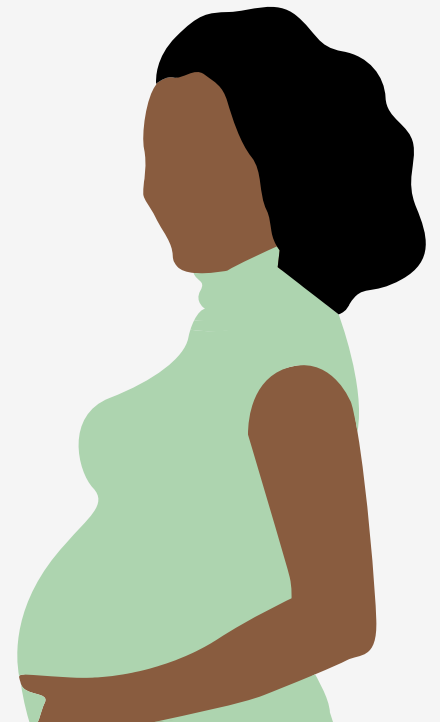


SECTION 1

QUALITY PERINATAL CARE IS YOUR RIGHT



Pregnant and parenting people who use substances face tremendous stigma and judgement when they seek medical care.

Experience with bias, judgement, and scrutiny - especially from healthcare workers, loved ones, family, and friends - **can make people feel isolated and make it harder to seek prenatal care, mental health counseling, social services, and community support.**^{1, 2}


People don't go to places where they don't feel welcomed. They may fear for their safety - or the safety of their family and children. They may be worried about being coerced into treatment that isn't right for them. **That's why having kind, smart, trustworthy, nonjudgmental, people to support them and advocate with them can make all the difference in the world.**

SUBSTANCE USE

is not the same as a
SUBSTANCE USE DISORDER



*When we talk about substance use disorder we mean, "use that causes **clinically significant impairment**, including health problems, disability, and failure to meet our responsibilities at work, school, or home."*

www.samhsa.gov 

Please understand that while **many people are able to quit or cut back on their substance use during pregnancy**, those who want to stop, but can't stop need support. They may or may not have a substance use disorder.

Substance use disorders (SUDs) are **common, recurrent, treatable.**

SHOWING POSITIVE REGARD

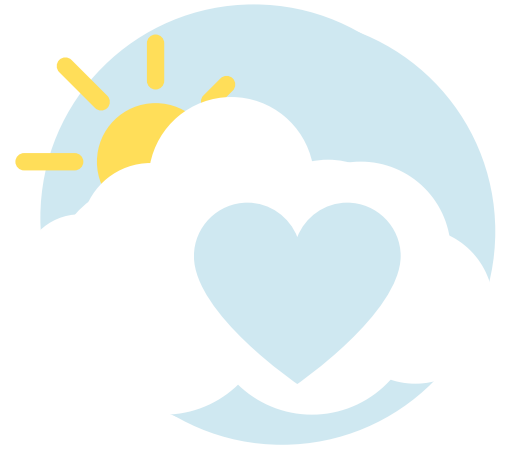
Unconditional positive regard can be a great tool for empowering people, boosting their self-esteem, and showing them that you believe that they can be good parents.

Demonstrating unconditional positive regard starts with the belief that **people are inherently good**.

Communicating unconditional positive regard means that when you talk to someone about their healthcare needs, you **recognize the whole person**. You see them as someone with a full range of needs - instead of just focusing on their substance use.

When you have unconditional positive regard for someone:

- **You respect their right to make important decisions** about their body and their health.
- **You want what is best for them.**
- **You believe that they are competent and capable** of choosing what is right for them based on their unique circumstances.



WHY IT MATTERS

Unconditional positive regard is useful both in the **clinical setting** and in **everyday life**. And it is an essential tool in **Harm Reduction**.

It appreciates that we all make choices **based on our unique needs, experiences, and circumstances**. It acknowledges that everyone is different; what is right for you may not be right for me.

