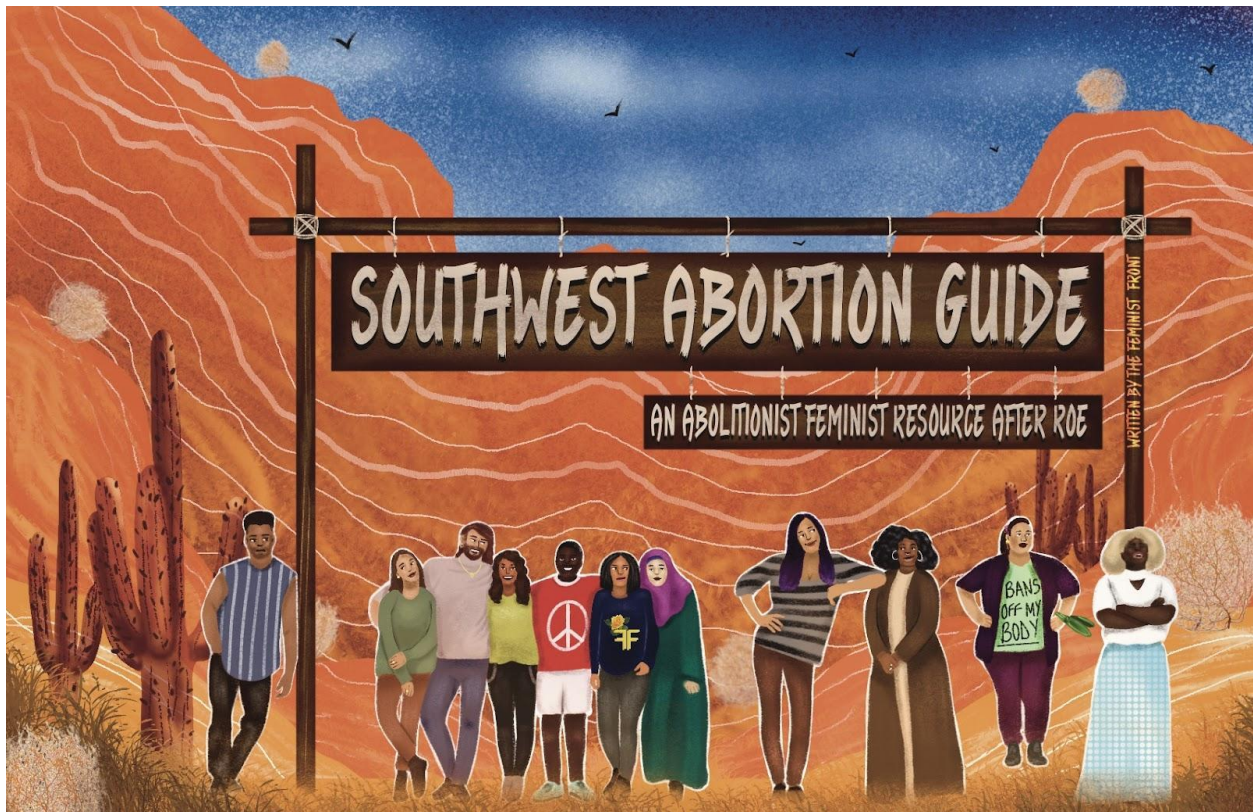


We are updating periodically, last update 7/17/24

Southwest Abortion Guide: An Abolitionist Feminist Resource After Roe



Written by:
The Feminist Front

Welcome

Welcome to the Abortions After Roe Resource Guide, created by The Feminist Front to aid people in the Southwestern United States seeking abortions after Roe v. Wade was overturned on June 24, 2022. We at The Feminist Front believe that all people, no matter the circumstance, should have access to abortion, and that clinicians should have the right to provide these life-saving services without fear of criminalization. Thus, this guide was created to serve as an information hub.

This guide has been intentionally researched, compiled, organized, and fact-checked by our team over a period of several months; in doing so, we have strived to be as thorough, detailed, and accurate as possible in the presentation of this information. However, this guide is a living document; as laws are passed or struck down, clinics are opened or shuttered, funds are established or terminated, and tools are created or dismantled, this guide will be updated to reflect such changes. We are constantly working to find the most accessible ways to distribute this document, and are in the process of translating it into various languages to better serve our communities.

To be clear, we are not medical or legal professionals nor is this intended as our medical or legal advice, rather we have compiled and cited such professionals as to centralize and provide access to information deeply needed now.

We hope that this guide will provide those in the Southwest seeking abortions with the valuable resources they need to access this crucial form of healthcare. We stand in solidarity with you, and will never stop fighting for reproductive justice for all.

In solidarity,

The Feminist Front

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Section One: Reproductive Justice Explainer



[Reproductive Justice Explainer](#)

To ground this guide, we thought it best to start with a brief overview of Reproductive Justice. Struggling for access to abortion is just one part of this larger organizing framework, created by Black women activists decades ago.

Reproductive rights

Oxford dictionary definition: *the rights of women as individuals to control and make decisions relating to reproduction and childbearing, especially with regard to contraception and abortion.*

Reproductive justice

Oxford dictionary definition: *fair and equitable principles and procedures with regard to reproduction and childbearing, especially in terms of women's access to contraception and abortion or of safe environments in which to raise children.*

The term “*reproductive justice*” was invented in June of 1994 by a group of Black women activists who recognized the need to place reproductive rights in a broader social justice framework. At the time, the women’s rights movement was led by mostly wealthy and middle class white women and did not defend the needs of women of color and other marginalized women and trans people. During a conference to hear the Clinton Administration’s proposals for health care reform, there was: *“little focus on health services like pre- and postnatal care, fibroid screenings or STI tests, and seemingly no understanding of how black women’s “choices” around parenthood and reproductive care were often constrained by things like income, housing and the criminal-justice system.”* - *Time.com*. Reproductive health was de-emphasized overall to head off Republican criticism.

The RJ movement was launched when the group of Black women, called Women of African Descent for Reproductive Justice, published their statement along with 800 signatures calling for health care reforms to include the concerns of women of color, in the Washington Post and Roll Call publications.

“Three years later, 16 organizations including black, Asian-American, Latina and indigenous women got together to create SisterSong, a collective devoted to the reproductive and sexual health of women and gender-nonconforming people of color, based in Atlanta.” - *time.com*

SisterSong defines reproductive justice as *“the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.”*

Reproductive justice combines reproductive rights and social justice. Sister Song says RJ is “about access, not choice.” For example, even where abortion is legal, most women of color cannot afford services, or would need to travel hundreds of miles to even reach a clinic.

We, as The Feminist Front, want to stress the importance of understanding Reproductive Justice as a gender-inclusive framework that encompasses all child-bearing people.

Section Two: Roe v. Wade

[Roe v. Wade](#)

Despite the vital work of SisterSong and other activists calling for Reproductive Justice, the reversal of Roe v. Wade has transformed the political landscape for abortion seekers. It is important to understand the judicial history behind how this happened.

What happened to Roe v. Wade?

Roe v. Wade (1973) was a landmark Supreme Court decision that established the constitutionally-protected right to an abortion from January 1973 until it was overturned on June 24th, 2022. The 1973 Roe decision emerged after a century of state and local laws first attempted to criminalize and ban abortion and contraception starting in the late 19th century. For nearly 50 years after Roe was decided, anti-abortion conservatives worked on creating the conditions necessary to overturn Roe, founding organizations like The Federalist Society to target the U.S. judiciary and the politicians who nominate and confirm judges. The 2016 election of Donald Trump allowed for 3 Supreme Court seats to be filled with anti-abortion Justices who lied under oath about Roe's status as protected and established precedent during their confirmation hearings and were endorsed by The Federalist Society. With the 2020 appointment of Justice Amy Coney Barrett to Ruth Bader Ginsberg's former seat the anti-abortion movement finally had a 5-4 Supreme Court majority against Roe v. Wade. With a 5-4 anti-Roe majority the Supreme Court took the case Dobbs v. Jackson Women's Health Organization and ultimately decided to abandon established precedent and gut all federal abortion protections, citing a lack of gender protections in the US Constitution. This decision allowed pre-Roe bans and trigger laws to take effect creating a reproductive healthcare desert throughout the South where abortion is completely illegal and inaccessible from West Texas to West Virginia, reaching all the way up to Missouri while affecting North Dakota, South Dakota, and Idaho and creating further restrictions across the country. These restrictions have made Reproductive Healthcare like abortion significantly harder if not impossible to access even in states without active total abortion bans like Ohio, Georgia, Utah, and Wisconsin.

Section Three: Abortion 101

[Abortion 101](#)

The following two sections include a deeper dive into understanding abortion from a medical standpoint.

What is an abortion?

A medical procedure to end a pregnancy.

How is abortion performed?

There are two different kinds of abortion: medication abortion using abortion pills like mifepristone and/or misoprostol and an in-clinic abortion, also known as a surgical abortion.

About medication abortion

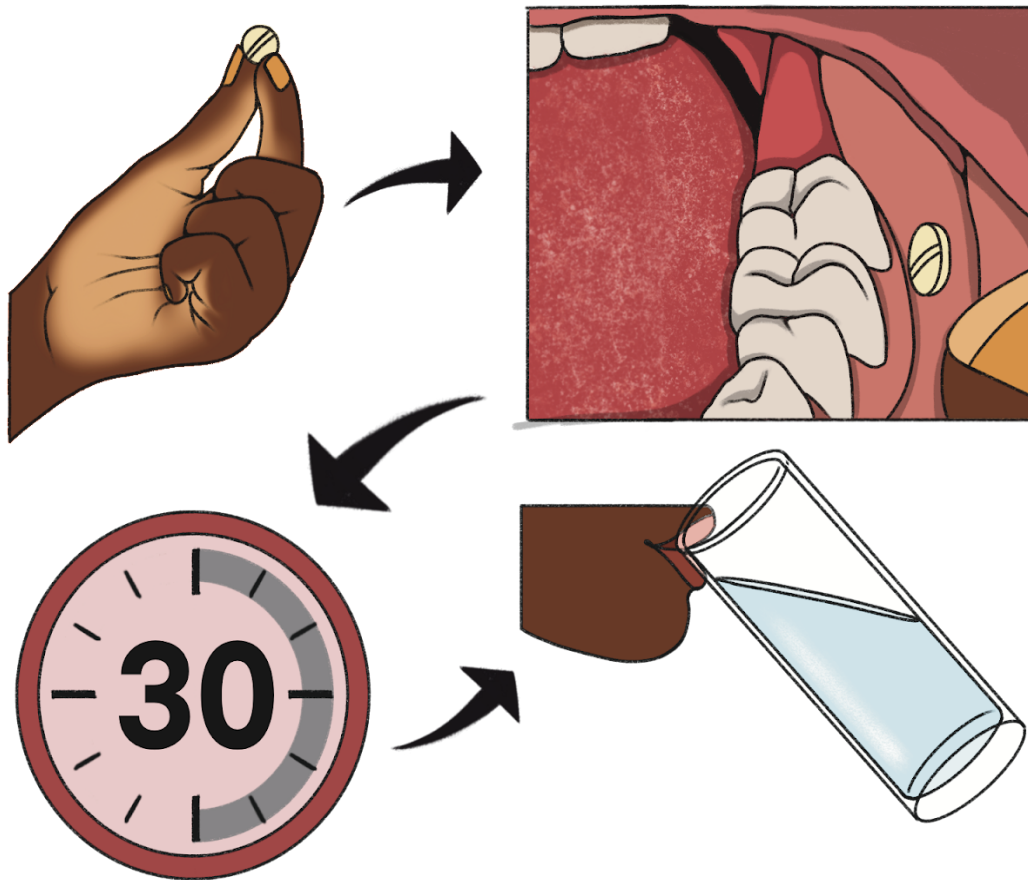
Taking abortion pills, also known as a medical abortion, usually entails the use of two different types of medicine: mifepristone and misoprostol. Your doctor and or nurse should give you detailed instructions on when & how to take said medicines. These two medicines in unison will cause cramping and bleeding in order to empty the uterus. It is somewhat similar to having a heavy period, but can be more strenuous in comparison.

However, there are some time constraints to the abortion pill. In order for the abortion pill to be effective, it should be taken within 11 weeks after the first day of your most recent period. If the abortion pill is not taken within this allotted time frame, then an in-clinic abortion may be performed instead.

About surgical abortion

An in-clinic abortion may require more time & effort, but will ultimately lead to the same goal. It is also important to note that it is best to have the abortion as soon as possible as some states will have laws that prevent the abortion from occurring after a given time period, most often twelve weeks of pregnancy. Before the abortion occurs, you will have to meet with your nurse, doctor, or healthcare provider in order to have lab tests done, and to discuss important information such as: whether an abortion is the right choice for you, the options for an abortion, and how far you are into pregnancy.

