



How To Talk About Abortion

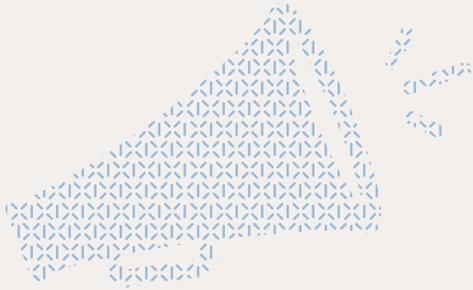
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Learn how to have meaningful
conversations about abortion to help
end stigma and counter disinformation



Let's Talk About Abortion

As we feel the impact of increasingly extreme state and federal abortion restrictions, it is more important than ever to be able to speak about abortion in clear, medically accurate, and non-stigmatizing terms.

Intentional, one-on-one conversations go a long way to normalizing abortion care as essential health care. Speaking about abortion in clear, inclusive, and unapologetic terms is necessary for increasing acceptance, comfort, and culture change around abortion care. It is time to reclaim the terms used in public debate by anti-abortion groups and to counter dangerous misinformation.

This guide is a resource for anyone who wants to learn how to have a conversation about abortion. It lays out Pro-Choice Washington recommended language for how to talk about abortion in an open, non-judgmental way, so that you can better support people around you who need abortion care. It also provides tools to help with difficult conversations and resources that illustrate the importance of unapologetic and supportive language in this movement.

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No one uses the perfect words all the time, but updating how we speak about abortion will make it easier for people to see that it is essential healthcare and that everyone knows and loves someone who has received an abortion.

In the past, language used around abortion has contributed to its polarization. It is time to be clear and unapologetic to change that culture.

KIA GUARINO

Executive Director, Pro-Choice Washington

What do we mean when we say...



ABORTION ACCESS

Even with legal abortion, there are gaps for people trying to access care. This is often based on factors like location within a state, gender identity, race, income level, insurance status, and immigration status.



ABORTION RIGHTS

The legal regulations for abortion define who can have an abortion, who can provide an abortion, and when an abortion can be provided and under what circumstances. In 1994, 197 governments declared abortion rights to be basic human rights.



REPRODUCTIVE FREEDOM

The ACLU defines reproductive freedom as the ability of each person to make the best decision for themselves and their family about whether and when to have a child without undue political interference.



REPRODUCTIVE HEALTH

Reproductive health is a state of complete physical, mental, and social well-being – and not merely the absence of disease or infirmity – in all matters relating to the reproductive system and to its functions and processes.



REPRODUCTIVE JUSTICE

SisterSong, the leading reproductive justice collective, defines reproductive justice as the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.



REPRODUCTIVE RIGHTS

Reproductive rights are legal rights and freedoms relating to reproduction and reproductive health.

Say the word abortion.

Abortion is basic healthcare, not something we need to tiptoe around. Having an abortion is a life-affirming, empowering, and loving decision that patients make for themselves and for their families. When we shroud abortion in euphemism or qualify who should get an abortion or how often it should happen, we affirm the false notion that abortion is something to be ashamed of. As believers in abortion rights, we need to be clear and unapologetic about the right to access quality, affordable, and timely abortion care. We are pro-abortion.

Pro-abortion does not mean anti-pregnancy. It means that you are pro-access to the full range of reproductive health care services from contraception to abortion to fertility treatments and beyond.

Terms like “pro-life” come straight from the anti-abortion playbook and are designed to make it seem like the opposite is somehow less life-affirming, which we know to be false. Any time we use language that comes from the anti-abortion narrative, we inadvertently confirm their bias. Thus, it is better to refer to the movement as anti-abortion rather than pro-life. And when we speak about abortion, we should stay focused on the positive impact of individual healthcare decisions and stay away from addressing false narratives.



Use

- ✓ Abortion
- ✓ Pro-abortion
- ✓ Anti-abortion
- ✓ Pro-access
- ✓ Abortion access
- ✓ Abortion care
- ✓ Abortion justice
- ✓ Reproductive freedom
- ✓ Bodily autonomy

Avoid

- × Pro-life
- × A woman's right to choose
- × No one wants to have an abortion
- × Abortion is a difficult decision
- × No one is pro-abortion

FRIEND/FAMILY/ COLLEAGUE:

I don't understand why people are saying they are “pro-abortion.” I believe that women should have the right to make decisions about their bodies, but no one really wants to have an abortion.

