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Abortion at the edges: Politics, practices, performances

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A B S T R A C T

This article provides a brief overview of the state of discourse, politics and provision of abortion in the Anglophone West, including developments in the wake of the COVID-19 pandemic. It then surveys three promising directions for feminist abortion scholarship. The first is work inspired by the Reproductive Justice Movement, that points to the intersectional axes of inequality that shape abortion discourse and position us in relation to reproductive choice and access issues. The second is work that examines the particularity of the constitution of the aborting body, reflecting the particularity of the pregnant body. This is a specific body, with a specific history; abortion discourse draws from and makes a significant contribution to the meaning and lived experience of this body. The third area of scholarship we highlight is that which seeks to amplify the meaning of abortion as a social good. Much abortion scholarship is attuned to a critique of negative aspects of abortion—from its representation in popular culture to restrictive law and access issues. This is critical work but/and the performative nature of abortion scholarship, like all discourse, means that it can amplify the association of negativity with abortion. The article concludes by introducing the articles contained in the special section of *Women's Studies International Forum*, 'Abortion at the edges: Politics, practices, performances'.

In the context of the 'constantly changing space' of abortion and reproductive issues more broadly (Berer & Hoggart, 2019: 79), feminist scholarship about abortion remains a site of ongoing interest and hard work from scholars across diverse institutional and disciplinary locations. This is related to and necessary for the equally diverse range of non-academic feminist and related campaigns and activist movements that work locally, nationally and globally to improve access to safe abortion care and normalise the experience of abortion. There is no sign that this work, or the need for it, is abating.

As we write, responses to the COVID-19 pandemic are creating new challenges for women who seek abortions and those who provide them, and intensifying the pace of change in this space. The International Campaign for Women's Right to Safe Abortion has issued an international call to action. 'Every country could and should move most abortions out of hospitals and clinics by ensuring women can get abortion pills and self-manage their abortions up to 10-12 weeks at home, with a number to call for advice and back-up care if needed' (International Campaign for Women's Right to Safe Abortion, 2020). National and regional responses are diverse. Abortion scholars and others will continue to watch how this global social and public health crisis will affect access to abortion services, discourse about abortion, and laws that regulate abortion in both the short and long term.

The focus of this article, and the special issue for which it is an introduction, is abortion in the Anglophone West. After a brief overview of the state of discourse, politics and provision of abortion in the countries that comprise this grouping we propose what we think are

three promising directions for feminist abortion scholarship in the humanities and social sciences. The first is work inspired by the Reproductive Justice Movement that points to the intersectional axes of inequality that shape both discourse about and the materiality of abortion. The second is work that examines the particularity of the constitution of the aborting body. This is a specific body, with a specific history; abortion scholarship with this focus makes a significant contribution to analysis of the meaning and lived experience of the pregnant body. The third area of scholarship we highlight is that which seeks to amplify the meaning of abortion as a social good. Much abortion scholarship is attuned to a critique of negative aspects of abortion—from its representation in popular culture to restrictive law and access issues. This is crucially important work but/and the performative nature of abortion scholarship means that it can amplify the association of negativity with abortion. We highlight work that opens up association with cultural, social and political innovation, the provision of care, and the enabling of emancipatory practice. The concluding section introduces the articles contained in this special section of *Women's Studies International Forum*, which draw from multiple disciplines, embody the directions on which we focus, and contribute knowledge to three distinct areas: conceptual work on abortion, work that documents and unpacks the politics and practice of anti-abortionists historically and in the contemporary era, and reflections on making visible the experiences of women who have abortions in the second/third trimester of pregnancy.

Even before COVID-19, the understanding of abortion and its

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provision in the Anglophone West was undergoing a period of intensified contest on a scale not witnessed since the concentrated liberal and feminist activism around the issue and liberalisation of abortion laws in the 1960s and 1970s. The direction of the legal trend is towards further liberalisation. In June 2018, citizens of the Republic of Ireland overwhelmingly voted to repeal the constitutional clause that had effectively banned abortion. Today, abortion is not only lawful for the first twelve weeks of pregnancy (with a three-day waiting period), it is also becoming available through the public health system and, since COVID-19, via telehealth (Health Service Executive, 2018; Holland, 2020). Events in Ireland are particularly notable because of the country's historic nationalistic attachment to anti-choice politics and cruel treatment of abortion-seeking women (Fletcher, 2001, 2014). After the exclusion of Northern Ireland from the reforming UK Abortion Act of 1967 the Westminster parliament voted in 2019 to repeal abortion law relating to this part of the UK, making law in Northern Ireland more liberal than in the rest of the UK. The issue remained contentious and the new law did not mean that abortion services were immediately made available until early April 2020 when the COVID-19 pandemic prompted government to enable women to seek abortion care at home, rather than travel to Britain (McCormack, 2020). The New Zealand Parliament (2020) voted in March 2020 to decriminalise abortion after decades of campaigning. Moves towards decriminalisation are underway in Westminster, with significant developments in the parliament and the Labour Party (Labour Party, 2019; Taylor & Wilson, 2019), but the UK currently trails behind most of its former colonies in its failure to modernise abortion law. In late March the UK used emergency powers enacted in response to COVID-19 to allow abortion provision via telehealth (Modin, 2020). There are moves underway to enact similar emergency provisions in South Australia, the last jurisdiction in Australia to partially or completely remove abortion from criminal law and the only still requiring that abortion be performed in a hospital (MacLennan, 2020). It remains to be seen whether the emergency regimes of provision put into place in response to COVID-19 will effect any longer term change. The trend towards law reform across the Anglophone West is apparent on a global scale: of the 28 countries that changed their abortion laws between 2000 and 2017, all but one expanded the grounds upon which abortion can be sought (Singh, Remez, Sedgh, Kwok, & Onda, 2018).

Yet powerful forces pull in the opposite direction. US abortion politics continue to be partisan and divisive. This is in contrast to Canada, the UK, Australia, and New Zealand, where there is broad popular support for liberal access to abortion, major parties have avoided positions on abortion per se, and anti-abortion movements are largely distractions (although not insignificantly so) rather than major political forces (Millar, 2017). Prior to the election of President Trump in 2017 a period of unprecedented anti-abortion lawmaking at the state level (enabled by *Planned Parenthood v Casey* 1992, which allowed states to place significant barriers on abortion access) resulted in the closure of one quarter of the country's abortion clinics (Redden, 2016). The growing intensity of attacks on women's reproductive autonomy under the US Trump administration is remarkable, albeit ideologically consistent with Republican presidencies. Anti-abortionists now refer to Trump as the 'most prolife President in American history' (Berry quoted in Cromer, 2019: 22). In 2018, he became the first US President to address the National March for Life. He has cut federal funding for family planning services to low-income women and, as Republican presidents do, renewed (and also extended) the ban on funds to international women's health services that support abortion provision in any way (the 'Global Gag Rule'). With his appointment of two Supreme Court Justices, anti-abortion activists are hopeful of a historic opportunity to overturn *Roe v Wade* 1973, which guaranteed a woman's right to abortion, at least in the first trimester of pregnancy (Andaya, 2019: 11). Officials in several states, including Alabama, Iowa, Ohio, Oklahoma and Texas, have used the COVID-19 pandemic to classify abortion as 'nonessential' healthcare and block access to abortion. Clinics have

closed and hundreds of appointments have been cancelled. Although legal challenges to these directives remain underway, the Centre for Reproductive Rights predicts the bans will 'delay abortion care to later gestational ages or render abortion services completely inaccessible' (Center for Reproductive Rights, 2020: 2). The contradiction between these purportedly 'pro-life' measures and the disregard for life demonstrated in the virulent opposition to universal healthcare and elevation of the market above the lives of the most vulnerable Americans in the US Government's response to COVID-19 is palpable (Butler, 2020).