Section Four: Abortion Medication



*Image of Misoprostol; read below for instructions

Abortion Medication

According to Planned Parenthood, when taking Mifepristone, one must:

- 1) First take one 200mg pill of Mifepristone orally. Wait 24 to 48 hours before taking the next medication, Misoprostol.¹
- 2) 24 to 48 hours later, you can then take the Misoprostol tablets. Put four 200 mcg tablets of misoprostol under the tongue (or between the gum and cheek; 2 misoprostol between the gum and cheek on the left side and 2 on the right side),

¹"How Do I Use the Abortion Pill?" Planned Parenthood, <https://www.plannedparenthood.org/learn/abortion/the-abortion-pill/how-do-i-use-abortion-pill>. Accessed 16 Oct. 2023.

let the pills dissolve under the tongue (or between the gum and cheek) for 30 minutes. Gynecologists recommend the gum and cheek method. After the pills have dissolved for 30 minutes, you may swallow what remains with water.

When taking a Misoprostol-only regimen:

- Place four 200 mcg pills (800 micrograms total) of misoprostol under the tongue (or two 200 mcg misoprostol between gum and cheek on the left side of the mouth, two 200 mcg misoprostol on the right side of the mouth), have the pills sit under the tongue (or between gum and cheek) and let dissolve for 30 minutes under the tongue, or between gums and cheeks, then swallow what's left of the pills with water. Repeat this step 3 hours later. And then repeat this again another 3 hours later, for a total of 3 doses.

Section Five: Myths About Abortion

Clearly, there is a lot of information available regarding abortion. Much of it circulating is inaccurate, so let's debunk some common misconceptions in these next two sections.

Myths About Abortion

- ***Abortions can make you infertile, more prone to miscarriage, and/or birth defects - FALSE***
 - It is commonly believed that receiving an abortion causes reproductive issues down the line. Especially when popular understandings of abortion procedures include the scraping of insides. Graphic and baseless notions such as this, only continue to propagate falsehoods. Instead, research, according to The American College of Obstetricians and Gynecologists has proven that there is absolutely no link between abortion and infertility. In fact, people have the ability to get pregnant immediately after an abortion.²
- ***Abortion causes breast cancer - FALSE***
 - Breast cancer research continues to evolve with new and important findings every decade. What the majority of the science community can

² "Induced Abortion." American College of Obstetricians and Gynecologists, https://www.acog.org/womens-health/faqs/Induced-Abortion?utm_source=redirect&utm_medium=web&utm_campaign=otn. Accessed 16 Oct. 2023.

agree to is that the most common risk factors for breast cancer include genetics, hormone levels, lifestyle and environmental stressors. It's vital to note that three of the strongest studies published to date show no overall relationship between abortion and breast cancer. Anti-abortionists use this false link between abortion and breast cancer to induce hysteria and misinformation but thanks to health professionals, we can finally put this myth to rest.³

- ***Contraception and emergency contraception are abortion - FALSE***

- There has been considerable public confusion about the difference between the morning-after pill and the abortion pill because of misinformation disseminated by groups that oppose safe and legal abortion. The morning-after pill, also known as emergency contraception (or Plan B), helps prevent pregnancy; the abortion pill, also known as medication abortion (or Plan C), ends pregnancy.⁴

- ***The emotional toll on those who choose abortion is exceptionally high - FALSE***

- Each and every person has a different relationship to their abortion story/journey. And although there are certain nuances that make each individual's experience unique, there is a common misconception that those who have had an abortion will spend the rest of their lives feeling regret, agony, and/or guilt. This effect was known as Post Abortion Syndrome, an idea cultivated by crisis pregnancy centers that heavily promoted that getting an abortion damages a person psychologically. However, this false diagnosis was debunked by multiple health scholars. In a peer reviewed research study, 99% of people felt no regret in their decision to get an abortion⁵. In fact, any negative emotion felt was typically a result of the stigma surrounding abortion, and the judgment received from becoming pregnant in the first place. In 2008, the American Psychological Association (APA) released a report stating no solid scientific evidence was found that links abortion to mental distress.⁶

³ "Abortion and Breast Cancer Risk." American Cancer Society, <https://www.cancer.org/cancer/risk-prevention/medical-treatments/abortion-and-breast-cancer-risk.html>.

⁴ "Difference Between the Morning-After Pill and the Abortion Pill." Planned Parenthood, https://www.plannedparenthood.org/uploads/files_public/e2/d2/e2d22399-5d77-4b67-84b6-c7bd5b815f3e/difference_between_the_morning-after_pill_and_the_abortion_pill.pdf.

⁵ "Emotions and decision rightness over five years following an abortion: An examination of decision difficulty and abortion stigma." *ScienceDirect*, <https://www.sciencedirect.com/science/article/pii/S0277953619306999?via%3Dihub>

⁶ "The mental health impact of receiving vs being denied a wanted abortion." *ANSIRH*, https://www.ansirh.org/sites/default/files/publications/files/mental_health_issue_brief_7-24-2018.pdf.

- ***People who get abortions never want to become a parent - FALSE***

- Actually, 59% of legal abortions performed in the United States in 2014 were obtained by patients who had had at least one birth.⁷ Additionally, many people who become pregnant (but have never gone to full term with a pregnancy before) choose to terminate it because they understand that they do not have the resources, support, or skills needed to be a fit parent in that current moment. Although some people who get abortions know they never want to become a parent, that does not speak to every person's experience. Abortions are for parents too or those who one day wish to become parents.

- ***Abortion procedures are exceptionally dangerous - FALSE***

- In 1973, the U.S. Supreme Court ruled in *Roe v. Wade* that a woman's constitutional right to privacy includes her right to abortion. Since then, opponents of women's health have been working tirelessly to chip away at abortion access by passing restrictions under the guise of protecting patient safety. As Congress considers policy on women's health, it's critical to listen to doctors and medical experts who know that legal abortion is safe and that better birth control access reduces the need for abortion. Abortion is one of the safest medical procedures performed in the United States. Data, including from the CDC, show that abortion has over a 99 percent safety record.⁸ This number changes when abortion seekers are forced to obtain services from non-regulated actors who may not contain the experience, knowledge, hygiene, or resources necessary to protect the patient's health.

- ***Most abortions in the U.S. Happen in the second or third trimester - FALSE***

- The U.S. Centers for Disease Control and Prevention (CDC) estimates that 65 percent of legal abortions occur within the first eight weeks of gestation, and 91 percent are performed within the first 13 weeks. Only 1.4 percent occur at or after 21 weeks.⁹ This exceptionally low number demonstrates that the overwhelming majority of abortions do indeed take

⁷ "Induced Abortion in the United States." Guttmacher Institute, https://www.guttmacher.org/fact-sheet/induced-abortion-united-states?gclid=CjwKCAiAoL6eBhA3EiwAXDom5tPis37LtLhkFc7JvnJS4QrwUNnKM6rc173QnbgzBuNQ-Vd813iFiBoCOgAQAvD_BwE

⁸ "Abortion Safety Fact Sheet." Planned Parenthood, https://www.plannedparenthood.org/uploads/filer_public/30/15/30159efe-879e-434e-b294-beebe96dfca9/20160617_abortionsafety_factsheet_1.pdf.

⁹ "Abortion After the First Trimester." Planned Parenthood, https://www.plannedparenthood.org/uploads/filer_public/99/41/9941f2a9-7738-4a8b-95f6-5680e59a45ac/pp_abortion_after_the_first_trimester.pdf.

place at or well before the first trimester. It is also necessary to point out that this data is centering *legal* abortions performed. Every state has different policies that dictate what stage of pregnancy an abortion can take place, if at all.

- ***Only people seeking abortions are affected by the Supreme Court's reversal of the Roe v. Wade case - FALSE***

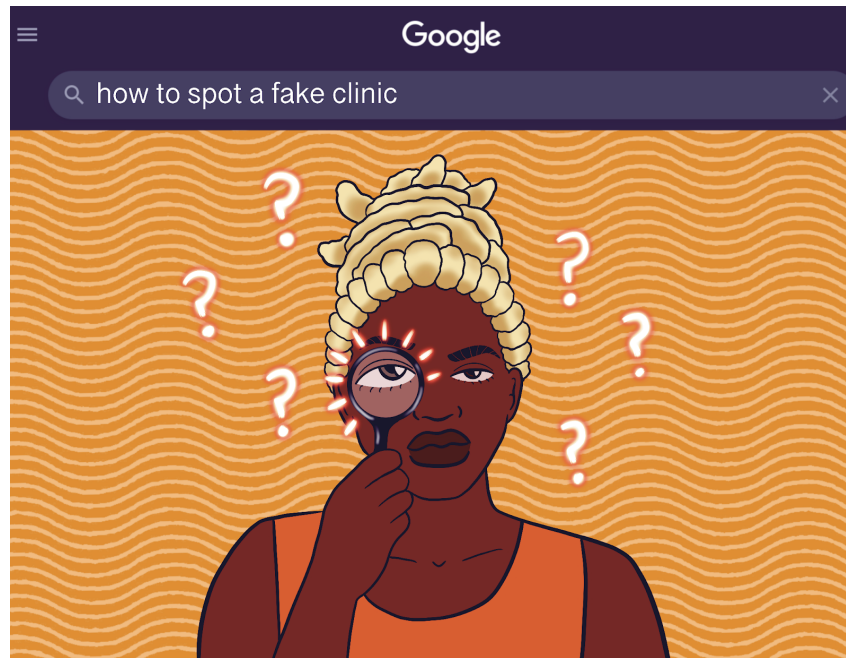
- The huge changes and uncertainties wrought by the Supreme Court's erasure of 49 years of largely settled federal policy most directly affects pregnant people. But they are far from the only individuals whose medical care is being disrupted. As abortion providers pack up and leave states with bans, they may take with them expertise in managing high-risk pregnancies as well as routine deliveries, particularly in less-populated areas, plus access to long-acting birth control and screening and treatment for cancer and sexually transmitted diseases. Similarly, medical students and medical residents may not want to train in states where they can't learn abortion techniques, which are often the same as care for miscarriages. That could lead to shortages of people trained to help patients give birth safely just as more people are being forced to carry pregnancies to term. Additionally, heavier strains will be placed onto the social services needed to support the expectant parent postpartum.¹⁰

- ***You Need A Good Enough Reason to Get an Abortion - FALSE***

- Many circumstances can influence a person's decision to get an abortion. But whether it be health related, financial, interpersonal, etc. there is NO metric one should feel confined to in justifying what is arguably one of the most personal decisions in life. We hope this guide is just one of many out there seeking to dispel the myth of "good" abortions, meaning ones caused by incredibly traumatic events like sexual assault and incest that policy makers like to credit for the only reason an abortion should ever be allowed to happen. That line of thinking is incredibly dangerous and further stigmatizes the person pregnant. Here at The Feminist Front, we are not only committed to defending access to abortion but the idea that you owe no one an apology, story, or reason for what you decide is best for your body and your future. That is your choice.

¹⁰ "Three Abortion Myths." *NPR*,
<https://www.npr.org/sections/health-shots/2022/07/22/1112444508/three-abortion-myths>.

Section Six: How to Spot a Fake Clinic



How To Spot a Fake Clinic

What is a “Fake Clinic”:

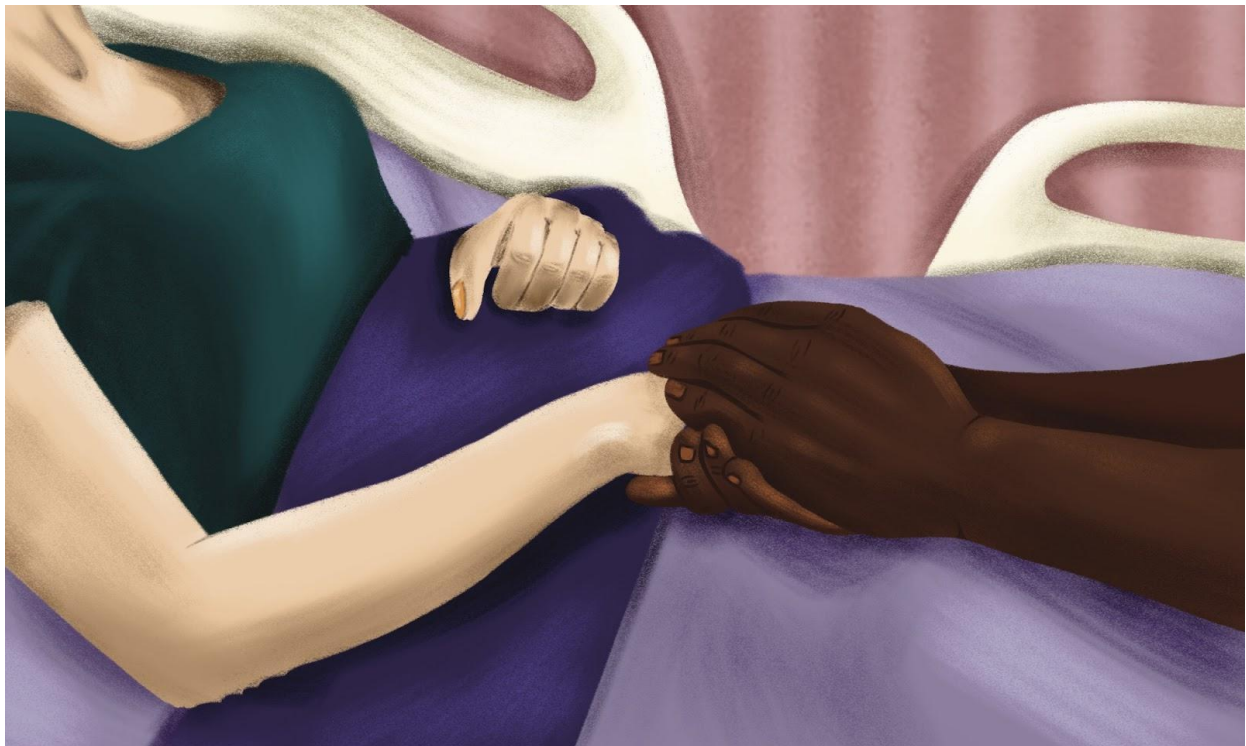
“Also known as “Crisis Pregnancy Centers”, Fake Clinics are clinics or mobile vans that look like real health centers, but they're run by anti-abortion activists who have a shady, harmful agenda: to scare, shame, or pressure you out of getting an abortion, and to tell lies about abortion, birth control, and sexual health.” - [Planned Parenthood](https://www.plannedparenthood.org/blog/what-are-crisis-pregnancy-centers)¹¹

