

SELF-MANAGED ABORTION TALKING POINTS AND MESSAGE GUIDANCE

Core messages: When someone decides to end a pregnancy or manage pregnancy loss, whether they go to a health care provider or manage their own care, they should be able to do so safely and with dignity. Self-managing an abortion is a safe way to end a pregnancy. **Nobody should have to fear surveillance, threats, investigation, arrest, punishment, or going to jail for ending a pregnancy.** The Supreme Court's decision reversing the constitutional right to abortion, and subsequent efforts from states to ban access to abortion care, have heightened the risk that politically-motivated police and prosecutors will target people who self-manage their abortions.

What is self-managed abortion? A self-managed abortion is when someone ends their pregnancy on their own, outside of the traditional medical system. People use a variety of methods to self-manage abortion. One increasingly well-known way people self-manage is with medications, including mifepristone and/or misoprostol. Other methods include using herbs, teas, and methods passed down from families and cultural traditions over generations.

DON'TS

Don't equate self-managed abortion with "unsafe" abortion. That language is stigmatizing and inaccurate. It can lead to further targeting and criminalization of people who self-manage their abortion as well as those who experience pregnancy loss. Self-managing an abortion with abortion pills is safe and effective. We shouldn't treat self-managed abortion like something new and scary. People have been self-managing their abortions and pregnancy losses since the beginning of time. Calling it "unsafe" does not reflect reality, and leads people to believe that self-managed abortion is dangerous.

DO'S

Do work to actively humanize people who self-manage their care. People have been self-managing abortion care for as long as abortion has existed. Due to increasing abortion restrictions implemented on state and national levels, there are even more barriers that may lead people to self-manage their care. It's important that we understand and acknowledge the many reasons someone may self-manage their abortion or pregnancy loss.

Don't talk about self-managed abortion as tragic, desperate, or a last resort. There are many important reasons someone might self-manage their abortion. For some, it's because they lack access to clinic-based care; for others, it is a decision grounded in agency, autonomy, and self-care.

Don't use coat hanger or knitting needle imagery in your advocacy for abortion access. Thanks to the accessibility of effective medications, self-managed abortion today looks very different than it did in the past. When people have access to information, resources, and support, self-managed abortion is safe. Symbols like the coat hanger create the false impression that abortion is unsafe and in need of regulation, which can lead to surveillance and criminalization. While the image was once powerful, today, it is outdated and could be harmful.

Don't say self-managed abortion is "illegal" or "criminal." There are only two states (Nevada and South Carolina) that (wrongly) make it a crime to self-manage an abortion. Making incorrect statements about the law adds to the confusion that may cause people not to get the abortion care they need when they need it.

Don't assume arrest or jail time is the only bad outcome of criminalization. Any contact with our criminal legal system is harmful. It subjects people to discriminatory and racist surveillance, threats from law enforcement, loss of privacy, and state interference with their families. When you talk about the legal consequences of people targeted for self-managing an abortion, we encourage you to name all of these negative consequences, not only the potential threat of arrest or incarceration. Being criminalized, even if charges are dropped, has long term effects on the health and wellbeing of people and communities. That negative impact is direct and generational.

Do name that the real risk of self-managed abortion care is legal, not medical. You can use gavel imagery or other imagery depicting the criminal legal system to show that criminalization is the real harm that people face.

Do talk about how people get investigated for ending their pregnancies. We know that most people are surveilled, investigated, or punished for ending their pregnancies because a health care provider or someone else close to them reported them to law enforcement. This reporting is unacceptable and unethical. We must talk about the need for health care providers to stop reporting patients, and remind providers that health care privacy laws protect their patients' privacy.

Do emphasize that laws that criminalize pregnant people, no matter a person's decision to continue or end a pregnancy, are rooted in anti-abortion sentiments. The criminal legal system has no role in people's reproductive lives. Laws that criminalize people don't help people or their communities. Instead, their purpose and effect is to control and punish people's bodies, families, and lives.

Do use gender-inclusive language like "pregnant people" and "individuals." Gender-expansive and non-binary people are at heightened risk of surveillance and criminalization.

Though abortion remains legal in the majority of states, and, as of 2023, only two states explicitly criminalize people for self-managed abortion, people who end their own pregnancies or those who help them have nonetheless been reported, prosecuted, and even jailed. People living in poverty, people of color, immigrants, and people who live in places where abortion has been banned, severely limited, and/or made illegal face heightened legal risk.

