

A SURVEY OF HOUSTON ABORTION
CLINICS AND SUGGESTIONS FOR IMPROVEMENT

An Undergraduate Honors Thesis

Presented In

Partial Fulfillment

of the Requirements for an

Honors Degree

by

Barbara Lorraine Crabtree

May 3, 1974

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ABSTRACT

On January 22, 1973, the Supreme Court made a ruling declaring the states' laws against abortions to be unconstitutional. Since that time, clinics and hospitals all over the country have been performing thousands of abortions each month, although in some states it is still difficult to obtain one. This study concentrates on three aspects of abortion: its current status in relation to the laws and the recent literature; the five abortion clinics in Houston, giving a general overview of how they operate and how they compare to one another; and lastly, the improvements the clinics need to make. The author reaches the conclusion that all the Houston clinics are highly conscientious in their efforts to perform safe and comfortable abortions, but there exists the need for improvements in such areas as counseling policy, community out-reach, and follow-up studies.

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Chapter I

THE CURRENT STATUS OF ABORTION

The issue was abortion, and the occasion was the first anniversary of the Supreme Court decision declaring states' laws against abortion to be unconstitutional. On this day, January 22, 1974, seven thousand people marched around the Capitol demonstrating against the issue, while a large group of people held services in a Protestant church demonstrating in support of the issue. Simultaneously in Houston, 250 demonstrators marched against the issue, wearing symbolic black arm bands. Also, in Manhattan a crowd outside St. Patrick's protested, but they were in favor of the issue. Since that historic ruling from the Supreme Court, hospitals and clinics all over the country have been performing thousands of abortions each month, although in some states an abortion is still difficult to obtain. (Time, 1974) This paper will take a close look at the abortion situation in Houston. The purpose is threefold: to explore the current status of abortion in the laws and in the recent literature; to observe and compare the clinics in Houston; and to suggest improvements where the clinics need them. First to be explored is the Supreme Court ruling.

The case of Roe vs. Wade was appealed to the Supreme Court from the Northern District Court of Texas in 1971. The case presented constitutional challenges to state criminal abortion legislation. Mr. Justice Blackman delivered the Court ruling on January 22, 1973. He said first of all that the State does have two legitimate interests concerning a woman's pregnancy. They are preserving and protecting the life and health of the mother and protecting the potentiality of human

life. Each interest grows and reaches a "compelling" point. The "compelling" point, according to present medical knowledge, is at approximately the end of the first trimester. The Justice continued with the following:

"...for the period of pregnancy prior to the 'compelling point, the attending physician, in consultation with his patient, is free to determine, without regulation by the State, that in his medical judgment the patient's pregnancy should be terminated. If that decision is reached, the judgment may be effectuated by an abortion free of interference by the State.....With respect to the State's important and legitimate interest in potential life, the 'compelling' point is at viability. This is so because the fetus then presumably has the capability of meaningful life outside the womb. State regulation of fetal life after viability thus has both logical and biological justifications. If the State is interested in protecting fetal life after viability, it may go so far as to proscribe abortion during that period except when it is necessary to preserve the life or health of the mother. The State may define physician to mean only a physician currently licensed by the State, and may proscribe abortion by a person who is not a physician as so defined."

In effect, the Court is saying that abortion during the first twelve weeks of pregnancy is a decision to be made between a woman and her physician as defined by the law. After twelve weeks the State may prohibit abortion or limit it severely if it so chooses. Texas, so far, has prescribed no such limits, so technically an abortion could

be performed in this state any time before the birth of the child. It is expected, however, that the forthcoming state constitution will include some regulations concerning abortion after the first trimester. Many thousands of people in the country are very upset by the ruling and are trying to have it overturned, but so far abortions are still legal and will continue to be legal for at least a while longer.

