

Reproductive Justice, Health and Rights

All people deserve access to social structures and supports that enable them to determine and achieve their reproductive destiny with dignity, security and free from state-sponsored coercion, violence and surveillance.

All people must have the right and ability to determine when, whether and how to become a parent, and the opportunity to have a family in a safe and sustainable environment. To do this the United States must confront and heal our past. Indeed, the history of this country reveals deep political, legal and social turmoil intentionally wrought upon girls, women, and gender expansive people because of their capacity to become pregnant and their role in the family. The motivation and consequences of this state and societal control have largely turned on race, class, as well as immigration and disability status. To be sure, the history of reproductive coercion, violence and forced sterilization, namely against enslaved Black women, Latinas, Indigenous women and women of color, underpin social norms, policies and disparate health access that ultimately communicate who is considered deserving or fit for motherhood. Across the board, these conditions undermine people's health, separate families, open doors to surveillance and criminalization of pregnancy, and reinforce stigma and discrimination. Enough.

We envision a future in which the state's relationship to the family is one of respect and support regardless of income, race, immigration status, or family composition. We envision a future in which reproductive health care is treated as all other health care should be: universally covered, accessible, patient-centered, and inclusive of the full diversity of patients. To do this we must transform delivery of health care so that all people have access to quality, non-stigmatized care, including pregnancy-related and childbirth care, regardless of whether that person is seeking to have a healthy pregnancy, to maintain their fertility, or to have an abortion.

This means uplifting impacted individuals and community-based voices to inform policy. This means listening to women and gender expansive pregnant people to honor their needs and decisions surrounding pregnancy and childbirth and ensuring those needs are addressed at the systems level. This requires eradicating systemic racism from health care institutions in order to reduce maternal mortality rates and eliminate racial disparities; it requires dismantling systems that prevent people from accessing community-based options for birth, such as midwife-directed freestanding birthing centers and home birth; and it requires ensuring

RECOMMENDATIONS

- + **Provide quality and safe education for all people** that reduces bias and stigma, accurately reflects our history, and gives students the tools to navigate healthy relationships, build healthy communities, and connect with community-based organizations (including comprehensive sex ed that covers all possible outcomes of pregnancy including miscarriage, abortion, stillbirth and birth).
- + **Provide resources to communities about the prevalence and connection between gender-based violence and reproductive coercion.**
- + **Guarantee all families high-quality health care.**
- + **Eliminate systemic racism, ableism, misogyny, sexism and heterosexism in the provision of health care** by adjusting the structure of health care delivery in response to systematically tracked data by race, disability, gender, gender identity and sexual orientation for everything from hospital administrators, professional associations, workforce, insurance, health outcomes and any other variable that impacts the structure of health care delivery.
- + **Provide comprehensive, medically accurate, non-biased, patient-centered pregnancy counseling.** Respect patient choices: to continue or end a pregnancy, to choose or not choose a form of birth control, or to prevent pregnancy permanently.
- + **Ensure that people who decide to carry a pregnancy to term have what they need** to support that physiologic process prenatally, during childbirth, and during the postpartum period, including high quality, patient-centered care, access to doulas and midwives, protection from discrimination, poverty, violence, surveillance, undue punishment, and paid leave.

access to safe abortion when a person needs it and regardless of how they became pregnant. We envision a future that prioritizes and trusts women.

+ **Stop the prosecutions and punishment of people for behavior during pregnancy that is not a crime for any other person.**

+ **End violence against women and trans people, including obstetric violence**, and ensure people have the autonomy to direct their own health care decision making.

+ **Abolish the policing relationship between communities and the so-called "child welfare" state** (aka the family regulation system), end family separation that is rooted in structural inequities, ableism, white supremacy and patriarchy, and stop the routine, medically unnecessary practice of drug-testing pregnant and laboring people.

+ **Ensure that young people who are pregnant or parenting have access to quality, seamless education** and pregnancy-related accommodations in schools and colleges, including lactation spaces and excused absences for any pregnancy or childcare related absence or sickness.

+ **Stop creating invasive and patronizing conditions for services that only apply to low income people.**

+ **End stigma related to people's sexual agency, single motherhood and other types of family formation, reproductive health care decisions** including abortion, substance use during pregnancy, disability, and gender supportive care.

+ **Support community-based options for birth**, halt the criminalization of midwives and expand access to midwifery licensure; promote free-standing, midwife-directed birthing centers; create parity in compensation between facility-based and community-based providers; and ensure that midwives and other birth workers are paid a fair wage for their work.