

The Nocturnists

Post-Roe America

Primer



Illustration: Nicole Xu

September 15, 2023



Table of Contents

The Series

- Episode Links & Release Schedule
- Creators
- Sponsors
- Credits
- Follow and Tag
- About The Nocturnists

History of Roe v. Wade

- Before Roe v. Wade
- Roe v. Wade
- Post-Roe v. Wade
- Arguments
- The Dobbs Decision
- What is the impact of Dobbs on reproductive health?

Statistics on Abortion in the United States

- Abortion During Roe v. Wade
- Effects on maternal mortality
- Effects on infant mortality
- Who gets abortions?

National- and State-Level Abortion Restrictions

- Overview
- Viability: A key term for understanding national- and state-level restrictions on abortion
- The significance of a 6-week vs. 12-week vs. 15-week vs. 20-week Ban
- Targeted regulation of abortion providers (TRAP) laws

Opportunities for Advocacy

- What advocacy can look like for you
- Media and Storytelling
- Political Engagement and Legal Advocacy
- Volunteer with Reproductive Health Organizations
- Donate and Support Abortion Care Organizations
- Community Engagement

The Series

On June 24, 2022, the U.S. Supreme Court issued the Dobbs Decision. Overnight, Americans lost the protections on abortion care that Roe vs. Wade had afforded for almost 50 years. Soon afterward, The Nocturnists began talking to abortion providers around the country, learning about their personal and professional experiences since the Dobbs decision. Join us September 21st, 2023 for [The Nocturnists: Post-Roe America](#) — a 7-episode podcast series featuring the stories of abortion providers from Texas to Tennessee, Oklahoma to Ohio, and beyond.

Episode Links, Descriptions & Release Schedule

- 1. [The Day Roe Fell](#) September 21, 2023**

We open in Orlando, at a reproductive health conference where many abortion providers were gathered on the day of the Dobbs leak. We follow a few of them home, as they scramble in the aftermath to figure out what the ruling means for their practices, their patients, and themselves.
- 2. [The Canary](#) September 28, 2023**

Before Dobbs, there was SB8—a Texas law that prohibited any abortion after 6 weeks, essentially banning it entirely in the state. In this episode, we hear from clinicians in and around Texas. What was it like to be an early witness to America’s crumbling abortion rights?
- 3. [Trust Women](#) October 5, 2023**

After Dobbs, many states in the middle of the country severely restricted abortion – but Kansas stood out as an exception. As a result, a small clinic in Wichita called Trust Women became an unexpected oasis for abortion care. In this episode, we bring you inside the clinic to learn how they handled the overwhelming influx of patients.
- 4. [Uprooted](#) October 12, 2023**

Leilah Zahedi-Spung never planned to leave her life behind in Tennessee. But after Roe fell, she found herself having to make an impossible decision about

the future of her career. In this episode, we examine how political events can upend clinicians' lives and communities.

5. [Culture of Silence](#) October 19, 2023

Many physicians have been advocating publicly for reproductive health for decades, but many more have remained silent on the subject of abortion, fearing retribution from the general public and their communities. Today we talk about the culture of silence around reproductive health in medical spaces, and how breaking that silence is our only hope for reclaiming our reproductive freedom.

6. [The Next Generation](#) October 26, 2023

How has the Dobbs decision impacted medical education? In this episode we talk to trainees and educators about how Dobbs has impacted their lives in the classroom, and explore what we lose when we lose abortion training.

7. [Moving Forward](#) November 2, 2023

What does the future hold for abortion care? In this episode, we hear from clinicians at the forefront of finding new solutions for patients in need.

Creators

Ali Block is a family doctor, abortion provider, writer, and clinical educator. She is an Assistant Professor of Family Medicine at Brown University, the Executive Producer of *The Nocturnists*, and the Co-creator and Host of the *Post-Roe America* series. Her writing has been featured in *The New York Times*, *The Washington Post*, *LA Times*, and other outlets.

Emily Silverman is an internal medicine physician in San Francisco, Assistant Volunteer Professor of Medicine at UCSF, and Creator/Host of the award-winning medical storytelling live show and podcast, *The Nocturnists*. Her writing has been supported by a MacDowell fellowship and published in *The New York Times*, *The Boston Globe*, *Virginia Quarterly Review*, *JAMA*, *CHEST*, *McSweeney's*, and more. She lives in San Francisco with her husband and daughter.

