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Glossary of Medical Terms for Life-Affirming Medical Professionals

Life-affirming medical professionals share the objective of promoting optimal healthcare for both pregnant women and preborn children. To achieve this goal, it is essential that we use precise, medically accurate language to describe the pregnancy-related practices which intentionally harm our patients. It is especially necessary to distinguish these practices from medical interventions that separate a mother and her preborn child in the case of life-threatening pregnancy complications. We need to use this factual language consistently with our patients, with colleagues, and in the public square. Failure to do so may result in confusion about the legality of lifesaving medical care and ultimately hurt the very people we endeavor to protect.

Glossary of Recommended Terms	
✓ **Intentional feticide** – any drug, device, or procedure used to ensure the death of the preborn human being before, during, or in the process of separation of the mother and her embryo or fetus. Can further clarify by adding the means used to affect the death: - Intentional feticide by chemical agent - Intentional feticide by vacuum - disruption - Intentional feticide by dismemberment - Intentional feticide by lethal injection - Intentional feticide by labor induction	× **Abortion** – this is a vague term with a multitude of definitions depending on the context in which it is being used. Also has the potential to be conflated with miscarriage and is often distressing for patients in this scenario. - If "abortion" is used, preface with "induced" (consistent with CDC definition used to collect surveillance data) and, if possible, use a clarifier from the list to the left
✓ **Endpoint or completion of pregnancy**	× **Termination of pregnancy**

Glossary of Recommended Terms	
✓ **Miscarriage, fetal death, embryonic death** - Referencing a spontaneous loss of embryonic/fetal life - Qualifiers can include miscarriage with retained tissue or inevitable/impending miscarriage	× **Spontaneous/incomplete/inevitable/missed abortion** × **Nonviable embryo** - It is inaccurate, but common, for this term to be used to mean "unable to survive" and "already dead," which are very different concepts but are synthesized in a utilitarian view of embryos or fetuses.
✓ **Vaginal bleeding in the first/second trimester**	× **Threatened abortion**
✓ **Fetal/embryonic tissue, other pregnancy tissue** - tissue remaining after an incomplete miscarriage or incomplete intentional feticidal procedure	× **Products of conception**
✓ **Medically-indicated maternal-fetal separation** - Done to prevent the mother's death or immediate, irreversible bodily harm, which cannot be mitigated in any other way. Examples include treatment of ectopic pregnancy, previable delivery for early preeclampsia with severe features, or previable delivery for other life-threatening conditions in pregnancy. - Further discussion below under "Other Important Considerations" as well as in AAPLOG's Practice Guideline 13, "Ethical Considerations in Ending a Pre-viable Pregnancy for Maternal-Fetal Vital Conflict"[1]	× **Medically-indicated or therapeutic abortion**
✓ **(Potentially) Life-limiting prenatal diagnosis, (potentially) life-limiting fetal anomaly** - Considerations of what constitutes a potentially life-limiting prenatal diagnosis: o There are several different ways to interpret the description of a fetal anomaly or condition as lethal (see below). A review of the published literature[2] on "lethal malformations" revealed no consensus on which of these definitions should be applied. o Possible definitions[3] of a life-limiting prenatal condition: - Causing fetal death: a condition	× **Lethal** × **Incompatible with life** - The fetus being diagnosed is alive, so this is not incompatible with being alive!

Glossary of Recommended Terms	
- that invariably leads to death in utero - Causing fetal death/neonatal death: a condition that invariably leads to death either in utero or in the newborn period regardless of treatment - Usually causing fetal/neonatal death: a condition that leads to death in utero or in the newborn period in most cases - Associated with death: a condition that leads to fetal or neonatal death in some cases o Must consider what the threshold is for percent lethality of a condition—many conditions with up to 50% survival rates have been labeled as "lethal"	
✓ **Pre-viable** – indicates preborn child has not yet reached the gestational age of viability	× **Nonviable**
✓ **Human zygote/embryo** – new human life that comes into existence at the moment of fertilization	× **Fertilized egg** – there is no medical or scientific basis for this phrase. At the moment of sperm-egg fusion, the gametes cease to exist and a new organism is created.
✓ **Embryocidal or embryotoxic** – a procedure or pharmaceutical agent that causes death of a human embryo (before or after implantation)	× **Abortifacient**
✓ **Fertilization** – pregnancy and a new human life begins at fertilization (sperm-egg fusion).	× **Conception** – avoid using as this (along with pregnancy) has been redefined as beginning with implantation.
✓ **Drug-induced abortion or abortion pills** – an induced abortion done via one or more drugs (such as mifepristone and misoprostol). This language is clear to both patients and medical professionals.	× **Medication abortion** – a medication is "used to prevent, diagnose, treat, or relieve symptoms of a disease or abnormal condition."[4] Induced abortion, which intends the death of an embryonic or fetal human being, is not treating a disease or abnormal condition. Pregnancy is not a disease and is, in fact, evidence of the proper functioning of the female reproductive system.

Glossary of Recommended Terms	
✓ **Continuing viable pregnancy** – when a preborn human being survives an attempt to intentionally end his/her life ✓ **Intentional feticide with retained tissue** – when fetal or other pregnancy tissue remains but feticide was successful	× **Failed abortion**
✓ **Embryonic/fetal heartbeat, cardiac activity, or cardiac motion**	× **Electrical impulse**
✓ **Abortion regulation** – laws that protect the health/safety of women as well as preborn human beings	× **Abortion ban/restriction, restrictive law**
✓ **Physician, medical/healthcare professional, Advanced Practice Practitioner (APP)**	× **Provider** – implies that our role is to provide a service if it is technologically available, legal, and the patient chooses it
✓ **Healthcare** – to preserve and restore health, never to act in contradiction to that. Health can be defined as "the well-working of the organism as a whole, realized and manifested in the characteristic activities of the living body in accordance with its species-specific life-form" (Kass)	
✓ **Medical emergency** – a medical condition of sufficient severity, such that the absence of medical attention could reasonably be expected to result in either of the following: 1. Jeopardy to the life of a patient, including a pregnant woman or a fetus; 2. Serious and irreversible impairment to major bodily functions.	

