

Talking Points for Speaking to Conservative State Legislators about Abortion

These talking points were drafted to be used by nurses advocating for abortion access when speaking to lawmakers who oppose it. The talking points are intended to chip away at the resolve of those who oppose abortion by describing in plain language the worst possible outcomes of restrictions on abortion. Advocates should not assume that lawmakers have the background to understand clinical terminology or reproductive health. These talking points use minimal clinical language and provide definitions when clinical terms must be used. These talking points are written at a high school reading comprehension level to be understood by state legislators with limited educational background . These talking points use gendered language to resonate with conservative politicians, who are mostly hostile to transgender people. The question and answer format is intended to help advocates quickly find the talking points they need during a meeting with a legislator.

Question: What is an abortion?

- Health care professionals use the word abortion to describe the termination of pregnancy, whether by a miscarriage or the induced termination of a pregnancy.
- Abortion is reproductive health care that can save a woman's life or protect her health.

Question: When does life begin?

- Science and medicine do not have a definition of when life begins.

Question: Why would any woman want to have an abortion?

- Women who want to have a baby have abortions to save their own lives or to preserve their fertility.
- Previously existing conditions such as diseases of the heart and blood vessels, liver disease, mental health conditions, diabetes, and hypothyroidism are more likely to

result in complications that can lead to severe illness or even a pregnant woman's death.

- The U.S. has the highest rate of women dying from pregnancy-related causes in the developed world¹. Because abortions sometimes save women's lives from potentially fatal pregnancy-related health conditions, banning abortion will increase the number of women dying.²
- Pregnancies complicated by abnormalities of a baby's body structure or function can result in complications that lead to a woman's death or severe illness. With such complications, an abortion would be safer for the pregnant woman than carrying a pregnancy to term.

Question: What could be wrong with a ban on abortion if there are exceptions for the life and health of the mother?

- Even with exceptions to save the life of the mother, restricting abortion access puts women's lives at risk. While some states' laws provide exceptions if the life of the mother is in danger, assessing when the risk meets the legal standard to allow an abortion is not always clear.
- Instances of severe maternal illness have increased in Texas since Texas Senate Bill 8, which bans abortions when heart activity can be detected, and Texas Senate Bill 4, which banned administering medicine to end a pregnancy even in a medical emergency, were enacted. The effect of these laws has been to require women going through a miscarriage to wait for the miscarriage to complete by itself without treating any complications,³ which can be life-threatening.

¹ Gunja, Munira Z., Seervai, Shanoor. Zephyrin, Laurie. Williams, Reginald D. II. (2022) Health and Health Care for Women of Reproductive Age: How the United States Compares with Other High-Income Countries. The Commonwealth Fund.

<https://www.commonwealthfund.org/publications/issue-briefs/2022/apr/health-and-health-care-women-reproductive-age#1>

² Stevenson, Amanda Jean., (2021) The Pregnancy-Related Mortality Impact of a Total Abortion Ban in the United States: A Research Note on Increased Deaths Due to Remaining Pregnant. *Demography*.58 (6): 2019–2028. doi: <https://doi.org/10.1215/00703370-9585908>

³ Nambiar, A. Patel, S. Santiago-Munoz, P. Spong, & C. Nelson, D. (2022) Research Letter: Maternal morbidity and fetal outcomes among pregnant women at 22 weeks' gestation or less with

- Potentially life-threatening complications of pregnancy include placenta previa and placental abruption. Placenta previa is when the placenta attaches near or over the cervical opening.⁴ Placental abruption is when the placenta separates from the uterus before childbirth and can cause clots blocking blood vessels and potentially organ failure and death. Both placenta previa and placental abruption can cause dangerously low blood pressure potentially leading to organ failure and death. Complications for the baby can include distress, low birthweight, preterm delivery, and death.⁵
- In an ectopic pregnancy, the embryo attaches outside the uterus—usually in one of the fallopian tubes.⁶ Eventually, an ectopic pregnancy ruptures, causing massive internal bleeding that leads to heart failure. If not terminated, the pregnant woman would eventually need emergency surgery when the ectopic pregnancy ruptures, resulting in her death.⁷ There is no scenario of the baby in an ectopic pregnancy becoming a live baby.⁸ The baby in an ectopic pregnancy cannot be relocated surgically to the uterus. If not terminated, the pregnant woman would eventually need emergency surgery when the ectopic pregnancy ruptures, or she will die. Even after emergency surgery, she might die.

