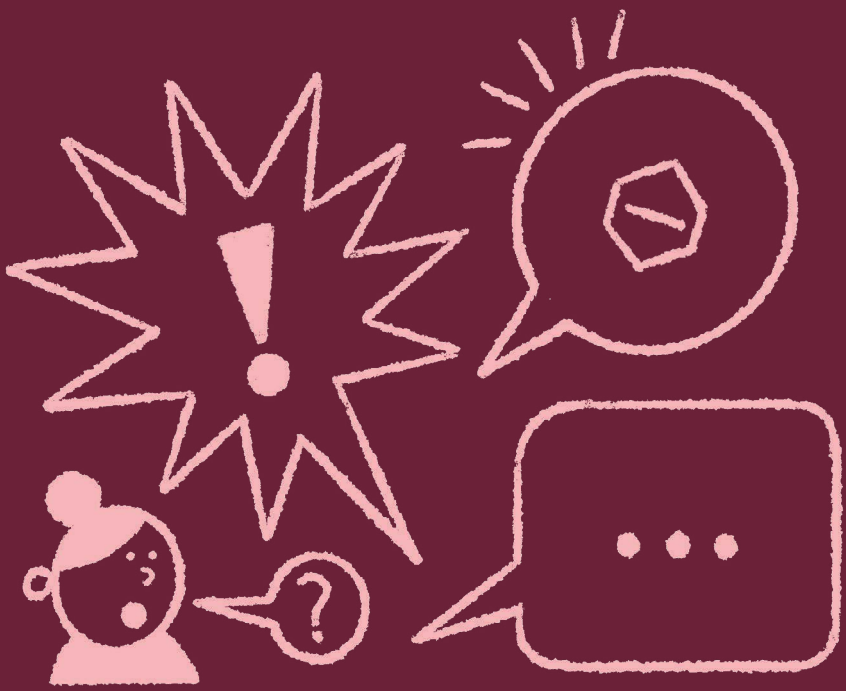
ABORTION IS ALWAYS TRAUMATIC

AND OTHER LIES



A guide for reporters, researchers, politicians and anyone else who wants to talk about abortion factually and without stigma

CONTENTS

INTRODUCTION

When we - writers, activists, journalists, filmmakers, politicians, students - write and talk about abortion, we hold power in our hands. Power to educate, or to misinform. Power to encourage people to be confident when seeking abortions, or power to seed fear and anxiety.

With this power comes the responsibility to report abortion factually as a common medical procedure, with **73 million abortions** taking place every year around the world. In the Netherlands roughly **1 in 5 women** will have one or more abortion in her lifetime.[1] [2] Abortion is a part of life, and a common experience - yet it is often stigmatized. The World Health Organization (WHO) says that abortion is an essential everyday healthcare intervention. According to WHO, a lack of safe and timely access to abortion is a critical public health and human rights issue. Despite this, abortion is frequently stigmatized.

Public discourse can influence how people think and talk about abortion. The language that journalists and others use when reporting and speaking about abortion has the power to:

People often publish misinformation that does the opposite. Language used often reinforces stigma and encourages polarized debate.

This guide was created for journalists, politicians, activists, and others in the Netherlands by a group of healthcare providers, journalists, and activists dedicated to supporting abortion access. It offers tools for writing and speaking about abortion in a factual, accurate, and stigma-free manner, ensuring that abortion is presented as a routine medical procedure and a vital form of healthcare. By reading this guide, you are contributing to best practices in reporting and communication about abortion.

ABORTION IN THE NETHERLANDS

While abortion is widely available in The Netherlands, people might be surprised to learn that abortion is not fully decriminalized. Abortion is still in the Criminal Code. The Abortion Act (Termination of Pregnancy Act), passed in 1981 and enacted in 1984, ensures that abortion is allowed but only under certain conditions. Abortion can only take place in clinics and hospitals with an official abortion certificate from the Dutch government. It also requires that the person asking for the abortion declares that having an abortion constitutes an "emergency". If these conditions are not met, abortion is a crime and therefore punishable. Abortion done outside of these situations is a crime.[3]

In 2022, **35,606 abortions** took place in the Netherlands. Of these abortions, **65%** took place in the first 8 weeks of pregnancy and **85%** in the first 13 weeks. The largest group (**47%**) of people who had an abortion were between the ages of 25 and 35. Only **8%** of people who had an abortion were younger than 20 years old. Nearly **75%**

of people who had an abortion were over 25. Roughly 1 in 6 pregnancies in the Netherlands ends in abortion.[4] More than **100 hospitals** and fewer than **20 independent** clinics perform abortions.

