

MS 500 AA Hec Committee - Sex Education in Schools - Reference - Planned Parenthood NB - Brief - (Dec, 1981)

M BARN

Every year, unwanted pregnancies result in high social and economic costs to the Province of New Brunswick. In order to minimize the resulting drain on public and private resources and to improve the quality of life for those concerned, all individuals in the Brunswick, -- regardless of marital status, age, gender, geographical location or socio-economic and religious background -- should possess the means to control their fertility. For those individuals who do make informed decisions regarding their fertility and act on them, the entire spectrum of family planning services -- including information, education, counselling and access to a wide range of medical services, follow up, and emergency contraception -- should be available.

A BRIEF  
PRESENTED TO

EMERGENCY AND OUTPATIENT DEPARTMENT SERVICES COMMITTEE  
of  
THE NEW BRUNSWICK HEALTH SERVICES ADVISORY COUNCIL

by

PLANNED PARENTHOOD NEW BRUNSWICK

- a) that the Department of Health should adopt a policy that family planning services be included as an integral part of the contraceptive services available within regional hospitals and
- b) that the Department of Health take concrete steps to encourage the establishment of family planning clinics in other communities where warranted.

December 14, 1981  
Fredericton, N. B.

MS 33 | 16 | 34

## SUMMARY:

Every year, unwanted pregnancies result in high social and economic costs to the Province of New Brunswick. In order to minimize the resulting drain on public and private resources and to improve the quality of life for those concerned, all individuals in New Brunswick, -- regardless of marital status, age, gender, geographical location or socio-economic and cultural background -- should possess the means to control their fertility. If these individuals are to make informed decisions regarding their fertility and act on them, the entire spectrum of family planning services -- including information, education, counselling, referral to or provision of medical services, follow up, and outreach programs -- must be made available. This range of services can be most efficiently and effectively provided as hospital based outpatient services. Therefore, Planned Parenthood New Brunswick makes the following

## RECOMMENDATIONS:

- a) that the Department of Health immediately establish a policy that family planning clinics be included as an integral part of the outpatient services available within regional hospitals and
- b) that the Department of Health take concrete steps to encourage the establishment of family planning clinics in other hospitals where numbers warrant.

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## OBJECTIVES OF THE BRIEF

One of the responsibilities of Planned Parenthood New Brunswick is to ensure that the provincial government is aware of the family planning needs of the people under its jurisdiction. To this end, and in the belief that every individual in New Brunswick should have access to family planning information and services, "... increasingly considered as a basic human right and as an indispensable ingredient of human dignity,"<sup>1</sup> this brief is submitted for your consideration. Its aims are threefold:

- 1) to provide this committee with information on the current status of family planning in New Brunswick
- 2) to solicit greater involvement and support from the Department of Health with regard to the provision of family planning services
- 3) to recommend to this committee on the basis of determined need and the success of the Edmundston family planning clinic, that family planning clinics become an integral part of outpatient services offered at New Brunswick hospitals.

## PLANNED PARENTHOOD NEW BRUNSWICK

Founded by three local family planning associations -- Fredericton, Sackville, and Saint John (later joined by Edmundston)-- Planned Parenthood New Brunswick received its provincial charter in October, 1972. Its objectives as stated in the Letters Patent are:

- a) to provide a provincial organization for promotion of liaison between local societies or associations which are specifically interested in providing information, education and services, regarding family planning to the population of New Brunswick;
- b) to provide or assist promotion of such societies or associations;
- c) to provide an organization which will be able to communicate, coordinate and provide general liaison on a provincial basis, with professional, voluntary and government organizations;
- d) to advance the education of the province in family planning and responsible parenthood in the interest of family welfare and community well-being.

To further these objectives, the provincial association initially directed its energies toward the establishment of community family planning associations. More recently, Planned Parenthood New Brunswick staff and Board energies have been directed toward providing local associations with the support services necessary for successful promotion of family planning programs in the field.

During Planned Parenthood New Brunswick's nine year existence two province wide surveys have been conducted -- Report on a Family Planning Survey Among New Brunswick Doctors and Report on a Survey of Sex Education in New Brunswick Schools. As well, a sex education curriculum entitled Sexuality and the Teenager: A Teaching Guide for Sex Education has been developed and widely distributed to interested teachers, although sex education is not presently prescribed curriculum by the Department of Education.

