

The logo for 'actions' features the word in a bold, lowercase sans-serif font. The letter 'o' is replaced by a red sunburst icon with a white center.

Abortion Care Training Incubator  
for Outstanding Nurse Scholars



# The State of Reproductive Rights: What's Changed, What's Next, and What We Can Do Now.

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MONICA R. MCLEMORE PHD,  
MPH, RN



# Nomenclature

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# Reproductive Rights, Health and Justice

- The Reproductive **Rights** framework is based on universal legal protections for citizens.
- The Reproductive **Health** framework emphasizes the very necessary reproductive health services that people need.
- The Reproductive **Justice** framework stipulates that reproductive oppression is a result of the intersections of multiple oppressions and is inherently connected to the struggle for social justice and human rights.

# Twelve Founding Black Mothers of Reproductive Justice

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Toni M. Bond Leonard

Cynthia Newbille

Reverend Alma Crawford

Loretta Ross

Evelyn S. Field

Elizabeth Terry

Terri James

Winnette P. Willis

Bisola Marignay

Kim Youngblood

Cassandra McConnell

'Able' Mable Thomas

**The Black Women attending a conference sponsored by the Illinois Pro-Choice Alliance and the Ms. Foundation for Women in 1994 in Chicago.**

**As a result, they formed the Women of African Descent for Reproductive Justice (WADRJ).**



# Overview

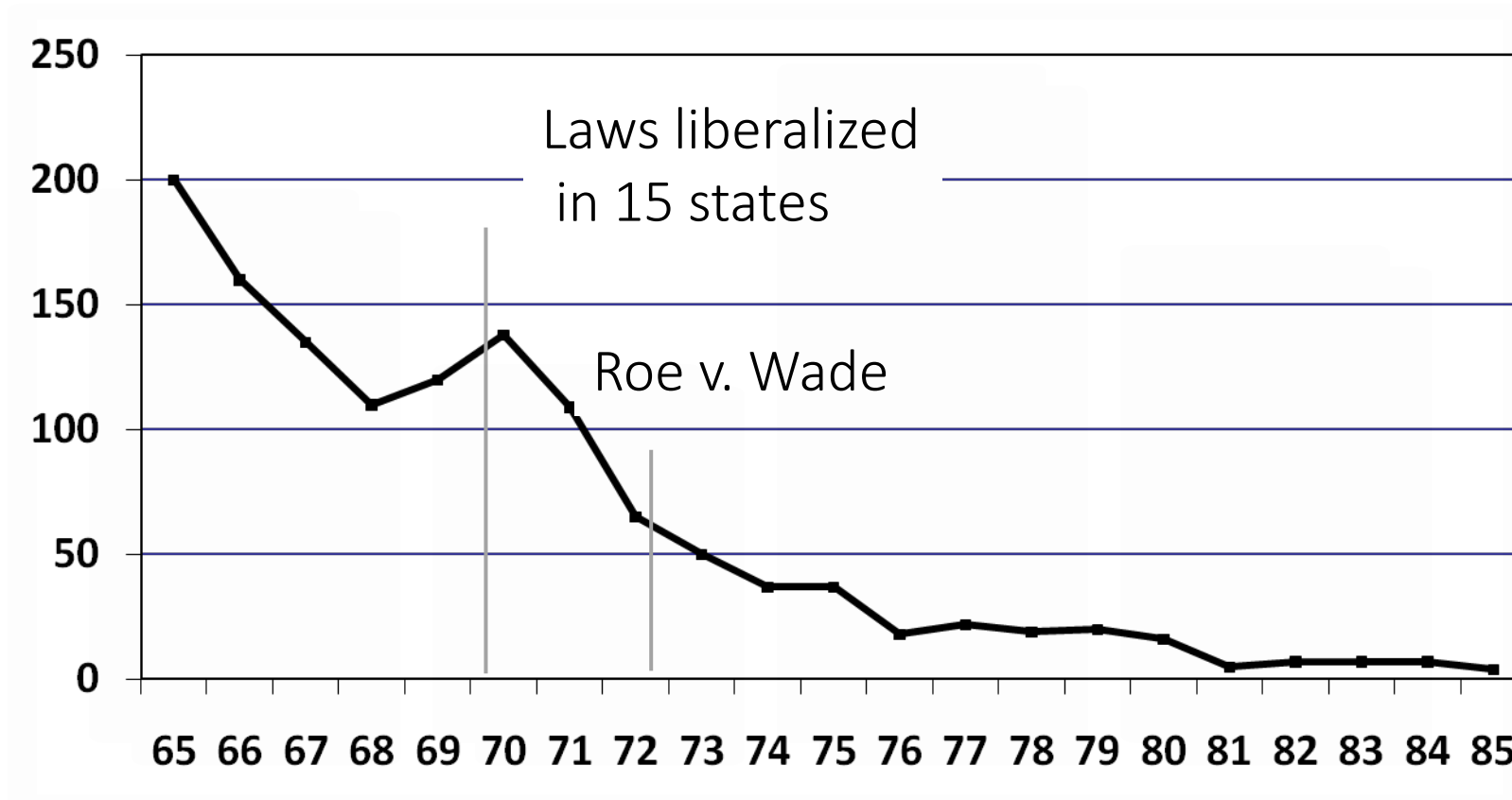
The So-Called Culture War

# Historically important considerations when understanding abortion care provision

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- Margaret Sanger
  - Trained As Public Health Nurse
  - Original Focus – Birth Spacing and Decreases Maternal Morbidity/Mortality
  - Notoriously Pro-Birth Control and Anti-Abortion

