Community Report

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INTRODUCTION

Although abortion is meant to be treated as any other medical procedure in Canada, both the history and contemporary politics of abortion access are fraught with contention. Despite the unique social and political conditions surrounding abortion in Manitoba, there is relatively little research on contemporary experiences of people accessing this care in this context. This research project explored the experiences of people who have sought abortion care in Manitoba to illuminate the social and political conditions that shape reproductive care in the province, the strategies and avenues of support being mobilized on the ground, and potential avenues for program and policy intervention. This project aimed to understand and document the state of abortion access for people living in all areas of Manitoba, including the policies, care settings, and actors involved and uncover key gaps and challenges (both formal and informal) to abortion care for people in Manitoba and consider their wider implications for individuals and communities.

Guided by a reproductive justice conceptual framework (Ross & Solinger, 2017), this project is grounded in the principles of social justice, intersectionality, and human rights, considering how healthcare access, financial resources, employment, housing, surveillance and policing, and other power dynamics affect the reproductive autonomy and choices of individuals who have accessed abortion care in Manitoba. We align our analysis with the normative goals of reproductive justice, that all people have the right to have children or not, and if so, to parent their children in safe, healthy communities. This project utilized a mixed-methods design, consisting of an online survey and follow-up interviews, allowing for participants to share their stories more in-depth. Data collection occurred throughout 2024 and elicited 107 survey responses and 23 narrative interview participants. The quantitative survey data was analyzed for frequencies, while the qualitative data from the survey (e.g. open-ended survey questions) and the interview data were analyzed using narrative thematic analysis, which considers the stories, patterns, and themes within and across individuals' narratives.

The findings for this project report are organized into the three stages of abortion care, including 1) Finding Abortion Care, 2) Undergoing Abortion Care, and 3) Post-Abortion Care and Recovery, plus a final section on participants' general reflections on, 4) the state of Reproductive Justice in Manitoba. Each of these sections are further broken down into themes and sub-themes, highlighting parts of the abortion care experience that were significant to many of the participants, such as the difficulty finding information, experiencing pain, or receiving limited follow-up care. We conclude this report with recommendations based on our analysis of the findings.

CANADIAN CONTEXT & EXISTING LITERATURE

Abortion is recognized as a medically necessary service under the Canada Health Act and has been fully decriminalized in Canada since 1988 (ARCC, 2023; Cano & Foster, 2016). In 1988, the *R v. Morgentaler* Supreme Court case resulted in the removal of abortion from the Canadian Criminal Code, as it was determined that sections 7 and 15 of the Canadian Charter of Rights and Freedoms protect the rights to bodily security, conscience, life, and privacy, which includes the right to abortion care (ARCC, 2023; Macfarlane, 2022). For decades, procedural abortion care (also known as surgical or aspiration abortion care) was the only option in Canada. In 2015, Health Canada approved Mifegymiso, also known as the abortion pill. Its use was implemented across the provinces throughout the next four years, improving access across the country, as Mifegymiso can be prescribed by doctors, nurse practitioners, and some midwives and is carried out at home.

Despite these developments, there continue to be challenges in accessing abortion care in Canada, particularly for those who reside outside of major urban centres. Canada is a geographically widespread country, which poses significant accessibility barriers to abortion care, as individuals commonly must pay out-of-pocket to travel out of their home community to access abortion care (Sethna & Doull, 2013). Indigenous peoples are particularly affected by the barrier of geographic inaccessibility, as 60% of Indigenous people in Canada live in predominantly rural areas (Monchalin et al., 2023; Sethna & Doull, 2013). Even when there are abortion providers available in rural communities, they have reported experiencing stigma, shame, and safety concerns, resulting in high turnover rates and a lack of peer support for abortion providers (Dressler et al., 2013).

Stigma is a significant challenge in the Canadian abortion care landscape. Despite 80% of Canadians supporting the right to access an abortion (Passafiume, 2024), colonialism and religious influences have shaped attitudes towards abortion in Canada at individual, community, and societal levels (Milmine & Fetner, 2024; Monchalin et al., 2023). This stigma may take the form of shame from family, friends, or community, anti-abortion protests and events, billboards, ongoing politicization of abortion care, and a lack of abortion services and funding (Macfarlane, 2022; Monchalin, 2023; Seebrunch, 2024).

The effects of colonialism and racism have also significantly impacted access to abortion care throughout Canada. Prior to colonization, land-based and traditional medicines were commonly used to prevent or end pregnancies (Action Canada, 2021). However, these practices were disrupted by settlers who imposed and normalized the stigmatization and criminalization of abortion. Additionally, there is a long history of reproductive injustices that have been and continue to be carried out against Indigenous women, girls, and Two-Spirit individuals. This includes eugenics and coerced sterilizations (Stote, 2012), laws that limit Indigenous midwifery (Durant et al., 2024), birth alerts (Elke, Choate, & Tortorelli, 2025), pregnancy evacuation policies (Lawford, Giles, & Bourgeault, 2018), and state-imposed family separation during the 60s Scoop and beyond via the child welfare system (Juschka, 2024). Further, systemic racism is deeply entrenched in

the healthcare system, affecting Indigenous peoples and other racialized individuals, and resulting in racial biases or discrimination from providers that create disparities in access, treatment, and health outcomes (Coen-Sanchez, 2022). As abortion care is not separate from the healthcare system, racism is prevalent and acts as a barrier when seeking and receiving care in dignified ways.

MANITOBA ABORTION LANDSCAPE

Since 1983, when the first Morgentaler clinic opened in Winnipeg on Corydon Avenue, procedural abortions have been available in Manitoba outside of hospital seetings and without the need of approval from a therapeutic abortion committee (Stachiw, 2006). Although this clinic no longer exists at that site, abortion seekers can presently access procedural abortion care at three locations in the province in Brandon or Winnipeg. These locations include the Brandon Regional Health Centre (BRHC), the Women's Health Clinic (WHC), and the Women's Hospital at Health Sciences Centre (HSC) (Abortion Rights Coalition of Canada, 2024). Abortion care can be accessed in Manitoba up to 19-weeks and 6 days at the HSC in Winnipeg (Abortion Rights Coalition of Canada, 2024), after this point, abortion seekers must travel to another province or to the US to access care (Abortion Rights Coalition of Canada, 2024; Planned Parenthood 2024).

In 2019, Manitoba extended coverage for Mifegymiso under the Manitoba Health Insurance Plan. Manitoba was one of the last provinces in Canada to cover Mifegymiso, and initially distribution of the medication was limited to existing abortion programs in Brandon and Winnipeg. Mifegymiso did not become available in Northern Manitoba until 2020, and when it did there were only six physicians who could prescribe Mifegymiso in the Northern Regional Health Authority (NRHA), located only in The Pas or Thompson (Gowriluk, 2020). Early potential increases to accessibility were stunted by these structural constraints, however the number and range of providers has steadily increased as medication abortion provider trainings have become more widely available through online and asynchronous formats.

Manitoba has a significant rural population, with almost 40% of residents living outside of urban centres, compared to the national average of almost 30% (Kelly et al., 2021). Of this growing rural population, approximately 20% are Indigenous peoples and 20% are immigrants. As procedural abortion is only offered in Winnipeg and Brandon, and Mifegymiso providers are not available in every community, the challenges of geography and travel costs remain present for much of the population. While the expanded accessibility of Mifegymiso has alleviated some of the barriers facing rural and northern communities, especially when facilitated by telemedicine (Ennis et al., 2022; Zusman et al., 2022), many still have to travel considerable distances to access a prescribing health provider and are advised to stay near an emergency room while taking the medication – something which not every community has (Gowriluk, 2020; May 2022). Furthering this challenge, the primary bus line connecting Manitoba's northern and rural communities with larger urban centres, Greyhound bus lines, ceased to offer services in 2018, which has exacerbated travel challenges for people without access to a vehicle or driver's license (McGuckin, 2018).

Other areas of rural Manitoba also face their own unique challenges. In Southern Manitoba, stigma around abortion is clearly demonstrated through the peppering of anti-abortion billboards along highways, well-attended anti-abortion protests, and the prevalence of numerous faith-based unregulated pregnancy centres (UPCs, also known as 'crisis pregnancy centres' or 'CPCs'), which operate on anti-abortion ideologies. UPCs are currently operating in Altona, Morden, Winkler, Portage la Prairie, Brandon, and Winnipeg. Moreso, the Canadian Centre for Bioethical Reform (CCBR), a national level anti-abortion organization, is currently running initiatives throughout Winnipeg and several towns in Southern Manitoba, including Steinbach, Morden, and Winkler (Abortion Rights Coalition of Canada, 2023). These initiatives involve organizing near-weekly protests on the University of Manitoba's Fort Garry campus in Winnipeg, along with protests scattered throughout the province's southern region. In particular, the pervasive abortion stigma in the Southern Health-Santé Sud Regional Health Authority (SH-SS), likely has a significant influence on the ongoing lack of access to abortion care within this region, with no strategies in place to address this issue (Riess, 2022).

The persistent anti-abortion ideologies in Manitoba are rooted in a challenging political history. The opening of the Morgentaler Clinic in 1983 brought an onslaught of political and legal challenges and acts of violence. For example, Manitoba was home to one of the most recognized and outspoken anti-abortion politicians and activists in Canada around the time of decriminalization, and to the extreme, a violent attack on an abortion provider (Levine, 2022; Stachiw, 2006). While not currently rising to this level of violence, the social and political conditions surrounding abortion care in Manitoba remain contentious in the contemporary political landscape. Manitoba's previous Progressive Conservative Minister of Health had a history of deferring questions about reproductive health, including abortion, to the Minister responsible for Gender Equity, despite the latter having no control over funding for this area, to the frustration of advocates and providers who want to communicate their concerns and proposals (von Stackelberg, 2021). Furthermore, a bill that proposed to create a safe zone free of harassment around care settings providing abortion was voted down three times before finally passing in March 2024 (Lambert, 2024), despite this protection already being implemented in six other provinces in the years prior (Abortion Rights Coalition of Canada, 2021; Sanders, 2021). The current New Democratic Party (NDP) government, alongside the federal government of the former Trudeau Liberal party, have made several positive steps toward improving accessibility and capacity of reproductive health services, such as the implementation of the Protest Buffer Zone, being the first province to sign onto a federal Pharmacare deal (Ritchie, 2025), and ongoing funding commitments for the province's main abortion provider, the Women's Health Clinic (Chang, 2025).

Abortion debate re-ignited

By Ross Meder
Sun Staff Writer

Dr. Henry Morgentaler's announcement that he plans to open an abortion clinic in Winnipeg has prompted cries of outrage from local pro-life activists.

They say they would occupy the clinic to prevent abortions. And pro-abortion forces say they would take to the streets to fight for their rights.

Meanwhile, Manitoba government spokesmen say the final word on Winnipeg abortions will come from the courts.

Morgentaler, the Montreal doctor who spent 10 months in jail for challenging Canada's abortion laws, told the Sun yesterday he plans to come to Winnipeg to open a clinic "in two or three weeks."

In an interview from Ottawa, Morgentaler said he, and two other doctors he's already chosen from eastern Canada, will operate the clinic until Winnipeg doctors can be trained to take over.

The "free-standing" clinic, he said, will be open to all women who want an abortion and who are 15 weeks or less into their pregnancy.

Morgentaler added that the clinic will also offer the services of a social worker and a counsellor.

The doctor said he wants to open clinics in Winnipeg and Toronto shortly and hopes to eventually open clinics throughout the country.

Abortions, by federal law, must be conducted at an accredited hospital. In Winnipeg they are performed at Health Sciences Centre and the Victoria and Seven Oaks Hospitals.

Abortions in Winnipeg are conducted only in those three hospitals and only on women who are 12 weeks or less into their pregnancies.

Morgentaler, tried and acquitted three times for performing illegal abortions in Quebec, said yesterday he's confident he would not be convicted in Manitoba.

But the doctor added he was disappointed with Manitoba Attorney-General Roland Penner's response to the clinic proposal. In an Oct. 27 letter, Penner said he would not stay proceedings against Morgentaler if the doctor was charged.

Manitoba Health Minister Larry Desjardins said yesterday the NDP government would not allow Morgentaler to operate an abortion clinic that did not adhere to federal laws.

Desjardins said someone would lodge a complaint against the clinic and the matter would be settled in court.

Pro-life activist Joe Borowski told the Sun he would lodge such a complaint. Referring to Morgentaler as "that butcher" Borowski, who will challenge the federal abortion law in a Regina court in six months, said he would occupy Morgentaler's clinic to prevent abortions.

League For Life of Manitoba president Patricia Soenen said her 5,000-member organization is already planning its fight against Morgentaler's clinic.

While Manitoba is making important strides in improving reproductive health care accessibility, significant gaps remain across the province regarding abortion access, and political anxieties continue to worry Manitobans. As such, we see this as a timely moment to assess the state of abortion services.

METHODS

We used a mixed-methods approach, mobilizing first a broad survey and then in-depth narrative interviewing, to allow us to speak with both breadth and depth of the experience. Eligibility criteria required participants to be 18-years or older at the time of participating in the project, and to have personally accessed or tried to access an abortion in Manitoba between 2019-2024. All data collection took place in 2024. Research ethics approval for this research was granted from the University of Manitoba Research Ethics Board on March 27, 2024.

SURVEY DATA & ANALYSIS

Survey participants were recruited via social media posts, postcards, and posters that were promoted by various organizations, clinics, and regional health authority offices throughout Manitoba and neighbouring communities in Saskatchewan, Ontario, Nunavut, and North Dakota. These organizations were contacted through email or social media with the request to distribute the recruitment materials provided. The recruitment materials included a link and QR code that directed interested individuals to the online survey on Qualtrics. Interested participants were required to provide consent and confirm that they personally accessed or attempted to access abortion care in Manitoba in the past five years and were 18 years or older at the time of completing the survey. Participants who did not meet these criteria were unable to complete the survey. Data was collected through an online 47-item questionnaire, followed by a 9-item demographic questionnaire. The survey questionnaire consisted of multiple choice, 7-point Likert scales, and open-ended questions. Data collection for the survey spanned 6 months, occurring between April and September 2024.

Prior to conducting the analysis, all survey data were reviewed for validity and quality. A data cleaning process was conducted to identify and remove responses suspected to be generated by bots or otherwise invalid, following best practices outlined in King-Nyberg et al. (2023) and Griffin et al. (2021). Several criteria were used to flag and remove responses, including:

- Unnaturally short completion times (e.g. under 200 seconds);
- Repeated or identical responses submitted simultaneously or within a very short window;
- Internal inconsistencies (e.g. reporting Winnipeg residency while claiming funding from the Northern Patient Transportation Program);
- Nonsensical or irrelevant answers to open-ended questions;
- Use of non-English characters throughout responses;
- Patterns suggesting automated completion, such as multiple surveys submitted at unusual hours with identical timing.