Local family planning organizations engage in a number of family planning activities which vary according to local need and availability of resources however, all provide information, counselling and education services. Recent federal cutbacks in the area of family planning have caused considerable hardship for some associations as the funds previously earmarked for their operation have been eliminated completely. This means that they now must find the funds to run their operations before they can provide service to their communities. At present Planned Parenthood New Brunswick has affiliates in the following areas: Fredericton, Northern Carleton, Kedgwick-St. Quentin, Edmundston, Bathurst, Sackville and Saint John.

#### CURRENT STATUS OF FAMILY PLANNING IN NEW BRUNSWICK

In spite of government and private funding made available and the efforts of the volunteer sector to date, the service aspect of the three major components of family planning -- medical, social and educational -- is still very much in an embryonic state. As it is neither desirable nor feasible for volunteers to offer direct services to the public in all of these areas, a shared responsibility on the part of the volunteer sector and the three government departments involved (i.e. Health, Social Services and Education) is essential if adequate family planning programs are to be made available.

Within the province, it is encouraging and not unusual to hear teachers, social workers and health personnel express willingness to promote family planning within the context of their regular work. However, even among those who regard family planning as an essential service, many do not have the latitude within their jobs, the necessary training, or the direction provided by departmental policy to allow for involvement in the area. Physicians, long considered the individuals who should be providing family planning information, have in many cases, neither the time, the willingness nor the expertise to adequately fill this need. Consequently, the quantity and quality of available family planning services provided in these areas vary greatly across the province. Family planning is characterized by situations in which everyone's concern is nobody's responsibility.

#### INDICATORS THAT THE PRESENT SYSTEM IS FAILING

Unfortunately a cost-benefit analysis of family planning services

has never been done in Canada; consequently, in common with most other preventive services, there is no accurate gauge available with which to measure the economic desirability of family planning as a preventive measure. However, individuals engaged in family planning field work are often only too familiar with the personal emotional and financial distress caused by unwanted pregnancies. In spite of the lack of hard data on the question, it seems reasonable to assume that most abortions and a high percentage of illegitimate births are the result of unwanted pregnancies.

Between 1960 and the present time illegitimate births in New Brunswick have risen by 150% reaching a total of 1428 in 1979. This number is 13% of all the births in New Brunswick for the same year (10,848) and represents \$242,000<sup>2</sup> in physician's delivery charges alone (assuming no complications). In addition, these deliveries represent about 7,000 patient days in hospital, assuming a typical 4 to 5 day stay for a further expenditure of about \$1 million. Ante natal and post natal care add even further to the bill.

Current statistics on therapeutic abortions performed in New Brunswick show that there were 467 terminations in 1980. This represents a 9% increase since 1977. This figure, however, only includes those women who had the procedure paid for through Medicare. Others who travelled to Quebec or the United States and paid the costs themselves in order to maintain their anonymity do not appear in the statistics. These 467 procedures represent \$45,000<sup>3</sup> in doctor's fees alone.

Planned Parenthood New Brunswick does not view abortion as an appropriate means of birth planning: Rather, it is indicative of an absence of planning. We believe that every effort must be made to eliminate, to as great a degree as possible, the root cause of most abortions -- unwanted pregnancies.

A recent study carried out in the United States, Teenage Pregnancy: The Problem That Won't Go Away (Allan Guttmacher Institute) discovered that more than 75% of births to teenage mothers were unwanted. If we assume the same rate in New Brunswick, that means that, of the 1,416 children born in 1979 to teenagers), 1,062 were unplanned and unwanted. Births to teenage mothers are generally more complicated than those to older mothers, with very apparent health risks to both mother and child:

- maternal death risk is 60% higher for young teens
- babies born to teenage mothers are 2 - 3 times more likely to die in their first year
- low birth weight is two times more evident among teenagers
- adolescent mothers are 1 - 3 times more likely to suffer from anemia than mothers 20 - 24 years old and are at a higher risk of toxemia.

