



Physicians for  
Reproductive Health

Primer

# ABORTION LATER IN PREGNANCY

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## INTRODUCTION

Pregnant people should have access to abortion care throughout pregnancy. Abortion care at any point in pregnancy, including later in pregnancy, is lifesaving, necessary health care that supports people's physical, mental, and emotional health and well-being. Affirming a pregnant person's need to end their pregnancy and access abortion care supports their dignity, bodily autonomy, and the right to choose when and whether to give birth.

**This primer seeks to demystify abortion later in pregnancy. It explores many of the reasons pregnant people seek abortion care later in pregnancy and reviews the legal and policy landscape of later abortion care, explaining how legal restrictions are contrary to the health and wellbeing of pregnant people.**

Widespread misinformation and disinformation about abortion care later in pregnancy is rampant. Later abortion care continues to be highly stigmatized, and anti-abortion legislation across states has significantly dwindled access to all abortion care, especially abortion later in pregnancy. Therefore, people who seek later abortion care, and health care providers who provide this care, face numerous hurdles and barriers—ranging from societal stigma to risk of criminalization.

This primer seeks to demystify abortion later in pregnancy. It explores many of the reasons pregnant people seek abortion care later in pregnancy and reviews the legal and

policy landscape of later abortion care, explaining how legal restrictions are contrary to the health and wellbeing of pregnant people. Lastly, it highlights helpful resources that promote widespread understanding of the necessity of access to abortion care throughout pregnancy.

The author of this primer recognizes that some people may have complicated feelings around abortion later in pregnancy that can be influenced by cultural and societal norms as well as individual and community experiences with care. We believe that it is critical to focus on the medical and scientific evidence that define and contextualize this care while acknowledging the impact that personal discomfort may continue to have on the agency and bodily autonomy of those both seeking and providing care.

## DEFINING ABORTION CARE LATER IN PREGNANCY— WHAT IT IS, WHAT IT IS NOT

There is no single definition of what gestational age constitutes abortion later in pregnancy, as different health care experts use varying gestational ages to define the term. For instance, some define abortion later in pregnancy as abortion that occurs after the first trimester.<sup>1</sup> Others define abortion later in pregnancy as an abortion that occurs after 21 weeks of gestation.<sup>2</sup> Who Not When, a project by Patient Forward, reminds us that “later” is a relative term, and for people seeking abortion care, “it is when the gestation of a pregnancy becomes a factor in whether or how they are able to access abortion care.”<sup>3</sup>

Abortions later in pregnancy face direct and unique targeting from anti-abortion extremists, including the fabrication of the medically inaccurate term “late-term abortion.” This term was devised specifically to villainize people who need and provide later abortion care. Extremists also use misleading and stigmatizing language to describe abortion care later in pregnancy, including terms such as “partial birth abortion” and “born alive abortions.”<sup>4,5</sup> Anti-abortion extremists intentionally designed this

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1 Pietrangelo, Ann. 2025. “What to Expect With Later-Term Abortion.” Healthline. June 25, 2025. <https://www.healthline.com/health/late-term-abortion>.

2 “Abortion and Perinatal Palliative Care,” ACOG, accessed August 14, 2025, <https://www.acog.org/advocacy/facts-are-important/abortion-and-perinatal-palliative-care#:~:text=What%20is%20abortion?,health%20of%20the%20pregnant%20person>.

3 “WhoNotWhen.com,” WhoNotWhen.com, n.d., <https://whonotwhen.com/>.

4 Rovner, Julie. 2006. “‘Partial-Birth Abortion’: Separating Fact From Spin.” NPR, February 22, 2006. <https://www.npr.org/2006/02/21/5168163/partial-birth-abortion-separating-fact-from-spin>.

5 Bassett, Laura. 2019. “Republicans Are Pushing Another False Claim About Abortion to Rile up Voters.” The Washington Post. April 10, 2019. <https://www.washingtonpost.com/outlook/2019/04/10/republicans-are-pushing-another-false-claim-about-abortion-rile-up-voters/>.

inflammatory language as a political tool and fear-mongering tactic to invoke a negative perception of abortion care.

