Sexual & Reproductive Health-Care Services in Prince Edward Island for people with female parts
Sexual & Reproductive Health-Care Services in Prince Edward Island for People with Female Parts
Text © March 2016, PEI Advisory Council on the Status of Women
Illustrations © 2015, Mari Basiletti
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About the PEI Advisory Council on the Status of Women
The PEI Advisory Council on the Status of Women (PEIACSW) is an arm’s-length government-appointed Council. Nine Council members are selected from among Island women who have demonstrated a commitment to women’s equality and who represent regional, cultural, and ethnic diversity. The Council believes that women’s equality is the foundation for equality for all people. Women’s inequality continues to influence discriminatory attitudes and actions that affect our society and culture, our politics and laws, and our economies. Council believes that women’s independent social and economic security is key to equality and to freedom from physical, emotional, and sexual violence.

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This full resource and individual pages from it are available in PDF format on the Council’s website www.gov.pe.ca/acsw
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* All topics are available unbound as information sheets upon request.
What Is Sexual Health?

Everyone has the right to sexual and reproductive health no matter what body they were born with, what experiences they have, what choices they make, or who they are. This is true whether the person is sexually active or not; whether the person chooses to have children or chooses not to have children; whether the person experiences sexual attraction or never does.

Women’s sexual and reproductive health is much broader than the topics covered in this booklet. As well, the sexual and reproductive health of women encompasses more than pregnancy and child-bearing. Women are not defined by motherhood; rather, women are persons who deserve good health and care, regardless of whether they conceive or give birth. And don’t forget pleasure! All people have the right to find pleasure in their bodies and their sexuality.

This booklet is not intended to replace the advice of licensed health professionals. Always seek professional advice before making a decision about your health care. As well, the legal sections of the booklet are not legal advice and cannot replace the advice of a lawyer.

This booklet contains information relevant to adult women and transgender people. Often sections will refer to “women” alone. These sections may still assist persons who do not identify as female but may have been assigned female at birth.

- Sexual health goes beyond physical health and disease.
- “Being sexually healthy means that you are free from... violence, injury, fear and false beliefs. It also means that you are comfortable with your sexuality and have the ability to control and positively experience your own sexuality and reproduction” (sexualityandu.ca).
- A person with a dormant or managed sexually transmitted infection can enjoy sexual health.
- ...
Sex Versus Gender Identity

**Sex** refers to the physical sex characteristics we are born with, for example, some babies are born with a vagina (female), some with a penis (male), and some with characteristics that don’t fall into either category of female or male (intersexed).

**Gender** refers to how a person self-identifies according to the socially constructed roles, behaviours, and attributes designated female or male by the person’s culture.

The Ontario Human Rights Commission describes gender identity as a “person’s internal and individual experience of gender. It is their sense of being a woman, a man, both, neither, or anywhere along the gender spectrum. A person’s gender identity may be the same as or different from their birth-assigned sex. Gender identity is fundamentally different from a person’s sexual orientation.”

Some of the most common gender identities are these:

- **Cisgender**: a person whose gender identity matches the sex they were assigned at birth. For example, a person who was born with a vagina and identifies as a woman.

- **Transgender**: a person whose gender identity does not match the sex they were assigned at birth. For example, a person who was born with a vagina, was assigned female at birth and identifies as a man.

- **Gender Non-Conforming/Adrogyne/Gender Fluid**: a person who doesn’t identify as female or male, or identifies as both.

That’s a good question!

If you are unsure of someone’s gender identity, ask them what pronoun they use. Use the pronouns “they” and “them.”
**What Is Sexuality?**

Sexuality is a complicated part of human identity. The World Health Organization (WHO) says sexuality “encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.”

Sexuality and gender are fluid, complex, and hard to pin down. The definitions included here may not represent you. You define your own sexuality and gender.

The Public Health Agency of Canada defines some different sexualities as follows:

- **Heterosexual/Straight**: A person who is physically and emotionally attracted to someone of the opposite sex.
- **Homosexual/Gay/Lesbian**: A person who is physically and emotionally attracted to someone of the same sex.
- **Bisexual**: A person who is attracted physically and emotionally to both females and males.
- **Questioning**: A person who is unsure of their sexual orientation.
Some people identify as **asexual**. Asexual individuals do not experience sexual attraction. A person who identifies as **pansexual** is attracted to a person regardless of that individual’s sex, sexuality or gender identity.

According to the Canadian Federation for Sexual Health, **two-spirited** “is a First Nations term for individuals who are considered to be neither women nor men. It often implies a masculine spirit and a feminine spirit living in the same body. Traditionally, two-spirited individuals were seen as having a gift and they performed traditional duties of both genders.”

**That’s a good question!**

LGBT, GLBT, LGBTQ, LGBTIQ, LGBTTIQ²...

The terms people use to describe their sexual orientation and gender identity vary from person to person. The acronyms communities use to describe themselves also vary. This resource uses “LGBTQ” to include a variety of descriptions of sexual orientations, including lesbian, gay, bisexual, trans, two-spirited, questioning, and queer. Please remember “queer” is a traditionally derogatory term reclaimed by a community and only appropriately used by people who identify as members of that community. When in doubt about a term, ask how they would like to be identified – or don’t label people at all!
Know Your Rights

What are some of your rights as a patient?

• To be treated with dignity and respect by health professionals.

• To be given complete and accurate information in a way you can understand.

• To be able to ask questions and receive answers.

• To have your privacy and confidentiality respected and to know under what circumstances your information may be shared.

• To have a friend or family member with you at meetings with health professionals, if you wish.

• To know who is providing your care and what qualifications the health professional has.

• To have services provided in an accessible and appropriate manner, including considerations for Islanders living with an impairment or disability;

• To be an active member of your health-care team and the decision-making process.

Everyone on Prince Edward Island who is mentally competent has the right to give or refuse consent to any medical or health treatment. This is true even if the decision may result in your death. Your consent must be given voluntarily and you must be properly informed of your options and possible outcomes by the health professional.
If you think a doctor has behaved unethically or unprofessionally delivering your care, you may wish to contact the **College of Physicians and Surgeons of PEI**. The College is responsible for licensing physicians, handling complaints against physicians, and delivering disciplinary action. They can be reached at 902-566-3861 or at cpspei.ca.

All government-run health services are required to provide neutral and respectful service. These services should be equally accessible and respectful of transgender individuals, individuals who identify as LGBTQ, and individuals from visible minority groups. If you encounter unethical or unprofessional behaviour from health-care professionals within the Health PEI system, you can make a complaint to **Health PEI** at www.healthpei.ca/feedback.php (preferred by Health PEI) or 902-368-6130, if you do not have access to the Internet.

**For more information on patients’ rights on PEI:**

- “Health Care Decisions” by Community Legal Information Association (www.cliapei.ca)
- Health PEI (www.healthpei.ca)
- College of Physicians and Surgeons (cpspei.ca)
- PEI Human Rights Commission (www.gov.pe.ca/humanrights)
Self-Advocacy

Health-care professionals on PEI are trained to provide excellent quality care in a respectful manner. Most professionals do their best to provide safe and sensitive services. Every Islander has the right to be treated with dignity and respect. It is against the law to discriminate based on race/ethnicity, gender, sexuality, religion, age, and other grounds outlined in the PEI Human Rights Act.

If you find yourself in a situation where your cultural, physical, or other needs are not being met, you can

• explain what your needs are and work with the professional to meet your needs;
• bring a support person with you to help explain what you need;
• ask to speak to a supervisor to explain the situation and how your needs are not being met;
• seek out specialized programming. (For example, an Aboriginal Islander looking for parenting help may wish to use the Mi’kmaq Family Resource Centre since the program was designed based on Aboriginal teachings and ways of life.

Being a self-advocate means you speak up for yourself, you make your own decisions, you stand up for your rights and you collaborate with health professionals. Educating yourself on your medical conditions and researching different options will allow you to make informed decisions in your own best interest.
If your primary language is French, ask in advance if the services you seek are available in French. The **811 telehealth** service (711 TTY) is French/English bilingual and open 24 hours a day. If your primary language is not English or French, 811 telehealth is available in more than 120 languages. For appointments, you may need interpretation services. Free services for medical appointments may be available through the **PEI Association for Newcomers to Canada**.

People who have an intellectual disability often report being treated like children. If you have an intellectual disability, you have the right to be heard and to be part of your case management. Unless you have been deemed mentally incompetent by a doctor, you have the right to agree to or to refuse any treatment or case plan. For more information and for support, contact **PEI People First** at 902-892-8989 or **PEI Citizen Advocacy** at 902-566-3523.

If you have a physical disability and need support accessing health care, you may wish to contact the **PEI Council of People with Disabilities** at 902-892-9149 or 1-888-473-4263.

It is against the law for health-care professionals to discriminate against you based on your gender, sex, or sexuality. If you feel you have been discriminated against or you would like to speak to someone, contact the **PEI Human Rights Commission** (info listed to the right).
Accessing Health Professionals

Getting a family doctor on PEI can take some time. If you do not have a doctor, contact the Provincial Patient Registry. This service helps Islanders find a family physician: 1-855-563-2101 or go to www.healthpei.ca/patientregistry.

You can speak to a registered nurse by calling **811 telehealth** (or **711** for deaf or hard-of-hearing individuals). The nurse can give you non-emergency health information and help you navigate the health-care system. This service is available in English, French, and more than 120 other languages.

Many Islanders and visitors use **walk-in clinics** to access doctors. To find a walk-in clinic close to you, call **811** (or **711 TTY**) or go to www.healthpei.ca/walkinclinics.

**Public Health Nurses** provide information and services on illness prevention, health promotion, disease detection, and treatment. For a public health nurse location near you, go to www.healthpei.ca/publichealth or call **811** (or **711 TTY**).

A part-time **Women’s Clinic** is held in Charlottetown for women who need contraception, Pap tests, or gynecology advice. No referral is needed. Patients can call to book their own appointments at 902-367-3285.

- **Provincial Patient Registry**
  - 1-855-563-2101– www.healthpei.ca/patientregistry
  - **811 Telehealth**
  - Dial 811 (or 711 TTY)
  - **Walk-in Clinics**
  - 811 for information or www.healthpei.ca/walkinclinics
  - **Public Health Nursing**
  - 811 for information or www.healthpei.ca/
  - publichealth
  - **Women’s Health Clinic**
  - 24 Linden Avenue, Charlottetown,
  - 902-367-3285
Hospital emergency rooms should only be accessed in the case of emergency. If possible, all other health issues should be addressed using a walk-in clinic or a family doctor. If your medical issue arises after walk-in clinic hours, you may wish to call 811 (711 TTY) to speak with a nurse to determine if you should go to an emergency room. If you are frightened for your immediate safety, go to an emergency room right away.

If you are in medical distress and need assistance getting to the hospital, call 911 and ask for an ambulance. You will be charged for the cost of the ambulance. In 2016, Island residents with a valid PEI Health card are charged $150. Those without a valid PEI Health card are charged $600. These fees are waived for seniors aged 65 or older who have a medical emergency. Seniors who use an ambulance for non-emergencies are charged $150.

How to Access an Obstetrician/Gynaecologist (OBGYN)

Women who are not pregnant must receive a referral from a doctor, such as a family doctor or doctor from a walk-in clinic. Women who are pregnant should also begin by contacting their family doctor or a doctor at a walk-in clinic. Women with higher risk pregnancies will be assigned an OBGYN right away, and all women will be assigned a gynaecologist for the last 3 months of their pregnancies.