Because of these increased complications, this group makes great demands on the health care system. In 1979, deliveries were the chief cause of hospitalization for females 15 - 19. Complications of pregnancy and abortion was the third major cause. These two causes resulted in 7,099 patient days which imply a minimum government expenditure of \$1.1 million.<sup>4</sup>

Adolescent Birth Planning Needs: Ontario in the Eighties, a study carried out by Planned Parenthood Ontario, maintains that

"Increasingly, young women are moving away from the traditional responses to adolescent pregnancy (marriage or adoption) and opting for abortion or single parenting.<sup>5</sup>

This trend has serious implications for the social services provided by the government of New Brunswick. That Department reports approximately 800 one parent families and 50 two parent units between ages 15 and 19 receiving social assistance. At the minimal social assistance rate, this means an expenditure of \$4.8 million annually.<sup>6</sup>

Some mothers find they cannot cope with the demands of motherhood and surrender their child for care to the Social Services Department until an adoptive home can be found. There are presently, approximately 1,000 children in care (living in foster homes or group homes) in New Brunswick whose basic maintenance costs run in excess of \$.5 million annually.<sup>7</sup>

Between 1976 and 1979 there were 1,591 adoptions in New Brunswick (see table IV). There has been a dramatic decrease in adoptions through social services because more mothers are choosing to single parent therefore limiting the number of babies available. The number of private adoptions has increased, this being the type of adoption procedure used when a man adopts the children of the woman he marries (her children by a previous marriage). Social assistance to unmarried mothers, foster and child care and adoption services to prospective parents are extremely costly. The costs quoted previously do not take into account the salaries of the social workers, counselling these clients, additional health costs, emergency care costs, etc. The Government of New Brunswick would undoubtedly benefit from a reduction in the number of children whose maintenance and/or adoption must be wholly or partially financed by the province.

The last major area of concern which indicates a need for improved family planning services is venereal disease. Despite the fact that people have more knowledge about how these diseases are contracted, avoided and treated<sup>8</sup>, their incidence is increasing. Statistics show 323 reported cases in 1980, up 23% from 1978.

Most health professionals put little stock in the available figures

because many doctors fail to accurately report the cases they treat. Many believe we are in the midst of a venereal disease epidemic.

### A POTENTIAL SOLUTION

Clearly, family planning is a highly complex question, and the availability and quality of services provided in this area can have far reaching beneficial effects on the province's economy. In order to minimize the drain on public and private resources caused by inadequate family planning and to improve the quality of life for those concerned, all individuals in New Brunswick -- regardless of marital status, age, gender, geographical location and socio-economic and cultural background -- should possess the means to control their fertility. This cannot be realized, however, simply by marketing contraceptives, in spite of the frequently expressed and erroneous belief that family planning and the "pill" are synonymous. If people are to make informed decisions regarding their fertility, and act on them, the entire spectrum of family planning services -- including information, education, counselling, referral to or provision of medical services, follow up, and outreach programs must be made available.

One of the major results of the Ontario study referred to above is that the largest reduction in teenage pregnancy rates took place in those counties in which all three components -- education, counselling and clinical services -- were well developed. In counties where some components were in place but where gaps existed, the effect on the pregnancy rate was much more limited. It is our belief that this range of service can be most efficiently and effectively provided as a hospital based, out patient service.

At the present time, this spectrum of services is offered at only one location in New Brunswick, at the Hôtel Dieu Hospital in Edmundston (see Appendix 1). The family planning clinic there is the only full service facility in the province and it is run as an outpatient service of the hospital. It was initiated in 1972 as a preventive measure, after the hospital board refused on religious grounds, to set up a Therapeutic Abortion Committee. More than 3,500 patients visit the clinic every year with approximately 500 of those being new ones. They offer a complete range of medical services from pap smears to sterilizations as well as individual and group counselling and public information sessions. A large number of their patients are teenagers who find the clinic to be more accessible, comfortable and confidential than visiting their family physician. Although, the percentage of births in New Brunswick to teenage mothers is 13%, Madawaska County consistently has a lower percentage of teenage births than other counties (7.9% in 1979).<sup>9</sup> Since there are no abortion facilities available there, it must be assumed that the presence of the family planning clinic is partially responsible for this phenomena. (See also: p. 9 Teenage Fertility Rates by County, 1976 for further data.)



