The Hawai'i Abortion Collective

YOUR OFFICIAL GUIDE TO ABORTION IN HAWAI'I

August 2022



www.HawaiiAbortionCollective.com

Your Official Guide to Abortion in Hawai'i

Created in August 2022 | Last Edited: October, 2023

By the **Hawai'i Abortion Collective (HAC),** a coalition dedicated to protecting abortion rights and reproductive health care. We are a multi-disciplinary, community-based and BIWOC-centered (Black, Indigenous/Native Hawaiian, Women of Color-centered) formation coordinating all Hawai'i islands for free, universal abortion access.

This is a living resource, meaning that it is subject to change overtime. As a living resource, we welcome updated information about health care resources, legal updates, and additional supports. Anonymous and non-affiliated inquiries will not be considered. Due to the systemic barriers of access to abortion in the United States, we must continue to organize as a collective in order to chip away and ultimately eliminate the barriers that keep people from accessing necessary information about family planning options including abortion.

Authored by the following organizations and members of the community, special thanks to Alani Bagcal, Rozlyn Calderon, Grace Alvaro Caligtan, Cassie Chee, Erika Engle, Carolyn Hadfield, Khara Jabola-Carolus, Jenn Kagiwada, Ashleigh Loa, Cu Ri Lee, Deja Ostrowski, Keani Rawlins-Fernandez, Laura Reichhardt- APRN, Dina Shek, Tanya Smith-Johnson, Becky Soon, Dr. Reni Soon - Women's Option Center, and Mahina Wallace.

HAWAII STATE COMMISSION ON THE STATUS OF WOMEN

Medical-Legal Partnership for Children in Hawai'i

Patsy T. Mink PAC — Electing Pro-Choice Democratic Women

HAWAI'I STATE COALITION AGAINST DOMESTIC VIOLENCE

Planned Parenthood Act. No matter what. Alliance Advocates - Serving AK, HI, ID, IN, KY, and WA

healthymothers healthybabies COALITION OF HAWAII

af3irm HAWAI'I

#Rise up 4 Abortion Rights

Papa Ola Lōkahi

HILO WOMEN'S MARCH IMUA DOING MY PART

Hua Moon WOMEN'S HEALTH

eliminating racism empowering women ywca O'ahu

eliminating racism empowering women ywca Kaua'i

HAWAI'I WOMEN IN FILMMAKING

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1. Introduction

The Hawai'i Abortion Collective is an all-islands coalition comprised of more than 50 members who work on the ground and within medical, legal, professional advocacy, faith-based, and grassroots community organizations that support reproductive justice. As a collective, we believe that safe, legal, de-stigmatized and accessible abortion is necessary for equality.

Abortion is also a crucial component of family planning. Family planning is a crucial component of social welfare. Social welfare and elimination inequality are crucial components of many belief systems and major faiths. We assert that abortion always was and still is compatible with our diverse values, cultures, and practices, past and present in Hawai'i.

Our core principles on abortion:

1. *Abortion is our cultural heritage and future. Prior to Western colonization, abortion was a family planning practice in Hawai'i.*
2. *Barriers to abortion are colonial. A lack of legal abortion is instrumental in demoting women's status in society and limiting women's participation outside of the home.*
3. *Abortion does not only affect women. Māhū, transgender, gender non-conforming and gender-oppressed people are impacted by abortion rights. At the same time, the attack on abortion is a war on women and about relegating women to a subordinate, humiliating role in a patriarchal society.*
4. *Abortion restrictions will impact Black, Native Hawaiian, Filipino, poor women of color and gender-oppressed people hardest, thus compounding our powerlessness under colonial rule.*
5. *Access to age-appropriate, culturally competent, factual information about abortion services is essential to universal abortion access.*
6. *The most-impacted by abortion barriers must be at the center, not the edge of defining abortion rights in Hawai'i.*
7. *Abortion is not the litmus test for good politics. Abortion is inseparable from other issues that ensure a fair, egalitarian and joyful Hawai'i.*
8. *Ignorance about women's bodies and reproduction has been systematically cultivated (Tuana 2006). Ignorance is linked to oppression. Collective knowledge about our bodies is therefore fundamental to women's liberation.*

2. Executive Summary

This resource guide is everything you need to know about abortion in Hawai'i.

This guide is intended for all people seeking factual information on abortion rights and services provided in Hawai'i. While abortion remains safe, legal, and available in Hawai'i, free and easy access to abortion care is not universal.

On June 24, 2022 through the case of *Dobbs v. Jackson Women's Health Organization*, the Supreme Court of the United States (SCOTUS) ruled the U.S. Constitution does not grant a right to abortion, thus overturning *Roe v. Wade* and *Planned Parenthood v. Casey*. This decision ultimately eliminated the federal-level constitutional right to abortion in the United States.

But this decision does not mean abortion is outlawed everywhere. Each state (the people and their state's elected officials) is to decide on the legality of abortion rights and access. In the immediate wake of the June 2022 decision, over half of the country is predicted to outlaw abortion and more restrictions are likely to arise. This caused national outrage and local confusion even in Hawai'i where abortion is legal. Our response is the creation of the **Hawai'i Abortion Collective**, so that we can fight back accordingly.

Hawai'i legalized abortion in 1970 and became the first state to allow the procedure at a patient's request. This happened three years before the landmark decision of *Roe v. Wade* in 1973. It's important to note that **abortion legality does not mean that abortion is freely accessible** to all people in need of abortion. Abortion remains difficult to access due to lack of abortion infrastructure that overcomes the financial and geographical constraints on Native Hawaiian women, immigrant women, women of color, poor women, youth, the LGBTQIA+ community, military dependents, people with disabilities and those living on islands without an abortion provider or clinic.

"Abortion remains safe, legal, and available in Hawai'i. Free, universal access to abortion care is not."



There continues to be a general lack of knowledge about the exact process, legality, and resources surrounding reproduction including abortion in Hawai'i. This disempowerment is due to broken sexual health education curriculum in schools and the taboo nature of abortion and girls' sexuality within many households, public and private institutions, and communities. Abortion providers also fear harassment from their communities. The political climate around abortion has led to an imbalance between secrecy and openness in information that could otherwise empower women, girls and people who can become pregnant.

3. Current Status of the Legal Right to Abortion

What you need to know:

- Abortion is still legal in Hawai‘i and is protected by our State Constitution.
- The decision of how "late" you can have an abortion should be a private decision between you and your health care provider.
- You can ask your insurance carrier to keep your procedure information confidential from another individual if you are covered on a partner or family insurance plan.
- Minors under 18: You can consent to an abortion if you are 14 years old or older. If you have insurance, you can request that your insurance company keep the procedure and other related information private from parents or guardians. If you are uninsured and do not have parental support, you may be eligible to receive insurance coverage.
- It is legal to leave Hawai‘i and get an abortion out of state.

There are two main sources of law that protect the right to abortion in Hawai‘i:

1. The Constitution of the State of Hawai‘i adopted by the people;
2. State laws in the Hawai‘i Revised Statutes (HRS) passed by the Hawai‘i State Legislature.

Hawai'i Abortion Statutes (HRS §453-16 and HRS §457-8.7): State law protects the right to abortion of a non-viable fetus as well as an abortion to protect the woman's life or health. State laws do not name a specific number of weeks or time-frame for an abortion. This is because the Hawai‘i State Constitution recognizes a specific privacy right.

The Hawai‘i Constitution states that "[t]he right of the people to privacy is recognized and shall not be infringed without the showing of a compelling state interest." Haw. Const. art. I, § 6. This constitutional right to privacy means that the decision on the length of time or when a fetus is "viable" should be determined through a private decision by the medical provider and patient. Thus, our state constitution prevents attempts at reviving laws that criminalized abortions and new laws that limit abortions to less than "viability."

Fetal viability is not explicitly defined, however it means when a fetus is able to survive outside of the pregnant person. A fetus' ability to survive depends on a number of individual factors; however, it is generally considered to be around 24 weeks. Viability should be determined between a pregnant person and their physician, physician assistant (PA), or Advanced Practice Registered Nurse (APRN) as it is personal. While Hawai'i laws protect this abortion decision as a private decision, in reality, institutional or hospital policies often limit providers who work in those settings. APRN's and PA's are limited to providing abortion care during the first trimester only.

