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Countering Misinformation About Abortion: The Role of Health Sciences Librarians

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A substantial body of research has concluded that abortion is safe, with minimal complications and without increased risk of breast cancer, infertility, depression, anxiety, or posttraumatic stress.¹ Nonetheless, abortion is among the most regulated medical procedures in the United States.¹ Abortion-focused laws often have the stated intent to protect patient health and safety, although there is no evidence that they do so¹; rather, these increased restrictions directly impact communities that are also disproportionately affected by overall health disparities and inequities, particularly communities of color and those with low income.² We believe that health sciences librarians, a professional group whose core values prioritize informed health care decisions, have a role in the provision of evidence-based information around abortion. Drawing on our collective expertise in library science, medicine and public health, we propose that health sciences librarians build partnerships with public health departments and abortion providers to develop authoritative resources, advocate for change through legislative action, and raise public awareness about abortion misinformation.

ABORTION MISINFORMATION

All states have general laws requiring that patients give their informed consent before receiving medical treatment; abortion is a rare situation with its own specific mandate. These laws, commonly termed “Women’s Right to Know” laws, take the language of informed consent as motivation for their enactment, despite the fact that they go beyond the general ethical practices used for comparable procedures.

As of 2021, 29 states have laws in place that detail the information a patient must be given or offered before having an abortion.³ In 22 states, mandated information materials include statements that are not supported by scientific evidence (Figure 1).³ These materials include inaccurate or misleading information indicating that abortion increases the risk of breast cancer (five states), infertility (three states), or negative mental health consequences (eight states). Other states include inaccurate information about fetal pain (13 states) or about reversing medication abortion after the first set of pills have been taken (six states). Seven states include inaccurate or misleading information in their materials even though it is not mandated by state law. Overall, these trends make clear that patients may receive very different information about abortion depending on the state in which they seek care.

Knowledge about abortion among the public is limited⁴ as a result of systematic misinformation and limited access to accurate information, which particularly affects populations experiencing significant reproductive injustices.⁵ Structural factors such as lack of access to quality information resources or infrastructure, limited availability of information in culturally responsive formats, or lack of translation services may further perpetuate this disparity. Inaccurate information about abortion may affect patients’ ability to make informed decisions, increase anxiety about having an abortion, and affect expectations about coping afterward; there is evidence indicating that state-mandated misinformation may influence understanding of abortion safety and risks.^{4,6}

Abortion providers have reported increases in costs, work hours, and physical and emotional stress associated with providing inaccurate information to their patients.⁷ The cornerstones of clinicians' professional and ethical responsibilities are to serve patients' interests without being compromised by societal pressures or administrative exigencies, to respect patient autonomy, and to maintain a commitment to honesty with patients.⁸ Mandated information infringes on patients' and providers' autonomy⁹ and perpetuates stigmatization of both abortion providers and patients. This can cause harm by forcing providers to go against the principle of nonmaleficence, ultimately eroding patient trust, which is the foundation of safe and effective clinical care.

HOW HEALTH SCIENCES LIBRARIANS CAN HELP

Among the core values of the Medical Library Association are the use of scientific evidence in making health care decisions, advancement of health information research and evidence-based practice, and promotion of public awareness of, access to, and use of high-quality health information.¹⁰ State laws requiring that health care providers give inaccurate information to abortion patients are contrary to the foundations on which librarianship is built. Far from being neutral, librarians have a rich history of engagement in social justice work, with a recent focus on questioning the idea that libraries are inherently good and beyond critique.¹¹ There are unexplored opportunities for librarians to partner with public health departments and providers to address abortion misinformation in ways consistent with the profession's core values.

Finding Evidence-Based Information

We suggest that librarians seek out contacts in public health departments to find the teams responsible for creating abortion information materials and offer support in supplying evidence-based resources to inform or review the content of materials. Recent research shows that some health departments—even in states that are more politically conservative—have made efforts to include evidence-based information in their materials, indicating a desire and need for these services.¹² Such partnerships are not new: the National Network of the Library of Medicine collaborates with hundreds of public health department workers each year through its extensive outreach. Librarians can also supply abortion providers with supplemental information for patients at the point of care. We suggest that librarians offer their support to national provider organizations such as the Abortion Care Network and National Abortion Federation and identify providers in their communities.

Librarians can make special efforts to partner with providers and organizations that serve communities affected by structural factors that cause information gaps. Librarians can identify Title X clinics and clinics in underserved areas to enhance the information resources available, which will in turn benefit populations that are structurally disadvantaged in terms of access to information. Community-based organizations, especially those that provide reproductive health information, are another avenue for librarians to help disseminate accurate information that is culturally responsive and available in different languages. In this way, librarians can partner directly with communities and patients to get them the information they deserve.

Advocacy and Legislative Efforts

We see an opportunity for librarians, clinicians, and public health experts to collaborate on advocacy efforts against abortion misinformation. Librarians advocate at every level of government

by testifying before legislative committees, partnering with policymakers and nonprofit organizations, and creating political action committees to advance issues such as ensuring home internet equity and combating attempted bans of library materials.¹³

More specifically, library workers and organizations have advocated for greater and more immediate access to health information. In 2020, the Medical Library Association and the Association of Academic Health Sciences Libraries released a joint call to action for immediate and transparent dissemination of information, “reject[ing] all attempts to interfere with or delay the dissemination of scientific evidence” and stating that “the health sciences library community stands ready to support efforts to increase transparency and impartiality in the dissemination of health information.”¹⁴ Together, these organizations submitted testimony to the Senate to advocate for funding in support of access to health information and partnerships that ensure outreach and engagement with communities nationwide.