Abortion in the Netherlands is free for anyone who is eligible for insurance coverage under the Wet langdurige zorg (WLZ or Long-term Care Act) which provides health insurance to those living and working in the Netherlands. The health insurer is not informed by the clinic about the abortion and nothing is deducted from your deductible, meaning that the abortion is confidential. For people living in the Netherlands not covered by WLZ or who are travelling to the Netherlands from another country, the costs of abortion range from **€480** for abortion pills and from **€635** to **€1235** for an abortion procedure. Minors from 16 years of age may take the decision themselves; under the age of 16 consent of one parent or guardian is necessary. However, in the rare case that a parent or guardian will not allow consent, the abortion doctor can still decide to proceed if the young person shows an understanding of the situation.[5]

FACTS ABOUT ABORTION

➡ Abortion is common

Globally, six out of ten unintended pregnancies end in abortion.[2] This means that up to **73 million** people decide to terminate their pregnancies each year.

➡ Every kind of person has abortions

It is a shared experience of married women, single women, women raising children, women who never want children, trans and non-binary people, employed and unemployed, a wide range of ages, people who are religious and people who are not. Whatever kind of person you can imagine is a person who has had, or may in future have, an abortion.

➡ Abortion is healthcare

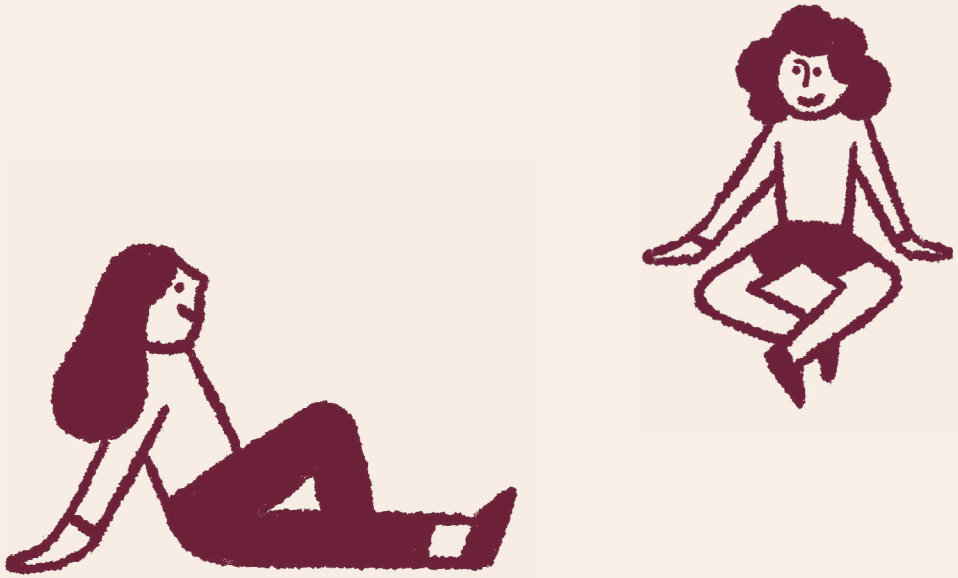
Comprehensive abortion care is recognized in the list of essential healthcare services published by the WHO. It is a simple healthcare intervention that can be safely and effectively managed by a variety of healthcare practitioners using either medication or a simple surgical procedure.[6]

➡ Abortion is safe

Abortion is around **14 times safer than childbirth**, based on estimated mortality rates associated with live births and legally induced abortions in the United States between 1998 and 2005.[7] In 2022, **97.3% of abortions** in the Netherlands had no complications.[4]

➡ Abortion is supported

In 2023, **86%** of Dutch citizens supported the availability of abortion, a significant increase from **60%** in 1992.[8]