The US context is, however, in no way homogeneous. Some states are responding to efforts to undermine abortion access in other states, with measures designed to protect and expand access to abortion (Nash, Mohammed, Cappello, & Naide, 2019). Cultural depictions of abortion are shifting. A survey of representations of abortion on US television found that, in 2019, there were more depictions of abortion than in other years, and abortion storylines were increasingly diverse, used as part of comedy plotlines, for example (ANSIRH, 2019). Personal story telling about abortion in public spaces, fuelled by social media, has blossomed in recent years. The #ShoutYourAbortion movement which originated in the US is a key example (Bonow & Nokes, 2018). While increasing in quantity, representations of abortion on television, and to a lesser extent on social media, remain limited. They tend to centre white characters and gloss over the structural factors—particularly poverty, which disproportionately impacts on women of colour—that help determine material access to abortion and its broader social significance (Baird & Millar, 2019).

Socioeconomically and geographically disadvantaged women around the world bear the brunt of restrictions to abortion, which can exist within and beyond the law. The Guttmacher Institute reports that globally only 55% of abortions are considered 'safe', a status afforded to abortions performed using a recommended method and by an appropriately trained provider. The associated morbidity and mortality rates are felt most acutely by poor women in low-and-middle-income countries with limited public health systems, and where legal restrictions prevail (Singh et al., 2018). According to the International Planned Parenthood Federation (2020), the COVID-19 pandemic has already led to widespread contraceptive shortages and the reduced availability of abortion worldwide; the organisation warns that the resulting 'loss of health, autonomy and life' will have 'catastrophic' consequences for women and girls. Restrictions on abortion within the Anglophone West also bear most directly on the most marginal women. For example, the closure of abortion clinics resulting from US TRAP (Targeted Regulation of Abortion Providers) laws is felt most acutely by minority women, who in pre COVID-19 times were having abortions at later gestations because of difficulty accessing the necessary resources to travel to obtain an abortion (Solazzo, 2019). The closure of clinics in the wake of COVID-19 (Abrams, 2020) will likely have similarly stratified consequences for those seeking abortion. In Canada, which became the first country to completely decriminalise abortion in 1988, access to abortion in rural and remote areas is virtually non-existent, and women requiring abortions post 24 weeks must travel to the US (Action Canada for Sexual Health & Rights, 2019). Women in many other countries also face the burdens of the need to travel (Sethna & Davis, 2019).

While illegality and low socioeconomic status remain major obstacles in accessing abortion, the increasing accessibility of medical abortion is making clandestine abortion safer (Singh et al., 2018). Sydney Calkin (2019) argues that medical abortion, especially in conjunction with feminist activist strategies to make it available (often illegally), means that 'abortion access is becoming less connected to physical clinic spaces and, by extension, less tethered to national legal frameworks' (23). The impact of medical abortion is also significant in overcoming geographical barriers when legality is not an issue (Hyland, Raymond, & Chong, 2018; Upadhyay, 2017). The response to COVID-19 is hastening these effects.

Feminist and related scholarship about global contest, change and

continuity in relation to abortion occurs across many disciplines. The Guttmacher Institute, established in the US in 1968, and the journal *Sexual and Reproductive Health Matters*, established by feminists in the UK in 1993, are examples of key institutions that play leading roles in producing and publishing important empirically-based medical, public health and social science research about abortion around the world. Journals with broader remit regularly publish special issues about abortion. For example, the UK-founded, now international, journal *Feminism and Psychology* produced a special issue on abortion in 2017, as did the Harvard University based *Health and Human Rights Journal* which has subsequently devoted more special issue space to abortion. In the social sciences the concept of abortion stigma has been a dense site of scholarship since Kumar, Hessini and Mitchell's ground-breaking work over a decade ago (2009). The Turnaway Study in the US, the first longitudinal comparison of the outcomes of women who received an abortion with those who were turned away, is another noteworthy contribution (Ralph, Foster, & Rocca, 2020). Legal scholarship flourishes, documenting and analysing the ongoing significance of law in shaping women's access to abortion (e.g. Cook, Erdman, & Dickens, 2014). Major political events, like the defeat of the 8th amendment in the Republic of Ireland, are followed by significant scholarly reflection and analysis (e.g. Browne & Calkin, 2020). New histories are being written, with the last decade producing the first book on abortion during the apartheid years in South Africa (Klausen, 2015) and the first book length history of abortion in New Zealand (McCulloch, 2013). Research to write a 'biography' of the UK 1967 Abortion Act (1967) has yielded methodologically innovative approaches (Sheldon, Davis, O'Neill, & Parker, 2019). Elsewhere in the humanities contemporary feminist theory about affect and emotion has been brought to bear on the ways that the political construction of the emotions frames abortion discourse (Millar, 2017). This recitation of research gestures towards the disciplinary breadth of feminist work on abortion. The articles in this special section cross sociology, counselling and social work, history, theatre studies and interdisciplinary gender studies approaches and in varying ways take up what we think are the most promising directions for feminist analysis of abortion.

Reproductive justice

Abortion politics are a politics of power, and all accounts of power must be intersectional in nature. Given this, we follow scholars and activists of the Reproductive Justice Movement in calling for forms of scholarship and activism that disrupt, in Loretta Ross' words, 'the *status quo* and imagines a better world through radical forms of resistance and critique' (2017: 292).

Such work disrupts and deconstructs the liberal subject of choice by demonstrating the 'systemic inequality ... [that shapes] people's decision making around childbearing and parenting, particularly [for] vulnerable women' (Ross, 2017: 291). It also draws attention to the relationship of abortion to other norms and practices of reproduction: the choice of abortion can only be considered autonomous in a meaningful way if the alternative choice of motherhood is viable, materially, socially and discursively (Ross & Solinger, 2017). Disability is one node of inequality that intersects with others to shape the material and discursive worlds of reproduction. Australian disability activist Nicole Lee (2019), who uses a wheelchair, writes of how her decision to have an abortion was, in a reversal to the stated norm, interrogated far less than her decision to become a mother. The stigma of disabled parenting can manifest in coercive practices, most notoriously in sterilisation, which women with disabilities continue to experience disproportionately compared to the able-bodied (Wu et al., 2019). Discourses of able-bodiedness also variegates abortion stigma. Claire McKinney (2019) argues that women who are otherwise non-stigmatised (white, heterosexual, married, economically stable, able-bodied mothers) can deploy the 'tragic narrative of fetal abnormality' to recuperate their choice of abortion to narratives of 'fit motherhood': thus, their status as deviant

reproductive subjects is avoided at the expense of re-stigmatising disability.

The Reproductive Justice Movement grew out of the exclusions of second wave feminism. In focusing on abortion as the primary struggle for women's reproductive freedom, white feminists of the second wave elided the concerns of Indigenous and other women of colour and erased a history of coercive practices aimed to restrict their fertility (Moreton-Robinson, 2000; Nelson, 2003). Thus another area of study the movement opens up is the racialized basis of state measures aimed to control reproduction. In her landmark study of the US context, Dorothy Roberts writes of how the children of enslaved African American women were commonly taken and sold and, more recently, how Latina and African American women have been subjected to practices such as coerced contraception, unsafe forms of contraception, and forced sterilisation (Roberts, 1997). Carolyn Sufrin has recently called attention to the mistreatment of pregnant women who are imprisoned in the US, disproportionately women of colour. Birthing women in prison are sometimes shackled; they are sometimes left to birth alone in their cells. Although women in prison have the constitutional right to abortion, their access to abortion is, in practice, determined by the decisions of those with institutional authority. Coercive sterilisation is also practiced. Sufrin urges us to turn our attention to what is happening 'behind the walls of carceral institutions, where no one else is looking, for it illuminates the political and racial control of reproduction more broadly' (Sufrin, 2019: 39).