Much has been written recently about abortion, both before and after the Supreme Court decision. Two books, however, are especially of interest. One is From Now to Zero, exploring ideas and new developments in population control, including a large section on abortion (Westoff and Westoff, 1968). The chapter on abortion explores the situation in America before abortion was legal in most states. Topics discussed include reasons for abortion, techniques of abortion, moral considerations, doctors' and women's views on the subject. The Westoffs give a very objective analysis of abortion as it was seen in the United States in the late 1960's, but one point they produced is out of date by now. They said that the majority of women who seek abortions are those in their early to mid-thirties who have all the children they want and who can afford to fly to the states where an abortion can be performed legally. This situation is no longer true since the new ruling. There are now hundreds of clinics performing the service, and the majority of women now seeking abortions are single and between the ages of eighteen and twenty-five. However, the Westoffs' book does provide a comprehensive discussion of abortion from an objective distance.

The second work, Abortion: A Woman's Guide initiated by Planned Parenthood of New York City, is a more personal view and is designed

to help women who now need an abortion or who may need one in the future (Gutcheon, 1973). The book covers all facets of abortion from discovering an absent menstrual period to the post-abortion decision of how to better control one's fertility in the future. It discusses the matter of facing a pregnancy and learning to approach it realistically and immediately. It delves deeply into the decision to terminate and the underlying reasons for the occurrence of an unwanted pregnancy. Beth Gutcheon, who compiled the text, explores the abortion procedure itself step by step and explains what a woman should expect from an outpatient clinic in the way of counseling and medical procedures. Lastly, the work discusses birth control and the fact that a woman must acknowledge her sexuality in order to deal with it effectively. Overall, the book covers not only the factual events that occur through the entire process, but also the emotions and anxieties that may occur. Its effect would seem to be very calming and reassuring to a reader who may need an abortion. Most important of all, A Woman's Guide stresses the fact that a safe, quick abortion is a woman's right. Gutcheon says that a woman need not be grateful to anyone for it: she should expect a clinic to provide an abortion that is as comfortable as possible, both physically and psychologically.

Chapter II

AN OVERVIEW OF THE HOUSTON CLINICS

Once a woman has found out what to look for in a clinic, she must find out what facilities are available near her location. Houston has five abortion clinics. These clinics have many factors in common, but they also differ in some very important ways. In order to explore the clinics thoroughly, the author approached them in three ways. First, a brief survey of each clinic will provide in condensed form a clear picture of how the clinics operate. Secondly, several relevant factors will be explored from the viewpoint of a woman seeking a suitable clinic for her abortion. Lastly, the clinics will be analyzed in terms of their overall effectiveness in community service. These three approaches to the abortion services should provide a general overview of all the clinics, individually and as a group.

This study was begun by seeking research pertinent to the subject of voluntary abortion. Some research has been published concerning mandatory abortions, those necessary to preserve the life or health of the mother; but little research is available on voluntary abortions which have become so numerous since the Supreme Court ruling. Discovering this lack of source material, the author then devised a list of questions to present to a representative of each Houston clinic in the form of an interview. These representatives, either the director or head counselor of the clinic, were for the most part highly cooperative in supplying the material that follows in the comparison of the clinics.

Planned Parenthood
3601 Fannin
Houston, Texas

Type of clinic: Private non-profit organization

Director: Mr. Richard Ferguson

Head Counselor: Ms. Billie Broch

Staff: 6 full-time counselors

Abortion limit: Up to 8 weeks

No. of abortions per week: 22

General progression:

- 1) Call for appointment
- 2) Come in on day scheduled
- 3) Confirm pregnancy
- 4) Refer client to another clinic if she is past 8 weeks, or schedule her for the termination
- 5) Counseling
- 6) Lab work is done
- 7) Termination procedure is completed (counselor with patient)
- 8) Recovery time:
Local anesthetic - 20 minutes
(Not every patient warrants the use of an anesthetic at this clinic)
- 9) Patient is given the birth control method she has selected and released
- 10) Post-abortion check-up: 2 weeks later at clinic or with family doctor

Patient profile: Ages - 20 to 25
Race - Predominately white
Social class - Middle
Marital status - Single
Educational Background: College

Fees: \$145

Payment: Cash preferred; Money order or cashiers check acceptable

- Community outreach:
1. Distribution of literature at several hospitals and at county jail
 2. Literature racks placed in offices such as the welfare department and legal aid services
 3. Speakers bureau accepts engagements from various organizations around the city

Counseling policy Both individual and group counseling are required of each patient.