# Deaths from Abortion after Legalization



# Creation of a Counter-Movement

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Roe galvanizes people opposed to abortion

The formation of a “Pro-life” or “Right to Life” Movement

- Goals:
  - Make abortion illegal again
  - Make abortion a dirty word again
  - Make abortion rights a political liability



# Bringing it Home to the Base, Defund Planned Parenthood



Because life is a precious gift

**CITIZEN'S PETITION TO**  
**DEFUND**  
**PLANNED PARENTHOOD**

SIGNATURES  
**2952**  
TO DATE!

This project is sponsored by Women Influencing the Nation (W.I.N.)

Petition Links Media News Contact

## No More Tax Dollars For Planned Parenthood!

"Please read and sign the petition intended to end ALL tax payers money that is given to Planned Parenthood by our elected officials at the local, state and federal level of government. We welcome your comments, stories, and first hand experiences to tell the real story of what Planned Parenthood really is. After all, shouldn't we all be held accountable to the same standard of law?"

[Sign Petition Now!](#)

Did you know that Planned Parenthood has received



Year	Amount (Million)
87	110
88	105
89	115
90	125
91	120
92	145
93	235
94	160
95	170
96	175
97	165
98	175
99	185
00	195
01	200
02	235
03	250



HOW AN  
ANONYMOUS  
SPY WITH  
A VIDEO  
CAMERA  
INFILTRATED  
PLANNED  
PARENTHOOD  
AND  
REIGNITED  
**THE  
ABORTION  
DEBATE**

BY ALEX ALTMAN

No. 15-274

IN THE  
**Supreme Court of the United States**

WHOLE WOMAN'S HEALTH, ET AL.,

*Petitioners,*

v.

KIRK COLE, M.D., COMMISSIONER OF THE TEXAS  
DEPARTMENT OF STATE HEALTH SERVICES, ET AL.,

*Respondents.*

On Writ of Certiorari to the  
United States Court of Appeals for the Fifth Circuit

**BRIEF OF AMICI CURIAE  
NATIONAL PHYSICIANS ALLIANCE, AMERICAN  
ACADEMY OF NURSING, CENTER FOR AMERICAN  
PROGRESS D/B/A DOCTORS FOR AMERICA,  
AMERICAN NURSES ASSOCIATION, AND SOCIETY  
FOR ADOLESCENT HEALTH AND MEDICINE IN  
SUPPORT OF PETITIONERS**