Services for Aboriginal Islanders

Aboriginal Islanders who live on reserve may wish to access the Lennox Island Health Centre (Lennox Island, 902-831-2711) or the Abegweit Wellness Centre (Scotchfort, 902-676-3007). These health centres have a wide range of services, with particular emphasis on the unique needs of the community. Lennox Island Health Centre is one of the centres for the Cervical Cancer Screening Program.
Breast Health

Many Island women will experience issues with their breast health. Finding a lump or mass in your breast can be very frightening. In this section we will focus on breast cancer information, but please note that many benign (not harmful) breast tissue conditions can cause masses in the breast. If you find a lump, try not to panic. Most breast abnormalities are benign.

You should see a doctor if you experience:

- changes in the size, positioning or shape of your breasts or areolas;
- ongoing pain in your breast or armpit;
- swelling in the armpit or under the collarbone;
- puckering or dimpling of the breast;
- unusual discharge from your nipple(s);
- rashes or crusting;
- a thickened area, mass or lump.

Self-exams can be a valuable part of breast health. The most important thing you can do is become “breast aware.” If you do self-exams regularly, you will be more likely to notice differences in your breast tissue.

If you notice anything unusual in one breast, check the other breast in the same spot. If the other breast feels the same, it is likely that your breasts are healthy. However, it is best to have any masses or abnormalities looked at by a doctor.

Your doctor or nurse may do a clinical breast exam during your medical visit. You have the right to ask for a nurse or another person to be in the room when this exam is performed.
Regular breast screening is an important part of breast health. Mammograms use x-rays to create images of each breast’s internal structure. Your breast is placed onto a plastic surface of the x-ray machine and another plastic plate is lowered to flatten the breast to prepare for the x-ray. The pressure put on your breast can be uncomfortable. Mammograms can find breast cancer up to two to four years sooner than manual breast exams. It is recommended that women over 50 and under 70 have a mammogram every two years. Your risk factors will determine how long you should go between screenings.

The PEI Breast Cancer Screening Program helps women detect breast cancer in its earlier stages by offering mammograms. This program is recommended for people aged 40 to 75. You do not need a doctor’s referral and there is no cost. To access this program, call 1-888-592-9888 or visit www.healthpei.ca/breastscreening.

PEI Breast Cancer Screening Program
1-888-592-9888
www.healthpei.ca/breastscreening
The Pelvic Region

The pelvic region or “down there”...

Some of us received sex education in school and some of us had “the talk” with a parent. Some of us never got any information about our genitals or sexual health. This section provides a very basic overview of female sex organs.

Not all women have all of these sexual organs. Some women may have been born different, and some women may have had body parts surgically removed, altered, or constructed. Some women have survived female genital mutilation and may not have all or any of the external sexual organs.

Some women’s bodies will look similar to the descriptions and some will not.

To learn more, speak with your health-care provider.

There is no right or wrong body.

Finding reliable, feminist, sex-positive information about women’s sexual and reproductive health can be challenging. Google is not your friend. Here are some trusted sources:

- **Action Canada for Sexual Health and Rights**
  www.sexualhealthandrights.ca/

- **Society of Obstetricians and Gynaecologists of Canada**
  www.sexualityandu.ca/

- **Options for Sexual Health BC** listings of resources:
  www.optionsforsexualhealth.org/resources

- The classic reference book *Our Bodies, Ourselves* by the Boston Women’s Health Collective
Internal Sex Organs

**Uterus:** This internal pear-shaped sex organ is also called the womb. Many women will experience menstruation or a “period.” This involves the shedding of the uterine lining due to hormonal changes. (See page 18 for more information.) If a woman becomes pregnant, the uterus is where a fetus develops.

**Ovaries:** The glands that produce ova or human eggs. The ovaries play a critical role in menstruation, as well as providing the woman with the hormones estrogen and progesterone, which are necessary for optimal health.

**Fallopian Tubes:** These tubes connect the ovaries to the uterus. The ovum or egg travels from the ovary, down the fallopian tube, into the uterus.

**Cervix:** Located at the bottom of the uterus, where it opens into the vagina. Blood can flow through the cervix during menstruation and semen can enter for conception to take place. The cervix plays a critical role in protecting the fetus during pregnancy.

**Vagina:** The internal passageway from the cervix to the outside of the woman’s body. This is how a baby exits the uterus upon childbirth, and it is the opening through which menstrual blood exits the body.

**Hymen:** At the entrance of the vagina, some women have a hymen, a thin membrane that surrounds the vaginal opening. This membrane often tears the first time a girl or woman has vaginal intercourse, resulting in harmless bleeding. If you do not bleed the first time you have sex, you may have torn your hymen as an active girl or woman, or you may have been born with a hymen that does not need to tear to have vaginal intercourse. The hymen has no role in sexual pleasure, pregnancy, or general health.
External Sex Organs

The external female sex organs, as a whole, are known as the vulva. Vulvas are unique to each woman. The size, shape, and look of the woman’s vulva can be very different from woman to woman, even among women within the same family.

**Clitoris**: This sex organ is located at the front end of the vulva and is made up of many thousands of nerve endings. The exterior, visible part of the clitoris is pea-sized. This sex organ’s only purpose is sexual pleasure. It becomes firmer and larger when the woman is aroused. Stimulating the clitoris can bring on sexual arousal and orgasm.

**Urethra**: This is the tube through which urine is excreted from the body.

**Perineum**: This is the skin between the anus and the vulva.

**Anus**: This is the exit for your digestive tract, where feces or stool are eliminated.

**Bartholin Glands**: These glands are located to the left and right of the vaginal opening. They secrete mucus that helps lubricate the vagina, especially during sexual arousal.

**Inner Lips (labia minora)**: These are two flaps of skin surrounding the vaginal opening, just inside the labia majora, or outer lips. The inner lips may be longer than the outer lips.

**Outer Lips (labia majora)**: These are two larger flaps of skin that often cover and enclose the other structures of the vulva.
Pelvic Examinations

From puberty on, most women will undergo a pelvic examination at some point in their lives. Many women will have one every year or every couple of years. This can be intimidating. Consider whether you would like to have a friend or family member go with you to the examination. It is your decision whether to have another person with you; you do not need permission from the doctor.

For survivors of sexual assault or childhood sexual abuse, a pelvic exam can be traumatic. If you are a survivor of sexual violence, you may wish to also seek support from the PEI Rape and Sexual Assault Centre Counselling Services, 902-368-8055 or toll free 1-888-368-8055. The counsellors there can help you develop coping techniques to use at the examination.

If you are nervous, let your doctor know. If it will help, ask your doctor to explain each step as you go. Doctors usually understand that pelvic exams can be uncomfortable for patients. If you feel distressed, it is okay to ask the doctor to stop.

Pelvic examinations are very important because they can uncover many different female reproductive and sexual health concerns. During the exam, the doctor or nurse will be checking to make sure your organs (uterus, fallopian tubes, and ovaries) are medically normal. They can also check to see if you have any infections or if there are any signs of cancerous cells.

If you believe you may have a sexually transmitted infection, it’s important to tell your doctor. Not all infections can be detected by a pelvic exam alone. Your doctor will likely need to take a second swab of your cervical cells to check for sexually transmitted infections.
When a Pap test takes place, the doctor or nurse collects cells from the cervix (the opening of the uterus) to test for cancerous cells. Early detection of cervical cancer is critical to ensuring successful treatment of the disease. To conduct a Pap test, the doctor or nurse must insert a speculum into the vagina. The speculum gently opens up your vagina so the cervix is easier to see and swab.

When do I need a Pap smear test?

- When you are between 21 and 65 years of age and have been, or are currently sexually active (including intercourse, oral sex, or touch with a partner of any gender’s genital area);
- When you’re experiencing pain, unusual bleeding, or discharge;
- When you have any other symptoms or medical history that cause you or your doctor concern.

Most women have a Pap test every two years. Health PEI suggests all women who are 65 and older and have never been sexually active or who have had three negative Pap tests in the last 10 years can discontinue screening. If you do not have a cervix (or if you have had a hysterectomy and your cervix has been removed), you do not need to have Pap tests.

Cervical Cancer Screening Clinics
1-888-561-2233
www.healthpei.ca/papscreening

Your family doctor can do a pelvic exam and Pap test. If you do not have a family doctor or are not comfortable going to your family doctor for the test, you may wish to use a Cervical Cancer Screening Clinic.

It is best to book your appointment for a time when you are not menstruating. Blood can impair the test’s accuracy.
**Menstruation** is a monthly cycle that prepares the female body for possible pregnancy. Many women and some trans men menstruate. During the menstrual cycle, the body produces hormones that thicken the lining of the uterus and that cause the ovaries to release an egg. If the egg is introduced to sperm and conception takes place, the fertilized egg may implant onto the thickened uterine wall, resulting in pregnancy. If the egg is not introduced to sperm, or if conception or implantation fails, the egg and the uterine lining are shed. This is menstruation, also called your period.

There is a range of normal cycles, usually around 28 days, with seven days of bleeding. If you have a longer or shorter cycle, this does not mean something is wrong. Let your doctor know if your period is longer or shorter to discuss what is normal and healthy for you.

Most women experience menstruation during their lifetime and some do not. For those people who menstruate, some may experience heavy periods, others may experience light periods or have irregular periods. Every body’s cycle is different.

**Premenstrual Syndrome (PMS)**

PMS is a set of symptoms some women experience in the time before menstrual bleeding begins each month. There is no test to see if you have PMS. The doctor makes the diagnosis based on symptoms that have interfered with your daily life and have been present for at least three cycles. Symptoms can include depression, anxiety, irritability, headaches, bloating, and tender breasts. If you think you have PMS, keep a log to track your symptoms. That will help your health-care practitioner to make a diagnosis or to check for other health issues that may be causing the symptoms.
You may wish to speak to a doctor if you have female reproductive organs and
• do not menstruate;
• menstruate irregularly;
• experience severe pain or discomfort during menstruation;
• experience heavy bleeding or bleeding that continues past seven days;
• have abnormal or foul-smelling discharge from your vagina;
• are experiencing other symptoms that cause you worry or concern.

Many women experience some physical discomfort during menstruation. It is normal to experience:
• weight gain, bloating;
• acne, pimples;
• abdominal cramping and pain;
• fatigue, low energy;
• sadness, anxiety, irritability;
• nausea, diarrhea, constipation.

If you are experiencing severe symptoms, speak with a health-care practitioner to create a plan for self-care. Some things to try at home include:
• exercise;
• a heating pad to lie on your abdomen;
• over-the-counter pain medication;
• improving your diet and reducing caffeine intake;
• activities you find soothing such as drinking hot tea, taking a shower, meditation, etc.
There are many product options available for menstruation. You may wish to consult with a health-care professional to determine what option is best for you. When purchasing hygiene items, especially from online sources, take steps to ensure the vendor is reliable and that the products are safe. Online reviews by other consumers can be helpful.

**Pads/Sanitary Napkins:** Thin pads made with absorbent material that are held against the vagina using underwear. Pads may be disposable or reusable. Pads can be purchased at drug stores and many other locations. Reusable pads can be found in natural food stores, speciality stores, online vendors, and other locations.

