



Reproaction

ABORTION ACCESS DISPLAY TOOLKIT

www.reproaction.org

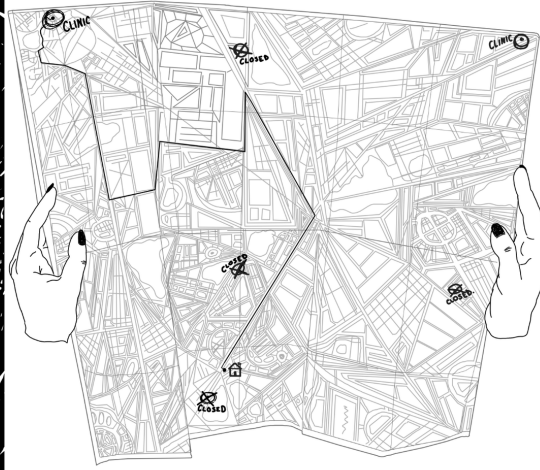
November 2018

ABORTion

is getting harder
and harder to access in
America

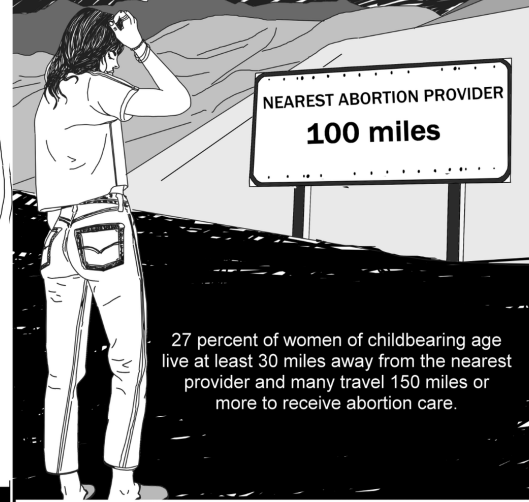
Look at the signs to
see the barriers that
keep people from
receiving abortion care.

HOW MANY ABORTION CLINICS DOES YOUR STATE HAVE?



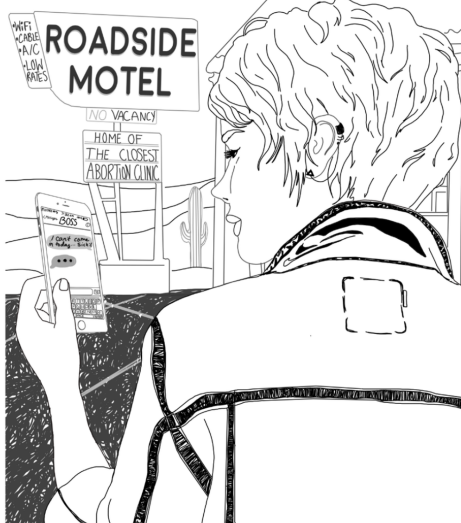
Overregulation has forced many clinics to close their doors.
As of 2017, seven states had only one abortion clinic.

YOU MIGHT HAVE TO TRAVEL HUNDREDS OF MILES.



27 percent of women of childbearing age
live at least 30 miles away from the nearest
provider and many travel 150 miles or
more to receive abortion care.

TAKE DAYS OFF WORK (WHETHER OR NOT YOU CAN AFFORD IT)



27 states have a mandatory waiting period requiring a pregnant
person to wait a specific amount of time— between 24 and
72 hours, depending on your state— after forced counseling
before returning to the clinic to receive an abortion.

CHILD CARE IS EXPENSIVE, BUT YOU MAY HAVE TO PAY ANYWAY.



59 percent of people who get abortions are already mothers.
Finding and paying for childcare can be a major obstacle
when trying to schedule one appointment, let alone multiple.

DOES YOUR INSURANCE COVER ABORTION? IT MAY NOT.



Twenty-six states have laws prohibiting insurance plans from offering
abortion coverage as part of a comprehensive health care plan sold
under the Affordable Care Act.

AN ABORTION CAN COST A LOT.



The average cost of an early medication abortion
is \$504. A surgical abortion may be upwards of \$1,500.
If you have to pay out-of-pocket, the financial burden
is a serious challenge.

THE CLOCK IS TICKING.



The longer it takes to raise the money needed for
an abortion, the further the pregnancy progresses,
which not only increases the cost but also eliminates
options between specific abortion procedures.

ABORTION SHOULD BE EASIER TO ACCESS.



Not only do we need more abortion clinics and fewer laws
restricting access to abortion, it's high time to make medication
abortion available over the counter. It's safe, effective, and
already an option around the world. It's time to empower
self-managed abortion.

Download the full display at Reproaction.org

About

We envision a world where every person is respected in their right to parent, not to parent, and the right to raise children in safe and healthy communities. We believe that people are capable of determining what is best for their body, future, and health care – which includes the decision to have an abortion. Reproaction staunchly fights for more access to abortion within the medical system. So too, we respect the decision of people to end their pregnancies on their own and outside of a clinical setting.

Self-managed abortion occurs when someone chooses to perform their own abortion outside a medical setting. There are many reasons why someone may manage their own abortion outside a clinic setting. It may be because abortion care at a clinic is unavailable, inaccessible, or not desired by the individual.

Reproaction's Self-Managed Abortion Campaign is raising awareness of self-managed abortion with pills in order to reduce stigma and build grassroots support to change unjust laws. We see raising public consciousness of self-managed abortion with pills as the first step in the journey to making misoprostol or a combination of Mifepristone and misoprostol available to any pregnant person legally, affordably, and conveniently.

Join us in breaking down stigma with our Abortion Access Display, a tool that you can use to talk about abortion access in your community. Check out this guide for action ideas, talking points and more!

