

**Reproductive Well-Being: A New Narrative Centered
on Autonomy and Agency**

**A Toolkit for Organizations Working with Providers, Influencers, and Advocates
Working to Empower Individuals and Build Systems of Support for Reproductive Well-
Being**

Created in collaboration with a steering committee representing 40 organizations across a broad set of disciplines including public health, women's health, maternal and child health, men's health, human services, education, and reproductive health, rights, and justice.

Convened by Power to Decide.

Thank you to the steering committee that guided this work, provided valuable feedback and agreed to be a part of this much needed and important work.

In addition, we are grateful to the more than 300 people from across the United States who contributed their ideas, provided guidance, and shared their personal experiences with us. These individuals represented a range of backgrounds and perspectives, including people with lived experience of the reproductive well-being system, physicians, doulas, nurses, social service providers, influencers, advocates, and many, many more. Finally, we would like to thank those working within the reproductive justice and rights movement. We seek not to replace, co-opt, or duplicate the work of these movements but to join efforts to ensure all people have the power, autonomy, inclusivity, and equity to make decisions about their reproductive well-being.

Table of Contents

<i>Introduction.....</i>	<i>2</i>
<i>Overview of this Guide</i>	<i>5</i>
<i>The Reproductive Well-being Narrative</i>	<i>6</i>
<i>The Pathway to Establishing Reproductive Well-being as the New Shared Narrative</i>	<i>7</i>
<i>How You Can Spread the Narrative.....</i>	<i>8</i>
<i>Use the Tools in this Guide.....</i>	<i>10</i>
<i>Toolkit</i>	<i>12</i>
<i>Appendix A: The Concept of Reproductive Well-being</i>	<i>31</i>
<i>Appendix B: The Research Behind the New Narrative</i>	<i>33</i>
<i>Appendix C: Examples of Reproductive Well-being in Action</i>	<i>35</i>

Introduction

Reproductive well-being means that **all people have equitable access to the information, services, systems, and support they need to have control over their bodies, and to make their own decisions related to sexuality and reproduction throughout their lives.**

This powerful idea, if shared by everyone, would dramatically change the care people receive, the opportunities available to them, and the systems of support that surround them. But it is not reality—or even a shared idea or priority—today. Too many people—especially those who are young, economically disadvantaged, facing racism and discrimination, or otherwise marginalized—lack the power to decide their own reproductive future including having a healthy child only if and when they want to. We have an urgent imperative to build, align, and enhance the systems that support people, and to create a culture of equity, empowerment, and autonomy.

So how do we establish this idea of reproductive well-being as the way people see the world and make it the reality for all people? We cultivate a paradigm shift in our country's culture, creating a new expectation and demand for a system of support that makes it possible for every person—no matter who they are or where they live—to achieve reproductive well-being. Other movements—from marriage equity to #MeToo—have shown that paradigm shifts of this magnitude are possible.

To spark this shift, we are growing a nationwide movement, rooted in a strengths-based approach, that encompasses changes in policies, practices, and the way we measure outcomes.

To fuel those changes, an important starting point is establishing a new narrative about reproductive well-being. Currently, there are countless narratives about reproductive health and sexuality, some of which are disempowering, shaming, or loaded with judgment about what is “right.” These narratives,

A New Narrative for Change

A narrative is a way of seeing and understanding the world that is accepted as true by a group of people.

Narratives guide what people think, what they believe, and what they do. Narratives influence mindsets and shape cultural norms and expectations.

Narratives are created through the collection of stories and experiences that people encounter over their lives, rooted in core values.

Sometimes narratives emerge organically. Other times they are more intentionally created or sustained, often to maintain existing power structures.

Think, for example, about narratives about the role of women in society as shaped through stories passed down over generations, portrayals in entertainment and the arts, representation in leadership, career and salary options, and many other factors. What narratives does this reality create and perpetuate? How do those narratives, in turn, shape attitudes, policies, and systems of support?

Overall, narrative can be a powerful tool of social change, shifting assumptions and mindsets to create demand for new actions.

often focused on health care, body parts, and functions, greatly influence the confidence and support people feel, the care they receive, the information and services they can access, and the autonomy they have over their bodies and futures. They also play a powerful role in maintaining systems that don't support reproductive well-being—systems that deny full access to information and services, create shame or stigma around sexuality and reproduction, and strip people of decision-making power.

The *new narrative* (shown in the first paragraph on this page) is **much more holistic, empowering, and relevant to all people over their lifetimes. Establishing this new idea of “the way things should be” can lead to new attitudes, behaviors, practices, policies, and realities.**

This guide is intended to help organizations working with providers, influencers, and advocates to adopt and spread this new narrative. *For more on the concept of reproductive well-being and the group that has worked to define it, see Appendix A.*

Overview of this Guide

This guide contains insights and tools to help create a new narrative that values *reproductive well-being*.

The ideas included here are the result of collaboration with more than 300 people included and heard as part of this process. If they resonate with you or your organization's mission or priority population, please use them and make them your own. This work is intended to be adopted and adapted by anyone working toward achieving reproductive well-being. There is no "owner" of the reproductive well-being movement; to succeed, it will need to be shared and collaborative.

Inside you'll find:

- The new narrative of reproductive well-being and the core pillars of the narrative to be adopted in messaging and communications.
- Tools that describe how to advance the reproductive well-being movement and help encourage individuals and organizations working across a range of sectors to adopt reproductive well-being as a mindset. These tools explain how to reflect reproductive well-being across a range of communication channels, including storytelling, and in the ways individuals and organizations do their work. Ultimately, the various pieces of this toolkit convey the importance of reproductive well-being and the need for systems of support.
- The background and rationale behind the reproductive well-being narrative and details on how it was created.

As we take this journey together, we will celebrate each step of progress made toward the establishment of power, autonomy, inclusivity, and equity as synonymous with reproductive well-being. We will continue to learn, adjust, and align this effort with other work to shift practices, policies, and systems.