BORIS BERSHTEYN  
*Counsel of Record*  
SKADDEN, ARPS, SLATE,  
MEAGHER & FLOM LLP  
4 Times Square  
New York, NY, 10036  
(212) 735-3000  
Boris.Bershteyn@skadden.com

*Counsel for Amici Curiae*

[Additional Counsel Listed on Inside Cover]

# The Fetus as the Central Issue

- Visual images of fetuses
- Separation from the pregnant person



This was a suggested ad  
to Dr. McLemore's  
Facebook Newsfeed in  
March 2013





7<sup>th</sup> and  
Bryant – San Francisco



Times  
Square



Bayview Hunters Point -  
SF

Some Data

## Nurses and Care of Women Seeking Abortions, 1971 to 2011

Monica McLemore and Amy Levi

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Women's Health Issues 24-6 (2014) 594–599



ELSEVIER

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WOMEN'S  
HEALTH ISSUES

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[www.whijournal.com](http://www.whijournal.com)

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Original article

### Women Know Best—Findings from a Thematic Analysis of 5,214 Surveys of Abortion Care Experience



Monica R. McLemore, PhD, MPH, RN<sup>a,b,\*</sup>, Sheila Desai, MPH<sup>b</sup>, Lori Freedman, PhD<sup>b</sup>, Evelyn Angel James, CNM, WHNP-BC<sup>b</sup>, Diana Taylor, PhD, RNP, MS, FAAN<sup>a,b</sup>

<sup>a</sup> University of California, School of Nursing – Family Health Care Nursing Department, San Francisco, California

<sup>b</sup> Advancing New Standards in Reproductive Health, Bixby Center for Global Reproductive Health, University of California, San Francisco, California



Contraception 91 (2015) 474–479

Original research article

## Recruitment and retention strategies for expert nurses in abortion care provision

Monica R. McLemore<sup>a,\*</sup>, Amy Levi<sup>b</sup>, E. Angel James<sup>a</sup>

<sup>a</sup>University of California, San Francisco – School of Nursing, 2 Koret Way, N#411, San Francisco, CA 94143, USA

<sup>b</sup>University of New Mexico – College of Nursing, MSC09 5350, 1 University of New Mexico, Albuquerque, NM 87131-0001, USA

Received 4 October 2014; revised 17 February 2015; accepted 17 February 2015

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& HEALTH

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Research Report

### Calculus Formation: Nurses' Decision-Making in Abortion-Related Care

Monica R. McLemore , Susan Kools, Amy J. Levi

First published: 27 March 2015 [Full publication history](#)

DOI: 10.1002/nur.21655 [View/save citation](#)

Cited by (CrossRef): 2 articles  [Check for updates](#) |  [Citation tools](#) ▼





## Reproductive Health Matters

Volume 23, Issue 45, May 2015, Pages 90-92



Issues in Current Policy

### Radical or routine? Nurse practitioners, nurse-midwives, and physician assistants as abortion providers

Lori Freedman<sup>a</sup>, Molly Frances Battistelli<sup>b</sup>, Caitlin Gerdtz<sup>c</sup>, Monica McLemore<sup>d</sup>



THE AMERICAN JOURNAL OF  
TROPICAL MEDICINE AND HYGIENE  
official Journal of the American Society of  
Tropical Medicine and Hygiene

[Am J Trop Med Hyg.](#) 2017 Apr 5; 96(4): 765–766.

doi: [10.4269/ajtmh.16-0918](https://doi.org/10.4269/ajtmh.16-0918)

PMCID: PMC5392616

### Impacts on Global Health from Nursing Research

[Kimberly Baltzell](#)<sup>1,2,\*</sup> [Monica McLemore](#)<sup>2</sup> [Mona Shattell](#)<sup>3</sup> and [Sally Rankin](#)<sup>1,2</sup>

# Retrospective Evaluation of the Procedural Sedation Practices of Expert Nurses During Abortion Care

Monica R. McLemore and E. Angel Aztlan

## Correspondence

Monica R. McLemore, PhD,  
MPH, RN, Department of  
Family Health Care Nursing,  
University of California,  
San Francisco, 2 Koret Way,  
N431H, San Francisco,  
CA 94143.  
[monica.mclemore@ucsf.edu](mailto:monica.mclemore@ucsf.edu)

## Keywords

abortion  
procedural sedation  
time to discharge

## ABSTRACT

**Objective:** To evaluate the provision of procedural sedation during abortion by expert nurses and to describe the factors that are associated with time to discharge for women who receive this sedation.