Positive regard helps us to make new **choices that are different from the ones we've made before**. When we know that people respect us as someone who is capable of making their own decisions, **we feel safer** discussing the choices we are making. We know that even if we change our minds or make a mistake, **we will still be able to get the support we need**.



MOTIVATIONAL INTERVIEWING

Motivational Interviewing (MI) is a **tool that can help you navigate tough conversations**. To be effective, MI requires that you have empathy, self-awareness, and the ability to partner with someone who is in your care.

When you use MI techniques **you ask questions** and **listen to the answers**. Instead of giving directions or making accusations, you focus on **identifying choices** and **looking for solutions**. With practice, motivational interviewing is a technique that can be used by anyone - in any setting.

Part of motivational interviewing is understanding that **it takes time to build trust**. People may choose to wait to talk to you about the details of their substance use until they believe that you can be a reliable partner and ally.

TRY
THIS

Instead of saying...

Now that you're pregnant you need to stop smoking.


Say... What do you think about your smoking now that you're pregnant?

Instead of saying...

If you loved your children you'd stop using.

Say... I know you love your children. What can we do to help you parent them the way you want to?



See  SAMHSA's resources and guide.

Instead of saying...

You'll probably lose custody of this baby too.

Say... What was it like when you lost your child? What are your goals for this pregnancy?

MOTIVATIONAL INTERVIEW METHODS

ASK	PERMISSION	<i>Can we talk about...</i>
	OPEN QUESTION	<i>What do you think about...</i>
	CLOSED QUESTION	<i>Would you want to...</i>
TELL	EDUCATION	<i>We know that...</i>
	INFORMATION	<i>Some of your choices are...</i>
	RECCOMENDATIONS	<i>You might want to...</i>
LISTEN	APPRECIATE	<i>You know that you...</i>
	REFLECT	<i>You want to, but...</i>
	SUMMARIZE	<i>So your plan is...</i>

RESPECTFUL LANGUAGE

Many of the words we use to describe substances, their use, and the people who use them are stigmatizing. It is our responsibility to our partners, family, and friends to do our best to **avoid judgmental and stigmatizing language**.

When talking about their own substance use, people can choose the language that feels right to them. But we should never use stigmatizing terms or labels when we talk about others. Because the **words we use to describe people who use drugs, their children, and substance use shape our beliefs**. The words we choose demonstrate whether or not we value and respect people who use drugs, their families, and the people who care for them.

Another strategy for dismantling stigma is adopting "**person first language**." This means **using words that recognize people's humanity - and that don't define them solely by their condition**. Adjusting to person first language can be awkward at first, but it is worth it if it helps us **better serve and support** people who have been subjected to shaming and stigmatizing by others.

BEST PRACTICES TO AVOID USING STIGMATIZING LANGUAGE



Don't Use	Do Use	Why
<p><i>“addict”</i></p> <p><i>“abuser”</i></p> <p><i>“junkie”</i></p>	<p><i>“person who uses heroin”</i></p> <p><i>“person with cocaine use disorder”</i></p>	<p><i>Using “person-first” language demonstrates that you value the person, and are not defining them solely by their drug use.</i></p>
<p><i>“got clean”</i></p>	<p><i>“no longer uses illicit substances”</i></p>	<p><i>“Clean,” although a positive word, implies that when someone is using they are “dirty.”</i></p>
<p><i>“addicted newborn”</i></p> <p><i>“born addicted”</i></p>	<p><i>“neonatal opioid withdrawal (NOW)”</i></p> <p><i>“baby with prenatal cannabis exposure”</i></p>	<p><i>Infants are not addicted; they have prenatal substance exposure and/or physiological dependence.</i></p>
<p><i>“medication replacement therapy (MRT)”</i></p> <p><i>“medication assisted therapy (MAT)”</i></p>	<p><i>“opioid agonist therapy (OAT)”</i></p> <p><i>“medication for opioid use disorder (MOUD)”</i></p> <p><i>“medication for alcohol use disorder”</i></p>	<p><i>These categories are value-neutral and precise.</i></p> <p><i>When discussing a specific medication, refer to it by both its generic and brand names.</i></p>

CAUTION:



Micro-aggressions are forms of discrimination that are common and subtle insults toward marginalized groups and people.