If you are unsure if you are "too late" to have an abortion, check with your OB-GYN doctor, the *Women's Options Center*, or *Planned Parenthood*. You may access abortion care after 22 weeks, but you should consult with providers to understand the options.

It is also important to note that the language used in Hawai'i abortion law is "female." However, this does not exclude certain people who may become pregnant (i.e., people who are non-binary or those who identify as male), due to the language in both state statutes.

Confidentiality of abortion care

You have a right to ask your health insurance provider to keep confidential any information related to your abortion care. **HRS §577D-2(i)**. This means that you or your medical provider can contact your insurance carrier (e.g., HMSA, AlohaCare, Kaiser, etc.) to request that your spouse, parent, custodian, or guardian do not receive information related to this care, even if you are covered under their policy. An alternate address may be used for purposes of communication and billing.

"Minors without support" have a right to consent to medical care, which includes sexual health and abortion care. **HRS §577D**; see Section 9 of the guide for more information. The law also says that minors can not be held responsible for debts until they reach the age of majority.

There are also other relevant existing protections for sexual health care and/or abortion:

- Whether Hawai'i Law Already Requires a Minor to Obtain Parental Consent to Have an Abortion, Opinion of the Attorney General (March 16, 2001)
- **HRS §457-8.7:** Related to the legal capacity of advanced practice registered nurses in providing abortion care
- **HRS §577A**-1 and A-2: Related to the legal capacity of minors regarding medical care, including treatment of STIs, pregnancy, and family planning services
- **HRS §378-2:** Related to discriminatory employment practices, including discrimination because of reproductive health decisions
- **HRS §321-512:** Related to accessing emergency contraception to a sexual assault victim who presents for emergency services at a hospital

4. Abortion Methods and Costs

This section will give you an understanding of the different types of abortion that are performed by doctors and nurse practitioners, and how much you can expect each method to cost.

Please note that the “cost of service” describes the total amount before any insurance coverage. If you have health insurance that pays for abortion services, you will only pay a fraction of the total amount. If you cannot afford the cost with or without insurance, there are special funds set up by the community that can help you make the payment. These “abortion funds” are listed in the next section.

Medication Abortion (Pills)

What is it? Medication abortion means no surgery or surgical procedure is involved and makes up the majority of abortions in the US. Medication abortion involves taking two pills/oral medications: a combination of mifepristone and misoprostol or misoprostol by itself. These pills must be taken in a specific process as instructed by your provider. Medication abortion can be accessed in four ways:

1. In-clinic where you make an in-person visit to your care provider.
2. Telemedicine/teleabortion which is an online, virtual appointment.
3. Home visit where your care provider comes to your home.
4. On-line, through what is called a “self-managed abortion” where you can be mailed pills without talking with a health care provider.

When is medication abortion appropriate?
Timing is everything. Medication abortion is available up to 11 weeks gestation (that is 11 weeks after the start of your last menstrual period). The closer to 11 weeks, the less effective medication abortion may be and the more likely you may need an in-clinic procedure.

How much does medication abortion cost?

- Range of service cost *without* insurance coverage: $300-$850
- Other costs that may be needed: logistical fees such as lab fees, travel and lodging fees, missed work, child care. Some of these fees may be covered by insurance (i.e.,MedQuest). See MedQuest Section.

Additional information on what to expect with a medication abortion:

- See section 13 of the Resource Guide: "*A Personal Story: What to Expect While Getting an Abortion*"
- Medication Abortion Explained (*Planned Parenthood*)
- Guide to help you self-manage your medication abortion (Reproductive Health Access Project)
- “Sam’s Medication Abortion” (Reproductive Health Access Project)

In-Clinic Abortion (Procedures)

There are two kinds of in-clinic abortions. Your health care provider will know which type is right for you depending on how far along you are in your pregnancy. Patients with an early pregnancy can also choose either an in-clinic procedure or medication abortion.

The two main types of in-clinic abortion are:

1. Aspiration abortion: The procedure is done by a machine operated by your provider that uses suction to empty your uterus. The procedure usually takes 5 to 10 minutes. Aspiration abortion is typically performed until about 14 weeks' gestation.

1. Dilation And Evacuation (D&E): This procedure uses suction and surgical instruments to empty your uterus and is the abortion method used at 14 weeks' gestation or greater.

How much do in-clinic abortion procedures cost?
The cost of an in-clinic abortion depends on the trimester of the pregnancy. The procedure for an in-clinic abortion in the first trimester is different from the procedure later in the pregnancy. The cost for an in-clinic abortion can also vary depending on where the procedure is performed and what type of anesthesia is used. Please note that not all clinics have an operating room or an anesthesiologist.

Range of service cost: $850 up to 12 weeks; $950 between 12.1 to 14 weeks
Range of service cost: $1,050-$1,539 more than 14 weeks

Costs can climb steeply if the abortion needs to be performed in an operating room. Possible reasons that an abortion needs to be performed in an operating room: patient is at 20+ weeks gestation and it cannot be performed at *Planned Parenthood;* the patient wants/needs to be under general anesthesia (i.e. asleep) for the entire procedure; or the patient has a medical condition(s). Under these circumstances, the cost can be upwards of $5,000 to $7,000.

Additional information on in-clinic abortion procedures:
- In-Clinic Abortion Explained (*Planned Parenthood*)

Insurance Coverage of Abortion
Most private insurance companies and state Medicaid provide coverage for both medication and aspiration abortion (i.e., Kaiser, Quest, Alohacare, HMSA).

Federal insurance (i.e., Tricare/Triwest, HMSA Fed) will **not** cover abortion except in cases of rape, incest, or if your life is at risk.

Please note, having to “prove” sexual assault is not straightforward. Most people do not report sexual assault to law enforcement for fear of retaliation and/or other valid reasons. Health care providers can collect a rape kit and arrange support services without a patient needing to file a formal report. However, obtaining an abortion may be provider-dependent. Not all health care facilities or health care providers provide abortion services. See Section 11 on "*Resources for Survivors of Sexual Assault and Domestic Violence.*"

If you are not insured:

Planned Parenthood will assess an individual patient’s eligibility to receive funding for abortion care and connect patients with a funding program that can help with the cost of care. Patients should contact the "Patient Access Center" to start the process.

Women’s Options Center utilizes an abortion fund (see section 5) to assist patients who do not have insurance or are under-insured, or are otherwise struggling to afford abortion services.

Health Care Insurance Coverage Providers that Support Abortion:

Med-QUEST | **medquest.hawaii.gov**

Med-QUEST is a state Medicaid program that provides free health insurance to people who cannot afford coverage.

Who is eligible? The Med-QUEST program serves low-income children, parents, pregnant women, postpartum women and people who can give birth, seniors, and people with disabilities including Hawai'i residents who are citizens of Palau, the Marshall Islands and the Federated States of Micronesia.

Who is not eligible? We encourage everyone who needs health insurance to apply. Please see below.

Abortion care is health care. Med-QUEST covers health care for all its members. Med-QUEST members that want access to abortion services are able to access those services.

If there are no providers on your island who can provide abortion services, Med-QUEST will help coordinate and pay up-front for transportation to the closest island where services are available, including transportation to the airport and airfare. There is no need for a Med-QUEST member to pay out-of-pocket. If the provider believes it is medically necessary for the member to stay overnight, Med-QUEST can also arrange and pay for transportation to and a hotel stay in the area.

Med-QUEST helps coordinate and covers companion travel for minors and for patients who require assistance including for patients who report anxiety.

Teen access to Med-QUEST is potentially complicated because Medicaid rules require disclosure of an entire household's (defined as tax filing) composition and income. So all applicants are required to disclose information on all household members for eligibility consideration.