The Reproductive Well-being Narrative

THE REPRODUCTIVE WELL-BEING NARRATIVE

The reproductive well-being narrative is centered on equity, autonomy and agency. It goes beyond reproductive health care, body parts and services delivered at specific points in time. It embraces a much broader scope of physical, mental and emotional reproductive well-being across the life course, and of power to determine one’s own actions. This narrative positions healthy sexuality and reproductive freedom as integral parts of overall health and well-being, discussed freely and accessible to all.

Note that just using the term reproductive well-being consistently can help reinforce this narrative.

NARRATIVE

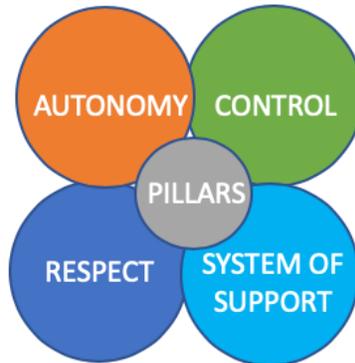
Reproductive well-being means that all people have equitable access to the information, services, systems and support they need to have control over their bodies and to make their own decisions related to sexuality and reproduction throughout their lives.

NARRATIVE PILLARS

To advance the narrative, all messages, stories and experiences must align with and convey these four pillars—the conditions that need to be in place to create reproductive well-being. You can use any language and stories to convey these pillars, or use the specific messages in the grid at the bottom of the page.

Decision-making power sits with the individual. Providers prioritize shared decision-making, even when a patient’s decision may feel counter to their training or beliefs, or when the system they work in makes that difficult.

People are seen, heard and understood by their provider, family and society. They are trusted to be able to make the decision that is best for them. Their unique experiences, beliefs, and cultures, as well as the complexity of their decisions, are respected.



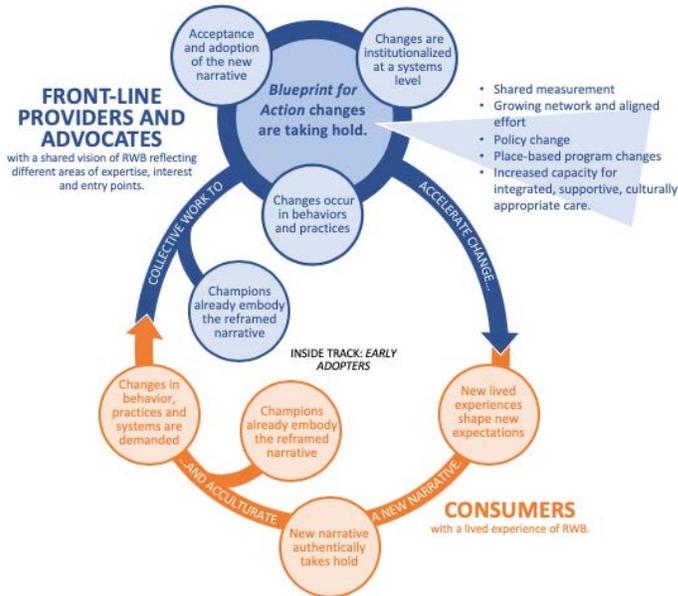
People receive the full range of information and have the ability to make informed decisions. No one else decides what information is most relevant or limits their options. People can build a family, or not, in whatever way works for them.

Systems of support — from education to law to health and beyond — are built and aligned to support reproductive well-being and work together to make it an expected part of well-being and life.

VALUE-BASED MESSAGES TO USE / ADAPT

<p>Reproductive well-being means that all people have equitable access to the information, services, systems and support they need to have control over their bodies and to make their own decisions related to sexuality and reproduction throughout their lives.</p> <p>Reproductive well-being will be a reality when all people – of every gender identity, sexual orientation, background – are:</p>			
<p>(RESPECT) Seen and Understood. People are trusted by their providers and met where they are. Their experiences, cultures and desires are respected. They receive information without judgement from providers who recognize that there is no “right” answer to complex decisions.</p>	<p>(AUTONOMY) Autonomous. People have freedom and safety to experience sexuality as they want to experience it, as long as it is consensual and does not harm others. They have the power to make their own decisions about if, when and under what circumstances to have a child, or not.</p>	<p>(CONTROL) In control. People receive access to all the information and options available so they can make informed decisions. They can create a healthy future for themselves and a healthy start for the next generation if they choose to have or raise children.</p>	<p>(SYSTEM OF SUPPORT) Surrounded by communities and systems of support. Reproductive well-being is an essential component of overall health and well-being, not only in the health care system, but in society in general. It is understood, discussed openly and pursued by all.</p>

The Pathway to Establishing Reproductive Well-Being as the New Shared Narrative



We envision that to initially take hold, feel authentic, and create a new lived experience for people, the narrative shift starts among providers, including those working in health care and social services.

As they interact with clients and patients every day, providers shape people's experience, understanding, and expectation of reproductive well-being through the information and services they provide, the experience they create, and the attitude they convey.

When providers adopt or recommit to the reproductive well-being narrative, it becomes their mindset, influencing the way they talk to and work with patients and clients.

Of course, providers cannot do this alone, especially if they are working in organizations, systems, or communities that do not support reproductive well-being. While acknowledging that there are many barriers that providers bump up against in their day-to-day work— capacity constraints, bureaucracy of the institutions they work within, insurance, and payment-related barriers in the health care system— shifting toward a mindset of reproductive well-being can help support providers to work for change within their system. Engaging advocates and influencers to adopt and spread this new narrative is vital, too.