- Be wary of sites offering “free ultrasounds” and “free pregnancy tests”
- Often located near/next to real abortion clinics, like Planned Parenthood
- These centers have ramped up medical services to expand reach and improve credibility with clients, community, and donors
- 79% offer free ultrasounds and 30% offer free STI testing
- These centers' websites make it difficult to find out who actually is staffed/works there and/or check their credentials; the majority provide almost no info on medical staff.
- Some fake centers even copy the designs of real clinic signs (color, font, etc)

¹¹ "What Are Crisis Pregnancy Centers?" Planned Parenthood, <https://www.plannedparenthood.org/blog/what-are-crisis-pregnancy-centers>.

- Red flags include:
 - If you call to talk about an abortion appt, but they won't discuss it and instead urge you to come in
 - Site has 'abortion information' but no info about actual abortion services they would provide
 - They say negative things about condoms, birth control, abortions, or sex
 - They don't offer condoms or other birth control methods
 - Offer info about abortion/care (screening, counseling, post care) but refuse to help you get an abortion

Section Seven: Abortion Doulas



[Abortion Doulas](#)

To seek *actual* support, partnering with an abortion doula is one option to look into.

- What is an abortion doula?

- Planned Parenthood describes an abortion doula clearly as someone who “provides emotional, informational and logistical support to a person who is seeking or having an abortion.” This can happen at home or in a clinical setting, where abortion doulas act as the patient’s advocate to medical professionals. Their invaluable support often includes:
 - Answering questions about the abortion process
 - Addressing myths and misinformation about abortion
 - Offering calming touch, massage, guided meditation, and visual relaxation to help ease any pain, anxiety, or discomfort
 - Helping people get childcare, plan meals, and access behavioral health and other types of support they may need to be able to access abortion
 - Providing aftercare once the procedure is completed
- How do you find/hire one?
 - Whether you know for sure you want to end a pregnancy or are considering doing so, you can search online for an abortion doula who can support you virtually or in person. Aside from abortion doulas, online/in person support groups and national story sharing campaigns also exist. Check out websites like Shout Your Abortion or Abortion Out Loud to hear others’ experiences with abortion and remind yourself that you aren’t alone nor wrong in making whatever decision is best for you.

Section Eight: Shame, Stigma, and Abortion

Shame, Stigma, and Abortion

Beyond the legal, medical, and political obstacles to safe abortion care, we also need to address the psychological hurdle many face due to the shame and stigma associated with the procedure. Abortion stigma is defined as “a shared understanding that abortion is morally wrong and/or socially unacceptable.”¹² It manifests in our culture on many different levels, including in the media’s sensational headlines and negative stereotypes, law and policy, institutions, relationships, and individuals.

Whether stigma is conscious or unconscious, it contributes to an environment that makes it difficult and dangerous to receive or provide abortion care. It actively harms people seeking abortions or those who have already had one through shame, silence, and isolation. Abortion providers also suffer from attitudes and beliefs that their profession is “bad.” Stigma makes it more challenging for people to give and get the support they need and perpetuates outdated gender norms.

Women, people assigned female at birth, and those with feminine gender expression are expected to only have sex for the purpose of reproduction. Motherhood and nurturing are often seen as our only roles in society. When someone gets an abortion, it disrupts the status quo’s pervasive gender expectations around parenting, sex, and gender.

Groups like Planned Parenthood and The Feminist Front are working to end abortion stigma by creating platforms for people to open up about their abortions and share their stories in a shame-free space. Stigma causes many to suffer in silence, so creating safe and brave spaces to share openly can be very empowering.

¹² Planned Parenthood Advocacy Fund of Massachusetts, Inc. "Abortion Stigma." Planned Parenthood Action, Planned Parenthood Federation of America, Inc., n.d.
<https://www.plannedparenthoodaction.org/planned-parenthood-advocacy-fund-massachusetts-inc/abortion-stigma>.

Section Nine: How to Support a Loved One Who is Thinking About Having or Has Had an Abortion



[How to Support a Loved One Who is Thinking About Having One or Has Had an Abortion](#)

When someone trusts you with sensitive information about their abortion, there are many ways you can show up. Keep in mind this is not an exhaustive list but a starting point. Communication and checking in with the person is always a strong place to begin.

- Listen to them. Let them say as much or as little as they want without interruption. Keep an open mind and refrain from making any judgments.

- Remind them that you support and love them no matter what decision they make or have made.
- Help them get accurate information about abortion. The [Planned Parenthood website](#) has information pertaining to frequently asked questions about abortion and family planning. Your loved one can also talk with a live health educator at Planned Parenthood's free and confidential [Chat/Text line](#).
- Offer to be there with them on the day of their appointment if they want. If they're having a medication abortion at home, you can offer to stay with them or be nearby during the process for support and help if they need it.
- Offer other practical help — like driving them to/from their appointment, having pads and pain medicine on hand, getting them food, preparing a comfy place for them to rest, or watching their kids.
- Get them a care package. There are organizations that offer free abortion aftercare packages, such as the [Spiral Collective](#) in Minnesota and the [Mountain Area Abortion Doula Collective \(MAADCo\)](#) in North Carolina. [Planned Parenthood](#) also provides instructions/suggestions on how to make one yourself:
 - Start with a container: Buy a basket, gift bag, box, or soft package in a size that allows the items you're using to fit neatly. If you need to mail it, you may have to put it in a larger box. [UPS has tips on picking the right kind](#).
 - Choose your items. These could include:
 - Personal care: menstrual pads, disposable underpads, over-the-counter pain medication like acetaminophen or ibuprofen
 - Warm, comfy things: heating pads, fuzzy socks, bath balm, ginger or peppermint tea
 - Cool, soothing things: lotion, ice pack
 - Sweets: honey, chocolate, ginger candy
 - Personalize it: handwritten letter, homemade card, some of their favorite things (Are they creative? Try coloring pages. Do they write? Consider a journal.)
 - Wrap it up. You can add a special touch with a bow or gift wrap.
 - Hand it off. Put your items in the container and drop it off at your loved one's location or mail it to them. For mailing: Use [this calculator](#) to figure out postage; address the package; and send it from your home, USPS post office, or UPS or FedEx store.
- Offer hugs.
- Remind them that there's no right or wrong way to feel about abortion. It's OK to feel some guilt. It's OK to feel some relief. It's OK not to feel much at all. It's totally normal to feel all these things at once, or at different times. Everyone's experience is different, and all feelings are valid.

- Give them space if they need it.
- Don't tell anyone unless they ask you to. Even though abortion is nothing to be ashamed of, it's up to them to decide who they tell. In some states, you could be putting your loved one or their provider at risk of legal consequences if you tell other, untrusted people about their abortion.
- If they're having a really hard time or just need more support, offer to help them find a professional they can talk with.
 - [All-options.org](https://www.all-options.org) has a reproductive health-focused talkline available to anyone in the U.S. or Canada at +1-888-493-0092. The All-Options Talkline is staffed by volunteer peer-counselors, so the call may go to voicemail. If that happens, please leave a message with your first name, your telephone number, the time zone from which you are calling, and if the counselor can leave you a voicemail if they call you back and you don't pick up. They will return your call as soon as they can within 48 hours and will call back from a blocked number.
 - [Exhale](https://www.exhale.org) offers a nonjudgmental "pro-voice" after-abortion support textline at 617-749-2948. They are staffed within the following hours:
 - Weekdays 3pm-9pm Pacific Time (4pm-10pm Mountain Time)
 - Saturdays 1pm-9pm Pacific Time (2pm-10pm Mountain Time)
 - Sundays 3pm-7pm Pacific Time (4pm-8pm Mountain Time)
 - [Abortionswelcome.org](https://www.abortionswelcome.org) offers spiritual companionship throughout the abortion process through meditations, rituals, stories, exercises, art, and scripture curated for before, during, and after an abortion.
 - If your loved one is experiencing a mental health emergency or having thoughts of hurting themselves, they can call or text 988 for the [Suicide & Crisis Lifeline](https://www.suicideline.org).
 - [The Miscarriage and Abortion Hotline](https://www.miscarriageandabortionhotline.org) offers free support to anyone in the U.S. via call or text at 1-833-246-2632. The M + A Hotline is open from 5am to 10pm Pacific Time (6am-11pm Mountain Time).

Section Ten: Abortion Funds



[Abortion Funds: Practical Support/Transportation](#)

In addition to showing up for loved ones in your immediate circle, consider donating funds, transportation, or other resources to people nationwide who also need support.

Nationwide Community Organizations:

- **Indigenous Women Rising**: Started with the mission to provide safe health options, this organization works endlessly to provide abortion for those in need.

This is the Only Indigenous-centered abortion found in the country. Those requiring abortion do need to fill out a [form](#)

- Requirements:
 - Belong to Indigenous/Native American/tribal community
 - Schedule appointment with a clinic beforehand
- **National Abortion Hotline**: The largest hotline in the nation that provides financial assistance for abortion seekers in the US and Canada. They take care of the cost and travel-related expenses. Additionally, they have a chat feature on their homepage
 - Information:
 - Hotline: 1-800-772-910
 - Available:
 - Monday - Friday: 8am - 7pm EST
 - Saturday and Sunday: 8am - 4pm EST
- **The Brigid Alliance**: This organization provides referral-based services at every point of the abortion journey. They work to cover travel costs, lodging, meal assistance etc.
 - Respective clinics can make a referral to them. Through their coordinators, they will contact you within 24-48 hrs.
- **Women's Reproductive Rights Assistance Project (WRRAP)**: It is the largest national independent abortion fund working to provide funds for abortion. They directly engage with 700 clinics across the US.
 - The clinic will contact WRRAP on your behalf.

State-wide Funds:

- **California**
 - **Access Reproductive Justice**: Although California enjoys relatively the strongest reproductive rights in the country, many still find it difficult to obtain care. Access connects people in California through a health line, providing information and support about abortion.
 - Register to the Healthline support [form](#) to receive help
 - English Healthline: (800) 376-4636
 - Linea en Espanol: (888) 442-2237
- **Nevada**
 - **Silver State Hope Fund**: Started in 2013, it provides financial help to anyone in Nevada for abortion care. The recommended way to contact is

by sending a message via Facebook with your name, phone number and the best time to contact you.

- Additionally, an Aid Request Form is also available to fill out online.
- Contact Number: (702) 201-4302
- **Wild West Access Fund**: A non-profit organization supporting financial aid, travel etc. To receive the resources, people are requested to fill out the form, through which managers will be able to contact them within 48 hours.
 - Address: 561 Keystone Ave #398, Reno NV 89503
 - Contact Number: (702) 389-5295

- **Arizona**

- **Abortion Fund Arizona**: It is a direct service program of Pro-Choice Arizona. The only statewide fund supports financial assistance, transportation etc.
 - Callers are required to leave a voice message at 602-327-5166 and volunteers will contact you within 24-48 hours.
- **Tucson Abortion Support Collective**: They help to navigate abortion restrictions by providing transportation, support, and financial assistance.
 - For help required contact or text. In case a member does not answer, leaving a message will enable them to reply to you within 48-72 hours.
 - Contact: (520) 235-6934

- **Colorado**

- **Colorado Doula Project**: Connects patients to logistical support, financial assistance, and abortion doulas, free of charge. They work with clients to assess their needs and help ease the burden by providing practical support in the form of rides to and from the airport, rides to and from the clinic, groceries and meal support, personal care items, childcare, and any odds or ends that might be useful or necessary for an out-of-state traveler.
 - To request assistance, fill out the intake form on their website and allow 48-72 hours for a volunteer to contact you: <https://www.coloradodoulaproject.org/intake-form>
 - Contact: (720) 432-1583
 - You can also email their Abortion Support Network directors at asn@coloradodoulaproject.org
- **Cobalt Fund**: A statewide fund that provides financial assistance for procedure funding, lodging, transportation, and food/groceries. The fund,

founded in 1984 as a response to the end of Medicaid funding for abortions in Colorado, is 100% donor funded and the only independent fund of its kind in the state of Colorado. You do not have to be a Colorado resident to receive funding.

