The State of Reproductive Rights: What’s Changed, What’s Next, and What We Can Do Now.

MONICA R. MCLEMORE PHD, MPH, RN
Nomenclature
Reproductive Rights, Health and Justice

• The Reproductive **Rights** framework is based on universal legal protections for citizens.
• The Reproductive **Health** framework emphasizes the very necessary reproductive health services that people need.
• The Reproductive **Justice** framework stipulates that reproductive oppression is a result of the intersections of multiple oppressions and is inherently connected to the struggle for social justice and human rights.
Twelve Founding Black Mothers of Reproductive Justice

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<tr>
<th>Toni M. Bond Leonard</th>
<th>Terri James</th>
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<tr>
<td>Cynthia Newbille</td>
<td>Winnette P. Willis</td>
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<td>Reverend Alma Crawford</td>
<td>Bisola Marignay</td>
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<td>Loretta Ross</td>
<td>Kim Youngblood</td>
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<td>Evelyn S. Field</td>
<td>Cassandra McConnell</td>
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<td>Elizabeth Terry</td>
<td>'Able' Mable Thomas</td>
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The Black Women attending a conference sponsored by the Illinois Pro-Choice Alliance and the Ms. Foundation for Women in 1994 in Chicago. As a result, they formed the Women of African Descent for Reproductive Justice (WADRJ).
Overview

The So-Called Culture War
Historically important considerations when understanding abortion care provision

- Margaret Sanger
  - Trained As Public Health Nurse
  - Original Focus – Birth Spacing and Decreases Maternal Morbidity/Mortality
  - Notoriously Pro-Birth Control and Anti-Abortion
Deaths from Abortion after Legalization

Laws liberalized in 15 states

Roe v. Wade
Creation of a Counter-Movement

Roe galvanizes people opposed to abortion

The formation of a “Pro-life” or “Right to Life” Movement

• Goals:
  • Make abortion illegal again
  • Make abortion a dirty word again
  • Make abortion rights a political liability
Bringing it Home to the Base, Defund Planned Parenthood

No More Tax Dollars For Planned Parenthood!

"Please read and sign the petition intended to end ALL tax payer money that is given to Planned Parenthood by our elected officials at the local, state and federal level of government. We welcome your comments, stories, and first hand experiences to tell the real story of what Planned Parenthood really is. After all, shouldn't we all be held accountable to the same standard of law?"

Sign Petition Now!

Did you know that Planned Parenthood has received
IN THE
Supreme Court of the United States

WHOLE WOMAN’S HEALTH, ET AL.,

Petitioners,

v.

KIRK COLE, M.D., COMMISSIONER OF THE TEXAS
DEPARTMENT OF STATE HEALTH SERVICES, ET AL.,

Respondents.

On Writ of Certiorari to the
United States Court of Appeals for the Fifth Circuit

BRIEF OF AMICI CURIAE
NATIONAL PHYSICIANS ALLIANCE, AMERICAN
ACADEMY OF NURSING, CENTER FOR AMERICAN
PROGRESS D/B/A DOCTORS FOR AMERICA,
AMERICAN NURSES ASSOCIATION, AND SOCIETY
FOR ADOLESCENT HEALTH AND MEDICINE IN
SUPPORT OF PETITIONERS

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[Additional Counsel Listed on Inside Cover]
The Fetus as the Central Issue

• Visual images of fetuses
• Separation from the pregnant person
This was a suggested ad to Dr. McLemore’s Facebook Newsfeed in March 2013
Some Data
Nurses and Care of Women Seeking Abortions, 1971 to 2011

Monica McLemore and Amy Levi

Original article

Women Know Best—Findings from a Thematic Analysis of 5,214 Surveys of Abortion Care Experience

Monica R. McLemore, PhD, MPH, RN,*, Sheila Desai, MPH, Lori Freedman, PhD, Evelyn Angel James, CNM, WHNP-BC, Diana Taylor, PhD, RNP, MS, FAAN

*University of California, School of Nursing – Family Health Care Nursing Department, San Francisco, California

Advancing New Standards in Reproductive Health, Bixby Center for Global Reproductive Health, University of California, San Francisco, California
Recruitment and retention strategies for expert nurses in abortion care provision

Monica R. McLemore, Amy Levi, E. Angel James

University of California, San Francisco – School of Nursing, 2 Koret Way, N411, San Francisco, CA 94143, USA
University of New Mexico – College of Nursing, MSC09 5350, 1 University of New Mexico, Albuquerque, NM 87131-0901, USA