How You Can Spread the Narrative

- 1. Use the term reproductive well-being.** It works. In testing this term with hundreds of people across a range of sectors, geographies, and backgrounds, reproductive well-being evoked ideas of autonomy, mental and emotional health, and much fuller notions of sexuality and reproduction. (See Appendix B for a more detailed description of the research.)
- 2. Overtly describe what you mean by reproductive well-being and link it to your work.**
The various pieces of the toolkit below can help you do this. For example:
 - “We support (insert relevant issue). This is part of creating reproductive well-being, which means that all people have equitable access to the information, services, systems, and support they need to have control over their bodies, and to make their own decisions related to sexuality and reproduction throughout their lives.”
 - “When I work with my patients, I am committed to supporting their reproductive well-being. To me, that means that all people have equitable access to the information, services, systems, and support they need to have control over their bodies and to make their own decisions related to sexuality and reproduction throughout their lives. What does it mean to you?”
- 3. Adopt new language to support the term.** Use the messages and tools in this guide (or build and share your own) to work reproductive well-being into your ongoing communication with providers, influencers, and advocates. *Feel free to use the messages verbatim or adapt them to fit your organization’s priorities, stories, and voice. More than specific messages, this is about shared assumptions people hold. It is the attitude a provider carries into their practice with patients and clients. It is the lens an advocate uses to sharpen their message. It is the conviction a decision-maker holds when designing a solution.*
- 4. Link to the reproductive well-being website at reproductivewellbeing.org** so people can find more information about reproductive well-being and tools to advance the narrative.
- 5. Tell stories and create experiences.** Together, these can establish reproductive well-being as a shared expectation, experience, and reality. Some ideas:
 - **Use your voice.** Use your platform to promote reproductive well-being. For example, you can publicly link your organization’s website to this work or use the

narrative to guide the development and review of your annual report, social media, and other external communications. Think about how the stories you tell across these public-facing communications can advance this movement.

- **Shift power.** Recognize when your platform and voice may not be the right ones to carry this narrative. People with lived experience who do not have reproductive well-being are vital storytellers. Look for community-based and grassroots organizations and movements that lift up these voices to support and share or shift power.
- **Use language carefully.** Pay attention to the language you use, in outreach, media, policy, testimony, and other external communication, and internally among peers, staff, and corporate teams. To help ensure this, you can download the pledge and hang it on your office wall, keep it in your wallet, put it on the table to ground your team before meetings, etc., to remind yourself and others of what living the language of reproductive well-being sounds and looks like in practice.
- **Shift the narrative in the media.** If you work with entertainment, news, social media, or any other form of media, use the term reproductive well-being and explain what you mean and why you are using that term. Look for opportunities to share opinion pieces and story ideas that support reproductive well-being. If you see a story that expresses opinions or is framed in a way that is counter to reproductive well-being, contact the reporter or submit a letter to the editor to paint a more accurate picture—you can use the talking points and sample op eds in this kit for ideas. If you conduct media interviews, you can reflect the reproductive well-being talking points included.

6. Incorporate reproductive well-being into programmatic changes. Narrative isn't just about communication and messages; it's also about incorporating reproductive well-being into programs, trainings, education, and research. (See the Other Suggested Actions and Programmatic Changes tool for more information.)

Use the Tools in this Guide

The tools included, which can be adapted and modified as needed, are listed below. *(See Appendix C for examples of how several organizations have adapted the reproductive well-being narrative and tools in practice.) If you'd like to share examples of reproductive well-being from your or your organization's work, please contact us at reproductivewellbeing.org.*

- **Opinion Pieces** (two versions: one for providers; one for advocates):
 - The opinion piece for providers is intended to be used by organizations that work with providers and decision-makers in health and social service delivery systems.
 - The opinion piece for advocates is intended to be used to engage advocates and influencers working across a variety of sectors.
 - Both of these can be used as non-bylined articles or can be shared with an individual champion to adapt and use under their byline. Suitable for newsletter updates, blog posts, emails, etc., to reach a broad audience and encourage people who work in this space to adopt reproductive well-being internally and externally in their work.
- **Conversation guide:** Encourages organizations that run trainings, webinars, and other group discussions to integrate reproductive well-being as a topic, enculturating the idea, and challenging providers, advocates, and others to test their assumptions and consider new ways of being and doing.
- **Talking points:** Give people language to use as to why reproductive well-being is needed and what it means. They can be used at a very high-level, or down into the details, and can be customized to align with any organization's mission and language.
- **PowerPoint deck:** Intended to be incorporated into presentations, whether they be internal to an organization or externally facing at conferences and convenings. This PowerPoint can also be used as a stand-alone presentation if needed. The template design is intentionally blank so it can be inserted into any template. The content provides a summary of reproductive well-being, the vision of reproductive well-being, and what people can do to adopt it.
- **Social media posts:** Can be used by any individual or organization to share their involvement, support of, and interest in advancing the reproductive well-being movement.
- **Language for electronic postcards:** Can be shared in the body of an email as a quick and easy way to announce the reproductive well-being narrative and invite others to pass it on.

- **Badge Buddy for providers:** Can be worn by providers on badge holders along with ID badges, etc.
- **Reproductive well-being Pledge:** Can be [downloaded as a PDF online](#) as a reminder for providers (defined as anyone who is responsible for supporting others' well-being), allies, and other individuals to approach their work and everyday actions through this mindset of reproductive well-being. Feel free to adapt the pledge with specific actions you advise your providers or others to take to deliver on the components of reproductive well-being. This language could also be adapted to be patient/client facing and incorporated into a patient/client bill of rights.
- **Other supportive actions and programmatic changes:** Simple, succinct actions intended to help individuals and organizations interested in taking concrete actions to advance reproductive well-being. This list will grow over time as the reproductive well-being movement becomes increasingly widespread, and as feedback is received as to what tools would be useful that may not yet exist.

Toolkit

OPINION PIECE—PROVIDER AUDIENCE VERSION (feel free to customize or shorten as needed)

Title/Subject line: REPRODUCTIVE WELL-BEING: A NEW PARADIGM

Everyone should have equitable access to the information, services, systems, and support they need to have control over their bodies, and to make informed decisions related to sexuality and reproduction throughout their lives. Right now this is not reality, or even a shared idea or priority. Too many people—especially those who are young, economically disadvantaged, facing racism and discrimination, or otherwise marginalized— lack the power to decide their own reproductive future including having a healthy child only if and when they want to. We have an urgent imperative to build, align, and enhance the systems that support people, and to create a culture of equity, empowerment, and autonomy. We as providers have an opportunity to be part of a movement that helps us practice with this commitment at heart, and that helps build a new societal expectation of autonomy, confidence, and well-being.

This is the vision of reproductive well-being, a nationwide movement co-created by a group of experts representing more than 40 national organizations working across a broad set of disciplines, informed by input from more than 300 consumers, providers, and advocates across the country (see reproductivewellbeing.org) As people across the country weighed in on reproductive well-being, the main thing they asked for was respect. They want the people who care for them to slow down and listen, take their needs and desires seriously, give them full access to information and options, and support them to make their own decisions without judgment.

