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California's Innovative Experiment To Tackle Abortion Stigma

by [Tara Culp-Ressler](#)  Oct 27, 2014 4:18pm



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When it comes to abortion rights, California does not follow in the footsteps of the rest of the country. As other states have been passing a [record-breaking number of laws](#) to [restrict access](#) to the medical procedure, for instance, a 2013 law in California actually made abortion [easier to get](#). A year later, that measure is having an important effect on the culture of stigma that often pervades abortion services.

[Assembly Bill 154](#) expanded the pool of abortion providers to allow nurse practitioners, midwives, and trained physician’s assistants to perform the procedure during the first trimester. It was intended to [address](#) the abortion doctor shortage in California — a trend that’s also [evident](#) across the country — after a [multi-year study](#) confirmed that additional health workers can safely provide abortions.

The researchers who worked on that study [argued](#) that it was counter-intuitive to block nurses and midwives from performing abortions because they’re the health workers who are “provide most, if not all, reproductive health services” at many clinics in California. That means they were able to care for every aspect of their patients’ reproductive lives except for when it came to helping them end a pregnancy. But now that Assembly Bill 154 has been the law of the land for a year, that’s changing.

As [the Los Angeles Times reports](#), it’s easy to notice a difference at a Planned Parenthood clinic in Marin County, where there no longer has to be an “abortion day.” Back when doctors were the only ones allowed to perform a first-trimester abortion procedure known as [vacuum aspiration](#), the Marin County clinic had to schedule all those appointments for Fridays, when the doctor would come by for four hours. So when women entered the clinic doors on “abortion day,” the anti-choice protesters outside knew exactly what they were there for.

But now that nurses can provide those type of abortions, the vacuum aspiration appointments don’t have to revolve around the rotating physician’s schedule. Women can get that procedure on any day of the week, and they don’t have to feel singled out by being forced to come to the clinic on a day when the anti-abortion harassment likely intensifies.

“It’s a much less stigmatizing way to offer an abortion,” one of the certified nurse midwives who performs abortions at the clinic [told the Los Angeles Times](#). Indeed, now abortion is just another one of the routine reproductive health services available to patients, along with breast exams or pregnancy tests or birth control consultations.

In an [interview with MSNBC](#), a nurse practitioner who now provides vacuum abortions at a Planned Parenthood clinic in Eureka explained the shift simply makes sense. “I am used to being in a place where we are talking about all the options for birth control and for pregnancy. It was just a no-brainer, a logical next step,” she [said](#).

That might not seem like a big deal, considering the fact that these clinics already offered abortion services in some capacity before Assembly Bill 154 passed. But in a society where abortion is continually [separated out](#) from the rest of women’s reproductive needs — something that ensures it’s always “othered” — California’s new law is a radical way to communicate that it doesn’t have to be that way.

The push to segregate abortion from the rest of pregnancy-related health care has been [hugely successful](#), and has had some serious consequences for women’s access to the procedure. On a very basic level, thanks to a mounting pile of state-level restrictions that have politicized abortion, public hospitals and medical schools have [shied away from it](#). No longer performed in

hospitals, abortion care has moved to [standalone women's health clinics](#) — leaving it more vulnerable to attacks from opponents who can [target clinics](#) in the hopes of shutting them down.

The same dynamic has also unfolded in women's [insurance plans](#). Anti-choice lawmakers have chipped away at health coverage for abortion, forcing the insurance industry to stop treating the procedure like [any other medical service](#). That threatens access in a different way, making abortion [too expensive](#) for many patients to afford.

Ultimately, this type of legislative landscape sends a strong message to the estimated [one in three U.S. women](#) who will have an abortion in their lifetime: Your procedure is not routine. By enacting so many [barriers](#) to abortion, and being so careful to enact an artificial division between abortion and other health services, states are implicitly telling the individuals who end a pregnancy that they're not necessarily making a moral choice.

“There are a million ways in which our laws create institutional stigma and tell women that they're doing the wrong thing,” Louise Melling, the deputy legal director for the American Civil Liberties Union and an expert who often speaks on [abortion stigma](#), explained in a [recent interview with ThinkProgress](#). While an increasing number of advocates are challenging stigma through the use of [abortion storytelling](#), encouraging women to [make connections](#) with other people who have [had abortions](#) so they'll learn it's not an uncommon experience, experts like Melling say it's just as important to address our laws.

California has long been a leader in this area. Lawmakers there have [passed several laws](#) requiring insurers to cover abortion and birth control services along with comparable maternity and prescription drug benefits, communicating that there's nothing unusual about those aspects of reproductive health care.

And now, in clinics like the one in Marin County, the implementation of Assembly Bill 154 is breaking down these divisions even further. As [the Los Angeles Times reports](#), “The bright recovery room generally hosts one woman at a time — an abortion patient who probably awaited her appointment, privacy intact, beside someone scheduled for a routine procedure.”

[Four other states](#) — Oregon, Montana, Vermont, and New Hampshire — also allow non-physicians to perform vacuum abortions. But the vast majority of states in the U.S. haven't taken this proactive step, and several states have actually explicitly banned nurses from providing any type of abortion care.

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