Accessible abortion care is vital to people of all races, genders, and socioeconomic backgrounds.

However, the language of the reproductive rights movement hasn’t always reflected the diversity of those who seek abortions and the safety of self-managed medication abortion.

We created this messaging guide to provide abortion activists with current, reproductive justice-aligned language on abortion access – not only to be transgender-inclusive, but also to discuss our rights to abortion care with accurate, stigma-busting language.

The guide is divided into three parts:

1. Defining Queer (LGBTQ+) Terms;
2. Replacing Outdated Language; and
3. Addressing Abortion Stigma.
The terms “reproductive health,” “reproductive rights,” and "reproductive justice" are used in similar contexts, but they have different, nuanced meanings.

“Reproductive health” refers to the full spectrum of reproductive health care. It includes abortion care and contraceptives, but it is not limited to these types of care.

“Reproductive rights” refers to the protection of reproductive health care through political and legal systems.

“Reproductive justice,” or "RJ" for short, combines reproductive rights with social justice, and the term was coined by Black feminists. Defined by SisterSong Women of Color Reproductive Justice Collective, RJ refers to our human rights to have children, to not have children, and to parent the children we have in safe and sustainable communities. RJ includes access to reproductive health care, as well as all other issues that expand or restrict these human rights.

Now a multi-racial, multi-gender, and intergenerational movement, RJ recognizes that “the women’s rights movement, led by and representing middle class and wealthy white women, could not defend the needs of women of color and other marginalized women and trans people.”

For more information about reproductive justice and the history of the RJ movement, visit SisterSong at sistersong.net/reproductive-justice.
## Gender
**noun**
A categorization of one’s social, cultural, and/or personal expression.

Gender categories: man, woman, non-binary, genderfluid, genderqueer, agender, demigirl, demiboy, hijra, etc.

*Example: “Alana was raised as a girl, but their gender is fluid.”*

## Sex
**noun**
A categorization of one’s body, including their reproductive anatomy and endocrine system.

Sex categories: male, female, intersex

*Example: “Karishma doesn’t want to know the sex of her baby until the baby is born.”*

## Sexuality
**noun**
A categorization of one’s sexual and/or romantic attraction.

Sexuality categories: gay, lesbian, straight, bisexual, pansexual, asexual, etc.

*Example: “Hector has had partners of different sexes and genders, but he doesn’t feel a need to label his sexuality.”*

## Queer
**adjective**
“Queer” has been used as a slur in the past, but it is now used as an umbrella term. This adjective refers to people in the LGBTQ+ community, or the “queer community.”

Some people use the term “queer” to describe their own gender or sexuality.

For a visual representation of this umbrella term, see the graphic on page 4.

*Example: “Once Ife went to college and met more queer people, she felt more at home.”*
### Transgender
*Trans*
*adjective*

An umbrella term for having a gender that’s different from what one was assigned at birth.

For a visual representation of this umbrella term, see the graphic on page 5.

Transgender and gender-expansive categories:
- men, women, non-binary, Two-Spirit, genderfluid, genderqueer, agender, demigirl, demiboy, hijra, etc.

*Example:* “When Alyssa came out as transgender, her doctor assumed she was planning to have gender-affirming surgery. Alyssa explained that not all trans people seek gender-affirming care.”

### Intersex
*adjective*

An umbrella term for people born with reproductive anatomy that doesn’t match the traditional sex categories of “male” and “female.” It’s estimated that about 1-2 in 100 people born in the U.S. are intersex.

There’s no one way to be intersex – there are many ways that a person’s hormones, chromosomes, and reproductive anatomy can differ from “male” and “female” categories.

*Example:* “Caster Semenya, an intersex athlete, hasn’t always been allowed to compete in athletic events because her chromosomes are different from cisgender women.”

### Cisgender
*Cis*
*adjective*

Having a gender that’s the same as what one was assigned at birth.

Cisgender categories: man, woman

*Example:* “After one of his friends came out as transgender, Pablo noticed his parents treated his transgender friends differently from his cisgender friends.”
Defining Queer (LGBTQ+) Terms

Umbrella Terms

These diagrams are for the visual learners! If you’re unsure what umbrella terms can describe, here are diagrams with non-exhaustive lists of queer identities and labels you might hear.