These strategies were essential for preserving the integrity of the dataset, particularly given to the susceptibility of online surveys to bot activity. After removing invalid or suspicious entries, the final sample consisted of n=107 valid responses.

Data was analyzed using IBM SPSS statistical analysis software. Descriptive statistics were used to summarize the cleaned dataset. Frequencies and percentages were calculated for all categorical variables to describe participant demographics and key variables relevant to the research questions. Narrative thematic analysis was used to code any open-ended question responses, in addition to the interview data.

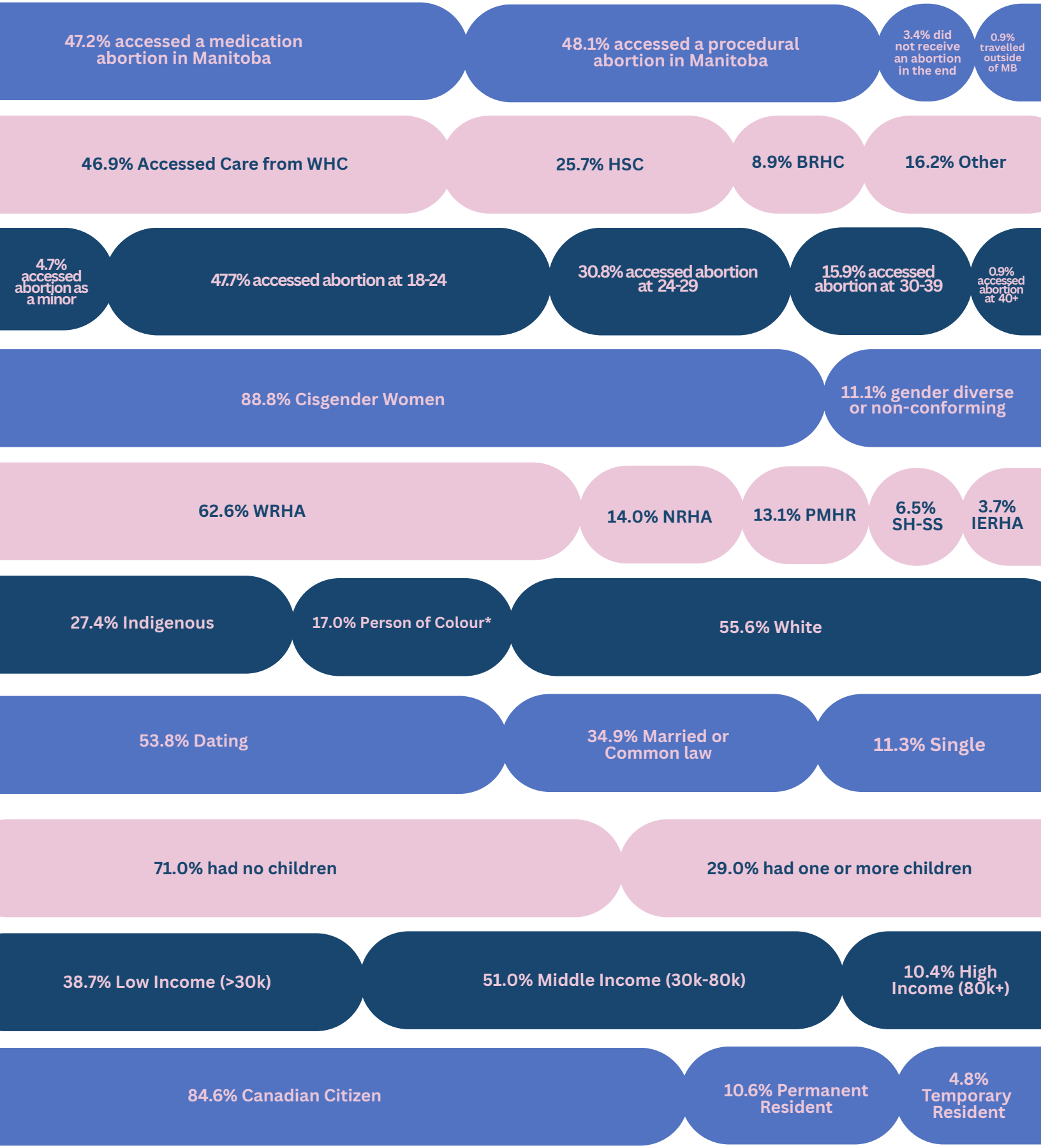
INTERVIEW DATA AND ANALYSIS

At the conclusion of the survey, participants were given the option of providing an email address where they could be contacted with more information about participating in a follow-up interview to share in more depth about their experiences seeking and accessing abortion care in Manitoba. All participants who provided their email addresses were contacted regarding the follow-up interview. Twenty-three follow-up narrative interviews were conducted. These interviews allowed participants to share more about their experiences accessing abortion care in Manitoba, their perspectives and experiences of reproductive justice, and what recommendations they may have to improve the state of abortion care in Manitoba.

The interviews were analyzed by the research team using NVivo software, following Riessman's (2008) narrative thematic analysis. This qualitative approach centres stories as the primary unit of analysis, as it allows for a nuanced, contextually grounded understanding of the participants' experiences and ensures that their voices and perspectives remain central throughout the research process. The stages of Riessman's (2008) narrative thematic analysis include, becoming familiar with the narratives, generating initial narrative codes that capture significant elements of the participants' experiences. Next, conducting within-case and between-case analyses, where each individual narrative was examined in-depth, while also identifying commonalities across narratives. Finally, the analyses were reviewed in collaborative discussions, and the final themes were generated based on these discussions. The research team met weekly from September 2024 to June 2025 to complete this work.

SURVEY DEMOGRAPHICS

The survey yielded 107 responses from those who accessed or sought access to abortion care in Manitoba.



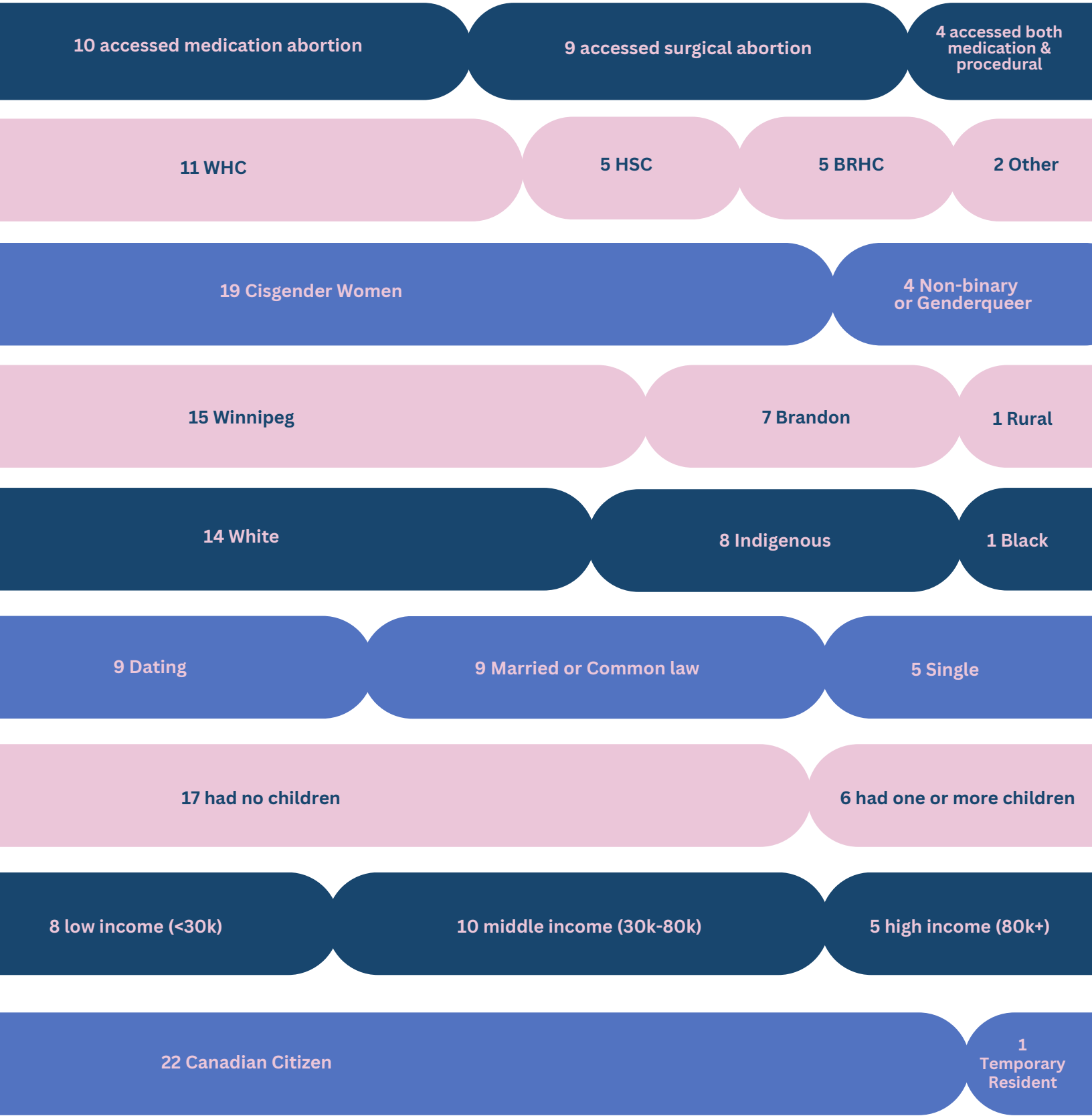
WHC - Women's Health Clinic
HSC - Health Sciences Centre
BRHC Brandon Regional Health Centre

WHRA - Winnipeg Regional Health Authority
NRHA - Northern Regional Health Authority
PMHR - Prairie Mountain Health Region

SH-SS - Southern Health Region - Sante Sud
IERHA - Interlake Eastern Regional Health Authority
*With respect to project participants, person of colour (POC) includes Black, Filipino, Hispanic, Iranian, South Asian, South American, and mixed-race.

Interview Demographics

23 participants who completed the survey also participated in a follow-up interview. All 23 participants accessed abortion care in Manitoba, and the age of participants ranged from 21-50.



WHC - Women's Health Clinic
HSC - Health Sciences Centre
BRHC Brandon Regional Health Centre

Circumstances Shaping Abortion

Survey and interview participants shared about the complexities of the circumstances which led to their decision to accessing abortion care. Participants experienced the weight of the decision to access abortion care differently, as some described the decision to be easy, while others found the decision to be more emotionally laden or difficult to make. The decision-making and circumstances shaping abortion care were often experienced as complex, overlapping, and intersecting.

Mental health or addictions

Birth control failed

Felt too young to give birth and have a baby

Miscarriage care

No health insurance

Medical decision

Not wanting to alter their life

Not ready to be pregnant or have a baby

In an abusive or coercive relationship

Felt too old to give birth and have a baby

Not having the finances or resources to have a child

Desire to maintain family dynamics

Desire to pursue school or career

Not wanting to have children

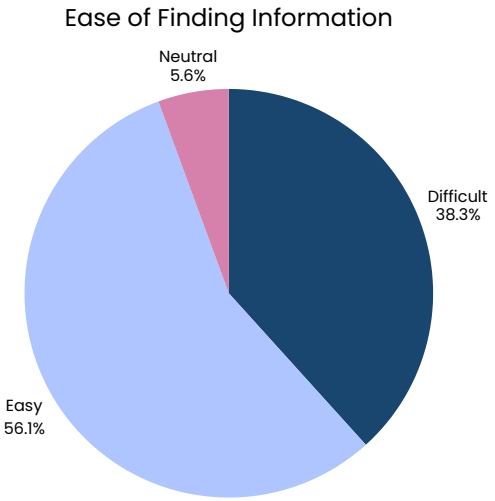
Gender affirming care

FINDING ABORTION CARE

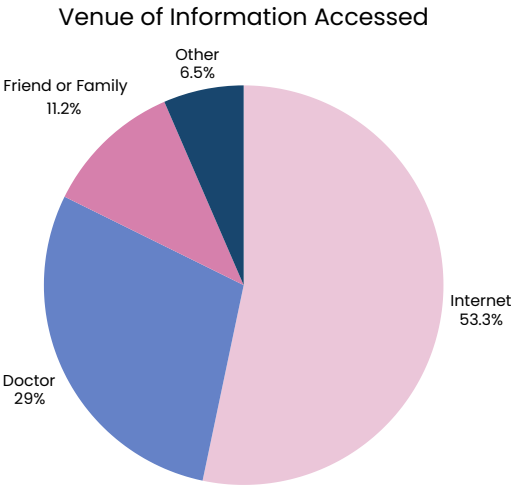
Drawing from both survey and interview data, our findings are presented narratively. Beginning with the first phase of abortion care, *finding care*, we detail participants' experiences finding information, making the appointment, and travelling to the appointment. While the stories of finding care are varied, many shared common experiences and challenges that were significant in their process of finding abortion care in Manitoba.

FINDING INFORMATION

Finding information on how and where to access abortion care proved to be challenging for many participants. Over one-third (38.3%, n=41) of survey participants reported challenges finding information about accessing abortion care in Manitoba, while 29.6% (n=31) of participants had trouble finding general information on abortion procedures. Participants reported using various information sources to find information on abortion care. Over half of survey participants (53.3%, n=57) reported using the internet to find information on accessing abortion care, while others reported that they sought this information from a doctor (29.0%, n=31) or by asking a friend or family member (11.2%, n=12).



Stigma, politics, and a history of violence toward abortion providers all impact the way information on abortion is shared in Manitoba (Stachiw, 2006). Thus, abortion care tends to be discussed and managed discretely. This was felt by many participants, aligning with findings from previous literature, which describe abortion as "hidden," exacerbating the challenges of navigating the abortion care process (Monchalin et al., 2023). Naomi's[1] comments illustrate this experience: "You kind of have to jump through hoops to get [an abortion]; it's like they kind of keep it hidden" [29-year-old woman, Winnipeg, GP[2]]. The taboo or hidden nature of abortion care was obvious, given the range of information sources sought out by participants, including in sexual health education, online information, in personal networks, and even within the healthcare system. Overall, the process of finding information on abortion was described as confusing, stressful, and shocking – as many participants expressed not knowing how hidden this information was until they needed it.