STIGMA AND PRIDE

Stigma is made worse by policies that discriminate against people who use drugs and push them to the margins of society. There are many forms of stigma, such as:

- **stigma from individuals** who use words like “junkie” or “pillhead”
- **institutional stigma** like instituting policies for firing people based on positive urine drug screens
- **stigma by association** when pharmacists or medical providers say, “I don't want people like that around my patients and staff”
- **self-stigma** when you believe you deserve judgement, pain, and suffering because you use drugs

Stigmatizing language is written into our laws, child welfare policies, and provider education. Despite widespread acceptance that substance use is a health condition - and not a character flaw - stigma against people who use drugs is still **socially acceptable and commonplace**.

Widespread stigma creates significant barriers to accessing what people need to survive and thrive - such as health care, employment, housing, and social services.

Sometimes people might feel like they should be ashamed of themselves based on what substances they use or the circumstances in which they use them.

When people who use drugs accept and internalize stigma, it can lead to **anxiety, isolation, and loss of self-love**.^{3, 4}

Stigma robs people of their dignity and autonomy. It punishes - and it creates barriers. People accustomed to **mistreatment and abandonment** learn to live in fear. If someone is told enough times that they are worthless, **it changes how they make decisions about their health and their safety.**

When people can't tell anyone who loves them what they use, when they use, and where they use, they are **more likely to use alone**, increasing their risk of overdose.

We recommend these resources:

[Never Use Alone](#)  800-484-3731
[The Brave App](#) 

STOP the
STIGMA



Stigma is amplified if a person who uses drugs becomes pregnant.^{1,2} They may even become isolated from people who knew about and accepted their substance use before they got pregnant.

DIGNITY + PRIDE


It is important that you and your support system build up your self-esteem and hope for your future.

You have many positive qualities and deserve to be your best self.

You deserve to be treated with dignity and respect, as someone capable of making the best choices for yourself and your children.

You deserve to be surrounded with people that help you **identify, grow, and celebrate your strengths**.

You deserve to talk with people not only about how to work on your current problems, but how to **imagine and plan for a better, happier, healthier future**.

ACOG Committee Opinion:
[Caring for Patients Who Have Experienced Trauma](#) 

Ask your care providers if they know about - and provide - trauma-informed care.

TRAUMA-INFORMED CARE

An essential component of respectful reproductive health care is what is known as "**trauma-informed care**."

Trauma-informed care is health care that recognizes the impact of negative life experiences.

Living with the effects of things like poverty, racism, scarcity, child welfare services involvement, incarceration, and the loss of loved ones affects our health. Being exposed to emotional, verbal, sexual, financial abuse, and unhealthy relationships contributes to poor outcomes.

You deserve to be treated with dignity and respect, as someone capable of making the best choices for yourself.



TRAUMA-INFORMED CARE

Consider sharing
this toolkit with
your providers.

Some basic strategies for providing trauma-informed care

across the perinatal and postpartum continuum are:

- Understand that **it is not necessary for someone to disclose the nature of their trauma** in order to provide trauma-informed care.
- Display positive and welcoming signage that **sets a friendly tone** when families access services, with an integrated and consistent response from all team members - from the front desk staff to direct care workers.
- Establish a **comforting, welcoming, and accessible** physical environment.
- Use **strengths-based, person-first language**. Don't describe people as being controlling, manipulative, non-compliant, unreliable, uncooperative, immature, attention-seeking, drug-seeking, or a bad parent. Especially in their medical record or any documentation shared with others.
- **Recognize that behaviors** that providers might interpret as being difficult (such as expressing anger or frustration) **are often attempts to cope** with negative experiences or current stressors.
- Recognize that care must be individualized and person-centered. **Some people will need more support and different types of support** than others.
- **Know yourself**. If you are a service provider, **recognize what you bring to the interaction**. Confront your own beliefs and biases about substance use and pregnancy. Acknowledge your own story, history, and beliefs.
- **Learn how to effectively engage in therapeutic conversations**. Practice how to open conversations and how to de-escalate if things get too emotional. Know your own triggers and vulnerabilities. Help clients constructively interact with health care providers who may not be trauma-informed.
- **Give choices** to participants and clients **that empower** them to set boundaries and determine the pace of physical assessments in the clinical setting.

