

2026 Regular Session

HOUSE RESOLUTION NO. 324

BY REPRESENTATIVE BOYER

HEALTH: Requests certain entities to evaluate the use of certain terms related to miscarriage

1 A RESOLUTION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

24           THEREFORE, BE IT RESOLVED that the House of Representatives of the  
25 Legislature of Louisiana does hereby urge and request the World Health Organization, the  
26 United States Department of Health and Human Services, the Centers for Disease Control  
27 and Prevention, the Centers for Medicare and Medicaid Services, the American Medical  
28 Association, the American College of Obstetricians and Gynecologists, and any other  
29 appropriate medical, public health, coding, classification, or professional authority to review  
30 terminology relating to miscarriage and pregnancy loss, including but not limited to the

1 terms "spontaneous abortion," "missed abortion," "incomplete abortion," "threatened  
2 abortion," and "inevitable abortion."

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

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

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

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

DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

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Boyer

Requests certain entities related to health care evaluate the use of terms used to refer to a miscarriage.