Credits

Host & Co-creator:	Ali Block, MD
Co-creator:	Emily Silverman, MD
Lead Producer & Editor:	Molly Rose-Williams
Producer, Editor & Audio Engineer:	Sam Osborn
Producer & Editor:	Jessica Yung
Audio Engineer:	Jon Oliver
Student Producers:	Anjali Walia, Dahlia Kaki, Fiona Miller, Mulki Mehari, and Treya Tompkins
Assistant Producer:	Carly Besser
Chief Operating Officer:	Rebecca Groves
Series Illustrator:	Nicole Xu
Music:	Blue Dot Sessions

Sponsors

The Nocturnists: Post-Roe America series was made possible in part by the [Josiah Macy Jr. Foundation](#).

The Nocturnists is supported by the [California Medical Association](#) as well as by grants, sponsorships, and individual donations.

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Hashtag: #PostRoeAmerica

Series webpage: thenocturnists.com/post-roe-america-series

The Nocturnists: thenocturnists.com

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YouTube: [@thenocturnists](https://www.youtube.com/thenocturnists)

About The Nocturnists

[The Nocturnists](#) is an acclaimed independent medical storytelling organization dedicated to humanizing the culture of medicine, addressing healthcare worker burnout, and inspiring a more empathetic and compassionate healthcare system for all. Founded by UCSF physician Emily Silverman in 2016, The Nocturnists have uplifted the voices of over 450 clinicians across the US and beyond, through our sold-out [live performances](#) and [award-winning podcast](#).

The Nocturnists podcast received multiple awards in the 2023 season with wins at the [Anthem Awards](#), [New York Festivals Radio Awards](#), [Sharp Index Awards](#), a nomination for [Best Indie Podcast](#) at the Ambie Awards, and two [Webby Award](#) nominations. Our work has been featured in national media outlets such as [The New York Times](#), [SXSW](#), [CBS This Morning](#), [NPR](#), [Snap Judgment](#), [Pop-Up Magazine](#), the [San Francisco Chronicle](#). In 2020, the complete archives of our [Stories from a Pandemic](#) audio diary project were acquired for historic preservation by the [U.S. Library of Congress](#).

History of Roe v. Wade

[Before Roe v. Wade](#)

[Ruling of Roe v. Wade](#)

[Post Roe v. Wade](#)

[Arguments](#)

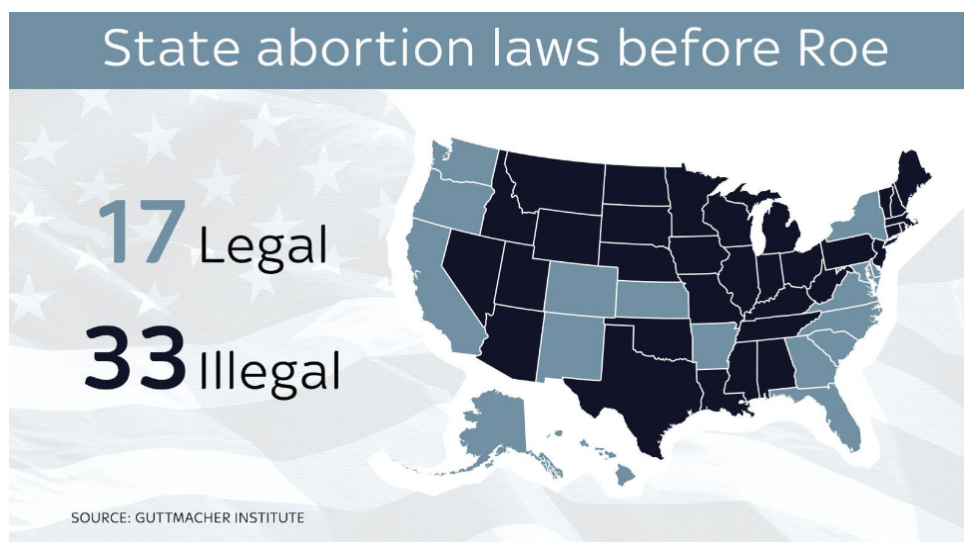
[Decision](#)

[What is the impact on reproductive health?](#)

Before Roe v. Wade

In early 19th century America, abortions were self-induced or performed by midwives or Native American women. Techniques for inducing abortions ranged from using abortive substances containing toxic herbs, such as red cedar or Savin, to physical methods, such as hitting the pregnant person's abdomen. In most states, abortion was made illegal in the mid-1800s.