## RECOMMENDATION

Costly duplication will be minimized and accessibility and continuity ensured if direct family planning services are integrated within the existing health services. Therefore Planned Parenthood New Brunswick believes that the onus is on the Department of Health to provide the following professional services to the population:

Information, education, counselling, medical services and follow up as they relate to family planning should be available in every region of the Province to all individuals in need of them. Prenatal and postpartum programs should also be incorporated into overall health care. The establishment of family planning clinics, even those operating on a part time basis if the limited size of some hospitals prohibits inclusion of a full fledged clinical service, would go a long way toward eliminating regional and socio-economic disparity in the access to family planning services in New Brunswick.

## WE THEREFORE RECOMMEND THAT:

- a) The Department of Health immediately establish a policy that family planning clinics be included as an integral part of the outpatient services available within regional hospitals and that
- b) The Department of Health take concrete steps to encourage the establishment of family planning clinics in other hospitals where numbers warrant.

## REFERENCES

1. U. Thant: Studies in Family Planning 26, 1968, page 2.
2. Medicare Inquiries: A physician is paid \$169.40 for a delivery with no complications (not a C-Section).
3. Medicare Inquiries: A physician is paid \$96.25 to perform a therapeutic abortion.
4. Department of Health, N.B.: Health Promotion for School Aged Children and Adolescents, 1981, page 7
5. Orton, M. & Rosenblatt, A.: Adolescent Birth Planning Needs: Ontario in the Eighties. Planned Parenthood Ontario, 1981.
6. Social Services Department, General Statistics
7. Ibid.
8. Survey of Sex Education in New Brunswick Schools, Planned Parenthood Edmundston, 1978.
9. Statistics on Teenage Births, Planned Parenthood New Brunswick, October, 1981.

TABLE I

ILLEGITIMATE BIRTHS  
New Brunswick 1975-1979

<u>YEAR</u>	<u>NUMBER OF BIRTHS</u>
1975	1,374
1976	1,565
1977	1,625
1978	1,624
1979	1,428

TABLE II

THERAPEUTIC ABORTIONS  
New Brunswick Residents 1977-1980

<u>YEAR</u>	<u>NUMBER PERFORMED</u>
1977	426
1978	545
1979	447
1980	467

TABLE III

CASES OF VENEREAL DISEASE REPORTED BY SEX  
New Brunswick 1975-1980

	<u>1975</u>	<u>1976</u>	<u>1977</u>	<u>1978</u>	<u>1979</u>	<u>1980</u>
MALE	299	212	178	163	188	222
FEMALE	176	90	88	85	99	101
TOTAL	<u>475</u>	<u>302</u>	<u>266</u>	<u>248</u>	<u>287</u>	<u>323</u>

TABLE IV

ADOPTIONS  
New Brunswick, April 1976 - March, 1980

<u>YEAR</u>	<u>TYPE OF ADOPTION</u>	
	<u>AGENCY</u>	<u>PRIVATE</u>
76-77	202	194
77-78	194	216
78-79	162	264
79-80	154	205

STATISTICS ON TEENAGE BIRTHSNEW BRUNSWICK

In 1979 there were 10,848 babies born to New Brunswick women. 1,416 of these infants were born to teenage mothers. This means that more than 13% of all births in this province were to teenagers.

Below is a breakdown of births to teenage mothers by county. The provincial percentage of 13% varies widely from one county to another.

<u>COUNTY</u>	<u>Total Births to all women</u>	<u>Births to women &lt; 20</u>	<u>% of Teen- age Births</u>
Albert	389	29	7.4%
Carleton	381	52	13.6%
Charlotte	404	79	19.5%
Gloucester	1,453	168	11.6%
Kent	473	57	12.05%
Kings	861	95	11.1%
Madawaska	560	44	7.9%
Northumberland	819	149	18.2%
Queens	155	32	20.6%
Restigouche	619	88	14.2%
Saint John	1,276	227	17.8%
Sunbury	382	46	12%
Victoria	367	53	14.4%
Westmorland	1,522	129	8.5%
York	1,187	167	14.1%
<u>TOTALS</u>	<u>10,848</u>	<u>1,416</u>	<u>13% Average</u>

TEENAGE FERTILITY RATES BY COUNTY

NEW BRUNSWICK, 1976

The most accurate statistic used to measure the number of births to teenage mothers is the age specific fertility rate. It predicts the number of births to a specific population in a specific year on the basis of 1,000.