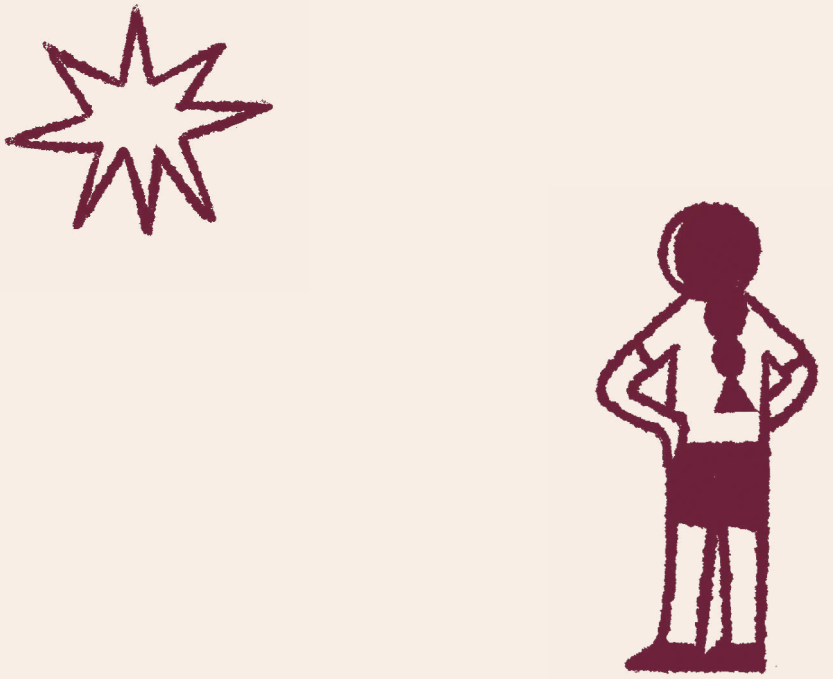


➡ Restricting abortion causes harm

Restricting access to abortion does not decrease the number of people who have abortions.[2] The World Health Organization defines safe and timely access to abortion as critical to public health and human rights.

➡ People do not regret their abortions

Research shows that **95% of people** say having an abortion was the right decision for them, and the most common emotion reported after an abortion is relief.[9]



A study in the US showed that journalists with experience covering abortion find it difficult. They expressed a sense of high stakes and struggles with neutral framing.[10] Some feel pressure to represent "both sides" in their coverage and often this has led to overly politicized framing, the inclusion of political rhetoric, and medically inaccurate information.[11] As most people are uninformed about abortion, this misinformation is often accepted as truth.

The way that data is presented shapes how an audience forms their opinions. As a journalist, you are able to provide context and fact checking, which is critical where there is significant misinformation about abortion. Restricting interviewees to people who are experts on abortion, and on the prochoice spectrum, is the most effective way to do this. Platforming people who are against abortion gives the false impression they

are half of public opinion (they are not) and helps them continue their practice of spreading medical misinformation and other incorrect information about abortion.

Anti-abortion lobbyists, without empirical evidence or peer-reviewed data for statements, should not be added for "balance." If they are included, context needs to be given on who they are and how or if they are qualified to comment on a subject. Their statements and statistics also need to be fact-checked.

BEST PRACTICES OF ABORTION COMMUNICATION

➡ Abortion is not unusual.

Abortion is common, essential and safe. Abortion happens all the time, all over the world. Media often forget to mention how common abortion is and how widely abortion is supported by public opinion and politics. Consumers of media deserve context. Not only are there many people who have abortions themselves, there are also many healthcare providers, activists, researchers, policymakers and more involved in making abortion possible. It is important to give a platform to those who make abortion possible. Be mindful that some anti-abortion lobby groups disguise themselves as impartial service providers or researchers in order to spread misinformation. If you give them a platform, please ensure transparency and correct exaggerations or untruths.

➡ Report real experiences of abortion.

Every abortion experience is different. People can best talk about their own experience with abortion. Quoting verified experts and people with lived experience is the best way to present an accurate, nuanced picture and to ensure abortion is treated as the everyday essential healthcare intervention that it is. At the same time, remember that one person's experience of abortion is just that - one person's experience. For each one experience, there are thousands of other experiences. Focus on the perspectives of experts, abortion providers, healthcare providers and abortion support organizations. Many readers and politicians do not have experience of abortion, so consider whether it's helpful to have people who do as part of your coverage.

➡ Don't judge.

Avoid using sensationalist language to describe people who have had an abortion, or speculating on the reasons why someone has an abortion. This reinforces a hierarchy of abortions - that some people are more deserving of an abortion than others. Everyone deserves access to reliable medical information and access to safe abortion, regardless of age, class, disability, gender identity, marital status, race, religion/belief and sexual orientation.

➡ Choose your words wisely.

A lot of information about abortion uses language that insults, shames or abuses people who have abortions. Language should be factual and neutral.

DO: Embryo, fetus
DON'T: Unborn child, baby

Only the people directly involved in a pregnancy can decide whether to call this particular fetus a child. The rest of us should use the scientific terms.

DO: Pregnancy
DON'T: Miracle of life

Unless there was a deity involved, the correct term is pregnancy.

DO: Pregnant person
DON'T: Mother

Being pregnant does not automatically make someone a mother.

DO: Partner/other person involved in the pregnancy
DONT: Father

Fertilizing an egg does not make someone a father.

DO: Criminal, rapist
DON'T: Father

If someone is pregnant as result of rape, it is doubly important to not refer to this person, who committed a crime, as a "baby's" "father".