TRAUMA-INFORMED CARE PRACTICES

When	Intervention or Action
Prenatally: before birth, during pregnancy	<ul style="list-style-type: none">• Support clients to access organizations that can address immediate practical needs such as safe housing, food, clothing, medical concerns, leaving violent relationships, transportation.^{5,6}• Develop approaches to providing prenatal services that are integrated and coordinated across health and social systems, including child welfare.⁷
Peripartum: during childbirth	<ul style="list-style-type: none">• Consider the impact of sexual abuse and trauma on childbirth. Clients can also experience traumatic childbirth if they feel disrespected, shamed and a lack of dignity during this time.⁸• Support immediate attachment between mother and baby. People with histories of substance use, mental health issues, trauma and violence are at higher risk of impaired attachment.⁹
Postpartum: during your stay	<ul style="list-style-type: none">• Keep families together as much as possible during hospital stay, including combined mother-baby care/rooming-in models¹⁰, promoting early frequent skin-to-skin for bonding and other mother-baby neuropsychological benefits.¹¹• Consider the relationship between trauma and breast/chest-feeding (some people prefer to call their mammary tissue as their chest rather than their breast). The physical contact of chestfeeding can be uncomfortable for trauma survivors. There are a number of strategies to address this issue.¹²
Postpartum: in the community, first 6 weeks after birth	<ul style="list-style-type: none">• Include a focus on parent-child relationships in all interventions. Clients with a history of abuse or trauma have a higher likelihood of attachment impairment. However, they are able to increase attachment over time.¹• Assess for postpartum depression. Women and childbearing people with a history of trauma are more likely to develop postpartum depression.^{11, 12, 13, 14}

GENDER-INCLUSIVE CARE



People of all genders can get pregnant, give birth, and feed their babies. And families may include one, two, three, or more parents and primary caregivers.

As care becomes more comprehensive and inclusive, people who are LGBTQIA+, are trans & gender diverse (TGD), or who have families that look different, feel empowered to advocate for the care they need - and deserve.

Understanding perinatal care experiences from new perspectives improves and enriches pregnancy and postpartum care for all families - and builds healthier communities.

Everyone deserves respectful, gender-affirming care.

We believe that our community should have safe access to a full range of sexual and reproductive health services. We oppose restrictive laws and discriminatory policies because we know that when access is limited for any of us, it affects ALL OF US.

RESOURCES WE :

- [Trans and Gender Diverse Parents Guide](#) from Rainbow Families
- [Support for Transgender & Non-Binary Parents](#) from La Leche League (LLL)
- [PFLAG Connects: Gender Spectrum Parent Community](#) from PFLAG
- [Characteristics of Gender Inclusive Facilities and Offices](#) from Gender Spectrum
- [Gender Affirming Healthcare Access Project](#) from the Ingersoll Gender Center
- [Preparing for Pregnancy as a Non-Binary Person](#) from Family Equality
- article: [Affirming pregnancy care for transgender and gender-diverse patients](#)
- article: [Intersectional Examination of Gender-Inclusive Care and Women's Health](#)

RESOURCES IN WASHINGTON

- [Gender-Affirming Care](#) from Planned Parenthood of Greater Washington and North Idaho www.plannedparenthood.org 📞 (800) 230 -7526
- [Healthcare Provider Database](#) from the Ingersoll Gender Center, a local organization that offers support groups for transgender and gender diverse people. ingersollgendercenter.org/ingersoll-directory
- [Program for Early Parent Support \(PEPS\)](#) peer-support series for LGBTQIA+ families www.peps.org/programs/affinity-programs/lgbtqia 📞 (206) 547-8570
- [Apple Health \(Medicaid\) Transhealth Program](#) Gender affirming healthcare for Apple Health (Medicaid) recipients in Washington State hca.wa.gov/transhealth 📞 (855) 923-4633
- [Apple Health for Pregnant individuals](#) provides comprehensive pregnancy and 12 months of postpartum coverage for individuals who qualify based on income, regardless of citizenship or immigration status.
- [Substance Using Pregnant People \(SUPP\) Program](#) Individuals who are pregnant, covered through Washington Apple Health, and have a substance use history may be eligible to receive services.