State law **HRS §577D** allows "minors without support" to give informed consent to receive medical care, including abortion. The law also allows for non-disclosure (confidentiality) of medical services received to other people on your insurance plan including your "spouse, parent, custodian, or guardian." Make sure to request that health care workers maintain your confidentiality and do not disclose the specific service you were provided to your insurance provider(s).

Med-QUEST provides coverage for anyone covered under the pregnant person category for 12 additional months after the pregnancy ends, including after abortion. This is called the postpartum period.

If you do not currently have health insurance, we strongly encourage you to apply for Med-QUEST. You can check your eligibility and apply at **medical.mybenefits.hawaii.gov** or by calling 1-800-316-8005.

We also encourage you to speak with your care provider, or if you don't have one, you are able to go to your closest community health center for care and health insurance support.

What are "Community Health Centers?"

Hawai'i has 15 community health centers (CHC) across the islands that provide comprehensive health and wellness services. CHCs are nonprofit health centers that provide neighborhood-based care regardless of your ability to pay, immigration status, or insurance coverage.

While CHCs do not currently provide full abortion services, they are a great place to get started for abortion- or pregnancy-related care. If you need a primary care provider (doctor, nurse, midwife) or help navigating insurance coverage, pregnancy care, blood tests, ultrasounds, family planning/birth control, behavioral health, and other wellness care, you can find your nearest CHC here: **https://www.hawaiipca.net/health-centers-here-for-you**

5. What to Do if You Cannot Afford an Abortion

First, do not be discouraged by cost. You should talk to your health care provider (doctor, nurse or midwife) if you need help with insurance or the cost of abortion care. Many providers have a sliding scale; can provide access to community funds; (like those listed below), or offer other supports to help you pay for your health care. Second, you can also reach out to the following **local and community-led abortion funds**:

Reproductive Justice Fund**: University of Hawai'i Foundation at the Women's Option Center Managed by the University of Hawai'i.** This fund is directly affiliated with the *Women's Options Center*, one of the largest abortion providers in Hawai'i. This fund was established to improve access to reproductive health, including abortion care, in Hawai'i by directly funding patient services for those in need. The fund also supports education of the next generation of health care professionals to meet the needs of our communities. This fund furthers the work of the *Women's Options Center* and its partners to provide just and equitable health care.

What it covers: Provides patients seeking care with the *Women's Options Center* with funds to access confidential abortion and reproductive health care. This fund can also assist with transportation, other health care related expenses and referrals to other providers in-state, or out-of-state, if needed.

How to apply: Call the *Women's Options Center* at (808) 375-3785.

Hawai'i Abortion Fund**: AF3IRM Hawai'i**
This fund is all-volunteer-led and housed within AF3IRM Hawai'i, a grassroots community organization. It will provide funding for the abortion service needed and/or the logistical costs of obtaining the service.

What it covers: Abortion service needed and/or the logistical costs of obtaining the service, i.e air fare, lodging, food/nourishment, etc.

How to apply: Email hawaii@af3irm.org or reach out via DM on Instagram @af3irmhawaii

Please note that funds are limited and may not be able to cover all service and logistical costs for every individual who applies.

National Funds:

National Network of Abortion Funds**:**
"The National Network of Abortion Funds builds power with members to remove financial and logistical barriers to abortion access by centering people who have abortions and organizing at the intersections of racial, economic, and reproductive justice."

6. Who to Call and Not Call: Clinics and Organizations that Provide Abortion in Hawai'i

WHO YOU SHOULD CALL:

O‘AHU:

Women’s Option Center/Queen’s University Medical Group
1380 Lusitana Street, Suite 1004, Honolulu, HI 96813
(808) 686-4690 | **hawaiifamilyplanning.org**
Provides medication abortion, telemedicine abortion (available to all islands and Guam), in-clinic aspiration abortions, and hospital abortions up to 24 weeks.

Planned Parenthood Honolulu
839 South Beretania Street, Honolulu HI 96813
(800) 769-0045 | **plannedparenthood.org**
Provides medication abortion, telemedicine abortion, in-clinic aspiration abortions up to 18 weeks. They are closed on Sundays.

Healthy Mothers Healthy Babies
245 N. Kukui St. Suite 102A, Honolulu HI 96817
(808) 737-5805 | **hmhb-hawaii.org**
Provides medication abortion, telemedicine abortion, ultraounds and referrals to providers offering aspiration and surgical abortions. They are closed on weekends, but have a 24 hour helpline on their website.

KAUA‘I:

Hua Moon Women’s Health
4-940 Kūhiō Hwy. Kapa‘a, HI 96746
(808) 631-2682 | **huamoonwomenshealth.com**
Provides medication abortion, holistic abortion support and care including: necessary lab work; (perform or order) dating ultrasounds (depending on insurance); can assist with coordination to access care on O‘ahu, and abortion after-care. They are closed on Wednesday, Saturday and Sunday.

KAUAʻI CONTINUED:

The Clinic at Waimea - Hawaʻi Health Systems Corporation (HHSC)*
4643B Waimea Canyon Drive, Waimea, HI 96796
(808) 338-8311 | kauai.hhsc.org
Provides medication abortion Monday through Friday.

Samuel Mahelona Memorial Hospital (SMMH) - Hawaʻi Health Systems Corporation (HHSC)*
4800 Kawaihau Road, Kapaʻa, HI 96746
(808) 822-4961 | kauai.hhsc.org
Provides medication abortion on Thursday's.

The Specialty Clinic at Kalaheo - Hawaʻi Health Systems Corporation (HHSC)*
2469-C Puu Road, Kalaheo, HI 96741
(808) 378-4557 | kauai.hhsc.org
Provides medication abortion on Tuesday's.

*HHSC facilities are open Monday - Friday from 8:00 a.m. - 5:00 p.m. and are closed on weekends.

MAUI:

Planned Parenthood Kahului
140 Hoʻohana Street Suite 303, Kahului HI 96732
(800) 769-0045 | plannedparenthood.org
Provides medication abortion, telemedicine abortion, in-clinic aspiration abortions up to 18 weeks. They are closed on weekends.

LĀNAʻI:

Lānaʻi Community Health Center
333 Sixth Street, Lānaʻi City HI 96763
(808) 565-6919 | lanaihealth.org
Provides pregnancy test and ultrasounds in order to refer patients to *Women's Options Center* on Oʻahu for in-clinic abortion depending on the gestation of the pregnancy. They are closed on Sundays.

MOLOKAʻI:

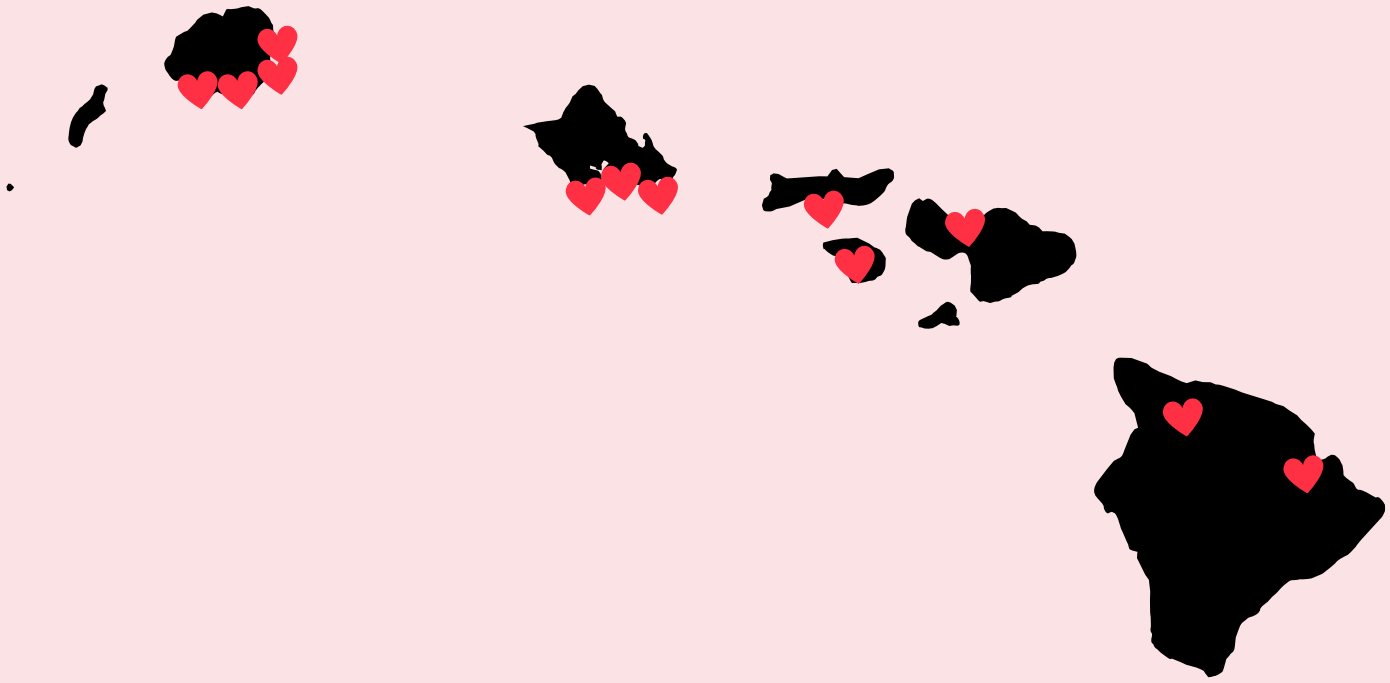
Women's Health Center
280 Home Olu Place, Kaunakakai, HI 96748
(808) 553-3145 | queens.org/locations/hospitals/molokai/services/womens-health-center
Provides pregnancy test and ultrasounds in order to refer patients to *Women's Options Center* on Oʻahu for in-clinic abortion depending on the gestation of the pregnancy. They are closed on weekends.