By drawing attention to the racialized schemas that determine and are reproduced in state controls on reproduction, feminist scholars have examined how abortion politics are enmeshed in projects of nation making. Writing of the US context of the 1990s, Lauren Berlant conceptualises the public foetus as a fantasy figure upon which nationalist hopes for the future are projected; as it is publicly imagined, the figure of the foetus represents an ideal future citizen, a site for the projection of anxieties about 'whose subjectivity, whose forms of intimacy and interests, whose bodies and identifications, whose heroic narratives—will direct America's future' (1997: 6). Barbara Baird (2006) reads theoretical work on white patriarchal supremacy, a mode of governmentality that can only be maintained through 'constant ritual repetition' (215), alongside a history of maternal citizenship for white women in Australia to argue that 'Debate over abortion (like debate over immigration), particularly during times of intensified race politics, is both a displacement activity where anxious white nationalists can performatively reinstate white power and also the literal performance of the control of national reproduction, the forceful attempt to make like reproduce like' (215). The nostalgic longing for the past that animates many contemporary restatements of white national belonging contains a powerful reproductive dimension that is only beginning to be theorised. In an important contribution to this project, Sarah Franklin and Fay Ginzburg argue that Trump's reproductive politics do not signify a break with the past but are, rather, a particularly virulent rearticulation of a 'tragically familiar grammar' that draws powerful links between 'traditional gender roles and family values, opposition to gay marriage, the right to gun ownership, and opposition to abortion within an overarching white settler narrative of lost American greatness' (Franklin and Ginzburg, 2019: 3-4). Race and gender form nodes in a more complex arrangement, which is inflected with class, (dis)ability, and the other axes of identity that form the idealised family arrangements under the neoliberal state, stripped of public health and social services.

In the contemporary era, the fusion between race, reproduction and nation in relation to abortion politics is also acutely waged in the process of creating and recreating borders. Scholars have documented how, across several different contexts, state restrictions on the reproductive autonomy of asylum seekers is particularly draconian. Ruth Fletcher (2014) documents a case of an acutely suicidal asylum seeker and survivor of rape who was refused an abortion by the public health authority in Ireland in 2014. Her asylum status prevented her from

following the route to Britain then routinely taken by Irish abortion-seeking women. The woman was forced to continue with the pregnancy until she was 25 weeks' pregnant, when she was forced to undergo a caesarean delivery. Writing before the important constitutional amendments of 2018, Fletcher argues that this 'abortion refusal ... reiterates just how unethical and rights-violating the substance of Irish Abortion law is ... [and how it] discriminates against women in general, and women with mental-health issues, women with few economic resources and women with limited mobility options, in particular' (2014: 14). Kevin and Agutter (2018) draw our attention to the Australian context, where the government has prevented asylum seekers, some of whom have become pregnant after being raped in detention, from accessing abortion. Because asylum seekers who arrive by boat are processed and detained in countries (Papua New Guinea and the Republic of Nauru) where abortion is illegal and medical facilities are under-resourced, they must travel, usually to Australia, to receive abortion care. Kevin and Agutter argue that acts such as these affirm 'the white Australian nation through exclusion and offshoring, showing contempt for the refugees and asylum seekers who occupy the sites that mark spaces beyond the national border' (2018: 99). Perera and Pugliese call the Australian government's refusal to provide abortion care to asylum seekers an act of state violence that constitutes "part of the repertoire of 'deterrence' and punishment of Australian immigration detention" (Perera & Pugliese, 2018: 7). Risa Cromer (2019) identifies a similar logic of deterrence in the US where, in 2017, federally-funded refugee shelters were briefly prevented from facilitating an abortion for unaccompanied minors. In the Supreme Court case that ultimately declared this policy unconstitutional, the US Justice Department argued that the state's facilitation of reproductive autonomy would 'incentivise illegal immigration' (quoted in Cromer, 2019: 22). As Patricia Hayes (2016) documents, the reproductive coercion enacted at the level of the state towards asylum seekers extends beyond abortion to other areas of reproductive health; in, for example, creating conditions that make continuing with a pregnancy and raising a child unviable. Unhygienic and unsafe birthing conditions and policies of indefinite detention punish parents and children alike.

Scholars and activists must continue to examine and unpack the multiple modalities of power that delineate access to reproductive choices, the broader social and cultural significance and meaning of reproductive choices, and reproductive politics more broadly. Such work forms an important critique of neoliberalism, a mode of governmentality that works to camouflage the oppressive structures that continue to act on and through individual subjects (Millar, 2017). Dissection of the multiple and complex battles that are waged through the politics of reproduction also has much to tell us about the social and cultural worlds that we inhabit, including, as we have emphasized here, projects of nation building and the making of national communities.

The pregnant body

The politics of abortion contribute to the creation of states and nations and they also contribute to the making of bodies and, in particular, pregnant bodies: 'the corporeal and geopolitical are inseparable' (Calkin, 2019: 24). A critical field of feminist abortion scholarship examines and unpacks the historically-situated pregnant body; this is not only essential to understanding the regulation of abortion, but also for thinking through how, as Judith Butler writes, 'the matter of bodies ... [is] the effect of a dynamic of power' (Butler, 1993: 2).

The separation of the foetus from the pregnant body, which is its condition of being, is a discursive practice animated by, and further animating, the politics of abortion. The foetus has a long history as an object of medical science and religious imagery and its current recognisable form is an effect of modernity (Dubow, 2010). Barbara Duden (1993) contrasts late C20th regimes of visual modes of representing the foetus—in anti-abortion imagery but also in the ultrasound picture that is shared by pregnant women and others—with pre-

modern women's practices of identifying and announcing pregnancy through its visceral experience, typically at quickening. The contemporary history of the foetus in relation to abortion politics begins in the 1960s, when it begun being mobilised by the anti-abortion movement (Petchesky, 1987). A rich literature reflects on the cultural imagery of the foetus in the C20th and C21st, as deployed by anti-abortionists and in wider cultural contexts, mostly to the disadvantage of pregnant women (Hartouni, 1997: 51–67; Morgan & Michaels, 1999; Hopkins, Zeedyk, & Raitt, 2005; Daniels, 2009).

Cultural and legal deployments of the foetus have significant regulatory effects. A decade ago, Cynthia Daniels argued of the US that, 'fuelled by an ideology of fetal rights, the state could now [legally, literally] seize the pregnant woman's body as public property' (2009: 3). Reprising a long tradition of 'good' and 'bad' mothers, the mother of the foetus in abortion politics is cast as either its proper protector or as a dangerous maternal environment (Stabile, 1994: 68–98), always raced and classed. This was evident in the billboard that appeared in New York in 2011, paid for by a Dallas-based anti-abortion organisation, which reproduced racist ideas about black women's bodies and sexuality in the service of anti-abortion politics by proclaiming that 'The most dangerous place for an African-American is in the womb' (Johnson & Williams, 2015). It is also evident in the incarceration in the US of the poor and often racialised and substance-using pregnant women held criminally responsible for endangering or 'murdering' their fetuses (Flavin, 2009: 95–118).

