sharp point on it, we just kind of nudge it open—

WOMAN: OK.

DR. LANDAU: And use larger ones and larger ones until it's open just enough, that we place those little dilators, you saw those—

WOMAN: Oh OK.

DR. LANDAU: These guys—

WOMAN: Oh OK.

DR. LANDAU: And these things, if you put this in a cup of water, it swells.

WOMAN: Yeah.

DR. LANDAU: And that's what we want it to do.

WOMAN: It's like a mini tampon (laughs).

DR. LANDAU: Like a mini tampon.

WOMAN: OK.

DR. LANDAU: And so what happens is we put some of these into your cervix and overnight with the moisture that's in your body, they swell, and then they gently open your cervix a little bit more. On the second day, we take these out, and we put new ones in. That's about it.

WOMAN: Oh OK.

DR. LANDAU: And on the third day, we will usually induce labor, OK. So that means we will break your bag of waters, if it hasn't broken in the process, and that doesn't hurt, there's not an actual breaking that happens—

03:39:49

WOMAN: OK.

DR. LANDAU: We just let the fluid out.

WOMAN: OK.

DR. LANDAU: And we give you medicine in your mouth, so it's a little pill that you hold in your cheek. And some in your vein, like in an IV, like an IV bag. And those medications start the contractions going, until you get into labor, and then you push and the pregnancy comes out.

WOMAN: OK.

DR. LANDAU: Someone will be with you the entire time.

WOMAN: OK (laughs).

DR. LANDAU: You're never going to be alone.

WOMAN: OK.

DR. LANDAU: And it's, and it's gonna be hard that last day.

WOMAN: Yeah.

DR. LANDAU: It's a hard day.

WOMAN: 'Cause you're—it's—it's like you're having a baby, basically.

DR. LANDAU: Yeah.

WOMAN: OK.

DR. LANDAU: It's smaller—

WOMAN: It's smaller.

DR. LANDAU: —but it's still intense.

WOMAN: And then how does it come out?

DR. LANDAU: It comes, just comes right out. Out of your cervix and out of your vagina.

WOMAN: OK.

DR. LANDAU: And we make sure that you don't see anything.

WOMAN: OK. Yeah, I was going to say, then what, what do you do with it?

DR. LANDAU: Yeah. Then we take care of it for you.

WOMAN: You take care of it?

DR. LANDAU: Yeah, yeah. Then the placenta comes out—

WOMAN: OK, OK.

DR. LANDAU: And that's easier 'cause it's squishy—

WOMAN: OK.

DR. LANDAU: Yeah, and smaller. And then we take you back to the procedure room

again, 'cause usually the delivery is going to be in a different room, it's just like a more comfortable room. Take you back to the procedure room where we do what's called a D & C, where basically we just check the inside of your uterus and make sure there's no little bit of placenta or anything that's stuck in there, 'cause we don't want you to heavy bleeding afterward.

WOMAN: Yeah.

DR. LANDAU: Most people have moderate, like light to medium period, like a period kind of bleeding for a while after.

WOMAN: OK. Would there be like baby parts in there?

DR. LANDAU: No. It comes out all, all whole.

WOMAN: Oh, oh it does. Oh, OK.

DR. LANDAU: That's the difference, right. So those earlier pregnancies, we have to go in—

WOMAN: Oh OK.

DR. LANDAU: —and pull out a piece at a time. Right, to go through that cervix that's not as open.

WOMAN: Oh OK.

DR. LANDAU: In this case, we're opening your cervix just enough, for it to come out all in one piece.

WOMAN: OK, gotcha. OK, OK, OK. Now if it comes out whole, in one piece—

DR. LANDAU: Mm-hm.

03:41:50

WOMAN: What if it's like breathing or something?

DR. LANDAU: Impossible. 'Cause we did an injection on that first day to make sure that that would not happen.

WOMAN: Oh OK.

DR. LANDAU: That is not, that would not be something that we would ever allow to happen.

WOMAN: Oh OK.

DR. LANDAU: OK.

WOMAN: OK, so because I'm thinking what would I do? What do I do if that does?

DR. LANDAU: It's not gonna happen.

WOMAN: OK (laughs).

DR. LANDAU: This is an abortion clinic, we do not do live births. Ever.

WOMAN: OK.

DR. LANDAU: OK?

WOMAN: OK. See 'cause that's what I was thinking since I'm further along, like you know, people saying—

(KNOCK AT THE DOOR)

DR. LANDAU: Yes, are you ready for me?

CLINIC-2: Room 3.

DR. LANDAU: I'll be in in just a moment.

CLINIC-2: OK.

DR. LANDAU: Thank you ma'am.

CLINIC-2 LEAVES

WOMAN: OK sorry, that you know there have been failed procedures, and then the woman

has to take the, take it home, and it has deformities and stuff—

DR. LANDAU: No. That is not something that has ever happened here. And it will never happen here.

WOMAN: OK.

DR. LANDAU: That would be completely unacceptable for us.

WOMAN: OK.

