


A Strategic Initiative to Secure and Expand Access to Second -Trimester Abortion Care

Reproductive Health 2008

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Faculty disclosure

- Dr. Weitz and Ms. Yanow have no financial affiliations to disclose

Note: Additional disclosure information is located within the program

Learning Objectives

At the conclusion of the session, participants will be able to:

- Discuss the importance of taking a holistic approach to abortion care.
- Describe the challenges related to language and nomenclature when discussing abortion.

Learning Objectives (cont)

- Identify the gaps in services and factors affecting access to care that women may face when seeking a second-trimester abortion.
- Discuss common clinical practices among national abortion providers, and how these practices relate to the evidence.


Why Focus on 2nd-Trimester Abortion?

- ❖ Women who need 2nd-trimester abortion are particularly vulnerable
- ❖ 2nd-trimester abortion is politically vulnerable because the public does not understand or support it
- ❖ Reproductive health, rights, justice community is not unified in our commitment to later 2nd-trimester abortion
- ❖ Unsure how to discuss genetic and health indications without creating a hierarchy of reasons

“Maybe that six-month window made more sense in 1973 than it does today. Maybe, if we spend the next 10 years helping women avoid second-trimester abortions, we won't have to spend the next 20 or 40 years defending them. Maybe the best way to end the assault on Roe is to make it irrelevant.”

William Saletan, Life After Roe, Washington Post, 3/5/06

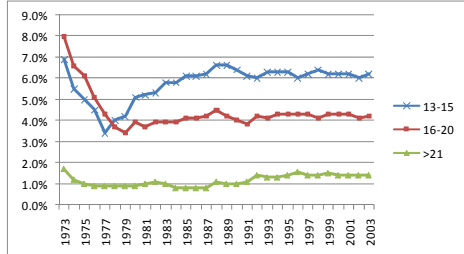
How late in pregnancy abortions should be permitted and carried out is a matter of great controversy among almost everyone – except the women who need them.



- Marge Berer, Int'l Consortium on Medical Abortion

Women Have Always and Will Always Need 2nd-Trimester Abortions

Percentage of Abortions in the 2nd Trimester, by Gestational Age over Time



CDC Data 1973-2003

"I don't think it will work to set the cutoff for abortions earlier than the point of viability because the anti-choice people think viability starts at the moment of conception. There isn't much difference for them between 24 weeks pregnant and 2 days pregnant"

Byllye Avery in The Choices We Made, 1991

Incidence of 2nd-Trimester Abortion

Weeks	Abortions Performed	
	% of total	#
≤ 8 wks.	60.5%	513,139
9-10 wks	18.0%	152,669
11-12 wks	9.7%	82,272
13-15 wks	6.2 %	52,586
16-20 wks	4.2%	35,623
> 21 wks	1.4%	11,874

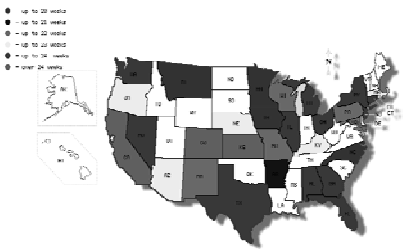
CDC, 2003

2nd-Trimester Abortion and Delay

- ❖ Late recognition of pregnancy
- ❖ Took a long time to make a decision
- ❖ Financial issues
- ❖ Late diagnosis of medical need
- ❖ Logistics and referral problems

Finer et al. 2006; Drey et al. 2006

Distribution of Late 2nd-Trimester Abortion Providers

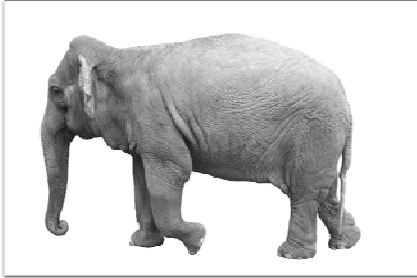


Legend:
 ● up to 20 weeks
 ● up to 22 weeks
 ● up to 24 weeks
 ● over 24 weeks

Source:
 Data are not available for Alaska, Hawaii, Puerto Rico, Guam, and the Virgin Islands. For the purpose of this map, the District of Columbia is included. Data are not available for the states of Mississippi, North Carolina, and South Carolina. Data are not available for the states of Alaska, Hawaii, Puerto Rico, Guam, and the Virgin Islands. Data are not available for the states of Mississippi, North Carolina, and South Carolina. Data are not available for the states of Alaska, Hawaii, Puerto Rico, Guam, and the Virgin Islands. Data are not available for the states of Mississippi, North Carolina, and South Carolina.

2008

Why a Strategic Initiative?