**Tampons:** A small cylinder of absorbent material that can be inserted into the vagina to absorb menstrual blood. Tampons are usually disposable, but some companies create reusable tampons. Tampons can be purchased at drug stores and many other locations. Reusable tampons can be found through online vendors.

**Menstrual Cup:** A small reusable cup that is inserted into the vagina to catch the blood. The cup needs to be emptied regularly. These are available in natural health sections in many drug stores, grocery-store pharmacies, health-food stores, and through online vendors.

**Sea Sponge:** An actual sea sponge that is inserted into the vagina to catch the blood. The sponge is soaked to soften it and then inserted. Upon removal, the sponge must be squeezed empty and disinfected. These are available through online vendors and may be available in health-food stores.
Being Sexual

Everyone has the right to find pleasure in their own body, whether as an individual or in a sexual relationship with another person or persons. In North American culture, we spend a lot of time talking about the mechanics of sex, without talking about how pleasurable it can be!

Sexual activity can feel really good. Many people think of orgasms when they consider sexual pleasure, but sexual pleasure can be much more than an orgasm. Touching, cuddling, kissing – there are many physical aspects to sexual activity that are pleasurable. You have the right to find pleasure in your own body and your own sexuality in your own way.

For women, sexual arousal is often accompanied by
- increased heart rate;
- increased blood pressure;
- faster breathing;
- vaginal lubrication;
- clitoral enlargement and enlargement of tissues of the vulva from increased blood flow;
- increased sensitivity of breast and genital areas. Some women experience increased sensitivity all over their body.

Sexual arousal can include other individual responses. Some women may not experience sexual arousal in these ways.
Masturbation can include:

- any touching of your own body for a sexual purpose;
- stimulating your breasts or nipples;
- reading erotica or viewing images or videos about sex;
- stimulating your clitoris;
- stimulating and/or penetrating your vagina or anus;
- having sexual fantasies you find arousing.

Some people use their hands or fingers to stimulate or penetrate themselves; others use an object or vibrator or sex toy they find arousing.

Orgasm can result from masturbation, but many people enjoy masturbation without having an orgasm. *(Learn more about orgasms on the next page.*) Being sexual on your own gives you time to explore and enjoy your own body and experience your own pleasure.

There is no right or wrong way to enjoy your own body. If you do not wish to masturbate, that is okay too. You decide!
Orgasms

Sexualityandu.ca states that orgasms are “a series of rhythmic muscle contractions accompanied by pleasurable, often intense sensations... Excitement and arousal begin the process, followed by a plateau of sexual response and then the orgasm itself, an intense sensation that results in a release of sexual tension.”

Women can have an orgasm from many different kinds of sexual activity, alone or with another person. If you have never experienced an orgasm and wish to try, masturbation is a good way to start.

Women may not have an orgasm every time they engage in sexual activity. However, there are many ways to increase a woman’s pleasure during sexual activity that can lead to orgasm. Some things that can help include stimulating the breasts, nipples, and clitoris; stimulating the imagination with words or images; and using natural or artificial lubricants.

Having difficulty coming to orgasm does not mean something is wrong with you. You may need more practice pleasuring your body and discovering what you find pleasurable; you may be a person who has difficulty having orgasms; you may be someone who is not interested in having an orgasm; or you may have a health issue that a doctor can help you address. Even if a woman doesn't orgasm, she can still feel good touching herself or being touched by another person.

Some women at some times will come to orgasm easily. Some women will have multiple orgasms (more than one orgasm in rapid succession) some or all of the time. Some women will expel small amounts of fluid during sexual excitement or orgasm. Female ejaculation is healthy and normal. But some women do not experience female ejaculation, and this is also healthy and normal.
Having Sex

Sexual activity includes a wide range of activities for a sexual purpose. “Sexual intercourse” generally refers to vaginal or anal stimulation and/or penetration. Some people will have sexual intercourse during their lifetime and others will not. In this section, “sex” refers to any sexual activity, including intercourse, with another person.

In the past, “having sex” almost always meant having penis-in-vagina sexual intercourse. However, many kinds of sexual activity are now understood as “having sex,” including erotic touching, kissing, and mutual or self-masturbation. These and other activities can cause a woman to have an orgasm. You decide what “having sex” means to you, and you decide who you have sex with.

CONSENT: An essential concept

Whether you never have sex, have sex once or twice, or have sex throughout your life, you have the right to control what happens with your body.

You have the right to decide:

• what types of sexual activity you engage in;
• how often or how many times you have sex;
• with whom you have sex;
• if you have sex at all.

No one ever has the right to pressure or force you to have or to continue to have sex.
If you decide to have sex with someone, it is a good idea to discuss what sexual activities you are comfortable with and to decide upon birth control and/or sexually transmitted infection (STI) protection. Being clear about what you want and need is important to your sexual health.

If sex becomes painful or uncomfortable or if you just want to stop, you have the right to stop the sexual activity. You never owe anyone sex, and you have the right to stop at any time.

If you are having penis-in-vagina sex, and it becomes painful or uncomfortable, you can try other kinds of sexual activity to help increase your natural vaginal lubrication and relax your pelvic muscles, which may increase sexual pleasure. You may also wish to use a personal lubricant. For anal sex (a penis inserted in the anus), it is very important to use a lubricant. Lubricants can be purchased at any pharmacy and can also be found in grocery or department stores.

A common way of having sex is oral sex. Oral sex (stimulating the genitals with the mouth) is intimate sexual activity that can be very pleasurable. People of any combination of genders can enjoy oral sex. The same rules of consent apply to oral sex as sexual intercourse: you have the right to decide if this activity is right for you to give or to receive and to say yes or no at any time.

Who gives and receives oral sex is often affected by sex and gender differences. In today’s North American culture, more women give oral sex than receive it; more men receive oral sex than give it. These gender norms are cultural, not natural or a “given”!

In healthy intimate relationships, each partner’s desire and pleasure matters.
Many people over the age of 65 are sexually active, experience orgasms, and enjoy sex. Some older adults say sex is better now than in their youth.

Some seniors experience age-related challenges such as vaginal dryness or vaginal discomfort or pain. Older women may find that personal lubricant from the drug store helps make penetration more enjoyable. Foreplay and masturbation will also help a woman’s body to self-lubricate. In some cases, the woman and her doctor will decide to start hormone treatments. See page 61 for more information on hormone replacement therapy.

If you are experiencing difficulty having sexual intercourse, speak to your doctor about possible solutions. You may wish to ask for a referral to a gynaecologist.

**Sexually Transmitted Infections and Older Adults**

Older adults sometimes think sexually transmitted infections (STIs) are something only young people need to worry about. This is not true! Any person who is sexually active must take precautions to avoid STIs. An 83-year-old woman in a sexual relationship in the community care facility who does not use a male condom or dental dam has the same risk as a 20-year-old woman at college who does not use a condom or dental dam. To learn more about sexually transmitted infections, see page 28. To learn more about protection from STIs, see page 32.
Community Care Facilities & Nursing Homes

In 2014, the Government of PEI created nursing clinical standards for sexual health and intimacy in government-owned nursing homes. The Government recognizes that sexual health and intimacy are essential components of a person’s overall health. The standards policy is based on the knowledge that all persons are sexual beings and should be treated with respect with regard to sexual health and sexual expression regardless of age, race, ethnic origin, disability, cognitive capacity, family status, beliefs, sexual orientation, or gender identity and expression.

The standards assist staff to support healthy sexuality and intimacy for residents. They set out approaches that balance support for a resident’s sexuality and right to engage in sexual activity with a duty to protect residents from foreseeable harm.

These standards will be shared with private nursing homes, but only have to apply in community care facilities. It is a good idea to visit the community care facility or nursing home you are interested in before you make any decisions about where you will live. Ask lots of questions when you are there, including questions about the facility’s policies on sexual health, sexuality, and sexual activity.
Sexually Transmitted Infections

Sexually transmitted infections (STIs) are infections that can be transferred between people when they have sexual relations with each other. Some STIs are curable and some can only be managed with medication throughout the person’s lifetime. Many STIs are easily passed between sexual partners who do not use protection; between people who share needles; or between pregnant woman and fetus. If you believe you have an STI, seek medical attention.

It is impossible to know if someone has an STI just by looking at their body or genitalia. It is important for your health to use protection when having sex.

Common Bacterial STIs:
- Gonorrhea
- Syphilis
- Chlamydia
- Lymphogranuloma venereum (LGV)

Common Viral STIs:
- Genital herpes
- Human Papillomavirus (HPV)
- Hepatitis B
- Hepatitis C
- Human Immuno-Deficiency Virus (HIV)

Common Parasitic STIs:
- Trichomoniasis (Trich)
- Crabs (Pubic Lice)
- Scabies

Occurrence rates

The most common STI found on PEI is chlamydia, which accounted for 50% of occurrences in 2013. The second most common STI on PEI is gonorrhea.
STI Symptoms

Many STIs share similar symptoms. You should speak with your family doctor or go to a walk-in clinic if you have any of the following:

- painful sores or warts on your genitalia, anus, or skin around your genital or anal areas;
- burning when you urinate;
- abdominal pain or pain during sex;
- unusual vaginal or anal discharge;
- bleeding not related to menstruation;
- itching, soreness, or rashes around your genitalia or anus;
- swollen glands in the groin;
- jaundice (yellowing of skin and eyes) that indicates liver problems;
- small discolourations (parasite bite sites) or fine black particles (parasite feces) on your genitalia or skin;
- fever, achy muscles and joints, chills, fatigue;
- any other symptoms that cause you concern.

Some STIs can cause no obvious symptoms. If you have engaged in unprotected sex or other risky activities, or if you think your partner has done so, you may wish to ask for STI testing.

How can I assess the risks in my activities?
PEI has no sexual health clinics. If you need to be tested, speak to your family doctor or a doctor at a walk-in clinic. Non-nominal testing can be performed at any clinic on PEI (though appointments may be required). “Non-nominal” means the health-care provider knows your identity but the test is ordered using a code or your initials, not including your full or partial name. In some cases, you can obtain testing through the emergency room. Chlamydia, gonorrhea, syphilis, HIV, and hepatitis B can be tested through the provincial lab upon request of a physician. All results are confidential.

PEI does not have a HIV anonymous testing program. If you need an anonymous HIV test, anonymous testing is available in Moncton, New Brunswick. AIDS PEI can help you make arrangements to get a test at the Moncton Sexual Health Centre. The centre can be reached by calling 506-856-3310. You do not need to give your real name or tell them you are from PEI. It is completely up to you.

Some infections are treated with antibiotics, some with antivirals, and some with antibiotics and immunoglobulin/immunizations, if it’s considered appropriate. If you test positive for a sexually transmitted infection, you may wish to contact the Sexually Transmitted Disease Drug Program under PEI Pharmacare. This program will pay for approved medications to treat STIs. To contact this program call PEI Pharmacare. (See info at right).

Learn more about STIs
www.sexualityandu.ca/stis-stds
Disclosing STIs

If you are under 18 years old and are tested for a sexually transmitted infection, your parents might be told about the testing and results.

Islanders who have been diagnosed as having a communicable disease must provide the names of any persons who may have been affected by the disease to a medical practitioner, nurse practitioner, or registered nurse. This includes infections such as chlamydia, gonorrhea, syphilis, HIV, and hepatitis B and hepatitis C.