In the 1960s, strict anti-abortion laws were scaled back. In 17 states, abortion became legally available, even in cases where the pregnant person's life was not at risk.



Although abortion was available during this time, there were significant disparities in access and mortality rates associated with the procedure. Poor, young, and minority women often resorted to illegal abortion procedures to address unintended pregnancies.

Research conducted in New York in the 1960s found that 77% of low-income women reported attempting a self-induced abortion, with only 2% indicating any physician involvement. Further, 1 in 2 non-white women died as a result of an abortion-related hospital admission, compared to 1 in 4 white women.

For references and more information, please visit:

[Lessons from Before Roe: Will Past be Prologue](#). Guttmacher Institute, March 2003.

Haque, F. [America Before and After Roe v. Wade](#). *The New York Times*, June 2022.

Greenhouse L. Siegal R. [Before Roe V. Wade: Voices That Shaped the Abortion Debate Before the Supreme Court's Ruling](#). Yale Law School, 2012.

Acevedo, Z. [Abortions in Early America](#). *Women & Health*, Oct 2008.

Roe v. Wade

In 1970, Jane Roe, a pregnant single mother in Dallas, wanted to have an abortion. However, at that time, the Texas Penal Code prohibited abortions except in cases where the mother's life was at risk. In response, Roe filed a lawsuit against Henry Wade, a Texas state official. The federal district court ruled in favor of Roe stating that the Texas statute was unconstitutional and infringed on Roe's 9th and 14th Amendment rights.

9th Amendment: *“The enumeration in the Constitution, of certain rights, shall not be construed to deny or disparage others retained by the people.”*

14th Amendment: *“All persons born or naturalized in the United States, and subject to the jurisdiction thereof, are citizens of the United States and of the State wherein they reside. No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any State deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws.”*

If the federal court ruled in favor of Roe, why was her case brought before the Supreme Court?

The federal district court issued a declaratory relief stating that the Texas state was unconstitutional but denied an injunctive relief. A declaratory relief is a court judgment that establishes an interpretation of the law and clarifies the rights of both the plaintiff and defendant. It does not force either party to act in a certain way after the ruling. In contrast, an injunctive relief is a court order that ultimately requires the defendant to act in a different way. Therefore, although the court ruled the statute was unconstitutional, there was no legal standing to enforce the ruling.

What was the Supreme Court’s decision?

On January 22nd, 1973, the Supreme Court issued a 7-2 decision in favor of Roe stating that access to an abortion is a constitutional right protected by the 14th Amendment. Although the Constitution does not explicitly mention the right to personal privacy, Supreme Court justices in favor of the decision argued that the “zone of privacy” implied in the Bill of Rights and the “liberty” protected by due process is broad enough to encompass a woman's right to an abortion.

In order to balance pregnant people's privacy rights with state interests in protecting unborn life, the courts proposed that in the early part of the pregnancy, a woman's right to privacy outweighs state interests. After the point of viability, or when the fetus is capable of living outside the womb, a state can ban abortion except to save the mother's life.

For references and more information, please visit:

[Roe v. Wade Case Summary: What You Need to Know](#). FindLaw, March 2023.

[Roe v. Wade \(1973\) | Wex | US Law](#). Legal Information Institute of Cornell Law School.

[Roe v. Wade: US women win abortion rights](#). *The Guardian*, Jan 2023.

Post-Roe v. Wade

In 2018, Mississippi passed the Gestational Age Act, which barred abortions after 15 weeks except in cases of medical emergencies or severe fetal abnormalities. This 15-week limit falls several weeks short of the viability principle in *Roe v. Wade* and *Planned Parenthood v. Casey* (1992), a ruling that upheld the right to abortion established in *Roe v. Wade*. In response, Jackson Women's Health Organization, the last remaining abortion clinic in Mississippi, challenged this restriction in federal court through the Mississippi State Health Officer, Thomas Dobbs.

