



# The Clinic

*A game about abortion by Caroline Hobbs*

More than half of all pregnancies are unintended. Roughly 40% of these are ended with an abortion. Around 24% of women will have an abortion by age 45. This game guides players through a simplified, research-based process of having an abortion in the United States.

**Warnings:** This game contains descriptions of anti-abortion protests. This game includes light touch on the arms, legs, and stomach. If you become uncomfortable during play, need to stop playing, or need to take a break, tell the facilitator and they will either stop play or help facilitate a break. It is likely that someone you are playing with has had an abortion. Bear this in mind as you play and as you de-brief following the game.

## Set-up

The space for your clinic will depend on the space you have to play. You will want the following rooms, whether reflected in actual rooms in your play space or created using tape on the floor:

### **WAITING ROOM:**

A room with a muted TV in the corner playing a relaxing Home and Garden show. Chairs for the patients. A sign that says “Turn off all phones.” This is where the receptionist works.

### **LAB ROOM:**

A small room with a chair for the patient. This is where the nurse works.

### **MEDICAL PROCEDURE ROOM:**

A small room with a screen for the ultrasound, a pillow for the patient to lie on, and a chair for the doctor. Paper cups and water for each patient are available for taking (imagined) pills. This is where the doctor works.

### **RECOVERY ROOM:**

A small room with comfortable chairs and refreshments. Juice and crackers are appropriate.

## Materials and Roles

- Print off character sheets.
- You will need a d10 and a pen for each abortion patient.
- You will need three clinic professionals (the receptionist, the nurse, and the doctor), and two to six abortion patients. As the facilitator, you may also play the receptionist.
- Assign roles. First ask for volunteers to play the clinic professionals, then the remainder of the players will be abortion patients. Women, non-binary persons, and trans-men should be given first pick.

## Describe the Protesters

**THE FACILITATOR SHOULD CHOOSE ONE SCENARIO AND READ IT ALOUD:**

**A.** There is a large crowd gathered outside. Half of them—mostly women—carry signs with messages like “Abortion is a Civil Right” and “Keep Abortion Legal”, while the other half—a mix of men and women—hold signs saying “End Abortion Now” and “Abortion Stops A Beating Heart”. Each side alternates chanting at the other: “Abortion Is?! MUR-DER! Abortion is?! MUR-DER!” and “My body, my choice! My body, my choice!” Some people from each side are arguing intensely, shouting directly into each other’s faces. A few bystanders record the conflict with their smartphones. It is loud and the path to the front door is right between the two sides.

**B.** There are two men standing at the gate to the parking lot. They hold brightly-colored signs with messages like “God Hates Women Who Get Abortions” and “Pray to end Baby Killing.” A pair of large banners stand behind them, with bloody, grisly images of aborted fetuses printed on them in glaring reds and pinks. The men wear button-up shirts and solid-colored ties. One stands on a box, waving a Bible and proclaiming Christ’s redemption. Pushing the buzzer on the left side of the gate lets you in.

**C.** There is a group of older men and women outside, off to one side from the front door. Some have chairs and snacks, as though they’ve been here or will be here for a long time. The protesters hold signs saying “You can’t be Catholic and Pro-Abortion”, “Pray to End Abortion: 40 Days for Life”, and “Women deserve better than abortion.” Several are praying audibly with rosary beads clutched in their hands.

## Play

Give the clinic staff their designated documents. The Receptionist distributes the Patient Intake Paperwork as patients enter the clinic.

Play proceeds as the clinic staff follow the directions on their character sheets. The game ends once every patient has completed their abortions and has had time in the recovery room.

# Patient Intake Paperwork

Complete this paperwork as you wait for the nurse to call your name. Bring the paperwork to the receptionist when you are finished.

Patient's name: \_\_\_\_\_

Patient's age: \_\_\_\_\_

## ROLL A D10

- 1: age 15-16
- 2: age 18-19
- 3-5: age 20-24
- 6-8: age 25-29
- 9-10: age 30 or older

Age of gestation: \_\_\_\_\_

## ROLL A D10

- 1-6: between 4 and 8 weeks. The fetus is about the size of a raspberry.
- 7: between 9 and 10 weeks. The fetus is about the size of a green olive.
- 8: between 11 and 12 weeks. The fetus is about the size of a plum.
- 9: between 13 and 15 weeks. The fetus is about the size of an apple. This might be a planned pregnancy with a poor prognosis.
- 10: between 16 and 20 weeks. The fetus is about the size of a banana. This is probably a planned pregnancy with a poor prognosis.

