

Abortion Care Messaging Guidance: Language Matters

Quick Tips

- Choose language with intentionality. Your words should be evidence-based, medically accurate, and unbiased.
- Do not repeat false claims or inflammatory language, even when refuting it. (For example, never repeat anti-choice phrases such as the “born alive” bill or “abortion up until birth.”)
- Use inclusive language. When speaking broadly about patients, use gender-neutral language (such as, “all pregnant people deserve access to abortion care”). When sharing a specific patient’s story, use their chosen pronouns (“they received a diagnosis,” “her pregnancy was high-risk”).
- Be aware of the context. The words you use, especially as a physician, may differ based on the setting or audience. You will likely use different language when you’re speaking with a patient in an exam room versus with a reporter in a media interview.

Instead of this...	Say this...	Because:
“Late-term abortion”	“Abortion later in pregnancy”	The phrase “late-term abortion” is not medically accurate. “Term” historically referred to the three weeks before and two weeks after a pregnancy’s due date. Abortion does not happen during this period. ¹ Anti-abortion messengers use this phrase to stigmatize abortion later in pregnancy.
“..., especially” (i.e., “Abortion is healthcare, especially for women facing medical emergencies.”)	“..., including for those facing medical emergencies”	Emphasizing specific patient circumstances can imply a hierarchy of deservedness. We want to avoid language that implies there are better or worse reasons for seeking abortion care.
“Abortion should be safe, legal, and rare.”	“Abortion should be safe and legal.”	There will always be a need for abortion care. Language that asserts it should be “rare” further stigmatizes this essential health care.

¹To be even more clinically accurate, [ACOG](#) now refers to early term (37 weeks through 38 weeks and six days of gestation), full term (39 weeks through 40 weeks and six days of gestation), late term (41 weeks through 41 weeks and six days of gestation), and post term (42 weeks of gestation and beyond).

Instead of this...	Say this...	Because:
"Life of the mother"	"Life of the woman / patient"	A patient's parental status has no bearing on their need for abortion care. The descriptor "mother" centers her role, rather than her life. When sharing a patient's story, use the gender-neutral term "patient," or the patient's chosen pronouns (she/her, they/them).
"Fetal heartbeat"	"Fetal cardiac activity"	The phrase "fetal heartbeat" is not medically accurate until the chambers of the heart have developed. Anti-choice messaging that uses the term "fetal heartbeat" throughout pregnancy is intentionally misleading and not medically accurate.
"Unborn child/baby"	"Fetus" or in certain circumstances, "baby"	<p>When speaking at a high level or in general terms, use the word "fetus" because it is medically accurate ("a fetus at 20 weeks gestation"). However, we recognize there are circumstances where it is appropriate for physicians to follow the language of expectant parents and use the term "baby" (including when you are talking to patients in a clinical setting, or when sharing patient stories, if that is the term the patient uses).</p> <p>We urge caution and care when using the term "baby" to refer to a fetus, because anti-choice messaging uses the terms "unborn child" and "baby" to further stigmatize abortion care and to garner support for legislation that would ban abortion by granting legal rights to a fetus.</p>
"Gestational age"	"Gestation" or "gestational duration"	Using the word "age" when describing gestation is personifying and ultimately unnecessary. Instead of saying laws are based on gestational age, we say laws based on gestational duration, or even just gestation.