Librarians have also advocated for access to information about abortion. In 2008, abortion was included as a stop word—that is, a word blocked from being searchable—in the reproductive health database Popline after database administrators noticed entries stating that abortion is a human right. This decision was ultimately reversed because of the advocacy of librarians at the University of California, San Francisco who raised awareness and support nationally.¹⁵ Librarians interested in advocating against abortion misinformation can bring this issue to statewide political action committees, create calls to action or sign-on letters in collaboration with professional organizations such as the American Library Association and Medical Library Association, and partner with public health professionals and providers to prepare issue briefs and reports for policymakers, legislators, and advocates.

Raising Public Awareness

Finally, we recommend awareness-raising as an important tool in which public health professionals and providers can share their expertise with librarians. The fact that many librarians are unaware of a legislatively mandated practice that explicitly goes against their professional values and is happening in many of their states, communities, and institutions is unacceptable. We suggest considering librarians as a stakeholder group with the potential to raise awareness among their users, who often include students, faculty members, researchers, public health workers, providers, patients, and community members. Public health professionals, researchers, and providers can share their work at library conferences, through library list-servs, and on social media to explain how evidence is used to inform practice locally and discuss areas where evidence is dismissed or misinterpreted.

CONCLUSIONS

A core tenet across the fields of medicine, public health, and health sciences librarianship is a patients’ right to evidence-based information when making decisions about their health. The politicized nature of abortion in the United States has resulted in the denial of the public’s right to be equipped with accurate information about abortion provision, laws, and safety, especially for those considering abortion. Materials that further limit pregnant people’s access to accurate information about abortion, such as those mandated in 22 states, violate accepted principles of informed consent and raise important ethical concerns.

No medical procedure is subject to more system-level misinformation than abortion, demonstrating how reproductive politics continues to be centered on a system of dominance based on sex, gender, and race. This is a reproductive justice issue, as denying or limiting access to accurate information does not allow individuals to make reproductive decisions free of coercion or undue burden. The core professional values of health sciences librarians prioritize access to evidence-based health information for everyone, with the goal of facilitating informed health care decisions. Drawing on their training, experience, and professional values, health sciences librarians can play an important role in countering state-mandated misinformation and improving general understanding of abortion.

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J. Barr-Walker was responsible for conceptualization, writing the original draft, review and editing, and project administration. T. DePiñeres, P. Ossom-Williamson, and B. Mengesha were responsible for writing, review, and editing. N. F. Berglas was responsible for conceptualization, writing the original draft, and review and editing.

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CONFLICTS OF INTEREST

The authors have no conflicts of interest to disclose.

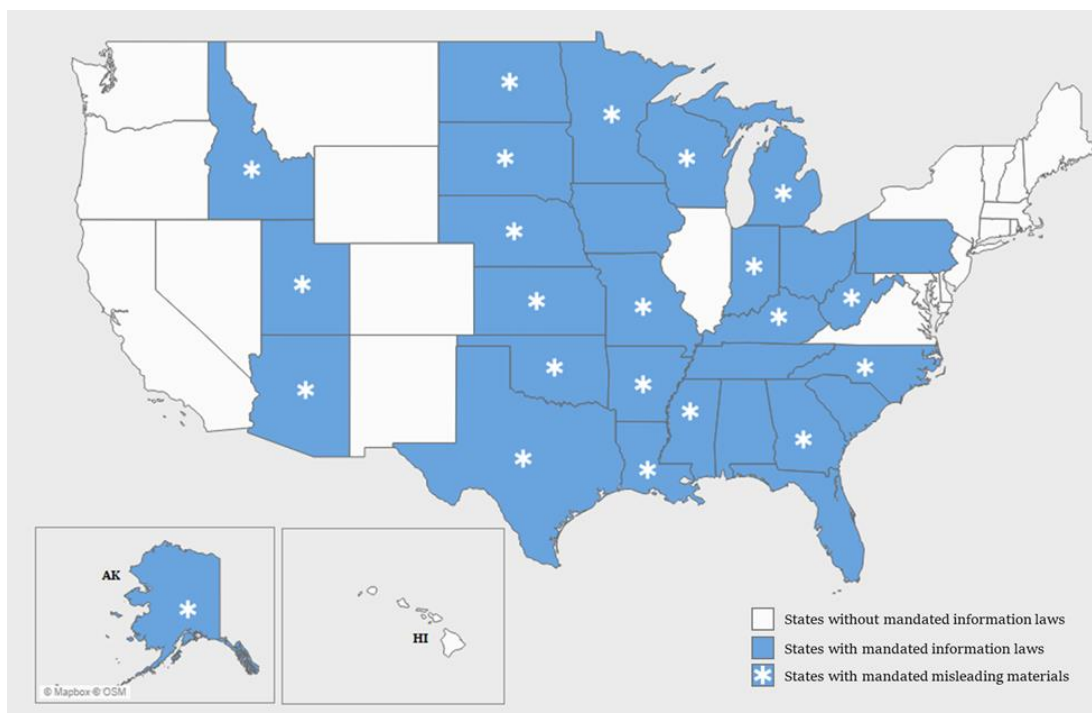
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FIGURE 1—Distribution of State-Mandated Abortion Information Laws and Inaccurate or Misleading Materials



Note. States with mandated materials are shown in blue (n|=|29); states with mandated materials that contain inaccurate or misleading information are marked with an asterisk (n|=|22).

*Data are from the Guttmacher Institute Fact Sheet: An Overview of Abortion Laws, as of February 1, 2021.