Despite the fact that abortion care is a safe procedure throughout pregnancy, those who oppose access to abortion care use disinformation, including inaccurate claims about its safety, to increase the barriers patients face when accessing this critical health care. Assertions of so-called fetal pain

have long been used to target and stigmatize abortion care in later pregnancy<sup>6</sup>. However, these claims are not supported by science as studies have found that the physiological structures needed to experience and signal pain are not present until after 24 weeks<sup>7</sup>. Additionally, the ability to distinguish touch from painful touch does not develop until the third trimester. Anesthesia, when administered, is often for other reasons not associated with fetal pain, such as restricting fetal movement<sup>8</sup>. Anti-abortion extremists' claims regarding "fetal pain" is a misrepresentation of the science of abortion care.

## WHY DO PEOPLE SEEK ABORTION CARE LATER IN PREGNANCY?

People seek abortion care later in pregnancy for many of the same reasons people seek abortion care earlier in pregnancy, including: concerns that the pregnancy and having a child would interfere with work, income, and

**People seek abortion care later in pregnancy for many of the same reasons people seek abortion care earlier in pregnancy, including: concerns that the pregnancy and having a child would interfere with work, income, and education; inability to afford the cost of growing a family; lack of partnership or other support to raise the child; unpreparedness to enter parenthood or return to parenting young children; a change in life circumstances; and risks to the health and wellbeing of the pregnant person or the fetus.**

6 "Fetal Pain." n.d. <https://www.acog.org/advocacy/facts-are-important/gestational-development-capacity-for-pain#ref>.

7 "Fetal Pain." n.d. <https://www.acog.org/advocacy/facts-are-important/gestational-development-capacity-for-pain#ref>.

8 "Fetal Pain." n.d. <https://www.acog.org/advocacy/facts-are-important/gestational-development-capacity-for-pain#ref>.

education; inability to afford the cost of growing a family; lack of partnership or other support to raise the child; unpreparedness to enter parenthood or return to parenting young children; a change in life circumstances; and risks to the health and wellbeing of the pregnant person or the fetus.<sup>9</sup>

A growing body of research is increasing our understanding of the experiences and needs of people seeking abortion later in pregnancy.<sup>10</sup> One study examining the effects of abortion access on the health and wellbeing of people and their families found that over half of the people surveyed who accessed abortion after 20 weeks did not suspect they were pregnant until later in their pregnancy.<sup>11</sup> Others stated they discovered new information regarding their health or the health of their pregnancy.<sup>12</sup>

This research also shows that people cannot access abortion care as soon as they would like. Numerous barriers can delay when a pregnant person is able to access the critical health care they need.<sup>13</sup> The discussion below explores some of these barriers.

## Discrimination in health care

Health care discrimination, the unjust treatment of patients, based on their race, gender, sexual orientation, or socioeconomic status, plays a significant role in one's ability to access comprehensive sexual and reproductive health care.<sup>14</sup> Structural racism and implicit bias against certain communities often results in misinformation about health care services, inadequate services, or outright denial of services to the LGBTQIA2S+ community, people living on low-incomes, immigrants, and communities of color.<sup>15</sup> These instances of discrimination lead to provider distrust and overall discomfort when

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9 "Why Do Women Decide to Get Third-trimester Abortions?" 2022. ANSIRH - Advancing New Standards in Reproductive Health. April 21, 2022. <https://www.ansirh.org/research/research/why-do-women-decide-get-third-trimester-abortions>.

10 "Why Do Women Decide to Get Third-trimester Abortions?" 2022. ANSIRH - Advancing New Standards in Reproductive Health. April 21, 2022. <https://www.ansirh.org/research/research/why-do-women-decide-get-third-trimester-abortions>.

11 Greene-Foster, Diana, M. Antonia Biggs, et. al. "The Turnaway Study." ANSIRH - Advancing New Standards in Reproductive Health. <https://www.ansirh.org/research/ongoing/turnaway-study>.

12 Greene-Foster, Diana, M. Antonia Biggs, et. al. "The Turnaway Study." ANSIRH - Advancing New Standards in Reproductive Health. <https://www.ansirh.org/research/ongoing/turnaway-study>.

13 Kimport, Katrina. 2022. "Is Third trimester Abortion Exceptional? Two Pathways to Abortion After 24 Weeks of Pregnancy in the United States." *Perspectives on Sexual and Reproductive Health* 54 (2): 38–45. <https://doi.org/10.1363/psrh.12190>.