The division of pregnancy into trimesters, weeks, and days, is another discursive phenomenon that indelibly shapes the meaning and material experience of abortion. The division of the pregnant body by time was entrenched in the UK Abortion Act of 1967, which created an upper limit of 28 weeks up until when an abortion could be lawfully performed, if certain conditions were met (Sheldon, 1997: 9–31, 104–123). *Roe v. Wade 1973* enabled states to place different regulations on abortion in each trimester, thus enshrining the idea of trimesters in law. It ruled that criminalising abortion in the first trimester infringed a woman's right to privacy, and prohibited states from doing so. States could require health regulations in the second trimester and, with reference to fetal viability, could prohibit abortion except to save the woman's life in the third trimester (Petchesky, 1984: 289–94). In Australia, in the current period of decriminalisation, all but one jurisdiction (the ACT) has a legislated upper gestational limit beyond which abortion can only be performed under certain restricting conditions. There are now seven different upper limits across the eight jurisdictions that determine abortion law. In two of these, there are two stage limits, different to each other (Williams, Plater, Brunacci, Kapadia, & Oxlad, 2019: 211–242). Reed Boland's (2010) survey of 191 countries finds that trimesters (or other temporal calibrations of pregnancy) are a global phenomenon of law (68). While most countries allow abortion in the second trimester to save the woman's life, most do so only under limited conditions. Only 20% allow second trimester abortions on broad socio-economic grounds and only 5% on the pregnant person's request (75). Boland contends that, 'given that there are serious reasons why women have second trimester abortions', abortion should be legally permitted in all countries (2010: 67).

In Australia, where abortion provision is predominantly in the private sector, abortions after the first trimester cost increasingly more as the weeks pass (the clinical process becomes more complex), and stigmatisation intensifies. Abortions after twenty weeks (a common distinction in law and in the collection of statistical data) comprise about 2% of all abortions in Australia. Access depends on economic resources and where women and other pregnant people live, and those who need such abortions must often travel far from home (Baird, 2019: 159–160). Not only laws, but often formal and informal hospital and medical gatekeeping practices restrict and surveil these women and their health care providers (Black, Douglas, & de Costa, 2015). A large US study (Foster & Kimport, 2013) demonstrated that it is poor and geographically disadvantaged women who are more likely to present for

abortion beyond the first trimester, mostly for reasons of poor access to information and to health care in general, and sometimes because they are deliberately subjected to delay by anti-abortion doctors. Studies conducted elsewhere confirm the link between social disadvantage, including experience of reproductive coercion, and later presentation for abortion (e.g. Price, Sharman, Douglas, Sheeran, & Dingle, 2019; Van de Velde, Van Eckert, Van Assche, Sommerland, & Wouters, 2019).

Trimesterisation is, therefore, a discursive practice that makes its presence felt most acutely on the bodies of disadvantaged women when it comes to accessing abortion. Notwithstanding reference to scientific notions of fetal 'viability', which are themselves subject to contestation and change (Franklin, 2014), the seven different upper limits in Australian jurisdictions show that the division of pregnancy into definitive stages is a product of political debate. It does not reflect any 'natural' distinction between stages of pregnancy nor any universal embodied experience of pregnancy. We must refuse the othering of women who have later gestation abortions.

This othering is a feature of abortion scholarship. Boland (2010) cites few articles about second trimester abortion outside medicine or public health. Even his article does not mention the subject of abortion in the third trimester. We find no discussion about the history of trimesterisation. Critical feminist scholarship on later gestation abortions is thus far preliminary. The film *After Tiller* (Shane & Wilson, 2013), a documentary which discusses the work of the four doctors who openly perform later term abortions in the US, made in the wake of the assassination of the pioneering abortion provider Dr. George Tiller, is an exception in a cultural and political landscape where later gestation abortions are often stigmatised and/or invisible (Sisson & Kimport, 2016). In a path-breaking piece Joanna Erdman (2017) explores contests over the temporality of abortion in relation to health, morality and justice, in the context of human rights and later term abortions, noting that these are under-theorised conjunctions (29). Lafarge, Rosman, and Ville (2019) report research that finds multiple ambivalences expressed by women having abortions later in pregnancy including, for example, time 'standing still and rushing' and 'bridging past and future' (46–47, 49–50). Erdman concludes that 'To theorize about time in abortion law and human rights is ultimately to spend time with, to seek to understand, and ultimately to support women who seek later terminations of pregnancy' (2017: 37).

While the imbrication of abortion politics with a politics of the pregnant body, which is historically gendered feminine, is well established, situating the pregnant body in our own time and place requires interrogating the gendered embodiment of pregnancy. The experiences and discursive constitution of pregnant men and gender diverse people are only beginning to be theorised and the political project of queering pregnancy and abortion is in its infancy (Charter, Ussher, Perz, & Robinson, 2018; Toze, 2018). Activists and service providers have also only begun to incorporate pregnant men into narratives for abortion rights (e.g. Sutton & Borland, 2018), yet their advocacy is already being translated into policy and law. The law that partially decriminalised abortion in Australia's most populous jurisdiction, NSW, in 2019 is gender neutral, the first in Australia. Pregnancy is a particular form of embodiment, for which there can be no assumed meaning or experience. Dominant discourses of abortion, not only that of anti-abortionists, often conflate pregnancy with motherhood and motherhood with womanhood, and posit only one legitimate end for pregnancy: birth (Berlant, 1997; Millar, 2017). Working to destabilise this norm of pregnancy is central to the ability of aborting women and other pregnant people to live viable lives.

The pregnant body is materialised by a range of competing discourses and experienced through biological specificities that come to matter. Challenging the discursive constitution of the pregnant body through foetocentric representations, through trimesterisation, and through normative gendering (our three examples, of which there are many others) is a line of thought that promises much for future research. It might assist the securing of better access for those who

require abortions later in pregnancy and challenge their social and cultural othering, and release all pregnant people from current medicalised, commodified and anti-abortion modes of experience.

Performative effects: Amplifying the good

We have previously stressed the importance of reflecting on the performative effects of scholarship about abortion (Baird & Millar, 2019). Drawing on Gavey and Schmidt (2011) article on the unintended effects of the emphasis on the traumatic impact of rape in both feminist scholarship and in the culturally dominant narrative of rape, we argued that abortion scholarship helps 'demarcate the knowable with consequences for the experiences of women and abortion providers, abortion politics, and laws' (Baird & Millar, 2019: 1118). There are several ways in which abortion scholarship may have the effect of shaping thinking about abortion, privileging some directions and eliding others. These include loyalty to a theoretical framework or a particular disciplinary approach as well as favouring certain objects of analysis while leaving others outside the research gaze. Like the case of insisting on the traumatic nature of rape, this can include the political necessity of telling some stories of abortion that nevertheless exclude others.

Public Health scholarship about abortion, much of which could comfortably be described as 'pro-choice', is sometimes motivated by the desire to reduce the numbers of abortions performed (e.g. Taft et al., 2011). While better access to sexuality education and contraception, and the end of reproductive coercion, for example, are important goals, their conflation with the goal of reducing the numbers of abortions can have unintended effects. Tracey Weitz's (2014) analysis of the problem of advocating for 'safe, legal and rare' abortion in the US shows clearly how abortion can be further stigmatised, and access impeded, if the pro-choice goal is to reduce abortion numbers. This goal can coincide uncomfortably with the neoliberal imperative to make individuals, women and girls in particular, responsible for planning and controlling everything in relation to their sexual and reproductive lives (Baker, 2008), punishing accidentalness and disallowing ambivalence around pregnancy.

