

The following excerpt is graphic and could be disturbing to young or sensitive readers.

What is an abortion really like? A testimonial from a retired nurse

I graduated from nursing school in 1961. We took ethics classes, and “FIRST, do no harm!” was drummed into us. My class of students of almost 60 students ended up with about 15 of us finishing. That was typical in those days, because of the demanding workload of both staffing the hospital and attending classes.

I worked in Labor and Delivery (L&D), which was considered a mystery and a privilege for those who could hack it. It was hard work because babies came at all hours of the day and night. And in those days, women were given nothing for pain - no anesthesia.

When I graduated from nursing, we never did abortions or had even thought of doing one. So in the early 1970’s, when I found myself working in a big hospital in [a different state than Virginia] and Roe vs. Wade became the law of the land, the idea that I could actually be expected to take part in an abortion was foreign to me. Saline abortion was the preferred method back then, and I understand it still is in some places.

Most of the abortions at that time were started late in the pregnancy, or the doctor lied on the gestation date of the baby, so the infant was often more mature than the admission papers stated. Most of these women delivered their aborted babies alone, in a bed. Doctors did not come back to deliver a pregnancy if the intent was abortion, leaving the situation to the R.N. on duty. The nurse delivering the aborted baby was expected to take the child, who was breathing or gasping for air and with his/her body partially burned from the saline abortion procedure, to a dirty utility room, to be left alone to die from neglect in the “splash basin” - a term used for a cold stainless basin which was usually used to catch the placenta after a normal delivery. In the past, I had seen one or two of these babies in the dirty utility room on arriving for my shift at 11 p.m., and I was horrified to see them, dead but fully formed, almost normal-sized at 9 months or at least 7 months. I had already decided in my mind what I would do if I was called upon to deliver one. The saline procedure was always done early in the day, long before I arrived for work, to accommodate the doctors’ office schedule. Then the mother would labor all day and deliver after that, depending on the gestation or size of the baby.

So on that eventful night, it indeed happened on my shift. I was called upon to deliver an infant who had received a saline abortion, and this infant was clearly almost full-term. After cutting the umbilical cord and delivering the placenta, I wrapped the infant in a blanket. Then I took it to the nursery, placed it in an isolate unit, as I would do for any premature or distressed infant, and turned up the oxygen so it would not continue to labor to breathe. I returned to my patient and made sure she was stable before I called her doctor to report that she had delivered a normal healthy child, although burned and struggling, and that the child was in the nursery. He verbally abused me over the phone and told me I had “no right to do that” and that it “was not a baby, it was an abortion.” My response was, “The ‘abortion’ is breathing and has a heartbeat, and if you want it done any other way, you need to do it yourself.”

The nurses in the nursery totally ignored this infant at the feeding hour, and they were not interested in admitting this infant as they normally would do or in calling a pediatrician. I never found out what happened to that child.

At the end of my shift at 7 a.m., I went to the nursing office to confront the Director of Nurses. I told him I wanted nothing to do with what was happening in his L&D unit. I said I would not take part in it. He told me I was fired and that he would see to it that I never worked in another hospital again.

Well, I had a job a week later in the L&D unit of another hospital, and the director there assured me that “we do not do that here.” And they did not. I continued to work in L&D until we moved to Virginia. At that time, I thought I would never be safe working in a hospital, as I was told that they all perform abortions if they have an obstetrician who will perform them. My specialty ended up being in Critical Care and other departments. And I made a personal decision never go to an obstetrician unless I was sure they do not take part in abortions.

But I still see that baby I took to the nursery, and my only regret is that I did not baptize the child because I was too intent on the situation at hand.