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REVIEW

Relevance of abortion in adolescence as a contemporary biopsychosocial challenge

Relevancia del aborto en la adolescencia como desafío biopsicosocial contemporáneo

Richard Marcial Gálvez Vila[1], Yonathan Estrada Rodríguez[1], Shania Naranjo Lima[1], Luis Emilio Morales Serrano[2], Claudia de la Caridad Ramos Paret[1]

[1]Universidad de Ciencias Médicas de Matanzas. Facultad de Ciencias Médicas de Matanzas Dr. "Juan Guiteras Gener". Matanzas, Cuba.
[2]Policlínico Universitario Hermanos Cruz. Pinar del Río, Cuba.

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Corresponding Author
Richard Marcial Gálvez Vila

ABSTRACT

Introduction: abortion in adolescence is a complex phenomenon that transcends the clinical sphere, becoming a critical point of convergence between biology, ethics, and social structure. It reflects fundamental societal values concerning the beginning of life, human dignity, and women's autonomy.
Objective: to synthesize abortion in adolescence as a contemporary biopsychosocial challenge, integrating the medical, psychological, social and ethical dimensions that characterize it.
Method: a narrative literature review was conducted, including original articles, case reports, and systematic reviews published in peer-reviewed, open-access academic journals between January 2019 and March 2024. Searches were performed in the SciELO, PubMed (via Regmed), Dialnet, and Mayo Clinic databases.
Results: the synthesized evidence reveals that high abortion rates among adolescents are a symptom of systemic failures. These include limited access to comprehensive sexuality education and effective contraception, socioeconomic vulnerability, gender inequality, and pervasive social stigma. While legalization and provision of safe services (as exemplified by Cuba) are essential for eliminating maternal mortality, they do not, in themselves, address the root causes of unintended pregnancies.
Conclusions: addressing adolescent abortion effectively demands a shift beyond a purely biomedical approach. It requires the implementation of comprehensive public health strategies. These must guarantee safe abortion access as a fundamental right while simultaneously transforming structural environments, promoting reproductive autonomy, strengthening psychosocial support systems for adolescents, and tackling the underlying factors that perpetuate unplanned pregnancies.

Keywords: Abortion; Adolescent; Unplanned Pregnancy; Public Health; Reproductive Rights; Social Stigma.

RESUMEN

Introducción: el aborto en la adolescencia es un fenómeno complejo que trasciende lo clínico, constituyéndose en un punto crítico de convergencia entre la biología, la ética y la estructura social. Refleja valores sociales fundamentales sobre el inicio de la vida, la dignidad humana y la autonomía de la mujer.
Objetivo: sintetizar el aborto en la adolescencia como un desafío biopsicosocial contemporáneo, integrando las dimensiones médicas, psicológicas, sociales y éticas que lo caracterizan.
Método: se realizó una revisión narrativa de la literatura, incluyendo artículos originales, reportes de caso y revisiones sistemáticas publicados en revistas académicas arbitradas y de acceso abierto entre enero de 2019 y marzo de 2024. La búsqueda se ejecutó en las bases de datos SciELO, PubMed (a través de Regmed), Dialnet y el portal de recursos de la Mayo Clinic.
Resultados: la evidencia sintetizada revela que las altas tasas de aborto en adolescentes son un síntoma de fallas sistémicas. Estas incluyen el acceso limitado a una educación sexual integral y a anticonceptivos efectivos, la vulnerabilidad socioeconómica, la desigualdad de género y el estigma social persistente. Si bien la legalización y provisión de servicios seguros (ejemplificado por Cuba) son esenciales para eliminar la mortalidad materna, no abordan por sí solas las causas profundas de los embarazos no planeados.
Conclusiones: abordar el aborto adolescente de manera efectiva exige superar el enfoque puramente biomédico. Requiere la implementación de estrategias integrales de salud pública. Estas deben garantizar el acceso al aborto seguro como un derecho fundamental, a la vez que transforman los entornos estructurales, promueven la autonomía

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reproductiva, fortalecen los sistemas de apoyo psicosocial para los adolescentes y combaten los factores subyacentes que perpetúan los embarazos no deseados.

Palabras clave: Aborto; Adolescente; Embarazo no Planeado; Salud Pública; Derechos Reproductivos; Estigma Social.