14 Togioka, Brandon M., and Emily Young. 2024. "Diversity and Discrimination in Health Care." *StatPearls - NCBI Bookshelf*. May 2, 2024. <https://www.ncbi.nlm.nih.gov/books/NBK568721/>.

15 Bentley-Edwards, Keisha, et al. 2024. "Confronting the Legacy of Medical Misinformation - Let's Start With Race-Based Medicine," NIMHD Insights Blog, May 30, 2024. [https://blog.nimhd.nih.gov/insights-2024/news\\_feed/confronting-the-legacy-of-medical-misinformation#:~:text=Race-based%20medicine%20relies%20upon,error-filled%20social%20media%20campaigns](https://blog.nimhd.nih.gov/insights-2024/news_feed/confronting-the-legacy-of-medical-misinformation#:~:text=Race-based%20medicine%20relies%20upon,error-filled%20social%20media%20campaigns).

### Out-of-pocket costs for abortion care, by trimester

FIRST TRIMESTER

**\$568—\$725**

Median out-of-pocket range

SECOND TRIMESTER

**\$568—\$725**

Median out-of-pocket range

THIRD TRIMESTER

**\$3K—\$25K+**

Varies by gestational age

Source: Study on economic barriers to abortion care. Third-trimester costs range from several thousand dollars to over \$25,000 depending on procedure complexity.

seeking abortion care.<sup>16</sup> When patients who need time sensitive abortion care experience discrimination in health care, they may be forced to access care later in pregnancy.

## Financial Constraints

Difficulties gathering funds and affording the financial cost of abortion care force people to push their appointments later in pregnancy, serving as one of the main reasons people delay accessing abortion care.<sup>17,18</sup> Accessing abortion care is a significant financial cost to many that is not always covered by insurance. This is especially true for those who rely on government-funded health insurance, like Medicaid. The Hyde Amendment<sup>19</sup> prevents federal dollars from being used for abortion care services. Many states also have mandates that restrict private insurance or the state Medicaid program from

16 Hostetter, Martha, and Sarah Klein. "Understanding and Ameliorating Medical Mistrust Among Black Americans," January 14, 2021. <https://www.commonwealthfund.org/publications/newsletter-article/2021/jan/medical-mistrust-among-black-americans>.

17 El-Bawab, Nadine, Tess Scott, Christina Ng, and Acacia Nunes, 2023. "Delayed and Denied: Women Pushed to Death's Door for Abortion Care in post-Roe America." ABC News, December 14, 2023. <https://abcnews.com/US/delayed-denied-women-pushed-deaths-door-abortion-care/story?id=105563255>.

18 Upadhyay, Ushma D. 2022. "Barriers Push People Into Seeking Abortion Care Later in Pregnancy." American Journal of Public Health 112 (9): 1280–81. <https://doi.org/10.2105/ajph.2022.306992>.

19 Salganicoff, Alina, Laurie Sobel, Ivette Gomez, and Amrutha Ramaswamy. 2024. "The Hyde Amendment and Coverage for Abortion Services Under Medicaid in the Post-Roe Era | KFF." KFF. March 14, 2024. <https://www.kff.org/womens-health-policy/issue-brief/the-hyde-amendment-and-coverage-for-abortion-services-under-medicaid-in-the-post-roe-era/#:~:text=The%20State%20must%20establish%20procedures,of%20counseling%20for%20the%20abortion.>

funding abortion care.<sup>20</sup> These harmful policies uniquely impact those with low incomes and people of color who are more likely to rely on essential programs like Medicaid.

A study examining the economic barriers on those seeking abortion care found the median out-of-pocket costs for first-trimester and second-trimester abortions ranged from \$568 – \$725.<sup>21</sup> However, third-trimester abortions are more expensive; costs can range from a few thousand dollars to over \$25,000, depending on how far along the patient is in their pregnancy and the complexity of the procedure.<sup>22</sup> These costs do not account for the logistical costs associated with care: travel, lodging, lost wages associated with a need to take off time from work, or childcare expenses. People are often unable to obtain abortion care in the first trimester because of the need to raise the necessary funds to afford the procedure.

