

EXHIBIT 42

For Southerners, By Southerners

Southern Woven was founded by someone who knows what it's like to grow up in a place where the choices feel like they're being made for you, not by you.



FROM A SOUTHERN WOVEN FOUNDER

I grew up in Louisiana and still have family there. I've lived in the South, moved through it, and watched it from the inside as a place that the rest of the country tends to talk about without listening to. The South is not one thing. It's not the caricature on cable news, and it's not the bumper sticker version on a bag of grits in an airport gift shop. It's people — most of them working harder than anyone gives them credit for, raising kids in places where the nearest hospital is an hour away, navigating health systems that were never designed with them in mind.

Southern Woven exists because I watched choices get taken away from those people, little by little, by elected officials who had more of those choices to begin with.

Why Southern Woven exists

Poverty in the South is not abstract. It's the deciding factor in whether someone can take a day off work to drive six hours to a clinic, whether they can afford a hotel near it, whether they can afford the procedure once they get there, and whether they can afford the time off when they get home. The states with the most restrictive abortion laws are also, by no coincidence, the states with the deepest poverty, the worst maternal health outcomes, and the fewest doctors. People in these states started out with fewer options than the lawmakers who voted to take more away.

Southern Woven was built on the idea that the people most affected by these laws are the ones best positioned to make decisions about their own lives — and that the rest of us should be making it easier for them to do that, not harder. Telehealth is the way we do that. Mail is the way we do that. A sliding scale that doesn't ask anyone to prove they're poor is the way we do that.

What we want is a world where people are treated as competent adults, capable of managing their own health and making their own decisions about their own bodies.

Most of what Southern Woven does is just removing the obstacles other people have placed between patients and that basic respect.

How we work

Southern Woven connects people with licensed clinicians who provide asynchronous telehealth medication abortion care. The model is simple on purpose: someone fills out a confidential intake, a licensed clinician reviews it, FDA-approved medications are mailed in discreet packaging, and support is available throughout the process. Most patients never need a phone call or a video visit. The whole thing can happen on someone's phone, in the spare moments between work and family.

Everything published on this site — clinical content, patient guidance, state-specific information — is reviewed by a credentialed clinician before it goes live. That review is the slowest part of how we work, and we're fine with that. Care this consequential should not be moving fast.



Working alongside the community

Abortion access in the South works because of an ecosystem of community organizations — abortion funds, mutual aid networks, miscarriage management providers, transgender health organizations, and reproductive justice groups doing the work that institutional medicine has historically failed to do. Southern Woven is one piece of that ecosystem. We're not trying to be the whole thing.

That means we refer out frequently. If you can't access care through Southern Woven for any reason — geography, eligibility, timing — there's a good chance another organization can help, and we'll point you in the right direction. Abortion funds can often cover costs we can't reduce further. Local mutual aid networks can help with transportation, childcare, and other practical needs. Specialized providers can offer in-person care, procedural care, or care past the gestational range we serve.

These organizations do work Southern Woven cannot do. They show up in places we cannot show up. We try to be useful to the ecosystem rather than competing with it.

A model built on trust

The sliding scale is \$0 to \$145. Nobody is turned away for inability to pay, and we don't ask for documentation of income, hardship, or anything else.

This is intentional. The medical system historically has treated patients as suspects — people who might be lying about their symptoms, exaggerating their pain, gaming the system for free care. That suspicion costs more than the care itself, in both money and in the dignity of the people seeking it. We start from the opposite assumption: that the person filling out the intake form knows their own life better than we do, including what they can pay.

The same logic runs through our clinical model. The intake asks people to share their medical history, the date of their last period, their current health. Our review process trusts that information. We don't require ultrasounds for most patients because the evidence shows we don't need to — last menstrual period and symptoms are sufficient for the vast majority of cases. We trust people to tell us about their own bodies, and that trust is part of the care.

That trust extends to information, too. We tell patients the actual failure rates of medication abortion, the actual risks of complications, the actual things that might go wrong. The medications we use have been in use for decades and have a long safety record — safer than many things people take without a second thought. But "very safe" is not "perfectly safe," and pretending otherwise would be a different kind of disrespect. Patients deserve real numbers, not reassurance.

Not every source claiming to help patients takes this approach. Some withhold information, distort what they share, or promote interventions that medical evidence does not support. Southern Woven takes the opposite approach: give people the full picture, including the parts that are uncomfortable, and trust that they're still the best person to make the decision for their own life.

About our clinical care

Clinical care at Southern Woven is overseen by a Certified Nurse Midwife with more than a dozen state licenses and clinical experience going back to 2010 across labor and delivery, women's health, and complex gynecology. Every clinical document published on this site is reviewed against current standards from the American College of Obstetricians and Gynecologists (ACOG), the World Health Organization (WHO), the National Abortion Federation (NAF), and the Society of Family Planning (SFP).

The medical review page describes our clinical standards and review process in detail.

What we are, and what we're not

Southern Woven does one specific kind of work — telehealth medication abortion care for early pregnancy. We're not a full reproductive healthcare provider. We're not a birth center. We're not an emergency service. If you're past 13 weeks of pregnancy, if you need a procedural abortion, if you're navigating a complex medical situation that needs in-person care, we'll point you toward the providers and organizations who can help.

What we can do, we do well. And what we can't, we try to make sure you can find somewhere else.

One thing worth being clear about: Southern Woven is the platform. The care comes from your Southern Woven clinician, a licensed provider who reviews your intake, decides whether medication abortion is appropriate for you, and writes the prescription. This website does not practice medicine and does not make that decision. It connects you to the person who does.

Start a Consultation

About Our Clinical Care

For legal questions about your specific situation, the [If/When/How Repro Legal Helpline](#) (844-868-2812) is free and confidential and is the right first call.



Safe, private, and accessible reproductive healthcare delivered with compassion

Services

- Clinical Consultation