

Media Guide

**For writing accurately and
objectively about abortion**

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Why we created this guide

Abortion is often positioned as a controversial or polarizing political issue, despite its wide margin of public support and acceptance from the medical community.

The public discourse around abortion is often obscured by misinformation and inflammatory rhetoric.

If you're writing about abortion, you can use this document to make sure your writing stays objective, factual, and fair.

Facts about abortion

Abortion is a medical procedure and a part of health care.

- Abortion is legal in every state.
- Abortion is a medical procedure. There are a few different types of abortion procedures, each of which is safe and effective.
- While many people have opinions about abortion, the facts should speak for themselves. **Reporting should cover abortion as a safe medical procedure above all else.**

Abortion is very safe and effective.

- Abortion is as safe or safer than colonoscopies, plastic surgery, and adult tonsillectomies — and many times safer than giving birth.
- While health risks to a patient increase as a pregnancy advances, the risks of abortion care [remain lower](#) than giving birth at every stage of pregnancy.

Abortion is common.

- [1 in 4](#) people who can get pregnant will have an abortion.
- Close to [20%](#) of all pregnancies (excluding miscarriages) ended in abortion in 2017.

There are two kinds of abortion: in-clinic, or procedural, abortion, and medication abortion.

- An in-clinic abortion involves a procedure performed through the opening in the cervix. It's not a surgery, so **procedural abortion** is more accurate than "surgical" abortion.
- A medication abortion is a pill regimen of mifepristone and misoprostol, taken at home or in a health care setting. Medication abortion is more accurate than "medical abortion," since all abortions are medical procedures.
- Seek more information on [different types of abortion](#) from reliable health care sources.

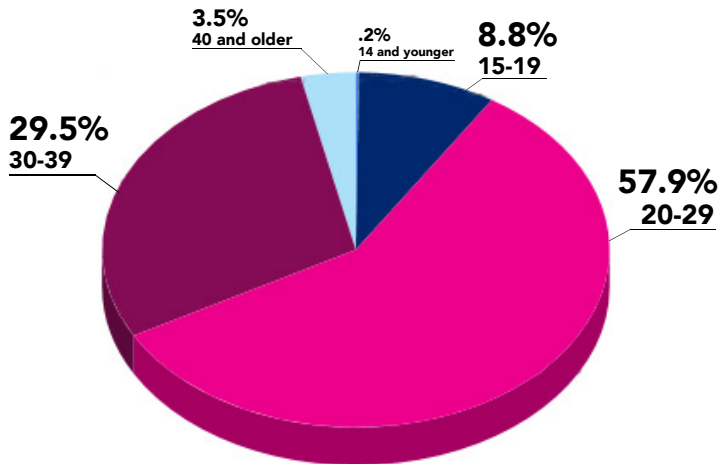
Medically accurate language about abortion includes:

- abortion later in pregnancy: typically considered "later" after [21](#) weeks. *Do not use any synonyms for abortion later in pregnancy, particularly "late-term," which is inflammatory and inaccurate. If unsure, use abortion in the first, second, or third trimester.*
- fetus or pregnancy: what is removed from the uterus during an abortion. *Medical language does not include terms like "unborn child" or "baby" in the context of abortion.*

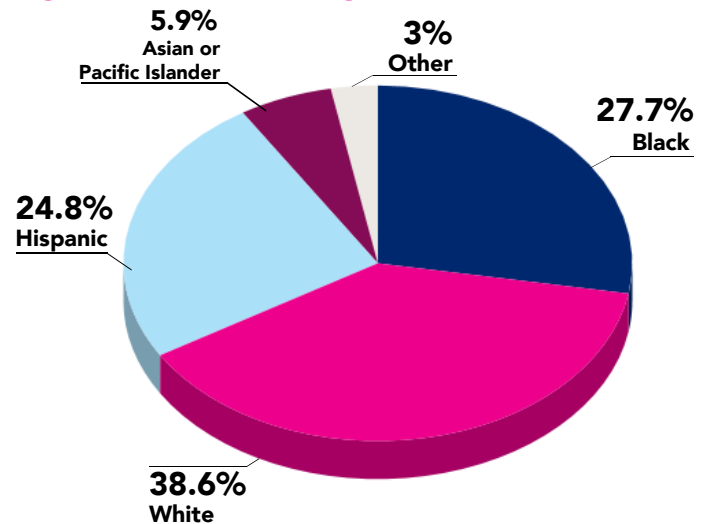
Who has abortions

Unless otherwise noted, data is from the Guttmacher Institute's [2014 Abortion Patient Survey](#).

By age



By racial identity



59% of people who had abortions already had at least one child.

75% had low incomes: 49% were below the federal poverty level, 26% at 100-199% of the federal poverty level.

There are no good, bad, right, or wrong reasons to have an abortion.