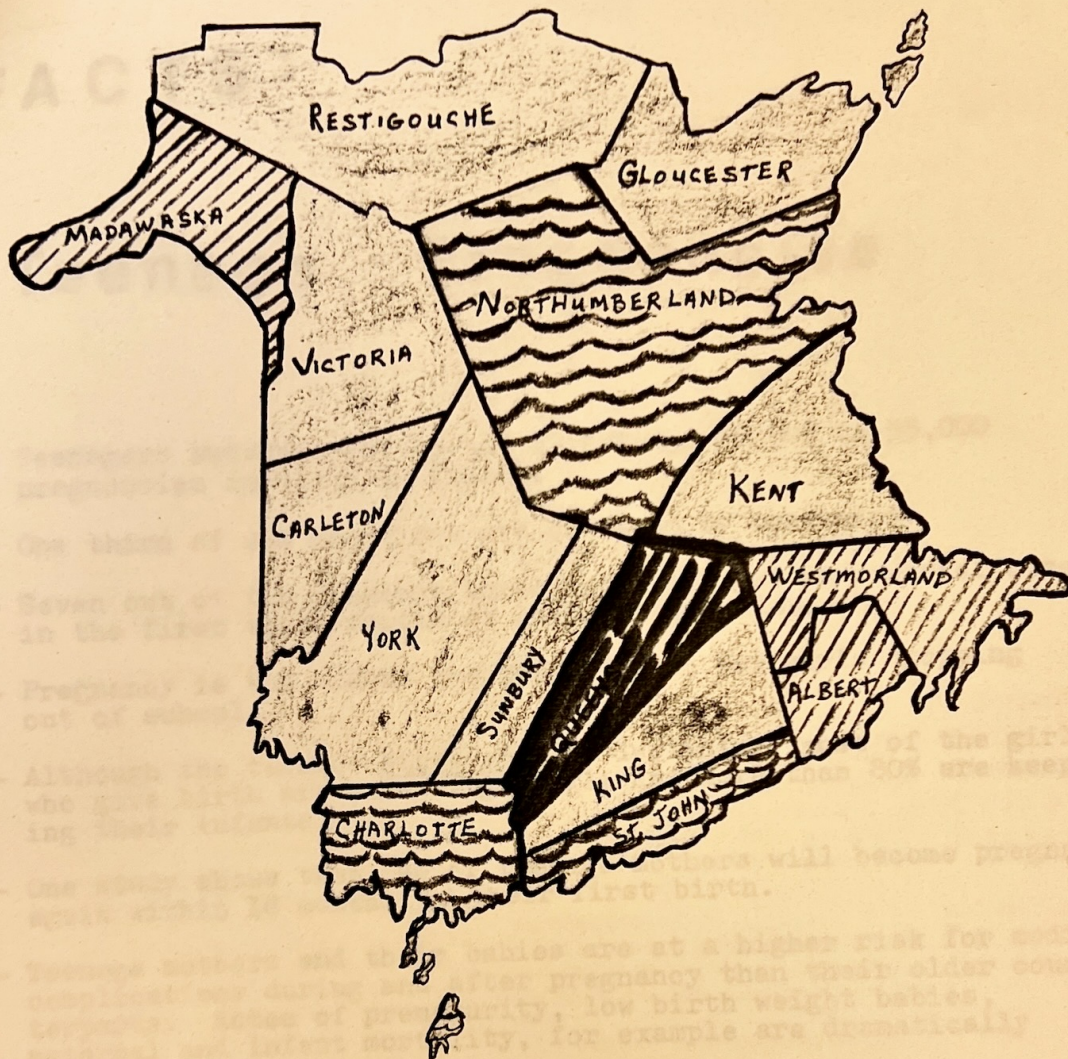
In New Brunswick, for example the age specific fertility rate for teenagers (aged 15 - 19) is figured as follows:

$$\frac{\text{Births to 15-19 year olds}}{\text{number of women aged 15-19}} \times 1,000 = \frac{1909}{35,805} \times 1,000 = 53.32$$

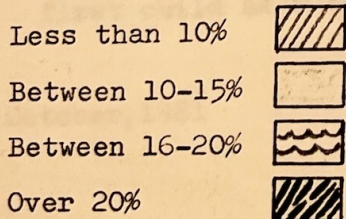
In a population of 1,000 women aged 15-19, in New Brunswick, in 1976, 53.32 of them gave birth.