BIG ISLAND - HAWAIʻI:

North Hawai'i Community Hospital: Women's Center/Queens University Medical Group
67-1123 Mamalahoa Hwy, Kamuela, HI 96743
(808) 885-9606
Provides medication abortion and aspiration abortion up to 14 weeks. They are closed on weekends.

University Women's Health at Hilo
82 Pu'uhonu Place 205, Hilo, HI 96720
(808) 961-6608
Provides medication abortion, telemedicine abortion, in-clinic aspiration abortions, and hospital abortions up to 20 weeks. They are closed on weekends.

4 abortion providers on neighbor islands have been added to this guide since August 2022.



WHO YOU SHOULD NOT CALL:

This information is included for the purpose of awareness. The HAC believes that everyone deserves to know ALL the family planning options that are available to them including abortion.

If you are seeking abortion services, emergency contraception, or equitably inclusive informed family planning options, beware of 'crisis pregnancy centers' (CPCs). They will not provide qualified, objective, medically-based advice about, nor do they provide abortion services.

It is important to be wary of any organization or program that tries to deter you from knowing factual information about abortion. Being informed that such organizations exist, will help you steer clear of additional barriers to accessing care.

How to protect yourself from CPCs and other anti-abortion programs or information. (Verywell Health)

1. **Ask Questions:** Avoid pregnancy centers that do not give you clear answers. Call and ask if they refer to abortion clinics and/or discuss contraception. Ask if they are a licensed medical facility.
2. **Free Services:** Be wary of any pregnancy clinics that promise free services and support. Many crisis pregnancy centers have been sued because they use deceptive advertising.
3. **Be Wary of Names:** Most crisis pregnancy centers will use neutral names that do not imply a pro-life agenda.
4. **Yellow Pages or Internet Listings:** Crisis pregnancy centers try to list themselves in phone books and the internet under terms such as, Abortion, Abortion Clinics, Abortion Alternatives, Birth Control or Family Planning Information, or Women's Organizations.
5. **Be Aware:** When you go to a pregnancy clinic, ask to see its medical license. If it does not show you one, you should know that your confidentiality may be at risk. Clinics that are not medically-licensed do not have to follow federal medical privacy laws like **HIPAA**. Before you fill out any forms, make sure to read the fine print. Forms that you fill out at a crisis pregnancy clinic may have a disclosure provision written in small print stating that your confidential information may be shared without your permission, including giving certain information to parents or guardians of minors.

7. Abortion Doula and Support Services

What is an abortion doula?

An abortion doula is a trained, non-medical care provider and support person who provides information as well as mental, emotional and physical support throughout the process of ending a pregnancy. A doula acts also as an advocate and their job is to provide respectful, compassionate, and safe care.

Many times those going through an abortion do not have the same level of support as a person who plans to give birth. People who need to and choose to end a pregnancy deserve to be able to do so without stigma or coercion. Someone who is pregnant should have the ability to have their decision honored as well as to receive compassionate care during and after the process. Oftentimes people are not aware of the physical impacts of abortion and have little information on what happens to their body, which limits their ability to anticipate their needs. Abortion doulas often bridge this knowledge gap and help inform a patient about what abortion entails.

When someone has a medication abortion, the body goes through a similar physiological process as someone who has a miscarriage. Society can empathize with someone miscarrying, but often when someone has an elective abortion there is stigma, silence, and shaming around this choice. This leaves little support as the body goes through the same process, the same physical side effects which are taken seriously if characterized as a miscarriage. Oftentimes, people do not realize that their body will cramp, bleed, and be in pain or discomfort during an abortion.

Many experience this alone and without information, care or support. Full-spectrum and abortion doulas can alleviate this isolation, guilt, and lack of care.

What does an abortion doula do and what does support look like?

An abortion or full-spectrum doula can provide support before, during, and after an abortion. Here is a list of the ways in which a doula can provide support:

Physical Support

- Breathing techniques
- Massage or bodywork for discomfort
- Suggesting various comfort measures for relief of pain and discomfort
- Offering a heating pad and warmth to abdomen and back
- Aromatherapy

- Making sure you lie down and rest especially during a medical abortion done at home
- Making sure you stay nourished
- Preparing food and soothing teas
- Non-medical pain management
- Holding your hand for support
- Being a listening ear
- Sitting with you so you have support and are not alone
- Transportation
- Childcare
- Light errands

Emotional and mental support

- Helping you move through the range of emotions
- Talking and being available if you need someone
- Holding space for your experience
- Checking in on you
- Being available for texts, phone calls or video chat if needed
- Helping create ceremony if desired
- Being a listening ear
- Having an open heart
- Being a safe space and non-judgement zone
- Companionship
- Waiting room support
- Counseling your partner or family in ways to support you

Education and Advocacy

- Facilitating communication between you and care provider
- Explain process
- Helping partner or family by educating them about your needs
- Helping answer questions
- Making sure you have the information you need
- Providing resources such as articles, books, websites

Where and how can I find an abortion doula ?

Many full-spectrum and abortion doulas work independently and others work as a part of an organization. You can ask community or do an internet search to find an independent doula near you.

You can also reach out to *Healthy Mothers Healthy Babies Coalition of Hawai'i* which offers free abortion doula services. There is also a free 24/7 text line operated by doulas, midwives, nurses and care providers who can answer questions and provide care if needed.

Healthy Mothers Healthy Babies
(808) 737- 5805 | https://www.hmhb-hawaii.org

Where can I find abortion doula training?

There are many organizations now offering doula training virtually. Here is a list of organizations you can contact to find out about their next training opportunities:

Southern Birthing Justice
https://southernbirthjustice.org

The Doula Project
https://nycdoulaproject.org/about-us-1

Birthworkers of Color
https://www.birthworkersofcolor.com

The Bay Area Doula Project
https://bayareadoula project.org/index.html

The DOPO Directory
https://www.wearedopo.com/dopo-directory

Support lines to call for support after the abortion:

Exhale **(617) 749-2948** A talk-line service, to help individuals process their feelings and emotions around abortion. Its pro-voice, abortion-positive helpline has supported thousands of people over the years.

