

GENERAL ABORTION DISCUSSION GUIDE

You'll likely encounter people who have general misconceptions about abortion or just want to learn more. Here are a few common questions or comments you may hear from people who are learning the fundamentals about abortion.

Q: I THOUGHT ABORTION WAS...

A: Many people have misconceptions about abortion. Here are five quick but impactful facts.

1. Abortion is a human right.
2. Abortion is normal. Categorizing abortion differently from other healthcare procedures leads to stigma and discrimination.
3. Abortion is routine and safe. It is one of the safest medical procedures a patient can receive. The risk of complications is less than 1 percent.
4. Transgender and non-binary people also need access to abortion care. Inclusive language like "pregnant people" recognizes everyone's human rights.
5. The majority of Americans believe the right to abortion should be protected.

Q: SOME PEOPLE MAKE ABORTION SOUND SCARY. WHAT IS THE PROCEDURE ACTUALLY LIKE?

A: Demystifying abortion and talking about what it actually is is so important. Making abortion sound dangerous, scary, or rare is a popular anti-abortion tactic. There are two types of abortions: medication abortion and in-clinic abortion.

Medication abortion, commonly known as the "abortion pill," is what most people call the two medicines a pregnant person takes to end their pregnancy: mifepristone and misoprostol. Pregnant people can take the abortion pill up to 11 weeks after the first day of their last period. In-clinic abortion includes both suction abortion and dilation and evacuation (D&E). Suction abortion uses suction to empty the uterus, and can be used up to 16 weeks after a pregnant person's last period. A D&E uses suction and medical tools to empty the uterus. This method can be used later in a pregnancy than a suction abortion (beyond 16 weeks since a pregnant person's last period).

Both methods of abortion are extremely safe. Many people believe that abortion is mostly done in a clinic, but medication abortion accounts for more than half of all abortions in the United States and can be safely administered at home.

**Q: I WOULD NEVER HAVE AN ABORTION.
I DON'T UNDERSTAND HOW SOMEONE COULD MAKE THAT CHOICE.**

A: You don't have to choose abortion for yourself if you don't want to. Abortion advocates support the entire range of pregnancy and parenting options, from abortion, to adoption, to having and raising a child. Supporting everyone's ability to choose to have an abortion if they want or need one—and to be able to access that care without barriers—is about fundamental human rights and healthcare.

It's okay not to understand why somebody would have an abortion, but it's important to support abortion rights and access for those who do seek care. People have any number of reasons they have abortions. We can never know a person's circumstances or the reason this healthcare is right for them—and we don't need to understand to trust that they know what is best for their body.

Q: WHO IS MOST IMPACTED BY ABORTION RESTRICTIONS?

A: Even before the Supreme Court overturned Roe v. Wade, many people in the United States—especially but not exclusively the South—were living in a “post-Roe” era without access to abortion care.

Abortion restrictions and bans have historically targeted Black, brown, and Indigenous people, young people, low-income people, LGBTQ+ people, disabled people, undocumented people, and people living in rural areas.

With Roe overturned, people seeking abortion are increasingly criminalized, and 1 in 3 women of reproductive age now live in a state with little or no access to abortion care. This has a tangible impact on people seeking care: patients may need to travel hundreds—or even thousands—of miles to reach a clinic, secure lodging if the clinic is far away, take time off of work, and arrange for childcare if needed. These barriers come with great financial burdens for many, particularly people needing to travel to access care.