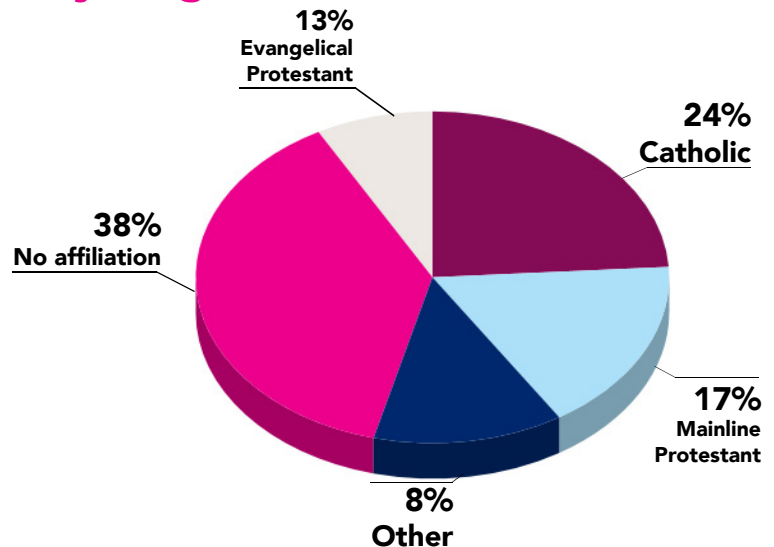
- It's unnecessary to make judgments about someone's medical care.

The most common emotion patients report after their abortions is relief.

- Over 95% of patients said that "abortion was the right decision for them at all times over five years after."

Data from [The Turnaway Study](#) by ANSIRH.

By religious affiliation



People of faith tend to have abortions at the same rate as people without a religious affiliation.

- For example, Catholics have abortions at the same rate as non-Catholics. In 2014, [24%](#) of people who had abortions were Catholic; that's about the [same](#) as the proportion of the US Catholic population.

Accurate terms

Pregnant person or patient

- Not everyone who's pregnant identifies as a "mother" or is a woman. Some people have abortions because they don't want to be a parent. Trans and non-binary people who don't identify as mothers have abortions, too.
- Instead of making overgeneralizations, describe people who have abortions as pregnant people or patients.
- Defaulting to describing a pregnant person as a "mother" defines that person by their relationship to their pregnancy, rather than their own identity.

Abortion later in pregnancy

- Each person should be able to make personal medical decisions about abortion later in pregnancy in consultation with a health care provider.
- Opponents of safe, legal abortion adopted the phrase "late-term" to fearmonger about abortion care later in pregnancy. **This is not medically accurate and should never be used to describe medical care.**
- Medically, "late term" actually refers to someone pregnant past their due date, a point at which no abortions take place. Opponents of abortion misapply the phrase to shame and frighten people.

Illegal or unsafe abortion

- If you're writing about abortion before *Roe v. Wade* or in places where abortion is criminalized, use "illegal abortion" or "illegally providing abortion." If you're writing about unsafe abortion, use "unsafe abortion."
- Avoid fearmongering terms like "back-alley" or "coathanger."

Abortion providers

- Abortion providers are licensed medical professionals and should be referred to accordingly.
- Avoid terms like "abortionist" and "abortion doctor." They connote suspicion and distrust, and they're inaccurate.

Abortion or abortion care

- Don't use euphemisms or misleading language to describe abortion. If you are talking about the broad spectrum of sexual and reproductive health care, it's appropriate to use "sexual and reproductive health care." Otherwise, refer to individual aspects of health care by their names: abortion, contraception, etc.
- It's not necessary to qualify abortion as safe, legal care every time you mention it unless safety and legality are specifically relevant.
- Similarly, it's always unnecessary to classify abortions as "therapeutic" or "elective." Both terms are used to separate "elective" abortion from "medically indicated" abortion and imply that there are necessary and unnecessary abortions. There aren't: as many state governors declared during the early wave of the COVID-19 pandemic, **abortions are always essential health care.**

Editorializing: phrases to avoid

Even supporters of abortion rights often repeat inaccurate and judgmental language about abortion. Much of this language was created and distributed by fringe anti-abortion groups who want to ban and criminalize abortion.

Repeating this language obscures the reality of broad support for abortion access across the country and fails to uphold journalistic objectivity.

Don't say that abortion is

if you mean that abortion is

<i>"controversial," "divisive," or "polarizing"</i>	under attack by politicians and groups who want to ban abortion
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Abortion is widely popular. More Americans agree on abortion than disagree: 77% believe that abortion should be safe and legal. There is [no state](#) in the country where banning abortion is popular. However, anti-abortion politicians and activists depend on painting abortion as controversial to support their own agenda, which is to ban abortion outright. While some people do have strong feelings about abortion, it's not accurate to replace the nuance of people's experiences and feelings about abortion with a shorthand like "polarization" or "controversy."

Reliance on a political framing leads writers to ignore or obscure the voices and experiences of people who have had abortions. Reporting on abortion is incomplete if it does not include their voices.

Abortion is not a political issue: it's a medical procedure and an integral part of standard reproductive health care. Politicians and anti-abortion activists have politicized abortion care, but the continued reliance on politicization in news media obscures the reality: abortion is provided by health care professionals in health care settings. It is health care.