The Chief Public Health Office is notified of all cases of STIs on PEI. Once you provide the names of persons who may have been affected by your infection, Public Health Nurses will meet with each person to ensure they can be tested and treated. All contact information is kept confidential and your name is not shared with the people you name as possibly being affected by the infection.

There can be legal consequences for not disclosing sexually transmitted infections. This can include criminal prosecution. The Supreme Court of Canada has stated that a person who is HIV-positive has a responsibility to tell sexual partners about their status before engaging in activity which brings a significant risk of bodily harm. Although very rare, there have been criminal prosecutions for those who have not disclosed other conditions such as herpes, hepatitis B, and hepatitis C.

Courts have not provided consistent guidance of which activities could trigger criminal prosecution, but we do know that it includes unprotected anal/vaginal intercourse and sharing needles. The law has not provided clear guidance on whether engaging in sexual intercourse with a condom (without disclosure of the condition) is sufficient to remove the possibility of criminal conviction.
Birth Control & STI Protection

There are reliable ways to prevent pregnancy and sexually transmitted infections. Women have a number of options, so consider which would be the best for you. Your sexual partner is equally responsible for preventing STI transmission and unwanted pregnancy.

Hormonal or Non-Hormonal Birth Control

These are some of the more common methods used to prevent pregnancy or sexually transmitted infections or both. **Only the male condom prevents both pregnancy and STIs.** No method provides 100% protection from pregnancy or STIs. If you are going to use hormonal birth control, it is important you are honest with the health-care practitioner about why you need it. Stating it is for acne or cramping could result in an inaccurate dosage for preventing pregnancy.

**Non-Hormonal Methods:**
- Intra-uterine Device (Copper IUD)
- Contraceptive Sponge
- Cervical barriers (Lea’s Shield, cervical cap, or diaphragm)
- Spermicide
- Surgical methods such as tubal ligation or vasectomy
- Male Condom (Note: This is the only method that prevents both STIs and unwanted pregnancies)
- Female Condom (Note: According to Health Canada these should not be used for disease prevention)

**Hormonal Methods:**
- Oral contraceptive pill
- Contraceptive patch
- Vaginal contraceptive ring
  - Contraceptive injection
  - Intra-uterine Device (IUD)

Learn more!
Detailed information on birth control:
www.sexualityandu.ca/birth-control
More Non-Hormonal Options

For STI protection, women who have sex with other women or partners who engage in oral sex may wish to use an oral dam to protect against STIs. This is a small sheet made out of latex that reduces the spread of bodily fluids during oral sex on a woman. If you cannot find an oral dam, you can make one by cutting a condom lengthwise to create a latex sheet.

Abstinence, or refraining from taking part in sexual activities, is the only sure way to avoid STIs and unwanted pregnancy. Some sexual activities are lower risk, such as kissing (with no mouth sores or open wounds); mutual masturbation (with no open wounds and proper hand cleaning before and after); and cuddling or petting. Any activity that introduces body fluids to an open wound or a body opening has risks, so, for example, if you have cuts on your hands and wish to engage in mutual masturbation, it is a good idea to wear surgical gloves.

Natural Methods: Some women avoid unwanted pregnancies by abstaining from sex during their fertile phase, which usually lasts 7 to 10 days. To do this successfully, you will need to chart your cycle, making note of your cervical mucus levels and/or body temperature. If you are interested in using natural methods to prevent pregnancy, speak with your health-care professional to come up with a plan that will work for you. Keep in mind that natural methods do not protect against sexually transmitted infections unless paired with another form of protection.

Some women who have sexual intercourse with men practice the withdrawal method, where male partners withdraw before ejaculation. This method does not protect from STIs and pregnancy is still possible due to pre-ejaculate (semen that exits the penis before ejaculation) or accidental ejaculations.
Emergency Method: Emergency contraception is also known as “the morning-after pill” or “Plan B” contraception. If you have had unprotected penis-in-vagina intercourse or if your protection has failed, you can access emergency contraception from your local pharmacy. This method does not protect against STIs, but it can prevent pregnancy. This pill delays or prevents ovulation and also inhibits implantation of the egg. Once implantation takes place this pill is no longer effective. The morning-after pill is available, without a prescription, at your local pharmacy. If you need this product, speak to a pharmacist as soon as possible, as it must be taken within five days of unprotected sex.

Having a copper IUD inserted can also prevent pregnancy after unprotected sex, if put in within 72 hours. This may be harder to accomplish because it must be prescribed and inserted by a doctor within that short time.

Surgical Method: Some women may decide they have as many children as they planned for or decide they do not want children at all. For those women, tubal ligation may be an option. This is sometimes referred to as “having your tubes tied” and involves either cauterizing a portion of the fallopian tubes, tying and removing a portion of the fallopian tubes, or putting clips on the fallopian tubes. It is important to be sure this is the correct option for you, as it is difficult to reverse and may not be reversible at all. A tubal ligation does not provide any protection against STIs. Some Prince Edward Island women report that it is challenging to find a doctor willing to provide a tubal ligation to a woman under 30 years of age or a woman who has not had children previously. Health-care professionals are not permitted to discriminate based on age. For more information about consent to treatment, see page 5.
Birth Control & STI Protection – continued

Other Sources of Information

To learn more about your birth control and STI protection options, some options follow:

- Society of Obstetricians and Gynaecologists of Canada (SOGC)
  - www.sexualityandu.ca/birth-control

- Charlottetown Women’s Clinic
  - 24 Linden Ave, Charlottetown, 902-367-3285

- Action Canada Access Line
  - The Access line is a 24-hour Canada wide toll free number that provides information on reproductive and sexual health and referrals on pregnancy options.
  - 1-888-642-2725
  - access@sexualhealthandrights.ca
  - For information about sexual and reproductive health, including pregnancy options, and for referrals to clinics and hospitals that provide reproductive health services, including abortion, anywhere in Canada, please call the 24-hour toll-free information and referral line.

Some places on PEI that provide free male condoms:

- AIDS PEI, 161 St. Peter’s Road, Sherwood Business Centre, Charlottetown, PE 902-566-2437

- For UPEI Students – UPEI Sexual Health Clinic, Department of Student Affairs, 902-566-0616
  - healthcentre@upei.ca

- For Aboriginal Islanders
  - Hep’d Up On Life at the Native Council, 6 FJ McAulay Court
  - Charlottetown, PE 902-892-5314
Some women want to have children and some women do not want to have children. This is a personal choice and no one has the right to pressure you either way.

This section will discuss becoming pregnant and maternal health. Another section will discuss unwanted pregnancy. (See page 45.)

**Zygote, embryo, fetus, or baby?** These are biological terms that describe different stages in the development of a human from fertilization until the latest stages of pregnancy and birth. A zygote is the single-cell fertilized egg. Once that cell starts dividing, it is known as a blastocyst. At about the 5th week of pregnancy, the blastocyst becomes an embryo. The embryo becomes a fetus at around 12 weeks (3 months). The fetus becomes a baby when it is born. Despite the biological terms, different people choose to use the word “baby” at different stages. No one should use these terms in either positive or negative ways to shame a person for their choices, experiences, or feelings.

**Becoming Pregnant**

The mechanics of becoming pregnant are rather amazing! See the section on menstruation to understand how the body prepares for pregnancy (page 18). Once the uterus and body are prepared for a pregnancy, if an egg is successfully fertilized by a sperm, the fertilized egg (zygote) will attempt to attach to the uterine lining. If all goes well, that fertilized egg will develop into an embryo, then a fetus, and finally a baby.
Discovering You Are Pregnant

Many women discover they are pregnant upon missing a period. Other women notice symptoms like fatigue, breast changes, morning sickness, and achiness. The way to be sure is to take a pregnancy test. You can buy boxed pregnancy tests at drug stores, box stores, and even dollar stores. You can also be tested for free at your doctor’s office or a walk-in clinic. Some organizations like the Island Pregnancy Centre provide free pregnancy tests: 902-370-3700 or 1-877-370-9711. Please note this faith-based service may not provide a test to anyone but the woman who needs it and may require you to take the test on their premises. They actively encourage continuation of pregnancies and do not provide any information or support for abortion care.

Pregnancy Tests: If used correctly, pregnancy tests usually work properly. However, false negatives do happen. False positives are very infrequent. False negatives may be because you took the test too early or something is wrong with the test. It is always a good idea to follow up a pregnancy test with a doctor’s visit to be certain.

If you know you are pregnant, it is a good idea to speak with your doctor. On PEI, most pregnant women with low-risk pregnancies will be cared for by their family doctors or nurse practitioners until the last trimester (three months) of pregnancy, when they will be assigned an obstetrician. Women with higher-risk pregnancies will be referred to an obstetrician right away.

At your first doctor visit, the doctor may give you another pregnancy test and measure your height, weight and blood pressure. You may also undergo a pelvic exam and will be asked when you had your last period. You may be asked to provide blood and urine samples. Use this appointment to ask any questions you may have.
It is a good idea to visit your doctor regularly to ensure your pregnancy is a healthy one and that you and the fetus are doing well. Your doctor may also suggest pre-natal vitamins and other health routines such as dietary changes or exercise. If you don’t understand why your doctor has made a recommendation, ask questions. These suggestions are meant to keep you and your pregnancy healthy.

Some women choose to use a **doula** as a support for pregnancy, birthing, and postnatal care. Doulas provide non-clinical care to the pregnant woman, including explaining what is happening and reassuring the woman; helping the woman prepare a birthing plan; providing emotional and physical support; helping the woman make informed decisions; breastfeeding support; and more. The doula is an additional support in your pregnancy team and will charge a fee for her services. You can request a doula to be present during birthing as an additional support person for you. For more information, look for **BORN - PEI’s Midwife Advocacy Group** on Facebook.

In other parts of Canada and the world, women have the choice of using a registered midwife to handle the pregnancy and birth at home, in a hospital, or in a birthing centre. Midwives are trained to provide a full spectrum of care to the woman during labour and vaginal delivery, including making clinical decisions. In the case of problems or significant risk to mother or infant during pregnancy or birth, care could be transferred to an obstetrician. Work continues to ensure access to midwifery for PEI women.

**BORN – PEI’s Midwife Advocacy Group**

Support for Becoming Pregnant

Sometimes a person or couple experience difficulties becoming pregnant. “Infertility” is defined as a lack of conception after a reasonable period of trying to become pregnant without contraception (one year for women who are under 35; six months for women over 35). Health Canada states that 1 in 6 couples may experience infertility. Some reasons for infertility can include:

• problems producing eggs or sperm;
• sexually transmitted infections;
• physical problems with the reproductive organs;
• hormone imbalances;
• diseases/conditions that affect the reproductive organs.

If you wish to become pregnant on your own or with a female partner, or if you are having trouble becoming pregnant, you may wish to speak with your doctor about assisted conception. Assisted conception means conception that takes place by a method other than or in addition to sexual intercourse.

There is currently no doctor or clinic specializing in assisting Islanders with pre- and post-natal support for fertility treatment, and Islanders who want help to become pregnant must travel off-Island for fertility treatments at their own cost. These services are not covered by the Province. Some services are available in the Maritime region. (See the next page for a list of examples and acronyms.)