- Weekdays: Monday through Friday: **9 a.m. - 3 p.m. (HST**)
- Saturdays **7 a.m. - 3 p.m. (HST)**
- Sundays **9 a.m. - 1 p.m. (HST)**

Connect & Breathe **(866) 647-1764**

- Tuesdays through Thursdays - **12 p.m. - 3 p.m. (HST)**
- Saturdays **4 a.m. - 2 p.m. (HST)**

All-Options **(888) 493-0092** The All-Options Helpline offers unbiased, judgement-free support to folks in the full spectrum of pregnancy, including abortion, adoption, parenting, miscarriage, after-abortion, and infertility.

- Weekdays: Monday through Friday: **4 a.m. - 7 p.m. (HST**)
- Saturday through Sunday: **5 a.m. -7 p.m. (HST)**

Faith Based Resources:

Faith Aloud is dedicated to providing compassionate spiritual and religious support for people in all their decisions about pregnancy, parenting, abortion, and adoption. We believe that faith can and should be a source of strength and comfort in difficult times.

"Breaking Open the Myths of the 'Pro-Life' Movement" is designed by Soulforce to fortify activists and people of faith in their decisions to support reproductive justice as a human rights issue and a personal choice, and help debunk some of the hypocritical messaging that has been used to convince us that God does not trust pregnant people to choose what is best for their bodies and life trajectories.

Spiritual Alliance of Communities for Reproductive Dignity In the wake of SCOTUS overturning Roe v. Wade, it is more important than ever for people of faith to speak out in support of abortion access and reproductive justice. SACReD has created signs for you to share how your faith values inform your support for abortion access.

8. Legal Support Services

In Hawai‘i, abortion is safe, legal, and available, but there may be times when you need help navigating related legal problems. (Your legal rights to abortion care are detailed in Section 3.)

This section lists several resources for general legal matters.

The Hawai‘i State Bar Association (HSBA) provides a list of non-profit organizations that provide free (or low-cost) legal services for Hawai‘i residents. The HSBA Legal Assistance list is available here:
https://hsba.org/HSBA_2020/Public/Legal_Assistance.aspx

The HSBA also provides a Hawai‘i Lawyer Referral and Information Service to connect people to private attorneys or non-profit organizations for legal help. You can call the intake line to navigate how to work with a lawyer:
Phone: (808) 537-9140
http://hawaiilawyerreferral.com/

National legal resources are also available for individuals who need legal help for self-managed abortion care. This mainly is for people living in states with legal restrictions on abortion care, but people seeking to self-manage their care can also receive valuable information and support.

The Repro Legal Defense Fund (https://reprolegaldefensefund.org/) “covers bail and funds strong defenses for people who are investigated, arrested, or prosecuted for self-managed abortion.” It has a legal helpline, (844) 868-2812, as well as on-line forms to request more legal assistance or other support.

The National Women’s Law Center (https://nwlc.org/) has legal updates about abortion issues and is providing support for abortion providers who are facing employment issues and other barriers to providing care.

The Miscarriage + Abortion Hotline (https://www.mahotline.org/) also provides support and resources to self-manage miscarriage or abortion care. It provides phone and text help at (833) 246-2632.

9. Resources for Our Youth (18 and under)

On abortion and sexual education:

In Hawai‘i, people 14 years and older do not need to notify or get permission from a parent or guardian to have an abortion. They/you are able to request confidentiality from insurance providers. Health providers can request “non-disclosure” by the insurance provider in order to keep things confidential from a parent, guardian or spouse. Hawai‘i provides Medicaid (health care) coverage for most medically necessary abortions, which is more than what the federal government requires.

What is an abortion? (AMAZE)
https://www.youtube.com/watch?v=GdHG_VzE2nE

Abortions with pills. What is it? (AMAZE)
https://www.youtube.com/watch?v=-fCbTGs4aJI

All-Options Talkline
Toll-free, confidential, nonjudgmental and unconditional support if a person is trying to make a decision about a current pregnancy, needs support around fertility, pregnancy, or parenting, or want to talk about an experience (past or present) with abortion, adoption, or pregnancy loss.
(888) 493-0092 | www.all-options.org Available in English and Spanish.

O‘ahu Teen Council and INclued
Inclusive, shame-free, LGBTQ+ affirming and medically accurate peer-led sex ed for high school youth ages 14 to 18.
https://www.instagram.com/oahuteencouncil/, https://linktr.ee/oahuteencouncil





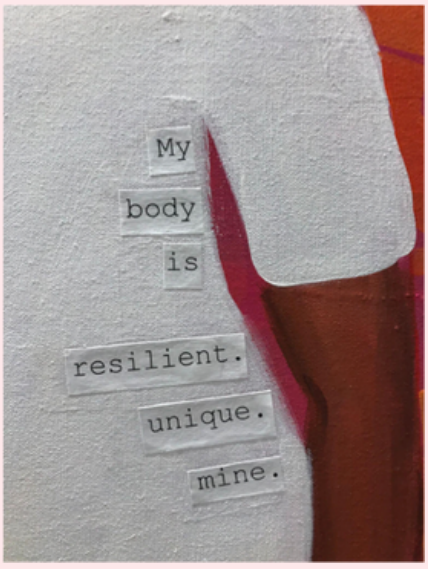


Photo credit: Edward Hemphill; Art and Poetry Credit: Lauren Hana Chai, in partnership with the 2018-2019 O‘ahu Teen Council

On sexual health care rights: *You are considered a minor if you are under 18 years old.*

Age of consent for sex: The legal age of consent is 16. In Hawai'i it is illegal for 1) Someone over the age of 18 to have sex with someone under the age of 14. 2) Someone over the age of 19 to have sex with someone under the age of 15.

Definition of consent: Consent means actively agreeing to be sexual with someone. It must be freely given and informed. It should be enthusiastic and specific and can be reversible (you can change your mind). Consent should always be given and received before any sexual activity happens.

STI & HIV testing & treatment: If you are 14 years or older, you do not need permission from a parent for guardian to get tested or treated for STIs (Sexually Transmitted Infection) or HIV (Human Immunodeficiency Virus). A provider may (but is not required to) tell your parent or guardian.

Birth control: If you are 14 years or older, you are allowed to get a prescription for birth control without permission from your parent or guardian. A provider may (but is not required to) tell your parent or guardian.

Buying condoms: You can buy condoms at any age.

Emergency contraception: You can buy Plan B emergency contraception at a local pharmacy without a prescription at any age. You may need a prescription for other types of emergency contraception.

Sexting: It could be considered illegal to take or share nude or sexual images of anyone under 18, even if you have permission from the person.

Information credit: Linking Families and Teens Program with PPGNHAIK (Planned Parenthood of the Great Northwest Hawaiian Islands, Alaska, Indiana, and Kentucky.) March 2022

For young adults over 18 years old:

- Adult children who obtain health insurance through their parents' plan have a right to privacy.
- Patients can request that their health information remain confidential and can ask that an e*xplanation of benefits (EOB)* be sent to an address other than that of the policyholder.
- In addition to communicating privacy concerns to your provider, contact your health plan to make arrangements for receiving bills or co-pay statements at a confidential address.
- If your parent or guardian does not have insurance, you are able to apply on your own regardless of your financial situation. (See section 4)

10. Resources for Our LGBTQIA+ Community

Hawai‘i has the highest percentage of adults who identify as transgender. Although Hawai‘i has relatively better legal protections for the LGBTQIA+ community than other U.S.-controlled jurisdictions, generations of anti-transgender criminalization, discrimination, shame and stigma of queer communities do not resolve organically. For instance, bisexual women are statistically more likely than cisgender, heterosexual women to have had abortions. And other national data show us that:

- Women who are LGBTQIA+ but do not exclusively have same-sex partners (i.e., bisexual, queer, and pansexual women) are more likely to become pregnant and to seek abortion than heterosexual peers. A 2019 **study** conducted by the Harvard T.H. Chan School of Public Health and other researchers found that bisexual women were three times more likely than heterosexual women to have had an abortion.
- Another study conducted in 2019 **found** that more than one-third of transgender, nonbinary and gender non-conforming people who had been pregnant, had considered ending the pregnancy on their own without clinical supervision, due to a range of factors including lack of insurance coverage and/or affirming healthcare.
- An HRC analysis **released** this June found that lesbians were more likely to have experienced an unwanted pregnancy (at 39%) than both their heterosexual (27%) and bisexual (29%) peers. All of this data shows that LGBTQIA+ people have a statistically greater need for safe, affordable, and gender-affirming abortion services.