DO: Contraception
DON'T: Abortifacient

Abortifacient is a term used by people against abortion who are also against contraception, and try and confuse the two.

DO: Prevent pregnancy
DON'T: Prevent abortions

Sex education and contraception are helpful in preventing pregnancies. This is not the same thing as preventing abortions, and this framing stems from a belief that abortion is inherently wrong.

DO: Anti-abortion
DON'T: Pro Life

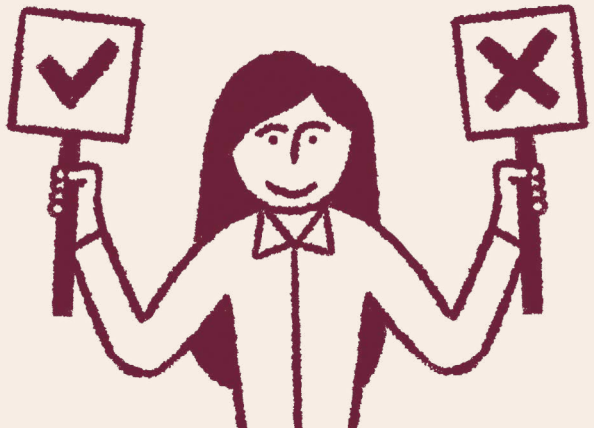
Many people who support abortion rights are also very supportive of "life", including things like childcare, healthcare, and ceasefires.

DO: 2nd or 3rd trimester abortion
DON'T: Late abortion

Pregnancy is a process that is measured in trimesters. The majority of abortions happen before 12 weeks, but this does not mean abortions after this point are "late" or "bad".

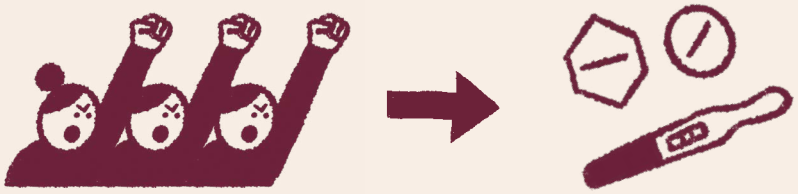
DO: Safe abortion, abortion outside the healthcare system, legal abortion
DON'T: Unsafe abortion, illegal abortion, backstreet abortion

Many abortions that happen outside of what is legal in any given country are incredibly safe. Abortions that happen outside of the state or healthcare system are often done according to WHO guidelines and it is not correct that all abortions that are not legal are unsafe. Also, not all abortions that happen outside of regulated or government healthcare systems are illegal. In many countries there is no criminal law regarding self managed abortions. For example, doing your own abortion is not illegal in Poland, but it is in the Netherlands.



➡ Use relevant, representative imagery.

Media outlets often use images of huge pregnant bellies with the person's head cropped off, or ultrasound images of fetuses taken in the third trimester. Giant bellies and large fetuses suggest abortions occur much later than they do. The vast majority of abortions happen in the first 12 weeks of pregnancy, often before someone appears to be pregnancy by casual observers. Stories also often have photos of angry protestors. Protest images reduce abortion to a heated political issue rather than a personal decision. Alternative and more realistic representations include a positive pregnancy test or a package of abortion pills.



➡ Don't discriminate.

People of all ages, nationalities, sexualities, genders, abilities, and more have abortions. Remember that not every woman living in the Netherlands is Dutch and that many migrants, international students, and people from other countries have abortions in the Netherlands. People who are religious - including Muslims, Jews and Catholics - have abortions. Not every person who has an abortion identifies as a woman. Trans and non-binary people have abortions.

➡ Fetal viability can mean different things.

Although viability is the point at which the interests of the state tend to outweigh the rights of a pregnant person, fetal viability is more complicated than is often suggested. In the Netherlands, viability is loosely set at 24 weeks, which means that 24 weeks is the ultimate limit for abortion on request. Viability is loosely defined as the point at which a fetus could survive outside the uterus, albeit with months of serious medical intervention. There are many different views on fetal viability, even within the medical establishment. The topic can cause controversy and stir up emotions. If you are covering this topic, we recommend speaking to an abortion provider, a medical expert or the Dutch health agency.

➡ "Fetal pain" is often a distraction.