Reproductive well-being aims to address this, shifting away from systems marked by siloed services that focus on anatomy and function toward a holistic approach that acknowledges the realities of complex decisions and circumstances people face. What's urgently needed is a shift to a culture that values people's empowerment, agency, and autonomy for their own reproductive well-being. Reproductive well-being will be a reality when all people—of every gender identity, sexual orientation, and background—are:

- **Seen and Understood.** People are trusted by their providers and met where they are. Their experiences, cultures, and desires are respected. They receive information without judgment from providers who recognize that there is no “right” answer to complex decisions.

- **Autonomous.** People have freedom and safety to experience sexuality as they want to experience it, as long as it consensual and does not harm others. They have the power to make their own decisions about if, when and under what circumstances to have a child, or not.
- **In control.** People receive access to all the information and options available so they can make informed decisions. They can create a healthy future for themselves and a healthy start for the next generation if they choose to have or raise children.
- **Surrounded by communities and systems of support.** Reproductive well-being is an essential component of overall health and well-being, not only in the health care system, but in society in general. It is understood, discussed openly, and pursued by all.

As [providers / policymakers / influencers] how can we help achieve a culture of reproductive well-being? By 1) shifting our mindset to align with the points above, and then by continually reminding ourselves to check our assumptions as we work to serve patients and clients with humility; 2) talking about reproductive well-being in this way with the people we serve, our peers, administrators, and the decision-makers in our workplaces and communities; 3) hearing and validating people's experiences without judgment, even if their experiences are unfamiliar or different from our own; 4) trusting that people can make their own decisions, even if we don't personally agree with them; and 5) being open to continual learning from our field and our patients and clients.

We understand that there are challenges, and that every interaction with every person is complex and unique. And yet, there are undoubtedly elements of this narrative that are applicable to all of us and to each person you care for. We invite you join us in building new expectations for reproductive well-being, and to encourage your colleagues to do the same. Please visit reproductivewellbeing.org and download the reproductive well-being pledge.

To get started, ask yourself:

- What can I do differently to ensure I'm advancing reproductive well-being?
- Are there current ways I practice that inadvertently impede reproductive well-being for those I serve?
- What can my [clinic, agency, school, workplace, other] do differently?
- How can I model this idea of reproductive well-being for my colleagues, across my field, and in my community?

Thank you, and we look forward to having your support in building a culture of reproductive well-being.

OPINION PIECE – ADVOCATE AND INFLUENCER VERSION (feel free to customize or shorten as needed)

Title/subject line: REPRODUCTIVE WELL-BEING: A NEW PARADIGM

Everyone should have equitable access to the information, services, systems, and support they need to have control over their bodies and to make their own decisions related to sexuality and reproduction throughout their lives. This is the concept of reproductive well-being, a paradigm co-created by a group of experts representing more than 40 national organizations working across a broad set of disciplines, and informed by input from more than 300 consumers, providers, and advocates across the country (see reproductivewellbeing.org) for more information).

Our organization supports the reproductive well-being movement, centered in people’s agency and autonomy. This movement acknowledges the realities of complex decisions and circumstances people face, and incorporates both physical and emotional well-being. It recognizes that too many people—especially those who are young, economically disadvantaged, facing racism and discrimination, or otherwise marginalized—lack the power to achieve reproductive well-being. It moves away from the silos of health services, judgmental and shameful attitudes, and the idea that there is one “right” way to approach sexuality and reproduction.

As an organization, we are committed to collectively advancing this movement by aligning our messages and actions with the reproductive well-being vision below.

Reproductive well-being means that all people have equitable access to the information, services, systems, and support they need to have control over their bodies, and to make their own decisions related to sexuality and reproduction throughout their lives.

Reproductive well-being will be a reality when all people—of every gender identity, sexual orientation, and background—are:

- **Seen and Understood.** People are trusted by their providers and met where they are. Their experiences, cultures, and desires are respected. They receive information without judgment from providers who recognize that there is no “right” answer to complex decisions.
- **Autonomous.** People have freedom and safety to experience sexuality as they want to experience it, as long as it consensual and does not harm others. They have the power to

make their own decisions about if, when, and under what circumstances to have a child, or not.

- **In control.** People receive access to all the information and options available so they can make informed decisions. They can create a healthy future for themselves and a healthy start for the next generation if they choose to have or raise children.
- **Surrounded by communities and systems of support.** Reproductive well-being is an essential component of overall health and well-being, not only in the health care system, but in society in general. It is understood, discussed openly, and pursued by all.

To be sure, establishing reproductive well-being as the dominant way of operating is not a simple task. Making this reality goes far beyond saying things differently; it requires changing mindsets, the way health and social systems work, and the way communities interact. But committing together to embrace it as the way we think, speak, and act in our work is a significant start.

We invite you to join us in adopting and reflecting reproductive well-being. When we embrace this shared vision and express it together, we can change attitudes, behaviors, practices, and policies to ensure that everyone is surrounded by the systems of support that enable reproductive well-being.

To download the reproductive well-being Statement of Principles, please visit www.reproductivewellbeing.org. Use it to start conversations and think about how you can advance it in your work. Some questions to consider:

- Why and how is your organization's work important to advancing reproductive well-being? *Consider how stories, data, and images can reflect reproductive well-being. Use the vision to guide practice and language used in annual reports, social media, and other external communication.*
- How can you ensure that you are advancing a reproductive well-being approach rather than working against it? *If you work with the news media, look for opportunities to share opinion pieces and story ideas that support reproductive well-being. If you see a story that perpetuates other, damaging narratives (e.g., stories that report on rates of teen pregnancy, maternal mortality, or other challenges without acknowledging racism and other inequities and failures of other systems to serve people), contact the reporter or submit a letter to the editor to paint a more accurate picture.*
- Beyond communication, how can your work support others to think and act in ways that make reproductive well-being a reality? For example, providers are not always trained or supported to work in this way. *If you communicate with providers or medical students, or offer trainings and certification programs, emphasize reproductive well-*

being as a shared mindset and way of being. Provide resources to support empathy, patient decision-making, culturally relevant care, and trauma-informed care.