- To request funding, you must first make an appointment with one of the Cobalt Fund's partner clinics, found here: <https://cobaltaf.org/find-services/>. If you have an appointment with a clinic not on their list, let the fund's volunteers know and if the clinic is in their region, they may be able to work with the clinic to secure financial assistance.
- Once you have made an appointment, you can fill out the request form on their website and you will be contacted by a team member within 24-48 hours: <https://cobaltaf.org/get-support/>

- **Utah**

- **Utah Abortion Fund:** the first and only abortion fund in Utah affiliated with the National Network of Abortion Funds. UTAF provides financial and practical support for people traveling to, from, and within Utah seeking safe abortion care.
 - To receive assistance paying for an abortion, email them at hello@utafund.org and include the following information in your message:
 - Name
 - Phone number, if they can leave you a voicemail, and if they can text you
 - Age, city, & ethnicity
 - Date, time, & location of appointment
 - Cost of procedure & financial assistance needed
 - You will receive a call from them within 48 hours.
 - You must have an appointment scheduled to receive funding. If you are struggling to schedule an appointment or do not know how, they can provide you with resources: <https://utabortionfund.org/get-support>
 - Contact: 801-215-9441

Section Eleven: Calls to Action

Calls to Action

How can I financially help those seeking abortions?

One of the best ways to donate is to send the money directly to abortion clinics. In this guide, we have a list of abortion clinics by state that you can contact. You may also check the following website for local and national Abortion Funds to donate to:

<https://abortionfunds.org/funds/>

I can't afford to donate, but would still like to help. How can I make a difference?

- *Vote.*
- *Get involved in Activism.*
- *Tell your Local Government what you think.*
- *Volunteer to be a Clinic Defender.*
- *Work with The Feminist Front.* - Are you interested in working with The Feminist Front? The Feminist Front is an organization fighting for gender justice and whose current mission is to assist our neighbors in Arizona as they fight against harmful legislation. We host a monthly informational meeting over Zoom every 3rd Thursday of the month. After attending that meeting, you're welcome to then join The Feminist Front's Volunteer Committee.

Section Twelve: Legal Resources

As abortion access continues to be criminalized in different states across the country, it is vital for you to know what legal resources are available to protect yourself.

Legal Resources

- [If/When/How's](#) Repro Legal Helpline
 - The Repro Legal Helpline is a free, confidential helpline where you can get legal information or advice about the abortion laws in your state, including self-managed abortion, young people's access to abortion or judicial bypass, and referrals to local resources. The helpline and its staff are based in the United States and can only answer questions related to U.S.

laws. They can help with the following:

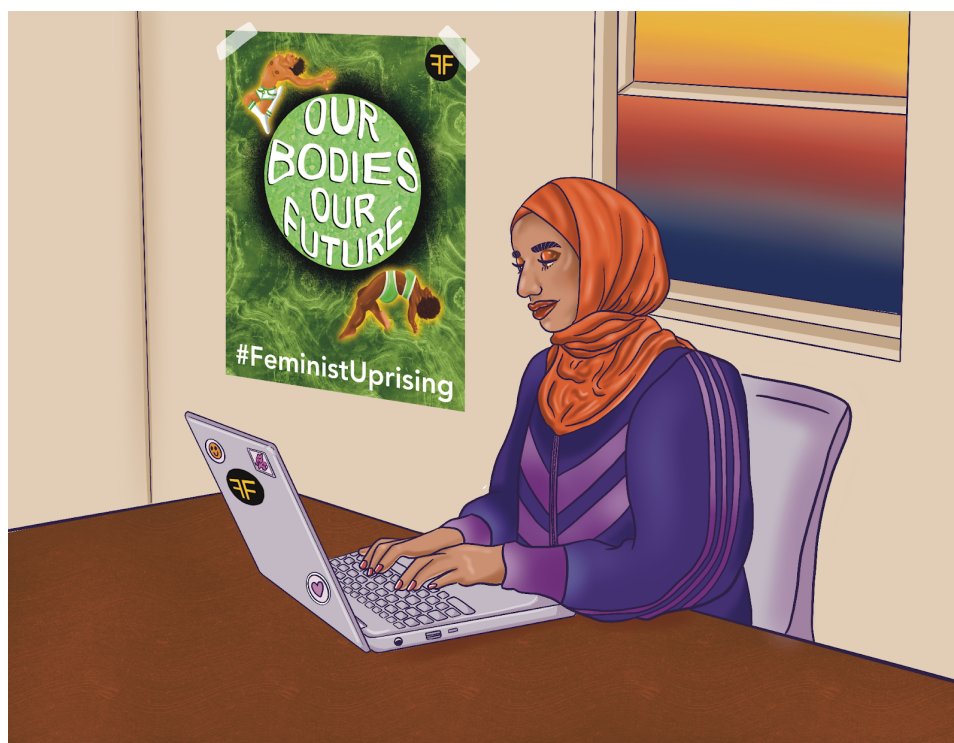
- If you are under age 18 and need an abortion, but can't tell or get permission from a parent, they can help you with the judicial bypass process.
- If you need an abortion and have questions about what the law is, they can give you clear, understandable answers about legal rights, what the law is, and how it has been used.
- If you have been arrested, questioned by the police, or charged with a crime for your abortion, we may also be able to help you by finding you a lawyer in your state, or working with your lawyer to help with your defense.
- They also have an extensive list of Frequently Asked Questions regarding abortion laws that can be found [here](#).
- Contact: +1 (844) 868-2812
- You can also fill out their [Secure Online Form](#).
 - If you use the online form, a confirmation email will be sent to the email address you provide, even if you requested a phone call. If you do not want to receive a confirmation email or it is unsafe for you to do so, do not use the form and instead call and leave a message.
- [Patient Confidentiality and Self-Managed Abortion: A Guide to Protecting Your Patients and Yourself](#)
 - This is a guide for providers giving an overview of major mandatory reporting requirements in order to help them prevent reporting self-managed abortions that do not need to be reported and thus putting their patients at risk for legal repercussions.
- Asian Americans Advancing Justice (AAJC) offers [Digital Privacy Tips for Abortion Seekers](#) in English, Bengali, Burmese, Khmer, Korean, Nepali, Samoan, Simplified Chinese, Traditional Chinese, Tagalog, Thai, Tongan, Urdu, and Vietnamese.
- The ACLU of Northern California's [Know Your Rights: Coming to CA for Abortion](#) guide answers frequently asked questions regarding the rights of those in California and those traveling to California. These include:
 - Abortion is legal in California up to the point of viability.
 - You can have an abortion in California even if you are not a resident of the state.
 - A person or agency from another state cannot obtain access to the medical records of your abortion in California. Healthcare providers cannot be forced to provide identifying information about their patients without the patient's written consent.

- California will not enforce arrest warrants from another state trying to prosecute someone for having or seeking an abortion.
- As of January 1st, 2023, if you are a student at a University of California or California State University, your school is required to provide onsite medication abortion services through staff at the student health center, telehealth services, or contracted outside providers.
- The National Immigration Law Center's [Know Your Rights: Abortion Access for Immigrants](#) guide answers frequently asked questions regarding the rights of immigrants. These include:
 - In states where abortion is legal, you can get an abortion regardless of your immigration status.
 - You are not required to share your immigration status to obtain an abortion in states where abortion is legal.
 - If you are undocumented, you can still travel from one state to another state to get health care services, including abortions. If you live in a state where abortion is not legal, you can go to a state where legal abortions are available to get health care. However, Border Patrol interior checkpoints and agents posted at airports alongside TSA screeners require lawful status to pass through. Anyone without documents who is at or near a U.S. international border and needs to travel for health care by land or air should first consult an immigration attorney and then, if needed, an advocacy organization.
 - Regardless of state laws, if you are experiencing a life-threatening medical emergency, a hospital emergency room must provide the basic services necessary to protect your health and safety – even if you are undocumented. According to the federal government, emergency medical services include necessary miscarriage management and abortion care in some circumstances. However, this policy is currently being challenged in federal court. Hospitals can often help you apply for programs to help you pay for emergency care, whether you have immigration papers or not.
 - Immigration enforcement agencies are not allowed to engage in enforcement activity at hospitals, medical offices, and other "protected areas" (such as schools, places of worship, crisis centers, domestic violence shelters, etc.) except in very rare circumstances. However, if you live in or near a border area, checkpoints and other enforcement can create barriers to traveling for health care. If you live in these areas, you should contact an advocacy organization or immigration attorney for help.
 - You may need to bring a photo ID with your date of birth to your appointment. While abortion providers will not deny you care based on your immigration status, they can ask you for a photo ID for safety reasons

and to make sure they match the right medical records to the right person. Be sure to call your provider ahead of your appointment to confirm what you will need to bring with you.

- You can apply for funds from the [Repro Legal Defense Fund](#). The RLDF provides financial assistance for those being criminalized for self-managed medication abortion, in-clinic abortion, pregnancy loss such as miscarriage or stillbirth, and allegations of substance abuse during pregnancy.
- [The Judicial Bypass Wiki](#) provides state-by-state guidance on how minors can obtain a judicial bypass to have an abortion without parental notice or consent.
- [Pregnancy Justice](#) offers pro bono (free) legal assistance to people who have been charged with a crime because they sought to have an abortion, because they had an abortion, or because a doctor, police officer or prosecutor thought they had or tried to have an abortion. They can be contact at:
 - Phone: (212) 255-9252
 - Email: info@pregnancyjusticeus.org

Section Thirteen: Abortion Laws and Clinics in the Southwest



Abortion Laws and Clinics in the Southwest

As was mentioned in the beginning of this guide, the information presented here was what was available and most up to date at the time of writing. We encourage you to do deeper research and fact check what the current standings are in your home and neighboring states.

It is highly recommended to verify the laws of your state and check for any updates or changes prior to seeking an abortion.

Arizona

Arizona Laws

- The 1864 Near-Total Abortion Ban has been stayed by court orders and will be repealed on September 14th 2024 before it goes into effect. As long as the

court order remains in place abortion in Arizona will be available up to 15 weeks of pregnancy.¹³

- Under the 15 week abortion ban there is no rape or incest exception. Abortion after 15 weeks is only legal in cases of medical emergency.
- Arizona prohibits the use of telemedicine for medication abortions; i.e., you cannot have abortion pills legally shipped to you.
- Arizona requires a 24-hour Counseling/Waiting Period. This increases costs/efforts, especially for out of town patients by making patients wait an extra day.
- Arizona law requires that persons under the age of 18 seeking an abortion must either have the notarized written permission of one of their parents/legal guardians or permission from a Superior Court Judge. (A.R.S. § 36-2152)¹⁴

Arizona Clinics

Acacia Women's Center

- Phoenix, AZ
- (602) 462-5559
- <http://www.acaciawomenscenter.com/>

Choices Women's Center

- Tucson, AZ
- (520) 210-8300
- www.tucsonchoices.com

Camelback Family Planning

- Phoenix, AZ
- (602) 279-2337
- www.camelbackfamilyplanning.com

Desert Star Family Planning

- Phoenix, AZ
- (480) 447-8857
- www.desertstarfp.com

Family Planning Associates Medical Group of Phoenix

- Phoenix, AZ
- (602) 553-0440
- <https://fpamg.com/>

Planned Parenthood Arizona (clinics in Tucson, Phoenix, Glendale, Flagstaff, & Mesa)

- www.plannedparenthood.org/planned-parenthood-arizona
- 855-207-PLAN (7526)

¹³ "Arizona Abortion Laws." Arizona Attorney General's Office, www.azag.gov/issues/reproductive-rights/laws.

¹⁴ Planned Parenthood Arizona. "Minors and the Law - Arizona." Planned Parenthood Arizona, <https://www.plannedparenthood.org/planned-parenthood-arizona/get-care/patient-services/minors-abortion-law>.

California

California Laws

- Abortion is legal in California until "viability," which is around 24 to 26 weeks of pregnancy. A health care provider can determine viability.
- In November 2022, Proposition 1 was passed, amending the state constitution to make abortion and contraceptive access a fundamental right for Californians.
- No parental involvement is required for persons under 18. A minor can obtain an abortion without notifying their parent(s).