**Design:** Retrospective chart review.

**Methods:** Descriptive statistics were generated to describe a retrospective cohort of women presenting for abortion under procedural sedation. Analysis of variance was used to determine significant characteristics that influenced time to discharge.

**Setting:** A single clinical site that employs seven expert nurses.

**Participants:** A total of 194 medical records were available for this analysis.

**Results:** All women were discharged home with accompaniment, and no incidents of respiratory distress or other adverse complications occurred. Most women ( $n = 136$ ) received at least 150  $\mu\text{g}$  fentanyl and 3 mg midazolam, and 71% of women in the first trimester and 83% of women in the second trimester entered the recovery area with no pain. Variables significantly associated with time spent in the recovery area were gestational age at time of abortion ( $t = -2.68, p = .008$ ), pain at entry to recovery area ( $t = -0.254, p = .008$ ), and pain at 15 minutes ( $t = 0.25, p = .038$ ).

**Conclusion:** Expert nurses can administer procedural sedation for pain control associated with abortion and are capable of monitoring women and helping them return to baseline status after the procedure.

*JOGNN*, 46, 755–763; 2017. <http://dx.doi.org/10.1016/j.jogn.2017.06.003>

Accepted June 2017

# Attitudes of California Registered Nurses About Abortion

Alicia Swartz, Thomas J. Hoffmann, Elizabeth Cretti, Candace W. Burton, Meghan Eagen-Torkko, Amy J. Levi, E. Angel Aztlan, and Monica R. McLemore

## Correspondence

Monica R. McLemore, PhD,  
MPH, RN, FANN,  
University of California, San  
Francisco, 2 Koret Way,  
N431H, San Francisco,  
CA 94143.  
[monica.mclemore@ucsf.edu](mailto:monica.mclemore@ucsf.edu)

## Keywords

abortion  
contraception  
nurses  
sexual and reproductive  
health

## ABSTRACT

**Objective:** To describe attitudes about abortion among registered nurses (RNs) licensed in California and to determine if demographic characteristics were associated with these attitudes.

**Design:** Cross-sectional, one-time survey.

**Setting:** Online between 2015 and 2017.

**Participants:** Nurses with active RN licenses in California ( $N = 2,500$ ).

**Methods:** An anonymous survey was sent to a random sample of 2,500 RNs with active California licenses between 2015 and 2017 to assess their personal and professional demographic characteristics and their attitudes toward abortion. Using scores on the Abortion Attitudes Scale, we dichotomized participants into proabortion and antiabortion categories. We used chi-square tests to determine differences based on demographic characteristics.

**Results:** Data from 504 RNs licensed in California are included in this analysis. Most respondents identified as female ( $n = 462$ , 92%), older than 50 years of age ( $n = 379$ , 75%), married ( $n = 364$ , 72%), White ( $n = 354$ , 70%), and Christian ( $n = 322$ , 64%). They were more likely to have negative attitudes toward abortion care if they identified as



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Original Article

## The Space in the Middle: Attitudes of Women's Health and Neonatal Nurses in the United States about Abortion

Amy Alspaugh, PhD<sup>a,b,\*</sup>, Renee Mehra, PhD<sup>b</sup>, Kate Coleman-Minahan, PhD<sup>c</sup>,  
Thomas J. Hoffmann, PhD<sup>d</sup>, Candace W. Burton, PhD<sup>e</sup>,  
Meghan Eagen-Torkko, PhD<sup>f</sup>, Toni M. Bond, PhD<sup>b</sup>, Linda S. Franck, PhD<sup>b</sup>,  
Liz Cretti Olseon, MPH, MSN<sup>g</sup>, Nikki Lanshaw, MPH<sup>b</sup>,  
Jacqueline D. Rychnovsky, PhD<sup>h,1</sup>, Monica R. McLemore, PhD<sup>b,1</sup>

