

CORE BRIEF

The harms of gestational duration abortion bans

November 6, 2024



Across the United States, 28 states have laws that ban abortion after a certain number of weeks in pregnancy, commonly known as gestational duration bans. In addition, 13 states have a total abortion ban.¹ Wisconsin state law prohibits abortions at 20 or more weeks postfertilization (22 weeks after the last menstrual period) except if the pregnant person's life is at risk. Lawmakers in Wisconsin² and nationally³ have recently proposed even earlier bans.

Gestational bans before fetal viability (when a fetus might survive outside of the uterus) were unconstitutional under *Roe v. Wade* until the U.S. Supreme Court overturned the law in June 2022. Abortion policy is now decided at the state level. Research consistently shows that abortion bans at any point in pregnancy harm pregnant people in need of care. This brief summarizes the evidence.

Many pathways lead to the need for later abortion care

The overwhelming majority (around 9 in 10) of abortions in Wisconsin⁴ and the greater U.S.⁵ take place in the first trimester of pregnancy (week 1 to week 12). However, there are at least three pathways by which people need a later abortion.

1. *They find out they are pregnant later in pregnancy*

Some people, including those who have never been pregnant before,⁶ hormonal contraceptive users,⁶ and people with certain common health conditions,⁷ do not or *cannot* know that they are pregnant in the first trimester.^{8,9} For example, in one national study, CORE investigator Jenna Nobles and colleagues found that as many as 22% of people with menstrual cycles experience menstrual irregularity, which can **delay the confirmation of pregnancy**.⁷ In their study, menstrual irregularity was especially common among people with diabetes and polycystic ovarian syndrome, as well as younger and Hispanic people.

This evidence demonstrates that under gestational bans, some people have very little time – or no time at all – to decide whether to end or continue their pregnancy.⁸ As such, gestational bans discriminate against those people who do not or cannot know they are pregnant early in pregnancy, including those with certain health conditions.

2. *They learn new information about the pregnancy*

Some fetal health issues can only be detected well after the first trimester,^{10,11} and many serious health challenges to the pregnant person develop later in pregnancy.^{12–14} These realities lead some pregnant people to learn new information about their health and/or the health of their fetus that was not available earlier. This new information can contribute to pregnant people deciding that this is no longer a pregnancy they wish to or can continue.¹⁵

3. *They experience barriers that lead to delays in getting abortion care*

Other people may recognize a pregnancy earlier on but face **financial, logistical, and social obstacles** that delay abortion care. In Wisconsin, abortion seekers must navigate multiple hurdles to obtain care – including

insurance prohibitions that force people to pay for care out of pocket, a medically unnecessary 24-hour waiting period requiring two clinic visits, and a prohibition on telehealth.¹⁶ These restrictions make it difficult for people to access care quickly, if at all – especially for people who struggle to raise money for their care, take time off work, or arrange childcare and for people who live far from a clinic and.^{15,17–20} For example, in Wisconsin 70% of people of reproductive age live in a county that lacks an abortion clinic.

Not all barriers to abortion care are policy-related. **Widespread abortion stigma** can also contribute to delays in seeking care. When pregnant people fear moral or religious judgement about abortion, they may not tell others in their life about their desire or need for an abortion and miss out on the support needed to obtain that care.²¹

Being denied an abortion at any point in pregnancy harms pregnant people, families, and communities

The landmark [Turnaway Study](#) compared outcomes for two types of abortion seekers. The first group was people who received an abortion at just under a clinic's gestational limit. The second was people who were "turned away" from getting an abortion for being just over the gestational limit and then carried the pregnancy to term. The study documented many harms of continuing an unwanted pregnancy due to a gestational limit, including harms to the pregnant person's physical^{22,23} and mental health,^{24–26} financial security,²⁷ and ability to achieve their life goals.^{28,29}

The Turnaway Study also documented that when people are denied an abortion, their existing children are more likely to experience poverty and economic insecurity than the children of people who received a desired abortion.³⁰ Likely due to financial and emotional stress, these children are also more likely to experience challenges meeting developmental milestones.³⁰

Gestational bans cause tremendous harm to pregnant people experiencing medical complications or fetal health issues

Gestational bans inflict physical and emotional harm on those who learn later in their pregnancy that complications threaten their health or that their fetus has a serious health issue.^{15,31,32} In these cases, carrying to term may risk the pregnant person's health, life, or fertility, or force them to deliver a baby who may suffer and not survive long after birth. In cases of severe fetal health issues, research has also shown that gestational bans can force families to rush to complete additional testing and make health decisions on a politically-imposed timeline, rather than their own, adding stress to an already challenging situation.³³

Bans hit hardest pregnant people facing the greatest inequities

Due to structural racism and socioeconomic constraints (such as lack of health insurance), gestational bans cause the most significant harm to people of color and people living on low incomes, limiting their reproductive autonomy.^{34–36} **There are three ways people facing structural inequities are hit hardest by gestational bans.**

First, people of color are more likely to live in states with total abortion bans and gestational duration bans than their white and Asian counterparts. The numbers are striking: six in 10 Black (60%) and American Indian

and Alaska Native (59%) women* ages 18–49 live in states with abortion bans or gestational limits.³⁷

Second, people of color and people living on low incomes struggle more than other pregnant people to come up with the money, time off work, and transportation needed to obtain abortion care.^{34,38} These barriers are due to long-standing inequities, structural racism, and disinvestment in communities.³⁴ At the very least, such individuals may need more time to raise funds, which can contribute to delays that push against gestational limits. Due to similar inequities, people living on low incomes, people of color, young people, and people with less than a college education are also more likely to discover their pregnancy later.^{39,40}

Third, pregnant people of color who are unable to obtain a desired abortion due to gestational bans must navigate a healthcare system based on laws and policies that have systematically denied them equal access to high-quality care.⁴¹ In the U.S., Black and Indigenous individuals receive the lowest-quality prenatal and birthing care, due to structural and interpersonal discrimination.^{42–44} These inequities result in Black people being three times as likely as white people to die of pregnancy-related causes.^{45,46} For Indigenous people, the rate is two times that of white people.⁴⁷ **Gestational bans may lead to more Black and Indigenous people remaining pregnant and thus more people experiencing these risks.** A recent study estimated that a nationwide abortion ban would raise maternal deaths by 21% overall and by 33% among Black people.⁴⁸

Summary

Gestational duration abortion bans deny pregnant people the ability to make a decision that is best for their health, lives, and families. Gestational bans impact all people who can become pregnant but cause the most harm to people of color and those living on low incomes who already face health and social inequities.

Suggested citation

Williamson A, Higgins JA. The harms of gestational duration abortion bans. CORE Brief. Madison, WI: University of Wisconsin Collaborative for Reproductive Equity. 2024.

*People who identify as women are not the only ones who experience pregnancy; trans and gender-nonbinary individuals can also become pregnant. Here we use the term ‘women’ instead of the more inclusive terms ‘person’ or ‘pregnant person’ because the source uses that phrasing. We have retained this language for accuracy but do not endorse the word choice.

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