

2026 Regular Session

HOUSE RESOLUTION NO. 324

BY REPRESENTATIVES BOYER AND SPELL

A RESOLUTION

To urge and request certain entities and medical, public health, coding, and classification authorities to review and revise medical terminology relating to miscarriage and pregnancy loss to ensure that such terminology is medically accurate, patient-centered, compassionate, and sensitive to women and families experiencing the loss of an unborn child.

WHEREAS, miscarriage and pregnancy loss are deeply personal and often traumatic experiences for women and families; and

WHEREAS, medical terminology used in clinical records, billing documents, diagnostic codes, procedure codes, patient portals, discharge papers, and other health-related communications can affect a patient's understanding of her diagnosis, treatment, and loss; and

WHEREAS, terms such as "spontaneous abortion," "missed abortion," "incomplete abortion," "threatened abortion," "inevitable abortion," and similar phrases are commonly used in medical, coding, and clinical contexts to refer to pregnancy loss or miscarriage, even when the loss was not elective, induced, or intentional; and

WHEREAS, the term "abortion" is commonly understood by many members of the public to refer to an elective or induced termination of pregnancy, and its use in the context of miscarriage may cause confusion, distress, stigma, or emotional harm to women who have suffered an unintended pregnancy loss; and

WHEREAS, the World Health Organization (WHO) has recognized that losing a baby in pregnancy through miscarriage or stillbirth remains a taboo subject worldwide, linked to stigma and shame, and that many women do not receive appropriate and respectful care when their baby dies during pregnancy or childbirth; and

WHEREAS, the WHO has further recognized that many women who lose a baby in pregnancy can develop mental health issues lasting months or years, and that the language used around miscarriage and stillbirth can itself be traumatic, including terminology that may be distressing to bereaved parents; and

WHEREAS, the WHO has stated that health care staff can show sensitivity and empathy, acknowledge how parents feel, provide clear information, and understand that parents may need specific support in dealing with their loss; and

WHEREAS, clinical literature recognizes that terminology used to describe the loss of an intrauterine pregnancy before fetal viability has been inconsistent and has varied over time, and that the medical literature has been transitioning away from the phrase "spontaneous abortion"; and

WHEREAS, the American College of Obstetricians and Gynecologists (ACOG) has recognized that, in the first trimester, the terms "miscarriage," "spontaneous abortion," and "early pregnancy loss" are used interchangeably and that there is no consensus on terminology in the literature, and ACOG has chosen to use the term "early pregnancy loss" in its clinical guidance; and

WHEREAS, ACOG has also stated in patient-facing materials that the loss of a pregnancy before thirteen completed weeks is called "early pregnancy loss" and may also be called "miscarriage"; and

WHEREAS, a clinical review published through the National Library of Medicine's National Center for Biotechnology Information (NCBI) Bookshelf states that patients prefer the term "miscarriage," likely to avoid the stigma associated with induced abortion, and notes that reVITALize gynecology definitions recommend the terms "miscarriage" or "intrauterine pregnancy loss"; and

WHEREAS, research led by University College London found that clinical language used around pregnancy loss can negatively affect patients' mental health, exacerbate grief and trauma, and should be personalized when possible; and

WHEREAS, University College London has reported that words such as "abortion," "feticide," and "termination" were described by participants as especially challenging and distressing when used in connection with the loss of a much-wanted baby; and

WHEREAS, University College London has also reported that the term "pregnancy loss" was considered acceptable at any stage of pregnancy by almost eighty-two percent of respondents, indicating that more patient-centered terminology may better communicate the medical reality while reducing unnecessary distress; and

WHEREAS, the Radiological Society of North America has reported that a multisociety first-trimester ultrasound lexicon replaced the historically used term "pregnancy failure" with "early pregnancy loss," and that patient access to medical records and patient preferences were considered in developing terminology intended to communicate clearly, minimize harm, and respect patient preferences; and

WHEREAS, the Louisiana-based Red Bird Ministries is a national non-profit grief support ministry serving individuals and couples who have experienced the loss of a child from pregnancy through adulthood; and