California Clinics in Southern California

Planned Parenthood - El Centro Imperial Valley Homan Center

- El Centro, CA
- (760) 594-9100
- <https://www.plannedparenthood.org/health-center/california/el-centro/92243/imperial-valley-health-center-4182-90110>

Planned Parenthood - Rancho Mirage Health Center

- Rancho Mirage, CA
- (888) 743-7526
- <https://www.plannedparenthood.org/health-center/california/rancho-mirage/92270/rancho-mirage-health-center-2325-90110>

Planned Parenthood - Canoga Park Health Center

- Canoga Park, CA
- (800) 576-5544
- <https://www.plannedparenthood.org/health-center/california/canoga-park/91303/canoga-park-health-center-2235-90070>

Planned Parenthood - Canoga Park Health Center

- Canoga Park, CA
- (800) 576-5544
- <https://www.plannedparenthood.org/health-center/california/canoga-park/91303/canoga-park-health-center-2235-90070>

FPA Women's Health - Downtown LA

- Downtown LA
- (213) 738-7283
- <https://www.fpawomenshealth.com/>

Planned Parenthood - Orange

- Orange, CA
- (714) 922-4100
- <https://www.plannedparenthood.org/health-center/california/orange/92866/orange-health-center-3264-90160>

Her Choice Medical Clinic

- Santa Ana, CA
- (714) 966-9094
- <https://herchoiceclinic.com/>

And many more! Use this California Abortion Finder provided by the government of California [here](#).

Abortion Finder is a nationwide database of over 750 abortion providers in the United States. You can search for providers on their website, www.abortionfinder.org, or text their helpline. For service in English, text “Hello” to 435-3-FINDER (435-334-6337). For service in Spanish, text “Hola” to 218-3-BUSCAR (218-328-7227). Then give them your zip code, and they will reply with the three abortion providers closest to you.

Colorado

Colorado Laws

- Abortion is legal in Colorado, with no term restrictions as to when a pregnancy can be terminated. No waiting period required.
 - On April 4, 2022, Governor Jared Polis signed the Reproductive Health Equity Act, which guarantees access to reproductive care and affirms the rights of pregnant women to continue or terminate a pregnancy. The act prohibits public entities from restricting or denying those rights.
- Parents of minors obtaining abortions are required to be notified by the health care provider via written notice at least 48 hours before an abortion procedure; however, minors do NOT need to obtain consent from their parents. Some minors are also exempt from this law:
 - Minors who are legally emancipated from their parent(s).
 - A minor who has informed the health care provider that they are a victim of child abuse or neglect by the acts or omissions of the person who would be entitled to notice under the law.
 - Minor patients who have a medical emergency, as certified by the attending physician.
 - Minor patients who have obtained a valid court order/judicial bypass.

Colorado Clinics

- [Planned Parenthood - Arvada Health Center](#)
- [Mile High Women's Clinic](#)

- Medication abortion up to 11 weeks, no surgical abortion provided
 - 7735 Wadsworth Boulevard, Arvada, CO 80003
 - 303-425-6624
- [All Valley Women's Care - Aspen](#)
 - Medication abortion through 7 weeks, no surgical abortion provided
 - 401 Castle Creek Road, Suite 2400B, Aspen, CO 81611
 - (970) 925-9480
 - **** Call to verify AVWC's services
- [Planned Parenthood - Aurora Health Center](#)
 - Medication abortion up to 11 weeks, no surgical abortion provided
 - 1284 S. Abilene St, Aurora, CO 80012
 - 303-671-7526
- [All Valley Women's Care - Basalt](#)
 - Medication abortion through 7 weeks, no surgical abortion provided
 - 1450 East Valley Road, Suite 105, Basalt, CO 81621
 - Phone (970) 927- 1717
 - **** Call to verify AVWC's services
- [Boulder Abortion Clinic \(Dr. Warren Hern\)](#)
 - Medication abortion up to 11 weeks, no surgical abortion provided
 - 7735 Wadsworth Boulevard, Arvada, CO 80003
 - 303-425-6624
- [Planned Parenthood - Park Hill](#)
 - Medication abortion up to 11 weeks, surgical abortion up to 15 weeks
 - 4545 E. 9th Ave. #502, Denver, CO, 80220
 - (303) 407-9004
- [Planned Parenthood - Durango Health Center](#)
 - Medication abortion up to 11 weeks, surgical abortion up to 22 weeks
 - 7155 E 38th Ave, Denver, CO, 80207
 - 303-321-2458
- [Healthy Futures](#)
 - Medication abortion up to 11 weeks, surgical abortion up to 19 weeks, 6 days
 - 46 Suttle St, Durango, CO 81303
 - 970-247-3002
- [Planned Parenthood - Fort Collins Health Center](#)
 - Medication abortion up to 11 weeks, surgical abortion up to 22 weeks
 - 300 E Hampden Ave., Suite 201, Englewood, CO 80113
 - 303-991-7700
- [Planned Parenthood - Fort Collins Health Center](#)
 - Medication abortion up to 11 weeks, surgical abortion up to 19 weeks, 6 days
 - 825 South Shields Street, Fort Collins, CO 80521
 - 970-493-0281

- Surgical abortion with no term limit (performs first, second, and third trimester abortions)
- 1130 Alpine Avenue, Boulder, CO 80304
- 303.447.1361 local
- 800.535.1287 toll-free
- [**Boulder Valley Women's Health Center**](#)
 - Medication abortion up to 11 weeks, surgical abortion up to 13 weeks, 6 days
 - 2855 Valmont Road, Boulder, CO 80301
 - 303-442-5160
- [**Planned Parenthood - Boulder Health Center**](#)
 - Medication abortion up to 11 weeks
 - 2525 Arapahoe Avenue, Suite C-200, Boulder, CO 80302
 - 303-447-1040
- [**Planned Parenthood - Colorado Springs, Westside Health Center**](#)
 - Medication abortion up to 11 weeks, surgical abortion up to 19 weeks, 6 days
 - 3480 Centennial Blvd, Colorado Springs, CO 80907
 - 719-475-7162
- [**Planned Parenthood - Cortez Health Center**](#)
 - Medication abortion up to 11 weeks, no surgical abortion provided
- [**Planned Parenthood - Glenwood Springs Health Center**](#)
 - Medication abortion up to 11 weeks, no surgical abortion provided
 - 50923 Highway 6, Glenwood Springs, CO 81601
 - 970-945-8631
- [**Planned Parenthood - Greeley Health Center**](#)
 - Medication abortion up to 11 weeks, no surgical abortion provided
 - 3487B W 10th Street, Greeley, CO 80634
 - 970-352-4762
- [**Planned Parenthood - Littleton Health Center**](#)
 - Medication abortion up to 11 weeks, no surgical abortion provided
 - 131 W County Line Rd, Littleton, CO 80129
 - 303-798-0963
- [**Clinics for Abortion & Reproductive Excellence**](#)
 - Medication abortion up to 11 weeks, no surgical abortion provided (they are hoping to add surgical abortions later in the year)
 - 1930 E Orman Ave, Pueblo CO 81004
 - 719-884-4070
- [**Colorado Mountain Medical**](#)
 - Medication abortion and surgical abortion

- 20 West North Street,
Cortez, CO 81321
- 970-565-7011
- [Comprehensive Women's Health Center](#)
 - Medication abortion up to 10 weeks, surgical abortion up to 22 weeks
 - Address not listed due to security reasons; located in the Central Park/Stapleton neighborhood of Denver (ZIP codes 80238, 80010)
 - 303-724-8576
- (aspiration) through 8 weeks
- 180 South Frontage Road West, Suite 5800
- Vail Health Hospital East Wing Tower, Vail, CO 81657
- (970) 926-6340

Nevada

Nevada Laws

- Any person in Nevada, regardless of residency status, has the legal right to seek an abortion within the first 24 weeks of pregnancy
 - After 24 weeks, abortion may be performed if the physician has reasonable cause that the procedure is necessary to save the life of the pregnant person
- Before a patient can receive an abortion, the doctor must:
 - Explain that, in his or her professional judgment, patient is pregnant and a copy of the pregnancy test is available to them
 - Inform of the estimated gestational age
 - Explain the procedure to be used and the proper aftercare procedures including the discomforts and risks of the procedure
- If an interpreter is available to assist the woman because the woman does not understand the language used on a form indicating consent or the language used by the attending physician or person meeting the qualifications established by regulations adopted by the Division, that an interpreter is available to provide the explanation.

- Parental involvement is not required in Nevada. If you're younger than 18, you can consent to an abortion and do not have to notify a parent to get an abortion in Nevada.

Birth Control Care Center

- Las Vegas, NV 702-733-7889
- <https://birthcontrolcarecenter.com/>

Planned Parenthood - West

Charleston

- Las Vegas, NV 702-878-7776
- <https://www.plannedparenthood.org/health-center/nevada/las-vegas/89102/las-vegas-west-charleston-2304-90210>

A-Z Women's Center

- Las Vegas, NV (702) 892-0660
- <http://www.drramoslasvegas.com/>

Planned Parenthood - East Flamingo

- Las Vegas, NV (702) 547-9888
- <https://www.plannedparenthood.org/health-center/nevada/las-vegas/89121/las-vegas-east-flamingo-2306-90210>

A-All Women's Center

- Las Vegas, NV (702) 531-5400
- <https://www.lvabortion.com/>

New Mexico

New Mexico Laws

- Only 1 abortion restriction state-wide on intact dilation & extraction (D&X) "partial-birth abortion" of independently viable fetuses.¹⁵
- No need for Parental Consent for those under 18 & Funding for Medically Necessary Abortions.¹⁶
- City of Hobbs, NM outlawed abortion clinics in 2022 - Underscores that despite general legality in NM access still remains an issue in certain parts of the state - Widespread Telemedicine for Medication Abortion fills this gap for some.

¹⁵ McDevitt, Michael "Abortion Legal in New Mexico, Though It's Not a Right Like in Other States," *Las Cruces Sun-News*, June 25, 2022, <https://www.lcsun-news.com/story/news/politics/2022/06/25/abortion-legal-in-new-mexico-though-its-not-a-right-like-in-other-states/65363330007/>.

¹⁶ Center for Reproductive Rights, "New Mexico," Center for Reproductive Rights, <https://reproductiverights.org/maps/state/new-mexico/#:~:text=Conclusion,protects%20the%20right%20to%20abortion.>

- Repealed inactive Pre-Roe Ban in 2021 + Enacted Protections w/ Exec Authority in 2022.

Alamo Women's Clinic of Albuquerque

- through 17 weeks, 6 days
- 10151 Montgomery Blvd NE, Building 3, Unit B, Albuquerque, NM
- (800) 821-7237

Planned Parenthood - San Mateo Health Center

- through 17 weeks, 6 days
- 701 San Mateo NE, Albuquerque, NM
- (505) 265-9511

Southwestern Women's Options

- through 32 weeks, 6 days
- 522 Lomas Boulevard NE, Albuquerque, NM
- (505) 242-7512

UNM Center for Reproductive Health

- through 23 weeks, 6 days
- 2301 Yale Boulevard SE, Building E, Albuquerque, NM
- (505) 925-4455

Full Circle Health Center

- through 12 weeks, 0 days
- 210 West Las Cruces Avenue, Las Cruces, NM
- (575) 222-8594

Las Cruces Women's Health Organization

- through 16 weeks, 0 days
- 2918 Hillrise Drive, Las Cruces, NM
- (575) 888-4623

Planned Parenthood - Santa Fe Medical Office

- through 11 weeks, 0 days
- 730 St. Michael's Drive, Suite 4B, Santa Fe, NM
- (505) 982-3684

Women's Reproductive Clinic of New Mexico

- through 11 weeks, 0 days
- 5290 McNutt Road, Suite 103, Santa Teresa, NM
- (575) 332-9452

Texas

Texas Laws

- Total Abortion Ban as of July 1st, 2022
- Multiple Laws Ban Abortion:
 - Trigger Ban (HB1280) made performing or aiding in an abortion a felony punishable w/ life in prison, with no exceptions for rape and incest and narrows exception for life-saving abortions.

- Pre-Roe 1800 bans + SB8 allows private civil actions against abortion providers (Minimum \$10k penalty)¹⁷
- Abortion is banned regardless of the pregnant person's age; the law is the same for minors as it is for adults.

Utah

Utah Laws

- Trigger ban (SB174) was passed in 2020 that would outlaw most abortions. SB174 would make it a second-degree felony to perform abortions unless "necessary to prevent the mother's death or a serious risk of a substantial impairment of a major bodily function; rape; incest reported to law enforcement; uniformly fatal fetal defect or anomaly." HOWEVER, this law has been temporarily blocked by a judge and is currently not in effect as it is being challenged in the courts. **For now, abortion continues to be legally performed in Utah up to 18 weeks of pregnancy.**
- In Utah, "informed consent" is required. This means:
 - In Utah, you must **complete a state mandated online information module, obtain face-to-face informed consent, and wait 72 hours** before having an abortion. You can obtain face-to-face informed consent anywhere in the state from any licensed provider, including physicians, nurses, and social workers.
- Parental consent is also required for those seeking an abortion who are under 18. If you are under 18, you must obtain written permission from a parent or guardian to have an abortion OR obtain a judicial bypass.