Discrimination against transgender people in health care settings is well documented (Cicero, Reisner, Silva, Merwin & Humphreys, 2019). The Lavender Clinic, a local health care provider that offers complete services for the gender-diverse community, has recommended the following providers who specifically focus on trans care, LGBTQIA+ support, and reproductive health:

Dr. Erin Gertz, Honolulu
(808) 947-5606 | **hawaiiwomenshealthcare.org**

The Fertility Institute of Hawai‘i, O‘ahu, Maui, Big Island
(808) 545-2800 | **ivfcenterhawaii.com**
Provides abortion care to pre-existing patients when needed.

The Lavender Clinic, Honolulu
1481 S King Street #422 Honolulu, HI 96814
(808) 744-2543 | **lavenderclinic.org**

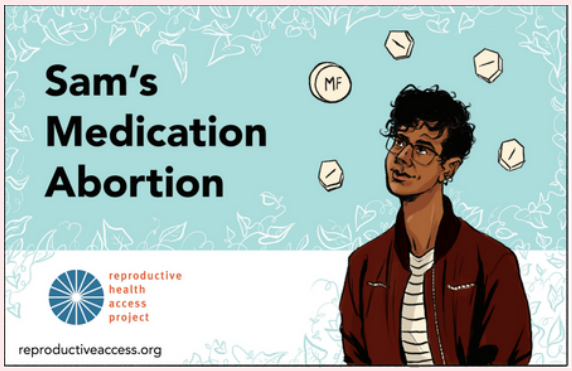
Resources:

Queering Reproductive Justice-A Toolkit



This is a toolkit by *The National LGBTQ Task Force.* "We developed this toolkit because we saw a lack of integration between reproductive health, rights, and justice (repro*) and LGBTQ advocacy, despite the significant impact repro* policy has on LGBTQ people and vice versa. We hope that this first-of-its-kind toolkit will help advocates understand the intersection and allow them to better reflect and serve the repro* needs of LGBTQ people."

Sam's Medication Abortion



This is a zine that follows one person's experience of a medication abortion. This evidence-based resource explains the medication abortion process, side effects, and when to reach out for help. The art in this zine is by *Kit Mills*, a Brooklyn-based artist. RHAP seeks to use language that does not discriminate or reproduce binary schemes. For this reason, the letter "x" will be used in this zine.

11. Resources for Survivors of Sex Assault and Domestic Violence

Sexual assault (SA) and domestic violence (DV) are both forms of gender-based violence and are used by individuals to assert power and control over another person. The reality is that the majority (8 of 10) of sexual assaults are committed by someone known to the survivor, and that can include a current or former intimate partner.

Survivors of gender-based violence have experienced a loss of power and control over their lives and their bodies. If a sexual assault results in pregnancy, the survivor deserves to have control over their body and their decisions. In Hawai‘i, emergency rooms are required to provide a sexual assault survivor with an emergency contraceptive upon request. Those supporting survivors should be aware that survivors face many obstacles and further potential violence in accessing safety and care. Understanding these obstacles, the dynamics of gender-violence, and the resources available, can be helpful in supporting those who have experienced gender-violence, if they ask for such help.

What is Reproductive Coercion? https://www.hscadv.org/reproductive-coercion/
A significant proportion of those who seek abortions have experiences with domestic violence, including reproductive coercion. Sexual and reproductive coercion is a type of abuse that involves behaviors that a person uses, to maintain power and control over the reproductive health of another person.

Many people who are in abusive relationships also experience reproductive coercion. Because maintaining power and control are at the core of abusive relationships, a way that an abuser can exert power and control over their partner is through reproductive coercion.
For example, an abuser may want their partner to carry and deliver their child in order to prevent their partner from leaving the relationship. An abuser may achieve this by sabotaging their partner’s reproductive choices and health.

Examples of sexual and reproductive coercion include:

- Hiding, withholding, removing, or destroying a partner’s contraceptives, such as birth control pills, IUDs, patches, and rings, is also known as birth control sabotage.
- Intentionally or secretly breaking or removing a condom during sex (also known as stealthing)
- Refusing to wear a condom when a partner wants to use one
- Refusing to withdraw (pull out) during sex, even if they previously agreed to do so

- Pressuring or forcing someone for sex or sexual things when the other person doesn't want to
- Threatening to end the relationship if a partner does not want to have sex
- Forcing a partner to have or not have an abortion against their will
- Intentionally exposing a partner to a STI (sexually transmitted infection) or HIV
- Withholding money to purchase birth control (a form of financial abuse)

Effects of Reproductive Coercion on Health

As reproductive coercion is associated with lower rates of contraceptive use, survivors are likely to experience higher rates of unintended pregnancies and sexually transmitted infections (STIs).

The overall health consequences of domestic violence can be both immediate and long-lasting. Common psychological and emotional consequences include depression, anxiety and stress disorders (including post-traumatic stress disorder), eating disorders, and self-medication through substance use; physical effects can include physical injuries, traumatic-brain injury, chronic pain, gastrointestinal issues, pregnancy complications and miscarriage, and injury to genitalia.

Pregnancy does not cause violence to stop. Severity of violence often escalates during pregnancy, and abuse often forces women to delay access to medical and prenatal care, making it more challenging for a survivor to access support. Additionally, women turned away from getting an abortion are more likely to stay in contact with an abusive partner.

If you or someone you know is experiencing domestic violence, sexual abuse, or reproductive coercion, you can discuss your options and safety planning with a confidential advocate. Below are resources available in Hawai‘i:

STATEWIDE

Sex Abuse Treatment Center (24/7) Hotline: (808) 524-7273

KAUA‘I COUNTY

YWCA of Kaua‘i (24/7)
SA and DV Crisis Hotline: (808) 245-6362
DV Shelter Hotline: (808) 245-8404

O‘AHU

Domestic Violence Action Center
Helpline 8 a.m. to 5 p.m.: (808) 531-3771
Text 24/7: (605) 956-5680
Child and Family Service (24/7)
DV Shelter: (808) 841-0822
Parents And Children Together (24/7)
DV Shelter: (808) 526-2200
Catholic Charities
Counseling Center: (808) 527-4470
Monday-Friday 8:30 a.m. to 8 p.m.
Saturday 8 a.m. to 12 p.m.

MAUI COUNTY

DV:
Women Helping Women
Maui Island DV Shelter: (808) 579-9581 (24/7)
Maui Protection Order Assistance: (808) 446-7379 (M-F: 8 a.m. to 4 p.m.)
Lāna‘i DV Shelter: (808) 563-0216 (24/7)
Child and Family Service Maui (24/7)
Crisis Hotline: (800) 753-6879
Moloka‘i Community Service Council
DV Hotline: (808) 567-6888 (24/7)
SA:
Maui Sexual Assault Center: (808) 873-8624

HAWAI‘I COUNTY

DV:
Child and Family Service (24/7)
DV Shelter (Hilo): (808) 959-8864
DV Shelter (Kona): (808) 322-7233
SA:
YWCA of Hawai‘i Island (24/7)
Crisis Hotline: (808) 935-0677

12. How to Identify and Combat Abortion Stigma

What is abortion stigma? What is the purpose of it?

Abortion stigma is a widely shared opininon that abortion is morally wrong and socially unacceptable. Abortion stigma is a relatively recent phenomena in areas controlled by the United States. Abortion was considered normal in colonial America. You could even say that it was much easier to get an abortion in Hawai'i and in New England in the 1600s than it is today. Abortion before "quickening" (feeling the fetus kick) was not regulated until the 1860s.

It is important to identify abortion stigma, whom it serves, and where it comes from, to better understand it, unlearn it, and ultimately push back against it.