- How can your work contribute to the evidence base for why reproductive well-being is so important? *If you do field work or research, identify and share examples about how delivering services in this way leads to better outcomes.*

We look forward to having your support in building a culture of reproductive well-being.

CONVERSATION GUIDE FOR PROVIDERS, ADVOCATES, AND COMMUNITIES (AND OTHERS INTERESTED IN ADVANCING REPRODUCTIVE WELL-BEING)

Title: CHANGE STARTS WITH A CONVERSATION: A GUIDE FOR SMALL GROUP DISCUSSIONS ABOUT REPRODUCTIVE WELL-BEING

Peer-to-peer conversations can play a crucial role in shifting attitudes, behaviors, practices, and policies toward reproductive well-being. The research conducted for this work reflects this. People with lived experience, providers, and advocates all over the country shared that these conversations created a unique opportunity for them to learn, hear others' perspectives, and grow. This guide—based on the discussion guide used to create the narrative—can be used to start a small group conversation that can happen in person, or as part of an online training, webinar, etc., to discuss the meaning of reproductive well-being, consider who has it and who doesn't, and explore how to think and act differently to expand it.

Welcome

- Thank people for taking time to participate.
- Let them know the group will be talking about what reproductive well-being is and how to support it for all people.
- Collaboratively develop any ground rules for participating, such as the confidentiality of the discussion, giving everyone the space to participate, etc.
- Pass out blank paper and pens.
- Ask each person to introduce themselves and share, in one sentence, what motivates them to do the job they do.

Exploration

- Ask participants to complete the following sentences, giving everyone a few minutes to complete the exercise.
 - *Reproductive health means _____.*
 - *Reproductive well-being means _____.*
 - *When it comes to reproductive well-being for the people I serve, my mission is to ensure that _____.*
- Ask participants to share their responses along with a little bit about why they responded the way they did.
- Explore whether the term “reproductive well-being” is a term they have used or would use.
- Discuss who needs reproductive health and reproductive well-being. Are there groups missing? Why?

Definition

- Share that you have brought everyone together today to build on the work of a group of nonprofit organizations across the country that are thinking about reproductive well-being. In particular, this group is working to create a new narrative about reproductive well-being. That is, the idea or stories people hold about what is true in the world, based on what they hear and experience.
- Hand out copies of the reproductive well-being narrative (captured below).

Reproductive well-being means that all people have equitable access to the information, services, systems, and support they need to have control over their bodies, and to make their own decisions related to sexuality and reproduction throughout their lives.

Reproductive well-being will be a reality when all people—of every gender identity, sexual orientation, and background—are:

- **Seen and Understood.** People are trusted by their providers and met where they are. Their experiences, cultures, and desires are respected. They receive information without judgment from providers who recognize that there is no “right” answer to complex decisions.
- **Autonomous.** People have freedom and safety to experience sexuality as they want to experience it, as long as it consensual and does not harm others. They have the power to make their own decisions about if, when and under what circumstances to have a child, or not.
- **In control.** People receive access to all the information and options available so they can make informed decisions. They can create a healthy future for themselves and a healthy start for the next generation if they choose to have or raise children.
- **Surrounded by communities and systems of support.** Reproductive well-being is an essential component of overall health and well-being, not only in the health care system, but also in society in general. It is understood, discussed openly and pursued by all.

- Read it aloud to the group.
- Ask participants to share specific stories or examples of when they felt they delivered care aligned with this mindset.
- Thank them for sharing and affirm the power of these stories.

Reflection

- Reinforce that the goal is for this to be the narrative—or commonly held story—about how things are or should be. It can also be thought of as a mindset or attitude about how people see the world. Acknowledge that this narrative is aspirational, and many people—especially those who are young, economically disadvantaged, facing racism and discrimination, or otherwise marginalized—lack a system of support for their reproductive well-being.
- Ask how many participants already think about reproductive well-being in the way described.
- Explore how this mindset makes participants feel.
- Discuss where this narrative feels real, or at least possible, in their work.
- Explore where it feels more challenging, or even impossible, and why.
- See what questions or uncertainty comes up and encourage the group to discuss.

Action

- Ask what types of individual actions participants have taken to deliver reproductive well-being. Capture these in a list that can be shared/viewed by the whole group.
 - Ask what other things participants could do to deliver on the promise of reproductive well-being for all—even if those aren't actions they are taking now. Add these ideas to the list.
 - Have participants share which ideas feel the most doable, and which ones would make the biggest difference in helping their patients/clients achieve reproductive well-being.
- Take it a step further: Ask what kinds of systems-level change will be required to ensure that everyone can have reproductive well-being.
 - Again, have participants share which ideas feel the most doable, and which ones would make the biggest difference in helping their patients/clients achieve reproductive well-being.
- Ask participants to choose an action that piques their interest, and to briefly write down how they might invite a peer to join them in taking action. When they're done, have them pair up and role-play the experience of inviting someone else to join them in making a change.
- Bring participants back to the larger group and have them share and brainstorm: Were you inspired to take action? What other information or tools would you need? What are the barriers to you taking this action? What would help you overcome that challenge?

Looking Forward

- Hopefully by this point you'll have a substantial list of potential actions that would help shift mindsets and actions toward reproductive well-being. Ask people to reflect on any ideas that came up during the conversation that they are excited about and would take action on after this conversation.
- As everyone shares their ideas, ask questions to prepare them to take steps when the conversation is over. What would you need to take this step? Who might be interested in taking the same action? Is there something here we should commit to as a group? If so, how shall we make a plan for that?

Appreciation

- Share appreciation for everyone's participation in the conversation.
- Invite each person to share a short closing comment about something they are taking away from the conversation.