DR. LANDAU: Yeah mmm, not gonna happen, I promise.

WOMAN: OK, so I don't have to—

DR. LANDAU: Don't even think about it.

WOMAN: OK (laughs).

DR. LANDAU: Just take that thought and put it away because it's not something that could ever happen. We're really careful about that.

WOMAN: OK.

DR. LANDAU: Oh yeah.

WOMAN: OK. And the same thing with like the shot, how, like how does the shot actually work, like you said—

DR. LANDAU: It's a medication—

WOMAN: Yeah.

DR. LANDAU: That, that causes the heart to stop beating.

WOMAN: OK.

DR. LANDAU: Yeah, yeah. So we do the injection on the first day, and the usual it will take a few hours for it to work. So on the second day when you come in, for us to switch out the little dilator sticks, we check with the ultrasound and make sure the heart is no longer beating.

WOMAN: OK so if the heart is not beating, then, so the baby is dead—

DR. LANDAU: Not alive.

WOMAN: Not alive.

DR. LANDAU: Yeah, yeah.

WOMAN: OK, OK gotcha. It's going through me, is it going, is the shot going in, in the baby, like in the head or something, or?

03:43:37

DR. LANDAU: You know, it really doesn't matter where it goes.

WOMAN: It doesn't matter? OK.

DR. LANDAU: Any part as long as it—

WOMAN: Any part. OK, OK. OK.

DR. LANDAU: And sometimes people worry, "oh, do you think that would hurt the baby?"

WOMAN: Yeah, that's what I was going to ask too.

DR. LANDAU: Yeah. Well there are a couple things. One is that, you know a fetus at this stage of development has very limited abilities to understand or feel in the way that you and I do. Right? Like, like any living thing, if you pinch it will move away. And that's a very primitive pain response. And that's about all that it has at this stage.

WOMAN: Mm. Gotcha.

DR. LANDAU: But we're going to give you drugs in your IV, we're going to make you feel kind of (makes sound) mm-hm. And those drugs also pass to the fetus. So it's already (makes sound) and then it's just, I mean, like any shot—

WOMAN: Oh OK.

DR. LANDAU: You know, like the flu shot, or a vaccine, really.

WOMAN: Just like a flu shot or a vaccine? OK.

DR. LANDAU: Yeah, yeah and it's not like you and I where when we get a flu shot and we're like (makes sound) not that experience of anxiety and suffering—

WOMAN: Yeah.

DR. LANDAU: It's not, it's not capable of.

WOMAN: OK.

DR.LANDAU: And so that I think helps us all, to feel more comfortable with this.

WOMAN: To know that its not, like, yeah, yeah—

DR. LANDAU: Yeah, not a thinking being in the same way that, that you and I are.

WOMAN: OK.

DR. LANDAU: It takes, it takes, a lot of life to get to have to worry about stuff the way we worry about stuff (laughs). Right.

WOMAN: Gotcha. So then that will be like, y'know, stop the heart, kill it.

DR. LANDAU: Absolutely.

WOMAN: Will I, 'cause now I can feel it moving. Will I feel it like moving around when it's dying?

DR. LANDAU: Probably not.

WOMAN: OK.

DR. LANDAU: It'll just kind of, it's just like, "hm I haven't noticed, I haven't felt movement in a while."

WOMAN: OK.

DR. LANDAU: Yeah, yeah, yeah.

WOMAN: OK, OK, gotcha. And then I'm gonna go back home—er, in the hotel?

DR. LANDAU: Yeah, yeah.

WOMAN: Ok. And then I was asking, she said make sure, like, if I feel like I'm going into labor or something to—

03:45:47

DR. LANDAU: You're going to call us.

WOMAN: To call you.

DR. LANDAU: And when you come back next week, we're gonna, we're gonna go over it all again.

WOMAN: OK (laughs).

DR. LANDAU: 'Cause, 'cause it's a lot of information. So between now and when you come back, I want you to write down any questions you have, so that we can make sure we get all of them answered. But at any time you can ask us questions, we're really OK with that.

WOMAN: Oh OK. Thank you.

DR. LANDAU: No problem.

WOMAN: Yeah, 'cause I mean have—like what, what would I do, I'm going into labor—

DR. LANDAU: Yeah.

WOMAN: In, in the hotel?

DR. LANDAU: Yeah. If you were going into labor, we would open up the clinic in the middle of the night for you. Yeah, and we would have you come in.

WOMAN: Oh OK.

DR. LANDAU: Yeah, yeah. We, we take very good care of our patients.

WOMAN: OK.

DR. LANDAU: You don't really have to worry about anything other than calling us.

WOMAN: OK.

DR. LANDAU: OK.

WOMAN: Yeah, call you, don't like worry about in the middle of the night calling Emergency—

DR. LANDAU: No, you would never do that. No. 'Cause those firefighters are not going to be able to help you (laughs).

WOMAN: Yeah.

DR. LANDAU: Not what you want in the middle of the night.

WOMAN: OK. Yeah, 'cause what, what would they do like?