Atlantic Assisted Reproductive Therapies (AART):
Provides COH, IUI, TDI, IVF, ICSI, egg donation, and other services. Located in Halifax, NS – 902-404-8600 info@aart.ca – www.aart.ca

Conceptia Clinic: A private, non-profit medical clinic that provides IUI, IVF, ICSI, TDI, egg donation and other services. Located in Moncton, NB 506-862-4217 – 1-866-381-2229 www.conceptia.ca
Some of the fertility supports available in Atlantic Canada include the following:

- **Controlled Ovarian Stimulation (COH):** Hormone medications assist the body to grow, mature, and release multiple eggs, which increases the chance of conception.

- **Intrauterine Insemination (IUI):** Using special equipment, sperm is introduced into the woman’s reproductive tract during ovulation.

- **Therapeutic Donor Insemination (TDI):** A service that allows the woman to use sperm donated by screened sperm donors.

- **In Vitro Fertilization (IVF):** A procedure in which the woman’s eggs are removed and fertilized in a laboratory. The fertilized eggs are allowed to grow and divide for a few days. Once complete, the embryos are transferred into the woman’s uterus. Placing two or three embryos increases the chance of successful conception. This procedure requires hormone treatment.

- **Intracytoplasmic Sperm Injection (ICSI):** A procedure during which a single sperm is injected into the centre of a woman’s egg.

- **Egg Donation:** If the woman is unable to produce viable eggs, egg donation may be helpful. Some clinics may only accept “known donors,” which are friends or family members of the woman. It is illegal to buy or sell human eggs in Canada.

- **Preserving Eggs and Sperm:** Embryos and sperm can be cooled and stored at extremely low temperatures for use at a later time.
Questions to Ask Your Doctor

- What supports or treatments do you recommend for me?
- What are the known risks of this procedure for me, my partner, and for any children born as a result?
- What is the cost? Is any of it covered?
- What are my chances of becoming pregnant?
- If this procedure does not work, what would you suggest next?

If you are in a same-sex relationship, you may wish to have both partners tested to see who is more likely to successfully conceive.

Assisted Conception and the Law

On PEI, “spouse” refers to married people and people who have lived together in a sexual relationship for three years or who have a biological or adopted child together. “The spouse of a mother who has conceived through assisted conception is presumed to be the lawful parent of the child, even if the spouse has no biological connection to the child ... Donating sperm or eggs does not make you the parent of a child. The person who donated would not be legally responsible for the child or considered a parent to the child.” (Becoming a Parent, Community Legal Information Association of PEI).

You are not required to name egg or sperm donors on a child’s birth certificate. The identity of a donor is private, unless you choose to tell people.

Community Legal Information Association of PEI (CLIA)
902-892-0853
Toll-free: 1-800-240-9798
www.cliapei.ca
Surrogacy

Surrogacy refers to having a woman carry a pregnancy to term on your behalf. The embryo is conceived through fertility treatments and then is implanted in the surrogate mother’s uterus. In some cases, the surrogate’s egg is used; in other cases, the egg is provided by a donor or by the woman who wants the baby.

If you are considering using a surrogate, you should have a discussion with her about expectations, needs, and limits. It is helpful to discuss the following:

• how many attempts each of you is comfortable to attempt conception;
• what supports the surrogate needs to have a healthy pregnancy;
• how doctor visits, hospital visits, and other health-related appointments will be handled;
• how the situation will be discussed or shared with family and friends;
• what role, if any, the surrogate will have in your family after the birth;
• what the child will know about the surrogacy and surrogate.

It is illegal to advertise or buy sperm or eggs in Canada. It’s also illegal to advertise or buy the services of a surrogate. Under the Assisted Human Reproduction Act, you can reimburse your surrogate for expenses related to the pregnancy and birth.

The Law: “The law in PEI does not acknowledge surrogacy. If a woman gives birth to a child, the law recognizes her as the mother of the child, even if she is not biologically related to the child. This means she has rights to the child.” (Becoming a Parent, CLIA). If you do not wish the surrogate to be a legal parent to the child, speak to a lawyer about how to ensure you and your spouse are the only legal parents. Whichever spouse did not provide genetic material may need to adopt the child.
Miscarriage

Miscarriage is the loss of a fetus before 20 weeks (five months) of pregnancy. Many women experience miscarriages at some point in their lives. This can be a devastating life event.

Physically, a miscarriage can cause pain similar to child birth; you may experience spotting, bleeding, and cramps. You should go to the emergency room if you are pregnant and experience any or all of the following:

- vaginal bleeding, especially if it is accompanied by abdominal pain or continues for several weeks;
- lower back pain, abdominal pain or cramps, especially if it is accompanied by vaginal bleeding and/or a fever of 38°C or 100°F;
- vaginal discharge that has a bad odour or is yellow or green in colour;
- tissues or clots passing from your vagina.

There is no right or wrong way to react to a miscarriage. It is normal to experience grief after a miscarriage, especially if the pregnancy was wanted and you were aware you were pregnant. A neutral, relatively unemotional response is also within the range of normal reactions. If you did not know you were pregnant, you may not experience grief or trauma. If you did not wish to be pregnant, you may feel relieved. Every woman is different and faces a different set of circumstances. A woman might not be able to predict in advance her reaction to a miscarriage.

Most miscarriages happen because the fertilized egg or fetus does not develop properly. In most cases, the miscarriage could not have been prevented.
If you are pregnant and experience miscarriage symptoms, a doctor can do an examination to see if a miscarriage has taken place or if the pregnancy is still progressing. If the pregnancy is still progressing, your doctor may recommend rest and suggest you avoid sexual intercourse and strenuous physical activity.

If a miscarriage has taken place, your doctor may be able to determine the reason and help you to address the problem so you can have a healthy pregnancy in the future. If the miscarriage was not complete and tissue remains in your uterus, your doctor may recommend medication or surgical treatment.

After a miscarriage you may experience any, all, or none of these:

- emotional reactions, ranging from relief or numbness to grief and psychological trauma;
- hormonal changes affecting emotional and physical health;
- difficulty concentrating and sleeping;
- fatigue, irritability, or changes in appetite;
- breast tenderness and/or breast milk production;
- cramping, spotting, or bleeding.

Having a miscarriage usually does not have any impact on your future ability to have children. Miscarriage does not mean you did something wrong or that something is wrong with you. Speak with your doctor to see if you can discover the cause. Some underlying health issues may contribute to the risk of miscarriage.

If you miscarry, be gentle with yourself. You may wish to get more information or support from one of the following:

- Catholic Family Services: 902-894-3515
- Family Service PEI: 902-892-2441
- Broken Hearts-Shattered Dreams: 902-675-4047
- Stillborn and Neonatal Self-Help Group: 902-892-0018
Women’s Sexual & Reproductive Health-Care Services in PEI

Unwanted Pregnancy

Abortion is a safe and legal procedure in Canada. Abortion services are not currently provided on PEI (as of March 2016). Women who need this service must travel off-Island.

Medication-Based Abortion

Medication-based abortion or medical abortion is a non-surgical option that involves taking a medication to safely induce a miscarriage. Note: This is different from emergency contraception, also known as “Plan B” or “the morning after pill” – see page 34). Health Canada has approved the drug mifegymiso for use in Canada. A medication abortion is possible if the gestation period is under seven weeks and can be possible up to ten weeks.

When it becomes available across Canada later in 2016, mifegymiso will only be available from doctors’ offices. Medical abortion with mifegymiso has a very high success rate; however, a patient must be prepared to have a surgical abortion if the medical abortion is unsuccessful. Follow-up care is required to confirm that the abortion was complete.

Action Canada Access Line

The Access line is a 24-hour Canada-wide toll-free number that provides information on reproductive and sexual health and referrals on pregnancy options.

1-888-642-2725 access@sexualhealthandrights.ca

For information about sexual and reproductive health, including pregnancy options, and for referrals to clinics and hospitals that provide reproductive health services, including abortion, anywhere in Canada, please call the 24-hour toll-free information and referral line.
The PEI Government will cover the cost of a surgical abortion performed in a hospital. The costs associated with travel, accommodations (if needed) and other expenses must be paid by the patient.

The closest hospital services that are open to women from PEI are at The Moncton Hospital in Moncton, NB, and the Queen Elizabeth II Health Sciences Centre (QEII) in Halifax, NS. Services at The Moncton Hospital can be accessed through self-referral or with a doctor’s referral, while a referral from a PEI doctor is required for services at the QEII.

For abortion care at The Moncton Hospital, you can book your appointment yourself, without a PEI doctor. Be prepared to spend 5 to 10 minutes on the phone and to answer some medical questions.

Keep in mind that there are two scenarios:

- You can have a blood test and ultrasound done at The Moncton Hospital, wait for results, then have the abortion done later that day. It will take approximately ten hours for the two appointments to take place.

- You can go to Moncton for the ultrasound and blood work and return to The Moncton Hospital at a later date for the surgical abortion.

If you are referred to Moncton by an Island doctor, The Moncton Hospital also accepts blood tests and ultrasounds done on PEI. Results will be faxed to Moncton by the referring doctor’s office.
Surgical Abortion in a Hospital

The Termination of Pregnancy Unit at the Queen Elizabeth II Health Sciences Centre in Halifax can be reached at 902-473-7072. This facility can provide abortion care up until 15 weeks, 6 days of pregnancy. A doctor’s referral from PEI is required for Island women to access abortion care in Halifax. A blood test and an ultrasound must be completed on PEI through the referring doctor. If you need the name of a doctor who will provide a referral, call the Termination of Pregnancy Unit.

There may be a wait list at the QEII. If you know you want an abortion and wish to use the QEII, make sure you seek help quickly so you have time to wait if there is a waiting list.

For most surgical abortion procedures, you must take someone with you to the appointment. The staff need to know you have someone to make sure you get safely home.

For more information about abortion contact:
- The Moncton Hospital Family Planning Clinic, Moncton, NB
  Toll-free: 1-844-806-9205
- Queen Elizabeth II Termination of Pregnancy Unit, Halifax, NS
  902-473-7072
- Clinic 554, Fredericton, NB (private clinic, see next page)
  Toll-free: 1-855-978-5434
- PEI Abortion Rights Network – www.abortionrightspei.com
- Health PEI: 902-368-6130

If you require medical services in New Brunswick or Nova Scotia, including abortion care, you may qualify for cost assistance to travel with Maritime Bus. Find out more through Health PEI, Out-of-Provincial Travel Support Program, 902-368-5918, ooptravelsupport@gov.pe.ca.
There are no private clinics providing abortion care in PEI as of March 2016. The costs of abortions performed in private clinics are not covered by the Province. A woman must pay for the procedure, travel, and accommodations herself.

The closest private clinic to PEI is Clinic 554 in Fredericton, NB, 1-855-978-5434 (toll-free). There are also private clinics available in Quebec, Newfoundland, Ontario, Maine, and other Canadian provinces.

If you choose a private clinic, such as Clinic 554, no doctor referral is necessary. You can make your own appointment. Fees at Clinic 554 range from $700 to $850. Abortions are performed up to 16 weeks of pregnancy. (If the pregnancy is beyond 16 weeks, referral is made to another service, either in Quebec or Ontario.)

Your appointment will last approximately 3 to 4 hours, with the actual abortion procedure taking approximately 10 to 20 minutes.

If clinic fees are beyond your means, contact the clinic and the PEI Abortion Rights Network in case there is any help available for low-income people: www.abortionrightspei.com – or email peiabortionrights@gmail.com.