TALKING POINTS:

Reproductive well-being

- Reproductive well-being means that all people have equitable access to the information, services, systems, and support they need to have control over their bodies, and to make their own decisions related to sexuality and reproduction throughout their lives.
 - *Feel free to add your own example or story to illustrate this, relevant to your work.*
- When hundreds of people across the country were asked to weigh in on the idea of reproductive well-being, the main thing they asked for was respect. People want those who care for them to slow down and listen, take their needs and desires seriously, give them full access to information and options, and support them to make their own decisions without judgment.
 - *Feel free to add your own example or story to illustrate what this would look like, relevant to your work.*
- This will be a reality when all people are:
 - **Seen and Understood.** People are trusted by their providers and met where they are. Their experiences, cultures, and desires are respected. They receive information without judgment from providers who recognize that there is no “right” answer to complex decisions.
 - **For example,** providers seek to reduce implicit and explicit bias and improve equity in people’s ability to determine when, if, how, and under what circumstances to have a child.
 - *Feel free to add your own example or story to illustrate this, relevant to your work.*
 - **Autonomous.** People have freedom and safety to experience sexuality as they want to experience it, as long as it is consensual and does not harm others. They have the power to make their own decisions about if, when, and under what circumstances to have a child, or not.
 - **For example,** clients have access to education and support to learn how to build a relationship with providers; how to prepare for a clinical visit; and what to expect at a clinical visit.
 - *Feel free to add your own example or story to illustrate this, relevant to your work.*
 - **In control.** People receive access to all the information and options available so they can make informed decisions. They can create a healthy future for themselves and a healthy start for the next generation if they choose to have or raise children.

- **For example**, providers accept that health literacy is not the responsibility of clients alone, but is an opportunity for providers and clients to work together.
 - *Feel free to add your own example or story to illustrate this, relevant to your work.*
- **Surrounded by communities and systems of support.** Reproductive well-being is an essential component of overall health and well-being, not only in the health care system, but in society in general. It is understood, discussed openly, and pursued by all.
 - **For example**, there are increased touchpoints to talk about reproductive well-being and family formation desires in services (counseling, health care, sex education, and home visiting) and in place (school, college, home, and other community-based programs).
 - Coverage is provided to all for health care and social services (e.g., WIC, SNAP, etc.), specifically those related to family formation, contraception, and reproductive health.
 - Nonfinancial barriers to health care access, such as lack of transportation, translators, childcare, convenient hours, etc., are eliminated.
 - *Feel free to add your own example or story to illustrate this, relevant to your work.*

Call to action

- My organization is (I am) committed to reproductive well-being.
- We/I will demonstrate this by (insert specific examples).
- If you want to learn more, please visit reproductivewellbeing.org.

SOCIAL MEDIA POSTS

Purpose: These posts can be used by any individual or organization to share their involvement, support of, and interest in advancing the reproductive well-being movement.

LinkedIn:

For the last [number] years, I have been a part of a collective, nationwide effort to advance reproductive well-being. This means that everyone has equitable access to the information, services, systems, and support they need to have control over their bodies, and to make their own decisions related to sexuality and reproduction throughout their lives. Informed by research engaging more than 300 people across the country, the reproductive well-being movement reflects what people want and expect. We invite others to adopt it as the mindset that guides your work, and the big idea behind your communication and programs. To learn more, please visit reproductivewellbeing.org and [download the reproductive well-being pledge](#).

Facebook:

Sample post 1: Reproductive well-being means that all people have equitable access to the information, services, systems, and support they need to have control over their bodies, and to make their own decisions related to sexuality and reproduction throughout their lives. I (or my organization has) have been working to make the idea of reproductive well-being a reality. With input from more than 300 people across the United States, the reproductive well-being movement reflects what people want and demand. It sets a new expectation for reproductive autonomy and power in systems of care, services, and society. Visit www.reproductivewellbeing.org to learn more and download the reproductive well-being [Statement of Principles](#) or [pledge](#).

Sample post 2: We envision a future where all people have equitable access to the information, services, systems, and support they need to have control over their bodies, and to make their own decisions related to sexuality and reproduction. This is reproductive well-being. Let's work together to create a world where reproductive well-being is respected and embraced. Join us. Visit www.reproductivewellbeing.org to download the reproductive well-being [Statement of Principles](#) or [pledge](#) and learn more.

Twitter (80 character versions of above sample posts)

Sample post 1: Reproductive well-being = all people have equitable access to the information, services, systems, and support they need to have control over their bodies, and to make their

own decisions related to sexuality and reproduction. Help make #ReproductiveWellBeing a reality. www.reproductivewellbeing.org.

Sample post 2: Let's pledge to build a culture of empowerment, agency, and autonomy for #ReproductiveWellBeing. Visit www.reproductivewellbeing.org.

ELECTRONIC POSTCARDS

As a provider, I pledge to do all I can to ensure that *everyone* in my care has equitable access to the information, services, systems, and support they need to have **control over their bodies**, and to **make their own decisions** related to sexuality and reproduction throughout their lives.

I strive to:

See and hear people without judgment.

Empower people to be autonomous and in control.

Surround people with support.

Please join me.

Visit www.reproductivewellbeing.org and download the reproductive well-being pledge.

Reproductive well-being:

Everyone has equitable access to the information, services, systems, and support they need to have **control over their bodies**, and to **make their own decisions** related to sexuality and reproduction throughout their lives.

Let's make this reality.

Visit www.reproductivewellbeing.org and download the reproductive well-being pledge.

BADGE BUDDY

[FRONT]

I **support reproductive well-being**. I pledge to do all I can to ensure that *everyone* in my care has equitable access to the information, services, systems, and support they need to have **control over their bodies**, and to **make their own decisions** related to sexuality and reproduction throughout their lives.

[BACK]

I strive to:

See and hear people **without judgment**.

Empower people to be **autonomous** and **in control**.

Surround people with **support**.

REPRODUCTIVE WELL-BEING PLEDGE FOR PROVIDERS, ALLIES, AND OTHER INDIVIDUALS

Commitment to Reproductive Well-Being

Reproductive well-being means that all people have equitable access to the information, services, systems, and support they need to have control over their bodies, and to make their own decisions related to sexuality and reproduction throughout their lives.

I pledge to integrate reproductive well-being into my everyday actions whenever and however I can. I am committed to continual learning and to practice this approach with people I know, support, and serve in this way, even if it's different than the way I was taught or have been working.