<sup>a</sup>University of Tennessee, Knoxville College of Nursing, Knoxville, Tennessee

<sup>b</sup>University of California, San Francisco School of Nursing and the ACTIONS Program, San Francisco, California

<sup>c</sup>University of Colorado College of Nursing, Aurora, Colorado

<sup>d</sup>Department of Epidemiology and Biostatistics, and Office of Research, School of Nursing, University of California San Francisco, San Francisco, California

<sup>e</sup>Sue & Bill Gross School of Nursing, University of California, Irvine, Irvine, California



# Re-Diversifying the Workforce

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RETROFIT

# Founding ACTIONS Team



Helen Arega, MA  
Program Director



Monica R. McLemore,  
PhD, MPH, RN  
Founding Director



Alicia Swartz, PhD, RN  
ACTIONS Postdoctoral  
Fellow



Laura Sanchez, UCSF MEPN  
'21  
ACTIONS Research Assistant

# Current ACTIONS Team

Nikki Lanshaw  
Project Director



Monica McLemore  
PI, Co-Director

Linda Franck  
Co-Director

# 2019 ACTIONS Interns



Brittany Ferrell, RN  
MPH candidate, 2020  
Washington University in St. Louis  
Black Futures Lab  
Birth Place Lab



Olga Smith, RN  
MA candidate, 2020  
UCSF  
CA Nurses CPC Study  
ANSIRH Core Funding



Rachel Applewhite  
MPH candidate, 2019  
Harvard School of Public Health  
RLBC





**Bethany Golden**  
Predoc, Year 3



**Celestine Ofori-Parku**  
Predoc, Year 2



**Laura Cox** Predoc,  
Year 1



**Toni Bond-Leonard**  
Postdoc, Year 3



**Daniel Suárez-Baquero**  
Postdoc, Year 2



**Brenda Lopez**  
Predoc, Year 3



**Daphne Scott-Henderson**  
Predoc, Year 2

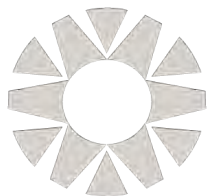
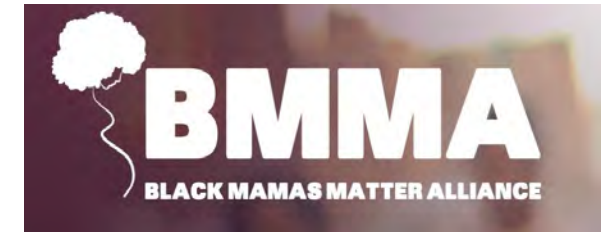


**Christina Pineda**  
Predoc, Year 1



**Reneé Mehra**  
Postdoc, Year 3

# Connection to Broader National Landscape



# Building a Canon

REFORM: SHIFTING THE NARRATIVE

# Maternal Mortality

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## How to Reduce Maternal Mortality

To prevent women from dying in childbirth, the first step is to stop blaming them

TEXT BY MONICA R. McLEMORE, GRAPHICS BY VALENTINA D'EFILIPPO

The shameful secret is out: Although the number of women who die in childbirth globally has fallen in recent decades, the rates in the U.S. have gone up. Since 1987 maternal mortality has doubled in the U.S. Now approximately 800 maternal deaths occur every year. One of the most striking takeaways from examining the data is racial disparity: Black women are three to four times

**Monica R. McLemore** is an assistant professor in the family health care nursing department and a clinician-scientist at Advancing New Standards in Reproductive Health at the University of California, San Francisco. She maintains a clinical practice at Zuckerberg San Francisco General.