[1] Pseudonyms are used throughout to protect participant anonymity. Participant descriptors reflect some key demographics of the participant and where they ended up accessing abortion care from.
[2] General Practitioner (GP)

SEXUAL HEALTH EDUCATION

Participants expressed varying levels of knowledge and readiness to access abortion care, with many attributing their lack of knowledge to sexual health education that did not include abortion. Participants described feeling that the sexual health initiatives they've encountered lack essential information about abortion, as well as critical information on where and how to access safe abortion care. Stella highlighted the need for comprehensive sexuality education (CSE) in schools. She shared,

> *In high school, [they should] make the curriculum [all-encompassing]. I think that's a huge part of why people end up in that situation at a young age and why people aren't educated on their options. Not that it should be like 'Hey, if you get pregnant, this is where you get an abortion,' but like 'Hey, these are your resources, you can go here, here, or talk to this person.' I think there needs to be a huge overhaul on the curriculum. [26-year-old woman, low-income, Brandon, WHC[3]]*

CSE is an important source of foundational knowledge to prepare individuals to access the sexual and reproductive healthcare they need, including abortion care. Gabby echoed the importance of teaching CSE in schools and how learning about abortion care would have been beneficial for her when she experienced an undesired pregnancy, as she shared,

> *I had an abortion when I was [a teenager]. I feel like learning about it when I was younger could have helped. I feel like sexual education, health stuff in schools, and stuff in general, aren't always the most in detail… it's not all the information I feel needs to be taught. [24-year-old Cree mother, low-income, Winnipeg, WHC]*

FINDING INFORMATION ONLINE

Using the internet to find out about abortion care was the most popular information pathway, with 53.3% (n=57) of participants using the internet as their primary way to find the information they needed. However, participants' experiences using the internet to find information significantly varied, with many expressing that they were both surprised and concerned at the lack of information available online. Victoria shared that she was "flabbergasted at the lack of information" online regarding "where to go, who to see, and how quickly to orchestrate this" [50-year-old woman, Winnipeg, HSC[4]]. Cheyenne similarly expressed frustrations and spoke to how a lack of information online only creates further challenges to care, "That's why we have the internet, to have accessible information, and if you can't find something right away, it just makes it that much more difficult" [28-year-old Indigenous woman, Brandon, BRHC[5]].

Participants also raised concerns about the credibility of the information that they found online. As Riley shared, "I had to Google a thousand different things… there's no confirming that the information you're accessing online is accurate" [25-year-old non-binary person, Winnipeg, HSC]. Despite these concerns, participants shared that the local online resources they trusted included information from the Women's Health Clinic (WHC), the Women's Hospital at the Health Sciences Centre (HSC), and the Sexuality Education Resource Centre (SERC). Cheyenne found SERC's online resources, which connected her

[3] Women's Health Clinic (WHC)
[4] Health Sciences Centre (HSC)
[5] Brandon Regional Health Centre (BRHC)

to their phoneline, to be a trustworthy source of information, she shared, "After I called the 1-800 number that was available on the SERC website, it was pretty easy to get the ball rolling and have it happen… the SERC website was really helpful" [28-year-old Indigenous woman, Brandon, BRHC]. Others, like Julia, were able to locate credible information online, but shared that resources were limited and "The Women's Health Clinic was kind of the only thing that I really saw" [29-year-old woman, Winnipeg, HSC].

The WHC and HSC[6] were the primary two abortion providers that appeared online for many, and participants often shared that they were unaware of any other options in the province to access care. Only having two providers with information online, both of which are in Winnipeg, created difficulties for those residing outside of Winnipeg. Leah, who lived in Brandon, expressed this challenge, "It was a little bit confusing… when you search it up, it immediately wants to send you to some of the health clinics in Winnipeg" [20-year-old woman, low-income, Brandon, BRHC].

Some participants reported being able to find information online with greater ease. Hannah expressed that her resourcefulness helped her navigate online spaces, while acknowledging that this is not a skill that everyone has,

> *I was always a resourceful person, so I kind of always knew I could Google something … my talent is finding community resources! So, for me personally, it was quite easy to find this care, but I feel like a lot of people don't know how to do this, and it's just not talked about. [26-year-old mother, low income, Winnipeg, WHC]*

Other participants relied on more creative means to find information about accessing care in Manitoba, through the use of online community forums. Stella discussed how helpful online community forums, like Reddit, were for finding information: "I did do some reading on the Women's Health Clinic, like on Reddit (laughs), and it was nothing but good reviews, so I knew that I was going to be safe" [26-year-old woman, low income, Brandon, WHC].

FINDING INFORMATION THROUGH PERSONAL NETWORKS

While not every participant had trusted people in their lives that they could discuss their abortion with, 11.2% (n=12) of participants reported that they found information about how to access abortion care from a friend or family member. These participants reported significant benefits, and in some cases, facilitated access to care in crucial ways. Alex highlighted the potential benefits of connecting with others during the initial navigation process, not just to get factual details about where and how to access care, but also for emotional support, "I think it helps to be able to talk about it to somebody else and be like, you know, 'It is easy to get one if you need one [and here's how]'" [23-year-old genderqueer person, Indigenous, low income, Winnipeg, GP]. Another participant mentioned that having their aunt as a support person was a key factor in their ability to access care. As Riley explains,

[6] The HSC website uses the terminology "pregnancy termination" rather than abortion. While they have a phone number to call, they generally direct people to WHC for information and comprehensive pregnancy counselling.

Honestly, if my aunt hadn't been there, I probably would not have known where to go and I would have not been able to coordinate those appointments by myself … at the time I was throwing up violently … and starting to feel super sick and I had no energy to do anything … but I would say if I hadn't had a close family member who was able to take the lead and sort of get me set up initially, I don't know if I would have been able to access it [25-year-old non-binary person, Winnipeg, HSC].

However, many participants felt unable to ask their personal networks for advice or help accessing abortion care, due to reasons of stigma, wanting privacy, or not knowing who to ask. Victoria reflected on not being able to turn to her friends for support when navigating the abortion process due to her age,

See, back in the days when I had pregnancy-bearing friends (laughs), I kind of knew what was happening. But you know, with my friends all being menopausal (laughs), I can't talk to them about how to access abortion care because they are all around the same age that I was, you know, 45, 50, you know… even if I could have asked someone, who would I have asked? 'Can you ask your daughter what her friends do when they get pregnant?' That would have been the kind of conversation that I would have had to have with someone. [50-year-old woman, Winnipeg, HSC]

Similarly, Rhiannon noted the challenge of reaching out to those in her network for support, as she shared, "No one openly talks about it, at least in my circles" [22-year-old Indigenous woman, low income, Winnipeg, WHC]. In rural and conservative communities in Manitoba, Kinsley emphasized intensified difficulties when seeking or sharing information on abortion through personal networks,

It would be so frowned upon if I was talking about, like 'Oh yeah, the procedure at the abortion clinic is first you get your ultrasound done, then you wait a bit, then you do counselling." … I didn't know that was what the day would look like, because mostly when people get abortions, they don't talk about it. Cause either they're scared to talk about it, or they don't talk about it at all. [23-year-old woman, low-income, rural Manitoba, WHC & Telemedicine]

FINDING INFORMATION FROM HEALTHCARE PROVIDERS

About a third (n=31) of participants found information on how to access abortion care from a doctor or another healthcare provider. Those who sought information about abortion from a healthcare provider assumed they would be able to receive unbiased and informative support from their healthcare provider. However, participants reported reluctance from some healthcare providers to provide information or support the process. Stella's doctor refused to provide information on where or how to access an abortion. As she shared,

I went to the doctor here in Brandon, and I made it very, very clear that I was not planning on keeping the [pregnancy] … he wouldn't give me information on abortion sites, like not at all … it was pretty scary. [26-year-old, low-income, Brandon, WHC]

Similarly, Victoria was refused care from a walk-in clinic doctor who did not want to provide information on how to access an abortion. She shared,

> *The doctor that I saw just kind of like [said], "Yes, you're pregnant," here's a piece of paper, and I was starting to ask questions, and she just pretty much kicked me out of her room and got up and said, "You have to call this number, I can't help you," and walked away… I was disappointed that they couldn't provide me with a better understanding. [50-year-old woman, Winnipeg, HSC]*

Hannah was "handed a number on a piece of paper and told to just get out" by the healthcare provider she consulted with [26-year-old mother, low-income, Winnipeg, WHC]. While information on accessing abortion care was commonly sought from walk-in clinics, these environments left participants feeling rushed or with unanswered questions, just like in Victoria's and Hannah's stories. Similarly, Amber sought information from a walk-in clinic, she shared,

> *It's a walk-in; they kind of just take you and answer your questions, and they want to move along quickly because so many people are coming in and out. [21-year-old Indigenous woman, low-income, Brandon, BRHC]*

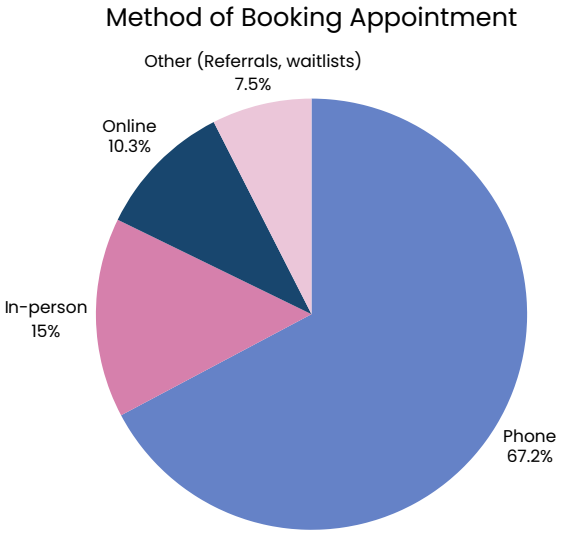
Participants often spoke about how walk-in clinics or other healthcare providers may not have been properly equipped with the resources necessary to help individuals navigate abortion care. Amber expressed that while her doctor helped her access care, she didn't feel like she received all the information she wanted to know,

> *I felt like I had no information or anything from the clinics and stuff that would've helped me make a decision in terms of, like, if I should keep it or not — I don't know… I felt like I was kind of left in the dark… I was really, really kind of confused about what the steps were. And I said I wanted to terminate the pregnancy. He kind of just wrote and signed something so I could go to the lab at the hospital, but never really explained what I was going to be doing there or the steps to terminating the pregnancy. [21-year-old Indigenous woman, low-income, Brandon, BRHC]*

Overall, participants faced challenges when trying to find information on how to access abortion care in Manitoba. Abortion care is commonly experienced as a hidden form of healthcare, highlighted by the lack of CSE that includes information about abortion, difficult experiences finding credible and trustworthy information online, not being able to turn to support networks, and facing a lack of information and support within the healthcare system. These experiences created overlapping barriers to finding care, further complicating what can be an already stressful, chaotic, and time-sensitive process. Community-based organizations, such as SERC and WHC, were commonly cited as helpful and supportive information sources by participants. These community-based organizations play a significant role in making information about abortion care in Manitoba more accessible and supportive.

MAKING THE APPOINTMENT

Most participants reported booking their abortion appointment over the phone (67.3%, n=71). Others reported booking their appointment in-person (10.3%, n=11) and booking their appointment via referral or other ways (7.5%, n=8).



INTAKE PROCESSES

Across abortion provider sites, some participants found the intake process easy, smooth, and straightforward, while others felt that it was complicated and unresponsive. Many participants described intake as a stressful period, characterized by a general lack of information, uncertainty, and frustration. Many abortion intake processes in Manitoba require abortion seekers to call and leave a message requesting to be contacted to book an appointment to access care. Several participants felt that calling, leaving a message, and not knowing how long they would have to wait for a call back added to their stress. As Ivy shared,

> *It's one of those things that like, as soon as I took that second test and it was positive, [I said to myself] I need to get this done as soon as possible, and you have to call and leave a message and then you have to think about how long it's going to take for them to call you back. [37-year-old woman, Winnipeg, WHC]*

Going into the process, Marie knew she was going to have to leave a message and wait for an intake call. Still, she expressed frustration and accessibility concerns related to waiting for the call back,

> *I mean, knowing you're going to have to wait, but also having no idea how long, you know? Like, that was really, that was just so frustrating … the system just felt like 'what a mess.' I just felt like can just one person call me [laughs], and I hate waiting for a phone call. When you work a job where you can't always be receiving phone calls, that's so stressful. What if I miss it? Then what? [34-year-old Metis mother, Winnipeg, HSC]*

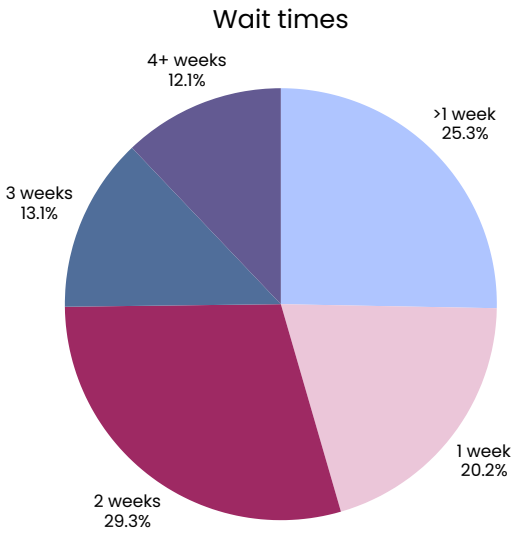
Participants also discussed how lengthy intake processes led to fears and concerns as to whether they would be able to access the abortion procedure of their choice. Quinn, who was wanting to access a medication abortion, describes their experience of having to wait three weeks for a call back to complete an intake, "I was really, really keen on wanting a medication abortion. […] It was really hard to wait, and at that time I didn't know how long I could wait before it was too long" [28-year-old non-binary person, low-income, Winnipeg, HSC]. Many participants linked the challenges they faced during the intake process to clinic capacity and limited resources. As Riley shared,

I think intake is huge, cause, I think for me, that was the biggest barrier to accessing abortion. It was like 'Ah!' I didn't know how to even get there, or I don't know who to call, I don't know who to talk to. And I don't know if that's being gatekept on purpose or if that's just the nature of these programs not having the resources to be able to provide it. That is something that I think would make a huge difference to access in this province: having a more streamlined abortion intake service line. [25-year-old non-binary person, Winnipeg, HSC]

Madeline similarly references capacity issues with respect to her intake process, she shared, "I know that between Women's Health Clinic [and] Health Sciences Centre clinic, they're pretty stretched and that just shows that there's additional needs that aren't being met" [28-year-old Metis woman, Winnipeg, WHC].