I recognize that although I play a key part in establishing reproductive well-being, I cannot do it alone. I will look for ways to change the place I work—and support changes in our society—to make it easier for all people to achieve reproductive well-being.

I will renew my commitment to provide care in a way that helps advance this vision.

I pledge to make reproductive well-being a reality for all people—of every gender identity, sexual orientation, and background—by making sure they are:

- **Seen and Understood.** People are trusted by their providers and met where they are. Their experiences, cultures, and desires are respected. They receive information without judgment from providers who recognize that there is no “right” answer to complex decisions.
- **Autonomous.** People have freedom and safety to experience sexuality as they want to experience it, as long as it is consensual and does not harm others. They have the power to make their own decisions about if, when, and under what circumstances to have a child, or not.
- **In control.** People receive access to all the information and options available so they can make informed decisions. They can create a healthy future for themselves and a healthy start for the next generation if they choose to have or raise children.
- **Surrounded by communities and systems of support.** Reproductive well-being is an essential component of overall health and well-being, not only in the health care system, but in society in general. It is understood, discussed openly, and pursued by all.

This vision of reproductive well-being was initiated by a steering committee of more than 40 national organizations representing a broad set of disciplines, including public health, women's health, human services, child health, education, and reproductive health, rights and justice, and informed by research with more than 300 people with lived experience, health and social service providers, and influencers from across the country. For more information, visit www.reproductivewellbeing.org.

OTHER SUGGESTED ACTIONS AND PROGRAMMATIC CHANGES

There are many ways to adopt, share, and advance reproductive well-being through words and actions. Some ideas, drawing on suggestions in the research and the tools listed above, include:

Building capacity and supportive systems

- **Building Awareness and Familiarity:** Host a discussion or webinar with your team, board, external audience, working groups, community-level groups/grantees, or others, using the conversation guide. This will help you explore reproductive well-being and ways your work aligns or could align more strongly.
- **Train Providers.** If you communicate with providers or medical students, or offer trainings, certification programs, workshops, or CME courses, you can emphasize reproductive well-being and provide resources to support empathy, patient decision-making, culturally relevant care, and trauma-informed care. Providers are not always trained or supported to work in this way, and these courses offer a valuable opportunity to broaden mindsets and advance the reproductive well-being movement.
- **Create tools.** Use the narrative to create posters for waiting rooms and exam/service rooms, postcards and brochures, and other materials you use with the people you serve and those you seek to influence.

Research

- **Include people with lived experience in your research.** Be intentional about bringing a diversity of voices into the reproductive health-related research you conduct, including people with lived experience, recognizing that all experiences are different and important to consider in working toward reproductive well-being. For qualitative research, the Conversation Guide includes questions that can be used to provide a framework, and questions that can be used to build a more formal focus group discussion guide. These questions can also be used in Health Improvement Plans and other assessment and planning tools to ensure that reproductive well-being is part of service evaluation, design, and funding.
- **Build the evidence base for reproductive well-being.** There is research related to reproductive well-being happening across the country. If you do field work or research, identify and share examples about how delivering services in alignment with reproductive well-being leads to better outcomes, to build the evidence base. Then use that data to guide the development and review of annual reports, social media, and other external communication.

- **Develop reproductive well-being measures.** There is a need for organizations that are working on reproductive well-being to identify existing markers as well as defining new measures for reproductive well-being more broadly (visit reproductivewellbeing.org to learn more about the reproductive well-being measurement work). A group was convened in 2019 to identify potential measure and markers that could be developed.

Appendix A: The Concept of Reproductive Well-being

The idea of reproductive well-being was developed by a national steering committee of more than 40 organizations representing a broad set of disciplines, including public health, women’s health, maternal and child health, men’s health, human services, education, and reproductive health, rights and, justice. Convened by Power to Decide, the group’s work is guided by a collective [Blueprint for Action](#) that describes changes needed in measurement, policy, programs, and care delivery.

The Blueprint envisions a culture in which there is a system of support that makes it possible for every person—no matter who they are or where they live—to achieve reproductive well-being, and consequentially, be fully equipped to determine if, when, and under what circumstances to have a child and to support a healthy start for the next generation.

The Blueprint guides the various pieces of reproductive well-being work, of which the narrative change is a part. As noted in the introduction, a narrative is a commonly held interpretation of the world and how it works, shaped by many stories and experiences.

This work also includes establishing shared measurements on short-, medium-, and long-term progress toward reproductive well-being; building and supporting the capacity of places to establish a broad-based system of support for reproductive well-being; advocating for and advancing policies, regulations, consensus statements, and national recommendations that support various systems and practices that support reproductive well-being; and more. Ideally, the Blueprint will also help build a network among those at national, state, and local levels committed to reproductive well-being that builds the evidence-base, shares best practices, and aligns assets to optimize efforts to achieve culture change. Ultimately, the Blueprint will serve as the foundation for collective action toward reproductive well-being among organizations, leaders, influencers, researchers, policymakers, and others working across the spectrum of reproductive well-being.

Blueprint for Action Guiding Principles:

- We value first and foremost the overall health, well-being, and self-determination of all people, and in particular, women and girls.
- We recognize that equity does not currently exist when it comes to deciding if, when, and under what circumstances to have a child, and thus these issues must be considered from an intersectional and broader social determinants of health lens.
- We recognize and respect that not everyone will, or will be able to, make a decision about if, when, and under what circumstances to have a child. We will work to build a culture in which all individuals will be treated with respect and be cared for without judgment.
- We value the voices and lived experience of the people whom we aim to serve. In developing solutions, we will center our work on their lived experience, which will help us ensure that these solutions are culturally responsive and linguistically appropriate.
- We recognize the complexity of decision-making and intentions about family formation, and support individuals, couples, families, and communities in seeking reproductive autonomy, health, and well-being.
- We will work tirelessly to ensure that everyone has the information, access to services, and other supports necessary to have a child if and when they want to and to support a healthy start for the next generation.
- We will use the best available science, evidence, and guidance from the community to develop our solutions.