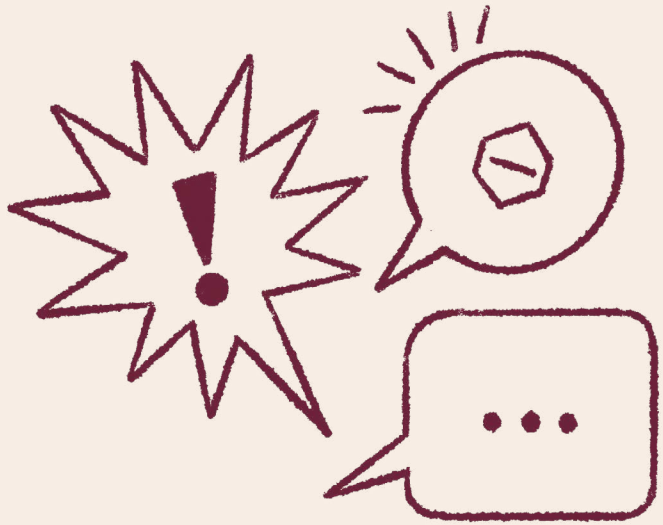
Discussions of fetal pain are generally used by anti-abortion activists as an argument for shortening the time in which abortions are allowed. Medical consensus on fetal pain guides clinicians on procedures, including fetal pain relief. These protocols will continue to evolve based on scientific research advancement. When reporting on this topic, it is very important to speak with abortion providers and other scientific or medical experts.

➡ Don't waste our time.

Remember that healthcare providers and activists operate under significant time constraints, and their primary focus is on people who need access to abortion services. It is crucial to conduct your own research on relevant laws, abortion access, and the organization you are contacting for comment. While some journalists want to include personal stories in their reporting, providers and activists are committed to protecting the privacy and anonymity of those they assist. As a result, they will generally not connect you with someone who has had an abortion, particularly individuals who may be additionally marginalized.

➡ Push Back.

Journalists covering abortion often face challenges with editors who may be less informed or whose views are shaped by stigma and misinformation. Some editors seek sensational headlines or provocative angles. It's important to push back against these pressures. The way abortion is portrayed in the media is important and influential. If you encounter situations, with editors or others, we can offer support. Don't hesitate to reach out to us for assistance.



When you are talking about abortion, it is easy to get pulled into debates that are fueled by emotion and rhetoric. People who are against abortion are often supported by incredibly well funded organizations and many have been media trained.

We have noticed patterns in behavior and talking points, and would like to help you get to the truth behind them.

Both sides are so extreme!

We are often told there are two sides to the abortion debate, the pro-abortion side and the anti-abortion side. But in fact, this is false framing. The real two sides of the abortion debate are people who think there should be no abortions and people who think all pregnancies

should end in abortion. Of course, pro-abortion people do not believe that people should always choose an abortion. They believe in freedom of choice. Those who are anti-abortion believe that people should never choose an abortion and that every pregnancy should be carried to term. They are against freedom of choice. Moreover, both groups are not equally distributed. Almost **90% of people** in the Netherlands are in favor of freedom of choice. Only a small minority are against abortion. It is not accurate to equate both sides of the debate, especially not in their alleged extremity.

Countering arguments against abortion.

When people argue about time limits, sex selection, or claim that abortion is being used as a form of contraception, they often try to appear reasonable and present themselves as representing a middle ground. However, these arguments are frequently employed to undermine freedom of choice and personal autonomy. In such situations, a useful question to ask is: under what circumstances would these individuals agree that abortions should be allowed? One key difference between pro and anti abortion people is not about abortion but about autonomy. Pro-abortion or pro-choice people believe the person who should make the decision is

the person who is pregnant. Anti-abortion people believe that the state or others should be able to compel people to continue pregnancies.

Abortion is traumatic

"No one ever wants an abortion." "It's always a difficult choice." "It's the most difficult choice." These are phrases press often say to us when looking for someone to talk to about abortion, usually coupled with their promise that they will be "sensitive." This framing of abortion as something bad or shameful is caused by stigma and creates even more stigma. Is abortion really such a difficult choice? Or is it the public perception that abortion is something bad the thing that makes it hard and difficult?

Politics v Reality

Abortion is most often covered as a political issue, with the debate often centered around its legality, which focuses the discussion on abortion restrictions or bans. It's important to recognize that abortion restrictions do not eliminate the need for abortions. Bans and restrictions also do not

address the reasons people seek abortions or the underlying economic, social, or environmental factors that influence pregnancy decisions. Restrictions also delay people trying to reach care, pushing them later into their pregnancies, and create pressure on people to make decisions in line with abortion ban deadlines rather than on their true desires.[12] The question is whether this focus on politics and legality is the most interesting or realistic. Why not focus on the reality of pregnancy decisions, organization of care and social and economic factors?