PARENTS



LACTATION

SHE HE THEY XI

PARTNERS

PERINATAL

LANGUAGE MATTERS

The words we use to talk about gender, pregnancy, giving birth, parenting, and feeding our babies are changing and expanding.



When you're collaborating in someone's care, don't assume you can understand their gender or identity just by looking at them.

Ask people about the words they use to describe their gender, their bodies, and their parenting.

TO BIRTH OR NOT TO BIRTH

Deciding whether to carry a pregnancy to term, deliver a baby, and be a parent is a very personal decision. For some people, the decision is an easy one. For other people, it can be more difficult. **Remember: Any of the feelings you have about your pregnancy are ok.** It's normal to have conflicting emotions. For example, you might be scared and excited at the same time.

Some people find it helpful to talk to their partners, friends, and family - but only you can make this very personal decision.

There are free, non-judgmental resources and services that can help you talk through your decision, such as All-Options. www.all-options.org 📞 888-493-0092

CONTINUING A PREGNANCY

If you choose to continue your pregnancy, the **next steps** are to:

- Start taking **prenatal vitamins**
- Find a prenatal **care provider**
- Build your **support network**

It is important to remember that **using substances before you knew you were pregnant - or during your pregnancy - does not mean that your baby will be harmed.**



If this is a desired pregnancy, being on medications for opioid use disorder or using drugs should never be the only reason for you to decide to have an abortion.


NOTE: While we don't often talk about it, miscarriage and pregnancy loss are common. **10-20% of all pregnancies end in miscarriage.** It is important to remember that substance use should not be blamed for pregnancy loss.







HEALTH INSURANCE for YOU


Anyone can go to **HealthCare.gov** to look for affordable health insurance. [healthcare.gov](https://www.healthcare.gov)  **800-318-2596** 

There are special programs available if you're [pregnant](#), [plan to get pregnant](#), or [recently gave birth](#). 


Many pregnant people are eligible for Medicaid.

Washington's Apple Health (Medicaid) provides comprehensive pregnancy and 12 months of postpartum coverage for individuals who qualify based on income, regardless of citizenship or immigration status.

Visit **Washington State Health Care Authority (HCA)** www.hca.wa.gov  for more information or call **800-562-3022** 

In addition to basic covered services, Apple Health's enhanced **First Steps**  program covers:

- prenatal care: regular office visits and associated services from your provider of choice, including licensed midwives, nurse midwives or physicians
- abortion, pregnancy loss, miscarriage care
- delivery in a hospital, delivery at a birthing center, or a home birth
- 12 months of comprehensive postpartum care for the birthing person
- continuous enrollment in Apple Health from birth up to age 6 for your child
- substance use disorder services
- mental health services
- dental services
- services covered through Maternity Support Services (MSS), Infant Case Management (ICM), and Childbirth Education (CBE)

If you are enrolled in Apple Health coverage and are pregnant, your coverage will automatically transition to **After-Pregnancy Coverage (APC)**  once your pregnancy ends. If you have been pregnant in the last 12 months you can apply for After-Pregnancy Coverage even if you were not enrolled in Apple Health while you were pregnant.