Strong point: The extensive community outreach program

Weak point: The time limit of 8 weeks

CULLEN WOMEN'S CENTER
 7443 Cullen
 Houston, Texas 77004

Type of clinic: Private non-profit organization

Director: Ms. Marcy Crowe

Head Counselor: Ms. Pat Weiscarver

Counseling staff: 6 counselors

Abortion limit: Up to 20 weeks

No. of abortions per week: 80 to 90

General progression:

- 1) Call for appointment
- 2) Come in on the day scheduled
- 3) Pregnancy is confirmed
- 4) Lab work is done
- 5) Counseling
- 6) Termination procedure is completed
(counselor not with patient)
- 7) Recovery time-
 - Vacuum method, local anesthetic;
30 min.
 - Vacuum method, general anesthetic:
1 hr.
 - Saline method, local anesthetic:
2-3 hrs. (overnight stay may be
required of saline patient)
- 8) Patient is given birth control method
or is scheduled later for an IUD
insertion. She is also given the
name and phone number of the doctor
who performed the abortion in case of
complications.
- 9) Post-abortion check-up: 2 weeks later
with family doctor or at the office of
the doctor who performed the procedure

Patient profile:

- Age - 18 to 25
- Race - predominately white
- Social class - Middle
- Marital status - Single
- Educational background - College

Fees:

Up to 12 weeks - \$165	Payment: Cash required
12 to 14 weeks - \$250	
14 to 20 weeks - \$425	

Follow-up study or counseling: None

Community outreach: The director will speak to various organizations but it is more on a personal basis than as an established policy of the clinic.

Counseling policy: Group counseling is required of every patient. Individual counseling is employed only if the patient is obviously very nervous or upset.

Strong point: Limit of 20 weeks; this is the only clinic in Houston that does abortions past 12 weeks.

Weak point: No individual counseling is done unless patient is "obviously" upset. This situation could ignore many patients with strong anxieties who do not reveal them outwardly.

JEFFERSON DAVIS HOSPITAL
 VTP Clinic
 1801 Allen Parkway
 Houston, Texas 77019

Type of clinic: City

Director: Dr. Nancy Smith

Head counselor: Ms. Pat Watson

Counseling staff: 2 full-time counselors, 1 part-time counselor

Abortion limit: Up to 12 weeks

No. of abortions per week: 5 to 8

General progression:

- 1) Call for appointment
- 2) Come in on day scheduled
- 3) Counseling
- 4) Confirm pregnancy
- 5) Three alternatives after results of exam are known:
 - A. Patient given appointment for the termination
 - B. Patient is referred to another clinic since her pregnancy has advanced past 12 weeks
 - C. Patient is given her choice of contraceptive and released, since she was not pregnant

If the patient fall under alternative A, the general progression continues as follows:

- 6) Patient arrives on day scheduled for termination
- 7) Lab work is done
- 8) Termination procedure is completed (Counselor with patient.)
- 9) Recovery time:
 - Local anesthetic: 45 min.
 - General anesthetic: 2 to 3 hours
- 10) Patient is given her choice of contraceptive and released
- 11) Post-abortion check-up: 2 weeks later at the clinic

Patient profile: Age - 16 to 21

Race - Predominately black, followed in order
 by whites and Mexican-Americans

Social class - Lower (Must be eligible for services
 by county rules)

Marital status - Single

Educational background - Some high school

Fees: Based on a sliding scale according to the number of persons in one's family and according to income. The top fee is \$145.