Abortion restrictions cause harm

Researchers have found that being denied a wanted abortion leads to adverse outcomes when compared to those who were able to receive abortion care. Abortion seekers are right to be concerned about the consequences of an unintended pregnancy for themselves and their families. They are the ones who can assess whether they can have a(nother) child. Being forced to carry an unwanted pregnancy to term has socio-economic consequences, shown by a study in the US showing that people denied a wanted abortion are more likely to be poor, and are less likely to have aspirational life plans or have a full time job.[9]

Time limits, exceptions, and good abortions

A “compromise” is often proposed of having abortion available up to 14 weeks on request, and after 14 weeks only for certain reasons. Or it is legally arranged in a way that bans abortion in all but a few circumstances. For instance, in Malta abortion is prohibited unless there is a serious and immediate risk to the life of the pregnant person. In Poland, abortion is permitted in cases of rape or incest. While these regulations appear to allow abortion, they are, in reality, strategies to restrict access as much as public opinion will tolerate. These legal exceptions are often deliberately designed to be difficult or impossible to apply in practice. Exceptions function primarily as PR tools to make abortion bans seem less cruel than they are and to distract from the inhumanity of the ban itself. [13] It also shows that the anti-abortion lobby is not really interested in saving embryos and fetuses, but about controlling people who can get pregnant by determining who is and who is not allowed to have an abortion. If someone advocates certain restrictions on abortions, it is good to gently interrogate this by asking them when they think the state should be allowed to compel someone to carry an unwanted pregnancy to term, and what consequences they think this will have.

REPORTING ON ABORTION AFTER THE FIRST TRIMESTER

Since most abortions happen in the first 12 weeks of pregnancy, most people do not have personal experiences with abortion later in pregnancy.

Describing abortions later in pregnancy

There is no clear, widely accepted definition of “later abortion,” “abortions later in pregnancy,” or “late-term” abortions. * Different groups may define or understand “later” based on their personal perspectives.

***A note on terminology:** the phrase “late-term” abortion is inaccurate and misleading. It was adopted by anti-abortion advocates as an intentionally inflammatory phrase. It is recommended that press be as specific as possible e.g. abortions after XX weeks or later abortions.

What's important to know about abortion later in pregnancy:

If you are covering abortion later in pregnancy, it is critically important to focus on the very real reasons why these abortions occur.

Both SAFE and Abortion Network Amsterdam have many years of experience helping people get abortions in the second and third trimester. Abortions after the first trimester are incredibly difficult to get throughout Europe, and abortions in the Netherlands are difficult to access for people who are undocumented.

In our experience, reasons people get abortions later in pregnancy are:

1. They live in a country with restrictive abortion laws and it took them time to find out about clinics abroad, to save money to cover the cost and travel, or to discover abortion funds that could help them
2. New information learned later in their pregnancy, including, a fetal or maternal health issue, or a disruptive life event like loss of a job or partner
3. Barriers to access, including limited abortion provision, residency status, lack of child care or an abusive partner who does not want the abortion to happen

4. Late recognition of pregnancy. People can experience period-like bleeding while pregnant, be on birth control that limits menstruation, or mistake pregnancy for other conditions like IBS or peri-menopause

> It is important to note that barriers to access are almost always felt more harshly by people who are marginalized or oppressed in one or more ways. It is also important to note that, based on research from the US, most people who obtain a later abortion would have preferred to access an abortion earlier. [9]

Later abortion is safe

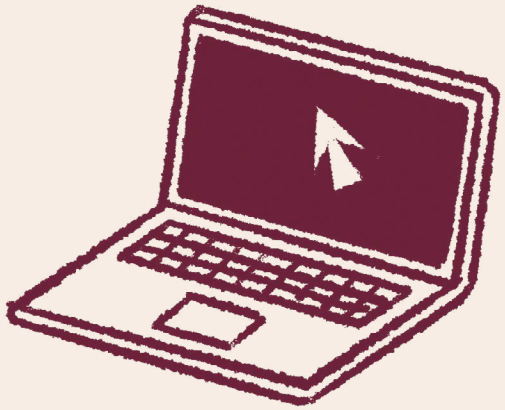
Abortion is safe throughout pregnancy. The abortion complication rate is much lower than the rate of complications experienced during pregnancy or during common procedures such as wisdom tooth extraction.

Myths around abortion for medical diagnosis

A pervasive myth about abortions after 12 weeks is that they are mainly sought in cases of severe fetal impairment or where there is a risk to the pregnant person's physical health. This is not true.

This myth contributes to a hierarchy of deservedness around later abortion care. It stigmatizes people seeking care for reasons other than fetal diagnosis, when these abortions are sought for many reasons.