These include a lack of data; not educating patients about signs



*Observations | Opinion*

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# COVID-19 Is No Reason to Abandon Pregnant People

New rules prohibiting spouses or doulas during labor and delivery in many New York City hospitals are putting vulnerable populations at greater risk

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By Monica R. McLemore on March 26, 2020

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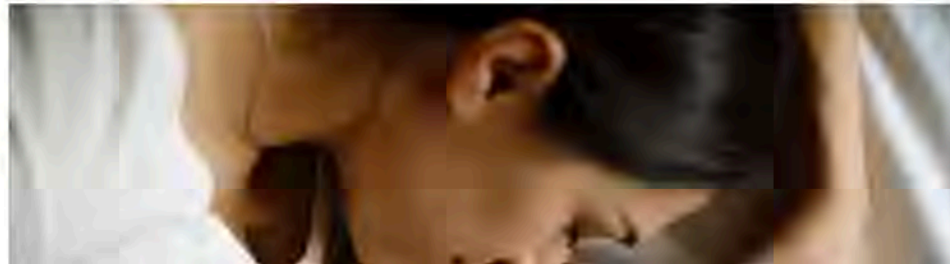
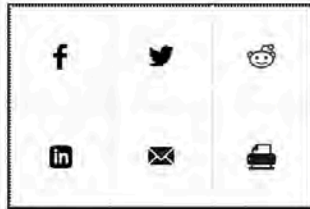
LATEST

POLICY | OPINION

# We Must Extend Postpartum Medicaid Coverage

And that must go hand in hand with better access to quality care, redress of systemic barriers to vital health, and social services and supports

By Jamila K. Taylor, Ifeyinwa V. Asiodu, Renée Mehra, Amy Alspaugh, Toni Bond, Linda S. Franck, Monica R. McLemore on March 11, 2021



READ THIS NEXT

PUBLIC HEALTH

We Can't Fight COVID-19 on a Country-by-Country Basis



# EXPLAINED:

## Abortion Research & Policy

### Clinical Provision of Abortion

Monica McLemore, PhD, MPH, RN

The safety of medication abortion has recently been affirmed by the FDA, yet 33 states have laws mandating that it can *only be administered by a physician*.

This means CNMs, NPs, and PAs are unable to administer the medications despite evidence that they can do so safely.

Midwives, Nurse Practitioners,  
and Physician Assistants



ARE UNABLE to administer these medications despite they can do so safely.

Physicians



ALLOWED to administer medication abortion.

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## Opinion

# Abortion Doesn't Have to Be an Either-Or Conversation

Treating the decision with nuance and care is essential to reproductive justice



December 8, 2021

### AUTHORS

**Amy Alspaugh** is a Certified Nurse-Midwife in Knoxville, TN and has a Ph.D. in Nursing. She currently works as an Assistant Professor at the University of Tennessee College of Nursing, where she researches women's reproductive health.

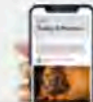
**Linda S. Franck** holds the Jack and Elaine Koehn Endowed Chair in Pediatric Nursing at the University of California, San Francisco, School of Nursing and co-directs the [ACTIONS](#) fellowship program. She leads family and community partnered research in maternal, newborn, child



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REIMAGINE: AN  
ESSENTIAL  
COMPONENT TO  
REPRODUCTIVE  
JUSTICE

# Abortion Out Loud

**PATIENTS NEED CARE  
THEY CAN TRUST**

**NOT POLITICALLY-MOTIVATED  
DECEPTION ABOUT ABORTION**

[AbortionCareNetwork.org/EndAbortionDeception](http://AbortionCareNetwork.org/EndAbortionDeception)



Abortion Care Network  
WE ARE STRONGER TOGETHER

Nurse and Abortion Provider  
Monica McLemore, PHD, MPH, RN

PAID FOR BY ABORTION CARE NETWORK



**OUTFRONT**

003816

**CALIFORNIA**

2013 stats from the  
Guttmacher Institute.