Payment: Family is billed monthly.

Follow-up study or counseling: None

Community outreach: Some speaking engagements are accepted by Dr. Smith, more on a personal basis than as a clinic policy.

Counseling policy: Group and individual counseling are required of each patient.

Strong point: The counseling is done even before the patient knows for sure that she is pregnant. More information gets out into the community this way.

Weak point: Eligibility rules are so strict that they prevent some people who need the abortion from having one.

SOUTHWEST WOMEN'S CENTER
 6565 DeMoss
 Houston, Texas 77036

Type of clinic: Proprietary

Directors: A group of private physicians

Head Counselor: Anonymous

Counseling staff: 1 full-time counselor, 1 part-time counselor

Abortion limit: Up to 12 weeks

No. of abortions per week: 20

General progression:

- 1) Call for appointment
- 2) Come in the day before the termination
- 3) Counseling
- 4) Lab work is done
- 5) Come in next day for the abortion
- 6) Termination procedure is completed (Counselor not with patient)
- 7) Recovery time:
 - Local anesthetic - 45 minutes
 - General anesthetic - 1 hr., 15 min.
- 8) Given limited birth control aid (Example: 1 mo. of pills)
- 9) Post-abortion check-up: 2 weeks later at family doctor

Patient profile: Age - 14 to 18; 30 - 36
 Race - White
 Social class - Middle to Upper middle
 Marital status: Single for the younger group
 Married for the older group
 Educational background: High school for younger group
 College for older group

Fees: \$265 for most cases
 \$295 if Rhogam is needed

Payment: Exact cash
 Money order
 Cashier's check

Follow-up study or counseling: None

Community outreach: None, since it could possibly be seen as advertising

Counseling policy: Individual counseling is required of each patient

Strong point: Emphasizes the need for counseling both husband and wife

Weak point: This clinic charges almost double the fee than anywhere else in the city for the same type of abortion

Reproductive Services, Inc.
6243 Bissonnet
Houston, Texas 77036

Headquarters: San Antonio, Texas
Branches: Houston, Dallas, and
Tulsa

Type of clinic: Private non-profit organization

Director: Ms. Bonnie Bernholz

Head counselor: Ms. Debbie Moore

Counseling staff: 1 full-time counselor, 7 part-time counselors

Abortion limit: Up to 12 weeks

No. of abortions per week: 40 to 50

General progression:

- 1) Call for appointment
- 2) Come in when scheduled
- 3) Confirm pregnancy
- 4) Lab work is done
- 5) Counseling
- 6) Termination procedure is completed (counselor with patient)
- 7) Recovery time:
 local anesthetic - 20 min.
- 8) Post-abortion counseling
- 9) Patient is given birth control method chosen and released
- 10) Post-abortion check-up: 2 weeks later at one of three
 places: Family doctor, Planned Parenthood, or for a fee
 of \$10 at Reproductive Services

Patient profile: Age - 14 to 25
Race - White
Social class - Middle
Marital status - Single
Educational background - High school, College

Fees: \$150

Payment: Cashier's check
Money order
Traveller's check

Follow-up study or counseling: Two questionnaires are given to the patients. One is an in-house questionnaire concerning services received that day during the entire process of obtaining the abortion.

The second one refers to personal feelings and reflections relating to the abortion itself and the services received. This survey is to be mailed in 2 weeks later after the post-abortion check-up. A representative of the clinic says that the rate of return of these questionnaires is fairly high.

Community outreach: The director of the clinic and the head nurse accept speaking engagements as an established procedure of the clinic. There are also plans for radio and television commercials in the future, advertising that abortion is legal and that there exist five clinics in Houston which perform the service.

Counseling policy: Individual counseling is required of all clients.

Strong point: This clinic does attempt some follow-up studies, both on the patient and on how to improve their services.

Weak point: No specific failings could be discerned.

