

How to Respond to Tough Questions and Avoid Anti-Choice Traps

Disinformation, charged rhetoric, and false information are flying around abortion—especially the rare cases of abortion later in pregnancy—and post-birth palliative care. To rebut these claims, research shows that **the most effective value we can communicate is that of supporting parents (specifically in difficult and often painful circumstances).**

CORE MESSAGE

Most of us try to live our lives without interfering in other people’s lives. We know that a woman may end a pregnancy for different reasons. We cannot make a woman’s decisions because we haven’t walked in her shoes. Tragically, sometimes a woman gets a diagnosis of a serious health complication that threatens her life or health. Other times, a family learns later in pregnancy there is a very serious fetal diagnosis, or the baby is dying and can’t survive for long. **When people are making difficult, complicated, personal medical decisions, one-size-fits-all laws don’t work.**

PIVOT

It’s wrong to interfere in people’s lives like this, for political reasons. When it comes to abortion or pregnancy loss, legislators in Washington, DC and state capitals can’t know what every family is going through. Real people going through complicated issues are going to be hurt with these one-size-fits-all restrictions. **The fact is, their real agenda is about banning abortion with no exceptions. That’s wrong. These politicians are overstepping their role, and women and families don’t deserve to pay the price.**

HOW TO ANSWER SPECIFIC QUESTIONS

1. Do you support any kind of restriction on abortion?

I oppose abortion restrictions that will **endanger and punish women**. Looking at any proposed restriction, I’d want to know: Does it reflect **evidence-based medical best practices**? Or does it recklessly take personal medical decisions in complicated situations out of the hands of women, families and their doctors?

What you should avoid

Don’t say "no" or "yes" –give a short, clear explanation.

2. Why haven’t you taken a stand against infanticide or killing babies who survive an abortion?

Murder of any person, including newborns, is already a crime, as it should be. This question is **not rooted in medical care or science**, but rather an **intentional disinformation campaign**.

Tragically, sometimes a woman gets a diagnosis of a **serious health complication** that threatens her life or health. Other times, a family learns later in pregnancy there is a **very serious fetal diagnosis**, or the **baby is dying** and can’t survive for long. When people are making difficult, complicated, personal medical decisions, **one-size-fits-all laws don’t work. We cannot make a woman’s decisions because we haven’t walked in her shoes.**

What you should avoid

Don’t say "partial-birth," "late-term," or "born alive."

3. DO YOU SUPPORT ABORTION UP UNTIL THE MOMENT OF BIRTH?

[Note: watch for overly specific hypotheticals and sometimes graphic phrasing: "seconds before birth," "moments before birth," "during labor," or "she's dilating.]"

This does not happen.

IF ASKED BY HOSTILE QUESTIONER: Your question is not based in medical science. You're asking about a fake situation because you're trying to mislead voters about what's true and real. I won't help you do that.

IF ASKED BY MEDIA/MODERATOR/VOTER: You're asking about a fake situation invented as a distraction to mislead voters about what's true and real.

When it comes to abortion or pregnancy loss, politicians in Washington, DC and state capitals can't know what every woman and her family is going through. They are going to hurt **real people going through complicated issues** with their one-size-fits-all restrictions.

A parent's job is to protect and care for their children. Parents are the ones who have to deal with the consequences of difficult decisions. Out of deep love, some choose abortion.

Abortion later in pregnancy is **extremely rare** (<2% of all cases) and almost always because something in the pregnancy has gone seriously wrong.

WHAT YOU SHOULD AVOID

Don't allow the questioner to remove women and families from the conversation.

Don't repeat any version of "moments before birth." This does not happen!

Don't allow a questioner to pose hypotheticals. If necessary, call out their tactics: "That bears no resemblance to reality."

4. WHAT CONDITIONS ARE THERE THAT CAN'T BE RESOLVED BY DELIVERING THE CHILD RATHER THAN ABORTION?

[Note: Related language is often used to introduce other questions: "There is never a medical necessity for abortion. If there were some emergency, doctors would do a c-section, so...]"

I'm not a doctor, so I can't try to weigh in on detailed medical issues. But here's what I do know: I know that it's not a politician's role to play doctor—we can't possibly say what would be safe or medically appropriate for every pregnant woman in an emergency. **I can't support a one-size-fits all policy that could hurt women and families.**

WHAT YOU SHOULD AVOID

Don't feel like you need to know what could happen in every scenario and don't let questioner make you seem responsible for knowing medical details.

Don't engage in a discussion about abortion procedures for cases that occur later in pregnancy.