TYPES OF PREGNANCY PROVIDERS



- **Family Medicine Physicians and Primary Care Providers** offer comprehensive health care services for people of all ages. They also provide care for low-risk pregnancies and births.
- **Obstetricians and Gynecologists (OB/GYNs)** provide comprehensive reproductive health care, whether someone is pregnant or not.
- **Maternal-Fetal Medicine Specialists (MFMs)**, also called **Perinatologists**, have special training in handling complicated and high-risk pregnancies.
- Obstetrics and Gynecology **Nurse Practitioners** (NPs or OGNPs) have special training in providing reproductive, pregnancy, and gender-specific health care.
- **Midwives** provide sexual and reproductive health care. Midwives generally care for people with low-risk pregnancies but they can consult with specialists if there are any problems. **Certified Nurse Midwives (CNMs)** are licensed to provide care everywhere in the country. There are other types of midwives who are not required to be licensed, but their services may not be covered in your state or by your insurance. Check with your provider.



THE ROLE OF DOULAS

A doula is a professional support person who can be with you during pregnancy, birth, abortion, miscarriage, or the postpartum period (also called the 4th trimester). They may be licensed or unlicensed. **Doulas advocate for you, help you make decisions, and provide general support.** Some provide their services at low to no-cost. Some provide services that are covered by health insurance and Medicaid.

Doulas will typically meet with you once or twice during your pregnancy to develop a relationship with you and your support person. **During pregnancy, a doula can help you learn about your options and help you make plans** for childbirth and early parenting. **During labor and birth, it is their job to care for you and advocate for you** in non-judgmental, non-medical ways - especially during stressful situations.

When searching for a doula, get as much information about them as possible. Ask them if they provide **trauma-informed care** or have **experience with caring for people who use drugs**. If you have relationships with trusted social service providers, community health care workers, case managers, or treatment providers you may ask them to help you find an experienced doula.

RESOURCES in YOUR COMMUNITY



HEALTH INSURANCE for YOUR CHILDREN

There are programs that can help your children get the medical, dental, vision, and mental health care they need.

The **Children's Health Insurance Program (CHIP)** and **Medicaid** provide no-cost or low-cost health coverage for eligible children in Washington State.

- **Children's Health Insurance Program (CHIP)** [InsureKidsNow.gov](https://insurekidsnow.gov)
- **Washington Apple Health (Medicaid)** www.hca.wa.gov

You can call **Help Me Grow Washington Hotline** at 📞 **800-322-2588** for help with enrollment or visit their website at helpmegrowwa.org 🔗

The **Family Resource Navigators** at Help Me Grow Washington can answer your questions and make it easier to apply for health insurance and food resources (like Basic Food, or food stamps, and WIC). Fill out an [online request for help](#) 🔗 or call 📞 **800-322-2588**.

There are also free and low-cost community clinics that provide medical care to individuals without health insurance.

- [Washington Association for Community Health](#) 🔗
- [Washington Healthcare Access Alliance free clinics](#) 🔗
- [rural health clinics](#) 🔗
- [tribal clinics Northwest Portland Area Indian Health Board](#) 🔗

CONSUMER PROTECTIONS

The Washington state Office of the Insurance Commissioner protects insurance consumers and oversees the insurance industry. They make sure insurance companies follow the rules and people get the coverage they are entitled to.

Visit www.insurance.wa.gov/health-insurance 🔗 or call 800-562-6900 📞

RESOURCES in YOUR COMMUNITY

FOOD AND NUTRITION ASSISTANCE

WIC (Women, Infants, & Children) program provides nutritious food, education, referrals, and breast/chest feeding support for pregnant people and parents of young children. Visit www.wicstrong.com/about/eligibility

Services are provided in communities throughout the state. Use the **WIC Office Locator** to find your local Women, Infants and Children office near you. Make an appointment and find out what papers or documents you need to bring with you. If you need assistance, call the Help Me Grow WA Hotline 📞 **800-322-2588** or visit the **ParentHelp123 Resource Finder** at resources.helpmegrowwa.org 🔗

Basic Food is Washington's food assistance program, which includes the **Supplemental Nutrition Assistance Program and the Food Assistance Program (SNAP)**. SNAP provides benefits to low-income households to supplement their grocery budget. Apply online at www.washingtonconnection.org or call 📞 **877-501-2233**



USING YOUR BENEFITS

If you receive cash or food assistance, you will be issued an Electronic Benefits Transfer (EBT) Card. This card is also called a "Quest Card" and you can use it like a debit card where you will enter your PIN to pay for food at most grocery stores.