Comparison of Clinics

After discovering that there are five clinics in Houston, a woman who needs an abortion must decide which clinic she will patronize. The decision is not as simple as merely picking the clinic closest to her home. There are important factors to consider, such as the length of her pregnancy, the clinic's fee, and the clinic's counseling policy. All of these items must be explored before the woman can pick the one clinic that best for her.

Time limit on abortions. The first factor to be considered in choosing a clinic is the length of the woman's pregnancy. Three clinics, Jefferson Davis Hospital, Southwest Women's Center and Reproductive Services, are alike in that they will perform a termination by the vacuum aspiration method on a woman who is no more than twelve weeks pregnant. Another clinic, Planned Parenthood, will use the same method but will only abort women who are eight weeks pregnant or less. This early time limit is unusual since the vacuum aspiration method is still safe for women up to twelve weeks and since a woman may not really suspect that she is pregnant until after eight weeks have passed. A representative of Planned Parenthood answered a question related to this aspect of the clinic by saying that their medical board decided upon this limit when their abortion clinic was first started. The board felt that the shorter the time limit, the fewer the complications that would occur. This decision to keep the limit at eight weeks would make Planned Parenthood more self-sufficient and less dependent upon a back-up hospital for emergencies. The last clinic, Cullen Women's Center, performs abortions up to twenty weeks by using three different

methods: vacuum aspiration for twelve weeks or less, vacuum aspiration and curettage for between twelve and fourteen weeks, and a saline injection for between fourteen and twenty weeks. If a woman is beyond twelve weeks pregnant, the decision of which clinic to patronize is already made for her: Cullen Center is the only one where she could obtain the abortion. However, if the time factor is not a problem, then one must look at other factors in picking a good clinic.

Fee of an abortion. The next factor a woman must consider is the fee the clinic will charge. The prices range from only a token fee for some women at Jefferson Davis to a top fee of \$295 at Southwest Women's Center. The average price for an abortion under twelve weeks at the other three clinics is between \$145 and \$165. The price increases rapidly, of course, at Cullen Women's Center for abortions over twelve weeks which involve more risks. The price quoted by the clinic usually includes everything from the lab work before the abortion to the supply of whatever birth control method the patient has chosen to receive after the abortion. In a few clinics, however, there is an extra charge if Rhogam or Gamulin is needed by a woman with Rh-blood. For payment, some clinics prefer cash while others accept only money orders or cashiers checks. Jefferson Davis is the only clinic that regularly bills patients monthly for their services. At the remaining clinics, terms can sometimes be arranged in special cases if finances are a problem for the patient. Since there exists such a wide range in price among the five clinics, a woman must decide what she is able to afford before proceeding with other considerations.

Counseling policy. A few major differences exist among the clinics with respect to their counseling policies, and this factor is also important in choosing a clinic. Topics discussed in counseling sessions are generally the same from one clinic to another. The variations occur in the emphasis given to certain issues. The clinics use either group counseling, individual counseling, or a combination of both. Each type of counseling has its particular advantages and disadvantages, and some clinics show a definite preference for one or the other. It is interesting to note how each clinic has developed its policy: how they use the types of counseling, and how they discuss and emphasize issues relevant to abortion.

As seen from the survey sheets on the five clinics, one clinic uses predominately group counseling, two use individual counseling, and two use a combination. Some counselors are more in favor of the effects of individual counseling, and some favor the group sessions. In a group session, the participants can be encouraged to share personal thoughts and experiences. This sharing can relieve the patients of the feelings of loneliness and isolation in such an emotionally upsetting situation. Also, group counseling has an advantage in that it is a time saving process for the clinic. Basic information can be disseminated to more people in the same amount of time that it takes to convey the ideas to one person. These two advantages are substantial, but they must be carefully weighed against the disadvantages. Some counselors say that if group counseling is not handled properly, the patients can come to experience a loss of identity in the process and can come to feel like "just another number" in a trauma that is so highly personal. Also, patients who are

naturally shy or highly upset may feel very hesitant to ask an important question or to express a personal concern. Since it is many times difficult to relax a group of patients in this situation, the counselor may not be able to get discussion started at all in a group session. In these respects, individual counseling may be preferred over the group method.