Received 4 October 2014; revised 17 February 2015; accepted 17 February 2015

Research Report

Calculus Formation: Nurses’ Decision-Making in Abortion-Related Care

Monica R. McLemore, Susan Kools, Amy J. Levi

First published: 27 March 2015
DOI: 10.1002/nur.21655

Cited by (CrossRef): 2 articles

Explore this journal >
Reproductive Health Matters

Issues in Current Policy
Radical or routine? Nurse practitioners, nurse-midwives, and physician assistants as abortion providers
Lori Freedman, Molly Frances Battistelli, Caitlin Gerdts, Monica McLemore

doi: 10.4269/ajtmh.16-0918

Impacts on Global Health from Nursing Research
Kimberly Baltzell, Monica McLemore, Mona Shattell, and Sally Rankin

PMCID: PMC5392616
Retrospective Evaluation of the Procedural Sedation Practices of Expert Nurses During Abortion Care

Monica R. McLenore and E. Angel Axtlan

ABSTRACT

Objective: To evaluate the provision of procedural sedation during abortion by expert nurses and to describe the factors that are associated with time to discharge for women who receive this sedation.

Design: Retrospective chart review.

Methods: Descriptive statistics were generated to describe a retrospective cohort of women presenting for abortion under procedural sedation. Analysis of variance was used to determine significant characteristics that influenced time to discharge.

Setting: A single clinical site that employs seven expert nurses.

Participants: A total of 194 medical records were available for this analysis.

Results: All women were discharged home with accompaniment, and no incidents of respiratory distress or other adverse complications occurred. Most women (n = 136) received at least 150 µg fentanyl and 3 mg midazolam, and 71% of women in the first trimester and 85% of women in the second trimester entered the recovery area with no pain. Variables significantly associated with time spent in the recovery area were gestational age at time of abortion (t = -2.66, p = .008), pain at entry to recovery area (t = -0.254, p = .008), and pain at 15 minutes (t = 0.25, p = .038).

Conclusion: Expert nurses can administer procedural sedation for pain control associated with abortion and are capable of monitoring women and helping them return to baseline status after the procedure.


Accepted June 2017
Attitudes of California Registered Nurses About Abortion

Alicia Swartz, Thomas J. Hoffmann, Elizabeth Cretti, Candace W. Burton, Meghan Eagen-Torkko, Amy J. Levi, E. Angel Aziz, and Monica R. McLemore

ABSTRACT

Objective: To describe attitudes about abortion among registered nurses (RNs) licensed in California and to determine if demographic characteristics were associated with these attitudes.

Design: Cross-sectional, one-time survey.


Participants: Nurses with active RN licenses in California (N = 2,500).

Methods: An anonymous survey was sent to a random sample of 2,500 RNs with active California licenses between 2015 and 2017 to assess their personal and professional demographic characteristics and their attitudes toward abortion. Using scores on the Abortion Attitudes Scale, we dichotomized participants into proabortion and antiabortion categories. We used chi-square tests to determine differences based on demographic characteristics.

Results: Data from 504 RNs licensed in California are included in this analysis. Most respondents identified as female (n = 462, 92%), older than 50 years of age (n = 379, 75%), married (n = 364, 72%), White (n = 354, 70%), and Christian (n = 322, 64%). They were more likely to have negative attitudes toward abortion care if they identified as female, older than 50 years old, married, White, and Christian.
Original Article

The Space in the Middle: Attitudes of Women’s Health and Neonatal Nurses in the United States about Abortion

Amy Alspaugh, PhD a,b,s , Renee Mehra, PhD b, Kate Coleman-Minahan, PhD c, Thomas J. Hoffmann, PhD d, Candace W. Burton, PhD e, Meghan Eagen-Torkko, PhD f, Toni M. Bond, PhD b, Linda S. Franck, PhD b, Liz Cretti Olseon, MPH, MSN g, Nikki Lanshaw, MPH b, Jacqueline D. Rychnovsky, PhD h,l , Monica R. McLemore, PhD b,l

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Re-Diversifying the Workforce

RETOFIT
Founding ACTIONS Team

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Linda Franck
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Washington University in St. Louis
Black Futures Lab
Birth Place Lab

Olga Smith, RN
MA candidate, 2020
UCSF
CA Nurses CPC Study
ANSIRH Core Funding

Rachel Applewhite
MPH candidate, 2019
Harvard School of Public Health
RLBC
Connection to Broader National Landscape
Building a Canon

REFORM: SHIFTING THE NARRATIVE
Maternal Mortality

How to Reduce Maternal Mortality

To prevent women from dying in childbirth, the first step is to stop blaming them.

TEXT BY MONICA R. MCLEMORE, GRAPHICS BY VALENTINA D’EFILIPPO

The shameful secret is out: Although the number of women who die in childbirth globally has fallen in recent decades, the rates in the U.S. have gone up. Since 1987 maternal mortality has doubled in the U.S. Now approximately 800 maternal deaths occur every year. One of the most striking takeaways from examining the data is racial disparity: Black women are three to four times more likely to die in childbirth than white women.