Our 2019 article examined the trend in Anglophone popular culture and in pro-choice activism to produce positive and normalising abortion stories. While celebrating 'unapologetic' abortion narratives for combating stigma, avoiding compromising approaches to abortion activism, and stretching the horizons of legal strategy, we also noted they were often complicit with neoliberal discourses of choice and individual empowerment. We concluded that 'Researchers need to search out and amplify representations that are positive and that centre the multi-dimensional experiences of subjects beyond the white middle-class woman with the resources to choose' (Baird & Millar, 2019: 1122). We call again for scholarship that 'amplifies the good' and emphasises diversity and difference, enabling thinking about complexity and complicity. This must be done in conjunction with, and alongside, work that analyses the discursive and material structures that stand in the way of women and other pregnant peoples' access to safe and affordable abortion, and their embeddedness in colonialist, patriarchal, heteronormative, capitalist and ablest discourses and institutions more broadly.

Of course complexity and challenge to feminist and popular assumptions are not the exclusive preserve of the analysis of 'positive' phenomenon. Writing before the majority of Australian jurisdictions had decriminalised abortion, Kate Gleeson (2009) challenged the oft-repeated pro-choice assumption that abortion is illegal in Australia, turning to historical evidence to show that 'Australia has a long history of allowing for abortion services, at least from the 1900s, due in part to judges' interpretations of the law and a lack of will to convict among working-class police and juries' (73). She argues that 'the myth' of illegality in the present contributes 'a discourse of criminality to surround abortion, when it is erroneous' (80). We found Michelle

Oberman's (2018) conjuring of 'America after *Roe*' both challenging and strangely consoling. Like Gleeson's account of the orthodoxy that existed in Australia before decriminalisation, she claims that 'on both sides, we invoke naïve generalities and obsolete references when imagining post-*Roe* America' (119). Notwithstanding the significance of the defeat for the pro-choice movement if *Roe* is discarded, Oberman challenges complacent thinking about the present by pointing to research that shows that in the 32-year period since *Roe* over 400 women had been prosecuted in the US for illegal abortions or related crimes, most of them poor women of colour (130–135). She quotes a conversation with a pro-life US senator who comments that, should *Roe* be overturned, "it will be a bloodbath on the Right" (122)—the anti-abortion movement will not uniformly rocket to uncontested power. Above all, a post *Roe* environment would (only) intensify the long-existing situation where women's access to abortion is largely dependent on wealth and the distance needed to travel. Like Gleeson on the past, and indeed common observation of the present, Oberman points out that it will be 'individual actors, rather than official policies' that will make the difference in a post-*Roe* future (134). Both authors challenge readers to identify the political mythologies that shape our thinking about the past, present and future, and open space for greater complexity.

The work of critiquing dominant discourses, conservative political developments and problematic assumptions does not, however, exhaust analysis of all possible experiences or ways to think about abortion. We mention a handful of texts here to illustrate some of the possible ways in which abortion scholarship that focuses on the 'positive' and innovative pushes conceptual boundaries and creates pathways that might lead us beyond current epistemological, political and service provision regimes.

There is a rich (if minority) vein of scholarship which has focused on successes in the struggle for abortion rights and access to services. One such example is Kirtz and Lundy's (1996) documentary film and Laura Kaplan's (1997) history of the Chicago based feminist abortion service *Jane* (of which Kaplan was a member). *Jane* operated for four years in the period before the *Roe v Wade* decision; it began as a referral service, offering counselling and support, and transformed into a service that offered abortions performed by women it had trained. *Jane* assisted over ten thousand women, many who would not have been able to afford an abortion anywhere else, many of them black. Kaplan wrote to record the history of a little-known feminist organisation and to inspire young people in particular with the potentials of community organising. Her account includes *Jane's* internal power struggles and interpersonal tensions and the perception of other parts of the Chicago women's liberation movement of the less-than-radical politics of *Jane*. Kelly Suzanne O'Donnell (2017) comments on the remarkable productivity of the story of *Jane*, increasingly recalled for posterity by those involved. The story is reproduced by younger feminists as a 'tale of self-determination and sisterhood in action, and its stars are women' (80). Its many different lessons include 'working together collectively as feminists, preserving an accurate depiction of the past, coming together from different backgrounds, or fighting against political pessimism with direct action' (93).

Feminist science and technology studies scholar Michelle Murphy's (2012) account of Menstrual Extraction (ME), the Californian radical feminist technological innovation of the 1970s, also stresses the productive nature of feminist health activism. ME was a technological and social technique for emptying the uterus; no doubt it reprised a long-standing technique of women including among Indigenous cultures (Marcotte, 2016). The ME kit was a set of equipment that could be easily sourced in a local store. The use of ME to bring on a 'late period' avoided the question of pregnancy and was a community practice that involved sharing (it was not possible to perform on oneself). It made it 'almost impossible for the state to enforce restrictive laws' (Murphy, 2012: 158). Murphy describes ME as 'iconic of the most radical goals of the movement, the *self-governing* of reproduction' (160, original

emphasis). The diagrams of ME kits reproduced in Murphy's book are fascinating as are her descriptions of the groups of women who assembled to practice ME. Her account carefully avoids any unproblematic celebration of this radical project of mostly white American feminists. The ME women had little contact with other reproductive struggles in California. Their literature makes no reference to the contemporaneous resistance of Chicana feminists to coercive hospital sterilizations (163). Murphy places ME in an account of the historical conditions of technology, and writes that such radical endeavours are 'both urgently necessary and always noninnocently imbricated' (176). She also places her account of ME alongside Menstrual Regulation (MR), the historically coincident practice sponsored by the US government and NGOs in 'developing' countries in the US sphere of influence. MR involved the same equipment and operation as ME but a distinct social technique, in service not of 'feminism' but of the US anti-communist economic and military goal to induce population control by encouraging birth control, thus 'enrolling' women in 'third world' countries into 'a relation with global capital' (173). Ironically, the process of ME could only lawfully be used in the US by doctors, but in Bangladesh the US government encouraged trained laywomen to promote and use MR (172). Murphy identifies the feature common to ME and MR: "women were to be 'responsibilized' to make choices about their own fertility" (173). She concludes that 'feminist and non-profit health projects' in the US 'have been caught up in the history of neoliberal practices' (175).

The final piece of scholarship whose performative effects we wish to highlight is legal scholar Ruth Fletcher's (2016) account of the work of a Liverpool abortion support group that assisted Irish women coming to England for abortions, over an approximately 15-year period. Like the stories of *Jane* and Murphy's work, Fletcher documents radical feminist abortion support practice, including variously, transport, accommodation in their own homes, meals, listening, providing political critique (of the Irish government) and preparing the woman for the clinic. This sometimes included supporting women to negotiate gruff or overtly anti-Irish treatment at the clinic. She theorises this work in terms of care and in relation to notions of strangeness, given that the Irish woman and her Liverpool supporter were strangers to each other (see also Fitzgerald, Wardell, & Legge, 2018). Her account gives flesh to 'the abortion trail' that Irish women create as they travel to England for an abortion. It appreciates 'the quieter care-related activism that works alongside the louder reform-related activism' (5). Fletcher argues that in the process of offering care, where 'care connects and disconnects' (7), the identity of strangeness blurs between the two women. The Irish woman who has had to leave home to seek an abortion in another country, and may feel like a criminal in doing so, may experience unfamiliarity. But in the offer of hospitality, 'care of strangers fades into care by strangers' (9). The offering and receiving of care is productive, 'the women of abortion support groups reproduced their homes as feminist spaces by opening them up and deliberating on the terms of that opening' (10). In the company of strangers, the Irish women speak in ways not always open to them at home (12). Care 'enables and empowers critique', Fletcher concludes (16).