IF YOU NEED HELP

If you need help finding healthy, affordable food where you live you can call or visit the **Food Lifeline Hunger Solution Center** to find food banks, farmers markets, food stands, community gardens and food programs where you live.

foodlifeline.org/find-food 🔗

877-404-7543





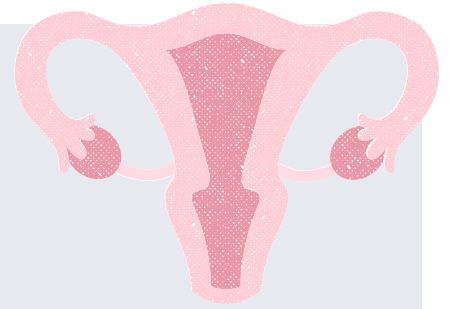
ENDING A PREGNANCY

If you decide to have an abortion, the next step is contacting a trusted healthcare provider.

If your provider does not provide abortion care, they should refer you to someone who does.

Ask them for a referral. Or use these tools to find care:

- [How to Access an Abortion in Each State](#) 
- [I Need an A](#) 



YOUR OPTIONS

ABORTION PILLS




Also called: medication abortion
or self-managed abortion

There are medications you can take that will prevent a pregnancy from growing and cause your uterus to empty.

These medications are [mifepristone](#) and [misoprostol](#). They are FDA-approved and extremely safe.

Abortion pills work best in the first 11 weeks of pregnancy.

You can get these medications online from a healthcare provider using telehealth services, at an office visit, or by prescription. Then you can use them safely at home.

- [Plan C: A Safe Abortion with Pills](#) 
- [Hey Jane](#) 
- [AidAccess](#) 





IN-CLINIC ABORTION

Also called: surgical abortion
or procedural abortion

A healthcare provider can perform a simple surgical procedure that removes a pregnancy from your uterus.

This simple, safe, and common procedure can be done in-office or at a clinic. While your appointment may take a few hours, the procedure itself only takes 5-10 minutes.

You can often get an in-clinic abortion as soon as you have a positive pregnancy test, but some providers prefer to wait until 5-6 weeks after the first day of your last period.

- [In-Clinic Abortion from Planned Parenthood](#) 
- [Abortions Welcome](#) 

RELIABLE INFORMATION

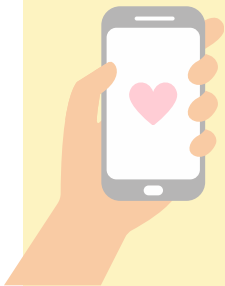


- Reproductive Health Access Project reproductiveaccess.org
- Abortion Care Network abortioncarenetwork.org 📞 202-419-1444
- National Abortion Federation prochoice.org 📞 800-772-9100
- The Miscarriage and Abortion Hotline mahotline.org 📞 833-246-2632

PAYING FOR THE ABORTION CARE YOU NEED

If you need financial assistance, there are organizations that can help. For more information on resources in your area see the [National Network of Abortion Funds](#) 🔗

PROTECTING YOUR PRIVACY



While using our phone and looking for information online feels private, many apps and websites actually watch what we do online and use our phones to track where we go. There are steps you can take to protect your privacy, We like the resources at the [Digital Defense Fund](#). 🔗

Your healthcare providers should never pressure you to have a baby or an abortion.

WASHINGTON MEDICAID COVERS ABORTION CARE



All health insurance plans from Washington state that cover pregnancy or maternity services are legally required to also cover abortion services. In general, health plans from Washington may not charge you a co-pay for abortion care.