Utah Clinics

Planned Parenthood - Logan Health Center

- Medication abortion up to 11 weeks; no surgical abortion provided
- 550 N Main #117, Logan, UT 84321
- 435-753-0724
- <https://www.plannedparenthood.org/health-center/utah/logan/84321/ogon-health-center-2420-91730>

Planned Parenthood - Metro Health Center

- Medication abortion up to 11 weeks; surgical abortion up to 17 weeks, 6 days
- 160 South 1000 East, Suite 120, Salt Lake City, UT 84102
- 801-257-6789
- <https://www.plannedparenthood.org/health-center/utah/salt-lake-city/>

¹⁷Klibanoff, Eleanor "Texans who perform abortions now face up to life in prison, \$100,000 fine," *The Texas Tribune*, Aug. 25, 2022, <https://www.texastribune.org/2022/08/25/texas-trigger-law-abortion/>.

[84102/metro-health-center-3958-91730](#)

Planned Parenthood - Salt Lake Health Center

- Medication abortion up to 11 weeks; no surgical abortion provided
- 654 South 900 East, Salt Lake City, UT 84102
- 801-322-5571
- <https://www.plannedparenthood.org/health-center/utah/salt-lake-city/84102/salt-lake-health-center-3567-91730>

Wasatch Women's Center

- Medication abortion up to 9 weeks; surgical abortion up to 13 weeks, 6 days
- 3900 South 715 East, Suite 203, Salt Lake City, UT 84107
- 801-263-2111
- <https://wasatchwomenscenter.net/>

Section Fourteen: Virtual Providers



Virtual Providers

Below is a list of virtual providers that offer telehealth services.

Abortion Finder in New Mexico

- <https://www.abortionfinder.org/abortion-guides-by-state/abortion-in-new-mexico/providers>
- + [FAQ on Abortion Timelines](#)

AB Abortion Telemedicine

- Through 13 weeks, 0 days
- Telehealth abortion pill visit

Abortion on Demand

- Through 9 weeks, 0 days
- Telehealth abortion pill visit
- Abortion pill mail delivery
- Serves 18 and older
- <https://abortionondemand.org/>

Aid Access

- Through 12 weeks, 0 days
- Telehealth abortion pill visit

- Abortion pill mail delivery & Abortion pill pickup
- Serves ages 13 and older
- www.abortiontelemedicine.com/

carafem

- Through 11 weeks, 0 days
- Telehealth abortion pill visit
- Abortion pill mail delivery
- Serves 18 and older
- <https://carafem.org/online/>

Hey Jane

- Through 10 weeks, 0 days
- Telehealth abortion pill visit
- Abortion pill mail delivery
- Serves 18 and older
- www.heyjane.com/

MYA Network

- Through 10 weeks, 0 days
- Telehealth abortion pill visit
- Abortion pill mail delivery
- Serves 18 and older
- <https://myanetwork.org/>

- Abortion pill mail delivery
- Serves 13 and older
- <https://aidaccess.org/>

Choix

- Through 10 weeks, 0 days
- Telehealth abortion pill visit
- Abortion pill mail delivery
- Serves 15 and older
- <https://choixhealth.com/>

Juniper Midwifery

- Through 12 weeks, 0 days
- Telehealth abortion pill visit
- Abortion pill mail delivery
- Serves 13 and older
- <https://junipermidwifery.com/>

Whole Woman's Health - Medication

By Mail

- Through 10 weeks, 2 days
- Telehealth abortion pill visit
- Abortion pill mail delivery
- Serves 18 and older
- <https://www.wholewomanshealth.com/abortion-care/abortion-medication-by-mail/>

Section Fifteen: Security and Keeping Safe



Security and Keeping Safe

Accessing abortion services can be a scary experience. That is why centering your safety is of the utmost importance. Please continue building off of these tips by researching how to protect yourself physically and virtually.

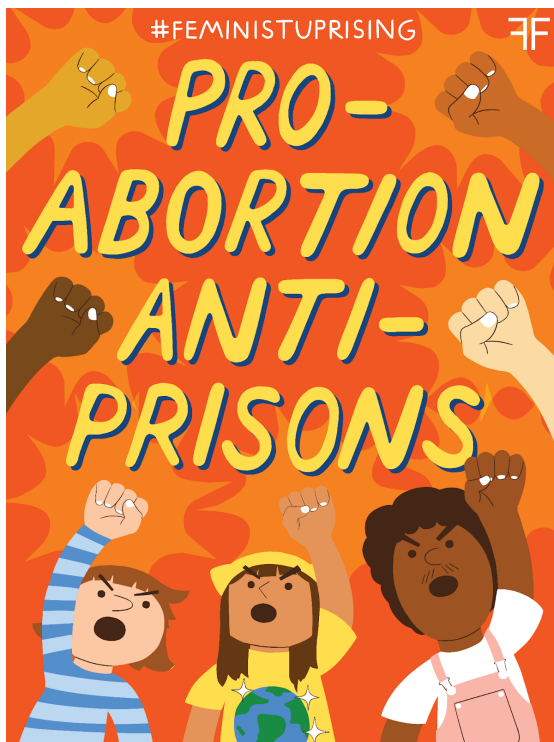
- Background: [The Washington Post has reported people being criminalized for abortion with information they have left through a digital footprint.](#)
- Avoid period-tracking apps, they may share your data. Use a paper calendar or notebook.
- Keep Your Abortion Private & Secure with tips from [Digital Defense Fund](#) & [Electronic Frontier Foundation](#)
- If you do discuss your situation on a phone, use [private messaging apps](#) that use encryption. We recommend [Signal](#) which is end-to-end encrypted by default,

which means messages are obscured from everyone except the sender and receiver. This is never 100% percent safe, but is a best practice and helps make communication safer.

- When searching for information, use a browser with hardened privacy settings, like [Firefox](#) or [Duck Duck Go](#).
- Regularly delete your search history and cookies.
- When calling abortion providers, use another phone number obtained through [Google Voice](#) or paid ones with better privacy settings like [Hushed](#) or [Burner](#).
- [Disable Ad ID tracking on Android or iOS](#).
- Consider turning off your “Find My” feature when traveling to and from abortion providers.
- Remember to delete any photos from your “Recently Deleted” folder, too.

Closing Statement:

As our political landscape keeps shifting, we know that our communities will continue to keep each other safe, share vital information, and struggle to decriminalize abortion and restore it as a federally protected right.



Works Cited

Works Cited

- Abrams, Abigail. “‘We Are Grabbing Our Own Microphones’: How Advocates of Reproductive Justice Stepped Into the Spotlight.” *Time*, 21 Nov. 2019, <https://time.com/5735432/reproductive-justice-groups/>.
- ACLU. “Defending Reproductive Rights in Cyberspace.” 31 Oct. 1996.
- ACOG — American College of Obstetricians and Gynecologists. (1998, July). “Statement on Contraceptive Methods.”
- ACOG — American College of Obstetricians and Gynecologists. (2001, April). “Medical Management of Abortion.” *ACOG Practice Bulletin*, 26, 1–13.
- ACOG — American College of Obstetricians and Gynecologists. “Committee Opinion: Induced Abortion and Breast Cancer Risk.” Washington DC: ACOG Committee Opinion No. 434, 2009.
- ACS — American Cancer Society. “Can Having an Abortion Cause or Contribute to Breast Cancer?” 2003, accessed February 4, 2004. [Online.]
- ACS — American Cancer Society. “Is Abortion Linked to Breast Cancer?” 2013, accessed March 4, 2013. [Online.]
- All About Abortion Fake Clinics, <https://reproaction.org/wp-content/uploads/2017/05/CPC-Fact-Book-2.0.pdf>. Accessed 21 Aug. 2023.
- Aguillaume, Claude & Louise Tyrer. “Current Status and Future Projections on Use of RU-486.” *Contemporary Ob/Gyn*, vol. 40, no. 6, 1995, pp. 23–40.
- AMRC — Academy of Medical Royal Colleges. (2011). “Induced Abortion and Mental

Health — A Systematic Review of the Mental Health Outcomes of Induced Abortion, Including Their Prevalence and Associated Factors." London: Academy of Medical Royal Colleges/National Collaborating Center for Mental Health.

Apgar, Barbara S., et al. (2013). "Gynecologic Procedures: Colposcopy, Treatment of Cervical Intraepithelial Neoplasia, and Endometrial Assessment." *American Family Physician*, 87(12), 836-843.

ARHP — Association of Reproductive Health professionals. "What You Need to Know — Mifepristone Safety Overview." April 2008. [Online].

Asian Americans Advancing Justice [Advancing Justice – AAJC]. "How to Protect Yourself? A Guide to Digital Security for Abortion/Health Care Privacy."

Advancing Justice – AAJC, 7 Oct. 2022, <https://reproaction.org/wp-content/uploads/2017/05/CPC-Fact-Book-2.0.pdf>

The Associated Press. "Abortion Ban in Arizona Ruling Could Lead to Doctors' Prosecution." NPR, National Public Radio, 30 Dec. 2022, <https://www.npr.org/2022/12/30/1146437034/abortion-ban-arizona-ruling-doctors-prosecution>.

Barr Pharmaceuticals, Inc. "FDA Grants OTC Status to Barr's Plan B® Emergency Contraceptive: Historic Dual Status Decision Provides OTC Access to Those 18 Years of Age and Older; Remains Prescription for Women 17 and Younger." [Online].

Bartholomew, Lynne L. & David A. Grimes. "The Alleged Association Between Induced Abortion and Risk of Breast Cancer: Biology or Bias?" *Obstetrical and Gynecological Survey*, vol. 53, no. 11, 1998, pp. 708–714.

- Bartlett, Linda A., et al. (2004). "Risk Factors for Legal Induced Abortion-Related Mortality in the United States." *Obstetrics & Gynecology*, 103(4), 729–37.
- Blettner, Maria, et al. "Comment on Brind et al., 'Induced Abortion as an Independent Risk Factor for Breast Cancer.'" *Journal of Epidemiology and Community Health*, vol. 51, 1997, pp. 465–468.
- Boonstra, Heather D., et al. (2006). "Abortion In Women's Lives." New York: Guttmacher Institute.
- Breitbart, Vicki, et al. "The Impact of Patient Experience on Practice: The Acceptability of Emergency Contraceptive Pills in Inner City Clinics." *Journal of the American Medical Women's Association*, vol. 53, no. 5 Supplement 2, 1998, pp. 255–258.
- Brind, Joel, et al. "Induced Abortion as an Independent Risk Factor for Breast Cancer: A Comprehensive Review and Meta-Analysis." *Journal of Epidemiology and Community Health*, vol. 50, 1996, pp. 481-496.
- Brody, Jane E. "Big Study Finds No Link in Abortion and Cancer." *New York Times*, 1997, p. A12, January 9.
- Brumsted, John R. & Daniel H. Riddick. "The Endocrinology of the Mammary Gland." In William H. Hindle, ed., *Breast Disease for Gynecologists*, Norwalk, CT: Appleton & Lange, 1990.
- CDC — Centers for Disease Control and Prevention. (2014, November 28). "Abortion Surveillance — United States, 2011." *Morbidity and Mortality Weekly Report*, 63(SS-11). [Online].

Center for Reproductive Rights, "New Mexico," Center for Reproductive Rights,
<https://reproductiverights.org/maps/state/new-mexico/#:~:text=Conclusion,protects%20the%20right%20to%20abortion.>

Cherry, Sheldon & Irwin Merkatz, eds. (1991). "Complications of Pregnancy: Medical, Surgical, Gynecologic, Psychosocial, and Perinatal," 4th Edition. Baltimore, MD: Williams & Wilkins.

City of Akron v. Akron Center for Reproductive Health, 462 U.S. 416 (1983).

Colautti v. Franklin, 439 U.S. 379 (1979).

Collaborative Group on Hormonal Factors in Breast Cancer. "Breast Cancer and Abortion: Collaborative Reanalysis of Data from 53 Epidemiological Studies, Including 83,000 Women with Breast Cancer from 16 Countries." *The Lancet*, vol. 363, March 27, 2004, pp. 1007–1016.

Creinin, Mitchell & Elizabeth Aubény. "Medical Abortion in Early Pregnancy." In *A Clinician's Guide to Medical and Surgical Abortion*, edited by Maureen Paul, et al., New York: Churchill Livingstone, 1999.

Croxatto, Horatio B., et al. "Mechanisms of Action of Emergency Contraception." *Steroids*, vol. 68, 2003, pp. 1095–1098.

Daling, Janet R., et al. "Risk of Breast Cancer Among Young Women: Relationship to Induced Abortion." *Journal of the National Cancer Institute*, vol. 86, no. 21, 1994, pp. 1584–1592.

DHHS — U.S. Department of Health and Human Services. "Code of Federal Regulations. 45CFR46.203." 1978.

Dobbs v. Jackson Women's Health Organization, 597 U.S. __ (2022)

Donovan M. (2017). "In real life: federal restrictions on abortion coverage and the women they impact." *Guttmacher Policy Review*, 20:1–7. [Online].