The examples we have provided of feminist work that documents and analyses 'positive' feminist resistances and innovations in the field of abortion stress the productive effects of abortion activism, its reach beyond existing structures, technologies and relationships, as well as its internal complexity and potential complicity with racist and other oppressive practices. This scholarship situates itself in broader contexts, and performs the opening rather than closing down of thinking and material practice across a range of issues.

This special section, *Abortion at the Edges: Politics, Practices, Performances*, brings critical feminist thinking to a moment of marked change as well as stubborn continuity in the political, cultural and legal landscape of abortion. It picks up several of the themes we have canvassed in our account of scholarship so far. The articles brought together in this special section are multidisciplinary and examine

transnational as well as Australian, Canadian, British and US contexts. The authors are based in Australia, Canada and England. Most are activists in relation to abortion or practitioners in their respective fields. Together they challenge current frameworks for thinking about abortion to move beyond individual choice and gender-focused analyses and continue to interrogate the framings of anti-abortion activism. They expand the horizons of the limited scholarship on abortions performed later in pregnancy, the categorisation (trimesterisation) of pregnancy, and the under-theorised experiences of those who have them.

Two articles examine discourses of abortion in relation to modalities of injustice and inequality. Christabelle Sethna pays tribute to the vision of Canadian novelist Margaret Atwood's *The Handmaid's Tale* (Atwood, 2014) and its cultural and political uptake since it was published, most recently in a popular television series. She tracks the reproductive dimensions of past and present patriarchal, racist and environmentally destructive politics to argue that the attack on reproductive rights under President Trump 'is not an aberration; rather, he represents the brazen culmination of racialized attacks on reproductive rights and environmental protections set in motion by the Reagan administration.' Erica Millar calls for a revitalisation in abortion stigma scholarship. She notes that the scholarship on stigma that has grown since the publication of the influential article by Kumar, Hessini, and Mitchell (2009) tends to focus on the inter-personal and psychological manifestations of stigma among the stigmatised (the women who have abortions and their service providers) and their stigmatisers (service providers, friends, and family and community members). Millar draws on the insights of the Reproductive Justice Movement to argue for a move away from focus on individual-level beliefs and perceptions to the broader social, structural and cultural contexts within which such micro-level phenomena are produced.

Two contributions to the collection examine the strategies and discourses of anti-abortion activists. Prudence Flowers provides a historical account of a foundational tension between two groups of US anti-abortion activists: 'extremists' who argue that abortion should be banned entirely, and 'moderates' who argue for exceptions on grounds such as rape and fatal fetal anomaly. By arguing that this tension is irresolvable, Flowers dispels any notion that the anti-abortion movement is a united political force, thus demystifying some of the power and authority with which it is often invested. Pam Lowe and Sarah-Jane Page examine the rhetoric and framing devices that motivate anti-abortion activists to picket abortion clinics in the UK. They argue that this form of activism (or, seen differently, harassment) is driven by the idea that women need to be 'saved' from service providers who are motivated by profit, and that the discourse of 'saving women' they deploy is rooted in Christian beliefs aimed at ensuring souls go to heaven. Their work adds to scholarship that demonstrates the gendered paternalism that runs through much abortion law, politics and discourse and views women as vulnerable and in need of protection.

Our final pair of articles contribute research to knowing about and working with women who have abortions in the second and third trimesters of pregnancy. In different ways, the articles provide space for the voices of individual women who have had this experience. Trish Hayes, Suzanne Hurley and Chanel Keane are counsellors who work with women seeking abortion in Melbourne, Australia. They write about some of the major psychosocial issues faced by women who are seeking an abortion between 18 and 24 weeks of pregnancy and ways in which they help women navigate having a procedure that is highly stigmatised. Like all contexts for abortion, those around second/third trimester abortions are diverse and contested. Hayes, Hurley and Keane create an intensely caring account of the support they provide to women having later term abortions. Tiffany Knight, actor and performing studies academic, provides an account of her award-winning performance in a solo show about a woman who had an abortion at 19 weeks' gestation after her baby (the term used in the script) had been diagnosed with Down Syndrome. The play is based on the experience of its writer, Emily Steele, and gives voice to a personal experience not

often shared in public forums. Knight writes about the creative process involved in trying to inhabit Steele's epistemology, in navigating the potentially competing perspectives between disability and reproductive rights, and in inviting audiences to engage and respond emotionally to her performance.

This interdisciplinary collection of articles combines acute critique and dissection of right-wing and anti-abortion reproductive politics with a commitment to the positive social value of abortion and a celebration of those who care for and tell creative stories about the most stigmatised aborting women. Read together, the articles in the special issue thus move the reader from the dystopian and the terrible to the creative and the caring, from the individual to the structural, and from concerns shaped principally by gender to the implication of reproductive politics in the future of the planet. Together it keeps in mind the effects of feminist scholarship, and the need to constantly keep open spaces for new horizons.

References

- Abrams, A. (2020). COVID-19 could permanently make abortions harder to access nationwide. *Time*. April 7. Retrieved from <https://time.com/5816530/coronavirus-abortion-clinics-access/>, Accessed date: 13 April 2020.
- Action Canada for Sexual Health & Rights (2019). *Abortion services in Canada*. Retrieved from <https://www.actioncanadashr.org/resources/factsheets-guidelines/2019-09-19-access-glance-abortion-services-canada> (Access date 29 April 2020).
- Andaya, E. (2019). "I'm building a wall around my uterus": Abortion politics and the politics of othering in Trump's America. *Cultural Anthropology*, 34, 10–17.
- ANSIRH (Advancing New Standards in Reproductive Health) (2019). *Abortion onscreen in 2019*. Retrieved from <https://www.ansirh.org/sites/default/files/publications/files/Abortion%20Onscreen%20Report%202019.pdf>, Accessed date: 2 January 2020.
- Atwood, M. (2014 [1985]). *The Handmaid's tale*. Toronto: McClelland and Stewart.
- Baird, B. (2006). Maternity, whiteness and national identity: The case of abortion. *Australian Feminist Studies*, 21(50), 197–221.
- Baird, B. (2019). Tales of mobility: Women's travel and abortion services in a globalized Australia. In C. Sethna, & G. Davis (Eds.). *Abortion across borders: Transnational travel and access to abortion services* (pp. 144–171). Baltimore: JHU Press.
- Baird, B., & Millar, E. (2019). More than stigma: Interrogating counter narratives of abortion. *Sexualities*, 22(7–8), 1110–1126.
- Baker, J. (2008). The ideology of choice. Overstating progress and hiding injustice in the lives of young women: Findings from a study in North Queensland, Australia. *Women's Studies International Forum*, 31(1), 53–64.
- Berer, M., & Hoggart, L. (2019). Progress toward decriminalization of abortion and universal access to safe abortions: National trends and strategies. *Health and Human Rights*, 21(2), 79–83.
- Berlant, L. (1997). *The Queen of America goes to Washington City: Essays on sex and citizenship*. Durham, NC: Duke University Press.
- Black, K. I., Douglas, H., & de Costa, C. (2015). Women's access to abortion after 20 weeks' gestation for fetal chromosomal abnormalities: Views and experiences of doctors in New South Wales and Queensland. *Australian and New Zealand Journal of Obstetrics and Gynaecology*, 55(2), 144–148.
- Boland, R. (2010). Second trimester abortion laws globally: Actuality, trends and recommendations. *Reproductive Health Matters*, 18(36), 67–89.
- Bonow, A., & Nokes, K. (Eds.). (2018). *Shout your abortion*. Oakland: PM Press.
- Browne, K., & Calkin, S. (Eds.). (2020). *After repeal: Rethinking abortion politics*. London: Zed Books Ltd.
- Butler, J. (1993). *Bodies that matter: On the discursive limits of sex*. New York: Routledge.
- Butler, J. (2020). Capitalism has its limits. *Verso Books Blog*. 30 March. Retrieved from <https://www.versobooks.com/blogs/4603-capitalism-has-its-limits> Accessed date: 18 April 2020 .
- Calkin, S. (2019). Towards a political geography of abortion. *Political Geography*, 69, 22–29.
- Center for Reproductive Rights (2020). Abortion is essential healthcare: Access is imperative during COVID-19. Retrieved from <https://reproductiverights.org/sites/default/files/documents/CRR%20Columbia%20COVID%2019%20Abortion%20FINAL.pdf>, Accessed date: 17 April 2020.
- Charter, R., Usher, J., Perz, J., & Robinson, K. (2018). The transgender parent: Experiences and constructions of pregnancy and parenthood for transgender men in Australia. *International Journal of Transgenderism*, 19, 64–77.
- Cook, R. J., Erdman, J. N., & Dickens, B. M. (2014). *Abortion law in transnational perspective: Cases and controversies*. Philadelphia: University of Pennsylvania Press.
- Cromer, R. (2019). Jane doe. *Cultural Anthropology*, 34, 18–25.
- Daniels, C. (2009). *At women's expense: State power and the politics of fetal rights*. Cambridge, MA: Harvard University Press.
- Dubow, S. (2010). *Ourselves unborn: A history of the fetus in modern America*. Oxford: Oxford University Press.
- Duden, B. (1993). *Disembodying women: Perspectives on pregnancy and the unborn*. Cambridge: Harvard University Press.
- Erdman, J. N. (2017). Theorizing time in abortion law and human rights. *Health and Human Rights*, 19(1), 29–40.