There is one health system, Providence Health, that restricts access to abortion care. If you are a Providence Health client, the Department of Health can cover your abortion services. Email reproductivechoice@doh.wa.gov

HELPFUL INFORMATION:

[Know Your Rights](#) from the Washington State Department of Health 🔗

ABORTION CARE in YOUR COMMUNITY

Abortion is legal in Washington. While federal protections for abortion went away with the overturning of *Roe v. Wade*, abortion is still legal and available in your state

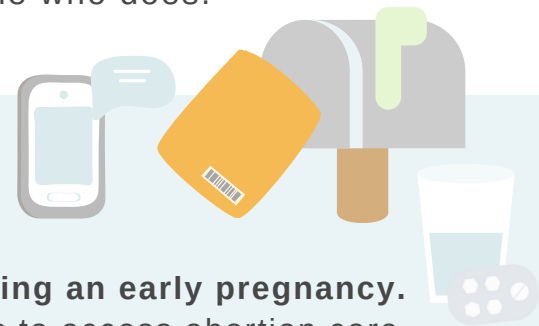
- See the [Washington State Department of Health's website](#). 
- Find more information on the [Northwest Abortion Access Fund's website](#). 

Washington state law provides a right to reproductive healthcare, including abortion, pregnancy, and postpartum care. If you are seeking an abortion, you may want to choose an abortion provider that accepts your insurance plan. In Washington, Medicaid and most private insurance plans that cover pregnancy-related care must cover the cost of a medication abortion or an in-office abortion.

If you have a medical emergency that may require abortion as a treatment, you have the right to receive a life-saving abortion at any hospital.


If you are **under 18 years old** and need an abortion in Washington, you do not need to notify or get permission from a parent or legal guardian. However, some telehealth abortion providers do not provide services to people who are pregnant and under the age of 18. If they don't, ask them for a referral to someone who does.

MEDICATION ABORTION IN WASHINGTON



The abortion pill is a safe and effective way of ending an early pregnancy. The state of Washington allows patients and providers to access abortion care using telehealth services. This means you can consult a medical provider using phone or computer and have pills mailed to your home. You can then use the pills in the place where you feel comfortable and with the people you feel safe with. Visit www.plancpills.org/states/washington to learn more.

Planned Parenthood of Washington offers the abortion pill-by-mail. To qualify for the abortion pill-by-mail, patients must be 10 weeks pregnant or less. Patients must also have a Washington address and be physically in Washington at the time of their telehealth appointment.

Visit www.plannedparenthood.org/planned-parenthood-great-northwest-hawaii-alaska-indiana-kentuck/patients/telehealth/telemab  Call 800-769-0045

PAIN MANAGEMENT + ABORTION CARE

For medication abortions, people will experience bleeding and some people may have intense cramping and gastrointestinal discomfort (vomiting and diarrhea).

For in-clinic abortions, most people who are awake for the procedure describe the discomfort as being like intense period cramps.

In most cases, the procedure lasts less than five minutes, although your appointment may be for a few hours.


Pain can feel more intense when we're anxious or nervous. Make a plan. Practice breathing exercises, bring soothing music to listen to, and use other relaxation techniques.

If you take a medication for opioid use disorder, you need accurate information about pain control and how to get it. **If you are taking buprenorphine (Suboxone) or methadone, take your regular dose.** If you are considering mild or deep sedation - and feel safe enough to tell the team of folks performing your abortion about your medications - they may be able to increase the dose of opioids they give during the procedure to help with any discomfort.

Some abortion providers are not comfortable with managing pain in patients who take buprenorphine. If you feel safe doing so, ask them to reach out to your buprenorphine provider for guidance. Many abortion providers are willing to be vague about the type of procedure you will be having. We suggest this language: "Your patient is at my facility today for a minor procedure for which we'd like to offer minimal sedation..."

If you have any concerns about urine drug screens at your buprenorphine or methadone provider's office, **ask your abortion provider for a note** explaining the medications you were administered or prescribed. Again, most abortion providers are willing to be vague about the type of procedure you had. Only you should decide if you want your buprenorphine or methadone provider to know about your abortion.

AFTER YOUR ABORTION

- [What can I expect after having an in-clinic abortion?](#) from Planned Parenthood 
- [What can I expect after I take the abortion pill?](#) from Planned Parenthood 