YOU:

I get it. The anti-abortion movement has done a great job at stigmatizing the word abortion and making it hard to say out loud. They use graphic descriptions and medically inaccurate information to trigger discomfort. So, it is important to reclaim the word abortion. We can do this by speaking about abortion as basic healthcare, without shame, and as a key part of bodily autonomy.

FRIEND/FAMILY/ COLLEAGUE:

I support choice, but no one is pro-abortion.

YOU:

Actually, I am pro-abortion. I used to feel uncomfortable saying that, but then I realized that I am pro-abortion the same way I am pro c-section or pro-insulin. I believe people should be able to access the healthcare interventions that they need when they need them.

When I consider abortion as basic healthcare, I am not ashamed of it. So, I am pro-abortion as a healthcare option for anyone who needs it.

Abortion care has no gender.

While women are impacted by abortion rights, women are not the only patients who access abortion care. Transgender men, non-binary, and gender diverse patients also have abortions and need reproductive healthcare. Providers and insurance companies often bring their own bias about gender, which can make it difficult or impossible for trans or non-binary patients to access care.

Framing abortion exclusively as a women's issue excludes many patients who have abortions. In turn, this can lead to policy decisions that ignore the specific needs of these patients. It can also lead to patients feeling unwelcome at medical centers and avoiding the healthcare services they need.

This is why it is important to use non-gendered language when speaking about abortion. If we do not specifically consider trans, non-binary, and gender diverse patients in the conversation about abortion, we can inadvertently make it even more difficult for these patients to get the healthcare they need. Using gender neutral language is a powerful step in accurately representing all people who may seek abortion and reproductive healthcare.

Use

- ✓ Patients
- ✓ Parents
- ✓ People seeking abortion
- ✓ Pregnant people, Pregnant patients
- ✓ Partner of a pregnant person or patient
- ✓ People who may become pregnant
- ✓ Abortion care has no gender
- ✓ Reproductive health
- ✓ Abortion care

Avoid

Unless you are speaking to a specific group of women or an individual woman

- × Women
- × Women's health
- × Women's issue
- × Mother



FRIEND/FAMILY/ COLLEAGUE:

I was listening to a podcast yesterday and they kept saying pregnant people instead of women. I get the need for inclusive language, but are we not allowed to say "women" anymore?

YOU:

I see why that would feel like a shift. I've learned that saying pregnant people is more inclusive of everyone who needs abortion care. Just like cis women, trans and non-binary people can become pregnant and may need abortion access. I know this language shift may take time to get used to, but it's an important and easy way to make sure everybody is included in this conversation. It also does not take away from the importance of women as a group in the abortion rights movement.

FRIEND/FAMILY/ COLLEAGUE:

I've noticed people are not calling abortion and reproductive health a women's issue anymore. That doesn't make sense to me.

YOU:

I hear you. This is because it is not only women who need abortions. Transmen and non-binary people can also become pregnant and need access to abortion care. So, if we talk about it only as a women's issue, that leaves out a lot of people.

Abortion access should be equitable, in addition to safe and legal.

The abortion rights movement has long used the term “safe and legal” when describing abortion care. While important, abortion care is largely safe, and legality is the baseline of what we are working to achieve.

THE LEGAL RIGHT TO ABORTION DOES NOT GUARANTEE ACCESS

The legal right to abortion is a basic human right. And yet legal rights to abortion do not guarantee that everyone can get an abortion when and where they need one. Some of barriers to getting an abortion include:

1. Not having health insurance or not having enough insurance coverage
2. The high out-of-pocket cost of abortion care
3. Long travel distances required to reach an abortion provider, which can be even more difficult with unreliable transportation.
4. Work schedules that do not allow employees to take time away to receive an abortion
5. Having a disability that makes travel difficult or provider bias more likely
6. High costs of childcare when patients travel to get an abortion, because most people who get an abortion already have at least one child at home
7. Health centers and providers can be biased when it comes to providing reproductive healthcare and treating people of color and LGBTQ+ patients. This can make it impossible for patients from these communities to get abortion care when they need it.

