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# Abortion Language Guide



BSACP

BRITISH SOCIETY OF ABORTION CARE PROVIDERS

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# Hello & *Welcome*

At Abortion Talk, Doctors for Choice UK and BSACP we hear all too often about the impact of **stigmatising, unclear** and **euphemistic language** on people seeking abortion care.

From the person with an IUD in place called ‘mummy’ after unexpectedly learning she was pregnant, to the person with an unwanted pregnancy asked if she’d like to see her ‘baby’ on the scan image, people tell us how much words matter. Here we provide some examples we’ve come across and recommended alternatives.

When we use clear, non-euphemistic, value-neutral language, we make spaces for people to feel truly heard and understood. This should not preclude listening to people coming for **care** and taking the lead from them in **preferred terminology**.

RECOMMEND AVOIDING	RECOMMEND USING INSTEAD	NOTES
<b>*Baby</b>	<b>Pregnancy/ Fetus/Embryo (first 8 weeks)</b>	The recommended neutral terms are scientifically accurate and do not pre-empt a decision about whether a pregnancy will proceed to term or end in an abortion.
<b>*Mother</b>	<b>Pregnant woman/Pregnant Person</b>	The recommended neutral terms do not pre-empt a decision about whether the pregnancy will proceed to term.
<b>*Father</b>	<b>The person you/she/they got pregnant with or The person who made you/her/them pregnant</b>	The recommended neutral terms that do not pre-empt a decision about whether the pregnancy will proceed to term. The latter may feel more appropriate for someone who is pregnant as a result of sexual assault.
<b>ToP</b>	<b>Abortion</b>	The acronym 'ToP' (termination of pregnancy) risks being unclear. It is better to use clear, non-euphemistic language. Abortion is the legal term, and the term used by the majority of abortion providers.
<b>Social or elective termination</b>	<b>Abortion</b>	The terms 'social or elective' reinforce the idea of bad/unjustifiable abortions as opposed to good/justifiable abortions for medical reasons.
<b>Repeat abortions</b>	<b>More than one abortion/'x' abortions</b>	The term 'repeat abortions' implies repeat offences. It implies a failure to change behaviour and is a judgemental term.
<b>Interrupting the pregnancy</b>	<b>Ending the pregnancy, abortion</b>	The term 'interrupting the pregnancy' risks being unclear. It is better to use clear, non-euphemistic language.

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<b>Late abortion / Early medical abortion</b>	<b>Abortion at or after 'x' weeks/Abortion after the first three months/ Abortion in the second/third trimester Medical abortion at or under 'x' weeks</b>	Distinguishing between early and late abortions brings to mind good and bad abortions.
<b>Pro-life</b>	<b>Anti-abortion/Anti- choice</b>	'Pro-life' is a term used by the anti-abortion movement to stigmatise people who support, provide or have abortions, implying they do not care about life.
<b>Gestation</b>	<b>Pregnancy duration</b>	The focus of 'gestation' is on the development of the fetus whereas the focus of 'pregnancy duration' is on the pregnant person.
<b>Unborn child</b>	<b>Pregnancy/Fetus</b>	'Unborn child' is a term coined by the anti-abortion movement.
<b>Crisis pregnancy</b>	<b>Unplanned pregnancy Unwanted pregnancy Unwelcome pregnancy Pregnancy an individual is unable to continue.</b>	Whether the pregnancy is experienced as a crisis or a disaster or simply an unwanted accident, abortion is an option and a solution to that situation.
<b>Fetal remains</b>	<b>Pregnancy tissue</b>	Focus on the pregnant person.
<b>Retained products of conception</b>	<b>Retained pregnancy tissue</b>	Focus on the pregnant person.

# Bear in mind...

\*These recommendations may not apply when someone is ending a wanted pregnancy due to a pre-term diagnosis. **Different terminology may feel appropriate.**

For example, Antenatal Results and Choices (a charity which supports people in this situation) say their clients prefer the terms 'parents' and 'baby' and 'termination of pregnancy'.

\*People with unwanted pregnancies may also prefer to use the term baby. Healthcare providers should use their **professional judgement** about mirroring patients' language, bearing in mind that in all areas of healthcare, good clinical communication involves using person-centred, non-value-laden language and being responsive to the language a person prefers or seems to want to use as the conversation progresses.

If you'd like to read more about using non-stigmatising language around abortion, both [MSI](#) and [IPPF](#) have excellent guides of their own.

# And finally

If you found this guide interesting and would like to discuss reducing abortion stigma in your workplace or community group, find out more about workshops on the [Abortion Talk website](#).

## **Acknowledgements**

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