Goals

- ❖ To address the scope of the problem and range of potential interventions
 - ❖ Access and Service Delivery
 - ❖ Law & Policy
 - ❖ Public Opinion
 - ❖ Research
- ❖ To engage stakeholders and create a vision & strategy for change
- ❖ To make recommendations for moving forward in key areas

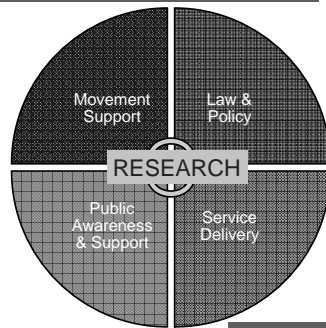
Process

- ❖ Available literature review
- ❖ Online survey of abortion provider community
- ❖ Small focus group
- ❖ Key informant interviews
- ❖ Advisory Board formation
- ❖ White paper with draft recommendations
- ❖ Second Trimester Abortion Summit (Sept 08)
- ❖ Dissemination of final recommendations

Advisory Board

- ❖ Sacheen Carr-Ellis, MD, MPH, Boston Medical Center
- ❖ Savita Ginde, MD, Planned Parenthood of the Rocky Mountains
- ❖ Katherine Grainger, JD, Center for Reproductive Rights
- ❖ Kristen Grimm, Spitfire Strategies
- ❖ Uta Landy, PhD, Ryan Residency
- ❖ Doug Laube, MD, EdM, University of Wisconsin
- ❖ Jodi Magee, Physicians for Reproductive Choice and Health
- ❖ Jack Morris, National Abortion Federation
- ❖ Stephanie Poggi, National Network of Abortion Fund
- ❖ Lynne Randall, Planned Parenthood /CAPS
- ❖ Phillip Stubblefield, MD, Boston Medical Center
- ❖ Aimee Thorne-Thompson, MPA, Prochoice Education Project (PEP)

Strategic Initiative Components



Movement Support

- ❖ Building Support Within the Movement and Among Key Stakeholders
- ❖ Key Recommendations
 - Hold conversations (with values clarification) that focus on 2nd tri abortion
 - Develop champions within the movement
 - Articulate within RJ framework

Law & Policy

- ❖ Neutralizing Policy/Legal/Regulatory Barriers
- ❖ Key Recommendations
 - Conduct needed research on effects
 - Foster relationships with professional associations
 - Promote standards of care
 - Craft new legal understandings

Service Delivery

- ❖ Improving Service Delivery
- ❖ Key Recommendations
 - Expand geographic availability
 - Reduce use barriers
 - Facilitate training
 - Create supportive clinical environments

Public Awareness and Support

- ❖ Raising Awareness and Educating the Public
- ❖ Key Recommendations
 - Develop consistent language
 - Create media training program
 - Reverse negative image of women
 - Create compassionate voices

Public Opinion and Abortion

Time Period	Legal (%)	Illegal (%)	Don't Know (%)
First Three Months	~60	~40	~2
Second Three Months	~30	~70	~2
Third Three Months	~15	~85	~2

Source: Harris Poll 2007

Can We Agree on Language?

- ❖ Fetal Rights vs. Women's Rights
- ❖ Health Care / Public Health
- ❖ Human Rights / Reproductive Justice
- ❖ Societal Good

Is there a frame that will work to change public opinion?

Words Matter

- ❖ How best to describe this work
 - Second-Trimester Abortion
 - "Late-Term" Abortion
 - Advanced Abortion
- ❖ Example—Digoxin
 - "Injection to kill the fetus"
 - "Injection to ensure fetal demise"
 - "Fetacidal injection"

Does this Message Work —
for Whom?

"I am a minister. Jane came to me when she was 17 weeks pregnant, clear that she could not continue this pregnancy. After providing counseling, it was clear to me that as her minister I needed to support her in the decision she had so carefully made."

Does this Message Work? —
For Whom?

"I provide abortions to 23 weeks because of the undeniable need for these services, my training, and respect for women and women's right to make the best health choices for themselves, including choices about their reproduction."

Does this Message Work? —
For Whom?

"I was already 12 weeks when I discovered I was pregnant. It took me a month to get the money together for the abortion. By then I was 4 months. The abortion was hard but it was what I needed to do for me and my family. I don't regret it."

Research Priorities

- ❖ Detailed data on the distribution of services by gestational age
- ❖ Effects of regulations on access to and use of abortion services
 - Federal Abortion Ban, TRAP Laws, ultrasound viewing
- ❖ What would a "rational distribution" of second-trimester services look like?
- ❖ What happens to women who are denied services?
- ❖ What messages create public support for 2nd trimester abortion?



Now we see the elephant--
but can we talk about the
elephant in room without
being scared that we will lose
"all abortions for everyone"?