LENGTHY WAIT TIMES

The wait time for an appointment to access abortion care was a common frustration in many participants' stories, as 11.2% (n=12) reported that they had to wait four or more weeks between booking the appointment and accessing abortion care. Participants experienced varied wait times across the province, as 23.4% (n=25) of survey participants waited less than one week, 18.7% (n=20) waited one week, 27.1% (n=29) waited two weeks, and 12.1% (n=13) reported waiting three weeks, between booking the appointment and accessing care. Experiencing long wait times raised concerns for participants because of the time sensitive nature of the procedure, especially if the abortion seeker was hoping to access Mifegymiso, which can only be prescribed up to 9-weeks' gestation. Riley discussed the long wait times they experienced,



I was like, this is awkward: 'What if I had a tighter timeline?' Or 'What if I was trying to get the pill before I hit 8 weeks?' … There's just so much in regards to time variability […] 'cause I feel like abortion is really time sensitive. [25-year-old non-binary person, low-income, Winnipeg, HSC]

Leah shared that if she was unable to access a medication abortion, it would have impacted her ability to move forward with abortion care entirely, "If I have to wait 'til they physically have to do like a surgical procedure, I don't think I could have done it" [20-year-old woman, low-income, Brandon, BRHC].

Wait times also raised concerns for those who were unsure how far along they were in the pregnancy, like Marie. She stated, "They told me it was going to be a three to four week wait minimum, at least, and that freaked me out because I actually didn't have any idea how far along I could be" [34-year-old Metis mother, Winnipeg, HSC]. Hannah also felt

stressed regarding wait times, as she took a few weeks after discovering her pregnancy to make the decision to access an abortion, as she expressed, "I've only been flip-flopping for three or four weeks before I made the phone call, and even after you make the phone call, you're waiting for a couple of weeks before you get a callback" [26-year-old mother, low-income, Winnipeg, WHC].

Long wait times were also experienced when the referral for care came from a doctor, and one even reported learning their referral was never submitted when it should have been. Amara, a temporary resident in Brandon, described how she thought getting a referral from a doctor would have made the abortion process easier and quicker,

> *I did not have [a] Manitoba Health Card. So, for every visit … it cost me $40. And I thought that if you're going to a doctor, it's going to make it pretty easy and fast, right? But then the doctor had to write a [referral], and so after the [referral], the in-patient care unit got back to me. And I'm like, 'Yeah, it's pretty close now.' […] They had to wait for another two weeks or thereabout — and within this period I am like, 'Come on now this is [time sensitive]. This is taking a long time.' But eventually, the whole back and forth […] took me about another three weeks to one month. [26-year-old Black woman, temporary resident, Brandon, BRHC]*

Wait times were prolonged around the holidays, as those seeking abortion care during that timeframe faced additional difficulties accessing timely care. Julia experienced long wait times when seeking access to care in December, she shared, "I had just been told that you know, it's bad timing around the holidays, and there's a big wait for appointments, which I guess was scary (chuckles)" [29-year-old woman, Winnipeg, HSC]. The challenge of accessing care during these times, in some cases, had significant impacts on participants' lives, as Cheyenne's experience revealed,

> *I found out Christmas Eve, and then I think by January, in between the second week and third week of January, is when [the abortion] happened, so it did take a couple of weeks, which […] stressed me out a little bit, 'cause I was in school at the time. […] I probably would have [finished schooling] sooner if I hadn't waited so long to get the procedure done. [28-year-old Indigenous woman, Brandon, BRHC]*

Not only are long wait times stressful and frustrating for abortion seekers for logistical reasons, but also due to issues of bodily autonomy and control. Many participants spoke to how prolonged wait times meant having to prolong being pregnant when they didn't want to be. Additionally, participants often discussed their experiences of pregnancy symptoms, mental health effects, and gender dysphoria due to having to remain pregnant during long wait times. Quinn was in the beginning of their transition when they discovered they were pregnant. The long wait times to access care were distressing for them, as they were managing their transition while facing traditionally "feminized" symptoms of pregnancy. They explained,

> *The wait was definitely tough. And then not hearing back was tough. And that frustration of 'Okay, I really want this service, but I guess the resources are too low to get an appointment.' So, that was very difficult. And you have all these hormones happening. I had extremely bad morning sickness, where I was literally vomiting multiple times a day. I couldn't even really keep water down, so that was really hard for that period of time to wait. [28-year-old non-binary person, low-income, Winnipeg, HSC]*

PREFERENCE FOR COMMUNITY-BASED CLINICS

Community-based clinics are not only a safe and reliable option to access abortion care in Canada but are also commonly desired by abortion seekers because of their high-quality, and person-centred approach to care (Dutton-Kenny et al., 2024). Participants' narratives illustrate this preference and a desire for greater capacity and accessibility to community-based clinic options.

Many participants discussed having a preference to access care at community-based clinics, such as the WHC, due to their transparent values, information, and advocacy. Having access to this information helped individuals find trustworthy providers and nonjudgemental abortion care. Madeline shared how she felt safer accessing care at WHC for this reason,

> *That was my first time accessing abortion care, and I sought that through the Women's Health Clinic because that was the only clinic education I had at that time as to who provided that sort of care and who I would feel comfortable providing that care to me, just based on the like — my pre-existing knowledge of that clinic's morals and that kind of advocacy that they do. [28-year-old Metis mother, Winnipeg, WHC]*

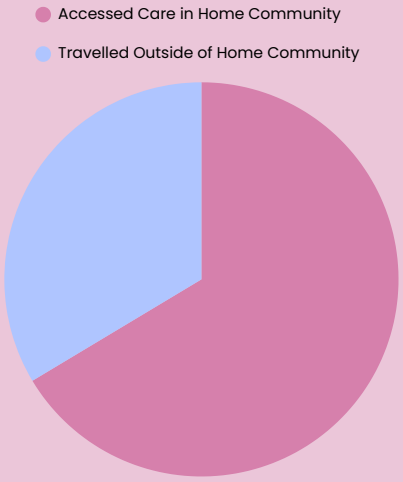
Naomi similarly had a preference to access care at the WHC, however, long wait times impeded her ability to access care from her preferred provider. She shared,

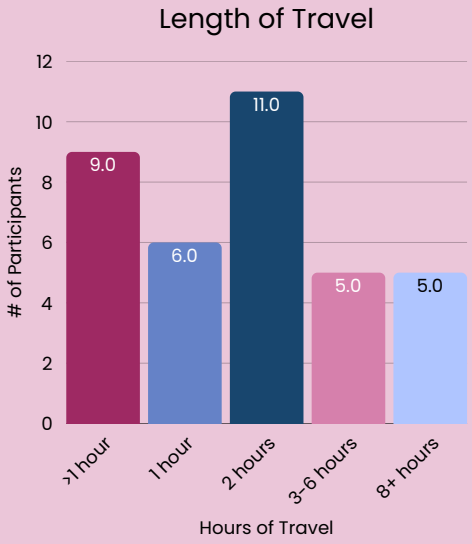
> *I wish I went through Women's Health [Clinic] … because they (cries) would have been so much more compassionate, but I couldn't wait for them. Unfortunately, by the time I was done, it was — the abortion had finished, that's when they had called me. Like I was already done when they were able to get back to me, so it was just a timing thing, I guess. [29-year-old woman, Winnipeg, GP]*

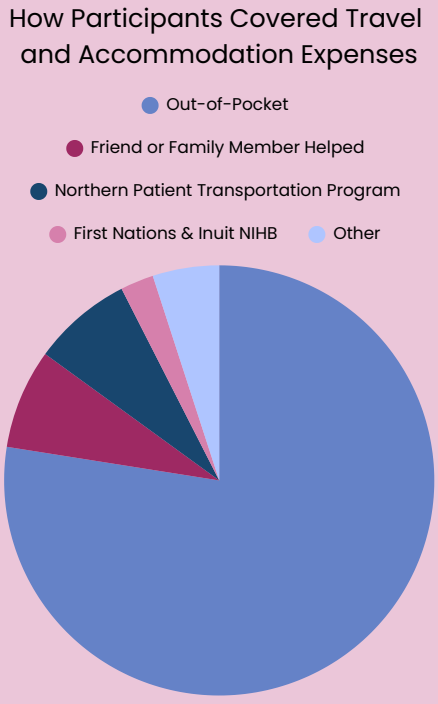
Overall, participants reported a number of challenges when making appointments, including challenges with intake, long wait times, and the ability to access their preferred care option and/ or location, such as Mifegymiso or a community-based clinic. Participants wished to see this part of the process simplified for abortion seekers, with many suggesting the implementation of streamlined processes or a centralized abortion intake in Manitoba.

TRAVELLING TO THE APPOINTMENT

Geographic inaccessibility was a major factor in accessing abortion care, as one third (33.6%, n=36) of survey respondents had to travel outside of their home community to access care. Of those who had to travel outside of their home community, 25% (n=9) reported needing to travel less than 1 hour to their appointment. 16.7% (n=6) reported 1 hour of travel, 30.6% (n=11) reported 2 hours of travel, 13.9% (n=5) reported between 3-6 hours of travel, and 13.9% (n=5) reported 8 or more hours of travel to access abortion care. Of those who participated in the follow-up interviews, three participants travelled outside of their home community to access care. Dawn travelled from Brandon to Winnipeg to access care at the Women's Health Clinic due to preference for a community-based clinic and timeliness, Stella also travelled from Brandon to Winnipeg (WHC) because her doctor refused to help her access care in her community, while Kinsley travelled from her community one-hour outside of Winnipeg to access a procedural abortion at WHC.







Although most interview participants accessed care in their community, many still noted how significant a barrier geography was and remains for many people in Manitoba who need to access care. Alex discussed how "a lot of people who live rurally or even on reserves have to come into the city" to access abortion care [23-year-old Indigenous genderqueer person, low-income, Winnipeg, GP]. While Cheyenne noted not only the barriers of travelling, but also the political culture around abortion care in rural communities across Manitoba,

> *In like northern communities it might be harder, you know? Or even just living in the boonies somewhere might be a little more difficult cause especially if you're living in like a more conversative area, too with all the pro-life places, you know? If you're going to like a clinic or something you — and because you need to get like blood work or a pregnancy test done, and then you're getting judgment from the people who work there just because of their own beliefs. [28-year-old Indigenous woman, Brandon, BRHC]*

Travelling out of one's home community to access abortion care can be costly. Nearly all of those who had to travel paid for their travel and/or accommodations with their own money (n=31), while three asked a friend or family member for help with the costs, three received coverage from the Northern Patient Transportation Program (NPTP)[7], and one received covered through Non-Insured Health Benefits (NIHB)[8] program. Despite NPTP being available and known to 80% (n=12) of participants who were residing in the Northern Regional Health Authority, only three (25%) of those who were aware of the program applied for assistance from the NPTP, and one of these applications was denied. The eligible participants who were aware of the program reported not wanting to deal with the paperwork involved in applying, being fearful of experiencing judgment or stigma through the application or being unaware that they could apply for abortion care purposes. Those who received coverage from the NPTP still had to pay some costs out-of-pocket because the funding did not fully cover all travel, accommodations, or meals costs.

Additionally, there are other financial and social costs involved in attending an abortion appointment. Many participants described having to take the day off work,

[7] The Northern Patient Transportation Program (NPTP) is a provincial government program of Manitoba Health that is administered by the Northern Regional Health Authority (NRHA). This program subsidizes the travel costs of residents in the NRHA to attend required medical appointments that are not available in one's home community.
[8] The Non-Insured Health Benefits (NIHB) program is a federal program that provides benefits that are not otherwise covered by public or private plans to registered First Nations and Inuit peoples. This includes coverage for medical transportation.

some with pay and some without. Others missed school, had to find childcare for their children, and felt they had to make up a believable lie about what they were doing so that others wouldn't know they were accessing an abortion. These costs were often linked to travel. For those who had to travel to access care, 54.3% (n=19) had to stay between one to four nights away from home, either with a friend or family member, or paying for a hotel. The participants who travelled to access care reported a range of impacts on their lives, including missing work without pay (n=24), needing to find childcare (n=7), and missing school (n=6). Only two participants who travelled to access abortion care missed work with pay. Participants who had to travel also noted impacts on mental and emotional health. For example, someone who traveled over eight hours to Winnipeg had to stay with a family member whom they did not feel comfortable sharing the reason the reason for their travel, causing significant stress. Another participant shared that they had generalized anxiety disorder so travelling away from home was a distressing experience for them and their mental wellbeing.

FINDING ABORTION CARE: KEY TAKEAWAYS

Finding abortion care in Manitoba was fraught with barriers and challenges for many participants, as seeking accurate information, scheduling appointments, and travelling to their appointments often demanded significant personal and emotional labour. Across these experiences, participants frequently described feelings of frustration, stress, and anxiety, as the time-sensitive nature of abortion care was compounded by a lack of supportive, accessible, and coordinated systems across the province. These challenges were especially pronounced for those unable to access care within their home communities, who encountered additional obstacles such as travel logistics, financial costs, and time away from work. However, participants also reported a variety of experiences that facilitated their ability to find care, including turning to family members or friends for help, being able to rely on community-based organizations for information and support, and accessing financial medical travel programs such as the Northern Patient Transportation Program (NPTP) or Non-Insured Health Benefits (NIHB). Together, these findings highlight both the systemic barriers and the sources of support that shape individuals' experiences finding abortion care in Manitoba, while highlighting the importance of strengthening community-based networks and coordinated, equitable systems of care.

UNDERGOING ABORTION CARE

When at the clinic or hospital to undergo abortion care (which extends to the home for those who accessed medication abortion care), there were four key elements that shaped participants experiences, including; (1) pre-abortion consultations, (2) interactions with staff, (3) atmosphere of waiting and recovery rooms, and (4) the experiences of pain and medical complications when undergoing care.

PRE-ABORTION CONSULTATIONS

Many, but not all, participants reported that the abortion providers they accessed care from offered some form of pre-abortion consultation. These consultations occurred either in the days leading up to the abortion appointment, or the day of the abortion, typically lasting 30 minutes or less. There are currently no standards for these pre-abortion consultations, so the format and content varied significantly between providers and were adapted to patient needs. Common elements included discussions around decision-making and informed consent, information about the abortion, contraceptive counselling, and mental health support. In the survey, 93.5% (n=100) of all participants reported receiving contraception counselling, and 50.5% (n=54) of participants reported receiving some type of mental health support at their appointment.