In general, the real and harmful barriers of cost, distance, and bias are even more pronounced for Black and Indigenous communities, people of color, people with lower incomes, military communities, rural communities, LGBTQ+ individuals, and young people.

This is what we mean when we talk about equitable abortion access and health equity. Even if abortion is technically legal, there are communities across the state and country who still cannot access that legal care. Legality is the baseline, and is essential, but it is not enough. We must keep pushing for policy change.



ABORTION IS ONE OF THE SAFEST MEDICAL PROCEDURES

Today, abortion is 99 percent safe, according to the CDC. That was not always the case. Historically, many people experienced both physical and psychological harm when seeking abortion care. These stories are real and difficult and played a big role in the passage of policies that protect abortion, including *Roe v. Wade*.

With the expansion of medication abortion options, additional providers who can give abortion care, and states who provide second- and third-trimester abortion care, patients today have a wide range of safe abortion options.

Given these safe abortion options, it is time to move away from using “coat hanger” and “back-alley” references. These terms can create additional fear around abortion, which can cause people to shut down and can inadvertently support anti-abortion efforts to create stigma.

Instead, we can highlight the safety of abortion and the resources that are available to help patients access abortion. The options for self-managed abortion are also much safer today, and we can focus on making sure that these remain available. It is important to note that patients can still have bad experiences around abortion care, even with safe options, which is why we focus on removing abortion barriers.

If an abortion is unsafe, it is typically because anti-abortion laws and actions prevent patients from accessing quality medication abortion and/or trained medical professionals. Taking away abortion rights does lead to the potential for more unsafe abortion scenarios and higher maternal and infant mortality, so it is correct to say that abortion rights are necessary to save lives.

Use

- ✓ Equitable access to abortion care
- ✓ Abortion is safer than having your wisdom teeth pulled
- ✓ Self-managed abortion
- ✓ Loss of abortion care leads to more maternal and infant mortality
- ✓ Abortion should be affordable and available to everyone

Avoid

- ✗ Safe, legal, and rare
- ✗ Keep abortion safe
- ✗ Back-alley abortion
- ✗ Coat hanger abortions
- ✗ Forced birth
- ✗ Illegal abortion



Access to abortion is constantly endangered, and even when abortion is legal, it remains out of reach for many. People face unseen barriers to abortion, such as high insurance deductibles, and the costs of taking time off work, childcare, and travel. These barriers disproportionately impact marginalized communities. We need access for all.

MERCEDES SANCHEZ

Director of Development, Communications, and Community Education and Outreach, Cedar River Clinics

FRIEND/FAMILY/COLLEAGUE:

These abortion bans are just going to cause women to seek back-alley abortions again. There are horrible stories of women using coat hangers to end their pregnancy when they can't get one legally.

YOU:

You're right that taking away abortion rights is scary and can lead to higher maternal and infant mortality rates. But abortion care is much safer these days and there are options for self-managed abortion, like medication abortion. Instead of focusing on the horrors of the past, let's talk about what we can do to ensure that everyone can get an abortion when they need it.

FRIEND/FAMILY/COLLEAGUE:

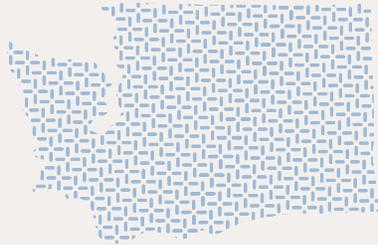
I heard people in the reproductive rights movement are moving away from the phrase "safe, legal, and rare" when talking about abortion. Do you know why that is?

YOU:

First, abortion is one of the safest medical procedures.

Second, legal is just the baseline. It doesn't matter if abortion is legal if you can't access care. Only focusing on the legal aspect glosses over the many barriers that people experience when seeking an abortion.

Third, using rare promotes stigma because it implies there is something wrong with getting an abortion or that abortion is only okay in certain circumstances. Our goal is to make sure all people can get an abortion whenever and wherever they need it.



Abortion should be available whenever.

Abortion is essential health care and should be available anytime a patient is in need. There are so many different circumstances that lead to second- and third-trimester abortion. And it is not anyone's place to decide whether or which of those circumstances are valid for another person.

