The National Association of NURSE PRACTITIONERS in WOMEN'S HEALTH

POSITION STATEMENT

Access to Abortion Care: WHNP Role as Abortion Provider and Advocate

The National Association of Nurse Practitioners in Women's Health (NPWH) affirms that abortion is an essential component of comprehensive reproductive healthcare and that it should be safe, legal, and accessible. NPWH asserts that women's health nurse practitioners (WHNPs) are ideal providers of this care, increasing access to abortion and maintaining continuity of care. NPWH opposes legislative mandates that prevent WHNPs from practicing to their full professional scope or restrict individuals from accessing quality, evidence-based healthcare in a timely manner with the clinician of their choosing. Whether or not WHNPs provide abortion care, they should have an understanding of abortion care and options, the clinical and legal landscape, and a referral network in place to best educate and support patients who need this care.

NPWH opposes restrictions that limit reproductive autonomy, harm individuals' health and wellbeing, and increase the likelihood that abortions will be performed unsafely, with the potential for complications and death. All abortion policies should be firmly rooted in science and protective of the patient–clinician relationship. WHNPs are well positioned to advocate for evidence-based and equitable legislation, regulation, and other abortion policy changes.

NPWH recognizes that abortion access is intrinsic to the right to self-determination. As such, NPWH upholds the right of individuals to access factual, evidence-based information to make their own informed reproductive choices. NPWH further recognizes that people of all genders, regardless of sex assigned at birth, have the right to reproductive healthcare, including abortion care.

NPWH advocates for policies and evidence-based initiatives that promote equity and reduce disparities

in all aspects of reproductive health, including abortion care, and that healthcare should always be provided within the framework of reproductive justice.[A]

NPWH respects the right of healthcare providers to determine their personal viewpoints related to abortion, while respecting the right of every pregnant person to have access to accurate and unbiased information on abortion as a pregnancy option. Regardless of personal beliefs, WHNPs should provide timely and medically accurate information to all patients to enable informed decision making and access to abortion if desired.

BACKGROUND

Abortions are safe and effective healthcare, as numerous national health professional organizations and decades of public health research have affirmed.[4-7] Approximately 25% of pregnancy-capable individuals in the United States will have an abortion in their lifetime.[8] The risk of death associated with carrying a pregnancy to term is greater than 30 times higher that associated with abortion.[9] Additionally, evidence indicates that medication abortions provided through telehealth, as well as those self-managed by individuals, are safe, effective, and have a high degree of patient satisfaction.[10,11] A 2018 comprehensive analysis by the National Academies of Sciences, Engineering, and Medicine (NASEM) affirmed that abortion is safe and that having an abortion does not increase the risk of long-term complications such as secondary infertility, pregnancy-related hypertensive disorders, abnormal placentation, preterm birth, breast cancer, or mental health disorders (ie, depression, anxiety, post-traumatic stress disorder).[7] The NASEM report further noted that unnecessary and burdensome regulations decrease accessible and timely abortion care, which increases the risk for complications.[7] Additionally, evidence indicates that denying access to abortion can result in negative long-term health and socioeconomic consequences, as well as impact educational and professional aspirations.[5,12,13] The 2022 Supreme Court ruling overturning *Roe v Wade* allows each state to enact laws that support, restrict, or ban abortion.[14,15] Subsequently, some states have enacted legislative restrictions targeting individuals seeking abortion and healthcare clinicians who provide abortion services or counsel patients about such services. Individual states have placed bans on abortion at arbitrary gestational ages and mandated scripted counseling, ultrasounds, waiting periods, and parental involvement.[5,15] In addition, these states have placed restrictions on providing medication abortion and the mailing of abortion pills, as well as implemented obstructive abortion facility and staffing requirements.[5,15,16] In 2025, the American College of Obstetricians and Gynecologists (ACOG) concluded that none of these restrictions is based on scientific evidence about the safety of abortion.[5] Rather, such restrictions delay and limit access to services at a reasonable distance from home, increase the cost of care, interfere with the patient–clinician relationship, and compromise quality of care.[5,7] People with low incomes, those living in rural areas, people from racial and ethnic minority groups, adolescents, individuals who are incarcerated, transgender men, immigrants, US military service members, and others who are marginalized are disproportionately affected by barriers to, and restrictions on, abortion access.[5,12,13,17-20]