- As the World Health Organization has recognized, self-managed abortion is a medically safe option for ending a pregnancy, and it should be legally supported.
- Restrictions on abortion affect people of all backgrounds, but fall hardest on those who are most marginalized and likely to face financial and logistical barriers to care.
- The current state of abortion access makes it hard to get an abortion in the U.S., even for people living in more protective states. Many people are forced to travel hundreds of miles or to another state to get the care they need. Others cannot afford the cost of an unexpected medical procedure that many insurance policies do not cover. Pregnant people are looking for options to end a pregnancy that are safe and fit their circumstances.
- That's why thousands of people throughout the U.S. are ending their own pregnancies each year, many using abortion pills sourced online or elsewhere. These pills – mifepristone and misoprostol, or misoprostol alone – are the same medications approved by the FDA for clinic-based abortions.

Abortion pills and other community-centered methods are safe ways to end a pregnancy.

- Research indicates that, with access to accurate information, people can safely use misoprostol alone or in combination with mifepristone to induce early abortion.
- Since 2000, nearly 3 million people in the U.S. have had medication abortions facilitated by a medical professional. There is ample data on the safety of provider-directed medication abortion.
- There is also a growing body of research showing that self-directed use is safe and effective: international studies show that, with information and post-abortion support, people can safely and effectively end a pregnancy with pills without first consulting a clinician.
- While some people decide to self-manage because of restrictions or barriers that make accessing care at a clinic impossible, for others, self-managing an abortion is preferred and affirming.
- There has been a lot of discussion about the physical safety of self-managed abortion. But we must also consider the lack of safety associated with being arrested, going to prison, or being deported. If people are truly concerned about safety and abortion, they should consider how dangerous it is for people's physical and emotional health to be ensnared in the legal system.
- We know that people have been safely using herbal methods to end their pregnancies for generations. These methods should not be left out of conversations about self-managed abortion.
- People are already ending their own pregnancies: they deserve to be supported by medical and legal communities. People who have self-managed their care often have doulas, healers, family, friends, and supporters in their communities who guide and support them through this process.

Unfortunately, across the country, hundreds of people have been criminally prosecuted based on an accusation that they did something to prompt their own miscarriage or stillbirth.

- From Manhattan to Mississippi—even when there is no legal authority for a charge—people have been prosecuted for their miscarriage or stillbirth, often after wrongful reporting by health care providers. These prosecutions have taken place in nearly every state, even those with robust protection for abortion rights.
- There are as many as 40 different types of laws, from homicide to improper disposal of human remains, that have the potential to be misused by a prosecutor intent on punishing people for ending a pregnancy or experiencing a pregnancy loss.
- Politically-motivated prosecutors have prosecuted people for ending a pregnancy, even when the law does not permit it.
- Lawmakers can work to eliminate all laws that criminalize abortion or pregnancy loss. And they can act to prevent criminalization before it starts by ensuring that every person's private information about sexual and reproductive health care is protected from disclosure.

Why does this matter?

- While the number of investigations or arrests of people related to self-managed abortion is small in comparison to the vast number of people criminally prosecuted every year, each of these investigations or arrests represents a violation of a person's constitutional and human rights—a violation that can have a lifelong impact on their health and wellbeing.
- **There is no acceptable number of arrests of people for caring for their own health.** It would be intolerable to suggest that people should be arrested for caring for their health in any other context.
- As in other forms of criminalization, the people targeted for pregnancy loss and self-managed abortion prosecution are disproportionately people of color, immigrants, and people experiencing economic insecurity. People trying to meet their health care needs in a system that undermines their humanity should not be targeted for arrest and punishment.

Abortion is a health issue. It is not an issue for the criminal legal system.

Nobody should have to fear going to jail for ending a pregnancy.

There is no circumstance where criminalization is an appropriate response.

For questions about legal rights and self-managed abortion: www.reprolegalhelpline.org

For constituents who have been arrested or prosecuted for having an abortion: www.reprolegaldefensefund.org.

For more information about the evidence of self-managed abortion and its medical safety: www.prh.org.

Staff contacts: Myra Durán, myra@ifwhenhow.org; Jennifer Blasdell, jblasdell@prh.org; MiQuel Davies, mdavies@prh.org.

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