- Fitzgerald, R. P., Wardell, S., & Legge, M. (2018). Fetal genetic difference and a cosmopolitan vernacular of the right to choose. *Women's Studies International Forum*, 67, 110–117.
- Flavin, J. (2009). *Our bodies, our crimes: The policing of women's reproduction in America*. New York: NYU Press.
- Fletcher, R. (2001). Post-colonial fragments: Representations of abortion in Irish law and politics. *Journal of Law and Society*, 28, 568–579.
- Fletcher, R. (2014). Contesting the cruel treatment of abortion-seeking women. *Reproductive Health Matters*, 22, 10–21.
- Fletcher, R. (2016). Negotiating strangeness on the abortion trail. In R. Harding, R. Fletcher, & C. Beasley (Eds.), *ReValuing care in theory, law and policy* (pp. 14–30). Abingdon, Oxon: Routledge.
- Foster, D. G., & Kimport, K. (2013). Who seeks abortions at or after 20 weeks? *Perspectives on Sexual and Reproductive Health*, 45(4), 210–218.
- Franklin, S. (2014). Rethinking reproductive politics in time, and time in UK reproductive politics: 1978–2008. *Journal of the Royal Anthropological Institute*, 20, 109–125.
- Franklin, S., & Ginsburg, F. (2019). Reproductive politics in the age of trump and Brexit. *Cultural Anthropology*, 34, 3–9.
- Gavey, N., & Schmidt, J. (2011). "Trauma of rape" discourse: A double-edged template for everyday understandings of the impact of rape? *Violence Against Women*, 17, 433–456.
- Gleeson, K. (2009). The other abortion myth—The failure of the common law. *Journal of Bioethical Inquiry*, 6(1), 69–81.
- Hartouni, V. (1997). *Cultural conceptions: On reproductive technologies and the remaking of life*. Minneapolis and London: University of Minnesota Press.
- Hayes, P. (2016). Reproductive coercion and the Australian state: A new chapter. *The Australian Community Psychologist*, 28, 90–100.
- Health Service Executive (2018). Hospitals providing abortion services. Retrieved from <https://www2.hse.ie/conditions/abortion/how-to-get-an-abortion/hospitals-providing-services.html>, Accessed date: 28 January 2020.
- Holland, K. (2020). Coronavirus: GP visits regarding abortions to take place remotely. *Irish Times*. 8 April. Retrieved from <https://www.irishtimes.com/news/social-affairs/coronavirus-gp-visits-regarding-abortions-to-take-place-remotely-1.4223488>, Accessed date: 13 April 2020.
- Hopkins, N., Zeedyk, S., & Raitt, F. (2005). Visualising abortion: Emotion discourse and fetal imagery in a contemporary abortion debate. *Social Science & Medicine*, 61(2), 393–403.
- Hyland, P., Raymond, E. G., & Chong, E. (2018). A direct-to-patient telemedicine abortion service in Australia: Retrospective analysis of the first 18 months. *Australian and New Zealand Journal of Obstetrics and Gynaecology*, 58(3), 335–340.
- International Campaign for Women's Right to Safe Abortion (2020). An international call to action. Retrieved from <http://www.safeabortionwomensright.org/an-international-call-to-action/>, Accessed date: 13 April 2020.
- International Planned Parenthood Federation (2020). COVID-19 pandemic cuts access to sexual and reproductive healthcare for women around the world. 9 April. Retrieved from <https://www.ippf.org/news/covid-19-pandemic-cuts-access-sexual-and-reproductive-healthcare-women-around-world>, Accessed date: 14 April 2020.
- Johnson, A., & Williams, K. M. (2015). "The Most dangerous place for an African American is in the womb": Reproductive health disparities and anti-abortion rhetoric. *Journal of Contemporary Rhetoric*, 5(3), 145–159.
- Kaplan, L. (1997). *The story of Jane: The legendary underground feminist abortion service*. Chicago: University of Chicago Press.
- Kevin, C., & Agutter, K. (2018). Failing 'Abyan', 'Golestan' and 'the Estonian mother': Refugee women, reproductive coercion and the Australian state. *Immigrants & Minorities*, 36, 87–104.
- Kirtz, K., & Lundy, N. (1996). (Dirs.) *Jane: An abortion service*.
- Klausen, S. (2015). *Abortion under apartheid: Nationalism, sexuality, and women's reproductive rights in South Africa*. Oxford: Oxford University Press.
- Kumar, A., Hessini, L., & Mitchell, E. M. (2009). Conceptualising abortion stigma. *Culture, Health & Sexuality*, 11(6), 625–639.
- Labour Party (2019). It's time for real change: The labor party manifesto 2019. Retrieved from <https://labour.org.uk/wp-content/uploads/2019/11/Real-Change-Labour-Manifesto-2019.pdf>, Accessed date: 20 January 2020.
- Lafarge, C., Rosman, S., & Ville, I. (2019). Pregnancy termination for fetal abnormality: Ambivalence at the heart of women's experience. *Women's Studies International Forum*, 74, 42–51.
- Lee, N. (2019). As a disabled woman, my abortion wasn't questioned—But my pregnancy was. *Quartz*. 18 September. Retrieved from <https://qz.com/1710043/being-disabled-my-abortion-wasnt-questioned-but-my-pregnancy-was/>, Accessed date: 14 January 2020.
- MacLennan, L. (2020). SA reproductive rights experts worried coronavirus is creating more barriers to abortion. *ABC News*. 1 April. Retrieved from <https://www.abc.net.au/news/2020-04-01/experts-concerned-about-coronavirus-impact-on-abortion-access/12110192>, Accessed date: 18 April 2020.
- Marcotte, J. (2016). The agnology of abortion: A history of ignorance about women's knowledge of fertility control. *Outskirts: Feminisms along the edge*. 34. *Outskirts: Feminisms along the edge* (pp. 1–21).
- McCormack, J. (2020). Abortion "can now be carried out" in Northern Ireland. *BBC News*. 9 April. Retrieved from <https://www.bbc.com/news/uk-northern-ireland-52234712>, Accessed date: 13 April 2020.
- McCulloch, A. (2013). *Fighting to choose: The abortion rights struggle in New Zealand*. Wellington: Victoria University Press.
- Mckinney, C. (2019). A good abortion is a tragic abortion: Fit motherhood and disability stigma. *Hypatia*, 34, 266–285.
- Millar, E. (2017). *Happy abortions: Our bodies in the era of choice*. London: Zed Books Ltd2017.