Counseling on a one-to-one basis, like group counseling, has good and bad aspects, and several Houston counselors prefer it over the group sessions. Its advantages include the fact that the counselor can probe more deeply into the feelings and the life situation of each client. Problem areas and personal stresses can be explored more fully. The patient, also, may feel more at ease in expressing fears and asking questions to a knowledgeable and sympathetic counselor. Despite these advantages, the sole use of individual counseling can have adverse effects. If a clinic uses only this type of counseling the client could be made to feel isolated. No contact with other women in the same situation can heighten anxieties related to feelings of isolation and could strengthen the anxieties of having to come to terms with the trauma alone. Secondly, individual counseling takes a great deal of time. If a clinic deals with a high volume of pregnancies each week, the sole use of individualized counseling could limit the amount of time spent with each patient. A counselor can never be sure that she has covered all the basic material and the personal anxieties completely if she is pressed for time. All the topics discussed in counseling are very important, and it would be dangerous to skimp on the discussion of any of them.

The topics covered in counseling can be divided into two general areas: basic information given to all patients, and personal matters discussed on an individual basis with each client. The difference between clinics is found in how they emphasize these two areas. The basic information includes discussion of the history of abortion, the method of abortion itself, birth control methods available and how to use them, possible complication following abortion, activities to avoid immediately after abortion, and a brief mention of emotional and moral considerations. The personal matters discussed include a wide variety of concerns and are highly individualized. The counselor must first explore the patient's attitude toward abortion and her relationship to the coming termination. Most women in the United States have been brought up with a definite pro-life attitude. Since the decision to terminate her pregnancy could be seen as an anti-life action, this attitude could result in many mental conflicts for the patient. These conflicts are one area that the counselor tries to explore. The counselor is also concerned with whether or not the patient has come to the decision to terminate the pregnancy on her own. The woman may have been influenced too strongly by her husband, her boyfriend, or her mother. If such is the case, the client is encouraged to think about the situation more carefully and individually in order to be as sure as possible that she will not regret the action at a later time. If the woman decides that she does not want the abortion after all, the counselor is available to help her decide on an alternative. Another area that the counselor explores is the person's goals and directions in life. She helps the patient to explore herself more deeply to discover a little more about herself mentally, emotionally,

and sexually. She helps her try to see how the mistake of an unwanted pregnancy came about and how to avoid another one. More personal considerations relating to birth control are explored, and the patient is encouraged to pick the method that seems most compatible with her lifestyle. Besides these general areas to be discussed, the counselor will also attempt to discover any other problems or anxieties in the person's life and will try to discuss them with her in hopes of helping to resolve them, at least partially. These problems could be any number of things, such as financial worries, moral or religious concerns, sexual problems, or more serious psychological problems than the counselor is equipped to handle. If the counselor is unable to resolve these problems in the counseling session, she is knowledgeable as to where to refer the patient for further assistance. All the individual topics within both the areas of basic information and personal concerns are equally important and should be given equal emphasis in a good counseling program. Aside from the viewpoint of a woman seeking a clinic, there is another way to look at the Houston abortion services. This is in relation to their community service effectiveness. Community service in this situation can be measured by two factors. One factor is related to how responsive the organization is in attempting to improve the services provided to each individual who patronizes the clinic. Secondly, a clinic can be judged by its work in informing the community of its services so that a greater percentage of those people who need the services may obtain them. These two areas are the next facets that need to be explored concerning the Houston clinics.

