

Talk Like a Pro:

Abortion Care Later in Pregnancy

Discussion Guide in
Partnership with the film *Someone
You Know*
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*Someone
you know*



Abortion care is a necessary part of reproductive health care. Once someone has made the decision to get an abortion, they should be able to—as early as possible and as late as necessary.

When people talk about later abortions, they're often talking about how they *feel* about later abortion care or the people who seek it.

Allow people their big feelings. However, Instead of interrogating abortion seekers and their individual circumstances, **invite folks to interrogate the State** and their justification for passing harmful, discriminatory bans on abortion that run counter to health and safety.

We have to separate feelings from questions of legality.

Reframe conversations about later abortion away from feelings to the relevant legal questions at hand:

- **Should the government be able to override your bodily autonomy because of a pregnancy?**
- **Should the government get in the way of your health and safety?**
- **Should the government be able to surveil, investigate, punish, and control your pregnancy outcome?**



The Big Reframe

Are we for **some** abortion bans or for **no** abortion bans?

It's not **when** should the government should ban abortion, but **whether** the government should ban abortion at all.

Say This: "I hear your concerns about later abortion. For me, I'm very concerned about abortion bans. I don't think health care should be criminalized. I think that makes people less safe."

OUT: Focusing on why individuals are getting abortions, suggesting that some people deserve an abortion more than others based on their reasons or circumstances.

IN: Focusing on abortion bans, and the ways the government is passing and enforcing laws that go against health and safety.

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Conversations about later abortion care are not about facts. Facts are dismissed if they don't match someone's existing beliefs.

Instead of leaning on facts, lean into core, shared values like **Care**, **Freedom** and **Authority/Autonomy**.



Tested, Values-Based Messages **You Can Use**

Care: Prioritizing health and safety.

- "Abortion restrictions are harmful. And they fall hardest on those already struggling."
- "Health and safety should guide pregnancy decisions, not politics."
- "Every pregnancy is unique. You can't predict what's going to happen. If something goes wrong, the last thing you want are legal roadblocks or fear of jail time getting in your doctor's way."
- "Banning abortion is not about health and safety--it's about controlling people. We need to make sure people have access to the care they need, not punishment. The only humane abortion ban is none at all."

Freedom: Free from control, harm & criminalization.

- "There's no point in pregnancy when the government should control your body."
- "There is no acceptable amount of pregnancy criminalization."
- "Any legal limits on abortion allow the state to investigate how every pregnancy ends. We should be free to get the care we need without fear or punishment."
- "People should be able to make decisions about their bodies, health, and lives."

Authority/Autonomy: Who decides?

- "Who seeks consensus from strangers when making serious medical decisions?"
- "Whether you draw a line at 6 weeks, 15 weeks, 20 weeks, or 24 weeks — there's no point in a pregnancy that the government is better positioned to make decisions about your health than you are."
- "Pregnant bodies don't follow legal timelines. If something goes wrong, who do you want making decisions about the kind of care you can get? Your doctor, or your state politician?"

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Responding to "Abortion Up Until Birth" and other Anti-Abortion Rhetoric

- Never repeat opposition claims or use their language, even to refute it. Don't give it oxygen.
- **Challenge the premise!**
- Focus on abortion bans and government interference, since that's their solution.
- Use **T.R.A.P.** (see below), and effective responses.

The Flawed Premise:
We need abortion
bans to keep the
"wrong people" from
"misusing" abortion
services.

[Nope!]

It's a T.R.A.P.!

Respond Accordingly

Responding to "abortion up until birth
for no reason?" & other claims

Take a breath.

Pause while emotionally flooded.

Reframe the question.

What's **really** being asked? (It's bans)

Answer **THAT** question.

Respond to the real question.

Pivot to your message.

Show support for *all* abortion care.

It's Okay to Push Back

Start by challenging the premise. This is effective and helps reframe the conversation.

- "I reject the premise of your question."
- "You're using misleading and inflammatory language to distract from what is going on– the intentional denial of abortion care."
- "You're looking for some consensus on when to ban abortion."
- "You're asking when the government should get involved and override medical decisions."

Then move to your message!

Example Messages

- "I reject the premise of your question. People need abortion care later in pregnancy, for any number of reasons. None of them is better served by government interference. I support a person's right to get the care they need. They shouldn't lose the freedom to control what happens to their own body. People and their families know what is best for them."
- "You're looking for some consensus on when to ban abortion. But who seeks consensus from strangers when they are making serious medical decisions? There's no point in pregnancy when the government should control your body. I support laws that ensure health and safety guide pregnancy decisions, not politics."

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Why Later?

People seek abortions later in pregnancy for the same reasons they do earlier. But many are not able to access care as soon as they would like.

Dr. Katrina Kimport identifies two common pathways through which people find themselves seeking abortions later in their pregnancy:

First Path: New Information

- Pregnancy discovered after the 1st trimester (**common!**)
- Newly discovered diagnosis of a fetal impairment
- Newly discovered threat to the health/life of the patient
- Sudden life event or change in circumstances

Second Path: Barriers to Obtaining Care Earlier

- Abortion bans and burdensome regulations
- Difficulty paying for an abortion earlier
- Interaction with a religious-based Crisis Pregnancy Center (CPC)
- Difficulty arranging childcare or getting time off of work
- Conflicts with family/partner about the pregnancy
- Difficulty finding a provider or traveling to a clinic

These are not inherently distinct paths. Many people learn new information and then face barriers to accessing care.



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Nobody thinks they're ever going to need a later abortion and so it's very easy to distance yourself. But then it happens to all the people we see — all those people who didn't think they were going to need to come see us. And here they are."

—Dr. Diane Horvath, All-Trimester Abortion Provider

Good Information About Later Abortion Care

Who Seeks This Care

Anyone who can become pregnant could need a later abortion. Because we don't live in equitable environments, some groups are more likely to need later care. These include young people, low-income women, rural women, Black women and those struggling at the intersections of oppression. Abortion bans make existing inequities worse.

Confidence in Abortion Decision

Most people who have abortions (95%) say it was the right decision. The most common emotion reported is relief.

Safe Throughout Pregnancy

Abortion care is safe, and this is true at any point in pregnancy. Medically unnecessary restrictions do not make abortion safer.

Later Care is Expensive

75% of all abortions seekers are low-income. Many cannot use their health insurance because of state and federal restrictions. And then, further into pregnancy, the cost of abortion care goes up. This results in a vicious cycle, compounding costs and delays in accessing care.

Later Abortion is Uncommon Relative to Early Abortion

Abortions become increasingly rare with each week of pregnancy. This means later abortion is uncommon compared to earlier abortion. But that doesn't mean it's a small number of people.

Need is Going Up

Many people are not able to access care as soon as they would like. This has always been true, and it is getting worse since Roe was overturned. There are more obstacles for abortion seekers to overcome—more bans, fewer nearby clinics, longer wait times, etc. These delaying factors are pushing more people later.



Bans With Exceptions Are a Scam!

Many abortion bans have carve-outs, or "exceptions." They ban some or most abortions, but allow them in certain cases, i.e. threats to life/health or for cases of rape and incest.

In practice, exceptions don't work. Exceptions are a PR tool, they're used to make abortion bans, at any point, seem reasonable. This applies to abortion bans at 6 weeks, 15 weeks, or 24 weeks.

We must make abortion care available without exceptions, for everyone, no matter their circumstances.