NATIONAL ABORTION FEDERATION

LANGUAGE **GLOSSARY**

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nationalabortionfederation.org

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Purpose

This glossary provides guidance on clear, accurate, and patient-centered terminology for use in NAF materials and among NAF facilities as part of patient care. Its goal is to promote consistency, reduce ambiguity, and align our language with current clinical standards adopted across the field, including those used by organizations such as ACOG, SFP, and NAF's Clinical Policy Guidelines.

Values Centered

Equity, inclusivity, trust, transparency, respect, integrity, and autonomy.

When to Use This Glossary

This document is intended to guide terminology used in NAF materials, educational resources, and communication related to abortion care. It focuses on commonly used clinical terms that benefit from greater clarity or standardization.

In direct patient interactions, trauma-informed care practices include respecting and mirroring the language patients use to describe their own experiences.

Why This Matters

Language shapes understanding. Using precise, up-to-date terminology reduces ambiguity, minimizes stigma, and supports informed decision-making. Aligning our language across materials promotes consistency while preserving space for patient-centered communication.

Scope and Limitations

This glossary addresses frequently used clinical terms in abortion-related care. It is not intended to catalogue every term that may arise in all contexts, nor to replace clinic-level practice standards. Clinical terminology remains appropriate for documentation and internal professional communication.

Ongoing Review

Language will continue to evolve alongside clinical evidence, patient preferences, and cultural understanding. This glossary is a living document that will be updated periodically to incorporate emerging research, changes in vernacular, and feedback from NAF members and staff.

Terminology	Recommended Term (Patient-Facing)	Recommended Term (Internal/Clinical Use)	Explanation
Medical abortion The abortion pill Chemical abortion RU/RU486	Medication abortion Abortion with pills	Medication abortion Medication abortion before 14 weeks LMP	**Medication abortion** is specific, clear, and accurate. It also reflects terminology used in the latest scientific literature, as well as NAF CPGs. "Medical" abortion is vague and could potentially be confusing to patients – particularly when used to differentiate it from "surgical" abortion (see below). "The abortion pill" may be unclear as many patients are not familiar with the distinction between emergency contraception and medication abortion. "Chemical abortion" is not used in medical literature.
Surgical abortion Suction abortion	Procedural abortion The abortion procedure	Procedural abortion Aspiration abortion	**Procedural abortion** is specific, clear, and accurate. It also reflects terminology used in the latest scientific literature, as well as NAF CPGs. "Surgical" abortion is inaccurate as it is not a surgery that is being performed; patients equate "surgery" with "cutting." "Suction abortion" overemphasizes a tool and can sound overly mechanical or graphic to patients. While "aspiration abortion" is clinically accurate, it is unfamiliar to patients and typically requires additional explanation to be meaningful. "In-clinic abortion" is sometimes used to refer to procedural abortion.
Dilation & curettage D&C	Procedural abortion The abortion procedure	Procedural abortion Aspiration abortion	See above (under procedural abortion). Also, uterine curettage is an outdated practice that should no longer be used.
Dilation & evacuation D&E	Procedural abortion The abortion procedure	Dilation & evacuation D&E	See above (under procedural abortion). While terms like "dilation & evacuation" or "D&E" are appropriate in clinical settings, they are not plain language for use with patients.

Terminology	Recommended Term (Patient-Facing)	Recommended Term (Internal/Clinical Use)	Explanation
1st, 2nd, or 3rd trimester	Gestational age in # weeks from the last menstrual period (LMP)	Gestational age in # weeks from the last menstrual period (LMP)	**# weeks LMP** is more specific and can be easily understood by everyone. Trimester cutoffs vary in medical literature and encompass many weeks during which abortion care can differ significantly (ex. abortion at 14 weeks LMP and 22 weeks LMP are both considered second trimester but involve markedly different care). As a result, trimester labels are often less clinically useful in abortion care.
Late term abortion Early abortion	Gestational age in # weeks from the last menstrual period (LMP)	Gestational age in # weeks from the last menstrual period (LMP)	**# weeks LMP** is more specific and can be easily understood by everyone. "Late-term abortion" is a political term that perpetuates anti-abortion stigma; it is not a medical term. Similarly, "early abortion" is discouraged because it is imprecise and may carry a value judgment, suggesting some abortions are more acceptable than others.
Early pregnancy failure Missed abortion Blighted ovum	Miscarriage Early pregnancy loss	Early pregnancy loss Spontaneous abortion Missed abortion	**Early pregnancy loss** is current, accurate, and less stigmatizing. However, patients may be familiar with the colloquial **miscarriage**. While other terms (ex. missed or spontaneous abortion) are not plain language for use with patients, they are appropriate in clinical settings.
Pregnancy of uncertain location	Pregnancy of unknown location	Pregnancy of unknown location	**Pregnancy of unknown location** is the standard term used in medical literature and guidelines (ex. ACOG, SFP, most protocol papers). "Uncertain" could also imply provider error and/or uncertainty in care, while "unknown" simply describes the situation: the pregnancy has not yet been located by ultrasound.

Terminology	Recommended Term (Patient-Facing)	Recommended Term (Internal/Clinical Use)	Explanation
Products of conception (POC)	Pregnancy tissue The pregnancy	Products of conception (POC) Pregnancy tissue	**Pregnancy tissue** is preferred for use with patients because it is plain, respectful language that can be easily understood while avoiding medical jargon that can feel impersonal. If a patient uses a different term to describe pregnancy tissue, staff should mirror the language the patient identifies as most appropriate.
Heartbeat	Cardiac activity	Cardiac activity	**Cardiac activity** is more precise and aligns with terminology recommended by a multi-society clinical consensus panel. Cardiac development is gradual and incomplete during early pregnancy; as a result, "heartbeat" may inaccurately imply the presence of a fully formed heart and carry unintended emotional associations.
Viability Live Living	Gestational age in # weeks from the last menstrual period (LMP)	Gestational age in # weeks from the last menstrual period (LMP)	"Viability" is clinically imprecise and highly variable, with survival dependent on gestational age, health of the fetus, health of the pregnant person, and the availability of medical resources. These terms can also imply moral judgment or create unrealistic expectations, particularly in the setting of early pregnancy loss or ectopic pregnancy. The term has also been politicized and weaponized in law and public debate, making it especially important to use precise clinical descriptors (ex. **gestational age in weeks**) instead.