The Queer/LGBTQ+ Umbrella

Queer / LGBTQ+
- Lesbian
- Pansexual
- Gay

- Asexual
- Intersex
- Transgender

and more
The Trans Umbrella

Some things to keep in mind about gender:

- People determine their own gender and share that information with us if they choose. While a person's physical appearance can be an expression of their gender, we can't assume their gender based on the way they look or dress.
- Transgender and gender-expansive people have existed across the world throughout human history. The categories and labels below are just a few examples of the many ways to be transgender and/or gender-expansive.
## Replacing Outdated Language

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<thead>
<tr>
<th>Outdated Language</th>
<th>Why is this Outdated?</th>
<th>Current Language</th>
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</thead>
<tbody>
<tr>
<td>“Pro-choice”; “For choice”; “Right to choose”</td>
<td>“Choice” is a euphemism for “abortion.” Abortion stigma still exists, and anti-abortion groups rely on abortion stigma to legitimize abortion bans. That’s why we want to deconstruct abortion stigma. When we avoid saying the word “abortion” as if it’s a bad word, we reinforce the idea that abortion is a taboo subject.</td>
<td>Pro-abortion For abortion rights and access The right to have an abortion</td>
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<td>“Pro-life”; “Pro-lifers”; “Anti-choice”; “Anti-choicers”</td>
<td>“Pro-life” is a misnomer; it suggests that banning abortions will support “life.” This is not true. Anti-abortion views stem from sexism and misogyny. Like the term “pro-choice,” “anti-choice” reinforces abortion stigma by skirting around the word “abortion.”</td>
<td>Anti-abortion Anti-abortion extremists Anti-abortion groups</td>
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<tr>
<td>“A woman’s right to choose”</td>
<td>Not all women can become pregnant, and women are not the only people with uteruses and fertility. Some women do not have uteruses, are intersex, and/or are infertile, and some transgender men and non-binary people can become pregnant too. We want to make the right to have an abortion accessible to anyone, of any gender, who needs an abortion.</td>
<td>The right to have an abortion A pregnant person’s right to have an abortion</td>
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<td>Outdated Language</td>
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<td>“Women’s health”</td>
<td>Similar to the previous explanation, not all women can become pregnant, and not all people who can become pregnant are women. People of all genders with all types of anatomy should be able to access any type of sexual and reproductive healthcare they may need.</td>
<td>When talking about abortion specifically: Abortion care When talking about sexual &amp; reproductive health generally: Sexual &amp; reproductive health care (SRH)</td>
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<td>“Men are making laws about women’s bodies.”</td>
<td>Conservative women politicians have proven to be as fiercely anti-abortion as conservative men, and women are not the only people who have abortions. Abortion bans don’t result from men as a whole, but rather from fascism, patriarchy, conservative religious beliefs, and reproductive control.</td>
<td>Anti-abortion politicians exert reproductive control over their constituents.</td>
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<tr>
<td>“Keep abortion safe, legal, and rare.”</td>
<td>The logic behind the word “rare” was that abortions were a last resort and worst-case scenario. This reflects abortion stigma. Abortion care should be widely accessible to anyone who needs it, as many times as they need it.</td>
<td>Make abortion legal and accessible.</td>
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<td>“Abortion bans force people to seek unsafe/back-alley/coat hanger abortions.”</td>
<td>It’s true that some people have used unsafe methods to seek or self-manage an abortion; however, abortion pills are now a safe and more accessible option. Not everyone is able to travel out of state to have an abortion, so sharing the knowledge that abortion pills are safe and effective will help pregnant people be aware that they don’t have to use an unsafe method to self-manage an abortion.</td>
<td>Abortion bans deprive people of the human right to reproductive autonomy. Abortion pills are a safe and effective option for self-managed abortion.</td>
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<td>“Don’t like abortion? Have a vasectomy”; Other language about mandating vasectomies or other types of sterilization</td>
<td>The US has a long history of state-sanctioned reproductive control, which is a form of genocide. This has included but is not limited to non-consensual sterilization, castration, rape, forced pregnancy, forced birth, forced use of long-acting reversible contraceptives, and reproductive experimentation. Whether it’s intentional or not, invoking mandatory sterilization as a clap-back to abortion bans misses the fact that poor, disabled, Black, Latine, and/or Indigenous people of all genders have already experienced many types of reproductive control throughout our country’s history.</td>
<td>Abortion bans are a form of reproductive control, which is a tool of white supremacy and genocide. Reproductive control has no place in our laws.</td>
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<td><strong>Outdated Language</strong></td>
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| “Late-term abortions”; “Partial-birth abortions” | These terms are associated with anti-abortion ideology and/or a legal framework that is not always medically accurate. Some health providers may use this terminology, and some advocates may not. 
The concept of trimesters was created during the court arguments of Roe v. Wade so that public officials could more efficiently regulate when abortions should or should not be legal. Pregnancy is actually 10 months long, not 9. What’s considered “late” in pregnancy is relative and varies depending on the person and the development of their pregnancy. | Abortions later in pregnancy
Later abortions
Later abortion care |
| “Fetal heartbeat”; “Heartbeat ban” | Many anti-abortion bills and laws ban abortions once fetal cardiac activity is detected in a pregnancy. Medically, this is not the same as a “heartbeat.” Anti-abortion groups and legislators use “heartbeat” as a misnomer to evoke an emotional response to their legislation. | Cardiac activity
6-week [or insert number of weeks] ban |
| “Viability ban” | Medically, viability is not a set number of weeks. Whether a pregnancy is viable at a certain number of weeks varies depending on the person and their pregnancy. | 20-week [or insert number of weeks] ban |
“I think abortion should be legal, but I don’t think people should use abortion as birth control / have [insert number here] abortions.”