Some participants found that the consultation was helpful for processing their decision, receiving emotional and mental support, and understanding their options. Among those who received contraception counselling, 70% (n=70) said it helped them choose a birth control option that fit their needs. Of those who received mental health support, 67.9% (n=36) found it helpful. Cheyenne, a participant from Brandon, found her consultation at Brandon Regional Health Centre helpful, she expressed,

> *Before the procedure they went through a whole big questionnaire list and then they just talked to you - just wanted to make sure you were totally okay with your decision and everything. And then they gave me a package with information if I needed to speak [to] anybody afterwards too, which I thought was really good. They were really nice at the hospital [...] [The staff] were lovely. Those ladies were awesome. [28-year-old Indigenous woman, Brandon, BRHC]*

While many participants valued the consultation, others reported that they did not get what they needed from it. Forty-three percent (n=46) of survey participants reported varying degrees of dissatisfaction with the information they received from their provider about their abortion. Others wished they could have opted out of the consultation entirely, particularly if they felt confident in their decision, did not want contraceptive advice, or did not need mental health support. This was consistent across all sites of care. Amber shared that she tried to opt-out of part of the consultation, but this was not respected by staff,

> *They're asking questions like "Are you comfortable with birth control? Do you want to talk to —," And I said "No," and they're like "Well, it's mandatory. You have to. We have to tell you about contraceptives." And I wish my opinions were respected a little bit more than they were. [21-year-old Indigenous woman, low income, Brandon, BRHC]*

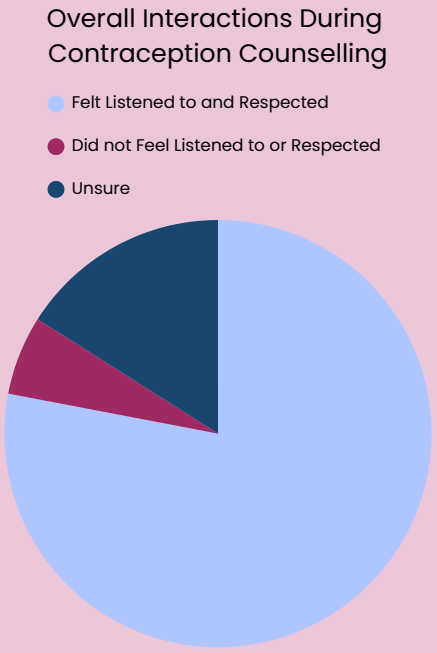
Other participants described the consultations as formulaic or lacking genuine emotional support. Hannah expressed this sentiment,

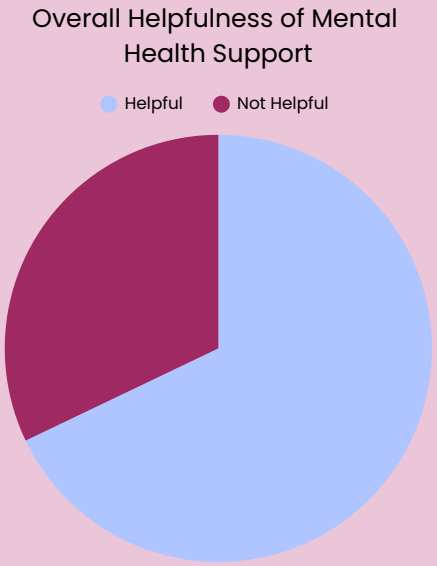
> *They just basically wanted to know that you understand the decision that you're making, and I said 'yes,' and you're kind of grilled on that for a while. I feel like they're more worried about making sure that you're not going to call the clinic and freak out that you made a decision that you didn't want to make. […] I understand that they want to make sure that you understand, but why is it only focused on that? Why aren't they asking what led you to this? Are you doing okay? Are you alright? Do you actually want to talk about this? Not just, 'Are you sure? Are you on birth control? Do you have plans for birth control after?' Why is that your only concern? […] It feels like they are more covering their own ass and dotting their i's and crossing their t's before the procedure more than actually providing the emotional support that you need. [26-year-old mother, low income, Winnipeg, WHC]*

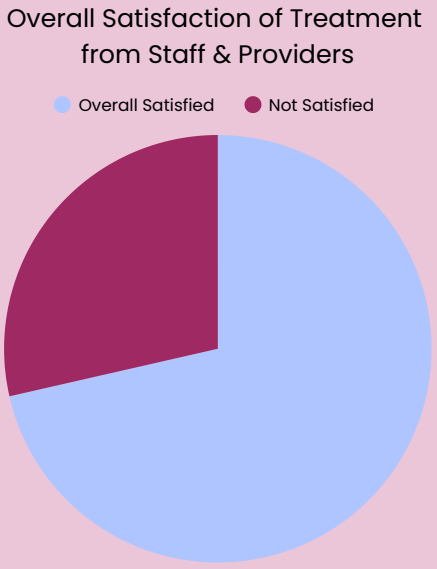
When discussing contraception options during the consultation, many participants shared that they felt pressured or forced to choose a contraception option on the spot or judged if they expressed not wanting to be on birth control. Amber shared with the staff that she did not want to be on birth control as it caused complications for her previously. She explained,

> *When I told them I didn't want birth control, I kind of felt like I was judged for that just a little bit because they — you're aborting a [pregnancy] and they think you're irresponsible if you don't choose birth control. And I was getting those vibes from them that, you know (laughs), that I should've been taking their advice and went on birth control, but I was just really strongly against it. And I kept telling them I didn't want to hear more about that, but they kept pushing it, all the information, and giving me books and stuff. Even though I told them I didn't want it (chuckles). [21-year-old Indigenous woman, low income, Brandon, BRHC]*

She later added, "…the nurses pushing the birth control on you that makes you feel like it's your fault that this is happening." Riley similarly recalled feeling blamed for their unwanted pregnancy during the consult due to not using the "right" form of birth control,







I had to go to the [clinic] to meet with the doctor who was performing my abortion, and she was like, she was like 'Well how did you get pregnant?' And I was like 'What?!' And she was like 'Aren't you on birth control?' And I was like 'No?' And then she was like, 'Well how did you get pregnant?' And I was like 'Oh, I just tried vaginal contraceptive film.' And she was like (yelling) 'Why would you use that?! That doesn't work!' And just like went off at me. And I was just like, girl, why am I here? Like if you're going to yell at me and this is your job to - literally, like this is literally your job, you do this for a living, you perform abortions - why are you yelling at me? [25-year-old, non-binary person, Winnipeg, HSC]

Stella was another participant who experienced judgement during the consultation regarding birth control, feeling as though she could not leave without picking a new form of contraception. She said, "…one thing I really didn't like [is that the staff] were extremely pushy about birth control, they almost didn't give you an option to leave there without it" [26-year-old woman, low-income, Brandon, WHC].

The pre-abortion consultations participants received significantly shaped their experiences undergoing abortion care, as it defined if their care would be felt as supportive or judgmental, and were often the bulk of the interactions with staff or providers.

INTERACTIONS WITH STAFF & PROVIDERS

Interactions with staff and providers throughout the abortion process were often at the heart of how participants experienced abortion care. For many, kind and respectful treatment from staff and providers made them feel safe, affirmed, and supported. For others, disrespectful or dehumanizing treatment left lasting emotional harm. These encounters, whether positive or negative, deeply shaped the experience of accessing abortion and how participants felt about their decision to accessing care.

From the survey, 81.1% (n=86) of survey respondents reported that the staff and providers treated them kindly, while 73.6% (n=78) reported feeling that the staff and providers made them feel safe, and 73.6% (n=78) reported that they did not feel judged by the staff and providers when undergoing abortion care. And, overall, 72.6% (n=77) of participants were somewhat to strongly satisfied with their overall treatment from the staff and providers. Many survey respondents described their positive interactions with staff and providers as a critical source of comfort during an otherwise difficult or vulnerable time. A few shared,

I had a nurse that held my hand during my procedure, and she was very helpful with helping me through the experience. I hope that every woman has access to a nurse to help guide them through it. [Survey respondent]

The staff are so wonderful. They have their hearts in the right place. I hope they know how much their kindness has helped. [Survey respondent]

The doctor and nurse were amazing all throughout a very challenging and difficult time in my life as I decided what to do. They were so patient, and I felt cared for. [Survey respondent]

Madeline similarly emphasized how the staff made her experience more comfortable,

> *What made it more comfortable was the staff that I was lucky enough to have. Especially in my second experience where I spent more time at the clinic accessing the surgical form of abortion. [28-year-old Metis woman, Winnipeg, WHC]*

Anna noted how the staff's values and empathy contributed to a sense of trust,

> *The staff there were super amazing! Yeah, they're super empathetic, and I think they're pretty well-trained. Also, I think the kind of people who want to work there are just very open-minded and pro-choice. [31-year-old woman, Winnipeg, WHC]*

However, other participants shared painful accounts of being judged, shamed, or spoken to inappropriately by staff and providers, which were experiences that made an already difficult time more distressing. Naomi described how her doctor's judgmental views regarding abortion deeply affected her and ultimately shaped her abortion experience,

> *It was the hardest part of the whole thing (crying) and she.... she was my family doctor... And she basically yelled at me for about 45 minutes, telling me that the worst part of getting an abortion isn't the abortion, it's lying to your mom for the rest of your life. [...] and you might change your mind, and she was pointing, and scolding me... there was zero comfort. There was zero. [29-year-old woman, Winnipeg, GP]*

Other participants described uncomfortable or inappropriate comments from their provider during the abortion process. These kinds of comments were particularly harmful when participants were also managing mental health challenges, and/or past experiences of medical or sexual trauma. Julia shared,

> *The new doctor I had met, she said, 'The procedure can take as long or as short as YOU want, it's up to YOU!' And I said, 'Okay, well, why would someone want it to take longer? Like, I want it to go quick.' And she's 'Yeah! But if you're anxious...' and this, this, this, then 'I can't go fast.' And she even said, 'I like to, just, you know, get it over with, and go as quick as possible, but it's up to you. If you're [anxious] like this tomorrow, it's not going to go quick.' Like, it was really weird; I really did not have a good experience with this particular doctor. [29-year-old woman, Winnipeg, HSC]*

Some participants also reflected on how abortion care can feel ultimately dehumanizing when the staff and providers only focus on the medical aspects and not on the person receiving care, while little things – like a nurse holding their hand – provided significant comfort. Riley shared,

> *I'm not just a uterus, I'm also a whole person outside of my reproductive system and my reproductive organs, and I think it's just like – yes, you're aborting my fetus, but I'm the person attached to that uterus and carrying that fetus. [...] I feel like a weird guinea pig, everyone's poking and prodding and inserting and suctioning. No one's like 'How are you doing?' Someone might hold your hand - I remember a nurse holding my hand while I was having my procedure done, and they were comforting, actually; they were quite comforting. All I remember is someone sort of holding my hand and patting my hand and being like, 'It's alright.' And I remember that, I really remember that, 'cause everything else was so cold and callous and harsh, and then that one nurse holding my hand, that just like kind of helped me get through that whole experience. [25-year-old, non-binary person, Winnipeg, HSC]*

Staff and provider interactions, whether kind or judgementaljudgement, attentive or dismissive, had a lasting impact on participants' experiences of abortion care. When staff and providers treated people with empathy, they created moments of dignity, humanity, and healing. When staff and providers acted coldly, rushed, or condescendingly, it left participants feeling shamed. These moments reveal that abortion care is not only about the procedure, but also about the way in which it is delivered.

INFRASTRUCTURE, SAFETY, & BELONGING

The infrastructure of waiting and recovery rooms in healthcare spaces were another significant factor shaping participants experiences undergoing abortion care in Manitoba. Some participants, such as Leah, expressed feelings of solidarity in the waiting room, as she said, "It is nice to have people that are going through the same thing as you in the same room as you" [20-year-old woman, low-income, Brandon, BRHC]. Riley echoed these feelings of solidarity, though they also described simultaneous discomfort with it,

> *I was sitting in a room afterwards, in the recovery room with a couple other women who had abortions too, but everyone is so embarrassed and ashamed and hiding their face and stuff. Which is sad cause there's almost a level of solidarity cause it's like hey we just all went through this traumatic experience at the same time, and like I feel weird that we can't talk to each other about it, but like yeah… I remember me and one woman made eye contact and then she looked at the wall the rest of the time and I was like 'I'm sorry!! I didn't mean to look at you!' [25-year-old, non-binary person, Winnipeg, HSC]*

For some participants, the waiting and recovery rooms were anxiety-riddled due to the fear of seeing someone they know walk in, as Madeline shared,

> *Sitting in the waiting room is a little bit uncomfortable cause it's an open – like any kind of walk-in clinic – open space. We all kind of know what most of us are there for, for the most part. So, I was constantly anxious to get into that room because I was nervous about seeing someone that I might know or things like that. [28-year-old Metis woman, Winnipeg, WHC]*

While Madeline didn't see anyone that she knew in the waiting room, one survey respondent did. They shared in an open-ended response survey question,

> *Didn't love all being placed in a small room together. Thought there would be more privacy. On the day I went [to the clinic] there was about 13 of us in a room and I recognized someone. [Survey Respondent]*

These experiences reflect the complexity of the physical environment of abortion settings that is in many ways reflective of the general social anxiety, stigma, and safety concerns that persist around abortion care. Being in a shared space offered quiet connection and a sense of not being alone for some, especially when that solidarity doesn't necessarily exist elsewhere. For others, the existing social stigma made this shared space a source of stress, discomfort, and vulnerability.