The threat of criminalization for both those who provide abortions and those who seek them continues to escalate.[5,21,22] The legal environment in many states is hostile to clinicians who provide abortion services, and these clinicians may experience threats of violence to themselves and their clinics.[5,22,23] The risk of criminalization for people pursuing self-managed abortions is a very real concern, and they are most likely to be reported to law enforcement by their healthcare providers.[22-24] WHNPs and other providers have an ethical responsibility to the confidentiality of the care they provide their patients, and reporting jeopardizes the safety, security, and wellbeing of patients by exposing them to legal scrutiny or punishment.[5,22-24]

Simultaneously, a countervailing trend has been seen in some states to protect and increase abortion access. States have sought to protect access in restrictive states by instituting shield laws to protect providers who may prescribe abortion pills or otherwise assist out-of-state patients in obtaining an abortion.[16,25] As of May 2026, advanced practice clinicians (APCs) can provide medication abortion in 25 states, that is, two-thirds of the 37 states where abortion is currently permitted and half of US states

A Reproductive justice is a rights-based framework and movement first articulated by 12 Black scholars and activists in 1994 and is based on three core principles: the right to have children, the right to not have children, and the right to parent children in safe and sustainable communities free of oppression and violence.[1-3] The pursuit of reproductive justice requires that individuals not only have the right to choose abortion but also the right to choose their provider and access abortion care safely, promptly, and with dignity.

overall.[15,26] Additionally, 18 states have overturned their procedural abortion care restrictions for APCs since 2013.[26,27] APCs can now legally provide procedural abortion care in 22 states and the District of Columbia, with current lawsuits and ballot measures ongoing in others (**Figure**).

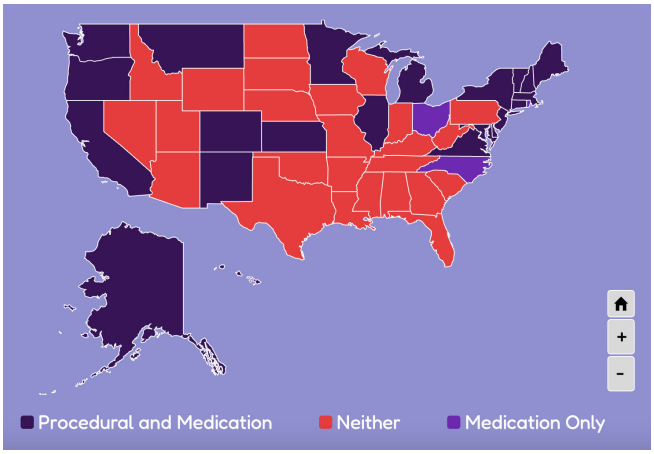


FIGURE. LOCATIONS IN THE US WHERE APCS CAN PROVIDE DIFFERENT TYPES OF ABORTIONS AS OF MAY 2026.[26]

In states where WHNPs are still prohibited from providing abortion care services, it is due to legal barriers, including physician-only laws, rather than a demonstration of APCs lack of competency to provide abortion care safely.[5,7,27-34] According to ACOG's 2023 Issue Brief on Advanced Practice Clinicians and Abortion Care Provision: "Legislative mandates in many states restrict abortion care provision to only physicians or only board-certified obstetrician–gynecologists. These mandates are not based in science; improperly regulate medical practice; and impede patients' access to quality, evidence-based health care."[28]

Indeed, procedural and medication abortion are in the professional scope of WHNPs and other APCs.[5,27-29,31,32] APCs as abortion providers are supported by ACOG, American Medical Women's Association, American College of Nurse Midwives (ACNM), World Health Organization, NASEM, American Public Health Association, Society of Family Planning, and National Abortion Federation.[5,7,27-29,31] The ACNM has recognized abortion as part of the APC scope since 2015, both because of the evidence supporting its safety and the critical role that midwives play in reproductive healthcare.[4] Similar to our midwife colleagues, WHNPs are essential providers of sexual and reproductive healthcare, including abortion care. WHNPs provide a different model of care from physicians—a model that patients deserve access to—and are often the sole providers of care to underserved populations.[5,7,27,30,31,34-36]