complications in 2 Texas hospitals after legislation on abortion. *American Journal of Obstetrics & Gynecology*. 1-3. [https://www.joghn.org/article/S0884-2175\(21\)00056-3/pdf?utm_source=Awihonn&utm_medium=page-clicks&utm_campaign=Position-statement-clicks-Academic-Preparation-of-Registered+Nurses&utm_id=+](https://www.joghn.org/article/S0884-2175(21)00056-3/pdf?utm_source=Awihonn&utm_medium=page-clicks&utm_campaign=Position-statement-clicks-Academic-Preparation-of-Registered+Nurses&utm_id=)

⁴ Silver RM. Abnormal placentation: placenta previa, vasa previa, and placenta accreta. *Obstetrics & Gynecology*. 2015;126:654–68. <http://www.ncbi.nlm.nih.gov/pubmed/26244528>

⁵ Tikkanen, M (February 2011). "Placental abruption: epidemiology, risk factors and consequences". *Acta Obstetrica et Gynecologica Scandinavica*. **90** (2): 140–9. [doi:10.1111/j.1600-0412.2010.01030.x](https://doi.org/10.1111/j.1600-0412.2010.01030.x). [PMID 21241259](https://pubmed.ncbi.nlm.nih.gov/21241259/). [S2CID 10871832](https://pubmed.ncbi.nlm.nih.gov/10871832/).

⁶ Kirk E, Bottomley C, Bourne T (2014). "[Diagnosing ectopic pregnancy and current concepts in the management of pregnancy of unknown location](https://doi.org/10.1093/humupd/dmt047)". *Human Reproduction Update*. **20** (2): 250–61. [doi:10.1093/humupd/dmt047](https://doi.org/10.1093/humupd/dmt047). [PMID 24101604](https://pubmed.ncbi.nlm.nih.gov/24101604/).

⁷ Zhang J, Li F, Sheng Q (2008). "Full-term abdominal pregnancy: a case report and review of the literature". *Gynecologic and Obstetric Investigation*. **65** (2): 139–41. [doi:10.1159/000110015](https://doi.org/10.1159/000110015). [PMID 17957101](https://pubmed.ncbi.nlm.nih.gov/17957101/). [S2CID 35923100](https://pubmed.ncbi.nlm.nih.gov/35923100/).

⁸ Zhang J, Li F, Sheng Q (2008). "Full-term abdominal pregnancy: a case report and review of the literature". *Gynecologic and Obstetric Investigation*. **65** (2): 139–41. [doi:10.1159/000110015](https://doi.org/10.1159/000110015). [PMID 17957101](https://pubmed.ncbi.nlm.nih.gov/17957101/). [S2CID 35923100](https://pubmed.ncbi.nlm.nih.gov/35923100/).

- If a baby is diagnosed with a condition that is incompatible with life, the pregnant woman would have to carry that pregnancy to term, which increases her risk for complications affecting her own health and life because carrying a pregnancy to term physically is more dangerous than terminating one.⁹
- Anencephaly is a condition in which the baby develops without most of its brain and skull. If the baby survives through birth, the baby dies within hours or days. Carrying the pregnancy to term increases the pregnant woman's risk for complications affecting her own health and life because carrying a pregnancy to term physically is more dangerous than terminating one.¹⁰
- Restrictive abortion laws can prevent women who have had a miscarriage from receiving the care they need to fully recover and preserve their fertility. Procedures used to treat a miscarriage are also used to terminate an otherwise viable pregnancy. Some miscarriages develop slowly, and doctors may remove pregnancy tissue early to reduce the risk of complications such as bleeding and infection. Sometimes, all the pregnancy tissue leaves the body without medical assistance. Other times, medications or surgical procedures may be necessary. Specifically, both dilation and evacuation (D&E) and dilation and curettage (D&C) are performed at distinct stages of pregnancy for both miscarriages and abortions. A woman who has miscarried may be prescribed mifepristone or misoprostol, which are the same drugs used to terminate a pregnancy. A miscarriage can result in infection or severe bleeding, which in turn can lead to the removal of the patient's uterus or even death.
- Some women during pregnancy develop a life-threatening infection that cannot be resolved while she is pregnant. The infection may begin for example because of the woman's water prematurely breaking. There is an elevated risk that infection inside of the uterus will spread into the woman's bloodstream and become septic. Sepsis is the body's overwhelming and life-threatening response to infection that includes suppression of the immune system. It can lead to tissue damage, organ failure, and

⁹ Raymond, Elizabeth G., Grimes, David A. (2012) The Comparative Safety of Legal Induced Abortion and Childbirth in the United States. *Obstetrics & Gynecology*. 2012 Feb;119(2 Pt 1):215-9. doi: 10.1097/AOG.0b013e31823fe923.