Community responsiveness. The majority of public service agencies are constantly trying to improve the manner in which they minister to their clients. Most of the time, this process is done by internal means, as through conferences of the major employees or through spontaneous suggestions from other individual employees in attempting to improve the quality of the agency's services. It can be assumed that all five abortion clinics are involved in this process. However, there is another way to discover areas that need improvement, and that is by interviewing people who have absorbed the services in question. Only one clinic in Houston attempts to improve its services in this way: Reproductive Services, Inc. This clinic seeks to improve its services through the use of two questionnaires given their clients to complete. The first survey is given to each client during the recovery period after the termination. It asks questions related to the patient's immediate impressions of the clinic and its attempts to attend to the needs of its clients. It provides space for any suggestions on how the clinic could have better served the client. The second questionnaire is given to each client along with a stamped envelope as she leaves the clinic after the abortion. She is asked to mail the survey back to the clinic after her post-abortion check-up two weeks later. This survey explores the attitude of the patient towards both the medical and counseling experiences from a vantage point two weeks away from the abortion. The director of Reproductive Services has said that there has been a fairly high rate of return on this questionnaire, indicating that the people who have benefited from the services are eager to improve the clinic so that others in the future

will receive a more comfortable abortion. The next problem is how to publicize on a wide scale to the community that such services are available to those who need them.

Community out-reach. All clinics in Houston are fairly new since the law allowing them to operate only became effective in January of 1973. The first problem they faced was to start performing safe and comfortable abortions. Once they were secure in their performance on that first level, they could then concentrate on other projects, one being the task of reaching more of the public with news of their services. Most of the clinics do activate some form of community outreach. Many times, the attempt is made by accepting speaking engagements from schools and other community organizations. Frequently, the director will speak to different groups, more as a personal desire to be of help in the community rather than as an established policy of the clinic. One clinic has hopes of producing radio and television commercials advertising the facts that there are five abortion clinics in Houston and that the services are available. The one clinic that does have a well-established program for community outreach is Planned Parenthood. This organization has been in operation in Houston much longer than the other clinics, so they simply added abortion to the other services they offer. Similarly, the topic of abortion was added to their community work. The volunteers working for Planned Parenthood visit various hospitals and the county jail to distribute pamphlets advertising the clinic's purpose and services. They also place literature racks in food stamp centers, legal aid offices, welfare offices and large apartment complexes, trying to reach the people who most need to know how to control their fertility for the sake of their

own health and for the well-being of their families. Planned Parenthood also has a speakers bureau that accepts engagements around the city at different organizations. These methods are just a few from their total outreach program. Perhaps as the other clinics become more firmly established, they will also expand their community service programs.

Conclusion. It is important to emphasize here that there is no one "best" clinic in Houston. All the clinics are very conscientious in their efforts to serve individuals in need, as well as the community as a whole. No two clinics are exactly alike, but this situation is as it should be. There is a need for differing clinics to serve the myriad women in all life situations who need an abortion.

CHAPTER III

SUGGESTIONS FOR IMPROVEMENT

Although the clinics try to improve all their services, there are three areas that need the most work. These areas are the counseling policies, the community outreach programs, and the follow-up studies. It is necessary at this time to determine how the clinics could be improved.

With respect to counseling policies, the clinics should strive for a workable balance between group and individual counseling sessions; explore the patient's anxieties related to her mother; (Colman & Colman, 1973) and initiate some form of follow-up counseling. Since there are advantages to both group and individual counseling, a clinic should use a balanced schedule involving both types. This balance would lessen the weaknesses and amplify the strengths inherent in each type of counseling. During the counseling, there is one topic that is very often not emphasized that could possibly be of importance. In a study on the experience of pregnancy, it was reported that some women concentrate on their relationship to their mother once they have fully accepted the reality of their pregnancy. If this situation is true in cases where the woman plans to carry the pregnancy to term, then it could be doubly important when a woman chooses an abortion. The decision could raise questions in the woman's mind similar to the following: "What would my mother think if she knew what I am planning to do?" "Does this decision mean that I am not meant to be a good mother?" "Did my mother want to have an abortion before I was born?" Although it has not been proved that most women will experience these fears, there is still an

indication that the topic of one's mother could be very important at this time. Therefore, it should be covered at least briefly in the individual counseling session.