Eastside Gynecology. "10 Abortion Myths No One Should Believe - Abortion Facts." Eastsidegynecology.com, 3 Apr. 2019, <https://eastsidegynecology.com/blog/10-abortion-myths-no-one-should-believe/>.

Ellertson, Charlotte, et al. "Extending the Time Limit for Starting the Yuzpe Regimen of Emergency Contraception to 120 hours." *Obstetrics and Gynecology*, vol. 101, 2003, pp. 1168–1171.

El-Refaey, H., et al. "Induction of Abortion with Mifepristone (RU 486) and Oral or Vaginal Misoprostol." *New England Journal of Medicine*, vol. 332, no. 15, 1995, pp. 983–987.

FDA — U.S. Food and Drug Administration. "Prescription Drug Products; Certain Combined Oral Contraceptives for Use as Postcoital Emergency Contraception." *Federal Register*, vol. 62, no. 37, 1997, pp. 8609–8612.

Fine, Paul T. et al. "Ulipristal Acetate Taken 48–120 Hours after Intercourse for Emergency Contraception." *Obstetrics and Gynecology*, vol. 115, no. 2, 2010, pp. 1–7.

Finer, Lawrence B. & Mia R. Zolna. "Unintended pregnancy in the United States: incidence and disparities, 2006." *Contraception*, vol. 84, no. 5, 2011, pp. 478–485.

Fried, M., et al. (1998). "Comprehensive Adolescent Health Care," 2nd Edition. St. Louis, MO: Mosby.

Gerdts C., et al. (2016). "Impact of clinic closures on women obtaining abortion services

after implementation of a restrictive law in Texas." *American Journal of Public Health*, 106:857–864.

Glasier, Anne F. et al. "Ulipristal acetate versus levonorgestrel for emergency contraception: a randomized non-inferiority trial and meta-analysis." *The Lancet*, vol. 365, 2005, pp. 555–562.

Gold, Rachel Benson. (2003). "Lessons from Before Roe: Will Past Be Prologue?" *The Guttmacher Report on Public Policy*, 6(1), 8–11. [Online].
<http://www.guttmacher.org/pubs/tgr/06/1/gr060108.html>.

Gonzales v. Carhart, 550 U.S. 124 (2007, April 18). [Online].

Gonzales v. Planned Parenthood Federation of America, Inc., 550 U.S. ____ (2007, April 18). [Online]. <http://www.supremecourt.gov/opinions/06pdf/05-380.pdf>.

Grimes, D.A. (2005). "Risks of Mifepristone Abortion in Context." *Contraception*, 71, 161.

Guillebaud, John. "Commentary: Time for Emergency Contraception with Levonorgestrel Alone." *The Lancet*, vol. 352, no. 9126, 1998, p. 416.

Guttmacher Institute Report: Jones RK et al. "Abortion Incidence and Service Availability in the United States, 2017." New York: Guttmacher Institute, 2019,
<https://www.guttmacher.org/report/abortion-incidence-service-availability-us-2017>

Guttmacher Institute. (2014). "Fact Sheet: Publicly Funded Family Planning Services in the United States." New York: Guttmacher Institute. [Online].
https://www.guttmacher.org/pubs/fb_contraceptive_serv.html.

Guttmacher Institute. "Induced Abortion in the United States." Guttmacher Institute, 24 Aug. 2022, www.guttmacher.org/fact-sheet/induced-abortion-

[united-states?gclid=CjwKCAiAoL6eBhA3EiwAXDom5tPis37LtLhkFc7JvnJS4QrwUNnKM6rc173QnbgzBuNQ-Vd813IFiBoCOgAQAvD_BwE.](https://www.guttmacher.org/article/2018/12/state-abortion-policy-landscape-hostile-supportive)

Guttmacher Institute. "State Abortion Policy Landscape: From Hostile to Supportive, 2019." <https://www.guttmacher.org/article/2018/12/state-abortion-policy-landscape-hostile-supportive>.

Guttmacher Institute. (2015, January). "State Policies in Brief: Abortion Policy in the Absence of Roe." [Online]. http://www.guttmacher.org/statecenter/spibs/spib_APAR.pdf.

Hadjimichael, O.C., et al. "Abortion Before First Livebirth and Risk of Breast Cancer." British Journal of Cancer, vol. 53, 1986, pp. 281–284.

Harrison, Maureen & Steve Gilbert, eds. (1993). "Abortion Decisions of the United States Supreme Court: The 1990's." Beverly Hills, CA: Excellent Books.

Hartge, Patricia. "Abortion, Breast Cancer, and Epidemiology." New England Journal of Medicine, vol. 336, no. 2, 1997, pp. 127–128.

Harvey, S. Marie, et al. "Women's Experience and Satisfaction with Emergency Contraception." Family Planning Perspectives, vol. 31, no. 5, 1999, pp. 237–240 & 260.

Henderson, Katherine DeLellis, et al. "Incomplete Pregnancy Is Not Associated with Breast Cancer Risk: the California Teachers Study." Contraception, vol. 77, 2008, pp. 391–396.

Henshaw, Stanley K. (1995). "The Impact of Requirements for Parental Consent On Minors' Abortions in Mississippi." Family Planning Perspectives, 27(3), 120–2.

Henshaw, Stanley K. (1999). "Unintended Pregnancy and Abortion: A Public Health

- Perspective." Pp. 11–22 in Maureen Paul, et al., eds., *A Clinician's Guide to Medical and Surgical Abortion*. New York: Churchill Livingstone.
- Henshaw, Stanley K. & Lawrence B. Finer. (2003). "The Accessibility of Abortion Services in the United States, 2001." *Perspectives on Sexual and Reproductive Health*, 35(1), 16–24.
- Ho, Park Chung, et al. "Mifepristone: Contraceptive and Non-Contraceptive Uses." *Current Opinions in Obstetrics and Gynecology*, vol. 14, no. 3, 2002, pp. 325–330.
- Hollander, Dore. "Most Abortion Patients View Their Experience Favorably, But Medical Abortion Gets a Higher Rating Than Surgical." *Family Planning Perspectives*, vol. 32, no. 5, 2000, p. 264.
- Howe, Holly L., et al. "Early Abortion and Breast Cancer Risk among Women Under Age 40." *International Journal of Epidemiology*, vol. 18, no. 2, 1989, pp. 300–304.
- Hughes, Edward, Ed. *Obstetric-Gynecologic Terminology*. Philadelphia, PA: F. A. Davis Company, 1972.
- ICEC-FIGO — International Consortium for Emergency Contraception – International Federation of Gynecology & Obstetrics. "How do levonorgestrel only emergency contraceptive pills (LNG ECPs) prevent pregnancy?" [Online], October 2008.
- Jatlaoui TC et al. "Abortion surveillance—United States, 2013." *Morbidity and Mortality Weekly Report*, Vol. 65, No. SS-12, 2016,
<https://www.cdc.gov/mmwr/volumes/65/ss/ss6512a1.htm>
- Jerman J, Jones RK and Onda T. "Characteristics of U.S. Abortion Patients in 2014 and

- Changes Since 2008." New York: Guttmacher Institute, 2016,
<https://www.guttmacher.org/report/characteristics-us-abortion-patients-2014>.
- Jones, Rachel K. (2011). "Beyond Birth Control: The Overlooked Benefits of Oral Contraceptive Pills." New York: Guttmacher Institute. [Online].
<http://www.guttmacher.org/pubs/Beyond-Birth-Control.pdf>.
- Jones, Rachel K., and Megan L. Kavanaugh. (2011). "Changes in Abortion Rates between 2000 and 2008 and Lifetime Incidence of Abortion." *Obstetrics & Gynecology*, 117(6), 1358-1366.
- Jones, Rachel K., and Jenna Jerman. (2014). "Abortion Incidence and Service Availability in the United States, 2011." *Perspectives on Sexual and Reproductive Health*, 46(1), 3-14. [Online]. <http://www.guttmacher.org/pubs/journals/psrh.46e0414.pdf>.
- Jones, Rachel, and Kathryn Kooistra. (2011). "Abortion Incidence and Access to Services in the United States, 2008." *Perspectives on Sexual and Reproductive Health*, 43(1), 41–50.
- Jones, Rachel, et al. (2008). "Abortion Incidence and Services in the United States in 2005." *Perspectives on Sexual and Reproductive Health*, 40(1), 6–16.
- Jones RK. "Reported contraceptive use in the month of becoming pregnant among U.S. abortion patients in 2000 and 2014." *Contraception*, 2018, doi:10.1016/j.contraception.2017.12.018.
- Jones, Rachel K., et al. (2009). "Answering Questions about Long-Term Outcomes." Pp. 252-279 in Maureen Paul, et al., eds., *Management of Unintended and Abnormal Pregnancy*. Chichester, West Sussex: Wiley-Blackwell.

- Jones, Rachel K., Ingerick M and Jerman J. "Differences in abortion service delivery in hostile, middle-ground and supportive states in 2014." *Women's Health Issues*, 2018, doi:10.1016/j.whi.2017.12.003.
- Jones, Rachel K., and Jerman J. "Population group abortion rates and lifetime incidence of abortion: United States, 2008–2014." *American Journal of Public Health*, 2017, doi:10.2105/AJPH.2017.304042.
- Jones, Rachel K., and Lawrence B. Finer. (2012). "Who has second-trimester abortions in the United States?" *Contraception*, 85(6), 544-51.
- Kelsey, Jennifer L. & Marilie D. Gammon. *The Epidemiology of Breast Cancer*. Atlanta, GA: American Cancer Society, 1991.
- Klibanoff, Eleanor "Texans who perform abortions now face up to life in prison, \$100,000 fine," *The Texas Tribune*, Aug. 25, 2022, <https://www.texastribune.org/2022/08/25/texas-trigger-law-abortion/>.
- La Vecchia, Carlo. "General Epidemiology of Breast Cancer in Northern Italy." *International Journal of Epidemiology*, vol. 16, 1987, pp. 347–355.
- Lindfors Harris, Britt-Marie, et al. "Risk of Cancer of the Breast after Legal Abortion during First Trimester: A Swedish Register Study." *British Medical Journal*, vol. 299, December 9, 1989, pp. 1430–1432.
- MacDorman, Marian F., et al. (2013). "Recent declines in infant mortality in the United States, 2005–2011." *NCHS Data Brief*, (120). Hyattsville, MD: National Center for Health Statistics. [Online]. <http://www.cdc.gov/nchs/data/databriefs/db120.htm>.
- "Make the Distinction: EC Prevents Pregnancy." *Contraceptive Technology Update*, vol. 22, no. 1, 2001, p. 4.
- Marcus, Pamela M., et al. "Adolescent Reproductive Events and Subsequent Breast

- Cancer Risk." *American Journal of Public Health*, vol. 89, no. 8, 1999, pp. 1244–1247.
- Melbye, Mads, et al. "Induced Abortion and the Risk of Breast Cancer." *New England Journal of Medicine*, vol. 336, no. 2, 1997, pp. 81–85.
- Michels, Karin B., et al. "Induced and Spontaneous Abortion and Incidence of Breast Cancer Among Young Women." *Archives of Internal Medicine*, vol. 167, no. 8, 2007, pp. 814–820.
- Middleton, Tamer, et al. "Randomized Trial of Mifepristone and Buccal or Vaginal Misoprostol for Abortion Through 56 Days of Last Menstrual Period." *Contraception*, vol. 72, 2005, pp. 328–332.
- Morel, Laura C. "How Anti-Abortion Pregnancy Centers Can Claim to Be Medical Clinics and Get Away With It." *Reveal*, Dec. 2022, <https://revealnews.org/article/how-anti-abortion-pregnancy-centers-can-claim-to-be-medical-clinics/>.
- Myers C., Jones RK, and Upadhyay UD. (2019). "Predicted changes in abortion access and incidence in a post-Roe world." *Contraception*. [Online].
- Nash, Elizabeth, et al. (2015). "Laws Affecting Reproductive Health and Rights: 2014 State Policy Review." New York: Guttmacher Institute. [Online].
<http://www.guttmacher.org/statecenter/updates/2014/statetrends42014.html>.
- National Academies of Sciences, Engineering and Medicine. "The Safety and Quality of Abortion Care in the United States, 2018." <http://www8.nationalacademies.org/onpinews/newsitem.aspx?RecordID=24950>.
- NCHS — National Center for Health Statistics. (1967). "Vital Statistics of the United

States, 1965: Vol. II Mortality, Part A." Washington, D.C.: U.S. Government Printing Office (GPO).

NCI — National Cancer Institute. "Abortion, Miscarriage, and Breast Cancer Risk." 2010a, accessed March 20, 2013. [Online].

www.cancer.gov/cancertopics/factsheet/Risk/abortion-miscarriage.

NCI — National Cancer Institute. "Reproductive History and Breast Cancer." 2011, accessed March 4, 2013. [Online]. <http://www.cancer.gov/cancertopics/factsheet/Risk/reproductive-history>.