This myth also exacerbates ableism. Pregnancy decision-making occurs within an ableist society. The notion that later abortion is only morally acceptable after receiving a diagnosis of a fetal impairment suggests that an eventual disability is inherently a catastrophic outcome. Disability rights advocates have rightfully taken issue with this framing, often while defending the right to abortion outright based on principles of self-determination and bodily autonomy.



TYPES OF ABORTION IN THE NETHERLANDS

Abortion can be done with pills or abortion can be done with a medical procedure. Following are the abortion protocols most often used in The Netherlands.

➡ Abortion Pill

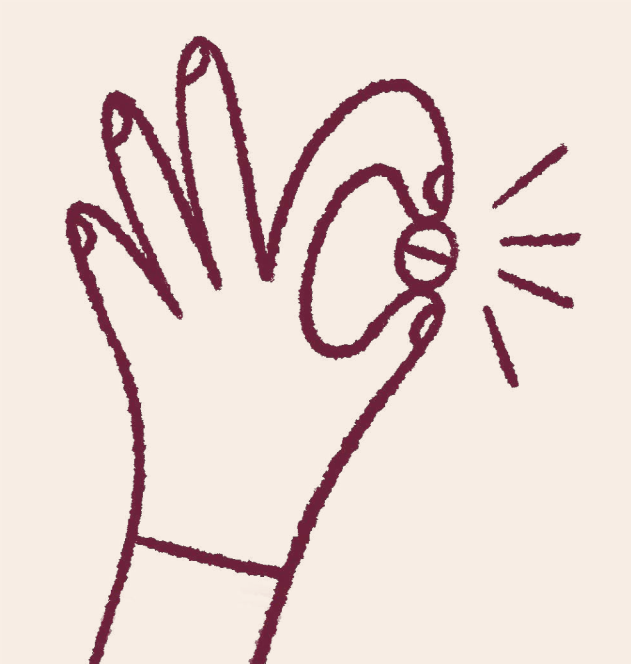
UP TO 8 WEEKS 6 DAYS

The abortion pill consists of two drugs: mifepristone and misoprostol, which stop and expel the pregnancy. The first pill, mifepristone, is taken at the abortion clinic, after which the person is given four misoprostol pills to take home to insert vaginally, buccally or sublingually **24 to 72 hours later**. Pregnancy expulsion usually begins within **1-2 hours** of inserting the pills and can take up to **24 hours**, during which pain and blood loss occurs. Painkillers are allowed, and some people also experience diarrhea, nausea, vomiting or chills. It is important to note that the abortion pill can be safely used at home until the 13 week mark of pregnancy, but Dutch clinics maintain a limit of **8 weeks and 6 days**. After that, the pills are not prescribed. [14]

Vacuum or suction aspiration

UP TO 12 WEEKS, 6 DAYS

First, two tablets of misoprostol are taken to soften the cervix after which local anesthetic or sedation is given. A tube is inserted into the uterus through the cervix (the opening to the womb from the vagina), and the pregnancy is removed using gentle suction, similar to what dentists use when they suction saliva. The procedure itself takes **5-10 minutes** and people are at the clinic for around **5 hours**.



Dilatation and evacuation (D&E)

13-17 WEEKS - INSTRUMENTAL ABORTION

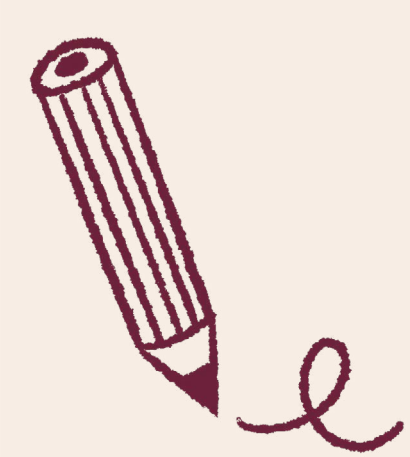
Two tablets of misoprostol are taken to soften the cervix an hour prior to the procedure. When it is time for the abortion, local anesthetic or sedation are given. A speculum is used to make the cervix visible, and the fetus, placenta and pregnancy-supporting endometrium are removed using instruments. Antibiotics to prevent infection are given after recovery. The procedure takes **10-20 minutes** and people are at the clinic for around **6 hours**.

18-22 WEEKS - INSTRUMENTAL ABORTION

Two to three hours before the treatment, misoprostol is taken to soften the cervix and ensure some dilation. Abortion at this point is always done under sedation. Treatment is almost the same as for the treatment for **13 to 17 weeks** - a speculum is used to make the cervix visible, the and the fetus, placenta and pregnancy-supporting endometrium are removed using instruments. Antibiotics to prevent infection are given after recovery. The procedure takes **15-25 minutes** and people are at the clinic for around **8 hours**.