On June 24, 2022, the Supreme Court made a decision in *Dobbs v. Jackson Women's Health Organization* that reversed *Roe v. Wade* (1973) and *Planned Parenthood v. Casey* (1992)

For references and more information, please visit:

[19-1392 Dobbs v. Jackson Women's Health Organization](#). June 24, 2022.

Davis, M. [The state of abortion rights in the US](#). Int J Gynaecol Obstet, Oct 2022.

Arguments

The State of Mississippi argued that:

Abortion is not a fundamental right because the word "liberty" as written in the 14th Amendment only applies to rights that are "deeply rooted in US history and tradition." Many states had bans on abortion at the time of the 14th Amendment. They also argued that the standard of viability is too arbitrary.

Jackson's Women's Health Organization argued that:

Physical autonomy and body integrity are "essential elements of liberty protected by the Due Process Clause" of the 14th Amendment. In response to concerns about the arbitrary nature of the viability standard, they stated that this standard has been universally applied in federal courts.

For references and more information, please visit:

[Dobbs v. Jackson Women's Health Organization \(2022\)](#), Legal Information Institute of Cornell Law School

The Dobbs Decision

The Supreme Court had to determine whether Mississippi's 15-week ban on abortion was constitutional and decide whether to overturn the 1973 constitutional decision.

Justices Alito, Clarence Thomas, Kavanaugh, Gorsuch, and Barrett voted to uphold the Mississippi law and overturn Roe v. Wade and Casey v. Planned Parenthood. Justice Roberts voted to uphold the Mississippi law but did not want to join the majority in overturning Roe and Casey. They argued the following:

The right to abortion was not deeply rooted in American history and tradition.

- *Abortion is distinct from the right to privacy or autonomy because of the moral questions raised by ending fetal life.*
- *Allowing people to act how they want is not ordered liberty.*
- *It is up to each state to establish laws on abortion.*

Justices Kagan, Breyer, and Sotomayor voted to uphold abortion rights. They argued the following:

- *Abortion rights, among others, are all rooted in the American tradition of allowing people to make private choices for their lives.*
- *Eliminating the right to abortion is not grounded in new legal or factual developments and will undermine public trust in the courts.*

For references and more information, please visit:

Davis, M. [The state of abortion rights in the US](#). Int J Gynaecol Obstet, Oct 2022.

[Brief of amici curiae reproductive justice scholars](#), September 2021.

What is the impact of Dobbs on reproductive health?

The impact of overturning Roe v. Wade varies across states. In states that protect abortion rights, individuals can continue to have access to safe and

legal abortions. In states with restricted access to abortion, individuals will face barriers to safe and legal abortions, likely resulting in increased rates of unintended pregnancy. Additionally, similar to pre-Roe times, illegal and unsafe abortions are projected to rise. Moreover, this decision is expected to disproportionately impact people of color, who often have limited access to healthcare.

In addition to the impact on abortion rights, overturning *Roe v. Wade* could have broader implications for reproductive health. There is concern that this could set a precedent resulting in increased regulations on reproductive health services, including access to sex education and contraception. In fact, in a recent statement, Justice Clarence Thomas said he would support the elimination of previously upheld rights under the doctrine of substantive due process such as contraception access and same-sex marriage.

For references and more information, please visit:

[Here's what could happen now that the Supreme Court has overturned *Roe v. Wade*](#),
NPR, June 2022.

[What are the Implications of the Overturning of *Roe v. Wade* for Racial Disparities?](#)
KFF Health News, July 2022.

Statistics on Abortion in the United States

[Abortion During Roe V. Wade](#)

[Effects on maternal mortality](#)

[Effects on infant mortality](#)

[Who gets abortions?](#)

Abortion During Roe v. Wade

How many legally induced abortions are performed in clinical settings in the United States each year?