INTRODUCTION

The human reproductive process is conceived as biosocial. Although the physiological reproductive mechanism arises from nature and operates according to its laws, the social reality of the individual conditions it; therefore, its regulation essentially comes from sociocultural processes and norms that are shaped within the socioeconomic context.[1]

The issue of abortion is an analytical challenge because the high number of adolescents who seek gynecological and obstetric services results in a high incidence of abortions upon leaving the institution. National and international statistical data confirm this trend, although in several countries, it is underreported because of the illegal practice of medical-therapeutic procedures.[1]

The lack of training offered by the basic work team on the various contraceptive methods, coupled with limited awareness and a lack of guidance on deciding on abortion as a form of family planning, is a serious problem. This unsafe practice has significant negative effects on adolescents and therefore requires full attention and concrete solutions.[2]

According to the World Health Organization (WHO) definition, abortion is the termination of pregnancy, whether natural or voluntary. This concept has profound implications for life and death; these implications are intertwined with religious beliefs and alter moral judgments that oscillate between good and evil. Consequently, certain individuals and social groups consider it a reprehensible practice.[3]

This issue evolved from strict prohibition during colonial times, when it was carried out clandestinely, to gradual legalization in the 1960s, driven by feminism and medical advances. In recent decades, the availability of contraceptives and sex education has led to a reduction in the incidence of abortion in progressive regions, although high rates of clandestine abortions and maternal mortality persist in places with legal restrictions. The current debate centers on advocates of universal access and supporters of stricter regulations for ethical and religious reasons.

In Cuba, the number of abortions among adolescents exceeds the number of births, and there is a historical trend where pregnancy terminations are more frequent than births. Only in Cuba and Guyana is voluntary abortion permitted; owing to this regulation, both countries have managed to significantly reduce maternal mortality associated with this procedure.[4]

Cuban women resort to abortion with excessive frequency; statistics show that the country's rates are very high. This reality constitutes a health problem that directly affects women's quality of life and represents a challenge for the country's public health.[4]

It is crucial to recognize that adolescence is a vital stage of transition characterized by remarkable biopsychosocial vulnerability. From a psychological perspective, it is distinguished by ongoing cognitive and executive development, which can translate into limitations in informed decision-making and long-term risk assessment. Simultaneously, on a social level, this phase is marked by marked family dependence and restricted legal autonomy. This dual condition of psychological immaturity and sociolegal dependence is the substrate from which the stigma and persistent institutional barriers faced by adolescents often derive, hindering their self-determination in critical decision-making processes such as the voluntary termination of pregnancy.

Given the above, the objective of this review is to synthesize the available evidence on abortion in adolescence, examining it as a contemporary biopsychosocial issue that involves medical, psychological, social, and ethical dimensions.

METHOD

Design and search strategy

A literature review of scientific publications was conducted between January 2019 and March 2024. The search strategy was implemented in the SciELO, PubMed (through Regmed), Dialnet, and Mayo Clinic resource portal databases. Controlled descriptors and free terms in Spanish and English were used and grouped into five key concepts: 1) abortion, 2) *quality of life*, 3) unplanned pregnancy, 4) reproduction, and 5) risk. Synonymous terms within each concept were combined using the Boolean operator OR. The five resulting sets were subsequently intersected using the AND operator to focus the search on the thematic intersection of interest. The search was restricted to the title, abstract, and keyword fields.

Selection criteria and screening process

Original articles, case reports, and systematic reviews published in peer-reviewed and open-access academic journals were included, with no restrictions on language or geographic region. The study selection process was carried out independently and in duplicate by all members of the research team. In the first phase, the relevance and eligibility of the studies were evaluated on the basis of an analysis of titles and abstracts. Articles that passed this stage advanced to a second phase of full-text review. Disagreements arising in any of the phases were resolved through group discussion until consensus was reached.

Extraction and synthesis of evidence

From the studies that met the inclusion criteria, relevant information was extracted and systematized in an *ad hoc* evidence

matrix. This table shows the following data in a standardized format: author(s) and year of publication, methodological design, characteristics of the population sample, main variables evaluated, and most significant findings in relation to the objective of the review. The information contained in this matrix was the basis for the narrative analysis and qualitative synthesis presented in this review.