Checklist

Do no harm:
Mishandled abortion coverage is not benign. It shapes opinions and policies that impact people's lives in very real ways. Check your coverage for misinformation, unfounded assumptions, myths, stigmas, implicit bias, racism, classism, and ableism.



- [ ] Have you used facts, statistics and research to present accurate information about the realities of abortion in the Netherlands, including the context that the majority of the public support abortion?
- [ ] Have you created opportunities for those who provide abortions to talk about why they choose to deliver this vital health service?
- [ ] Have you used accurate, sensitive and compassionate language to describe someone who has had an abortion?
- [ ] Have you fact checked claims made by the people you are quoting in the story to ensure you are giving your audience full and correct information?
- [ ] Have you removed any speculation about why someone might have had an abortion, and made sure to include only the information that they have consented to share?
- [ ] Have you signposted to a reputable organization or clinic (examples) at the end of your article?
- [ ] Have you included realistic, representative images alongside your article?

FURTHER RESOURCES

RESOURCES AND KEY CONTACTS

Abortion Dream Team *I want to write about abortion without stigma: A guide for people working in the media.*
https://adt.pl/kontakt/prasa/

Level Up *Abortion is Healthcare* guidelines for reporting on abortion in the UK.
https://www.welevelup.org/all-resources/

Alliance 4 Choice *Writing about abortion*
https://www.alliance4choice.com/writing-about-abortion

Rutgers Research and reports about abortion in The Netherlands
https://rutgers.nl/kennis_/

World Health Organisation Abortion Fact Sheet
https://www.who.int/news-room/fact-sheets/detail/abortion

ANSIRH *The Turnaway Study*
https://www.ansirh.org/research/ongoing/turnaway-study

Who Not When *People-centered resource on later abortion* and *Reporting on Later Abortion* both available at
https://whonotwhen.com

Abortion clinics in the Netherlands
https://www.ikwileenabortus.nl/home#kaartabortusklinieken"ikwileenabortus.nl

Abortion Network Amsterdam
https://abortionnetwork.amsterdam

Samen Naar De Kliniek
https://samennaardekliniek.nl

Free Choice Coalition
Abortion is Healthcare FAQ
https://abortusiszorg.nl/faq/

WHO MADE THIS GUIDE?

This guide was published in Dutch and English by Supporting Abortions for Everyone - SAFE in September 2024. It was influenced by the guide published in English by Level Up UK, also in 2024, which in turn was inspired by media guidelines created by the Abortion Dream Team in Poland. All of these guides build on generations of global abortion organizing. SAFE created these guidelines to help influence the way that people in The Netherlands talk about abortion.

S.A.F.E champions abortion access for the people failed by governments and healthcare services across Europe. We provide the infrastructure, funding, knowledge, and other resources needed to turbo charge the grassroots abortion movement, ensuring true reproductive justice.

WE ARE SUPPORTING ABORTIONS FOR EVERYONE. WE ARE S.A.F.E.
www.supportingabortions.eu

These guidelines have been developed in consultation with:

- Alex van Vliet
- Mirjam van Heugten
- Joe Strong
- Nikki van de Veerdonk
- Charlotte Waltz
- Mara Clarke
- Anna Currado
- Kasia Roszak ten Hove
- Jema Davis
- Rodante van der Waal
- Ikmara Larasi and Jade Hammond, Level Up
- Abortion Network Amsterdam
- Abortion Dream Team
- Supporting Abortions for Everyone

Booklet design by Hania Kmieć @hahaniutek
SAFE branding by Kayley Linares @irisarcdesign

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FOOTNOTES

1 Ava Foundation. Wil je een abortus? Volg deze stappen. https://www.ikwileenabortus.nl/home#kaartabortusklinieken

2 Bearak J, Popinchalk A, Ganatra B, et al. Unintended pregnancy and abortion by income, region, and the legal status of abortion: estimates from a comprehensive model for 1990-2019. Lancet Glob Health. Sep 2020;8(9):e1152-e1161. doi:10.1016/s2214-109x(20)30315-6

3 Free Choice Coalition. Abortion is Healthcare. https://abortusiszorg.nl/faq/

4 Inspectie Gezondheidszorg en Jeugd. Jaarrapportage 2022 Wet afbreking zwangerschap (Wafz). 2023.

5 Fiom. Wet- en regelgeving abortus. https://fiom.nl/ongewenst-zwanger/abortus/wet-regelgeving-abortus

6 World Health Organization. Abortion: Fact Sheet. https://www.who.int/news-room/fact-sheets/detail/abortion

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