WHEREAS, Red Bird Ministries has witnessed firsthand accounts from women and families across the nation who have experienced confusion, distress, or additional grief as a result of archaic medical terminology such as "spontaneous abortion" being used to describe miscarriage or pregnancy loss; and

WHEREAS, representatives of Red Bird Ministries, including its founder, Kelly Breaux, Kristen Dunbar, and Yvette Buller, who are involved with the organization, have testified before the Legislature of Louisiana regarding their personal experiences and the experiences of women and families harmed by such terminology; and

WHEREAS, the WHO maintains the International Classification of Diseases, Eleventh Revision, known as ICD-11, which the WHO describes as the global standard for diagnostic health information; and

WHEREAS, in the United States, the ICD-10 Coordination and Maintenance Committee coordinates and maintains ICD-10 code sets, including ICD-10-CM for diagnosis codes and ICD-10-PCS for inpatient medical procedures; and

WHEREAS, the ICD-10 Coordination and Maintenance Committee is a federal interdepartmental committee comprised of representatives from the Centers for Medicare and Medicaid Services and the Centers for Disease Control and Prevention's National Center for Health Statistics; and

WHEREAS, the American Medical Association develops and manages Current Procedural Terminology (CPT) codes, which provide uniform nomenclature for coding medical procedures and services and are used for reporting, claims processing, administrative purposes, and developing guidelines for medical care review; and

WHEREAS, because these terminology systems are national and international in scope, meaningful reform requires review and action by the medical, public health, coding, classification, and professional entities that create, maintain, and influence such terminology; and

WHEREAS, modernizing pregnancy-loss terminology would not require reducing medical accuracy, changing clinical standards of care, or impairing billing uniformity, but could instead promote more compassionate, understandable, and patient-centered language for women and families experiencing miscarriage or pregnancy loss; and

WHEREAS, the House of Representatives of the Legislature of Louisiana recognizes the dignity of women and families experiencing the loss of an unborn child and finds that medical terminology should communicate clinical reality without unnecessarily adding confusion, stigma, or emotional distress.

THEREFORE, BE IT RESOLVED that the House of Representatives of the Legislature of Louisiana does hereby urge and request the World Health Organization, the United States Department of Health and Human Services, the Centers for Disease Control and Prevention, the Centers for Medicare and Medicaid Services, the American Medical Association, the American College of Obstetricians and Gynecologists, and any other appropriate medical, public health, coding, classification, or professional authority to review terminology relating to miscarriage and pregnancy loss, including but not limited to the terms "spontaneous abortion," "missed abortion," "incomplete abortion," "threatened abortion," and "inevitable abortion."

BE IT FURTHER RESOLVED that the House of Representatives of the Legislature of Louisiana urges and requests such entities to consider replacing, revising, or supplementing such terminology with terms that are medically accurate, patient-centered, compassionate, and sensitive to women and families experiencing miscarriage or pregnancy loss.

BE IT FURTHER RESOLVED that the House of Representatives of the Legislature of Louisiana urges and requests such entities to consider the use of terms such as "miscarriage," "early pregnancy loss," "pregnancy loss," "intrauterine pregnancy loss," or other clinically appropriate terminology in place of, or alongside, terminology that may be confusing or distressing to patients.

BE IT FURTHER RESOLVED that nothing in this Resolution shall be construed to request any change that would compromise medical accuracy, clinical judgment, patient safety, billing integrity, coding uniformity, or the ability of health care providers to document diagnoses and procedures accurately.

BE IT FURTHER RESOLVED that a copy of this Resolution be transmitted to the director-general of the World Health Organization, the secretary of the United States Department of Health and Human Services, the director of the Centers for Disease Control and Prevention, the administrator of the Centers for Medicare and Medicaid Services, the chief executive officer of the American Medical Association, the president of the American College of Obstetricians and Gynecologists, the Louisiana Congressional Delegation, the secretary of the Louisiana Department of Health, the executive director of the Louisiana State Board of Medical Examiners, the executive director of the Louisiana State Board of Nursing, and the executive director of Red Bird Ministries.

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SPEAKER OF THE HOUSE OF REPRESENTATIVES