Following is a breakdown for each of the counties:

Albert	32.43 births/1,000 teenagers
Carleton	69.14
Charlotte	78.26
Gloucester	47.85
Kent	51.95
Kings	55.73
Madawaska	37.44
Northumberland	57.70
Queens	49.61
Restigouche	53.31
Saint John	63.11
Sunbury	56.62
Victoria	73.77
Westmorland	40.83
York	56.65



TEENAGE BIRTHS AS A PERCENTAGE OF TOTAL BIRTHS, BY COUNTY.



# FACTS:

## Teenage Pregnancies

- Teenagers between ages 15 and 19 average 50,000 to 55,000 pregnancies annually in Canada.
- One third of all abortions are obtained by teenagers.
- Seven out of ten pregnant women under 19, get no prenatal care in the first three months of their pregnancies.
- Pregnancy is the number one reason given for girls dropping out of school.
- Although the teenage birth rate is declining, most of the girls who give birth are remaining single and more than 80% are keeping their infants.
- One study shows that 54% of teenage mothers will become pregnant again within 18 months of their first birth.
- Teenage mothers and their babies are at a higher risk for medical complications during and after pregnancy than their older counterparts. Rates of prematurity, low birth weight babies, maternal and infant mortality, for example are dramatically higher for teenage mothers.
- Child abuse and neglect are greater among women who had their first child as a teenager.

October, 1981

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we think it may have only contributed to making the situation worse. The physicians, even some nurses, almost laugh at us. But after all, we were coming to them to try to have healthier pregnancies and deliveries," said Ms. Preston in a recent interview.

The Association members are especially concerned with the need for pre-natal courses for couples (fewer than 25% of couples in the region take these courses); nutritional education for pregnant women; medical services for normal deliveries based on the premise that childbirth is a normal process that only requires medical intervention in exceptional cases; rooms and services for childbirth in line with the needs of the woman and approximating the family milieu while

equipped in case of complications.

The Association is presently seeking support and strategies in order to convince authorities of the need for greater flexibility in maternity services. Since their demands concern most childbearing women, other women's groups may be interested in getting further information or in supporting its goals.

Meanwhile, the group continues to offer pre-natal courses for parents. But without the requested changes in hospital policy and physicians' attitudes, some Association members believe that they are contributing to an increase in people's frustrations, since after nine months of preparation, they are often denied the experience of their own normal delivery.

The Edmundston family planning clinic is the first such clinic run by a hospital in the medical annals of N.B. The clinic owes its beginnings to the 1969 amendments to the Criminal Code legalizing therapeutic abortions. Since those amendments were made, hospitals can request to provide these interventions. But few people also know that those 1969 amendments also finally legalized the sale of contraceptive products and the provision of family planning services.

The Edmundston Hotel Dieu Hospital Council was a Roman Catholic hospital and did not wish to provide abortions even for therapeutic reasons. But being conscious of the need for family planning, it set up a medical ethics committee which recommended the organization of a family planning clinic. The Board accepted this preventive measure.

### \$\$ for Family Planning

The 1969 amendments to the Criminal Code opened the door on government grants for family planning services. The federal Health and Welfare Department set up the Family Planning Division and a grant prog-

ram was established.

A regional Family Planning Association was soon formed in Edmundston. In 1972, it requested funds from the Health and Welfare program for a clinic. A three-year project was granted after which, in 1974, the Hospital Board takes over the funding and management of the clinic.

### Services Offered

Two nurses work at the clinic, one full-time and one part-time. A physician is present one day during the week. Services offered are varied:

1. It is an information and educational center for distribution of material and organization of sessions on the various contraceptive methods, on prevention of cancer and of sexually-transmitted diseases, on sexuality and on the reproductive system. It also offers instruction in childcare following childbirth.