Other Important Considerations	
Medically-indicated maternal-fetal separation	This may be done prior to or after fetal viability. It is preferably done in a way that does not directly induce fetal death and respects the fetus' bodily integrity (unless doing so would further endanger the life of the mother). Medically-indicated separation of the mother from her embryo or fetus in the previable period should not be referred to as "abortion." Such separations fall under two broad categories: 1. *Ethically and legally appropriate to prevent the mother's death.* Some examples of this would include an intrauterine infection, severe hemorrhage, or severe hypertensive disorders. If there exists a true threat to the mother's life, then the separation is considered ethically appropriate because the risk the mother faces is proportional to the impact on the fetus. Moreover, as a practical matter, a previable fetus cannot possibly survive if the mother dies. 2. *Legally appropriate to avoid a significant risk of permanent injury to a maternal organ system.* Some examples of this would include previable PROM without infection, WHO Class 3 cardiac lesions, pre-eclampsia without severe features. Ending the pregnancy in these types of situations is generally legal under state regulations. While legal, thoughtful people might debate when such clinical situations would be truly ethical. The most common scenario is PROM in the previable period. A stable patient would have around 10 to 15% chance for the fetus to remain in utero long enough to survive. A number of factors affect the precise odds. Attempting to maintain the pregnancy would also involve maternal risk for infection, hemorrhage, and damage to her reproductive organs. These maternal risks can be mitigated (but clearly not eliminated) by separating the fetus from the mother.
Informed consent is critical.	Includes knowing the reality of fetal development the risks of intentional feticide/induced abortion, and the availability/benefits of perinatal palliative care (in cases of life-limiting diagnoses).
Always use person-first language	For example, a "fetus with a life-limiting diagnosis," rather than "the life-limited fetus"

Research Language Considerations	
✓ **Use "relationship," "correlation," or "association"** (e.g., "prior abortion is associated with a higher relative risk of preterm birth")	× **Avoid using "link"** (e.g., abortion-breast cancer link, abortion-preterm birth link)
✓ **"Adverse events" and "significant adverse events"** – defined as an unanticipated problem that arises following, and is a result of, a procedure, treatment, or illness - Mental health adverse events – requiring medical evaluation, medication, therapy, hospitalization, or resulting in self-harm or accident from substance abuse - Common Terminology Criteria for Adverse Events (CTCAEv3). The five levels of coding are: ○ **Grade 1** "Mild": asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated—bleeding, pain, and gastrointestinal sx. ○ **Grade 2** "Moderate": minimal, local, or noninvasive intervention indicated; limiting age-appropriate instrumental ADL*-- outpatient clinic or telemedicine management for bleeding, pain, or low-grade infection. ○ **Grade 3** "Severe or medically significant but not immediately life-threatening": hospitalization or prolongation or hospitalization indicated due to grade 3 AE; disabling; limiting self-care or ADL; emergency room evaluation, surgical aspiration procedure (clinic or hospital), intravenous antibiotics ○ **Grade 4** "Life-threatening consequences": urgent intervention, indicated hospital or ICU admission from grade 4 AE, transfusion, surgical laparoscopy or laparotomy, adjacent organ repair. ○ **Grade 5** "Death related to AE" ✓ **Side effects** – unwanted, undesirable effects that are possibly related to a drug - "Physical side effects"—unpleasant but anticipated physiologic responses to medications - "Emotional side effects"—transient mood symptoms, do not require treatment. ✓ **Long-term sequelae** – permanent physical disability, infertility, future pregnancy complications including incompetent cervix/preterm delivery and abnormal placentation ✓ **Hemorrhage** – quantified by 500 cc EBL, drop in H/H by 1	× **Complications**

Research Language Considerations	
g/3%, post-abortion H/H 9 g/27% if prior H/H unknown, or transfusion required ✓ **Infection** – quantified by requiring oral antibiotics (genital vs other sources: urinary, respiratory), requiring intravenous antibiotics, sepsis, or ICU admission ✓ **Embolus** – amniotic fluid or air, venous thrombosis (DVT, PE, cerebrovascular ✓ **Discussion of Complication Incidence:**[5] - Very common – 1 in 1 to 1 in 10 (incomplete drug-induced abortion in second trimester) - Common – 1 in 10 to 1 in 100 (incomplete drug-induced abortion in the first trimester requiring surgery, hemorrhage, infection, continuing viable pregnancy) - Uncommon – 1 in 100 to 1 in 1000 (significant adverse events) - Rare – 1 in 1000 to 1 in 10,000 (ruptured ectopic pregnancies) - Very rare – less than 1 in 10,000 (death – as reported by CDC, excludes mental health deaths)	× **Complications**

References

1. AAPLOG Practice Guideline 13, "Ethical Considerations in Ending a Pre-viable Pregnancy for Maternal-Fetal Vital Conflict." (August 2025). Accessible at https://aaplog.org/wp-content/uploads/2025/08/2025.08.15-Practice-Guideline-13-website-format-FINAL.pdf
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