



A Guide for Writers: Using Accurate, De-stigmatizing Language about Abortion

*When writing and talking about abortion, it's important to use facts.
Here are some important considerations.*



Reproaction

Know that “reproductive justice” includes abortion, but is not a replacement for “pro-choice.”

Reproductive justice is a human rights framework created by Black women that refers to the right to parent, the right not to parent, and the right to raise families in safe and healthy communities. Reproductive justice includes abortion, but is much broader and includes access to clean air and water, safety from state violence, access to living wages, and more.

Avoid saying “heartbeat abortion ban.”

Refer to abortion bans by weeks of pregnancy or procedures outlawed, not anti-abortion terms. For example, “heartbeat ban” is a misleading title for a six-week abortion ban because it implies that an embryo has developed a heart at this stage, which is medically inaccurate and intended to evoke anti-abortion stigma. The anti-abortion movement has also created misleading titles that don't reflect science for 20-week abortion bans and dilation and evacuation bans. Don't use them.

Use real medical terms to describe abortion later in pregnancy.

Later abortion is acceptable to refer to abortions later in a pregnancy; anti-abortion language such as “late-term,” “partial-birth,” and “dismemberment” abortion are not recognized medical terms or procedures and should not be used. When referring to later abortion procedures, use real medical terms that do not dehumanize patients and providers.

Use medical terms to refer to abortion care providers.

“Abortionist” is a derogatory word used by the anti-abortion movement to stigmatize abortion. It is not a medical or professional term.

Distinguish between “fetus,” “embryo,” and “infant.”

According to Mayo Clinic, an embryo does not become a fetus until the eleventh week of pregnancy. A fetus does not become an infant until a live birth. The anti-abortion movement has purposefully conflated these terms in order to dehumanize people who have abortions.

Self-managed abortion with pills is safe and effective.

Times have changed since the pre-Roe era, when safe and effective abortion pills were not available. For a person self-managing an abortion with pills, the primary risk is legal, not medical. In the United States, women are already being prosecuted for ending their pregnancies.

Use featured/stock images of medication and reproductive health clinics for abortion-related news articles, instead of fully formed infants or large pregnant bellies.

Imagery that exaggerates the symptoms of pregnancy sends a misleading message that all abortions are later abortions, when in fact most abortions occur before a person is visibly pregnant.

Note that abortion providers include more than physicians/doctors.

Instead of exclusively referring to abortion providers as doctors and physicians, consider the term “providers” or “clinicians” instead. Abortion is a safe, simple health service that should not be further restricted by laws that permit only physicians to provide it, and many states have opened the provision of abortion care to include advanced practice clinicians like certified nurse midwives, physician's assistants, and nurses practitioners.