It is not necessary to justify second- and third-trimester abortion care. There are many barriers that make it difficult for patients to get abortion care earlier in their pregnancies, which is the intention of anti-abortion groups. Maybe a patient did not know about their pregnancy until it was past the cutoff date; maybe a patient could not get time off work for the appointments (often patients need to go more than once); maybe it takes several hours to get to the clinic; maybe they can't leave their kids or work for that long; maybe gathering payment takes longer than expected; maybe they need parental consent. There are also some fetal anomalies and pregnancy complications that do not present until the second or third trimester.

Whatever the reason, because there are strict timeframes in most states – even progressive states – it is easy to miss the abortion care window. Any restriction on when abortion is available is unreasonable and unfair.

Because of this, phrases like “late-term abortions” or “heartbeat bills” should be avoided. They are medically inaccurate. There are only trimesters and there is no medical heartbeat in fetuses at the six-week timeframe. Using these phrases plays into anti-abortion efforts to reduce a pregnant person's humanity.

Use

- ✓ People should be able to have abortions when and where they want them
- ✓ Abortion in first, second, or third trimester
- ✓ Six-week abortion ban
- ✓ Fetus (from 10 weeks of gestation)
- ✓ Embryo (before 10 weeks of gestation)
- ✓ Pregnancy
- ✓ Full term pregnancy
- ✓ End a pregnancy

Avoid

- ✗ Late-term abortion
- ✗ Early abortion
- ✗ Heartbeat bill
- ✗ Baby
- ✗ Keep/kept a baby
- ✗ Aborted a baby

FRIEND/FAMILY/ COLLEAGUE:

I am pro-choice, but I am uncomfortable with and don't agree with late-term abortions. That seems late into a pregnancy.

YOU:

I can understand your discomfort. The reason I am supportive of abortion without restrictions is because there are so many reasons that someone might seek abortion later in their pregnancy. I believe that abortion is basic healthcare, and it should be available whenever someone needs it. It is not our place to know or to judge their reasons or circumstances. If we believe in autonomy, then it should just be about their right to exercise autonomy, no matter when or why.

Abortion activism is a movement not a war.

For decades, we have heard that abortion rights are under attack – which is true. And fighting against attackers feels scary and exhausting. In a time where we all feel fatigue around the many crises in the world, it is vital to reframe our work in the context of community and protection.

The threats to abortion rights are real and urgent. Anti-abortion groups, who are directly linked to hate movements, rely on fear tactics to mobilize people. And it's working. To reclaim this narrative, we must reject anti-abortion fear tactics and focus on the truth about our movement: We are the majority, and we love and support ourselves and other people.

We need to move away from battlefield language when talking about abortion rights. Instead use clear and accurate calls to action. Abortion rights are about self-determination, freedom, community, love, and care. It's okay to communicate urgency and grief, while also sharing the joy, humor, and love that our movement holds.

Use

- ✓ We will promote, protect, and expand equitable access to abortion
- ✓ Our rights are being dismantled, rolled back, or taken away
- ✓ We need to act today
- ✓ Join the movement
- ✓ We are the majority
- ✓ Community of powerful activists
- ✓ Grassroots organizing

Avoid

- ✗ Fight back, defend, attack, assault, frontlines
- ✗ Imagery from *The Handmaid's Tale*
- ✗ Comparisons to Sharia law or the Taliban
- ✗ Comparisons to slavery, incarceration, or forced labor
- ✗ Backwards states
- ✗ References to the underground railroad or any comparison to the abolitionist movement



FRIEND/FAMILY/ COLLEAGUE:

With all these new abortion bans, it's like we are living in *The Handmaid's Tale*.

YOU:

These abortion bans are scary, and conservative lawmakers use abortion bans to control our ability to make choices about our own bodies. I avoid referencing things like the *Handmaid's Tale* for a few reasons – first, there is plenty going on that is not fiction, which we can focus on. And second, it can take away from the history of real reproductive coercion and oppression stories here in the U.S., mostly experienced by people of color, low-income, and disabled people.

The truth is many people have lived without reproductive freedom for centuries in the US. It is good that we are paying attention now, AND it is good to remember that history.

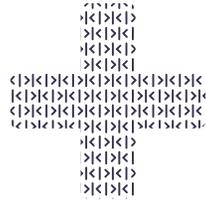
FRIEND/FAMILY/COLLEAGUE:

I'm so tired of our rights being attacked. This has been a battleground for so long.