Infrastructure was significant to other participants experiences as it not only impacted a sense of safety, but also the feelings of belonging. The two largest abortion providers in Manitoba are named Women's Health Clinic and Women's Hospital (HSC), which raised concerns among participants who saw the gendering of the clinic and hospital as a barrier for trans and gender diverse people when seeking abortion care. Dawn explains how not only the name of the sites, but also the knowledge held by the staff and providers, centre around cisgender women,

> *I think it's really centered around women too, and there aren't a lot of healthcare professionals who are trained or have knowledge on like gender diverse folk, or trans men, or people who are non-binary, as well. Even just the Women's [Health] Clinic being called the "Women's [Health] Clinic" is a barrier, I think, for folks to feel safe to access it too. I think the access to it and then being more inclusive piece of it as well. [32-year-old Metis mother, Brandon, WHC]*

Quinn experienced the impacts on belonging firsthand as they were in the midst of their transition when accessing abortion care. They shared,

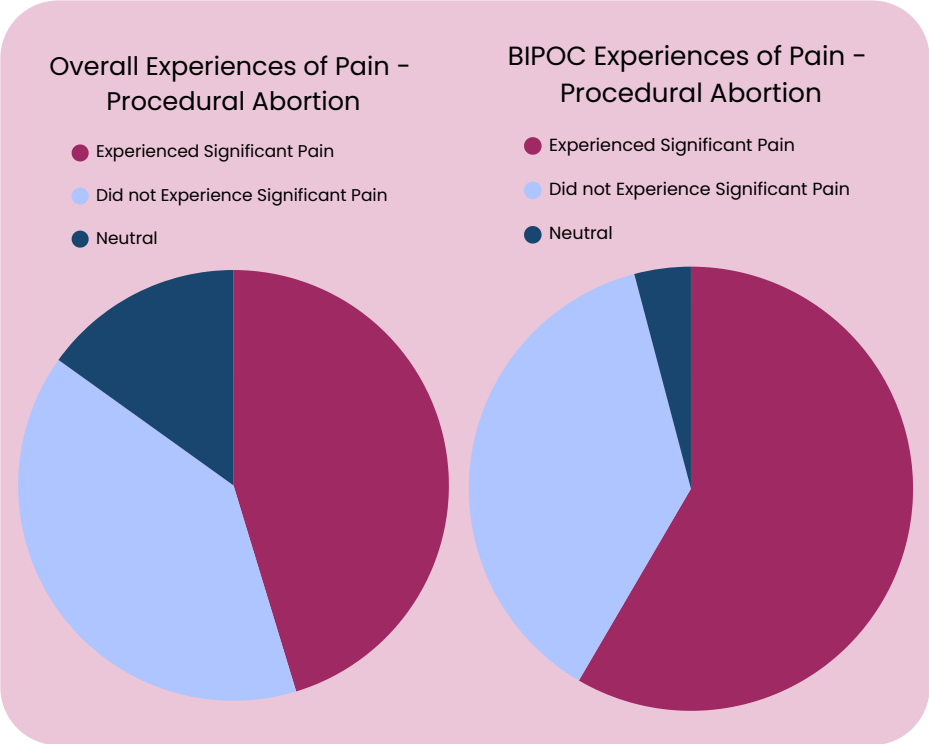
> *I had all of these hormonal body changes while trying to grapple with my gender identity and having to access only female places called Women's Health Clinic and Women's Hospital. When I was at the Women's Hospital, when I went to go use the bathroom, they only had women's only bathrooms and it was pretty hard to be [experiencing] that at that time. [28-year-old non-binary person, Winnipeg, HSC]*

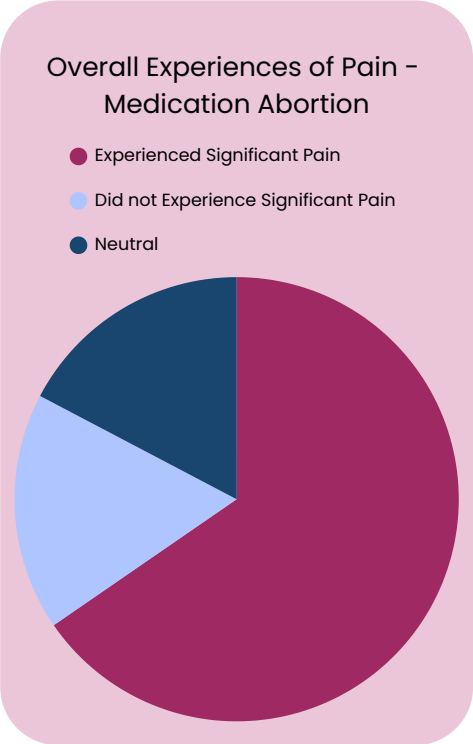
The infrastructure of abortion provider sites impacted the safety, security, and belonging of participants experiences, shaping how they felt as they moved through these spaces.

PAIN & MEDICAL COMPLICATIONS

The experience of pain during minor surgical and medical procedures, including abortion care, has always been a prevalent issue in gynecology (Karasahin & Keskin, 2011), however, both forms of abortion care, medication and procedural, are safe procedures with a low risk of complications (Kumwong, Sunder, & Akinbinu, 2025). Despite the proven safety of medication and procedural abortion care, previous literature demonstrates that BIPOC women and those experiencing heightened anxiety report higher pain during their procedural abortion care (Singh et al., 2008). In medication abortion care, most individuals will experience some form of abdominal pain, however literature demonstrates that more than half of those who undergo a medication abortion report the experience of severe pain, and severe pain is typically associated with dysmenorrhea and anxiety (Kemppainen et al., 2020).

Experiencing pain during procedural and medication abortion care were concerns frequently raised by participants. For some, their experience of pain was shaped by inadequate or inconsistent pain management, unclear expectations, or complications during the procedure. Among those who accessed a procedural abortion, 45.3% (n=24) of survey participants somewhat to strongly agreed that they experienced significant pain, and 35.9% (n=19) of these participants reported that the pain they experienced was worse than expected.





While reports of pain were common across all demographic groups, Indigenous and racialized participants were disproportionately affected, particularly during procedural abortion care, as 50% (n=4) of racialized participants and 72.5% (n=6) of Indigenous participants reported significant pain during procedural abortions, compared to 45.3% (n=24) of total respondents. Further, 50% (n=4) of Indigenous participants reported the pain was worse than expected, compared to 35.9% (n=19) of all participants. With medication abortion care, racialized participants in particular reported disparities in their medication abortion pain, as 70% (n=7) of racialized participants reported experiencing significant pain, compared to 65.4% (n=34) of the broader dataset.[9]

Julia accessed a procedural abortion and felt that her doctor rushed through the procedure. Julia works in the healthcare field and noted that her IV was not inserted correctly, resulting in insufficient pain management during her abortion,

> *I felt really underprepared for the pain. I think something was wrong with my sedation. Also, when I got home, and the next day I had bad, bad, bad bruising around my IV site, which is not normal. Probably a sign that it was blown (laughs). […] All [the doctor] had to do was like wait for them to try another IV and like wait five minutes for me to be sedated a little bit. [29-year-old woman, Winnipeg, HSC]*

Another participant experienced their pain management wearing off during their procedural abortion. Rhiannon recalled,

> *They start, and I remember it was fine at first. Obviously, it was a bit uncomfortable. I didn't necessarily feel any pain up until this one moment. I don't know what happened, I guess maybe they didn't give me enough pain meds or like something happened, but it like wore off and I remember it like wore off pretty quickly. I remember just feeling like this awful pain. Like I think it was the worst pain ever in my life that I have ever felt up until that point. [22-year-old Indigenous woman, low-income, Winnipeg, WHC]*

[9] Though this a small number of participants, these responses align with the findings of the larger studies discussed above.

Experiences of significant pain were most commonly reported by those who accessed a medication abortion, as 65.4% (n=34) of those who received a medication abortion reported they somewhat to strongly agreed that they experienced significant pain. Many felt they had not been fully informed about what to expect. Several participants noted that they were told the pain would be similar to a menstrual period, but the reality was often much more severe. One survey respondent shared,

> *I understand everyone's bodies and experiences are different, but the information told to me was that it would feel similar to a heavy period (with cramping, bleeding, clotting, etc.) Although I was prescribed prescription naproxen, the pain was absolutely excruciating. [Survey Respondent]*

Madeline similarly wished she received more accurate information about the level of pain she would experience, as she describes,

> *In the moment the experience was way, way different than what was presented to me. It was a very traumatic experience being alone at home— maybe my own body just reacted more violently to it. But they had presented a little bit of an image of what it could look like and it definitely did not look like that (sighs) or feel like that. So as far, like, comfort-level, I think … if they could kind of paint more pictures of what some of these risks and benefits could look like I think that could be helpful just to prevent people from maybe experiencing something that maybe they weren't expecting as much as possible. [28-year-old Metis woman, Winnipeg, WHC]*

Naomi described her pain as overwhelming as she said,

> *The pain just got significantly worse and worse and worse. And it was for sure the worst pain I've ever felt in my life. It was like 40 out of 10. Just sweating like painful sweats out of my, my armpits, like clearly something was happening. The only way that I was able to like feel comfortable was like [in] a weird like huddle over the toilet, like kind of almost like fetal position. [29-year-old woman, Winnipeg, GP]*

Participants also shared inconsistencies in the pain management they were provided for their medication abortion. Naomi was prescribed thirty T3s, while others were instructed to only take Naproxen. Gabby had two medication abortions and received very different support each time, recalling,

> *Honestly the second time I was hurting so much. Really shocked me just because the first time I remember it like not being the best, but I remember still being able to sit on my couch and watch a show. The second one I just remember literally not being able to even look at my phone. I just remember being so like 'What the hell? Like why is this one worse?' I don't know. I just remember it being so painful and that - it really did shock me. And I was a lot more sick too. I was a lot more like nauseous with that one too, which was so weird because I did not experience that the first time either. [24-year-old Indigenous mother, low income, Winnipeg, WHC]*

Some participants experienced such intense pain that they went to the Emergency Room. One survey respondent stated,

> *I was not given any pain management advice or medication. I ended up in the ER unable to walk or talk in the most pain I have ever experienced I thought I was going to die. [Survey Respondent]*

Another survey respondent shared about a painful and incomplete medication abortion,

> *I was advised to take Tylenol to help with the pain and I felt like I was in active labour all day. Also, my abortion was not complete and had to present to emergency one week later due to abominable pain that would not go away. I had to repeat the medical abortion. [Survey Respondent]*

While Amber also described seeking emergency care,

> *I remember being like paralyzed, and I couldn't get off the toilet because I was scared to be like be anywhere else because so much was coming out of me. It was getting to a point where I was vomiting so violently and bleeding so bad at the same time that my mom took me to the emergency room because she didn't know how to help me because I was clearly in so much distress that I couldn't take care of myself during that moment … then I was in the emergency room for probably like four hours just bleeding out everywhere (laughs). I bled through three pairs of pants. And it was really embarrassing (laughs). It was not a fun experience. The pain lasted for probably five hours the whole time I was in the ER, and I remember just like it felt constantly like I was peeing my pants because of how much I was bleeding, and I've never went through something like that. [21-year-old Indigenous woman, low-income, Brandon, BRHC]*

The experiences of participants demonstrate how pain during abortion care is not only unfortunately common, but often intensified by inconsistent information, inadequate pain management, and a lack of follow-up support. Adequate pain management is a matter of human dignity, yet many participants' experiences reflected broader patterns in reproductive healthcare where pain, particularly the pain of Indigenous and other racialized people, has been normalized or dismissed (Handler, Kennelly, & Peacock, 2010). While reports of pain were common across demographic groups, Indigenous and racialized participants were disproportionately affected, as Indigenous and racialized participants were more likely to report experiencing significant pain during procedural abortion care, and additionally, racialized participants were more likely to report experiencing significant pain during their medication abortion care. These disparities highlight how historical and ongoing inequities in healthcare that are rooted in colonialism and systemic racism continue to shape how pain is perceived, managed, and valued within reproductive care settings.

Further, the neglect of pain echoes a longer history of minimizing reproductive pain and has been weaponized by anti-abortion narratives that use the fear of pain during abortion care to discourage care (Licskai, 2013). Addressing pain as a legitimate and central component of abortion care is essential to providing dignified and equitable care.

UNDERGOING ABORTION CARE: KEY TAKEAWAYS

Undergoing abortion care was shaped by several factors, notably the pre-abortion consultations, staff and provider interactions, infrastructure, and experiences of pain. Across these elements, participants' stories reveal that the quality of care extended far beyond the procedure itself, but was deeply influenced by how they were treated, how information was communicated, and how their comfort and dignity were prioritized. While many participants were grateful for encountering compassionate providers and supportive care, others described feeling dismissed, judged, or left without adequate information or pain management. These varied experiences illustrate how abortion care in Manitoba is not only a medical process but also a profoundly social and emotional one that is shaped by the broader systems of stigma, inequity, colonialism, and racism. Strengthening abortion care therefore requires attention not only to clinical outcomes, but also to the relational, structural, and emotional dimensions that shape people's abortion care experiences.

POST-ABORTION CARE & RECOVERY

Experiences of post-abortion care and recovery varied greatly across participants; however, many people expressed a desire for more fulsome emotional, mental, and physical support from their provider or community after their abortion. As participants reported feeling isolated or lonely throughout and after the abortion care process because of stigma, this impacted their mental health, personal relationships, and trust in the healthcare system. Despite these challenges, participants shared how they now serve as an informal support role for those in their lives going through this process, to ensure these same feelings are not replicated in their friends and family members abortion stories.

EMOTIONAL, MENTAL, & SPIRITUAL SUPPORT

Research has demonstrated that the effects abortion has on one's emotional and mental wellbeing are not caused by the actual abortion procedure itself, rather by the circumstances surrounding the abortion, such as stigma, shame, or judgement (Handschmidt et al., 2016). This is consistent with our findings. Naomi explained how she felt well taken care of physically, but desired for "someone who was there, not necessarily for medical, but just to take care of my soul... and not [make me] feel like a criminal or like a murderer" [29-year-old woman, Winnipeg, GP]. The stigmatization of abortion made finding someone safe and non-judgmental to share their experience with challenging. Riley shared the difficultly of seeking support from their friends and family, describing their experience of "going through something traumatic like that, and then also with the stigma and shame that surrounds abortion, not really being able to talk about it and losing that support system." They also shared,

> *You can talk about having a miscarriage and people will be sympathetic and people will be like 'Oh my god, I'm so sorry' and all this other stuff. But when it's like 'Well I had an abortion,' then people are like 'Oh, you killed a baby?!'" [25-year-old non-binary person, Winnipeg, HSC]*

The stigma and shame surrounding abortion care caused many people to feel they could not seek support from their family and friends, just like Riley. Across sites, participants expressed wishing that the abortion staff and providers were able to provide or connect them with post-abortion supports, as half of all survey respondents reported that access to an abortion doula post-abortion would have been helpful for them. While WHC offers some post-abortion support through a phone line, offering limited counselling, and their Kokum's Circle, Hannah was unaware of these options and expressed the need for further emotional and mental support from providers, specifically post-abortion, due to the complex emotions that are experienced after, she shared,

> *Why isn't there support offered mentally? You hear about it all the time, of women coping through that huge 'Holy shit, what did I do phase?' or hating themselves for years to come because of either how they were treated at the clinic and how they felt about their decision or just the decision period. Why isn't there more support for these women? [26-year-old mother, low-income, Winnipeg, WHC]*

Inadequate follow-up care and support from staff and providers was a common concern among participants, which is consistent with other research (Paynter et al., 2025). Taylor shared about the lack of care after their abortion,

> *I had a lot of support for the initial procedures. I found that there wasn't really much support for after, for, like, dealing with those kind of emotions and things that I didn't realize would still affect me. I didn't feel like I had really like — there's no follow-up. Well, they call like a week later to make sure that there's nothing left and that you're physically okay, but like mental health-wise, like there's nothing. [25-year-old non-binary person, Winnipeg, WHC]*

Similarly, Julia remarked, "It's really just like, it literally just like you get the abortion and then you're done and there's nothing, there's no communication, there's no like follow-up" [29-year-old woman, Winnipeg, HSC].