DEVELOPMENT

Epidemiological overview and conceptual framework

Adolescent abortion is a phenomenon that lies at the critical intersection of medical, ethical, and social dimensions, generating a debate that transcends academia to directly influence public policy and population health. From an epidemiological perspective, the World Health Organization (WHO) defines adolescence as the stage between 11 and 19 years of age, identifying it as a period of high vulnerability for maternal morbidity and mortality globally.[5]

The authors emphasize that the vast majority of abortions in this age group originate from unplanned pregnancies, a phenomenon with marked and worrying regional disparities. The data between 2019 and 2020 reveal that the global incidence of unplanned pregnancies was 65 per thousand women in developing countries, with Latin America and the Caribbean being the regions with the highest rate (96 per thousand), of which a significant percentage ended in induced abortion.[9] According to the analysis, this evidence positions adolescent abortion not as an isolated event but as the end result of systemic failure in primary prevention.

Legality, safety, and access: a historical and comparative perspective

The regulation of abortion has evolved from ancestral conceptions, where its practice depended on patriarchal structures, to becoming a recognized right in modern legal frameworks.[6,7] A fundamental milestone in this evolution, which the authors consider to be of crucial importance, is the robust evidence showing that legal restriction does not reduce its incidence but rather dramatically increases its lethality. When the procedure is legal and performed under safe conditions, the risk of maternal death is close to zero, while unsafe abortions account for approximately 13 % of global maternal mortality.[7,9]

This contrast is particularly acute in regions such as Latin America and the Caribbean, where it is estimated that more than one-third of abortions are performed under unsafe conditions, with serious health consequences such as genital infections and preventable deaths.[9,10]

The authors of this study note that this situation contrasts sharply with that of countries such as Cuba, where early legalization and the provision of free and safe services within the National Health System have virtually eradicated maternal mortality from this cause.[8,11] This comparison reinforces the argument that decriminalization is a *sine qua non* condition for women's safety, although, as discussed later, it does not in itself resolve the root causes of unwanted fertility.

Psychosocial and contextual dimensions

Far from being a purely individual decision, the choice to have an abortion during adolescence is deeply conditioned by a network of interconnected psychosocial and contextual factors. Psychologically, adolescents face this process at a stage of ongoing cognitive and executive development, which, from the perspective of this review, may limit their ability to assess long-term risks and make fully informed decisions. Emotional reactions following the procedure are heterogeneous but often include anxiety and feelings of guilt, the intensity and management of which vary according to personality, situational context, and available support.[17,18]

Socially, stigma, family dependence, and institutional barriers act as powerful conditioning factors, which are often exacerbated by sexist social structures that limit women's autonomy.[16] The authors note that this framework is further complicated by decisive socioeconomic determinants, where economic precariousness, lack of consolidated life plans, and limited job opportunities are recurring factors and, in many cases, decisive in the final decision.[19, 20] Taken together, these dimensions create a scenario in which "choice" is far from free but rather a response to a set of material and symbolic constraints.

Teenage abortion as a public health and rights issue

The high number of abortions among adolescents is, in the authors' opinion, a clear indicator of systemic failure in the fundamental pillars of sexual and reproductive health. The evidence indicates that these events reveal concurrent deficiencies in three key areas: 1) comprehensive sexuality education, 2) the availability and real accessibility of effective contraceptive methods, and 3) adequate training for adolescents and health providers. When these failures are not addressed, unsafe abortion becomes one of the leading causes of preventable maternal mortality, transforming an individual health problem into a public health crisis.[14]

This problem is considered to transcend the merely biomedical and become a fundamental issue of social justice and human rights. The debate, as illustrated by the case of Argentina, is often framed in philosophical or religious terms; however, its core is eminently health- and rights-related: it is about ensuring that women can exercise their bodily autonomy without coercion and, if they decide to terminate a pregnancy, can do so in safe conditions.[15]

Therefore, the state's obligation is not limited to allowing or prohibiting but to ensuring that the exercise of this right does not entail avoidable health risks, thus eradicating mortality from clandestine abortions.[15] On this point, the authors agree that ensuring safe abortion is a public health imperative and a human rights obligation.