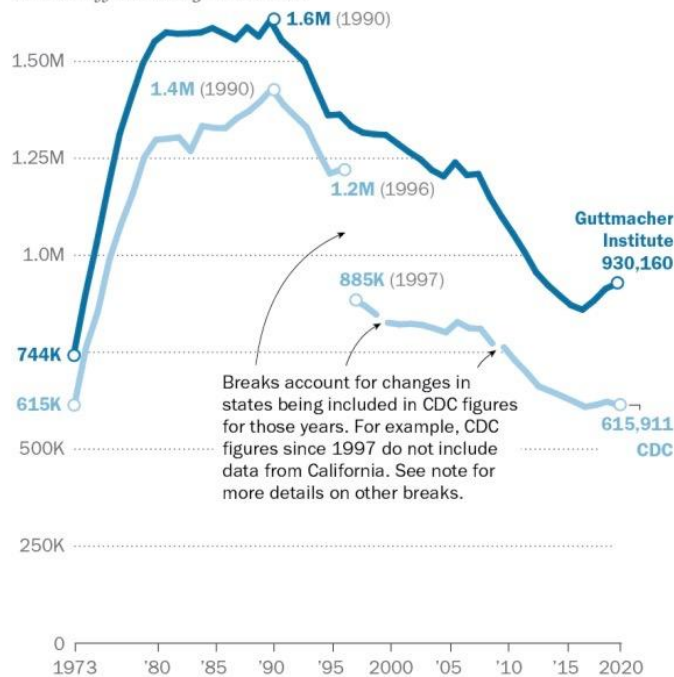
According to the Centers for Disease Control (CDC) and the Guttmacher Institute, there were between 620,000 and 930,000 abortions performed in 2019 and 2020.

How has the abortion rate in the United States varied over the years?

Before the Roe v. Wade decision in 1973, abortion was illegal. As such, data on abortion rates are limited. It is estimated that in the 1950s and 1960s, there were between 200,000 and 1.2 million abortions a year. After the decision, abortion rates peaked in the early 1990s and have generally declined since then. This decline is influenced by several factors including improved access to reproductive health education and contraception.

A look at the changing number of legal abortions in the U.S. since the 1970s

Number of legal induced abortions per year in U.S., according to two different organizations



Source: Pew Research Center, 2023

***For the references and most up-to-date information, please refer to official census reports and research studies from sources such as the CDC, Guttmacher Institute, and the Pew Research Center**

[Abortion Surveillance — United States, 2020](#), Centers for Disease Control

[Pregnancies, Births and Abortions in the United States, 1973–2017: National and State Trends by Age](#), Guttmacher Institute

[Abortion in the U.S.: What the data says](#), PEW Research

Effects on maternal mortality

How many women die from abortion-related complications?

According to the CDC, there were between 13 and 54 reported annual deaths from abortion from 1972 to 1979, and between 9 and 16 deaths from abortions in the 1980s.

One of the main reasons for this decline is a drop in deaths from illegal abortions. In 1972, there were 35 total deaths from illegal abortions. However, after the Roe v. Wade decision in 1973, the number fell to 19 total deaths from illegal abortions and remained in single digits every year after that. Between 2 and 12 women have died annually from legally induced abortions since 1990.

How does access to abortions impact maternal mortality?

A study assessing national maternal mortality found that states with more restrictive abortion laws had a 7% higher total maternal mortality rate than less restrictive states.

Specifically, states with restrictions on state Medicaid funding for abortion had a 29% higher total maternal mortality rate and states that require a licensed physician to perform all abortions had a 35% higher mortality rate when compared to other states.

For references and more information, please visit:

Pabayo R, Ehntholt A, Cook DM, Reynolds M, Muennig P, Liu SY. [Laws Restricting Access to Abortion Services and Infant Mortality Risk in the United States](#). Int J Environ Res Public Health, May 2020.

[Study finds higher maternal mortality rates in states with more abortion restrictions](#).

Tulane University School of Public Health & Tropical Medicine, August 2021.

Effects on infant mortality

How does access to abortions impact infant mortality?

A study examining the relationship between state-level restrictions on abortion laws and infant mortality found that infants born in states with more restrictive abortion laws were significantly more likely to die in their first year of life compared to those born in states with no restrictions. In fact, there was up to a 10% relative increase in infant mortality in states with abortion restrictions.