It is important to recognize that this work is informed by the reproductive justice movement. According to [In Our Own Voice](#), reproductive justice is the human right to control our bodies, sexuality, gender, work, and reproduction. It can only be achieved when people have complete economic, social, and political power and resources to make healthy decisions about our bodies, our families, and our communities. At the core of the movement are the beliefs that everyone has the right to have children, to not have children, and to nurture them in safe and healthy environments.

The intention of reproductive well-being is not to co-opt or duplicate this field's long-standing work and wisdom, but instead to acknowledge and reinforce its learnings, and to collaborate with those working in this space.

The reproductive well-being work plays the complementary role of coalescing and building systems of support across multiple sectors to ensure that the tenets of reproductive well-being are integrated into their policies, practice, and culture. It also joins hands with other movements focusing on the broader inequities and social determinants of health that stand between many people and their overall well-being.

Appendix B: The Research Behind the New Narrative

The narrative, which appears on Page 8, is a result of input from the steering committee, as well as more than 300 people across a range of sectors, geographies, and backgrounds, engaged in the following ways:

- Seven in-depth interviews with experts in reproductive justice, reproductive health, and men's health; a tribal community leader; a faith leader; and an advocate for LGBTQ+ issues.
- An online focus group with 115 people (representing those with lived experience) randomly recruited across a range of ages, gender identities, household incomes, geographies, and education levels.
- Three online focus groups with people from across the country: one group with doulas (community-based, birthing, postpartum), one with health care providers (internal medicine, oncology, OBGYN, pediatrics, family medicine, psychiatry), and one with nurses and nurse practitioners (internal medicine, pharmacy, oncology, family medicine, OBGYN, mental health).
- Four in-person focus groups in Tulsa, Oklahoma: one group with parenting and expecting teens; one with health care providers (OBGYNs, OBGYN residents, pediatrics, family medicine); one with people working in social services (transportation, public schools, faith-based institutions, city health, and more); and one with adults from the general population.

The goal of this iterative process was to develop a narrative that resonated broadly and reflected what people need and want; understand what providers would need to fully embrace and live the narrative; and explore the pathways and roadblocks to establishing the new narrative. This work is the first step within the larger movement of creating systems of support that allow reproductive well-being for all.

Research Insights

The research in this phase focused on shifting the narrative and mindset among the health and social service providers, as well as allies and advocates. It leaned heavily on insights from people with lived experience to be sure it reflects their needs and desires. The following key insights emerged from the research:

- Autonomy—the ability to be in control of decisions—is a major theme.
- Having access to the full range of information and options is vital for people to make informed decisions.

- Reproductive well-being is widely embraced as the way things should be.
- People feel reproductive well-being when they are embraced for who they are, provided care without judgment, and supported by family and cultural values.
- The current system—especially coverage, access, and provider attitudes—is seen as a major barrier to reproductive well-being. Other barriers include racism and oppression, cultural and religious norms, and family attitudes.
- Providers strive to listen and use shared decision-making. They want to have two-way relationships of trust with the people they serve.
- Health care providers are seeing changes happen in training and education, including patient-centered care, empathy, and trauma-informed care. Still, many providers struggle with their traditional training on what is "right" versus fully supporting their patients' decisions that they may not agree with, especially for teens or people whose judgment they thought was impaired.

Appendix C: Examples and Excerpts of Reproductive Well-being in Action

Example 1: Excerpt from a speech given by former CEO Ginny Ehrlich, Power to Decide at a 2019 ACOG conference

“During my time today, I am going to offer a brief case study of how one tool, and specifically, One Key Question, can be a contributor to supporting the reproductive well-being of people.

Let me start by saying that one program alone cannot establish reproductive well-being. But we have to start somewhere—and if we ensure that all of our practices, policies, and programs emulate the principles of reproductive well-being, then we can collectively get closer to creating a culture and state that supports reproductive well-being.

What is reproductive well-being?

Reproductive well-being means that all people have equitable access to the information, services, systems, and support they need to have control over their bodies, and to make their own decisions related to sexuality and reproduction throughout their lives.

What that looks like in service provision is that your patients are:

- Seen and heard.
- Autonomous.
- In control.
- Surrounded by systems of support.

I offer this as a backdrop in thinking about this case study.”

Example 2: APHA Recorded Poster Presentation- From Reproductive Health to Reproductive Well-Being: Centering equity, respect, autonomy and support (Ginny Ehrlich, Jennifer Messinger, Mackenzie Piper, & Gillian Sealy). 2020 APHA Virtual Conference

“Power to Decide and 40 national organizations sought transformative action: a culture shift to reproductive well-being (RWB), centered on equity, respect and autonomy, characterized by aligned services and systems. The group defined measures, place-based approaches, and—the focus of this abstract—shared narrative. If there were a new, commonly held narrative about reproductive well-being, the group reasoned, it could be a powerful lever in changing not only standards of care, but the power people feel and have over their ability to decide if, when and under what circumstances to have a child, and to experience the sexuality they want.

It's important to note here that this idea shares a lot with the reproductive justice movement, which SisterSong defines as the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities. Indigenous women, women of color, and trans* people have always fought for Reproductive Justice, RJ advocates served on the advisory committee for this work, and ongoing efforts prioritize place-based work with RJ organizations and allies, even as it seeks to expand this autonomy-centered approach widely, deeply inspired by the RJ movement. As we built the theory of change for this work, we realized that the shift had to start with providers. They had to adopt this new narrative before it could become the reality for the people they served and the broader public.

Then, once experiences and support networks begin to shift, the new narrative will become reality for consumers. And those who already experience RWB would play an important role in driving the narrative more broadly.

Of course, providers cannot do this alone, especially if they are working in organizations, systems, or communities that do not support reproductive well-being. While acknowledging that there are many barriers that providers bump up against in their day-to-day work— capacity constraints, bureaucracy of the institutions they work within, insurance, and payment-related barriers in the health care system— shifting toward a mindset of reproductive well-being can help support providers to work for change within their system. Engaging advocates and influencers to adopt and spread this new narrative, is vital, too.

This fits with the place-based approach being used to expand RWB... where local organizations and service providers are working together to change practices...and in so doing are changing providers' internal narrative as well as the experience—and shared narrative of their patients and community.”