**473**

bills introduced  
nationwide to  
restrict access

**68**

enacted

**ONE**

**NEW LAW**

enacted nationwide  
to expand  
abortion access

**We stand with women &  
families by expanding access.**

**Be Bold**

**Unite to lift the ban  
on Medicaid coverage  
of abortion.**

**Take action to lift bans on abortion coverage  
Visit [allaboveall.org](http://allaboveall.org)**

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**HAPPENING NOW:** The Pennsylvania Supreme Court will hear oral arguments in *Allegheny Reproductive Health Center v. Pennsylvania Department of Human Services*, a case challenging the state's ban on abortion coverage through the Pennsylvania Medicaid program.



**David S. Cohen** ✓ @dsc250 · Oct 25

Tomorrow, @womenslawPGH and I will be arguing a case in the Pennsylvania Supreme Court challenging the state's ban on Medicaid funding for abortion. A

📖: /1

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7:00 AM · Oct 26, 2022 · Twitter Web App

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ACLU, THE  
Lawyering  
Project, The  
Center for  
Reproductive  
Rights

# Current Landscape - Wins

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New Jersey – APC  
expansion\*

Virginia – APC  
expansion\*

Hawaii – APC  
expansion\*

Minnesota\*

South Carolina Fetal  
Heartbeat Protection  
From Abortion Act  
defeated

Arizona – Race and  
Sex Selection Ban  
defeated  
NAACP and NAPWF

Kansas -  
Constitutional  
Amendment Struck  
Down



# Blueprint for Sexual and Reproductive Health, Rights, and Justice

JULY 2019



**First Priorities:  
Executive and Agency Actions**  
Blueprint for Sexual and Reproductive Health, Rights, and Justice  
ReproBlueprint.org

**In July 2019, more than 90 organizations**, united in collective power, released a bold and proactive policy agenda: the [Blueprint for Sexual and Reproductive Health, Rights, and Justice](#). The Blueprint is grounded in the fundamental belief that in order for people to be free and equal they must be able to exercise complete autonomy over their bodies. The past year has made it increasingly clear that reproductive health, rights, and justice must be a top priority for the next administration.

**That is why we are releasing First Priorities for the Blueprint for Sexual and Reproductive Health, Rights, and Justice**, a detailed punch list of executive and agency actions for the opening days of an incoming administration. While these requests reflect the actions we expect an incoming administration to take in its first days, this is not a comprehensive list of all actions we expect from agency officials and

# Leveling Up Our Expectations



# Do-able Actions RIGHT NOW

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1. Guarantee the employment of all workers who are currently providing abortion, contraception, and family planning services;
2. Commit to ethics training of all workers – to NOT surveil patients nor racially profile via medical record or other documentation;
3. Consider training of staff to provide accurate and evidence-based information regarding pregnancy outcomes;
4. Demand transparency specific to pregnancy help and crisis pregnancy centers;
5. Work with academic institutions to lead and design research that is relevant to the current climate;

# Do-able Actions RIGHT NOW

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6. Demand new variables from data sources that inform programming;
7. Consider social media use, specifically launching an evidence-based series of social support on YouTube/TikTok
8. Partner with local doula groups & home visiting to provide training, clear communication, and spaces for new ideas
9. Plan to become the employer of choice for people who have previously received services in your program – view our patients and communities we work in as our current and future workforce;
10. Develop the courage to do your work differently and then act accordingly.

## Summary

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Workforce Development Matters in Abortion  
Care Provision

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Linking Abortion Care to Reproductive Justice  
and Human Rights is ESSENTIAL

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Continuing to Build the Science and Nuance in  
these Discussions Depolarizes the Issue

---

Conscientious Objection and Provision Can Co-  
Exist

---

When the Public has Trusted Messengers, We  
can Effectively Convey Public Health Messaging

# Questions? Comments? Suggestions? Make This All Different

Monica R. McLemore – [monica.mclmore@ucsf.edu](mailto:monica.mclmore@ucsf.edu)



Instagram, Facebook and Twitter: @mclmoremr

