

## Resource for Journalists Reporting on Abortion

*Media coverage of reproductive health care that is accurate and comprehensive can help reduce misinformation surrounding abortion care. The following resource, compiled by the South Carolina Women's Rights and Empowerment Network, offers medically accurate, easy-to-understand guidance for reporting on abortion in South Carolina.*

### **Background: Abortion Access in South Carolina in 2022**

Amid nationwide threats to abortion access, including an upcoming Supreme Court case that could eliminate or severely restrict the legal right to an abortion established by *Roe v. Wade*, South Carolina faces several risks to abortion access in 2022, such as two anti-abortion bills in the General Assembly.

These threats to reproductive health care access exacerbate an already dire landscape in South Carolina. The state's maternal and infant mortality rates are among the highest in the nation, [especially for Black people](#). Abortion bans, which also disproportionately impact Black patients, further contribute to pregnancy complications and deny patients access to the necessary full range of reproductive health care.

When reporting on anti-abortion legislation in South Carolina, please consider the guidance below to ensure accurate language on each piece of legislation. Please also note that the introduction of identical bills, as detailed below, is a strategic maneuver to expedite these anti-abortion bills through the legislature.

- **Senate Bill 1127** (which replaced [Senate Bill 988](#)) is a “trigger bill” with personhood language, currently under consideration in the General Assembly. If S.1127 is passed, and *Roe v. Wade* falls, then abortion would be illegal in South Carolina.
  - This bill seeks to outlaw abortion and criminalize pregnancy outcomes like miscarriage. The criminalization of pregnancy care has a disproportionate impact on communities already facing barriers to health care access, such as young people and people of color.
  - “Personhood” language in this bill seeks to confer full legal rights to a pregnancy from the moment of fertilization. Using personhood language has far-reaching implications, including: making abortion and contraceptive methods illegal; making IVF inaccessible; criminalizing any act a pregnant person takes that someone could consider as risky towards their pregnancy; forcing pregnant people to undergo medical treatment they do not want; and eliminating doctor/patient confidentiality.
  
- [Senate Bill 907](#), a bill that would require health care providers to give false information to patients receiving medication abortion, is currently under consideration in the General Assembly. **House Bill 4568** is the companion bill to Senate Bill 907, and was recently [advanced](#) to the House Judiciary Committee.
  - Research shows that medication abortion is a safe and effective way to end a pregnancy. This bill would compell health care providers to tell patients who receive a medication

abortion that they can “reverse” the medication they’ve taken, even though there is no scientific or medical evidence that shows this is possible. It is not recommended by any major medical associations and there have been no clinical trials or credible data.

- Trust between a patient and their health care provider is essential to the informed consent process and legislative interference that requires clinicians to misinform patients is a threat to public health.
- The **“South Carolina Fetal Heartbeat and Protection from Abortion Act”** is a currently inactive abortion ban signed into law in 2021.
  - Litigation around this near-total abortion ban continues despite federal and lower court rulings [temporarily blocking](#) the ban.
  - Signed into law in 2021, this near-total ban prohibits abortion as early as around five or six weeks of pregnancy. This ban kicks in when there is any kind of detectable embryonic cardiac activity, which happens around five or six weeks of pregnancy in most cases, and does not guarantee that the pregnancy will be viable. This cutoff was determined arbitrarily by politicians, and is not based on any medical standards.
  - The use of the word “heartbeat” in this bill’s title intentionally misrepresents the facts of fetal development. A fetus develops a heart throughout the entire duration of a pregnancy and the electrical activity picked up on an ultrasound at around six weeks of pregnancy is not the sound of a heart beating –it is created by the ultrasound machine, which translates waves of electrical activity into a noise the patient can hear.

## **General Guidance on Reporting on Abortion**

### *Focus on people’s autonomy and choices*

All abortion stories should be presented as equally valid and treated with compassion, rather than distinguishing between abortions as “elective”, “necessary,” “good,” or “bad.” Similarly, do not describe abortions that are self-managed outside of a clinic setting as ‘back alley,’ ‘coat hanger,’ or ‘dangerous and illegal,’ as these outdated terms stigmatize people who get abortions in ways that fit their circumstances and their ability to access care.

### *Provide context on barriers to abortion access*

There is no other health care that faces as many medically unnecessary restrictions as abortion care. When writing about barriers to abortion access, it’s important to remember that these barriers are not the result of chance or nature, they are politically motivated restrictions put in place by certain lawmakers. When describing how difficult it can be for a person to access abortion, be specific about why this is the case, whether it’s due to insurance coverage restrictions or lengthy waiting periods at clinics.

### *Refer to ‘people’ not only ‘women’*

The right to decide if, when, or how to have children is a human right, not just a woman’s right. Using gender-neutral language like “people” and “parent” is the most accurate way to represent the reality

that all kinds of people access reproductive health care, including transgender (binary and nonbinary) people.

### *Choose appropriate imagery*

When selecting visuals, or working with a photo editor, be mindful of choosing images that are representative of your story. Images and headlines should be as unbiased as the article itself. For instance, for a story about people seeking abortion, do not use images of anti-abortion protesters who are not relevant to the story. When using images of pregnant people, use images that represent the actual gestational period discussed, rather than automatically using images that show people who are later in pregnancy.

### **Recap of Accurate Language**

<b>Try saying...</b>	<b>Instead of saying...</b>
"Pregnant people"	"Pregnant women" or "mothers"
"Pregnancy" or "fetus"	"Unborn baby"
"Ban on abortion around six weeks of pregnancy" or "near-total abortion ban"	"heartbeat ban"
"abortion later in pregnancy" or "later abortion"	"late-term abortion"
"medication abortion"	"chemical abortion"
"Misinformation about medication abortion"	"Abortion reversal"
"Procedural abortion" or "aspiration abortion"	"surgical abortion"
"Abortion provider" or "health care provider"	"Abortionist"