Terminology	Recommended Term (Patient-Facing)	Recommended Term (Internal/Clinical Use)	Explanation
Conscious sedation Twilight sedation	IV sedation Moderate sedation	Moderate sedation	**Moderate sedation** is the preferred clinical term as it reflects a standardized level of sedation, while **IV sedation** may be appropriate in patient-facing contexts when clearly explained. "Twilight sedation" is not a standardized medical term and may set unclear or unrealistic expectations for patients.
Induction evacuation Induction abortion	Actual clinical descriptors of care provided (ex. induction abortion)	Medication abortion Actual clinical descriptors of care provided (ex. induction abortion)	It is best practice to use terms that are already familiar to patients or that can be easily explained. While NAF CPGs do not use the term "induction abortion," we recognize that it may be the most accurate umbrella term for this kind of care.
Induced fetal demise Feticidal injection	Plain language descriptors (ex. injection to stop the cardiac activity of the pregnancy)	Induced fetal demise Feticidal injection	Plain-language descriptions are preferred in patient-facing communication. Technical terms may be unfamiliar, abstract, or carry unintended emotional weight. Clear, direct explanations promote patient understanding.
Describing the MAB process as "like a heavy period"	Actual clinical descriptors of MAB process/experience (ex. cramping and bleeding with passage of clots and pregnancy tissue)	Actual clinical descriptors of MAB process/experience (ex. cramping and bleeding with passage of clots and pregnancy tissue)	Many providers describe medication abortion as "like a heavy period" because it can feel like a familiar point of reference. However, studies have shown that this comparison can leave patients unprepared for the intensity of cramping and bleeding that can occur during the process. Not all patients have experienced a very heavy menstrual period, and the range of experiences with medication abortion can vary widely. Using clear, direct descriptions of what patients can expect can better prepare patients while supporting informed, patient-centered care.

Terminology	Recommended Term (Patient-Facing)	Recommended Term (Internal/Clinical Use)	Explanation
Describing the MAB process as "like a miscarriage"	Actual clinical descriptors of MAB process/experience (ex. cramping and bleeding with passage of clots and pregnancy tissue)	Actual clinical descriptors of MAB process/experience (ex. cramping and bleeding with passage of clots and pregnancy tissue)	While the physical experience of medication abortion may resemble aspects of early pregnancy loss, describing the process directly (i.e. expected timing of cramping and bleeding) is clearer and more accurate. The miscarriage analogy is not meaningful or reliable for all patients and may unintentionally evoke emotional experiences unrelated to an intentional abortion decision. Using direct, precise language affirms patient autonomy and supports trauma-informed care without relying on analogies that may not reflect every patient's experience.
Insertion (ex. IUD or implant, vaginal speculum, ultrasound wand) To insert… Inserting…	Placement To place… Placing…	Placement To place… Placing…	**Placement** feels less invasive to the person who is having something placed in their body. Considering that stents are "placed" in coronary arteries, we feel this language is consistent and reasonable.
Telemedicine TeleMAB TMAB	Telehealth	Telehealth TeleMAB TMAB	**Telehealth** centers the health of the patient whereas "telemedicine" is practitioner-focused.
Doctor or physician	Provider Health care provider	Clinician	Many abortions are provided by advanced practice clinicians, including nurse practitioners, midwives, and physician associates. With patients, use whichever term reflects the provider(s) they will be seeing. In the NAF CPGs, however, "provider" is defined more broadly to include anyone working in the abortion space, while the term "clinician" is reserved for licensed providers working within their scope of practice.

Terminology	Recommended Term (Patient-Facing)	Recommended Term (Internal/Clinical Use)	Explanation
Preferred name Preferred pronouns	Name I/you go by Pronouns	Patient's name Used name Used pronouns	"Preferred" implies that using a person's name or pronouns is optional or merely a preference. Using more direct language reinforces that honoring a person's name and pronouns is an expectation for staff and part of respectful, trauma-informed, patient-centered care. In some cases, a patient's legal name may still need to be collected for documentation, billing, or insurance purposes. However, staff should use the patient's name and pronouns in all interactions.
Cisnormative language	Gender-neutral and/or gender-inclusive language	Gender-neutral and/or gender-inclusive language	Using inclusive language in your print materials acknowledges that not all patients who need abortion care identify as cisgender women, and signals that your clinic recognizes and respects the full range of patients who may seek abortion care. **Gender-neutral** means using words that don't refer to any specific gender – like "patients" instead of "women." **Gender-inclusive** means using language that acknowledges and welcomes *all* genders. For example, "women, trans men, and nonbinary people who can get pregnant."
Heteronormative language	Inclusive language	Inclusive language	Using inclusive language in your print materials acknowledges that not all patients who need abortion care identify as heterosexual, and signals that your clinic recognizes and respects the full range of patients who may seek abortion care.
Documents written at reading level $\geq$8 grade	Educational materials written at (or below) the national reading level	Documents written at a reading level suitable for the intended audience	Best practice is to write patient-facing documents using language that reflects the fact that more than half of adults in the U.S. (54%) read below the equivalent of a sixth-grade level.