Currently, the topic is not specifically covered unless the woman offers it as an area of anxiety. Concern for the patient's psychological well-being should not stop once the woman has left the clinic after the abortion. The crisis has probably interrupted her life considerably, and it takes more than a few hours to recover from it emotionally. Therefore, some form of follow-up counseling should be initiated simply to be sure that the woman is stabilizing properly after the trauma. Since a medical check-up is required, it seems obvious that a psychological "check-up" should also be necessary. To get started with this new project, the clinic should perhaps request that the patient return to the same clinic for her post-abortion check-up two weeks later. At this time, the counselor could spend a few minutes to see if the woman is experiencing any psychological difficulties from the abortion and to help with any unresolved problems.

The three areas discussed, a balance between group and individual counseling, the topic of the mother, and the follow-up counseling, should improve any clinic's counseling policy, making it more thorough and effective. Once this part of the clinic has been changed, the director should see what can be done to improve the community outreach program.

The purpose of a community out-reach program is mainly to advertise the facts that abortion is legal and that there do exist several clinics which perform such a service. Planned Parenthood's program is so

comprehensive that it could be used as a model for other clinics, along with a few additions. Radio and television reach the most people by far, so the clinics could seek public service time from the various stations to broadcast their message. This effort, along with distribution of literature at key locations in the city, should be more effective in informing the public. A speakers' bureau is also a definite asset in this type of program. Usually, however, a speakers' bureau will wait for invitations to speak to a group of people. Perhaps a more aggressive policy would be better. If the bureau itself contacted organizations offering to speak, perhaps they could cover more ground in Houston. There is room in community out-reach for unlimited creativity. The task of reaching the public with important news can be accomplished in so many different ways. Therefore, it is up to the clinic to use the creative ideas of its employees to build a dynamic and effective community out-reach program to benefit the people in the community who are uninformed about abortion.

Follow-up studies are the last item to be improved. This area is crucial in forming a good clinic, yet there are also some problems with it. During counseling, the women are encouraged to accept what has happened to them and to forget about it. They are urged to go on with life and not to let the abortion interfere with the future. If a clinic then recontacts a client weeks or months after the termination to ask her to participate in a follow-up study, the clinic could be opening old wounds that would be better left alone. Perhaps this difficulty could be overcome if the patient is informed at the time of her abortion that she will be contacted later to fill out a follow-up questionnaire to help the clinic and other women who will need an abortion in the

future. If they were adequately prepared, then they would be less upset when relieving the experience at a later date.

In spite of the problems involved, follow-up studies are truly necessary to the clinics. They provide information as to how effective their procedures and their counseling are in doing what they are intended to do, which is to produce a safe, comfortable abortion. The studies also provide an external view of the clinic, a view impossible to procure from the employees inside. For these reasons, all clinics should set up a program of follow-up studies to further improve their services.

In an ideal world, there would be no need for abortion. In fact, several persons among the clinics have expressed their desire to be totally unnecessary. Unfortunately, the world is imperfect, as are its citizens. Therefore, abortion clinics are a necessity in ministering effectively to the needs of society. The laws have now made abortion legal, eliminating the suffering connected with secret, criminal, unsafe abortions. Clinics have sprung up all over the country, and the ones in Houston are basically doing an excellent job with their services. The clinics are young, yet, and they do need to review several areas to see where improvements are necessary. The counseling, the community outreach programs, and the follow-up studies are the areas this author has discovered to be in need of review. One must bear in mind that in providing a service to the public, there is always room for improvement. It is hoped that the Houston clinics will continue to be conscientious in their efforts and will never become complacent with how they have served the public, at least not until abortion has become totally unnecessary in a sexually confident and intelligent society.

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