Monica R. McLemore is an assistant professor in the family health care nursing department and a clinician-scientist at Advancing New Standards in Reproductive Health at the University of California, San Francisco. She maintains a clinical practice at Zuckerberg San Francisco General.

These include a lack of data; not educating patients about signs...
COVID-19 Is No Reason to Abandon Pregnant People

New rules prohibiting spouses or doulas during labor and delivery in many New York City hospitals are putting vulnerable populations at greater risk

By Monica R. McLemore on March 26, 2020
We Must Extend Postpartum Medicaid Coverage

And that must go hand in hand with better access to quality care, redress of systemic barriers to vital health, and social services and supports

By Jamila K. Taylor, Ifeyinwa V. Asiodu, Renée Mehra, Amy Alspaugh, Toni Bond, Linda S. Franck, Monica R. McLemore on March 11, 2021

READ THIS NEXT

PUBLIC HEALTH
We Can’t Fight COVID-19 on a Country-by-Country Basis
The safety of medication abortion has recently been affirmed by the FDA, yet 33 states have laws mandating that it can only be administered by a physician. This means CNMs, NPs, and PAs are unable to administer the medications despite evidence that they can do so safely.
Opinion

Abortion Doesn’t Have to Be an Either-Or Conversation

Treating the decision with nuance and care is essential to reproductive justice

AUTHORS

Amy Alsbaugh is a Certified Nurse-Midwife in Knoxville, TN and has a Ph.D. in Nursing. She currently works as an Assistant Professor at the University of Tennessee College of Nursing, where she researches women's reproductive health.

Linda S. Franck holds the Jack and Elaine Koehn Endowed Chair in Pediatric Nursing at the University of California, San Francisco, School of Nursing and co-directs the ACTIONS fellowship program. She leads family and community partnered research in maternal, newborn, child
REIMAGINE: AN ESSENTIAL COMPONENT TO REPRODUCTIVE JUSTICE

Abortion Out Loud
PATIENTS NEED CARE THEY CAN TRUST
NOT POLITICALLY-MOTIVATED DECEPTION ABOUT ABORTION
AbortionCareNetwork.org/EndAbortionDeception

Nurse and Abortion Provider
Monica McLemore, PHD, MPH, RN

Paid for by Abortion Care Network
CALIFORNIA

473 bills introduced nationwide to restrict access

ONE NEW LAW enacted nationwide to expand abortion access

68 enacted

We stand with women & families by expanding access.

2013 stats from the Guttmacher Institute.

Be Bold

Unite to lift the ban on Medicaid coverage of abortion.

Take action to lift bans on abortion coverage
Visit allaboveall.org
HAPPENING NOW: The Pennsylvania Supreme Court will hear oral arguments in Allegheny Reproductive Health Center v. Pennsylvania Department of Human Services, a case challenging the state's ban on abortion coverage through the Pennsylvania Medicaid program.

David S. Cohen @dsc250 · Oct 25
Tomorrow, @womenslawPGH and I will be arguing a case in the Pennsylvania Supreme Court challenging the state's ban on Medicaid funding for abortion. A
Current Landscape - Wins

- New Jersey – APC expansion*
- Virginia – APC expansion*
- Hawaii – APC expansion*
- Minnesota*
- South Carolina Fetal Heartbeat Protection From Abortion Act defeated
- Arizona – Race and Sex Selection Ban defeated
- NAACP and NAPWF
- Kansas - Constitutional Amendment Struck Down
Blueprint for Sexual and Reproductive Health, Rights, and Justice

JULY 2019
Leveling Up Our Expectations
Do-able Actions RIGHT NOW

1. Guarantee the employment of all workers who are currently providing abortion, contraception, and family planning services;
2. Commit to ethics training of all workers – to NOT surveille patients nor racially profile via medical record or other documentation;
3. Consider training of staff to provide accurate and evidence-based information regarding pregnancy outcomes;
4. Demand transparency specific to pregnancy help and crisis pregnancy centers;
5. Work with academic institutions to lead and design research that is relevant to the current climate;
Do-able Actions RIGHT NOW

6. Demand new variables from data sources that inform programming;
7. Consider social media use, specifically launching an evidence-based series of social support on YouTube/TikTok
8. Partner with local doula groups & home visiting to provide training, clear communication, and spaces for new ideas
9. Plan to become the employer of choice for people who have previously received services in your program – view our patients and communities we work in as our current and future workforce;
10. Develop the courage to do your work differently and then act accordingly.
Summary

Workforce Development Matters in Abortion Care Provision

Linking Abortion Care to Reproductive Justice and Human Rights is ESSENTIAL

Continuing to Build the Science and Nuance in these Discussions Depolarizes the Issue

Conscientious Objection and Provision Can Co-Exist

When the Public has Trusted Messengers, We can Effectively Convey Public Health Messaging
Questions? Comments? Suggestions?
Make This All Different

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