IMPORTANT: Most abortion providers, both public and private, require that you do not drive for 24 hours. This means an Islander will either need to bring a companion or to arrange for a hotel stay within walking, bus, or taxi distance of the facility.
Post-Abortion Care

Whether you have a medication-based or surgical abortion, you should receive clear information from the doctor or clinic about what to expect in the days and weeks that follow. If you do not receive this information automatically, ask for it.

After a medication-based or surgical abortion, take care of yourself with rest and lots of fluids. Be attentive to your body. It may take some time for pregnancy hormones to leave your system, so you may continue to feel some emotional or physical pregnancy symptoms.

**Follow-up medical care** after a medication-based or surgical abortion is important to ensure the abortion was complete (that there is no remaining tissue) and that you are healing properly and without infection or complications. See your doctor or nurse for follow-up within the time recommended for you.

After an abortion, you have the right to expect professional follow-up care without judgment or stigma. Seek medical advice if you experience symptoms that go beyond what you have been told to expect by the doctor or clinic that provided your care or that cause you worry.

There is no right or wrong way to feel after an abortion. It is okay to feel relieved, liberated, or without regret. It is also okay to feel grief, sadness, or loss. Feelings of shame or guilt may come from the culture or context you were raised in or are living in. If you need to talk to someone, seek out help that is non-judgmental. If someone who is supposed to help you reinforces feelings of guilt or shame, this is not okay, and you should find help elsewhere.

Abortion does not increase women’s chances of getting breast cancer or experiencing mental health problems.
Adoption is a legal process that places a child in a new parent-child relationship. When a child is adopted, the child legally becomes a part of the adopting family. Adoption on PEI is regulated by the Adoption Act.

Adoption on PEI:

- The rules for adoption are the same for single adults, married spouses, same-sex spouses, or spouses who live together but are not married.
- The adopting and biological parent(s) decide whether to have an open or closed adoption. Open adoption means there is ongoing contact after the adoption; closed adoption means there is no contact after the adoption.
- All birth parents must receive counselling before a decision can be made.
- All adoptive individuals or families must be assessed by a social worker before they can adopt.
- Adoptive families are given family and medical information necessary to raise the child.
- Birth parent(s) must sign a “consent to adoption” form once the child is 14 days old for the adoption to proceed. The biological parent(s)’ consent for the adoption can be revoked up to 14 days after signing this form.

For more information or to begin the adoption process:

**Adoption Services PEI:** 902-368-6511

Adoption Services PEI can also provide you access to a list of private adoption agents licensed by the Director of Child Protection.
Healthy Pregnancy

On PEI, pregnant women can access pre-natal assessments, prenatal classes and support from **Public Health Nursing**. All new mothers are called or visited by a public health nurse. The nurse’s role is to help a new parent or new parents learn how to care for their child and to assist parents in accessing services and supports.

**PEI Public Health Nurses Offices**
- www.healthpei.ca/publichealth
- Souris: Souris Hospital, 902-687-7049
- Montague: 902-838-0762, 126 Douses Road
- Charlottetown: 902-368-4530, 161 St. Peter’s Road
- Kensington: 902-836-3863, 55 Victoria Street
- Summerside: 902-888-8160, 205 Linden Avenue
- O’Leary: 902-859-8720, Community Hospital
- Tignish: 902-882-7366, Tignish Co-Op Medical Centre

On PEI, **Family Resource Centres** also provide pre-natal programs and more. Contact each program for a listing of what they can provide.

**Family Resource Centres**
- Kids West Inc: Alberton, 902-853-4066
- CHANCES Family Centre: Charlottetown, 902-892-8744
- Mi’kmaq Family Resource Centre: Charlottetown, 902-892-0928
- Families First Resource Centre: Montague, 902-838-4600
- Main Street Family Resource Centre: Souris, 902-687-3928
- Family Place: Summerside, 902-436-1348
- Cap enfants: Wellington, 902-854-2123

**Women’s Sexual & Reproductive Health-Care Services in PEI**

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Updated to March 2016
Every woman and every pregnancy is different. You and your health-care practitioner will discuss your personal health care needs and come up with a plan that will be best for you.

There are many health issues to consider when pregnant:

- **Oral/Dental Health**: The health of your teeth and gums can be affected by pregnancy and good dental health is important to a healthy pregnancy. Poor dental health in the mother has been linked to pre-term delivery, low birth weight, and pre-eclampsia (see below). Making an appointment with your dentist in the first trimester will ensure your dental health is stable.

- **Gestational Diabetes**: Some women develop diabetes while they are pregnant and then stop being diabetic after delivery of the infant. Many women can control this condition with diet and exercise, but some women will need insulin injections while pregnant. Your doctor or OBGYN will check for this condition in regular check-ups.

- **Hypertension and Pre-eclampsia**: These conditions are related to high blood pressure. High blood pressure is often dangerous and can be especially dangerous for pregnant women. Untreated, it can lead to organ damage, seizures, and even death. It can also restrict blood flow and oxygen to the fetus.

**What about the medications I’m on? What about over-the-counter medications?**

It is important you disclose all medications or drugs you are taking to your doctor, to ensure they are safe for the fetus. Many medications can cause complications during pregnancy, including birth defects. You may be given a different prescription for the duration of the pregnancy.
Nutrition Needs during Pregnancy

In addition to a healthy diet, pregnant women are often advised to take vitamins to supplement their diet. Health practitioners will want to ensure women are getting enough nutrients, such as folic acid and iron. If you are not sure what you should be eating, the PEI Prenatal Nutrition Intervention Program provides nutritional counselling to pregnant women who are experiencing a high-risk pregnancy, such as a woman who is low income, a teenager, experiencing low weight gain, or other risk factors. Women who are experiencing financial difficulties can access free milk tickets and pre-natal vitamins while they are receiving counselling.

Some foods may be considered risky during pregnancy. For excellent advice on risks including foods, see Motherisk (The Hospital for Sick Children in Toronto): www.motherisk.org.

Social Assistance Pregnancy Food Allowance

If you receive income support, you may be eligible for an extra pregnancy food allowance of $53 a month as early as you can verify your pregnancy. The payments are not retroactive, so you may want to tell your income support worker as early as possible. Costs (if any) associated with Public Health Nursing pre-natal classes may also be considered a special need for you.

Social Assistance
- West Prince, 902-859-8835
- East Prince, 902-888-8397
- Queens County, 902-368-5338
- Montague, 902-838-0728
- Souris, 902-687-7170

PEI Advisory Council on the Status of Women

Updated to March 2016
Alcohol & Other Drugs during Pregnancy

If you are pregnant or thinking about getting pregnant and want a healthy pregnancy and baby, then it is important to avoid drug use during pregnancy. Using alcohol and other drugs during pregnancy can have serious effects on the fetus.

- Smoking nicotine can contribute to low birth weight, premature birth, Sudden Infant Death Syndrome (SIDS), and other problems;
- Drinking alcohol can cause Fetal Alcohol Spectrum Disorder (FASD), leading to a child who may have learning problems, hyperactivity, short attention span, low concentration, delays in development and poor social skills;
- Using drugs can have a number of effects on a fetus. Many drugs can lead to a baby who suffers from withdrawal, birth defects, brain damage, and other physiological and cognitive impairments.

Many substances can be passed through breast milk to a baby as well. It is important to avoid drugs and alcohol during breast feeding.

If you use substances or have an addiction and need support, contact one of the following:

- Addictions Services PEI: 1-888-299-8399
- Motherisk (The Hospital for Sick Children in Toronto): www.motherisk.org, 1-877-327-4636
- Smoker’s Helpline: 1-877-513-5333 (www.smokershelpline.ca)
Giving Birth

Home births are not regulated in PEI, and there are no birthing centres outside hospitals. The regulations for midwives do not make this service accessible for low-risk births. You may wish to have a doula for support. Doulas charge a private fee. BORN-PEI is a midwife advocacy group that provides listings of midwives and doulas for Island pregnancy and birth support.

- **BORN-PEI**

Births at PEI hospitals are attended by an obstetrician. You can decide if you wish to give birth at the Queen Elizabeth Hospital in Charlottetown or the Prince County Hospital in Summerside. It is a good idea to visit the hospitals to see the unit and meet a staff person. Ask questions and decide which facility is best for you and your family.

**Prince County Hospital, Summerside:** The Maternal Child Care Unit has single-room birthing suites, which allows you and your family to stay together during your stay. Each room has a bathroom with a whirlpool to help with labour. A family member is encouraged to stay 24-hours a day. The unit also has rooms set up for complicated births or for babies born with special needs or who need specialized care. 902-438-4200

**Queen Elizabeth Hospital, Charlottetown:** No information available online. For more information call 902-894-2111.

**Breastfeeding Support**
- In the hospital and after you get home, there is support to help you breastfeed your infant if you wish to do so. Find out more from the **PEI Breastfeeding Coalition**, www.peibreastfeedingcoalition.org.
Once your baby is born, you will need to do some paperwork. At the hospital, you will be asked to sign a birth registration form called a Statement of Birth. If you want a copy of the birth certificate, which is a shortened form of the Statement of Birth, you must apply to Vital Statistics and pay the associated fee.

You will also be given the opportunity to use the Newborn Registration Service (NRS) to register the birth, activate the baby’s PEI Health Card, activate the baby’s Social Insurance Number, and access financial relief programs for families. For information on the Newborn Registration Service or to apply for a Birth Certificate, contact Vital Statistics: 902-838-0880 or 1-877-320-1253.

Through the NRS, you can apply for the Canada Child Benefit through the Canada Revenue Agency. Starting in July 2016, this tax-free monthly payment based on family income will replace the Canada Child Tax Benefit and the Universal Child Care Benefit. You may also be eligible for the HST Credit (tax-free quarterly payment for low-income families offsetting taxes). There are also benefits for children with disabilities or children of parents who have disabilities. To speak with a Canada Revenue Agency representative, go to your local Service Canada Office or call 1-800-387-1193.

You may also wish to speak to a financial advisor at your banking institution about federal incentive programs to help you save money for your child’s education, such as the Registered Education Savings Plan (RESP), Canada Learning Bond, Canada Education Savings Grant, and other opportunities. If you have worked and are eligible for Employment Insurance (EI), you may wish to apply for parental benefits.
Post-Partum Depression

The Canadian Mental Health Association explains: “Postpartum depression is depression that may start during pregnancy or at any time up to a year after the birth of a child.

“Depression is a mental illness that affects a person’s mood – the way a person feels... This is more than a ‘bad day’ or ‘feeling blue.’ Without supports and treatment, depression can last for a long time.

“Signs of depression include feeling sad, worthless, hopeless, guilty, or anxious a lot of the time. Some feel irritable or angry. People lose interest in things they used to enjoy and may withdraw from others. Depression can make it hard to focus on tasks and remember information. It can be hard to concentrate, learn new things, or make decisions. Depression can change the way people eat and sleep, and many people experience physical health problems.

“A mother or father with postpartum depression may not enjoy the baby and have frequent thoughts that they’re a bad parent. They may also have scary thoughts around harming themselves or their baby. Although it’s rare for a parent to make plans to act on these thoughts, this situation is serious and requires urgent medical care.”

If you believe that a loved one is in danger, call 911 or the Island Help Line: 1-800-218-2885.