Don't say that abortion is

if you mean that abortion is

<i>"difficult," "painful," "traumatic," "sad," etc</i>	sometimes a complex emotional experience, most often met with relief
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Some people's experiences with abortion may be difficult, but not everyone's. No research backs up the idea that abortion is universally painful or difficult. Claiming that abortion is universally or even generally sad and terrible isolates and shames people who have had or are seeking an abortion, especially if their experience *wasn't* difficult or painful. Misleading claims like this don't belong in factual reporting.

Editorializing *cont'd.*

Don't say that

if you mean that

"No one is pro-abortion"

abortion is socially stigmatized, but still broadly supported

Some people are wary of describing themselves as pro-abortion because of pervasive stigma that implies that abortion is undesirable or wrong.

Some people do describe themselves as pro-abortion because they unequivocally support abortion access. Allowing advocates for abortion access to describe themselves as pro-abortion helps destigmatize abortion and accurately capture the positions of those who don't use "pro-choice" or prefer pro-abortion language.

Don't say that abortion advocates say abortion should be

if you mean that abortion advocates say abortion should be

"safe, legal, and rare"

safe and legal

Saying that abortion should be "rare" implies that abortion is wrong, **further stigmatizing abortion** and shaming people who've had abortions. It is unnecessary and inaccurate to characterize abortion activists' positions as advocating for abortion to become rare.

As executive director of We Testify and abortion storyteller **Renee Bracey Sherman** [says](#), "There will be as many abortions as we need." Rather than framing abortion as something so undesirable that it should be rare, objective and considerate writing centers the voices of people who have had abortions and the fact that abortion is necessary health care.



Renee Bracey Sherman (she/her)
[@RBraceySherman](#)

Replying to [@RBraceySherman](#)

Stop with the stigma and judgment.

There will be as many abortions as we need.

For editors:

Ensure that the images that accompany a piece fit the abortion storyteller's own story.

- Do not use images of protests on a piece about standard health care, especially one that includes a story of motherhood loss. Similarly, do not use images of pregnant people later in their pregnancies. These images are totally inappropriate and misleading, misrepresenting the piece and the story.
- Don't reinforce shame or stigma in the images that go with a story. Make the image match the story you're telling — **do not use political or graphic visual hooks.**

What people believe about abortion

Most Americans support access to abortion.

- The country is not polarized on abortion: [77%](#), the overwhelming majority, of Americans agree that abortion should be safe and legal. In fact, most Americans share common ground on abortion, which is support for abortion rights.

Since 1973, when abortion was legalized nationwide in the US, public opinion on abortion has remained consistently positive.

- In 1975, 76% of Americans [agreed](#) that abortion should be legal. In 2018, that number had [increased](#) to 79% of Americans.

Though religious faith is often considered to conflict with support for abortion, many people of faith support legal abortion.

- The [majority](#) of [Catholics](#), Protestants, Jews, Muslims, Buddhists, and Presbyterians in the US support legal abortion.

Every major medical association supports access to abortion.

- Some of the national and international medical associations that support abortion include:
 - American College of Obstetricians and Gynecologists
 - American Medical Association
 - American Academy of Pediatrics
 - World Health Organization
 - International Federation of Gynaecology and Obstetrics

“Health care decisions should be made jointly **only by patients and their trusted health care professionals**, not by politicians.”

From a [statement](#) by the American College of Obstetricians and Gynecologists

Resources and reliable sources

Writers should trust and elevate people who have had abortions in any writing about abortion. Anything that does not include and prioritize their voices is incomplete.

Reliable sources about abortion other than abortion patients and providers include nonpartisan organizations that provide evidence-based, medically accurate information.

Reliable sources

- The Guttmacher Institute — [guttmacher.org](https://www.guttmacher.org)
- National Abortion Federation — [prochoice.org](https://www.prochoice.org)
- American College of Obstetricians and Gynecologists — [acog.org](https://www.acog.org)
- Forward Together — [forwardtogether.org](https://www.forwardtogether.org)
- Advancing New Standards in Reproductive Health — [ansirh.org](https://www.ansirh.org)
- Planned Parenthood Federation of America — [plannedparenthood.org](https://www.plannedparenthood.org)

Unreliable sources

The American Association of Pro-Life Obstetricians and Gynecologists *holds views that contradict scientific consensus and accepted medical practice. They number about 4,500 members. The American College of Obstetricians and Gynecologists numbers over 60,000.*

The Charlotte Lozier Institute *is a political “think tank” which opposes abortion and regularly produces policy papers with serious methodological flaws.*

The Obria Group *is a network of fake women’s health centers that do not offer abortion, contraception, or other standard reproductive health care but do offer anti-abortion “counseling” with no basis in medical fact.*

Susan B. Anthony List (or SBA List) *is a political organization which involves itself in electoral politics for the sole purpose of banning abortion. It has no other policy goals.*