The social, family, and psychological dimensions

Social and family environments as determining factors

The causes of this phenomenon are deeply rooted in the social and family environment. According to the analysis presented,

a society that denies or represses adolescent sexuality, rather than educating for responsible living, does not prevent unwanted pregnancies; in contrast, it perpetuates a cycle of misinformation and risk. [16] This restrictive approach is often supported, in the authors' view, by sexist social structures that limit the agency of women and adolescents over their own bodies and life plans, delegating decisions about their reproduction to others.[16]

In this context, the family emerges as a dual agent: it can be a source of stigma and a barrier, or it can become the first and most important space for support and education. Evidence confirms that family dynamics are critical determinants. Families that cultivate open communication, provide evidence-based information, and encourage responsible attitudes toward sexuality are fundamental protective factors.[15,16]

It is argued that any public health strategy must incorporate interventions that strengthen parenting skills and transform the family environment into a safe space for the development of full and autonomous sexuality.

Psychological impact: reactions, moderating factors, and evolution

The psychological experience of abortion in adolescence is heterogeneous, but the literature identifies common patterns and factors that moderate its impact. Contrary to simplistic narratives, the authors of this study emphasize that reactions are not uniform and are mediated by a set of individual and contextual variables. The most frequent manifestations include anxiety and feelings of guilt.[17] However, their prevalence and intensity are significantly moderated by key factors such as a) the original desire for pregnancy, b) the quality of social and family support, c) the degree of stigma, and d) the circumstances of the procedure.[17,18]

With respect to long-term consequences, the evidence is mixed. While some studies point to an increased risk of depressive or anxiety symptoms, especially in highly stigmatized contexts, other rigorous studies find no direct causal association when controlling for confounding factors (such as prior mental health). [17, 18] For many adolescents, especially those for whom pregnancy was a life crisis, termination may represent a resolution that leads to relief.[18]

Therefore, generalizing about a uniform "postabortion syndrome" is considered to lack empirical support; the psychological impact is inextricably linked to the interaction between the individual's decision and the ecosystem of support or rejection that surrounds it.

Socioeconomic determinants and adverse circumstances

The decision to have an abortion is rarely an isolated choice; the authors of this review argue that it is often the ultimate consequence of a constellation of socioeconomic disadvantages and structural failures. Adolescence is characterized by the development of legal, economic, and psychological autonomy, placing young women in a position of particular vulnerability.[19] Lacking economic independence and the skills to take on motherhood are significant factors that lead to considering abortion as the only viable alternative, a decision that in turn generates tangible costs for the health system and can perpetuate cycles of poverty.

The high number of abortions is, in itself, a symptom of profound failure in comprehensive sex education and access to contraception. In Cuba, as an example analyzed, the reasons given for abortion reflect this multifactorial problem: incorrect use of contraceptives, lack of knowledge, economic insecurity, and life plans that exclude immediate motherhood. These "justifications" reveal that, beyond being a right exercised, abortion often operates as a last resort.

Teenage pregnancies often occur in adverse circumstances, such as physical immaturity, hostile family environments, and, in an underreported proportion, as a result of violence. For many young women, an unwanted pregnancy represents a crisis that threatens to thwart their aspirations and limit their future socioeconomic mobility.[20] In this context, the authors warn that forcing the continuation of an unwanted pregnancy ("forced motherhood") can have profoundly negative psychosocial consequences for both the teenage mother and the child compared with children born from wanted pregnancies.[20,21]

The paradigmatic case of Cuba: achievements and persistent contradictions

Cuba represents a paradigmatic case study for the authors of this review. The island has one of the most permissive laws and a health system that guarantees safe and free abortion, as reflected in historically high and stable rates and the virtual elimination of associated maternal mortality.[8,11] This achievement in terms of safety is undeniable and places Cuba as a benchmark in the region.

However, the authors report that these figures also reveal a major health challenge. A disaggregated provincial analysis revealed that in most provinces, the rate of terminations among adolescents exceeds that among births.[12] This finding indicates that despite guaranteed access, structural factors persist that perpetuate unplanned pregnancies and their resolution through abortion, such as inconsistent use of contraceptives, insufficient comprehensive sex education, and adverse socioeconomic conditions.[19,21]

Therefore, the Cuban experience demonstrates, according to the interpretation presented here, that the guarantee of safe abortion, although an essential pillar of reproductive rights, is not a solution in itself and does not resolve the underlying problem. Rather, it is the first indispensable step in a comprehensive public health strategy that must decisively address the root causes of unwanted pregnancies.