The limited post-abortion emotional and mental health support in Manitoba was especially difficult for those struggling emotionally, mentally, and spiritually to process certain components of their experience, with some expressing feelings of grief, trauma, and suicidality. Amber recounts the difficulties she experienced for months after her abortion,

> *Mentally, it was really hard on me, more so than physically because the physical pain ended. But I am — it's months later, and I still think I'm like dealing with stuff mentally that came from that experience. It's caused lots of problems in my personal and professional life because I had to take time off work to deal with this. [21-year-old Indigenous woman, low income, Brandon, BRHC]*

Riley spoke of the complexity of the decision, explaining how despite being certain of their choice, they still experienced a range of difficult emotions surrounding the abortion,

> *I was 100% certain and I knew with full certainty that I was like going to have an abortion. I had no doubt in my mind that that was the right decision for me, but I still have the most detrimental mental health afterwards and like I was really struggling and I was going through severe depression and I felt suicidal and all that kind of stuff, just cause like there wasn't, there wasn't any follow-up, there wasn't any aftercare. [25-year-old non-binary person, Winnipeg, HSC]*

One survey participant explained that although they were confident in their decision, it left a lasting impact on them,

> *Though I felt like it was necessary, getting the procedure done was very emotionally painful. It felt like I was losing a piece of me, and I still feel the heartbreak to this day. [Survey Respondent]*

As a non-binary person who had stopped dating cisgender men, Taylor's feelings of grief were connected to the reality that becoming pregnant in the future would be more difficult, they shared,

> *I already had like these feelings of grief after, but then, like, I didn't really fully conceptualize the feeling of grief that I would have when I — now that I am not dating any cis men and that me becoming pregnant will be a little bit harder now, I didn't anticipate that either. [25-year-old non-binary person, Winnipeg, WHC]*

Another aspect of care that some participants found themselves wishing for was culturally safe aftercare. Eighteen percent (n=24) of survey respondents reported that having access to sacred medicines after the abortion would have been helpful for them, while 12.9% (n=19) shared access to an Elder would have been helpful for them after the abortion. Rhiannon spoke of the trauma and impact her procedural abortion left her with. She believed that access to cultural supports may have helped her during the difficult time,

> *Right after it happened, the months following I was just like really depressed and stuff. Not in any like super serious way, I was just you know grieving and stuff like that. And yeah, that was something that I didn't really get to have and that was something that I wished was available. Maybe, maybe like an Elder or like some medicines or something. I think that would have calmed me down a lot more, especially 'cause I didn't personally have access to those things at that time. [22-year-old Indigenous woman, low-income, Winnipeg, WHC]*

Many participants believed hormonal fluctuations contributed to their poor mental health post-abortion. Participants felt unprepared for the hormonal disruptions, like Riley, who found that it took a long time to feel regulated,

> *The following months of like dealing with the hormone drops and mental health issues that arose from that and all that stuff. like no one talked about it, it took me and my roommate googling to be like oh! that's why you're acting like this. cause you're like coming down from all these hormones and stuff. [25-year-old non-binary person, Winnipeg, HSC]*

Amber had a similar experience, explaining the difficulty she had addressing the emotions surrounding the abortion, while hormonally imbalanced, "You're not really sure how to process things until after when, like, your hormones finally start regulating, and you can finally think straight again" [21-year-old Indigenous woman, low-income, Brandon, BRHC].

Overall, participants noted a lack of post-abortion support, resulting in adverse emotional, mental, and spiritual wellbeing and feeling isolated in their experiences. While various post-abortion supports are offered through the WHC, many participants were unaware of these options, or wished that their provider would initiate post-abortion support, rather than the individual having to seek it out themselves.

IMPACT ON PERSONAL RELATIONSHIPS

Individuals may experience an impact on their personal relationships, particularly intimate partnerships, after accessing abortion care. Previous literature has demonstrated that experiencing an undesired pregnancy or accessing abortion care may impact relationship satisfaction and sexual relationships short-term, which are typically resolved following the abortion or less than a year after accessing care (Bradshaw & Slade, 2005; Hajek, 2021). Other literature has found that emotional difficulties can arise from the support or lack of support within an intimate relationship, such as through the decision-making process, or the division of abortion-related emotional labour being placed primarily on the person who became pregnant (Kimport, Foster, & Weitz, 2011). Despite the short-term impacts on relationships that accessing abortion may have, a US study has found that those who are denied an abortion are significantly more likely to experience a poorer relationship quality 2-5 years after being turned away from care (Upadhyay et al., 2022).

Participants in this study expressed the varying impacts that they experienced on their personal relationships, particularly on their intimate relationships post-abortion, expressing not wanting to have sex with their partner, feelings of resentment towards their partner, and even relationship dissolution. Rather than feeling like they could communicate openly, people tended toward navigating complex emotions on their own, with some feeling isolated and emotionally unsupported in their relationships. Victoria shared how her abortion experience left her with a negative perspective towards sex,

> *I think the trauma associated (laughs) with that whole experience. You know, it has had a negative impact on my feelings toward sex, or anything like that, because there was so much trauma, I was not even going there for a long time. [50-year-old woman, Winnipeg, HSC]*

Amber, discussed the strain that accessing abortion care put on her relationship,

> *We got into a lot of fights, and it was hard on our relationship because I felt that he was more devastated when he found out, and I wish I would've had a little time to feel what I was going through on my own without having influence from people around me and with the way I was feeling. [21-year-old Indigenous woman, low-income, Brandon, BRHC]*

Outside of intimate relationships, social settings with friends could also be difficult to navigate post-abortion, especially when in the company of their friends' children. Naomi shared her experience,

> *The day after I got my medical abortion, we went out to a friend's cabin. And we're out at the cabin all weekend and like my friend was like seven months pregnant. And there's babies running around and everyone's like talking about babies and kids and birth, and I'm sitting there literally bleeding from an abortion, and it was just such an isolating, strange experience. [29-year-old woman, Winnipeg, GP]*

These stories highlight how abortion experiences can extend beyond the individual, complicating intimate partnerships and social connections, and leaving many participants navigating layers of stigma, isolation, and relational change alongside their own healing.

MISTRUST IN THE HEALTHCARE SYSTEM

Multiple participants spoke of experiencing medical trauma due to their abortion procedure, often a culmination of complex emotions, a health system with limited capacity for their care, and the stigma perpetuated by providers and other medical professionals. This led to a mistrust of doctors and the healthcare system. Victoria experienced a rare and preventable medical complication during her abortion, which she described as trauma that extended to her other experiences of accessing healthcare, such as finding a new doctor or trying to get prescription birth control. She shared, "I was traumatized. I didn't want to see (laughs) a doctor, nor did I trust a doctor. So, you know, it took a while" [50-year-old woman, Winnipeg, HSC]. Julia experienced significant pain and mistreatment by her abortion provider. She expressed, "I feel like I had medical trauma" due to "the way I was treated and the pain I had" [29-year-old woman, Winnipeg, HSC]. Riley also experienced mistrust after being mistreated by their abortion provider; they shared,

> *I honestly was so freaked out about medical procedures after having an abortion that I physically could not bring myself to get a diagnostic surgery to confirm that I had [endometriosis], just because I was like 'Man I don't know if I want someone digging around in there again,' because the first time was a little bit fucked up. [25-year-old non-binary person, Winnipeg, HSC]*

Such experiences of mistreatment and trauma not only eroded participants' trust in individual providers, but also contributed to a wider sense of apprehension and alienation from the healthcare system as a whole. These findings highlight a need for

trauma-informed approaches within abortion care that prioritize safety, choice, and empowerment throughout care interactions. Abortion care was experienced by participants as more than just access to a procedure, but also as shaped by the circumstances surrounding the decision and the care they sought. Embedding trauma-informed principles into abortion care is therefore essential to promote emotional safety, equitable care, and reproductive justice for those seeking care.

DESIRE FOR COMMUNITY & CONNECTION

As participants shared about the isolation, lack of support, grief, and trauma they experienced after their abortion care experience, they also expressed a desire for peer support groups that are accessible for people post-abortion. Many felt that only others who had also been through an abortion would be able to understand their experience and feelings, expressing a desire to seek and share support with a community of those who had accessed care. Currently, there are not pro-choice support groups in Manitoba for those who have accessed an abortion and want to talk through the experience, yet many participants expressed interest in such a resource. Hailey expressed,

> *There could be support groups because I had gone a year without saying a word to anyone. Even though you want to, but you don't even know how to bring something up like that … some people just need to vent about their experience, you know? [28-year-old woman, Winnipeg, WHC]*

Alex shared how there are community support groups for other similar circumstances, such as miscarriage or infant loss support groups, however there is currently no place for those seeking community support who accessed abortion care, despite their experience seeing support occur in pockets throughout their community. They shared,

> *I think it's really possible, especially at a community level, because I see that support all the time. It's just like it doesn't have a place. It's just like there are a lot of really great people in the community and even in the professional medical world, but there's not place for it. [23-year-old genderqueer person, Indigenous, low income, Winnipeg, GP]*

Despite a lack of community support groups, many participants shared how they became empowered through their experiences to offer support to others who need it. Cheyenne shared,

> *I'm actually super open about my experience with friends of mine… A friend of mine recently also had an unwanted pregnancy and the first person she told was me because I was able to give her non-judgement[al] [advice] right off the hop. 'Cause I'm like, girl I've been there, it's totally cool, this is a safe space where you can talk to me about this. [28-year-old Indigenous woman, Brandon, BRHC]*

Together, participants' reflections reveal both a deep need for post-abortion community support in Manitoba and the resilience of those who, in the absence of formal resources, create informal networks of care for others.

POST-ABORTION CARE & RECOVERY: KEY TAKEAWAYS

The post-abortion support and recovery experiences of participants varied widely, reflecting the diversity of their circumstances and needs. However, isolation, stigma, and judgement continue to shape how they processed their experience. Many participants shared common experiences of limited emotional, mental, and spiritual support following their abortion, often leaving them to process their recovery in isolation. For some, their abortion and the circumstances surrounding it strained their personal relationships and at times deepened the feelings of loneliness. Further, experiences of dismissal or judgement within their abortion care experience contributed to a broader sense of mistrust in the healthcare system by some, alienating them from reproductive healthcare settings. Across narratives, participants expressed a strong desire for community, connection, and spaces to speak openly about their experiences, signaling a desire to de-stigmatize their own experience and for others seeking care. Together, these findings highlight the need for more holistic and inclusive post-abortion supports that attend not only to physical recovery, but also to emotional, mental, spiritual, and community wellbeing, as well as concerted efforts to de-stigmatize abortion care more broadly.

REPRODUCTIVE JUSTICE IN MANITOBA

Reproductive justice was the guiding framework in this project, grounded in the understanding that true reproductive freedom extends beyond the legal right to abortion and encompasses the social, political, and economic conditions that shape people's ability to make and carry-out reproductive decisions. Guided by the normative principles that everyone has "the right to have children, not have children, and parent those children in a safe and healthy environment" (Ross & Solinger, 2017), reproductive justice provides a lens to examine both individual experiences and the broader systemic inequities that influence abortion access and experiences in Manitoba. Participants raised concerns about the unevenness of abortion access across the province and growing political anxiety that access may decline if not proactively defended and strengthened. Above all, participants emphasize the profound impact being able to access abortion care has had on their lives, describing access to abortion as empowering and self-affirming.

UNEVENNESS OF ABORTION ACCESS

Participants commonly reflected that while they personally experienced reproductive justice in Manitoba, this was not the case for everyone in the province. Many recognized that their ability to access abortion care and other reproductive healthcare services was shaped by various factors, including race, finances, knowledge of the health system, and support networks. Taylor noted how their white privilege enabled their sense of having reproductive justice in Manitoba, as they described,

> *I think me personally, being who I am, I do [have reproductive justice]. Because of my identity and my appearance and stuff, being white, I have that privilege, where you don't really go into a hospital and get treated like shit, like other people do. If you're Indigenous, or if you're Black, or if you're a brown person, you are often taken a lot less seriously and your pain is not considered. I have heard so many horror stories. For me personally, I think I do, but for all people, I don't think so. [25-year-old non-binary person, Winnipeg, WHC]*

Ivy reflected on the privilege of being able to take time off work, access transportation, and navigate the system,

> *...[I had] the privilege to live in a place where I was able to make that decision, and even though I've complained about the wait times and things like that, but the fact that I was able to call and like relatively quickly access that for free is really important to me and I feel really grateful for it. Because it's not something that everyone has. I also recognize my privilege in that I had the ability to take a day off for work, I had transportation, I didn't have other children that needed childcare... I'm coming from a place of privilege so I can't imagine what it would be like for someone who doesn't have that. [37-year-old woman, Winnipeg, WHC]*

Others echoed that their experience of reproductive justice was possible because of their unique circumstances, such as having care providers with lived experience or knowing how to navigate the health system. Alice, who decided to terminate her pregnancy after seeing the results of a genetic test, shared that her own experience of reproductive justice was possible because,

> *I had care providers that had lived experience, and I was able to communicate, and I understood a lot, and I understood the system, and I know what questions to ask, and I had a good rapport with all my medical providers. So, I think I did [have reproductive justice], and I think luckily for me it was a little biased. [37-year-old mother, Brandon, BRHC]*

In the same vein, participants pointed to constraints within the medical system, where physicians acted as gatekeepers to reproductive justice and healthcare in Manitoba. Victoria stated,

> *I'd like to think that I do [have reproductive justice]. [...] I feel like I have it, to a certain extent but I wouldn't say it's absolute. I believe that so much is still in the control of the medical establishment and that we don't have access. If you're not a physician (laughs), you don't have the access. The physicians are gatekeepers towards all aspects of reproductive health, and even if you see alternatives, even if you want to do midwifery like all those midwives or other healers, you still are very much constrained quite often by the dominance of the medical profession. [50-year-old woman, Winnipeg, HSC]*

Overall, participants emphasized that experiences of reproductive justice in Manitoba are not evenly shared, but are enabled by privilege, access, and personal circumstances. Participants' narratives demonstrate that reproductive justice cannot be measured solely by the availability of the services, but must also account for the inequities, gatekeeping, and uneven power relations that continue to shape who is able to exercise choice.

FEAR OF LOSING REPRODUCTIVE RIGHTS

The potential loss of reproductive rights was a recurring source of fear for participants, shaped by experiences with anti-abortion protests, misinformation, and the influence of US politics on Canadian discourse. Losing these rights was understood as encompassing not only the legal right to abortion care, but also the normalization of anti-abortion sentiment in public spaces.