YOU:

Me too. I want people to understand how much people would flourish if everyone could make decisions about their own reproductive lives.

There is a direct correlation between poverty and the denial of a wanted abortion. Communities see stronger economies and more peace when people have full reproductive healthcare options. It just seems so clear that it is a positive movement.



Use medically accurate language.

There are two types of abortion: medication abortion and procedural abortion. A procedural abortion is a medical procedure performed by a trained provider. A medication abortion is a procedure that involves taking the drugs mifepristone and misoprostol and can only be used within the first ten weeks (about 2.5 months) of pregnancy. Both medications have been proven to be overwhelmingly safe and effective for ending a first-trimester pregnancy, and studies have shown that they are safer than many over-the-counter drugs like Tylenol.

Patients might choose to have a medication abortion outside of a clinic setting if they don't have access to a clinic, telemedicine, or prefer to stay out of a clinic. This is known as self-managed abortion. Self-managed abortions have become increasingly common in the U.S., already making up 39 percent of all abortions in 2019. In 2020, the U.S. Food and Drug Administration (FDA) changed a long-time rule requiring health care providers to meet patients in person to prescribe the abortion pill. This made it easier for patients to access medication abortion, especially for people in rural communities who have few clinics nearby.

Unfortunately, the FDA also kept an unnecessary restriction that prevents mifepristone from being sold in pharmacies, despite its safety. It is good to note that for medication abortion to be accessible, each state must pass a policy that allows public access. So, while it is a key part of abortion care, it cannot replace the ask to remove all abortion restrictions.

The anti-abortion movement sometimes refers to medication abortion as “chemical abortion” with the intention of making it seem risky or illicit. Anti-abortion groups have also used untested claims that a medication abortion can be “reversed” to help pass restrictions on medication abortion in some states. Anti-abortion groups also use this narrative to try to take away access to contraceptives, especially hormonal contraceptives. Because of this, it is necessary to speak positively and accurately about the value of medication abortion as an available option for every pregnant person.

Use

- ✓ Medication abortion
- ✓ Medical abortion
- ✓ Abortion pill
- ✓ Self-managed abortion
- ✓ Procedural abortion

Avoid

- × Chemical abortion
- × Self-caused or self-inflicted abortion

FRIEND/FAMILY/ COLLEAGUE:

I've been hearing that abortion pills might mean we don't have to worry about abortion bans or the loss of *Roe v. Wade*.

YOU:

There has been exciting progress to make medication abortion more available, such as through telemedicine appointments. It is good to remember, though, that it is not a sufficient alternative to unrestricted abortion rights. Medication abortion is usually only an option for patients up to ten weeks pregnant and it requires a prescription. And some states are making it difficult for patients to get that prescription, so we still have work to do.

Speak accurately about the anti-abortion movement.

The anti-abortion movement has passed extreme anti-abortion bills since 2020. Even in our anger, it is important to speak about these groups accurately to avoid falling into the same traps of hate and fear that they promote.

Phrases like “Texas Taliban” and comparisons to Sharia law or to slavery should not be used. These falsely equate abortion rights to other histories that impact specific groups of people. This also takes away from the facts of reproductive freedom and discounts the real oppressions that others have experienced. They are not comparable and should not be co-opted.

There are many real consequences of the dangerous Texas abortion ban that we can speak about instead. People now need to seek abortion care in other states, if they can afford to, and maternal mortality in Texas is increasing as a direct result of taking away abortion care.

Anti-abortion groups who have been working to pass that bill for decades aimed to exercise control over people’s bodies and their socioeconomic futures by taking away abortion rights. This agenda aligns with the broader anti-democracy, anti-trans, and white supremacy groups.

It is not the people of any one state or area that are taking away rights. It is not helpful to speak about a state as “backwards” or “corrupt.” Within every state there are a wide range of perspectives, and it is lawmakers who make policy decisions. It is the loudest groups that influence lawmakers, which is why speaking openly, clearly, and loudly about the need for abortion is critical.