Abortion is stigmatized because:

- Women are stereotyped as self-sacrificial and selfless by nature, so when they make a decision to preserve their own happiness and health this violates gender role norms. Abortion stigma is really about "the transgression of a gendered norm." A gendered norm is another term for the social expectations imposed on women, people assigned female at birth, and people with feminine gender expressions.
- Abortion is often framed as a selfish, individual choice by women's rights opponents.
- Women who have sex for pleasure or outside of marriage are considered sinful by certain religions. Women who get pregnant from these encounters may be considered by some as reckless and slutty.
- Sex outside of marriage or not for the purposes of procreation is taught as sinful by certain religions.
- Women are often told by society that they should aspire to become mothers. For centuries, science and medicine taught that women's sole purpose in life was childbirth and nurturing children. Having an abortion shows that someone – specifically a woman – had sex and did not become a parent. Abortion marks their rejection of specific gendered norms about sex, gender, and parenting.
- Midwifery, abortion services, and women as experts of medicine was replaced and stigmatized by white men doctors.

The reality is that abortion is necessary for gender equality and abortion bans are necessary for gender inequality.

Those who feel scared or shame about abortion are not alone, and our guide and coalition is about ending the isolation and understanding why and how silence and stigma around abortion perpetuates gender inequality.

Abortion stigma is deeply rooted within our society, but so is the empowerment of people being able to choose to have an abortion, or knowing how to access all family planning options.

The stigma of abortion manifests within multiple levels of culture; including media, religion, law and policy, institutions, communities, relationships and individuals. These places are often judgmental and unsafe spaces to speak truth to experiences with and about abortion. The feelings of shame, discomfort, guilt, anxiety and anger are common when denied a safe space. Stigma also perpetuates outdated expectations of gender, contributing to gender norms that harm women, people assigned female at birth and people with feminine gender expressions (PPLM).

Abortion stigma is experienced through:

- Negative attitudes and behaviors related to abortion
- Inferior status experienced by people who seek abortion or who have abortions, abortion providers, and others involved in abortion care

How can abortion stigma show up in your life?

- Hearing comments from loved ones or other people that openly oppose abortion
- Being scared to talk about abortion with family, friends or new people
- Struggling to open up about multiple abortions
- Pressure to share personal details about an abortion to prove why your decision is “justified”
- Shame from health care providers
- The existence of Crisis Pregnancy Centers (CPCs) see section 6

Abortion stigma is institutionalized, it is the invisible force behind:

- Threats to defund abortion clinics, like the Trump Administration's “Defund Planned Parenthood” slogan
- Some insurance providers not covering abortion
- Not saying the word “abortion”
- Misinformation spread about abortion, saying it is “dangerous” and “bad”

"Abortion is a safe and normal health care practice that women and birthing people undergo in the best interests of their self, their loved ones, and community. Rather than being a purely personal choice, abortion is often the only ethical, compassionate decision for people facing poverty or extreme gender-based violence."

13. A Personal Story: What to Expect While Getting an Abortion

From someone who had an abortion in Hawai‘i in August 2022.

This section is for people who may be contemplating having an abortion, who are wondering what it’s like, who have already had an abortion or abortions, or who may be wondering about others’ experiences. This is a real and personal story and will not reflect everyone’s experiences. This is also not medical advice.

I had an abortion on O‘ahu in August 2022. I want to share this story because I was shocked by how much I didn’t know about it.

The abortion process:

You find out you are pregnant. It’s okay to feel mixed emotions because abortion is so culturally loaded, even if you firmly believe in bodily autonomy. When we want to keep the pregnancy, we say “baby” no matter the gestational age. When we need an abortion, we are supposed to think and say “fetus” -- never “baby.” For some women and birthing people, this is easier said than done.

You need an abortion. You may be convicted, conflicted, or crushed that you need an abortion but you have carefully thought it through and made the decision. Don’t be ashamed. Abortion was practiced and socially accepted throughout history and prior to Western colonization of Hawai‘i.

Timing is everything. Try to recall the date of your last period. The gestational age of the fetus will determine the type of abortion method you will need, how effective that method will be, the cost of the abortion, and accessibility. The gestational age is the amount of weeks it has been since your last period. If you are 11 weeks since your last period or under you will likely be given the pill or “medication abortion,” which involves no procedure and can be done at home. The closer you are to 11 weeks pregnant, the less effective the abortion pill. If you missed one to three periods, you should be able to choose between a medication or procedure abortion. Whether you know how many weeks along you are or not, your abortion provider will check at your appointment with an ultrasound, or outsource your ultrasound to a clinic near you.

Google is NOT your friend. Abortion is so politicized that it is hard to tell what information online is good. Even on trusted websites, there is not much detailed information. A lot of the information I found online only told a fraction of the story or conflicted with what I was told by licensed medical professionals.

Do not expect much sympathy from anyone. First, abortion is kept under a veil of secrecy so most people do not know how physically and mentally difficult abortion is, unless they've experienced an abortion firsthand. Second, abortion is framed by mainstream abortion rights advocates as an exercise of individual choice. This "choice feminism" messaging makes it seem like abortion is self-inflicted so the logic goes: if you made a choice, then you must accept the consequences of your choice. This line of thinking discourages compassion and support.

Call your health care provider, doctor or midwife. If you have a care provider, ask if they provide abortions. Doctors and nurse practitioners are not required by law to do abortions and may even be prohibited by their employer from providing abortions. Some providers are afraid to provide abortion because they fear backlash. There might even be a provider that will indirectly pressure you to keep the pregnancy. For example, they might show you the fetus on the ultrasound without warning or permission, coo and point out a heartbeat or make other comments that are upsetting.

Call Hawai'i's abortion referral centers. There are two referral centers in Hawai'i that connect people on all islands to abortion providers: the *Women's Options Center (WOC)* and *Planned Parenthood*. I called both. They both needed to know the last time I had my period. I did not know the date of my last period. At *WOC*, the earliest available appointment for an abortion was two weeks away. At *Planned Parenthood*, the wait time was over two weeks. No one asked if I needed support in the meantime. I support both organizations and am being honest for the sake of prospective patients: Do not expect your mental health to be valued upon intake. It's like the *Planned Parenthood* slogan "abortion is health care"—call intake staff treated abortion as purely a physical medical procedure.

Two weeks is a long time to sit around pregnant waiting for your abortion appointment. So, I sought out alternatives because I knew who to trust. I called *Healthy Mothers, Healthy Babies* because they offer mobile medical services which I needed as a full-time working mom on the West Side. I would not advise seeking out random alternatives for everyone because there are too many fake clinics. I was recommended a medication (pill) abortion.

Research the cost by asking your health care provider and insurer, if you have health insurance. I had private insurance that covered medication abortion so cost was not a hurdle.

Prepare your partner, family, and friends to care for you by sharing the reality of what an abortion entails. You will need someone to prepare or bring you food for a week, to watch your kids and take them to school, run errands for you, etc. You should not be performing responsibilities during the week of your abortion. You need rest and care similar to the immediate post-partum period.

Hire or seek out an abortion doula or support person. Check out the doula services section of this abortion guide for resources. When you have an abortion doula, you have the autonomy and option to get as many or as few check-ins as you want during your abortion. I had access to an abortion doula through *Healthy Mothers, Healthy Babies*. I had never utilized doula services in the past for either of my pregnancies or post-partum periods. In the past, I had tried to act like a stoic man, so it was uncomfortable at first for me to accept care and support, but I'm glad that I did.

Submit a sick leave request to your employer. I would recommend taking at least one week off from work, school or parenting. You will need planned time off from work and you may also need unexpected time off if the abortion process lasts longer or intensifies at certain points. I strongly discourage you from trying to work through your abortion. The first two weeks will not be easy, and at times it will be physically impossible to work or study.

Specifics on Medication Abortion:

I was under 11 weeks pregnant so was recommended a medication abortion (pills).

1. **Medication abortion is very safe but physically taxing** and will require downtime from work, school and parenting. Most women and birthing people in American-controlled societies do not have access to paid downtime for pregnancy-related issues so must function through the pain. This does not mean that we should.