Is this a planned pregnancy?

## CIRCLE ONE

Yes\*                      No

If no, contraception use: \_\_\_\_\_

## ROLL A D10

- 1: Lifestyle methods (withdrawal, fertility awareness, etc.)
- 2: Hormonal birth control
- 3-5: Condoms
- 6-10: none

Previous births: \_\_\_\_\_

## ROLL A D10

- 1-4: no previous births
- 5-6: one previous birth
- 7-10: two or more previous births

Income status: \_\_\_\_\_

## ROLL A D10

- 1-5: Below the Federal Poverty Level. Less than \$15,730 for a family of two, or less than \$24,600 for a family of four
- 6-8: 100-199% of Federal Poverty Level. Less than \$32,318 for a family of two, or less than \$48,954 for a family of four
- 9-10: Above the Federal Poverty Level. Above \$32,318 for a family of two, or above \$48,954 for a family of four

Do you have insurance?

## CIRCLE ONE

Yes                      No

- **If your income was below the Federal Poverty Level**, then you might use Medicaid. Roll a d10, on a 4-10, you have Medicaid coverage. Roll a d10 again. On 4-10, you use Medicaid. On 1-3, you pay out of pocket.
- **If your income was 100-199% of Federal Poverty Level or Above the Federal Poverty Level**, you might have private insurance. Roll a d10. On 8-10, you have private insurance. Roll a d10 again, on a 6-10, you may use that private insurance. If you can't use private insurance, you must pay out of pocket.

How far did you have to travel to reach the clinic? \_\_\_\_\_

## ROLL A D10

- 1: more than 150 miles
- 2-5: 30-89 miles
- 6-8: 15-29 miles
- 9-10: less than 14 miles

Reason for abortion:

## ROLL A D10 FOR EACH AND CHECK ALL THAT APPLY:

- 1-7: concern for or responsibility to other individuals
- 1-7: inability to afford raising a child
- 1-7: having a child would interfere with work, school, or the ability to care for other dependents
- 1-5: do not want to be a single parent
- 1-5: having problems with spouse or partner

## \*IF YOU ARE TERMINATING A WANTED PREGNANCY BECAUSE OF A POOR PROGNOSIS, CHECK ONE OR MORE:

- The baby will most likely die before or during childbirth.
- The baby will most likely die immediately or within the first few days after being born.
- I have had a miscarriage before.
- I have tried to become pregnant for more than one year.
- I have named this baby (sex is usually assigned around week 20).
- The pregnancy is dangerous to my health.
- I will try to become pregnant again.

# The Receptionist

## Main responsibilities:

- Help patients feel comfortable
- Greet patients as they enter the clinic.
- Give patients paperwork to fill out.
- When the patient brings you back the paperwork, inform patients of their financial responsibility:
  - With insurance, the patient pays a co-pay of \$10-100. Roll a d10 to determine the amount (1: \$10, 2: \$20, and so on)
  - Without insurance, the patient pays \$535.
- After a patient completes their paperwork, give the patient a Patient Reflection paper.
- At the end of the abortion, bring the patient to the recovery room.
- Take care of patients in the recovery room. Give the patient juice and ask them to sit until told they may leave (at the end of the game).

## Additional responsibilities:

- Remind patients to not take out their phones if one brings theirs out.
- If the patient requests, they may have footprints of the fetus taken. The doctor will give you a sealed envelope with the footprints to give to the patient. Inform the patient that they are not to open the envelope until they have left the building.
- If the patient has questions about the procedure, refer them to the nurse or doctor.

## As you do your job, think about the following questions:

- Why do you work at an abortion clinic?
- What is it like to face protesters each day you go to work?
- Look at the patients: what do you think they're thinking about? How are they feeling?
- What is the hardest thing about your job?
- What is the best thing about your job?