Use

- ✓ Anti-abortion conservatives, lawmakers and groups
- ✓ Extreme anti-abortion bans
- ✓ Violent anti-abortion groups
- ✓ Patient and clinic harassment
- ✓ Conservative lawmakers
- ✓ White nationalist groups

Avoid

- ✗ Extremists or violent extremists
- ✗ Comparisons to Sharia law or the Taliban
- ✗ Comparisons to slavery, incarceration, or forced labor
- ✗ Backward states
- ✗ References to the Underground Railroad or any comparison to abolitionist movement

FRIEND/FAMILY/ COLLEAGUE:

Did you hear about the Texas six-week abortion ban? It's like the Taliban is running that state.

YOU:

I agree that the six-week abortion ban is terrible. I am disappointed in the anti-abortion lawmakers in Texas. I don't understand how anyone could make a decision that hurts people this way. I avoid comparing it to the Taliban since that is a real and ongoing experience of people in Afghanistan and not what is happening here.

This is an American issue, and it is the lawmakers and anti-abortion groups here that we need to focus on.

FRIEND/FAMILY/COLLEAGUE:

These abortion bans are awful. We need an abortion Underground Railroad to make sure people in Texas and Idaho can still get abortions.

YOU:

Yes, the bans are awful. You're right, we need to make sure people have access to the abortion care they need. Local abortion funds have been around for decades to support people's access to abortion, and they work hard to connect people who need an abortion with the resources to get one. You should consider donating to your local fund!

Also, I avoid comparing this work to the Underground Railroad since that co-opts the real history of slavery and isn't an accurate comparison.

Act now.

In addition to becoming an expert communicator about abortion, consider these actions you can take to protect abortion access.

SUPPORT ABORTION FUNDS AND CLINICS

Local abortion funds and independent clinics have been organizing for decades to support access to abortion care. We all want to take action to make it easier for people to get abortion care. Instead of organizing a new abortion fund or raising money for individuals, we recommend supporting the well-established groups that have the training and connections to make it possible for people to get abortion care.

- [Donate to the Northwest Abortion Access Fund \(NWAAF\)](#)
- [Donate to the Indigenous Women Rising Abortion Fund](#)
- [Donate to Cedar River Clinics](#)

SUPPORT COMMUNITY ORGANIZING

Supporting community-based organizing is essential. Abortion rights and reproductive justice will be made or broken at the state level from here on out. Funding groups that work directly with people and communities who are experiencing abortion barriers is more important than ever.

- [Donate to Pro-Choice Washington](#)
- Want to learn more? Visit ProChoiceWashington.org

ADDITIONAL RESOURCES

[IPPF Guide to Rights-Based Messaging](#)

[Abortion on Our Own Terms Campaign](#)

[Avow Texas: Why we heart abortion](#)

[Sister Song: Reproductive Justice](#)

[Ibis Reproductive Health: Abortion experiences and preferences of transgender, nonbinary, and gender-expansive people in the United States](#)

[Harvard Medical School Primary Care Review: Medication Abortion – Prioritizing Access in 2021 & Onward](#)

[Guttmacher Institute: Medication Abortion Now Accounts for More Than Half of All U.S. Abortions](#)

[Prism: We don't need an 'abortion Underground Railroad'—Black and brown people already lead the most powerful abortion fund network in the country](#)

[Western States Center: Toolkits and Resources](#)

[All Above All: Fact Sheet: About the Hyde Amendment](#)

[Guttmacher Institute: Roe v. Wade in Peril](#)

[Why using inclusive language in abortion care is an essential aspect of equal rights](#)

[What is Misoprostol?](#)

ABOUT PRO-CHOICE WASHINGTON

Pro-Choice Washington is the leading grassroots advocacy organization for reproductive freedom in Washington state. We believe every person deserves equitable access to affordable, unbiased, quality reproductive healthcare, including abortion.

Pro-Choice Washington is structured in three parts to achieve our mission:

1. The heart of our work is our 501(c)4 where we advocate for progressive policies and electoral candidates that support reproductive freedom;
2. The Pro-Choice Washington Foundation is our 501(c)3 focused on issue research, leadership development, and community and decision-maker education; and
3. The Pro-Choice Washington Political Action Committee (PAC) helps elect reproductive rights and justice champions at all levels of state and local government.

Our organization is powered by the voices of more than 26,000 members across the state and our deep coalition partnerships. We speak up for reproductive freedom in Washington state through advocacy, community engagement, and education.