The 2018 NASEM report further recognizes APCs as safe and effective providers of both medication and aspiration abortion, as does ACOG.[5,7,28] Multiple studies comparing safety, efficacy, and/or patient satisfaction of care provided by APCs and physicians conclude that APCs provide equally safe and effective abortion care.[37,38] As no evidence indicates that abortion care provided by WHNPs is inferior to that provided by physicians, no basis exists to restrict WHNPs from providing this crucial reproductive healthcare.[5,7,27,28,30,34,37,38]

The *NPWH WHNP Guidelines for Practice and Education*, 8th edition, outlines the inclusion of curriculum content on nondirective pregnancy options counseling and on medication and procedural abortion in WHNP education programs.[39] The guidelines include, as a reproductive health competency for WHNPs, medication abortion provision within state abortion practice regulations.[39] The certifying body for WHNPs, the National Certification Corporation, includes the topics of unintended pregnancy, options counseling, and abortion in its examination study guide.[40]

Even with endorsement by recognized practice and education guidelines for WHNPs and their certifying body, opportunities for hands-on experience in providing abortion care in WHNP education programs are limited. Further, there is a lack of available in-clinic abortion training opportunities for all providers, contributing to a reduction in the number of skilled clinicians providing abortion care.[5,7,27,32] Even in states where abortion is legal, WHNPs and other APCs have found it challenging to receive structured training.[26,27] Some forward movement on this front has occurred, however, with five state-based or donor-funded APC-focused abortion training programs established in 2024 and other states seeking similar funding for state-based programs.[27] The Clinician Abortion Training Collaborative allows these programs to work together to establish guidelines, troubleshoot implementation barriers, establish best practices, and assist other states looking to develop similar funding streams for training.[26]

IMPLICATIONS FOR WHNPS PROVIDING REPRODUCTIVE HEALTHCARE

WHNPs are essential providers of reproductive healthcare, delivering a wide range of services and reaching populations that might not otherwise receive this care. They are distinctive leaders in this arena, with knowledge and competencies developed through their academic and clinical education. Patients look to WHNPs as trusted sources of information and advocates for quality healthcare. Ethically, WHNPs must honor all people's rights to self-determination, autonomy, privacy, and respect.

As a component of comprehensive reproductive healthcare, WHNPs must provide patients who seek abortion with accurate information about regulations at the federal level and within the state in which they practice, as well as the safe and legal options that exist for them. WHNPs have an ethical responsibility either to provide abortion care for patients seeking abortion services or to have efficient and effective referral systems in place to connect patients with safe and timely abortion care, ensuring that care is received.[5,41] Failure to provide care or appropriately refer patients for abortion services can create delays that may harm patients in ways that complicate that care, further limit their medical choices, and cause moral distress. [5,41]

WHNPs can improve their ability to provide accessible and equitable abortion care through continuing education and training. Their expertise in reproductive healthcare enables them to lead quality improvement initiatives to enhance abortion care, conduct research to advance evidence-based practices, and shape health policy to promote equity. WHNPs can build advocacy skills to promote equitable legislation, regulation, and other abortion policies and find opportunities for networking and collaboration with other abortion care providers.[42]

NPWH LEADERSHIP

NPWH will provide leadership to ensure:

- WHNPs and other APRNs who provide reproductive healthcare have resources to advocate for the removal of legislative and regulatory barriers limiting their ability to provide care and access to abortion for their patients.
- WHNPs and other APRNs who provide reproductive healthcare have access to continuing education programs and other resources for evidence-based information on abortion care and on pregnancy options counseling.
- WHNP educational programs have access to evidence-based information on abortion and pregnancy options counseling to incorporate into curricula.
- Collaborative engagement occurs with other health professional organizations to advocate for the full scope of reproductive healthcare, including access to abortion, as well as policies that support initiatives to address inequities in all aspects of reproductive health.
- Research and quality improvement initiatives promoting best practices for access to high-quality abortion care continue to advance.

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