Some people have multiple abortions in their lifetime. Everyone should be able to access the care they need so that they can make family planning decisions for themselves and their families as they see fit, no matter their medical history.

Abortion care can be expensive and logistically difficult to access, so it’s unlikely that people are having abortions as routinely as they use contraceptives.

There’s no “good” or “bad” reason to have an abortion. Pregnant people should be able to access abortion care as many times as they need without having to justify their abortion(s) to the state.

Birth control isn’t universally accessible. That’s why part of our mission is to make contraceptives more accessible, too.
“I support abortion access, but people shouldn’t be having abortions up until the moment of birth / after [insert number here] weeks.”

People may seek abortion care later in pregnancy to protect their health or due to a fetal diagnosis.

People may also have abortions later due to life circumstances, like the loss of a job, a partner becoming abusive, denial of care earlier in pregnancy due to state abortion restrictions, or another life-altering circumstance.

There are only a few later abortion providers in the US, and two of them are located in Maryland. This makes Maryland a vital state for this lifesaving care.

We can’t know every person’s reason for having an abortion, but we can work together to ensure that abortion care is accessible and that there are avenues for medical professionals to receive training and empower their patients to make their own decisions.
“To reduce the number of abortions happening, we need to make adoption more accessible and/or increase awareness about adoption.”

Adoption is not an alternative to pregnancy; it’s an alternative to parenting.

Adoption requires the pregnant person to remain pregnant and give birth. Abortion care requires neither of these.

Pregnancy and birth come with their own set of health risks — especially for Black pregnant people, whose rate of maternal mortality is about three times higher than that of non-Hispanic white women. Pregnant people also unfortunately still experience sexist and ableist discrimination. Pregnant people should have the autonomy to decide whether they accept these risks and want to continue their pregnancy.

Adoption comes with risks of trauma for all people involved. While adoption is an option, it should not be universally prescribed as a one-size-fits-all scenario or as a morally superior option.

If a person would like to remain pregnant, give birth, and allow their birth child to be adopted, they can do so — but that must be their decision, not the state’s.

We don’t need to reduce the number of abortions happening. Everyone who needs an abortion should be able to access that care.
“Abortion should only be legal in cases of rape or incest.”

Only allowing abortions in cases of sexual violence maintains abortion stigma. The exceptions model suggests that there’s a hierarchy of situations when abortion care is morally acceptable and when it isn’t.

Many of these exceptions require a police report or doctor’s note documenting an incident of sexual violence before the pregnant person can legally access abortion care. These are insurmountable hurdles for some people.

Black people and other people of color experience police violence at disproportionately high rates. Because of the frequency of police violence and murders, many people are afraid of the police. People who’ve been involved with carceral systems may also be risking their freedom and/or family stability by contacting police. Undocumented people may also be at risk of deportation.

A visit to the doctor can be expensive, so requiring a doctor’s note to access abortion care is a barrier to low-income people and people in rural areas. Many doctors’ offices have to schedule appointments weeks or months in advance. Abortion care is time-sensitive, so this does not allow for timely care.

Many transgender people have had traumatic experiences with health workers and/or police, so requiring contact with either of these systems is a barrier to trans people.
Need help paying for an abortion or getting to your appointment?

The Baltimore Abortion Fund provides financial and practical support to people who live in Maryland or are traveling to Maryland for abortion care.

Call our confidential helpline:

(443) 853-8445