For information about supports:

Canadian Mental Health Association PEI: pei.cmha.ca
Charlottetown: 178 Fitzroy Street, 902-566-3034
Alberton: 902-853-4180, cmhawest@cmha.pe.ca
Summerside: 61 Duke Street, 902-436-7399,
adminmanager@cmha.pe.ca
Maternity and Parental Benefits

Under Canada’s Employment Insurance (EI) program, eligible women who have recently given birth may apply for **maternity benefits**. This benefit is only available to pregnant women or biological mothers and provides 15 weeks of EI payments. The EI program also offers **parental benefits**, which are up to 35 additional weeks of EI payments to legally recognized parents. Either parent may use these weeks to stay home with the child. Parental benefits are also available to adoptive parents. Usually, EI parental benefits can only be paid during the 52 weeks (one year) after the week the child is born or, in the case of adoption, during the 52 weeks after the week the child is placed with you.

To qualify for these benefits, you must be employed in insurable employment; meet certain criteria for each of the benefits; your normal earnings are reduced by more than 40%; and you must have accumulated at least 600 hours of insurable employment during the qualifying period.

If you would like to receive these benefits, you must apply. Service Canada will assess your claim to see if you are eligible. You should apply as soon as possible after you stop working, before you give birth. Your benefits are tied to the date of birth as well as the date you stop working, so be sure to talk to a Service Canada representative early or visit a Service Canada Centre.

If Service Canada finds you are eligible to receive benefits, you should receive your first payment within 28 days of the date you submitted your application.

For most Canadians, you can expect 55% of your average insurable weekly earnings, up to a maximum amount (in 2014, the maximum amount is $514 per week).
Unpaid Parental Leave from Your Work

According to the law on PEI, you must give your employer at least four weeks written notice of when you will be leaving work for parental leave and on what date you expect to return to work. Once your leave is complete, you must be allowed to return to your job in the same position or a comparable position without any loss of benefits or seniority.

To be eligible for parental leave, you must have been employed by the same employer in any 20 weeks of the 52 weeks prior to start of your leave and are currently working for the same employer. You may also be able to extend your leave for five additional weeks if your child has a physical, psychological, or emotional condition that requires additional care.

- Maternity leave is an unpaid leave of up to 17 weeks for pregnant employees. A woman can start her leave up to 11 weeks before the expected date of delivery.
- Parental leave is an unpaid leave of up to 35 weeks for parents to care for their newborn infant.
- The total leave for the mother cannot be more than 52 weeks and the total leave for the mother’s partner cannot be more than 35 weeks.
- Adoption leave gives new parents up to 52 weeks unpaid leave to be with their new child. This leave must be taken within 12 months of the child’s arrival.

If you have questions or concerns about unpaid leave, contact the **PEI Employment Standards Branch** at 902-368-5550 or 1-800-333-4362.
Menopause is the process during which a woman no longer has menstrual bleeding and can no longer conceive as she no longer releases eggs. The changes leading up to menopause is called perimenopause. This is when a woman’s body begins to produce less estrogen and periods may become more erratic or may become lighter and shorter. Many women experience menopause in their late forties or into their fifties, but other women may begin earlier or later than that. Menopause is considered to have begun once a woman has not had a period for twelve consecutive months.

Menopause can also be induced because of surgical removal of parts of the woman’s reproductive system (that is, a hysterectomy), ovaries that do not function well, or chemotherapy/radiation.

Some women experience:

- hot flashes (feeling suddenly overheated) and night sweats;
- vaginal changes (less lubrication, for example);
- difficulties falling or staying asleep;
- mood swings;
- lowered sex drive or interest in sex;
- difficulties with memory and concentration;
- bladder control difficulties;
- irregular heart beat.

Some women will experience other symptoms of menopause, and some women may experience few or no significant symptoms. Every woman is different. Some women may experience depression, anxiety and other disruptive mental health issues due to the hormone changes. To address your personal experiences of perimenopause and menopause, speak with a health practitioner or doctor.
Natural ways to address the symptoms of menopause include all kinds of good self-care, such as exercising, dietary changes, stress management, relaxation therapy, weight loss, vitamin and mineral supplements, or herbal supplements. Before you take any supplements, speak with a health practitioner or doctor to ensure you are taking what will be helpful and safe.

Some women may decide to use hormone replacement therapy (HRT). HRT supplements your body’s own hormones, which can alleviate the symptoms of menopause. HRT can be administered through pills, skin patches, skin gels or creams, vaginal tablets, vaginal creams or an inserted vaginal ring. There is some controversy around hormone replacement therapy and its effects on the body. Before making a decision, speak to your health practitioner, your friends, and do some reading. That way you make the decision that is best for you.

- **Bioidentical Hormone Therapy (BHT)**
  - BHT refers to medications that are synthesized to mimic the hormones produced by women using hormones derived from plants such as yam and soy. According to the Society of Obstetricians and Gynaecologists of Canada, bioidentical hormone therapy has not been yet proven to be fully safe. They warn women there may be harmful outcomes using these medications.
  - If you wish to explore BHT as an option, do your research and seek out medical advice.

*Society of Obstetricians and Gynaecologists of Canada*

www.menopauseandu.ca

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Women’s Sexual & Reproductive Health-Care Services in PEI

Women’s Network PEI

**Has copies of their guide**

*Is It Hot in Here? A Handbook about Menopause for Women and Their Families*

wnpei.org, 902-368-5040

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Updated to March 2016
Trans Islanders’ Health

Someone who identifies as trans is a person whose gender identity does not match the sex they were assigned at birth. For example, a baby may be born with female reproductive organs, but the child may grow to identify as male. People who are trans sometimes use other terms for themselves, including transgender, transsexual, gender non-conforming, FTM, MTF, trans man, trans woman, genderqueer, gender fluid, gender variant, two-spirit, bi-gender, pangender, ambigender, or polygender.

It can be challenging to find appropriate health-care when you identify as trans. Trans Islanders have the same rights to professional health care without discrimination as all other Islanders, regardless of their gender identity or gender expression.

Some trans people need very little specialized care. This can be true if the individual does not decide to pursue hormone or surgical treatments. However, some people need or want hormone treatments or surgeries or both to help match their body to their gender identity. This is a personal choice. Only you know what interventions, if any, you want and need.

For more information and for support, consider contacting Pride PEI. Pride PEI provides services to the LGBTQ community of PEI and their supporters. The volunteers can provide health education, social opportunities for the community, and the planning of Pride Week.

For questions about accessing health care, AIDS PEI also has valuable networks and up-to-date information about sexual health services, including trans health. AIDS PEI serves regardless of HIV status.

Pride PEI
info@pride-pei.com
www.pride-pei.com

AIDS PEI
outreach@aidspei.com
www.aidspei.com
The government of PEI has committed to paying for three kinds of gender reassignment surgery for trans people: mastectomies (removal of the breasts), hysterectomies (removal of the uterus and ovaries), and orchiectomies (removal of testicles).

In the Maritime region, Nova Scotia’s prideHealth program has published a very good Trans Health Guide.

- **Trans Health Guide**, prideHealth (Nova Scotia)
- [www.cdha.nshealth.ca/pridehealth/trans-health-guide](http://www.cdha.nshealth.ca/pridehealth/trans-health-guide)

To find out what similar medical services are available in Prince Edward Island, contact **Health PEI**. To find out what legal questions are relevant in Prince Edward Island, contact the **Community Legal Information Association (CLIA)**.

- **Health PEI**
  - Charlottetown: 902-368-6130
  - [www.healthpei.ca](http://www.healthpei.ca)
- **CLIA PEI**
  - 902-892-0853 or toll-free 1-800-240-9798
  - clia@cliapei.ca – [www.cliapei.ca](http://www.cliapei.ca)
Many women and trans persons will experience sexual violence at some point during their lifetimes. Sexual assault is any sexual activity done without consent, and it is against the law. You have the right to consent to or to refuse to consent to sexual activity. This includes sexual activity within a marriage or a relationship. You do not owe sex to anyone.

**Consent:** to voluntarily agree to take part in a specific sexual activity. Consent must be obtained with each subsequent sexual activity. The person giving consent must be capable of doing so. For example, a woman who is drugged, intoxicated, or unconscious cannot give consent.

If you have been sexually assaulted, you should consider going to a doctor for a medical examination. This is important to ensure any injuries or infections are treated. The doctor can also prepare a rape kit, if you choose to save evidence for a police report. You do not have to report the assault to police if you decide to seek medical treatment.

**Sexual Assault Response in Hospitals**

On PEI, we have nurses who have been trained to provide specialized care to victims of sexual assault. The nurses have learned about the impacts of sexual trauma on the victim, how to conduct physical assessments and history, and how to perform forensic evidence collection.

Under this program, a physician may still be required to perform the pelvic examination and to determine medications and follow-up requirements. If you have been sexually assaulted, you may wish to ask the Emergency Room if a nurse trained in sexual assault response is available to help you.
Services for Survivors of Sexual Violence

The PEI Rape and Sexual Assault Centre provides free information, support and counselling to adults who have been sexually assaulted or who were sexually abused as children. The Centre can be reached at 902-566-1864 or 1-866-566-1864. The Centre’s counselling services are available at 902-368-8055 or 1-888-368-8055. The Centre will keep your information and identity private and will not report your assault to the police.

If you are experiencing sexual violence in your marriage, your relationship, or your family, PEI Family Violence Prevention Services provides 24-hour service for abused women and their children. Victims of family violence can access emergency shelter, food and clothing; crisis telephone service; counselling, emotional support, information and referrals. Call 1-800-240-9894 or 902-892-0960.

PEI Rape and Sexual Assault Centre
902-566-1864
Toll-free: 1-866-566-1864
www.peirsac.org

PEI Family Violence Prevention Services
902-892-0960
Toll-free: 1-800-240-9894
www.fvps.ca
More Services for Survivors of Sexual Violence

Chief Mary Bernard Memorial Women’s Shelter provides safe and supportive housing on Lennox Island to both Aboriginal and non-Aboriginal women and their children who are experiencing family violence or homelessness. You can call anytime during the day or night: 902-831-2332.

Whether or not you decide to make a police report, you may wish to call Victim Services. Victim Services provides information about the criminal justice system, short-term counselling and emotional support, court preparation, help in preparing a victim impact statement, referrals to other services, assistance under the Victims of Family Violence Act, and financial information: Charlottetown 902-368-4582; Summerside 902-888-8218. You can get help from this free, confidential service even if you don’t go to police about the assault.

If you believe a child may be a victim of sexual assault or sexual abuse, you must, by law, call Child Protection:

- Weekdays 1-877-341-3101 or 902-368-5330
- After Hours 1-800-341-6868 or 902-368-6868
Sexual Violence – continued

More Services for Survivors of Sexual Violence

If you believe a vulnerable adult (an adult who is not mentally competent) may be a victim of sexual assault or sexual abuse, call Adult Protection.

- **Adult Protection**
  - Charlottetown: 902-368-4790
  - Montague: 902-838-0786
  - O’Leary: 902-859-8730
  - Souris: 902-687-7096
  - Summerside: 902-888-8440

Living in an abusive relationship is always dangerous. You can be at greater risk of being assaulted if you become pregnant or if you decide to leave your abusive partner. If you are in an abusive relationship, there is help. The staff at Anderson House and Chief Mary Bernard Memorial Women’s Shelter can give you support, even if you decide you are not ready to leave the relationship. If you do decide to leave, they can provide you shelter and safety. Anderson House (Charlottetown, available 24/7): 902-892-0960 or 1-800-240-9894. CMBW Shelter (Lennox Island, available 24/7): 902-831-2332 or 1-855-297-2332.