One of the reasons cited for this observation is that denying a pregnant person an abortion restricts their ability to exercise autonomy, a key principle of biomedical ethics. This can cause psychological distress and ultimately affect the health and well-being of the pregnant person and infant.

For references and more information, please visit:

Pabayo R, Ehntholt A, Cook DM, Reynolds M, Muennig P, Liu SY. [Laws Restricting Access to Abortion Services and Infant Mortality Risk in the United States](#). Int J Environ Res Public Health, May 2020.

Who gets abortions?

People of all backgrounds, races and ethnicities, religions, and socioeconomic statuses get abortions in the United States. Before the Dobbs decision, 1 in 4 people capable of getting pregnant reported accessing abortion care. 30% identified as Protestant and 24% as Catholic. Only 12% of abortions were in teenaged persons. Of those who have abortions, 39% identify as white, 28% as Black, 25% as Hispanic, and 6% as Asian American or Pacific Islander.

75% of people accessing abortion care are low-income or live below the poverty line. One study assessing reasons for choosing abortion cited 3 recurrent reasons: a) a baby would impact their work, school, or other professional responsibilities, b) they cannot afford to care for a child, and c) they do not want to be a single parent or do not have a stable partner to support the baby.

For references and more information, please visit:

[Characteristics of U.S. Abortion Patients in 2014 and Changes Since 2008.](#)
Guttmacher Institute

[United States Abortion Facts at a Glance.](#) Guttmacher Institute

National- and State-Level Abortion Restrictions

[Overview](#)

[Viability: A key term for understanding national- and state-level restrictions on abortion](#)

[The significance of a 6-week vs. 12-week vs. 15-week vs. 20-week ban](#)

[Targeted regulation of abortion providers \(TRAP\) laws](#)

Overview

As of May 2023, about half of US states, mainly in the South and Midwest regions, banned or heavily restricted abortions. These bans have left residents without access to nearby abortion services. Of these states, 13 already had abortion "trigger laws" in place. These are laws that were automatically enacted when Roe v. Wade was overturned. States that did not have trigger laws, such as Indiana and Kansas, were in the national spotlight following the decision on Dobbs v. Jackson as they began holding special sessions and referendum votes to pass legislation on abortion.

Nearly all of the states that ban abortion have exceptions that generally fall into the following categories: to save the pregnant patient's life, to prevent serious risk to the pregnant person's physical health, or in cases where the fetus is not expected to survive.

Banned or restricted (19 states):

Alabama, Arizona, Arkansas, Florida, Georgia, Idaho, Kentucky, Louisiana, Mississippi, Missouri, North Carolina, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, West Virginia, and Wisconsin.

Legal (25 states):

Alaska, California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Illinois, Kansas, Maine, Maryland, Michigan, Massachusetts, Minnesota, Nevada, New Hampshire, New Jersey, New Mexico, New York, Oregon, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, and Washington.

States to watch, likely to ban (6 states):

Iowa, Indiana, Montana, Nebraska, Ohio, and Wyoming.

For references and the most up-to-date information on national- and state-level restrictions, please visit the following resources:

[Interactive Map: US Abortion Policies and Access After Roe](#). Guttmacher Institute

[How Abortion Access Changed in a Post-Roe America](#). Abortion Finder

[State Laws Restricting or Prohibiting Abortion](#). Congressional Research Service.

March 2023.

Dashevsky, J. [One Year After Dobbs: Unveiling the Far-Reaching Impact on Abortion](#)

[Rights](#). *Workweek*. June 2023.

Viability: A key term for understanding national- and state-level restrictions on abortion

What does viability mean?

Viability is the stage of pregnancy at which a fetus has developed enough to survive outside the uterus with medical assistance. This typically occurs around 24 to 26 weeks of pregnancy, but the exact timing depends on the fetus's development and may vary between pregnancies.

A healthcare provider can assess whether a pregnancy has reached viability. There is no definitive test to determine if a fetus can survive outside of the uterus. Therefore, determining viability is often based on clinical judgment. Early in the pregnancy, physicians use ultrasound to determine if the fetus is developing appropriately, but this does not necessarily indicate the viability of the fetus later in pregnancy.