It is considered essential to synergistically combine the right to choose with robust primary prevention policies, comprehensive sexuality education, and psychosocial support.[13,21] This apparent paradox—broad legal access coexisting with high and persistent rates—is at the heart of the contemporary biopsychosocial challenge facing the country, revealing that the availability of the procedure does not compensate for the structural deficiencies that lead to its recurrence.

Consequently, and as a final summary of the analysis carried out, the issue of adolescent abortion cannot be dissociated from its multiple determinants. This phenomenon represents the critical convergence point of educational failures, economic and gender inequalities, limited or inadequate access to reproductive health services, and social and family structures that restrict the autonomy

of young women.

Understanding these underlying motivations—which are often hidden behind the simple statement "I do not want to be pregnant"—is, from the perspective of this work, the first fundamental step in designing effective policies. Such policies must, within a rights-based framework, guarantee access to safe abortion while working in parallel and as a priority to expand real opportunities and support systems so that no adolescent feels that abortion is her only viable option. The solution, as derived from the evidence reviewed, does not lie in restricting the procedure but in transforming environments so that all reproductive decisions are truly free, informed, and supported.

CONCLUSIONS

The high incidence of teenage abortions goes beyond simple contraceptive failure. It is a complex phenomenon conditioned by the psychosocial vulnerability characteristic of this stage of life, stigma, gender inequalities, and economic precariousness. Therefore, addressing this issue requires moving beyond the biomedical approach and implementing comprehensive public health strategies. These must guarantee the right to decide safely while promoting reproductive autonomy, strengthening psychosocial support, and transforming the structural environments that perpetuate unplanned pregnancies.

CONFLICT OF INTEREST

The authors declare that there are no conflicts of interest.

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AUTHOR CONTRIBUTION

Conceptualization: Richard Marcial Gálvez Vila, Yonathan Estrada Rodríguez, Shania Naranjo Lima, Luis Emilio Morales Serrano, Claudia de la Caridad Ramos Paret.

Data curation: Richard Marcial Gálvez Vila, Yonathan Estrada Rodríguez, Shania Naranjo Lima, Luis Emilio Morales Serrano, Claudia de la Caridad Ramos Paret.

Formal analysis: Richard Marcial Gálvez Vila, Yonathan Estrada Rodríguez, Shania Naranjo Lima, Luis Emilio Morales Serrano, Claudia de la Caridad Ramos Paret.

Research: Richard Marcial Gálvez Vila, Yonathan Estrada Rodríguez, Shania Naranjo Lima, Luis Emilio Morales Serrano, Claudia de la Caridad Ramos Paret.

Methodology: Richard Marcial Gálvez Vila, Yonathan Estrada Rodríguez, Shania Naranjo Lima, Luis Emilio Morales Serrano, Claudia de la Caridad Ramos Paret.

Project management: Richard Marcial Gálvez Vila, Yonathan Estrada Rodríguez, Shania Naranjo Lima, Luis Emilio Morales Serrano, Claudia de la Caridad Ramos Paret.

Resources: Richard Marcial Gálvez Vila, Yonathan Estrada Rodríguez, Shania Naranjo Lima, Luis Emilio Morales Serrano, Claudia de la Caridad Ramos Paret.

Software: Richard Marcial Gálvez Vila, Yonathan Estrada Rodríguez, Shania Naranjo Lima, Luis Emilio Morales Serrano, Claudia de la Caridad Ramos Paret.

Supervision: Richard Marcial Gálvez Vila, Yonathan Estrada Rodríguez, Shania Naranjo Lima, Luis Emilio Morales Serrano, Claudia de la Caridad Ramos Paret.

Validation: Richard Marcial Gálvez Vila, Yonathan Estrada Rodríguez, Shania Naranjo Lima, Luis Emilio Morales Serrano, Claudia de la Caridad Ramos Paret.

Visualization: Richard Marcial Gálvez Vila, Yonathan Estrada Rodríguez, Shania Naranjo Lima, Luis Emilio Morales Serrano, Claudia de la Caridad Ramos Paret.

Writing – original draft: Richard Marcial Gálvez Vila, Yonathan Estrada Rodríguez, Shania Naranjo Lima, Luis Emilio Morales Serrano, Claudia de la Caridad Ramos Paret.

Writing – revision and editing: Richard Marcial Gálvez Vila, Yonathan Estrada Rodríguez, Shania Naranjo Lima, Luis Emilio Morales Serrano, Claudia de la Caridad Ramos Paret.

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