## Some things you know:

- More than half of abortion patients pay for the procedure out of pocket.
- There are about 788 clinics that provide abortion in the US.
- 3% of clinics reported receiving a bomb threat in 2011.
- The constitutional right to abortion was decided in 1973 in Roe v Wade.
- The Hyde Amendment (1977) prevents federal funds from being used for abortion coverage for patients with Medicaid. It also makes it difficult for Native Americans, prison inmates, military personnel, federal employees, persons with disabilities, and poor people from DC to access abortions.
- Restrictions are becoming more common. As of 2018, 40 states had at least one major abortion restriction: unnecessary regulation, mandated counseling, mandated waiting periods, and/or requirements for parental consent. 58% of the population lives in a state that is hostile to abortion access.

# The Nurse

## Main responsibilities:

- Help patients feel comfortable and informed
- Call patients back one at a time when it is their turn. Bring their Patient Intake paperwork with you.
- Do a blood-pressure check with the patient. (put your hand on their arm and tell them you are taking their blood-pressure.)
- Determine the patient's blood type with a blood test. (put your hand on their finger and tell them you are taking a blood test. Roll a d10. On 1-2, they have Rh negative blood). If the patient has Rh negative blood, the patient should have a RhoGAM shot. Ask the patient if they have any questions about it, then give them the shot on their leg. (put your finger on their leg and tell them you are giving them a RhoGAM shot).
- Ask the patient if they have any questions before the procedure.
- Bring the patient to the doctor's office and ask them to sit on the examining table (on the floor with a pillow provided for their head). Give the Patient Intake paperwork to the doctor.
- After the patient completes their abortion procedure, escort them to the recovery room.

## Additional information:

- Sometimes an Rh negative pregnant person can have an Rh positive fetus. The fetus' blood may cross the placenta into the patient's system. If this happens and the person becomes pregnant again, their body may attack an Rh positive fetus. Problems for future fetuses include anemia, brain damage, serious illness, and possibly death. Taking the shot prevents problems for future pregnancies and is highly recommended. The shot works by putting antibodies into the pregnant person's blood, rather than allowing them to become sensitized themselves. The antibodies eventually leave the bloodstream.
- For a medication abortion: the patient will be given a pill to take in the office. Then they will be sent home with another pill. It is the second pill that will trigger the abortion. The patient will need to come back in a couple days to make sure the abortion was successful.
- For a surgical abortion: The patient will be given anesthesia. The cervix will be opened up and the pregnancy tissue will be removed via suction.

## Some things you know:

- Abortion is safe. Major complications in first trimester abortions happen less than 0.5% of the time.
- There is very little risk of future pregnancy problems.
- There is no association between abortion and cancer.
- Restrictions on abortion can sometimes delay a person from getting the procedure. The risk of death associated with abortion increases the longer someone has to wait.
- The risk of mental health problems does not increase with a first-trimester abortion (as opposed to carrying the pregnancy to term).

## As you do your job, think about the following:

- Why do you work at an abortion clinic?
- What is it like to face protesters each day you go to work?
- As each patient is with you, think about how can you make them more comfortable.
- What are important qualities for an abortion nurse to have?

# The Doctor

## Main responsibilities:

- Help patients feel comfortable and informed
- Greet the patient and ask them if they have any questions before you start.
- Look at the Patient Intake and determine what type of abortion they will need. Patients fewer than nine weeks pregnant have the option between a medication and a surgical abortion. Patients nine weeks pregnant or more must have a surgical abortion. A medication abortion is generally more painful and can be more disturbing, as the patient may see the fetal remains as they are passed.
- Ask the patient to lie down and give the patient an ultrasound (place your hand on the patient's stomach and look at the screen. If the patient requests, they may see the screen as well. If the patient requests, you may print them a picture from the screen). The ultrasound should take about a minute.
- Perform the appropriate type of abortion (instructions on the right).
- After you complete the abortion procedure, ask the nurse to take the patient to the recovery room

## As you do your job, think about the following:

- Why do you work at an abortion clinic?
- What is it like to face protesters each day you go to work?
- You and your family have received death threats. Would you stop working if you or they were attacked?
- What are important qualities for an abortion doctor to have?