Take Action!

Educate!

Gather folks for a teach-in, discussion or community gathering to talk about abortion access. Galvanize participants to work towards building power, and sharing resources. This is can also a opportunity to brainstorm how you can take action.

Table!

Get information about self-managed abortion with pills out to those in your community. Use the Abortion Access Display as a backdrop to your table to illustrate the barriers to abortion care.

Set Up an impromptu gallery!

Hang the signs up in a public space and host your own gallery show! No wine and cheese needed, but feel free to add cue cards with facts about abortion in your state.

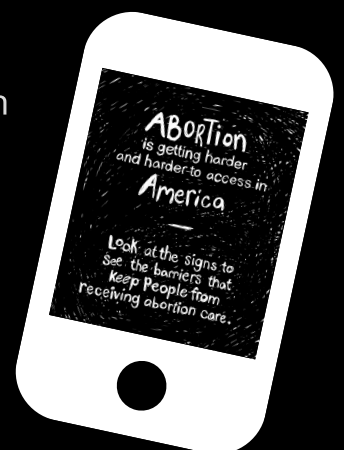
Write an Op Ed

Amplify your voice by writing an op-ed for your local paper about self-managed abortion and the barriers to in-clinic care in your state. Check out page 8 for a template to get you started!

Share the display on social!

You can find Reproaction on Facebook, Twitter and Instagram.

Want to host an action? Let us know!



Talking Points

How Self-Managed Abortion A Now Is Different Than Before:

- More often than not, self-managed abortion is associated with imagery of “back alley abortions” and coat-hangers. These ideas draw on the lengths many had to go to have an abortion before the landmark Supreme Court ruling, *Roe v. Wade* legalized abortion in 1973. Yet a lot has changed since then, and now, there are safe options for ending a pregnancy that we simply didn’t have 40 years ago.
- Unlike 50 years ago, the risk that exists for people who self-manage isn’t medical, but legal. In the United States, seven states have laws that make self-induced abortion illegal. In 2015, an Indiana woman, Purvi Patel caught national attention when was sentenced to 20 years in prison after she allegedly used abortion pills she ordered online.

The Demand for Medication Abortion:

- Medication abortions now account for 45 percent of all abortions that occur within the first nine weeks of pregnancy. After more than fifteen years of use in the United States, research has shown that medication abortions are a safe and effective way to end a pregnancy. Often a medication abortion relies on two medications: mifepristone and misoprostol. Mifepristone is taken first to stop the pregnancy from developing, and misoprostol is administered approximately 24 hours later to contract the uterus. Despite its effectiveness and safety, medication abortion continues to be over-regulated and women seeking care face significant barriers, including the cost of care and long travel distances. In addition, because mifepristone was developed to help induce an abortion, it is become a the major target for anti-abortion politicians. These regulations are not only unnecessary, but often push care out of reach for many in our community.

Talking Points

Self-Managed Abortion Safety Facts:

- Despite this, the use of Misoprostol alone is safe and approximately 85 percent effective in terminating a pregnancy in the first twelve weeks of pregnancy. The World Health Organization has misoprostol on the list of essential medicines, and has created protocols for how women may manage their abortion with misoprostol without direct provider supervision.
- The use of Misoprostol to end a pregnancy has helped curb the rate of unsafe abortions around the world, particularly in countries where abortion is illegal or heavily restricted. Brazil illustrates this: since 1992, the treatment rate for severe complications from abortion has declined by 76 percent. This shows that when people have the information on how to safely manage their abortions, they are able to do so effectively.

Press Release

Hosting an action? Use this press release template to get the word out to the media. Customize this template with details about your action and goals before sending it out.

For Immediate Release

Media Contact: [Full Name] at [###-###-####], [Email Address]

REPRODUCTIVE JUSTICE ACTIVISTS DISPLAY ABORTION ACCESS SIGNS

[CITY/TOWN, State] -- On [DATE], reproductive justice activists held a visibility action to bring attention to abortion access in [TOWN/STATE]. [A sentence detailing specific abortion access fact in your community].

[A sentence about your group, who you are and why you chose to host this action]

[1-2 sentences from organizers or attendees about why you are taking action, why you chose now, and what's your motivation?]

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Op-Ed Template

This template was created to help you write your own op-ed, and should be personalized to fit your voice and opinion before submission. You should check the submission guidelines of the outlet to verify length requirement.

[DATE]

[TITLE]

Intro Paragraph: Start your piece with a localized or personal hook. This may include what abortion access looks like in your state, a response to a piece of news about abortion access decreasing, a law/proposed law restricting abortion access, something (increasing clinic harassment, clinic closures that require more travel) that would make getting an abortion harder.

2-4 sentences: This is a short summary for the reader.

Body Paragraphs: Explain why this is a problem for people.

- If this law passes...
- A clinic closure would mean...
- Forcing women to travel for abortions means...
- Making women face protesters is....

There are probably lots of reasons why it would be a problem. This is the place to take your time. Really showcase the problems that people needing abortions will have to confront. Each reason could be its own paragraph if you'd like. Your readers are likely unaware of many of the problems you may consider obvious; don't be afraid of thoroughly explaining the issues.

SMA Paragraph: Explain here how self-manage abortion with pills would help alleviate/eliminate this problem if it were available.

Here you can discuss how safe and effective SMA is, how it is already used around the world, research about the demand for medication abortion, etc. Feel free to paraphrase from our talking points! Remember, it's always best to read the original source to ensure it thoroughly supports your point.

Conclusion Paragraph: State that you support a person's right to access abortion and you trust people to make the best decision for themselves.

Name

Address (for verification purposes only)

Phone

Email