For references and more information, please visit:

[Facts Are Important: Understanding and Navigating Viability](#). American College of Obstetricians and Gynecologists

Stanojevic, M. [Limits of Viability: Should We Play God?](#) Psychiatr Danub. May 2021.

Belluck, P. [Viability Has Shifted Slightly as Medicine Has Advanced](#). *The New York Times*. Dec 2021

The significance of a 6-week vs. 12-week vs. 15-week vs. 20-week Ban

Abortion bans across different states occur at various stages of pregnancy. The shorter the stage of pregnancy before which abortion is legal, the less access the pregnant person has to a safe abortion. This is especially relevant because 1 in 3 pregnant people do not discover they are pregnant until after 6 weeks. People of color, people living with food insecurity, people with unplanned pregnancies, and those who rely on clinic-based testing to confirm a pregnancy are more likely to discover pregnancy after 7 weeks.

What does “waiting period” mean?

In many states, a pregnant person must attend a counseling session and then wait for a specified amount of time before returning to the health center for their abortion appointment.

This results in additional barriers to care for people who have to travel, take time off work, or coordinate childcare and the wait time may push people beyond the legal limit for abortion, forcing them to continue the pregnancy.

For resources, please visit:

[Abortion regulations by state.](#) Ballotpedia.

[One in three people learn they're pregnant past six weeks gestation.](#) Advancing New Standards in Reproductive Health. November 2021.

[Counseling and Waiting Periods for Abortion.](#) Guttmacher Institute. August 2023.

Targeted regulation of abortion providers (TRAP) laws

What are TRAP laws?

Targeted regulation of abortion providers (TRAP) laws are state-level regulations imposed on abortion providers and clinics. Currently, 23 states have these laws. Supporters of TRAP laws argue that these regulations are necessary to optimize patient care and safety.

Abortion providers and advocates for reproductive rights argue that these laws impose unnecessary requirements, some of which are ultimately designed to limit access to abortion services.

What are some common types of TRAP laws?

Facility Requirements:

Abortion clinics, even those that only provide medical abortions, are required to meet the same standards as ambulatory surgical centers. These standards include building requirements, minimum procedure room dimensions, and specified corridor widths.

The abortion facility must be within a certain distance from a hospital. Common distances imposed include being within 30 miles or 30 minutes from a hospital.

The abortion facility must have the ability to transfer patients to a nearby hospital.

Clinician Requirements:

Abortion providers must have an affiliation with a local hospital to be able to admit a patient or have an agreement with another provider who has admitting privileges.

The state of Mississippi requires that the abortion provider be a board-certified OB/GYN or eligible to be certified as an OB/GYN.

For references and to identify TRAP laws in your state please visit:

[Targeted Regulation of Abortion Providers](#). Guttmacher Institute. August 31, 2023.

[What are TRAP Laws?](#) Planned Parenthood Action Fund.

Opportunities for Advocacy

[What advocacy can look like for you](#)

[Media and Storytelling](#)

[Political Engagement and Legal Advocacy](#)

[Volunteer with Reproductive Health Organizations](#)

[Donate and Support Abortion Care Organizations](#)

[Community Engagement](#)

What advocacy can look like for you

There are many ways to get involved in advocacy around abortion and reproductive healthcare. We outlined a number of options you can consider. Whether you have 5 minutes a day, several hours a week, or only a few days a year, anyone can participate in advocacy work. You can support clinics and patients from your home, from out in the field, or even through in-kind donations. Continue scrolling to learn more about different opportunities for advocacy.

You can also find local opportunities and abortion funds in your state here:

[Get Involved Locally - National Network of Abortion Funds](#)

[Find Your Local Practical Support Organization](#)

Media and Storytelling

Do you like writing articles and blog posts? Are you savvy with social media?