## Medication abortion

- Ask the patient if they have any questions.
- Give the patient the mifepristone pill (act out the process of giving a pill with a cup of water). This pill blocks progesterone. The patient may feel nauseous or start bleeding.
- Give the patient an antibiotic pill.
- Give the patient the misoprostol pill. This pill causes the abortion. The patient should take this pill tomorrow at home.
- Cramping and bleeding will begin 1-4 hours after taking this second pill. Large blood clots and clumps of tissue are common. Cramping and bleeding usually lasts for one to two days, but the tissue is usually completely passed in 4-5 hours. Bleeding and spotting for several weeks is common.
- The patient can take ibuprofen to help with the cramps.
- The patient should come back in two days for a follow-up ultrasound to make sure the tissue has completely passed. Tell the patient to contact the clinic or their healthcare provider if they have any questions.
- The nurse will escort the patient to the recovery room.

## Surgical abortion

- Before you begin, ask the patient if they have any questions.
- Give the patient pain medication for cramping.
- Ask the patient what kind of anesthetic they want during the procedure. They can be awake or asleep. (put your finger on their arm and tell them you are giving them the anesthetic)
- Perform the abortion by opening the cervix with a tenaculum (a type of forceps), inserting rods to dilate the cervix, and suctioning out the pregnancy tissue with a cannula (a suctioning tube). (Place your hand on the patient's stomach and narrate doing this. It takes about 10-15 minutes in real time, but should take a minute or so in game time).
- If the patient is more than 16 weeks pregnant, the abortion will also include scraping the uterine lining with a curette (a spoon-shaped instrument) and forceps.
- Give the patient an antibiotic pill.
- Side effects the patient is likely to have: cramping, nausea, sweating, feeling faint. Severe side effects include heavy or prolonged bleeding, blood clots, damage to the cervix, and damage to the uterus. The patient can also have side effects if any tissue remains. Tell the patient to contact their healthcare provider if they have any concerns about their recovery.
- The nurse will escort the patient to the recovery room.
- If they patient requests, you may take footprints from the fetus. Give these in a sealed envelope to the receptionist to give to the patient with instructions to open after leaving the clinic.
- If the patient requests, you can send the fetal remains to a local mortuary for cremation.

## Patient Reflection

Think about these questions as you wait for the nurse to call your name or while waiting in the recovery area.

- How do you feel about this abortion?
- Look at the other patients. What do you think they are thinking? How do they feel?
- How did it make you feel to go by the protesters? Imagine what you would say to the protesters.
- What do you think about the clinic staff?

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## Sources, Resources, and Notes

- For statistics about the characteristics of abortion patients, the percentages used were based on reporting by the Guttmacher Institute. Statistics and original sources can be seen here: <https://www.guttmacher.org/fact-sheet/induced-abortion-united-states>
- Information about the distances patients traveled for abortion is based on research published in the Lancet Journal of Public Health. The full study can be accessed here: Bearak, J. M; Lagasse Burke, K.; & Jones, R. K. (2017). Disparities and change over time in distance women would need to travel to have an abortion in the USA: a spatial analysis. *The Lancet Journal of Public Health, Volume 2 (Issue 11)*. [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(17\)30158-5/fulltext?elsca1=tlpr](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(17)30158-5/fulltext?elsca1=tlpr)
- Descriptions of the rooms and procedures are based on personal experience at a private clinic and the procedures used at Planned Parenthood <https://www.plannedparenthood.org>
- For more information about terminating a wanted pregnancy: <https://endingawantedpregnancy.com>
- To support access to abortion services:
  - Vote for pro-choice candidates up and down the ballot
  - Donate to abortion providing clinics or advocacy groups such as Planned Parenthood or NARAL
  - De-stigmatize abortion by talking about your experiences and the facts
- Many parts of this game are based on my own experience. My abortion was at 13 weeks 6 days gestation for a wanted pregnancy with a fatal diagnosis. The fetuses would have died within a day of being born at most. Because of the nature of the pregnancy, the delivery would have been dangerous to me and future pregnancies. Each day that I was pregnant after receiving the prognosis was devastating. I decided having an abortion was more merciful for all. My insurance covered my abortion except for a \$125 copay. I had to drive about 50 miles to a clinic that would take my insurance. The clinic staff were kind, helpful, and compassionate. There were no protesters, but the clinic was somewhat hidden, being one office inside a larger office park. I was grateful to be accompanied by my husband and my mother; many people go for their abortions alone.