NCI — National Cancer Institute. "Summary Report: Early Reproductive Events and Breast Cancer Workshop." [Online].

<http://cancer.gov/cancerinfo/ere-workshop-report>, accessed March 20, 2013.

Newhall, Elizabeth Pirruccello & Beverly Winikoff. "Abortion with Mifepristone and Misoprostol: Regimens, Efficacy, Acceptability and Future Directions." *American Journal of Obstetrics and Gynecology*, vol. 183, no. 2, 2000, pp. S44–53.

Novikova, Natalia, et al. "Effectiveness of levonorgestrel emergency contraception given before or after ovulation — a pilot study." *Contraception*, vol. 75, 2007, pp. 112–118.

NowThis News, director. *Crisis Pregnancy Centers Caught Spreading False Info About Abortions*. NowThis News, 21 Dec. 2022, <https://nowthisnews.com/news/watch-crisis-pregnancy-centers-caught-spreading-false-info-about-abortions>. Accessed 21 Aug. 2023.

OPR — Office of Population Research, Princeton University. "Answers to Frequently

Asked Questions About... Types of Emergency Contraception." [Online],
February 22, 2011.

Parazzini, Fabio. "Spontaneous and Induced Abortions and Risk of Breast Cancer."
International Journal of Cancer, vol. 48, 1991, pp. 816–820.

Paul, Maureen, et al. (2009). "Management of Unintended and Abnormal Pregnancy:
Comprehensive Abortion Care." Chichester, West Sussex: Wiley-Blackwell.

Peipert, Jeffrey F., et al. (2012). "Preventing Unintended Pregnancies by Providing
No-Cost Contraception." Obstetrics & Gynecology, 120(6), 1291-1297.

Peyron, R., et al. "Early Termination of Pregnancy with Mifepristone (RU 486) and Orally
Active Prostaglandin Misoprostol." New England Journal of Medicine, vol. 328,
no. 21, 1993, pp. 1509–1513.

Pike, M.C., et al. "Oral Contraceptive Use and Early Abortion As Risk Factors for Breast
Cancer in Young Women." British Journal of Cancer, vol. 43, 1981, pp. 72–76.

Planned Parenthood Advocacy Fund of Massachusetts, Inc. "Abortion Stigma." Planned
Parenthood Action, Planned Parenthood Federation of America, Inc., n.d.

<https://www.plannedparenthoodaction.org/planned-parenthood-advocacy-fund-massachusetts-inc/abortion-stigma>.

Planned Parenthood Arizona. "Minors and the Law - Arizona." Planned Parenthood
Arizona, <https://www.plannedparenthood.org/planned-parenthood-arizona/get-care/patient-services/minors-abortion-law>.

Planned Parenthood of Central Missouri v. Danforth, 428 U.S. 52 (1976).

Planned Parenthood Federation of America, Inc. "ABORTION AFTER THE FIRST

TRIMESTER: In the United States.” Planned Parenthood, Jan. 2015,

www.plannedparenthood.org/uploads/filer_public/99/41/9941f2a9-7738-4a8b-95f6-5680e59a45ac/pp_abortion_after_the_first_trimester.pdf.

Planned Parenthood Federation of America, Inc. "Emergency Contraception (Morning After Pill)." [Online], 2013.

Planned Parenthood of America, Inc., n.d. "Goodbye Stigma."

<https://www.plannedparenthood.org/planned-parenthood-pacific-southwest/campaigns/goodbye-stigma>.

Planned Parenthood Federation of America, Inc. "MYTHS ABOUT ABORTION AND BREAST CANCER." Planned Parenthood, Mar. 2013,

www.plannedparenthood.org/uploads/filer_public/af/1a/af1ae95f-de81-43dd-91a3-470043b06dce/myths_about_abortion_and_breast_cancer.pdf.

Planned Parenthood Federation of America, Inc. and The American Congress of Obstetricians and Gynecologists. "Protect Safe and Legal Abortion: Studies Show Abortion Has 99 Percent Safety Record; One of Safest Medical Procedures Performed in U.S." *Planned Parenthood*,

www.plannedparenthood.org/uploads/filer_public/30/15/30159efe-879e-434e-b294-beebe96dfca9/20160617_abortionsafety_factsheet_1.pdf.

Planned Parenthood Federation of America, Inc. "Send Patients Some Love With Abortion Care Baskets." Planned Parenthood, 10 Aug. 2023,

www.plannedparenthood.org/blog/send-patients-some-love-with-abortion-care-baskets.

Planned Parenthood Federation of America, Inc. "The Abortion Pill (Medication

Abortion)." [Online], 2013.

Planned Parenthood Federation of America, Inc. "The Difference Between the Morning-After Pill and the Abortion Pill." Planned Parenthood, Apr. 2016, www.plannedparenthood.org/uploads/filer_public/e2/d2/e2d22399-5d77-4b67-84b6-c7bd5b815f3e/difference_between_the_morning-after_pill_and_the_abortion_pill.pdf.

Planned Parenthood Federation of America, Inc. "What Are Crisis Pregnancy Centers?" Planned Parenthood, 4 Nov. 2021, www.plannedparenthood.org/blog/what-are-crisis-pregnancy-centers.

Planned Parenthood Federation of America, Inc. "What Are the Different Types of Abortion?" Planned Parenthood, 6 Aug. 2022, www.plannedparenthood.org/learn/ask-experts/what-are-the-different-types-of-abortion.

Planned Parenthood Federation of America, Inc. "What Happens during an In-Clinic Abortion?" Planned Parenthood, www.plannedparenthood.org/learn/abortion/in-clinic-abortion-procedures/what-happens-during-an-in-clinic-abortion. Accessed 21 Aug. 2023.

Querido, Melissa. "State of the States: A Selection of Legislative Initiatives around the Country." Reproductive Freedom News, vol. 8, no. 3, 1999, p. 3.

RCOG — Royal College of Obstetricians and Gynecologists. "Abortion care - information for you." 2012, accessed March 4, 2013. [Online]. http://www.rcog.org.uk/files/rcog-corp/Abortion%20Care_0.pdf.

Reproaction. "The Fake Clinic Database: Pregnancy Resource Center." Reproaction, 15 Sept. 2021, <https://reproaction.org/fakeclinicdatabase/>. Accessed 21 Aug. 2023.

Roe v. Wade, 410 U.S. 113 (1973).

RHTP — Reproductive Health Technologies Project. "FDA Approved Emergency Contraceptive Products Currently on the U.S. Market." [Online], 2009.

Rodrigues, Isabel, et al. "Effectiveness of Emergency Contraceptive Pills Between 72 and 120 Hours After Unprotected Sexual Intercourse." *American Journal of Obstetrics and Gynecology*, vol. 184, no. 4, 2001, p. 416.

Roe v. Wade, 410 U.S. 113 (1973)

Rosenberg, Lynn. "Breast Cancer in Relation to the Occurrence and Time Of Induced and Spontaneous Abortion." *American Journal of Epidemiology*, vol. 127, 1988, pp. 981–989.

Rosenberg, Lynn. "Induced Abortion and Breast Cancer: More Scientific Data are Needed." *Journal of the National Cancer Institute*, vol. 86, no. 21, 1994, pp. 1569–1570.

Rosenfield, Allan. "Breast Cancer and Abortion — Comments by Allan Rosenfield, M.D., Dean, Columbia University School of Public Health." Photocopy, 1994.

Russo, James, et al. "Pregnancy-Induced Changes in Human Breast Cancer Risk." In Walter J. L. Prior, et al., eds., *Breast Cancer: Society Shapes an Epidemic*, New York: St. Martin's Press, 1993.

Sanderson, Maureen, et al. "Abortion History and Breast Cancer Risk: Results from the Shanghai Breast Cancer Study." *International Journal of Cancer*, vol. 92, 2001, pp. 899–905.

Schaff, Eric, et al. "Low-Dose Mifepristone Followed by Vaginal Misoprostol at 48 Hours for Abortion up to 63 Days." *Contraception*, vol. 61, no. 1, 2000, pp. 41–46.

Schaff, Eric, et al. "Randomized Trial of Oral Versus Vaginal Misoprostol at One Day after Mifepristone for Early Medical Abortion." *Contraception*, vol. 64, 2001, pp. 81–85.

Simon, Stephanie. "Abortion Foes Seize on Reports of Cancer Link in Ad Campaign." *Los Angeles Times*, 2002, March 24.

SisterSong, Inc. "Reproductive Justice." SisterSong, www.sistersong.net/reproductive-justice.

Slobodzian, Joseph A. "Philadelphia Transit Authority, Religious Group Settle over Pulled Ads." *Philadelphia Inquirer*, 1999, April 1.

SPUC — Society for the Protection of Unborn Children. "Medical Abortions — First World Study Confirms Abortion-Breast Cancer Link." 1994, October 31, accessed September 27, 2002. [Online]. <http://www.spuc.org.uk/publications/online/abortion-and-breast-cancer>.

Stewart, Felicia H., et al. "Abortion." Pp. 673–700 in *Contraceptive Technology — 18th Revised Edition*, edited by Robert A. Hatcher, et al. New York: Ardent Media, Inc., 2005.

Tang, Mei-Tzu, et al. "Induced Abortion in Relation to Breast Cancer among Parous Women: A Birth Certificate Registry Study." *Epidemiology*, vol. 11, 2000, pp. 177–180.

TFPMFR — Task Force on Postovulatory Methods of Fertility Regulation. "Comparison of Three Single Doses of Mifepristone as Emergency Contraception: A Randomised Trial." *The Lancet*, vol. 353, no. 9154, 1999, pp. 697–702.

Thadani, Farah. "The Reproductive Health Crisis Pregnancy Centers: Pregnant Women

- Seeking Timely Accurate Health Information Will Not Find It at Crisis Pregnancy Centers." *Yale Journal of Law and Feminism*, vol. 15, no. 2, 2003, pp. 237–256.
- Unmasking Fake Clinics, 2010, <https://www.sfcityattorney.org/wp-content/uploads/2015/08/Unmasking-Fake-Clinics-The-Truth-About-Crisis-Pregnancy-Centers-in-California-.pdf>. Accessed 21 Aug. 2023.
- Trussell, James, and Eleanor Bimla Schwarz. "Emergency Contraception." Pp. 113–145 in *Contraceptive Technology — 20th Revised Edition*, edited by Robert A. Hatcher et al. New York: Ardent Media, Inc., 2011.
- UNDAF — United Nations Development Assistance Framework. "UNDAF State Profiles: Orissa." 2003, accessed September 27, 2002. [Online]. <http://www.undp.org.in/undaf/statprofile.htm>.
- UNSW — University of New South Wales. "Breast Cancer and Abortion." accessed May 21, 2002. [Online]. http://www.med.unsw.edu.au/medweb.nsf/Content/PBC_001_Breast_Cancer_and_Abortion.
- Van Look, Paul & Felicia Stewart. "Emergency Contraception." In *Contraceptive Technology — 17th Revised Edition*, edited by Robert A. Hatcher et al. New York: Ardent Media, 1998.
- von Hertzen, Helena, et al. "Low Dose Mifepristone and Two Regimens of Levonorgestrel for Emergency Contraception: A WHO Multicentre Randomised Trial." *The Lancet*, vol. 260, 2002, pp. 1803–1810.
- We Testify. "How to Get an Abortion." We Testify, www.wetestify.org/abortion.
- Westhoff, Carolyn. "Abortion and Breast Cancer: Good Data at Last." *IPPF Medical Bulletin*, vol. 31, no. 2, 1997, pp. 1–2.

"What Exactly Is a Fake Clinic?" Expose Fake Clinics,

www.exposefakeclinics.com/what-is-a-cpc-2. Accessed 21 Aug. 2023.

WHO — World Health Organization. "Induced Abortion Does Not Increase the Risk of Breast Cancer." 2000, June, accessed May 21, 2002. [Online].

<http://web.archive.org/web/20101224171331>.

Wiebe, Ellen, et al. "Comparison of Abortions Induced by Methotrexate or Mifepristone Followed by Misoprostol." *Obstetrics and Gynecology*, vol. 99, no. 5, 2002, pp. 813–819.

Will, J.C., et al. "Induced and Spontaneous Abortion and Incidence of Breast Cancer among Young Women: A Prospective Cohort Study." *British Medical Journal*, vol. 318, February 20, 1999, pp. 158–164.

Wingo, Phyllis A., et al. "The Risk of Breast Cancer Following Spontaneous or Induced Abortion." *Cancer Causes and Control*, vol. 8, 1997, pp. 93–108.

Winikoff, Beverly. "Acceptability of Medical Abortion in Early Pregnancy." *Family Planning Perspectives*, vol. 27, no. 4, 1995, pp. 142–148, 185, & 199.

Yoffe, Emily. "The Stealth War on Abortion." *The Atlantic*, 2014,

<https://www.theatlantic.com/magazine/archive/2014/09/the-war-on-pregnant-women/375282/>. Accessed 21 Aug. 2023.