ACOG Guide to Language and Abortion

This guide is designed to help inform language choice for those writing about reproductive health to use language that is medically appropriate, clinically accurate, and without bias.

The language we use when discussing reproductive health has a profound impact on what people hear and learn. Much of the language that is colloquially used to describe abortion or discuss health policies that impact abortion has a basis in anti-choice rhetoric and is inherently biased, inaccurate, and not medically appropriate—to say the least.

The American College of Obstetricians and Gynecologists (ACOG) uses clinically accurate language when discussing abortion. We encourage people writing about reproductive health to use language that is medically appropriate, clinically accurate, and without bias.

Below is a guide to help inform language choice. This guide will be updated with additional terms as needed; to provide input or seek assistance from ACOG staff about your own language use, please email communications@acog.org.

This guide presents language that should be avoided, followed by preferable language.

"Late-term abortion"

This phrase has no clinical or medical significance. "Term" historically referred to the three weeks before and two weeks after a pregnancy's due date. To 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 postterm (42 weeks of gestation and beyond). Abortion does not happen during this period.

USE INSTEAD: "Abortion later in pregnancy" or reference weeks of gestation (for example, "abortion at 14 weeks of gestation")

"Chemical abortion"

This is a biased term designed to make medication abortion sound scarier than the safe, effective medical intervention it is.

USE INSTEAD: "Medication abortion"

"Surgical abortion"

The abortion procedure is not a surgery. Referring to it as a procedure is clinically accurate.

USE INSTEAD: "Abortion procedure"

"Abortion pill"

There is no one single pill that induces an abortion, and suggesting that this is the case diminishes the role of medication abortion as a part of comprehensive health care. The recommended regimen for medication abortion includes specific dosages, taken at specific intervals, of mifepristone and misoprostol. This rigorously developed and studied regimen is safe and effective, and mifepristone and misoprostol are critical medications used throughout ob-gyn care. Several doses of a specific dosage of misoprostol without mifepristone is also a safe and effective alternative to the recommended regimen.

USE INSTEAD: "Medication abortion"

"Heartbeat bill"

It is clinically inaccurate to use the word "heartbeat" to describe the sound that can be heard on ultrasound in very early pregnancy. In fact, there are no chambers of the heart developed at the early stage in pregnancy that these bills are used to target, so there is no recognizable "heartbeat." What pregnant people may hear is the ultrasound machine translating electronic impulses that signify fetal cardiac activity into the sound that we recognize as a heartbeat.

USE INSTEAD: "Gestational age bans," or identify by gestational age (such as "15-week ban" or "six-week ban")

"Fetal heartbeat"

Fetal cardiac development, like all gestational development, is a gradual process that continues through a pregnancy. Until the chambers of the heart have been developed, it is not accurate to characterize the embryo or fetus's cardiac development as a heartbeat.

USE INSTEAD: "Embryonic cardiac activity" before eight weeks of gestation and "fetal cardiac activity" after eight weeks of gestation

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"Dismemberment ban"

A recommended approach for an abortion procedure after 12–15 weeks of gestation is dilation and evacuation, in which the clinician dilates the cervix and then removes the fetus using a combination of vacuum aspiration and forceps, which can lead to disarticulation. Referring to this medical procedure as "dismemberment" is intentional use of inflammatory, emotional language and centers the procedure on the fetus rather than on the pregnant person who is the clinician's patient.

USE INSTEAD: "Dilation & evacuation ban"

"Abortionist"

Clinicians who provide abortion care are highly trained medical experts who provide patients with a wide range of medical care, of which abortion is a part. Using this derogatory phrase perpetuates the myth that they are not medical experts and that abortion care is the extent of their expertise and does not reflect the full range of the patient-centered care that they provide.

USE INSTEAD: "Physician(s) who provide abortion" if you are referring specifically to doctors, "clinician(s) who provide abortion" if you are knowingly or potentially referring to advance practice clinicians trained in abortion care as well.

"Baby," "unborn child," or "preborn child"

Centering the language on a future state of a pregnancy is medically inaccurate. As long as the pregnancy continues, the language should reflect the current state of the pregnancy.

USE INSTEAD: Through eight weeks after last menstrual period, "embryo." After that point until delivery, "fetus."

"Self-induced abortion"

With the landscape of medication abortion access changing, more pregnant people are safely managing their abortions using medication abortion.

USE INSTEAD: "Self-managed abortion"

"Elective abortion"

The unnecessary descriptor of "elective" can be used to differentiate between reasons for abortion care and diminish the value of the abortion care that many patients need. The motivation behind the decision to get an abortion should not be judged as "elective" or "not elective" by an external party.

USE INSTEAD: "Abortion" or, if necessary, "induced abortion"

"Partial-birth abortion"

This graphic, inflammatory language is not a medical term and exists to distort the clinical reality. It is vaguely defined in law but is generally interpreted as referring to one method of abortion which occurs later in pregnancy.

USE INSTEAD: "Intact dilation & evacuation"

"Post-birth abortion"

No such procedure exists. Because abortion ends a pregnancy, it can only be performed during a pregnancy. Abortion cannot be performed after a pregnancy has ended. Use of this term dismisses the pain and suffering experienced by families in need of perinatal palliative care.

USE INSTEAD: "Perinatal palliative care"

"Womb"

This is a nonmedical term that can be used to apply an emotional value to a human organ.

USE INSTEAD: "Uterus"

"Abortion on-demand"

Abortion is a medical intervention provided to individuals who need to end the medical condition of pregnancy. Referring to it in this way is dismissive of the medical needs of pregnant people.

USE INSTEAD: "Abortion"

"Maternal–fetal separation"

This is a misleading term used to disguise the fact that a person needs or has had an abortion or to imply that there is a medical intervention that is an alternative to abortion. This phrase is also used by abortion opponents to justify or to mandate performing medical procedures that carry more risk for the patient, such as cesarean deliveries or inductions of labor, rather than abortion. Using this phrase creates confusion, prevents the public from understanding that abortion is a necessary and lifesaving procedure, potentially complicates the gathering of critical data related to maternal health, and further stigmatizes abortion. It also allows opponents of abortion to contend that a "maternal–fetal separation" is a different or separate option for pregnant people who need an abortion, including during miscarriage management, and obscures the fact that abortion is a necessary part of health care.

USE INSTEAD: "Abortion" or name the procedure

FACTS FOR CONSIDERATION

- Emergency contraception prevents a pregnancy from occurring after sexual activity. It is not an abortifacient; it does not end a pregnancy.
- Pregnancies are dated from last menstrual period. This is a consistent way to date pregnancy because it avoids, for example, the variability of when in their menstrual cycle people may ovulate. In addition, pregnancy is a gradual process that may vary for individual patients. Because of this, each individual pregnancy may reach certain developmental steps in the gestational process at different times, rather than at one consistent point or gestational age.
- Intrauterine pregnancy begins when a fertilized egg implants itself in the uterus.

This document has been updated since it was first released. ACOG regularly reviews and updates its guidance and supplemental materials to ensure that they reflect the latest clinical evidence.