2. The clinic's counselling component is a major part of its activities: it offers counselling and consultations in family planning, contraceptive use and sterilisation.

3. Testing for pregnancy, cancer and sexually-transmitted diseases is also part of its work.

## Edmundston: Family Planning Clinic A Success

by Lise Ouellette

The clinic serves about 3500 clients per year, about 500 of them new. Budget restrictions, especially the recent reductions in personnel, have affected the services available especially preventive services (information and education).

After nine years, the Edmundston clinic is still the only one of its kind in N.B. Some other areas have attempted to set up clinics. In Bathurst and Saint John, the clinics closed soon after their opening, because of problems recruiting physicians and volunteers and because it was not integrated into the hospital system.

Despite the efforts of several Family Planning Associations, including those of persons from the Edmundston clinic and despite the availability of funds through Health and Welfare Canada, N.B. has only one family planning clinic within a hospital setting. However, the economic and social profitability of such clinics is evident:

1. its counselling service makes many visits to physicians unnecessary. Therefore, the clinic's work is cost-saving, especially if we also consider its preventive role.
2. by preventing unwanted pregnancies, the clinic offers alternatives to more drastic measures. Family planning is an infinitely more positive alternative to unwanted children and abortions.
3. a clinic allows for the training of qualified personnel in family planning.
4. a clinic integrated into the hospital system gives it access to all related hospital services (nutrition, laboratories, etc.)

In view of all these advantages, why has the idea not been taken up elsewhere in N.B.? Why don't hospital boards and governments adopt this money-saving strategy?

The development of family planning services is being blocked by governments. The federal government has cut severely into its Health and Welfare department and the Family Planning Division is even being put into question. The provincial Health Depart-



Nurse Diane Levasseur of the Edmundston Family Planning clinic. (Studio Laporte)

ment does not even have clear policies on the subject.

The Advisory Council Plan of Action recommended the establishment of clinics similar to the Edmundston model in all hospitals in N.B. In 1972, the Edmundston Hotel Dieu Hospital Board chose prevention. In 1981, what will we choose? Abortion, unwanted pregnancies and children, unhappy parents and children: or prevention and planning.

Two new regional hospitals are in the planning stages in N.B., in Saint John and Campbellton. Will they have services that reflect today's realities??

\* \* \*

"Woman is a species of which every woman is a variety". — A. Haultain 1909



10-A - LE MADAWASKA - 1 AVRIL 1981



## Votre Association de planification des naissances vous informe...

La clinique de planification des naissances ouvrait ses portes en 1972. Parrainée par l'Association de planification familiale d'Edmundston, elle était subventionnée pendant quatre ans par le ministère de la Santé et Bien-être social Canada, division de la planification familiale. En avril 1977, la clinique devenait intégrée aux services externes de l'Hôtel-Dieu d'Edmundston.

La clinique s'adresse à toute personne ayant besoin des services suivants:

1. Service de counselling en planification des naissances.
2. Programme d'enseignement et de consultation personnel en matière de contraception.
3. Service de counselling en

matière de stérilisation à l'intention des couples.

4. Service de dépistage de grossesse et référence aux services appropriés.

5. Programme d'éducation en maternité à la suite d'accouchement.

6. Sessions éducatives sur la sexualité, l'anatomie et la physiologie des systèmes de reproduction.

7. Informations sur les maladies transmises sexuellement.

8. Recommandation des cas de stérilité aux services appropriés.

9. Services de dépistage pour le cancer et les maladies transmises sexuellement.

10. Enseignement de l'auto-examen des seins.

11. Service de continuité des

soins (follow-up). )

12. Enseignement à des stagiaires orientés vers la planification des naissances.

Environ trois milles cinq cents (3,500) clients(es) sont vue(es) annuellement dont cinq cents (500) nouveaux(elles) clients(es).

Le personnel se compose d'une infirmière à temps complet, une à demi-temps et un médecin à un jour par semaine.

Les heures d'ouverture sont les suivantes: de 8h.30 à 16h.30 du lundi au vendredi et le soir sur rendez-vous seulement.

Pour nous rejoindre, composez un des numéros suivants: 735-4411; 735-3361 ext. 381.

Diane Lévasseur  
Monique Labbé