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OPINION

Abortion and Birth, Together

By Alissa Quart

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SOME of the pregnant women who arrive at Buffalo Womenservices in upstate New York are there for checkups or tours of the birth center, with its pool and homey delivery room. Others arrive to talk to a doctor, nurse or counselor. But they are not waiting for prenatal tests. They are there to get abortions.

Buffalo Womenservices is unusual because it is a birth and abortion center in one. It is part of an effort to reframe reproductive care as a continuum — the phrase for it is “full-spectrum reproductive health” — that spans both birth and abortion. Facilities for each are typically distinct.

Combining the two in one place underlines how many women experience both birth and abortion. Three in 10 women will have an abortion in their lives; eight out of 10 will give birth. About 61 percent of women who have an abortion already have at least one child.

At a time when abortion rights are in jeopardy — Louisiana’s governor recently signed a bill that would close three of the state’s five clinics that offer abortions, Texas is likely to have only six clinics by September, because of a draconian new law, and other states are cracking down — fresh ideas like this

might lessen the stigma of abortion.

This range of reproductive care is not common. According to one study, only 14 percent of doctors who specialize in obstetrics and gynecology perform abortions. Advocates for combining the services want to put birth activists — those who advocate for vaginal births, for instance — together with those arguing for abortion rights, a harder connection than it might seem at first.

A nurse comforts a patient during an abortion at Buffalo Womenservices. Alice Proujansky for The New York Times

“Midwives didn’t talk about abortion, really,” says Miriam Zoila Pérez, a doula and author of “The Radical Doula Guide.” And, she said, “some people in the midwife community are anti-choice.” But thinking of things as a spectrum rather than as an either-or is becoming increasingly common; gender, for instance, is increasingly viewed as a spectrum.

Katharine Morrison, the doctor who presides over all the services at the Buffalo center, doesn’t think women should suffer for their reproduction, as she puts it. She is disturbed when women endure birth control with harsh side effects, state-appointed waiting periods for abortions and a lack of control over how they actually deliver their children. From her perspective, anti-abortion efforts are not so different from, say, doctors who do not let women have the birth process they choose and instead pressure them to have cesareans. She regards both as strains of medical paternalism.

Dr. Morrison used her own money to start the birth center, which opened in February and combined with an existing abortion center. Sixteen babies have been born so far. “I met one patient when she was 17 and she came to me for an abortion, and she came to me at 22 when she was pregnant for her birth,” she says. “We’ve shared some very profound experiences.”

Other groups that are endorsing full-spectrum reproductive assistance tend to be started by doulas. In North Texas, members of the Cicada Collective accompany women during their abortions, and can also provide child care for the women’s children and give rides to the center. In New York City, the Doula Project helps women during and immediately after birth but also assists with abortions and even with adoptions. Most of their clients are low-income women, and they’ve aided about 20,000 so far.

These doulas partner with clinics directly and accompany women to their operations, helping to alleviate pain through techniques like massage, acupressure and breathing. One of them is Ms. Pérez. When I met

her in a Lower Manhattan cafe, she explained how she and others like her volunteered for years at hospitals and clinics, accompanying many women whom they met in waiting rooms for their abortions. Ms. Pérez speaks Spanish, and sometimes she would translate as well. “I want to push back against the idea that birth is over here in this corner and abortion is over there in that one,” she says.

But how practical and scalable is the voluntary doula approach? And are women on either side of the continuum willing to be reminded of the other reproductive path or encounter antipathy at such a crucial moment? Jiyong Mai, 31, who gave birth at the Buffalo center four weeks ago, was thrilled about her doctor — she calls her an “angel” — as well as the natural birth she experienced and the months of preparation she was given for it. But because of the political venom around abortion, the environment was challenging. “The outside protesters bothered me: I knew I was in the right hands but the protesters were staring at me when I was going to the prenatal classes,” Ms. Mai says. Yet for Ms. Mai it was ultimately worth it.

We now hew to religious rhetoric on one hand or rights-oriented rhetoric on the other. Seeing reproductive care as a continuum might rejigger our thinking and remind us that many of us experience both childbirth and abortion.

The author, most recently, of “Republic of Outsiders.”

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