This approach may be for you:

Write Op-Ed pieces, articles for your local newspaper, or letters to the editor

[Op-Ed Writing: Tips and Tricks — The OpEd Project](#)

[How To Write An Op-Ed](#)

Leverage social media to share facts and stories about abortion

Downloadable graphics: [Social Media | ACOG](#)

Use relevant hashtags: [Display Purposes - Best #abortion hashtags for Instagram, TikTok, YouTube in 2023](#)

Share your personal story

[Story Sharing Toolkit](#)

[Origin Story — WE TESTIFY](#)

Political Engagement and Legal Advocacy

Do you want to engage with your local and national representatives? Would you like to volunteer for legal advice hotlines for patients seeking care? Here are ways you can get involved:

Support the following bills to protect abortion access in every state and the right to travel across state lines to obtain abortions

[Women's Health Protection Act](#)

[Ensuring Women's Right to Reproductive Freedom Act of 2022 \(HR. 8297\)](#)

Contact your state elected officials

[Find and contact elected officials](#)

[American Civil Liberties Union Email Template](#)

Repro Legal Helpline

Provides free, confidential legal information or advice about abortion laws throughout the country, including self-managed abortion, young people's access to abortion or judicial bypass, and referrals to local resources.

Visit: [Get Involved | Repro Legal Helpline](#)

Abortion Network Defense Fund

Helps individuals obtain legal services and secure funding to pay for legal expenses.

Visit: [Get in Touch | Abortion Defense Network](#)

California Abortion Alliance

Connects legal, health, and allied communities to protect and advance access to safe, legal abortion care in California, bridging the gap between abortion law, policy, research, and service provision.

Visit: [California Abortion Alliance](#)

The Forefront Project

Provides free legal service for organizations that advance and defend reproductive rights, health, and justice.

Visit: [Forefront Project | Hopewell | DonationPay](#)

Volunteer with Reproductive Health Organizations

Do you like working with people? Would you volunteer as a patient escort at your local abortion clinic? Or train as a peer advocate for patients seeking abortion care? Consider checking out:

Planned Parenthood

Promotes sexual and reproductive health and well-being, based on respect for each individual's right to make informed, independent decisions about health, sex, and family planning.

Learn more here: [Planned Parenthood Jobs and Volunteering Opportunities](#)

Reproductive Health Access Project

Trains and supports clinicians looking to integrate reproductive healthcare including abortion into their practice.

Learn more here: [PC Abortion Resources - Reproductive Health Access Project](#)

All-Options

Provides support for people making decisions about pregnancy, abortion, and adoption. They offer a peer counseling talkline, clergy counseling, and workshops to support advocates, providers, and students.

Learn more here: [All-Options](#)

NARAL Pro-Choice America

Fights to protect reproductive freedom and expand access to abortion care, paid parental leave, and birth control.

Learn more here: [NARAL Pro-Choice America](#)

Operation Save Abortion

Trains volunteers to be matched with abortion access organizations.

Learn more here: [Operation Save Abortion Volunteers](#)

Donate and Support Abortion Care Organizations

Advocacy often comes in the form of in-kind donations. Are you able to contribute to abortion care funds? We recommend:

National Abortion Federation Hotline Fund

Offers financial assistance for abortion, transit, provider referrals, language services, and Spanish language support.

Visit: [Support our Work - National Abortion Federation](#)

Women’s Reproductive Rights Assistance Project

Offers financial assistance for abortion and emergency contraception.

Visit: [Donate to WRRAP Today](#)

Abortion Freedom Fund

Offers financial assistance for abortion.

Visit: [Donate — Abortion Freedom Fund](#)

Indigenous Women Rising

Offers financial assistance for abortion.

Visit: [Abortion Fund | iwrising](#)

Reprocare

Offers provider referrals, emotional support, language services, abortion doula services, and Spanish language support.

Visit: [Support Reprocare](#)

Women’s Health Specialists–Women in Need Fund

Offers financial assistance for abortion, lodging, general and local transit, food assistance, language services, child care assistance, and interpretation services.

Visit: [Donate - Women's Health Specialists](#)

Physicians for reproductive health

Ensures that physicians' advocates have training and support to fight for abortion and that no one goes without the healthcare they need.

Visit: [Defend access to reproductive health care. Donate now.](#)

Community Engagement

Do you have friends or family members with different opinions on abortion care? Having these conversations can be hard, but talking about abortion is one of the most powerful forms of advocacy. Here are some tools to better engage your network:

Use the [Heart-To-Heart Abortion conversation toolkit](#) to guide your conversations.

Check out: [How to Respond to Tough Questions and Avoid Anti-Choice Traps](#)