How to Talk About Later Abortion

To: Pro-life leaders, elected officials, and public speakers

From: Monica Snyder, Secular Pro-Life (monica@secularprolife.org)

Purpose

Pro-life speakers often lose credibility on later abortion because of word choice, not facts. These five changes will help us reach moderate pro-choice audiences, who already distrust us and don't want to believe later abortion is a real problem.

1. Drop "up until birth"

This phrase hands opponents an easy strawman. We don't have accessible evidence of abortion at 39 weeks, so audiences dismiss the whole argument. Say instead:

- "abortion in the third trimester"
- "abortion after viability"
- "abortion after 24 weeks"

We have ample evidence for all three.

2. Say "later abortion," not "late-term abortion"

To pro-lifers, these sound the same. But "late-term" lets opponents argue that abortion after "term" (38 to 40 weeks) doesn't happen, and they avoid discussing abortion at six or seven months, which clearly does happen.

3. Reframe "less than 1%"

When opponents say later abortion is less than 1% of abortions, respond:

> *"There were about a million abortions in the US last year. What's 1% of a million?"*

Don't answer for them. Make them do the math. This names the full scale of abortion while making the point. The Guttmacher Institute estimated about 1.04 million US abortions in 2023, with a similar number in 2024.

4. Know the non-medical reasons

Opponents will insist these cases all involve fatal fetal anomalies or maternal emergencies. Research points to other common reasons:

- Not knowing about the pregnancy sooner, including cryptic pregnancy
- Lack of money or access to abort earlier
- Difficulty deciding
- A major non-medical life change, such as a breakup

Stick to plausible, ordinary cases. Avoid outlier stories like IVF mix-ups or surrogacy disputes. We want audiences to see later abortion as a regular phenomenon. If it sounds absurd, they'll assume we're lying.

5. Have verifiable details ready

Know at least one or two clinics and providers by name and state. The Later Abortion Initiative (LAI), a project of Ibis Reproductive Health, keeps a public referral list of outpatient clinics that perform abortions at and after 24 weeks "for all indications." That means these clinics don't limit later abortion to medical cases. Examples from the October 2026 list:

Clinic	Location	Gestational limit
Dupont Clinic	Washington, DC	32.6 weeks; later case by case
CARE Reproductive Health	Chevy Chase, MD	34 weeks; later case by case
Partners in Abortion Care	College Park, MD	34 weeks
Hope Clinic	Chicago, IL	34 weeks
Southwestern Women's Options	Albuquerque, NM	32.6 weeks
RISE Collective	Boulder, CO	34 weeks

Also keep a provider quote or two on hand, such as Shelley Sella's or Warren Hern's statements about doing later abortions without medical indication.

Check LAI before you cite a clinic. LAI updates its referral list and gestational limits regularly at laterabortion.org. Because it comes from a pro-choice source, it carries extra weight with moderate audiences.

Resources

- Later Abortion Initiative: current clinic referral list
- SPL later abortion landing page: clinics and provider quotes, mostly from neutral or pro-choice sources
- Deconstructing Three Pro-Choice Myths (presentation recording)
- 5 reasons later abortion is worth talking about
- Abortion isn't just about ending a pregnancy; it's about killing a fetus.
- What do they mean by "after-birth abortion"?
- Is later abortion only 1% of all abortions?

Training

Secular Pro-Life can help train speakers on this topic. Contact Monica Snyder at monica@secularprolife.org.

Sources: Later Abortion Initiative, "Referrals for abortion care after 24 weeks," October 2026; Guttmacher Institute, Monthly Abortion Provision Study.