**Graphic Draft**

https://www.canva.com/design/DAFHb2-QMYI/7nTEOpvYJe1RzxRvp9MuOw/view?utm\_content=DAFHb2-QMYI&utm\_campaign=designshare&utm\_medium=link&utm\_source=publishsharelink

**Self-Managed Abortion**

Abortion access is under attack across the globe, especially here in the United States, in the form of abortion bans. Abortion bans are any law that make obtaining an abortion harder to obtain, by imposing a number of barriers, such as parental notification requirements, mandatory waiting periods and even requiring medically unnecessary testing to be done. The banning of abortions nationwide could lead to a 33% increase in the number of pregnancy-related deaths among Black birthing persons.[[1]](#footnote-0)

Self-managed abortion is any action taken to terminate a pregnancy outside of surgical abortion and includes the use of mifepristone and misoprostol, as well as any other drugs, herbs.[[2]](#footnote-1) The use of abortion pills to self-manage an abortion is a safe and effective way of having an abortion. There has been a near-constant attack on the reproductive autonomy of child-bearing persons for the past 4 years, these attacks target and impact the lives of the most vulnerable people in our communities, by impeding access to abortion for Black and Indigenous people, those living with disabilities, low-income persons, immigrants and those living in rural communities. Self-managed abortion is not new. Studies have found that 7% of U.S. women will self-manage an abortion in their lifetime.[[3]](#footnote-2)

There is already a great deal of stigma that surrounds abortion and it only gets worse when we look at the language and criminalization of those who choose to self-manage their abortions. People who self-manage abortions are not villians and are not bad people. They simply have an unwanted pregnancy and often had difficulty finding a provider or chose to experience their abortion in a safe and controlled environment.

As the access to legal, surgical abortion decreases there will be a rise in self-managed abortions. Many people who chose self-managed abortion chose the option because it was convenient, accessible and private.[[4]](#footnote-3) Many people chose self-managed abortion because of barriers to accessing care, or because they prefer homeopathic remedies.[[5]](#footnote-4) Here, in Georgia, there have already been attempts made to attack telehealth and self-managed abortion.

On the horizon is the further criminalization of abortion. When behaviors are criminalized, we know that Black folx feel the brunt of punishment and enforcement. This needs to be a priority in the conversations moving forward regarding self-managed abortion, and criminalization.

Criminalization is merely just an extension of the long established history of the policing of Black womxn and their bodies in America. These attacks on the bodily autonomy on Black folx is part of a larger pattern of white supremacist and patriarchical violence and misogyny here in the United States. We are demanding an immediate end to the misogynoir targeting Black womxn and other marginalized genders. Systemic anti-Blackness results in the continued abuses of Black womxn on every level.

Abortion access, reproductive justice, racial justice, gender equity, disability and birthing justice are not separate issues. They are intersecting issues that collectively determine whether we, as Black womxn, can live and thrive. Until the lives of Black folx matter, and until we can live lives free from the threat of white supremacist violence, Black folx are not safe in America. We deserve the opportunity to decide what is best for ourselves and our families on our own terms.

Access to abortion is fundamental to the autonomy, health and well-being of people and by extention, our communities. While the right to abortion is still legal, in a matter of months we could see the complete erosion of this healthcare.

At SisterLove, we stand against the criminalization of self-managed abortion and will continue to work to ensure safe, equitable access to the full range of reproductive care options.

1. <https://www.colorado.edu/today/2021/09/08/study-banning-abortion-would-boost-maternal-mortality-double-digits> [↑](#footnote-ref-0)
2. https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2774320 [↑](#footnote-ref-1)
3. <https://www.ansirh.org/research/research/seven-percent-us-women-will-self-manage-abortion-their-lifetimes> [↑](#footnote-ref-2)
4. https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-021-01142-7 [↑](#footnote-ref-3)
5. https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-021-01142-7 [↑](#footnote-ref-4)