- **PEI Family Violence Prevention Services**
  - 902-892-0960
  - Toll-free: 1-800-240-9894
  - www.fvps.ca

- **Chief Mary Bernard Memorial Women’s Shelter**
  - 902-831-2332
  - 1-855-297-2332
  - http://cmbmw.ca
Supporting Someone after Sexual Violence

The PEI Rape and Sexual Assault Centre has published an excellent resource called “How to Support Someone Who Has Been Sexually Assaulted.” The information below features highlights from this guide for friends and family members.

“A person who has been sexually assaulted needs the support of friends and family. In fact, most survivors will tell people they know first. You do not need to be a counsellor to be helpful.”

Messages to share:
- I am sorry that this happened to you.
- This was not your fault.
- I am glad you told me.
- I will do my best to support you.

The guide suggests the following steps to take:

1. **Believe**... Listen without judgment or doubt.
2. **Listen**... Let them tell their story at their pace, at the level of detail they choose, without asking a lot of questions, especially “why” questions.
3. **Don’t tell them how to feel**... There is no right way to act and feel after an assault.
4. **Don’t excuse or defend the perpetrator**... The perpetrator is often known to the victim. There is no excuse for sexually assaulting someone.
5. **Respect your friend/family member’s choices**... Ask what they want to do next and support them.
6. **Offer accompaniment to police or hospital**... You can be a comforting and reassuring presence.
7. **Afterwards**... Respect their confidentiality, check in regularly, help connect them to help or counselling.
Sexual health services for students at the University of Prince Edward Island are available through UPEI’s **Sexual Health Clinic** in the Department of Student Affairs. The UPEI Student Health Centre is available to all current registered students of the University of Prince Edward Island.

This clinic offers confidential sexual health information and services for UPEI students, including birth control counselling and prescriptions; emergency contraception; pregnancy testing and counselling; condoms and other resources; and screening and treatment for Sexually Transmitted Infections (STIs).

**UPEI Sexual Health Clinic**
- 902-566-0616
- sexualhealthclinic@upei.ca
- www.upei.ca/studentlife/student-affairs/health-services/sexual-health-clinic

Students can drop by the clinic on campus to make an appointment, or they can call the Clinic at 902-566-0616, or email sexualhealthclinic@upei.ca. Plan to bring the following documentation with you to your appointment:

- your health insurance card or proof of UPEI International Student Coverage;
- your medical records, if you have a chronic disease;
- your medications, if you require refills of prescriptions;
- a friend, if you don’t want to go to the clinic alone or need support or translation.

Holland College students can access the part-time **Women’s Clinic** in Charlottetown which is primarily for young women who need contraception, paps or gynecology advice. You can book your own appointment; no referral is needed. Call 902-367-3285.

**Women’s Clinic**
- 24 Linden Avenue, Charlottetown
- 902-367-3285
Many people will experience mental health difficulties at some point during their lifetimes. Sometimes a direct cause is obvious, such as a death in the family, but other times the cause may not be clear. Either way, it is important to seek out help if you are struggling with mental health difficulties.

**There is help available to you.**

- **Island Helpline:** a 24-hour, bilingual, free, confidential and anonymous telephone service that provides information, referrals and support. 1-800-218-2885

- **Community Mental Health:** provides mental health assessments, treatment of mental illness, crisis intervention, referrals and consultations. These services are free. Souris: 902-687-7110; Montague: 902-838-0960; Charlottetown 902-368-4430; Summerside: 902-888-8180; Alberton: 902-853-8670; O’Leary: 902-859-8781

- **Catholic Family Services Bureau:** provides individual, couple, and family counselling. Catholic Family Services holds a walk-in clinic on Tuesdays and Thursday from 1:00 to 5:00 PM with no appointment needed. You do not have to identify as Catholic by religion to receive help. 902-894-3515 or www.catholicfamilyservicesbureau.com

- **Family Service PEI:** provides individual, couple, and family counselling. Fee subsidies are available for low-income Islanders. 902-892-2441 Charlottetown; 902-436-9171 Summerside; or 866-892-2441 (toll-free) www.familyservice.pe.ca
More Mental Health Services

- Many insurance plans allow a certain number of hours with a psychologist or social worker. If you have an insurance plan, ask your representative if you have coverage for mental health programs. You may also have access to an Employee Assistance Plan (EAP), which is often through a different provider than your medical insurance. These programs can provide counselling or other services for employees who have personal problems affecting their work. Some of these programs can be accessed directly by employees’ family members for their own problems.

- If you are experiencing a mental health emergency, such as suicidal thoughts, call 911 or go to the Queen Elizabeth Hospital or the Prince County Hospital for emergency care.

Legal Issues

Whether you are dealing with mental health, sexual or reproductive health, or any other health challenges, if you feel your rights as a patient have been violated, you may wish to speak to a lawyer. You can speak to a lawyer for general advice through the Lawyer Referral Service. There is a modest fee for this service ($25 plus tax for up to 45 minutes in 2015): 902-892-0853 or 1-800-240-9798.

If you have been involuntarily admitted to psychiatric care, you can apply for Legal Aid, which provides legal representation to low-income Islanders who otherwise could not afford a lawyer: call 902-368-6043 in Charlottetown or 902-888-8219 in Summerside.

- Lawyer Referral Service
  - 902-892-0853
  - 1-800-240-9798
- Legal Aid
  - 902-368-6043 (Charlottetown)
  - 902-888-8219 (Summerside)
The following conditions and infections are not defined in the previous pages but are some reasons to consult a health practitioner.

**Endometriosis**: a condition that causes cells that are normally found inside the uterus to grow outside of the uterus. Can cause severe pain and other symptoms.

**Pelvic Inflammatory Disease**: an infection of the female internal genital organs and tissues.

**Polycystic ovary syndrome**: a condition that causes ovaries to produce extra androgens (male hormones), which leads to improper egg release. Instead of releasing during ovulation, the eggs develop into cysts. The ovaries can become enlarged.

**Toxic shock syndrome**: a rare bacterial infection that may occur if there is a break in the tissue of the vagina, such as an abrasion or cut. This condition is linked to using tampons, as a tampon can introduce bacteria from your hands into your vagina.

**Urinary Tract Infection**: bacterial infection involving the kidneys, ureters, bladder and urethra. This sort of infection usually targets the bladder and urethra and often require antibiotic treatment. See a doctor right away if you experience symptoms as this sort of infection can spread to a blood infection.

Symptoms include burning when you pee, needing to pee more often, leaking between bathroom sessions, a change in urine colour, smell, and appearance, or a feeling of pain or pressure in your abdomen.
Vaginal Infections: yeast infections may be the most commonly known vaginal infection, but there are different kinds of vaginal infections caused by yeast, bacteria, parasites, and other causes. If you are experiencing vaginal discharge that has changed colour, odour or volume, or if you are experiencing vaginal discomfort, seek the advice of a doctor.

Yeast Infection: a fungal infection due to an overgrowth of yeast (Candida) in the vagina. It may cause itchiness, redness, thick white vaginal discharge, pain during intercourse and other symptoms. Can be treated with over-the-counter kits from the Pharmacy. More serious cases may require doctor intervention. If you have never had a yeast infection before or if you are unsure if it is a yeast infection, see a doctor for advice.

Ovarian Cancer: According to the Canadian Cancer Society, “ovarian cancer is a malignant tumour that starts in cells of the ovary. Malignant means that it can spread, or metastasize, to other parts of the body.” Learn more from the Canadian Cancer Society: http://www.cancer.ca/en/cancer-information/cancer-type/ovarian/ovarian-cancer/.
Sources of Information

- Abortion Rights Network, www.abortionrightspei.com
- Adoption Services, Family and Human Services, gov.pe.ca
- AIDS PEI, www.aidspei.com
- Atlantic Assisted Reproductive Therapies (AART), aart.ca
- Canadian Association of Midwives, www.canadianmidwives.org
- Canadian Breast Cancer Foundation, www.cbcf.org
- Canadian Cancer Society, www.cancer.ca
- Canadian Mental Health Association, PEI, pei.cmha.ca
- Canadian Women’s Health Network: www.cwhn.ca
- Children’s Hospital of Eastern Ontario, www.cheo.on.ca
- Clinic 554, www.clinic554.ca
- College of Family Physicians of Canada, www.cfpc.ca
- Community Legal Information Association of PEI, www.cliapei.ca
- Conceptia, www.conceptia.ca
- Doula CARE, www.doulacare.ca
- Health Canada, healthcanadians.gc.ca
- Healthlink BC, www.healthlinkbc.ca/healthtopics
- Health PEI, www.healthpei.ca
- Menopause, www.menopauseandu.ca
Montreal Morgentaler Clinic, www.morgentalermontreal.ca
Motherisk, The Hospital for Sick Children, www.motherisk.org
My Health Alberta (Alberta), myhealth.alberta.ca
National Abortion Federation Canada, www.nafcanada.org
Natural Parents Network, naturalparentsnetwork.com/
   reusable-menstrual-products
Ontario Human Rights Commission, www.ohrc.on.ca
Options for Sexual Health (BC), www.optionsforsexualhealth.org
Our Bodies, Ourselves, www.ourbodiesourselves.org
PEI Breastfeeding Coalition, www.peibreastfeedingcoalition.org
PEI Public Health Office, www.healthpei.ca/publichealth
PEI Rape and Sexual Assault Centre, peirsac.org
Pride PEI, www.pride-pei.com
prideHealth (Nova Scotia), www.cdha.nshealth.ca/pridehealth
Service Canada, www.servicecanada.gc.ca
Sexual and Reproductive Health Awareness Week, srhweek.ca
Society of Obstetricians and Gynaecologists of Canada (SOGC), www.
   sexualityandu.ca and www.menopauseandu.ca
Teaching Sexual Health, teachers.teachingsexualhealth.ca
Trans Pride Canada, www.transpride.ca
UPEI Sexual Health Clinic, www.upei.ca/studentlife/student-
   affairs/health-services/sexual-health-clinic
Women’s Network PEI, wnpei.org
World Health Organization, www.who.int/gender/whatisgender
   and www.who.int/reproductivehealth

PEI Advisory Council on the Status of Women

Updated to March 2016
Many thanks to the individuals and groups that advised us on the need for this guidebook and who contributed to its development and publication.

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Council member (and Chairperson 2015–2016) Kelly Robinson drafted this guide with great clarity and sensitivity. Council member and current Chairperson Mari Basiletti created the beautiful graphics, with help from her partner JoDee Samuelson to digitize them and colourize the cover. Council staff Jane Ledwell, Michelle Jay, and Becky Tramley all contributed to updating and revising this edition.

The original edition of this guide was a set of resources printed for internal use in 2015. These resources quickly needed to be updated before being printed for wider distribution.

It is our sincere hope that this booklet edition will require updates very quickly, too, as PEI expands its sexual and reproductive health services for women and people of all genders.

– PEI Advisory Council on the Status of Women
March 2016
PEI Advisory Council on the Status of Women

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