2. **How do you get the pill?** It's a one-stop-shop visit at *Planned Parenthood* and *Women's Options Center*. If you are on O'ahu, you set up an appointment to go to their offices downtown to verify the gestational age and no ectopic pregnancy with an ultrasound, and then they provide you the medication with instructions. Alternatively, if you cannot get to downtown Honolulu, they may have you go to a closer clinic to get an ultrasound then they will mail you the pills. This is what I was told by their caller intake.

3. **How did I get my pills?** Everything came to my home just like UberEats. A nurse practitioner from *Healthy Mothers, Healthy Babies* ordered the prescriptions for me, picked them up for me, and then brought the medication to my home after work. She had a mobile ultrasound device to verify the pregnancy conditions. She counseled me and my partner on what to expect and carefully explained the instructions. She did not pressure me at all to undergo the abortion and emphasized that whatever choice I made was a good one. I did not start the abortion on the spot. I took the pills at a later date of my choosing.

4. **There are two different ways you can do the medication (pill) abortion method.** One way is to take two different medications: mifepristone (stops the pregnancy from continuing) and misoprostol (causes contractions and expels the tissue). The other way is to just take misoprostol and not take any mifepristone (I did this one). Mifepristone is more restricted so not all providers have easy access to it. Both ways are considered safe by the World Health Organization.

5. **Get supplies beforehand.** You will need adult diapers, pads (not tampons), Gatorade and water (you may have diarrhea), activities for bedrest; meal delivery or preparation for you; hot compress; prescription pain medication; anti-nausea medication; an ally in your household or nearby, (it's hard to hide a pill-method abortion), and the number of your abortion care provider.

6. **What are the best days to start the abortion?** I got to pick the time to take the pills and to start my abortion. I would recommend starting on a Friday after work or Saturday morning so you have the full weekend to go through the first hard phase, then the following weekend to go through the second hard phase.

7. **My care provider checked on me almost every other day for two weeks.** You should expect that level of care even if it may not be the norm yet. It is important that you have a medical professional to consult so you do not freak out when confusing things happen during the process.

Here is my experience during medication abortion. This is meant to be shared as a frame of reference, although it may vary person to person:

- Intense pain and intense nausea. Take pain meds and anti-nausea meds about 30 minutes before you take misoprostol.
- Sore cheeks and throat. You take the abortion pill by letting two rounds of misoprostol pills absorb into your cheek. Allow 30 mins for the first four pills, then 30 minutes for the last four pills. This is done consecutively. Drink water while you do this. The buccal (cheek) route is the most effective for absorption into your body, but it makes your throat burn and your cheeks and throat feel sore for several hours afterward.
- The first day of an abortion feels like the equivalent of the stomach flu.
- You probably won't eat the first day. Do not eat the first day right after you take misoprostol. There is no point because you will either diarrhea or vomit it out.
- My temperature dropped after taking the pills and I had shivering, shaking and chills.
- Bleeding that is much heavier than a period and can soak an adult diaper on certain days.
- Cramps and contracting uterus that far exceeds normal period pain.
- Tissue coming out of the vagina for 1 to 2 weeks.
- A large mass passing out of vagina at some point, maybe even one week or more after you took the abortion pills. No, you do not see anything that "looks like a baby."

- Bleeding for almost 2 weeks or up to 4 weeks for some women and gender-diverse people.
- VERY IMPORTANT: Abortion is not linear and does not go from hard days to easy days. Your hardest physical days of the abortion might occur a week after starting the meds. Sudden onset of prolonged contractions that require prescription pain medication and heavy blood and discharge and occurred 7 to 9 days into the process for me.
- Some women go to the ER because they get so caught off-guard by the pain and bleeding that they do not know what's normal or not. Ask for prescription pain medication in advance to avoid the ER.
- There is a low risk of infection, but if the pain doesn't subside after about the first full week, call your provider.
- Your hormones will not level off for 4 to 6 weeks.
- Your next period may be late or irregular.
- You should turn a corner and be physically stable after 10 to 14 days from taking the abortion pills.
- You may randomly bleed, but not heavily, for up to 3 or 4 weeks later.
- My abortion took 10 days until the bleeding lightened and pain ended. I went to work on day 5 and 6 because I incorrectly assumed the abortion would be over. I had to get half-naked at work and change blood soaked diapers while in emotional distress. That was a bad idea and I would recommend taking a full week off of work if you have that privilege. The physical pain and bleeding intensified on days 7 to 9, even worse than the first two days.
- You will need to verify that you are no longer pregnant. A take-home pregnancy test can turn up positive for 4 weeks after the abortion due to lingering hormones. Talk to your provider about how you will verify if the abortion pills were successful. If it did not work, you will need a procedure to physically remove the fetus.
- Value your mental health. Abortion is treated as a medical event, and your mental health won't necessarily be prioritized or considered by abortion providers, although some providers are very caring about the mental and emotional component. Ask your provider about grief counseling or mental health support if you are struggling.
- Healing takes time. Physically and mentally. I had and still have the support of my abortion doula. This meant that I was not isolated during my abortion, and that I did not have to rely solely on my male partner or Google. I would recommend it for everyone.

Another Personal Story:

Abortion access is something I've never had to think twice about as a Kanaka Maoli (Native Hawaiian) womxn born and raised on the Island of O'ahu with a Christian background. I attended McKinley High School and had a sex education class there where we had Planned Parenthood advocates come to talk to us about their services provided only a few streets away from there.

My first partner and then long-term partner we had started to become intimate when I was 13 years old and he was 14. Before we ever had sex we talked about our thoughts and views on abortion, what-ifs scenarios, and if something were to happen if I did get pregnant. I never wanted kids at a young age and neither did he. I took comfort knowing that I could go to Planned Parenthood and get birth control and that if I did get pregnant I would be able to get an abortion and health care services there.

My first pregnancy happened soon after I started having sex even though I was on birth control, the pill, that I got through Planned Parenthood Honolulu Clinic. My monthly cycles were always very regular and came on time. So when my menstrual cycle didn't comeI knew I was pregnant. For a brief moment I felt scared, but that quickly fleeted.

This is when the abortion process started for me. I already knew my options. I had a conversation with my partner. To me I felt secure in what my decision was, how I was moving forward with it, and why. I called Planned Parenthood and told them that I wanted to schedule an appointment for an abortion because I missed my period and I need to take a pregnancy test. They told me sure and walked me through the process – I'd have to come in for a checkup, pregnancy test, consultation, and then I could proceed. All of those things I did and my partner at the time was always super supportive and always accompanied me to get birth control, checkups, and even for the abortion itself. I always felt comfortable and supported at the clinic with the nurses and doctors who handled my care.

When deciding what abortion to get I opted to get an in-clinic one. The in clinic abortion just seemed the less rigorous one for my body and I didn't want to have a medicated abortion at home given the symptoms after doing my research which was vomiting, diarrhea, cramps, among other things... When I was 5 weeks I got the abortion. I was fortunate to have the support that I had with my partner, because at the time I didn't feel comfortable telling my parents or family that I was sexually active or that I was pregnant and let alone going to get an abortion.

After this first abortion, I would go on to have three more. I'm currently 33 years old. I do not regret any of them. I'm grateful for Planned Parenthood and for having accessible healthcare, but my story is not the case for a lot of other womxn especially those who live on our sister islands here in the Hawaiian Kingdom/ Hawai'i. I feel so strongly that access to reproductive healthcare should be free and accessible to all and not only the folks who are on O'ahu.

That’s why sharing my story is important. Abortion needs to be destigmatized. There are womxn like me who have benefited from abortion and who have flourished even after having one. One in four womxn in “America” will have an abortion. There are tons of folks like me who are functional, educated, vibrant, and abundant people contributing to the thriving communities we have today because of this access and it should be accessible to everyone!

Knowing that there are politicians that are actively trying to make decisions on people’s bodies to restrict access to reproductive health care to me is a violation of human rights and it does show the blatant racism against BIPOC communities because we are the communities who get hit with the most staggering statistics of health disparities. Having access to healthcare is a human right that the government and its elected officials should be helping to support the people. Power to the people, always in all ways!