DR. LANDAU: They would freak out, you would freak out, and then you would end up in some ER where you don't want to be, where they can't help you. So that's not, you wouldn't want to do that. No.

WOMAN: Oh no.

DR. LANDAU: Yeah, you do not need 911. You need us.

WOMAN: OK (laughs).

DR. LANDAU: We're your one-stop shop.

WOMAN: Yeah. Because the hos—they, they, they, don't, I mean what, what, what, what would they do different there?

DR. LANDAU: No, it would just be terrible (laughs). Because then you're— "oh, I'm having a third trimester abortion," and they're all "Agh!" you know, everybody—

WOMAN: And they try to, like, have you do things?

DR. LANDAU: Who knows. Not something that we would want to find out, what they would try to do.

WOMAN: You don't wanna— (laughs)

DR. LANDAU: Yeah that would just be weird, and not that's just not what you need. You need us to take care of you, 'cause we know how to take care of women in this situation.

WOMAN: Yeah, oh, OK, yeah. And the same thing if I, if it, pops out when I'm at the hotel—

DR. LANDAU: Exactly. If you felt like all of a sudden, if you're one of those lucky people that has no pain with contractions and, all of a sudden, you're like, "Agh! Something's coming out!" You sit on the toilet—

WOMAN: OK.

DR. LANDAU: —and you call us. And you unlock the hotel room and we come in and we take care of you.

03:47:51

WOMAN: Sit on the toilet and call you. OK.

DR. LANDAU: Is there anybody that might come with you?

WOMAN: Um well, I'm, my friend (Removed for Privacy).

DR.LANDAU: OK. That would be good.

WOMAN: Would that be better?

DR. LANDAU: Well it's nice to, I mean if you feel comfortable with it, it's nice to somebody with you at night, you know.

WOMAN: Yeah, exactly, like 'cause what would I do I mean, if I'm on the toilet—

DR. LANDAU: Yeah.

WOMAN: —and it pops out and it's in the toilet? What—what would I do?

DR. LANDAU: You would just sit there and you would stay there.

WOMAN: OK.

DR. LANDAU: And you would not move until we come and get you.

WOMAN: OK, I mean, I don't have to worry about, like, it taking it out or anything—

DR. LANDAU: You don't have to look at anything, you don't have to clean anything, you don't have to do anything.

WOMAN: OK you will—you will do—

DR. LANDAU: Yeah, we take care of everything.

WOMAN: OK.

DR. LANDAU: OK?

WOMAN: OK.

DR. LANDAU: So and we're gonna talk more. We're not gonna just have you come in next week and then immediately take you back to the procedure room—

WOMAN: Yeah.

DR. LANDAU: We'll talk some more.

WOMAN: Yeah.

DR. LANDAU: OK?

WOMAN: OK?

DR. LANDAU: Good. And please write down questions, 'cause I can tell you're the kind of person that's gonna have more questions—

WOMAN: Yeah, I just like that kind of—I just wanna know things.

DR. LANDAU: You're a thinking creature and you have lots and lots of questions and that's good.

WOMAN: OK.

DR. LANDAU: OK.

WOMAN: OK. All right, well thank you.

DR. LANDAU: You're so welcome. Do you, would you like me to walk you out to the waiting room, or do you wanna—?

WOMAN: Oh, that's OK actually. I'm just going to call my friend and—

DR. LANDAU: Oh OK.

WOMAN: And wait out there.

DR. LANDAU: So go ahead and stay in here, and I'll have Suzanna come in and get you in a minute.

WOMAN: Oh OK. Thank you.

DR. LANDAU: You're very welcome. I will see you next week, take good care of yourself.

03:49:14 DR. LANDAU LEAVES THE COUNSELING ROOM

03:51:21 COUNSELOR ENTERS THE COUNSELING ROOM

(CROSSTALK, INAUDIBLE)

COUNSELOR: OK come out to the front and we'll get you—

WOMAN: Is it, is it snowing outside?

COUNSELOR: Yeah I guess it started snowing.

WOMAN: OK so how much is it for today?

COUNSELOR: For today it's just $135.

WOMAN: OK I do have that, I just don't have the $8,000. OK, let me see. (whispers)

COUNSELOR: There's your change, she's going to print up a receipt for you right now.

WOMAN: Oh, OK, OK.

COUNSELOR: Any questions or how did it go?

WOMAN: Good, she was nice so.

COUNSELOR: Oh good. We'll see you next week, give us a call if you have any concerns.

WOMAN: Thank you. Oh I just need the receipt.

COUNSELOR: You can have a seat and we'll call you up for the receipt.

WOMAN: Oh no that's OK, I'll just go.

COUNSELOR: OK we can put it in your chart for next week.

WOMAN: Oh no, I mean I'll just wait here.

COUNSELOR: Oh I'm sorry.

WOMAN: That's OK.

CLINIC-3: Can I help you?

WOMAN: Oh no, I'm just waiting for the receipt.

CLINIC-3: OK.

03:54:56 WOMAN EXITS CLINIC

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