- Modin, A. (2020). Relaxation of abortion rules welcomed by experts. *The Guardian*. 30 March. Retrieved from <https://www.theguardian.com/world/2020/mar/30/relaxation-of-uk-abortion-rules-welcomed-by-experts-coronavirus>, Accessed date: 13 April 2020.
- Moreton-Robinson, A. (2000). *Talkin' up to the white woman: Aboriginal women and feminism*. Brisbane: University of Queensland Press.
- Morgan, L., & Michaels, M. (1999). *Fetal subjects, feminist positions*. Philadelphia: University of Pennsylvania Press.
- Murphy, M. (2012). *Seizing the means of reproduction: Entanglements of feminism, health, and technoscience*. Durham: Duke University Press.
- Nash, E., Mohammed, L., Cappello, O., & Naide, S. (2019). State policy trends 2019: A wave of abortion bans, but some states are fighting back. Retrieved from <https://www.guttmacher.org/article/2019/12/state-policy-trends-2019-wave-abortion-bans-some-states-are-fighting-back>, Accessed date: 2 January 2020.
- Nelson, J. (2003). *Women of color and the reproductive rights movement*. New York: NYU Press.
- New Zealand Parliament (2020). Abortion legislation bill. Retrieved from https://www.parliament.nz/en/pb/bills-and-laws/bills-proposed-laws/document/BILL_89814/abortion-legislation-bill, Accessed date: 18 April 2020.
- Oberman, M. (2018). *Her body, our laws: On the front lines of the abortion war, from El Salvador to Oklahoma*. Boston: Beacon Press.
- O'Donnell, K. S. (2017). Reproducing Jane: Abortion stories and women's political histories. *Signs: Journal of Women in Culture and Society*, 43(1), 77–96.
- Perera, S., & Pugliese, J. (2018). Sexual violence and the border: Colonial genealogies of us and Australian immigration detention regimes. *Social & Legal Studies*, 1–14 (0964663918767954).
- Petchesky, R. (1984). *Abortion and woman's choice: The state sexuality and reproductive freedom*. Boston: Northeastern University Press.
- Petchesky, R. (1987). Fetal images: The power of visual culture in the politics of reproduction. *Feminist Studies*, 13(2), 263–292.
- Price, E., Sharman, L., Douglas, H., Sheeran, N., & Dingle, G. (2019). Experiences of reproductive coercion in Queensland women. *Journal of Interpersonal Violence*, 1–21. <https://doi.org/10.1177/0886260519846851> (ePub ahead of print).
- Ralph, L. J., Foster, D. G., & Rocca, C. H. (2020). Comparing prospective and retrospective reports of pregnancy intention in a longitudinal cohort of U.S. women. *Perspectives on sexual and reproductive health* (ePub ahead of print).
- Redden, M. (2016). Quarter of US abortion clinics have closed over last five years, report says. *The Guardian*. 25 February. Retrieved from www.theguardian.com/world/2016/feb/24/us-abortion-clinics-closing-report, Accessed date: 3 February 2017.
- Roberts, D. (1997). *Killing the black body: Race, reproduction, and the meaning of liberty*. New York: Pantheon.
- Ross, L., & Solinger, R. (2017). *Reproductive justice: An introduction*. Oakland, California: University of California Press2017.
- Ross, L. J. (2017). Reproductive justice as intersectional feminist activism. *Souls*, 19, 286–314.
- Sethna, C., & Davis, G. (Eds.). (2019). *Abortion across borders: Transnational travel and access to abortion services*. Baltimore: John Hopkins University Press.
- Shane, M., & Wilson, L. (2013). (Dirs.) *After Tiller*.
- Sheldon, S. (1997). *Beyond control: Medical power and abortion law*. London: Pluto.
- Sheldon, S., Davis, G., O'Neill, J., & Parker, C. (2019). The abortion act (1967): A biography. *Legal Studies*, 39(1), 18–35.
- Singh, S., Remez, L., Sedgh, G., Kwok, L., & Onda, T. (2018). *Abortion worldwide 2017: Uneven progress and unequal access abortion worldwide 2017: Uneven progress and unequal access*. New York: Guttmacher Institute.
- Sisson, G., & Kimport, K. (2016). *After Tiller: The impact of a documentary film on understandings of third-trimester abortion*. *Culture, Health & Sexuality*, 18(6), 695–709.
- Solazzo, A. L. (2019). Different and not equal: The uneven association of race, poverty, and abortion laws on abortion timing. *Social Problems*, 66, 519–547.
- Stabile, C. A. (1994). *Feminism and the technological fix*. Manchester: Manchester University Press.
- Sufrin, C. (2019). When the punishment is pregnancy: Carceral restriction of abortion in the United States. *Cultural Anthropology*, 34, 34–40.
- Sutton, B., & Borland, E. (2018). Queering abortion rights: Notes from Argentina. *Culture, Health & Sexuality*, 20, 1378–1393.
- Taft, A., Hobbs, M., Amir, L., Hussainy, S., Stewart, K., Smith, A., ... Chapman, C. (2011). Unintended pregnancy in Australia: What more can we do? *Medical Journal of Australia*, 195(4), 166–167.
- Taylor, R. B., & Wilson, A. L. (2019). UK abortion law: Reform proposals, private members' bills, devolution and the role of the courts. *The Modern Law Review*, 82, 71–104.
- Toze, M. (2018). The risky womb and the unthinkable of the pregnant man: Addressing trans masculine hysterectomy. *Feminism & Psychology*, 28, 194–211.
- Upadhyay, U. D. (2017). Innovative models are needed for equitable abortion access in the USA. *The Lancet Public Health*, 2(11), e484–e485.
- Van de Velde, S., Van Eekert, N., Van Assche, K., Sommerland, N., & Wouters, E. (2019). Characteristics of women who present for abortion beyond the legal limit in Flanders, Belgium. *Perspectives on Sexual and Reproductive Health*, 51(3), 175–183.
- Weitz, T. A. (2014). Rethinking the mantra that abortion should be "safe, legal, and rare". In C. Joffe, & J. Reich (Eds.), *Reproduction and society: Interdisciplinary readings* (pp. 87–94). New York: Routledge.
- Williams, J., Plater, D., Brunacci, A., Kapadia, S., & Oxlad, M. (2019). *Abortion: A review of south Australian law and practice*. Adelaide: South Australian Law Reform Institute.
- Wu, J., Braunschweig, Y., Harris, L., Horner-Johnson, W., Ernst, S., & Stevens, B. (2019). Looking back while moving forward: A justice-based, intersectional approach to research on contraception and disability. *Contraception*, 99, 267–271.