

Science Says

Pregnancy gestational duration limits and bans on abortion are harmful

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The Society of Family Planning, with critical leadership from Katrina Kimport, PhD, compiled the following high-level summary of key evidence on the harms of law- and facility-based pregnancy gestational duration limits and bans on abortion care. This document is meant to serve as a resource to members and advocates for reproductive equity.

People need abortion care throughout pregnancy.

- Although most people seek abortions during the first trimester of pregnancy, there is a persistent demand for abortions after 13 weeks of pregnancy as a result of two broad circumstances.¹ First, because people received new information about the pregnancy, such as a serious fetal health issue or a maternal health issue, or newly discovered that they are pregnant.²
 - Some serious fetal health issues can only be detected with advancing gestation; they cannot be detected early in pregnancy. A study of abortions performed after 32 weeks' gestation in the context of a serious fetal health issue found that 51% of the malformations could not have been detected and diagnosed before the third trimester.³ Likewise, medicine lacks reliable methods to predict some serious maternal health issues before their onset, such as preeclampsia⁴ and pregnancy-associated cancers.⁵ People who receive new information about fetal and/or personal health at any point in pregnancy may desire an abortion to avoid the physical risks and emotional distress of continuing a pregnancy.⁵⁻⁸

- New circumstances can include discovering the pregnancy. A persistent subset of people do not recognize they are pregnant until after 13 weeks' gestation.⁹⁻¹⁰ They cannot seek abortion care earlier because they do not know they are pregnant. Studies have found that very young women and those who were using contraception are slower to recognize a new pregnancy.¹⁰ New circumstances could include changes to the economic or relationship context of the pregnant person.
- The second broad circumstance under which people need abortions later in pregnancy is because they experienced insurmountable barriers to abortion earlier in pregnancy, such as inaccessible care providers, difficulty paying for abortion, or inability to travel for care.² Abortion restrictions (including gestational duration-based bans) are a major contributor to these delays.¹¹⁻¹³ Constraints on people's ability to promptly obtain abortion care when they need it contribute to the necessity of abortion care throughout pregnancy.
- People do not experience pregnancy and abortion exclusively—or even primarily—through the frame of gestational duration.¹⁴ They make pregnancy and abortion decisions based on the circumstances of their lives, at any point in pregnancy.

Continuing an unwanted pregnancy has negative physical health, financial, and emotional consequences.

- The Turnaway Study, which compared the trajectories of abortion seekers who were just below a gestational duration limit and received an abortion with those who were just past the limit and were denied, documented multiple negative consequences of continuing an unwanted pregnancy because of a gestational duration limit. Being denied a wanted abortion is associated with an increase in household poverty,¹⁵ worse physical health,^{16,17} lower ability to care for existing children,¹⁸ and being less likely to set aspirational plans.¹⁹
- Continuation of a nonviable pregnancy has high risk of maternal morbidity. A study based in El Salvador, where abortion is banned without exception, reviewed the charts of women carrying pregnancies with congenital malformations, finding that more than half of the pregnancies experienced at least one serious pregnancy-related health complication and almost half required a physically-invasive medical procedure to manage complications.²⁰
- Abortion at any point in pregnancy can have mental health and emotional benefits,²¹ including for people who have abortions after 24 weeks' of pregnancy who, for example, wish to prevent adverse outcomes for their fetus.⁶

Gestational duration limits and bans on abortion prevent, delay, and inflate the costs of abortion care and disproportionately impact people whose access to care is constrained by systems of oppression.

- Pre-*Dobbs*, a study estimated that at least 4,000 abortion seekers annually did not get an abortion because of gestational duration limits.²² This number is likely an underestimate as it did not account for people who wanted an abortion but did not

present for care at a facility because they believed they were over the gestational duration limit.^{23,24} While some of the consequential limits stemmed from state law, others were facility-based, potentially the result of a chilling effect wherein concern over criminal penalties dissuades clinicians and other healthcare decision-makers from offering abortion even before a state's gestational duration limit and/or the result of the practice of interpreting bans on abortion after fetal viability as de facto gestational duration bans.^{25,26}

- Some abortion seekers unable to obtain local care will travel elsewhere, including across state or national borders, to obtain legal abortion care. Having to travel contributes to delays in accessing care and presenting for abortion care at later gestations.²⁷⁻²⁹
- Abortion seekers who are able to travel across state or national borders incur financial, logistical, and emotional costs.³⁰⁻³² These costs can be substantial.
- People whose care is constrained by systems of oppression are disproportionately likely to be prevented from or delayed in obtaining abortion care by gestational duration limits.^{33,34}

Exceptions to gestational duration bans are unworkable.

- Laws banning abortion after a specific gestational duration or fetal development marker commonly include exceptions for pregnancies that are the result of rape or incest, pregnancies that represent a risk to the life and health of the pregnant person, and/or pregnancies with a serious fetal health issue. The laws defining exceptions, however, are vague, confusing, and administratively cumbersome.³⁵ Healthcare institutional leadership, legal counsel, and clinicians struggle to interpret these laws, leading to severely compromised patient care and abortion denials.^{26,36-39}
 - A study examining provider experiences of Medicaid reimbursement for abortions that qualified for an exception to bans on public insurance coverage for abortion found that fewer than half of the Medicaid-eligible cases providers submitted were reimbursed.⁴⁰ Given the rise in significant criminal and financial penalties for providing non-exceptioned abortion care after a gestational duration ban, clinicians and other healthcare decision-makers use caution in offering any abortion care after a gestational duration limit, which can lead to abortion care denials.^{36,37,39}
- Because the implementation of exceptions to legal gestational duration-based limits depends on clinicians' or institutions' interpretation and willingness, it decenters the pregnant person and others with a relationship to the pregnancy.⁴¹ Research shows that physicians draw on existing social expectations about who deserves care—and not just clinical evaluation—when they decide whether or not to provide or refer for abortion.⁴² Similarly, studies of hospital policies on abortion provision found that patient need is not centered in how abortion decisions are made.^{43,44}

Gestational duration bans lead to poorer infant outcomes at the population level.

- Research shows that the implementation of laws banning abortion after a specified gestational duration is associated with an increase in excess infant deaths.⁴⁵ Notably, this study examined gestational duration bans in place before *Dobbs* and did not include evaluation of the effects of gestational duration bans earlier than 20 weeks.
- Living in a state with abortion restrictions, including gestational duration bans, is associated with adverse birth outcomes, including preterm birth and low birth weight, and these effects are disproportionately experienced by Black individuals and people with lower educational attainment.⁴⁶

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