¹⁰ Raymond, Elizabeth G., Grimes, David A. (2012) The Comparative Safety of Legal Induced Abortion and Childbirth in the United States. *Obstetrics & Gynecology*. 2012 Feb;119(2 Pt 1):215-9. doi: 10.1097/AOG.0b013e31823fe923.

death. Sepsis in pregnancy is associated with an increased risk of preterm birth, prolonged recovery, stillbirth, and maternal death. Infections are more dangerous for some women, such as those who have diabetes or a compromised immune system.

- Restricting access to abortion can prevent women who have cancer from getting the treatment they need to save their lives. Some cancer treatments can harm babies and prevent pregnant women who have been diagnosed with cancer from initiating cancer treatment to save their own lives.

Question: What should be done about underage girls who become pregnant?

- Children cannot legally consent to sexual intercourse nor are they developmentally mature enough to consent. When a child is pregnant that child has been raped.
- Pregnancy is traumatic for a child or adolescent girl's body and mental health. Depending on the girl's age and size, her pelvis may be too small to allow the passage of even a small baby. As a result, a girl may have an obstructed labor where the baby cannot progress through the birth canal. This can cause an infection of the reproductive organs and the tearing of tissue between the vagina and the bladder and the rectum.
- Pregnancy puts underage girls' lives and health at risk. Children who become pregnant have an increased risk of anemia, infections, eclampsia and pre-eclampsia, emergency cesarean delivery, and postpartum depression¹¹. Terminating the pregnancy eliminates the risk and could save her life.
- Babies born to adolescents and young girls are more often premature and have low birth weight¹² and may not survive. Restricting abortion access for underage girls puts their lives at risk to continue pregnancies that may not produce a surviving baby.

¹¹ Jeha, D., Usta, I., Ghulmiyyah L., & Nassar, A. (2015) A review of the risks and consequences of adolescent pregnancy. *Journal of Neonatal-Perinatal Medicine* 2015; 8(1).

<https://www.jnpm.org/content/review-risks-and-consequences-adolescent-pregnancy>.

¹² Marvin-Dowle K, Kilner K, Burley VJ, et al. Impact of adolescent age on maternal and neonatal outcomes in the Born in Bradford cohort *BMJ Open* 2018;8:e016258. doi: 10.1136/bmjopen-2017-016258

Question: Banning abortion will mean more babies are born. What could be the problem with that?

- While banning abortion will cause the deaths of more women, it will also lead to the birth of many more babies. Tens of thousands more babies nationwide will be born because of abortion bans. Most of the additional births will be to lower-income women because they will be less able to afford the costs of travel out of state to get an abortion.¹³ The increased number of lower-income children will need an increased investment in public assistance for the children and their parents. Federal, state, and local governments will have to find additional revenues to support these public assistance investments.

Question: How does banning abortion impact women who are not pregnant?

- The health of women who are not pregnant has also been impacted by laws restricting access to abortion. For example, in states that have banned medication abortion, women with lupus have been unable to get Methotrexate, a medication prescribed to lupus patients to relieve their symptoms. Methotrexate can cause a miscarriage and has been prescribed to induce an abortion.¹⁴

¹³ Myers, Caitlin Knowles & Welch, Morgan. What can economic research tell us about the effect of abortion access on women's lives? The Brookings Institution.

<https://www.brookings.edu/research/what-can-economic-research-tell-us-about-the-effect-of-abortion-access-on-womens-lives/>

¹⁴ Christensen, Jen. (2022) Women with chronic conditions struggle to find medications after abortion laws limit access. CNN. <https://www.cnn.com/2022/07/22/health/abortion-law-medications-methotrexate/index.html>