Many participants shared their experiences encountering anti-abortion advertisements and demonstrations across Manitoba. Survey results revealed that 72.9% (n=78) of participants had encountered anti-abortion advertisements or demonstrations at some point in their lifetime. Of these participants, they reported feeling emotions of anger (36.7%), annoyance (35.4%), trauma-related responses (21.8%), and shame (20.4%), among other emotions, including frustration, sadness, and disgust at the spread of misinformation. One survey respondent shared that they experience frustration as, "Women die because of these attitudes. Lives are ruined because of no access to abortion. Ads like that should be illegal in my opinion" [Survey Respondent]. Taylor described their encounters with anti-abortion protests as emotionally difficult, and even triggering, they said, "...it's the most infuriating thing ever. Super triggering. Especially after the first couple times [accessing abortion care], and then walking by and seeing that, was really hard" [25-year-old non-binary person, Winnipeg, WHC]. Anti-abortion demonstrations were noted to be prevalent across the province, such as on highway billboards, but especially in the population areas of Winnipeg – including downtown, Osborne Village, and university campuses. One survey participant noted, "I do not think it should be allowed on university campuses. You don't see people advertising pro-abortion and harassing people to listen" [Survey Respondent].

Other notable anti-abortion demonstration locations were near abortion clinics. However, at the time when most interviews were conducted, Bill C-8, the Protest Buffer Zone Act, was passed in Manitoba's parliament, making it illegal to protest outside of abortion clinics. Participants expressed gratitude for Bill C-8, as Gabby shared "I'm really glad they just passed the bill where they can't have the protestors outside the clinics anymore. Love that." [24-year-old Cree mother, low-income, Winnipeg, WHC]. And Hannah similarly expressing, "Thank god that bill was just passed" [26-year-old mother, low income, Winnipeg, WHC]. Julia spoke about Manitoba's role in combatting these demonstrations to ensure reproductive justice for Manitoba,

> *I know that it's less prevalent now... but you see protestors outside the Women's Hospital, or even if you're driving in rural Manitoba, you see anti-abortion billboards. So, I feel that the government could do their part to do the reverse...making it known that it's okay. Or being public about the options, because it is a problem. [29-year-old Woman, Winnipeg, HSC]*

Alongside anti-abortion encounters, participants expressed deep fears about losing reproductive rights in Canada, particularly when thinking about our neighbours in the US. Victoria shared,

> *We've seen so much in terms of those reproductive rights being taken away from our partners in the States, and it's very alarming. I feel we're turning backwards in so many directions… we went one step forward, and things like this are making us go ten steps backwards. [50-year-old woman, Winnipeg, HSC]*

Rhiannon reflected on what her life would look like if she was living under an abortion ban, she shared,

> *[The overturning of Roe v. Wade]freaked me out because if I wasn't born here, if I lived in Texas or something… my situation would be entirely different. I would have a completely different life. I would have literally had to go through giving new life into this world when I didn't want to. [22-year-old Indigenous woman, low-income, Winnipeg, WHC]*

Marie reflected on how the effects of the US have been, and can continue to encroach into Canada. She expressed,

> *I don't think it's enough to wait for these bills to be passed - these anti-abortion bills. I think that things need to be more preventative. And I don't know exactly what that looks like, but I don't think we can be reactive. I think we have to be proactive because we understand that attacks against women's health are on the horizon. […]. It's happening in Alberta, it's going to happen in different places. […] [34-year-old Metis mother, Winnipeg, HSC]*

Together, these perspectives illustrate how reproductive rights are not experienced as stable or guaranteed, but as fragile and vulnerable to erosion. For many, the threats they witness from anti-abortion demonstrations locally and from the US serve as a stark reminder that abortion rights are constantly challenged, reinforcing the need to remain vigilant in safeguarding reproductive justice in Canada. While participants noted that there are steps that the government must take to improve reproductive justice in Manitoba, they also mentioned appreciation for the steps that the Manitoba provincial government has taken to protect and enhance reproductive rights in the province – such as the implementation of a protest buffer zone and the Manitoba Prescription Birth Control Program. Participants expressed gratitude for these steps forward, while simultaneously reflecting on the global attacks on reproductive justice.

ABORTION AS EMPOWERING & SELF-AFFIRMING

Accessing abortion care had profound impacts on participants' lives, with many describing it as life-changing, and even lifesaving. It allowed participants to continue their education, prioritize mental health, leave abusive relationships, and make decisions that aligned with their values and circumstances. As Gabby reflected on the impact accessing abortion had on her life, she emphasized how important the choice to access care was for her life, stating, "one choice could literally change your entire life" [24-year-old Cree mother, low-income, Winnipeg, WHC].

Several participants described the experience of accessing abortion care as a pivotal moment of self-determination in their lives. Naomi reflected,

> *It brings me a newfound sense of joy and pride in myself too – that I made a decision for me. My whole life it's been for other people and making other people happy, and it took something like this to put myself first for the first time in my life. And so it means standing up for myself, it means making those choices for me. [29-year-old woman, Winnipeg, GP]*

For others, making this decision represented a rejection of community or cultural expectations, particularly around traditional gender roles. As Kinsley explained,

> *Both of those communities [I've lived in] are quite religious and quite centred around building a family, especially for women. It's almost like women are expected to go to work, but they're also expected to have kids and come home and cook and clean and take care of the kids. And I'm just not too down with that… [23-year-old woman, low-income, rural Manitoba, WHC & Telemedicine]*

Similarly, others were certain that they did not want to have children, and abortion care enabled them to make this a reality. Not wanting children, and finding out she was pregnant when she was 49, Victoria shared,

> *I can't even imagine being a geriatric mother (laughs), which is what would have happened. And I'm sure at this point you are pushing [it]. We know the risks associated with it and why we call it geriatric mothers (laughs). There are so much more risks, and I can't imagine what it would have been like to potentially have a child in my life and, particularly, if it had complex needs. Um, I don't think that I would've been able to cope with that. Just wasn't for me, so you know. I didn't even want to go there, so I was very confident in my decision-making at the time. You know, I think I've always been indecisive around having children for many years, and then somewhere close to 40, I just kind of gave up on that idea and kind of put it to bed. So, this was kind of just a very big shock, and then at that point I was — it was very much I didn't want children and might've said, "Oh, babies are cute," maybe in the 20s or 30s, but yeah in my 40s I'm looking at a different kind of future than I was then, so. [50-year-old woman, Winnipeg, HSC]*

For others, abortion meant being able to care for the children they already had. Marie shared,

> *I have a daughter [and] me and my partner have been together for [a long time], and we are just really happy. We love our little trio, and everything is just exactly how I want it to be. [34-year-old Metis mother, Winnipeg, HSC]*

Other participants shared how being able to access abortion care enabled them to take care of their mental health. Julia reflected,

> *I don't know what I would have done without [accessing abortion care]. It's crazy to even think about, like (sighs) mentally, I don't know. I just know that I wouldn't have been a happy person. It would have taken a big toll on my life mentally, I would say. Um, yeah, I don't know my whole life would have changed without that. And I don't think I was in the proper headspace for that. Like, if there is a time when I decide I want children, I would like to be happy about that and excited. [29-year-old woman, Winnipeg, HSC]*

Being able to access abortion care also intersected with participants' gender and sexual identities. As Quinn explained,

> *It meant a lot to me to be able to do that, to have autonomy for my life trajectory and for my body as a gender nonconforming person, it was huge for sure to have that. [29-year-old non-binary person, Winnipeg, HSC]*

Taylor reflected on how abortion shaped their relationship to identity and relationships,

> *Maybe I wouldn't have come more in touch with my own identity as well, and it finally sort of came out in the last couple or years… maybe I would still be with that partner, maybe I would still be dating cismen – which is something that I knew wasn't making me happy and wouldn't make me happy. [25-year-old non-binary person, Winnipeg, WHC]*

All of the participants consistently emphasized how access to abortion enabled them to live fuller, healthier lives, aligned with their needs and futures. Amara summarized this sentiment powerfully, as she expressed, "I get to live! I get to keep living, you know, it means everything" [26-year-old Black woman, temporary resident, BRHC].

REPRODUCTIVE JUSTICE IN MANITOBA: KEY TAKEAWAYS

Overall, reproductive justice was central to every participant's narrative, reflection, and vision for the future. Many participants situated their abortion experiences within a broader understanding of reproductive justice, recognizing that their access to abortion is deeply connected to the social, economic, and political conditions in Manitoba. Many expressed concerned about inequities in access, along with concern about the fragile state of reproductive justice across the globe amidst shifting political climates. However, these fears were often coupled with a strong sense of gratitude for their personal access to abortion, the steps Manitoba has taken to improve reproductive justice, and how accessing abortion care has and continues to shape the possibilities for their futures.

IMPLICATIONS & RECOMMENDATIONS

The findings from this study are consistent with previous abortion literature that shows the barriers to abortion care include challenges finding information (Patev & Hood, 2021), system navigation difficulties (Monchalin et al., 2023), geographic inaccessibility (Sethna & Doull, 2013), and fear of stigma, judgement, or discrimination (Hanschmidt, 2016). Further, the experiences of the participants are complex and varied, with individualized experiences and needs when seeking, undergoing, and then recovering from abortion care in Manitoba. Based on these findings and the recommendations from participants with lived experience, we offer the following recommendations:

1 INCREASE CAPACITY TO ENSURE TIMELY INTAKE PROCESSES AND ACCESS TO CARE.

Participants endured lengthy intake processes and wait times to access care, which exacerbated the stress they were already feeling. We largely link this to issues of capacity with respect to both infrastructure and staffing. We call for the increased capacity across the province to ensure timely access to care for abortion seekers. A centralized abortion intake program in Manitoba would reduce barriers to accessing care by eliminating the need for abortion seekers to navigate fragmented systems and independently locate providers. Currently, a formal version of this exists in the Northern Regional Health Authority, and an informal version exists through the Women's Health Clinic, which offers a referral list when at capacity. Formalizing and funding this model across the entire province would streamline access, reduce delays, and ensure timely, community-based abortion care in Manitoba.

2 ENSURE ALL HEALTHCARE STAFF AND GENERAL PRACTITIONERS ARE TRAINED TO PROVIDE TRAUMA-INFORMED, CULTURALLY COMPETENT, AND PRO-CHOICE CARE.

While abortion providers should be trained to provide this standard of care, all healthcare staff, regardless of their specific role, must also be equipped to offer care that is trauma-informed, culturally competent, and pro-choice. Abortion seekers interact with the healthcare system in various ways before, during, and after their abortion. Healthcare workers must be able to support, refer, and provide information to all patients, regardless of their reproductive decisions. Ensuring all staff are prepared to offer affirming, inclusive, and dignified care is essential to improving the overall experience and safety of abortion seekers.

3 ADDRESS ABORTION PAIN CONCERNS THROUGH ENSURING ADEQUATE PAIN MANAGEMENT AND INFORMATION.

Participants consistently raised concerns about how the pain they experienced during their medication or procedural abortions were downplayed, dismissed, or inadequately treated during their abortion process. Many reported that they were not informed about how painful the process could be and were not offered meaningful pain relief. This lack of preparation and support left some feeling shocked, unprepared, and unsupported during a physically and emotionally intense experience. This was especially true among racialized and Indigenous participants. We flag this as especially important given health systems' legacies of minimizing racialized women's pain. Participants called for healthcare providers to offer clearer and more accurate information about what kind and level of pain they should expect with their type of abortion, while providing adequate pain management to manage the pain. Providing clearer information about pain is critical for true informed consent and bodily autonomy, while providing proper pain relief options enables the person to feel more in control and dignified throughout their abortion process. Recognizing and treating all pain with compassion and respect is essential to uphold dignified, person-centred care.

4 STRENGTHEN POST-ABORTION FOLLOW-UP SUPPORTS.

Many abortion seekers in our study emphasized the emotional and physical aftermath of an abortion, noting that they felt isolated or uncertain about what to expect once the procedure was over. Few were offered any structured follow-up, and many expressed a desire for even a simple phone call to check in on their well-being. Implementing a routine post-abortion follow-up, such as a call from a nurse or clinic staff within a few days of the procedure, would provide an opportunity to monitor for complications, address any lingering concerns, and offer emotional support. This kind of follow-up is especially critical for those who may not feel safe or comfortable discussing their abortion with others in their lives. Additionally, participants expressed interest in community-based, peer-led support groups where they could connect with others who have undergone similar experiences. These groups could help reduce feelings of stigma, shame, or isolation and create a space for processing, empowerment, and mutual care. Offering both formal (clinic-based) and informal (peer-led) support options would address a spectrum of needs and promote holistic, person-centred care.

5 DESTIGMATIZE ABORTION IN MANITOBA AND BEYOND.

A through-line in many of our findings and recommendations is that abortion stigma continues to shape people's experience of accessing care, including getting accurate, affirming information or getting to appointments, encounters in the community but also in the healthcare system, which continues to shape the way they process their experience post-abortion and the types of isolation people may experience and support they may need. Abortion is a normal part of sexual and reproductive healthcare and must be discussed and perceived as such by our government, healthcare institutions, and communities. In particular, we note that abortion must be recognized as a fundamental aspect of reproductive health and included in sexual education alongside other topics like contraception, consent, and STIs. Sexual education must frame abortion through a reproductive justice lens, recognizing the importance of bodily autonomy, informed decision-making, and equitable access to care. By integrating abortion into comprehensive sexual education, we can better equip young people with the knowledge they need to make informed, empowered decisions about their reproductive lives.

Destigmatizing abortion in Manitoba must be an effort from all sectors of our society, as initiatives are needed to address abortion stigma in healthcare settings, political spaces, rural communities, sexual education materials, and beyond. It is not until this is accomplished, that people can make choices about their bodies, families, and futures free from stigma, enhancing the state of reproductive justice in Manitoba. We hope this research can be part of that effort.

FINAL REMARKS

It has been made clear that abortion access in Manitoba is shaped by both deep inequities and profound acts of care. Participants' experiences reveal a system that too often relies on individual resilience, informal networks, and personal sacrifice to compensate for structural gaps in access. Geographic inaccessibility, inconsistent institutional support, and a lack of information continue to shape how accessing care is experienced. At the same time, participants narratives highlight the transformative role of community-based organizations, compassionate care providers, and advocates who dedicate their work to ensure that people are treated with care and dignity. These efforts demonstrate that a more just and compassionate system is not only possible, but already being practiced in pockets across the province.

The urgency of this moment cannot be overstated. As abortion rights face increasing threats globally, Manitoba has a responsibility to move beyond a model of access that depends on goodwill, and toward one that is rooted in equity, dignity, and reproductive justice.

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