## Travel and Transportation Difficulties

Abortion restrictions and bans across the states have caused abortion clinics to close, forcing patients to seek abortion care elsewhere, sometimes hundreds of miles away. Long-distance travel creates logistical and financial challenges, including securing reliable transportation, taking time off work, and arranging childcare.<sup>23</sup> These challenges severely impact people of color, residents of low socioeconomic status, people residing in rural communities, immigrant communities, caretakers, and young people.<sup>24</sup> As a result, transportation barriers often delay patients' ability to obtain timely care, pushing patients' pregnancy and further limiting their options. Ultimately, these interconnected challenges deepen existing inequities in reproductive health access and outcomes.

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20 National Women's Law Center. 2022. "States Banning or Providing Insurance Coverage of Abortion Can Determine a Person's Health and Future - National Women's Law Center." April 6, 2022. <https://nwlcc.org/resource/states-banning-or-providing-insurance-coverage-of-abortion-can-determine-a-persons-health-and-future/#:~:text=Six%20states%E2%80%93California%2C%20Illinois%2C,required%20in%20the%20ACA%20Marketplace.>

21 Schroeder, Rosalyn, MPH, MSc, Isabel Muñoz MPH, Shelly Kaller MPH, Nancy Berglas DrPH, Clare Stewart, Ushma Upadhyay PhD, MPH, and Abortion Facility Database Project, Advancing New Standards in Reproductive Health (ANSIRH), University of California San Francisco. 2022. "Trends in Abortion Care in the United States, 2017–2021." Advancing New Standards in Reproductive Health (ANSIRH), University of California, San Francisco. <https://www.ansirh.org/sites/default/files/2022-06/Trends%20in%20Abortion%20Care%20in%20the%20United%20States%2C%202017-2021.pdf>.

22 Kimport, Katrina, 2022. "Is Third trimester Abortion Exceptional? Two Pathways to Abortion After 24 Weeks of Pregnancy in the United States." *Perspectives on Sexual and Reproductive Health* 54 (2): 38–45. <https://doi.org/10.1363/psrh.12190>.

23 Colombini, Stephanie. 2024. "It's Harder to Pay and Travel for Abortion Care, and Support Funds Are Struggling." NPR, October 3, 2024. <https://www.npr.org/sections/shots-health-news/2024/10/03/nx-s1-5131573/abortion-fund-travel-state-bans-ballot-measures-national-federation-budget-cuts-repro-rights>.

24 The Century Foundation. 2025. "Why Access to Abortion Care Matters for Black Maternal Health." February 5, 2025. <https://tcf.org/content/report/why-access-to-abortion-care-matters-for-black-maternal-health/#:~:text=help%20or%20harm-,Navigating%20Abortion%20Care%20Takes%20a%20Toll,health%20outcomes%20for%20pregnant%20women.>

**Whatever a pregnant person's reason is for seeking abortion care, they are deserving of this critical health care without judgment, stigma, or barriers.**

## Increase in Restrictions on Abortion Care

Since the Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization* overturned federal protections for abortion, 13 states enacted laws banning abortion, with 10 other states passing legislation that makes abortion care near impossible to obtain.<sup>25,26</sup>

The aftermath of the *Dobbs* decision worsened

already existing barriers to abortion care later in pregnancy and researchers have preliminarily documented people delaying care due to post *Dobbs* bans, which could lead to more people seeking care later in pregnancy.<sup>27,28</sup>

While the forementioned barriers are not a comprehensive list of the systemic barriers people seeking abortion care face, they illustrate the various reasons why someone may seek abortion later in pregnancy, even in cases where they wanted or planned to access abortion care earlier. Whatever a pregnant person's reason is for seeking abortion care, they are deserving of this critical health care without judgment, stigma, or barriers.

## LEGAL AND POLICY LANDSCAPE FOR ABORTION LATER IN PREGNANCY

Since the Supreme Court of the United States overturned the federal constitutional right to abortion, 13 states have statutorily banned abortion care at any point in pregnancy as of March 2026.<sup>29</sup> Twenty-eight states have enacted gestational age bans – bans or restrictions on abortion after a

25 Center for Reproductive Rights. 2025. "Supreme Court Case: Dobbs V. Jackson Women's Health Organization." May 9, 2025. <https://reproductiverights.org/case/scotus-mississippi-abortion-ban/#:~:text=The%20U.S.%20Supreme%20Court%20issued,for%20states%20to%20ban%20abortion.>

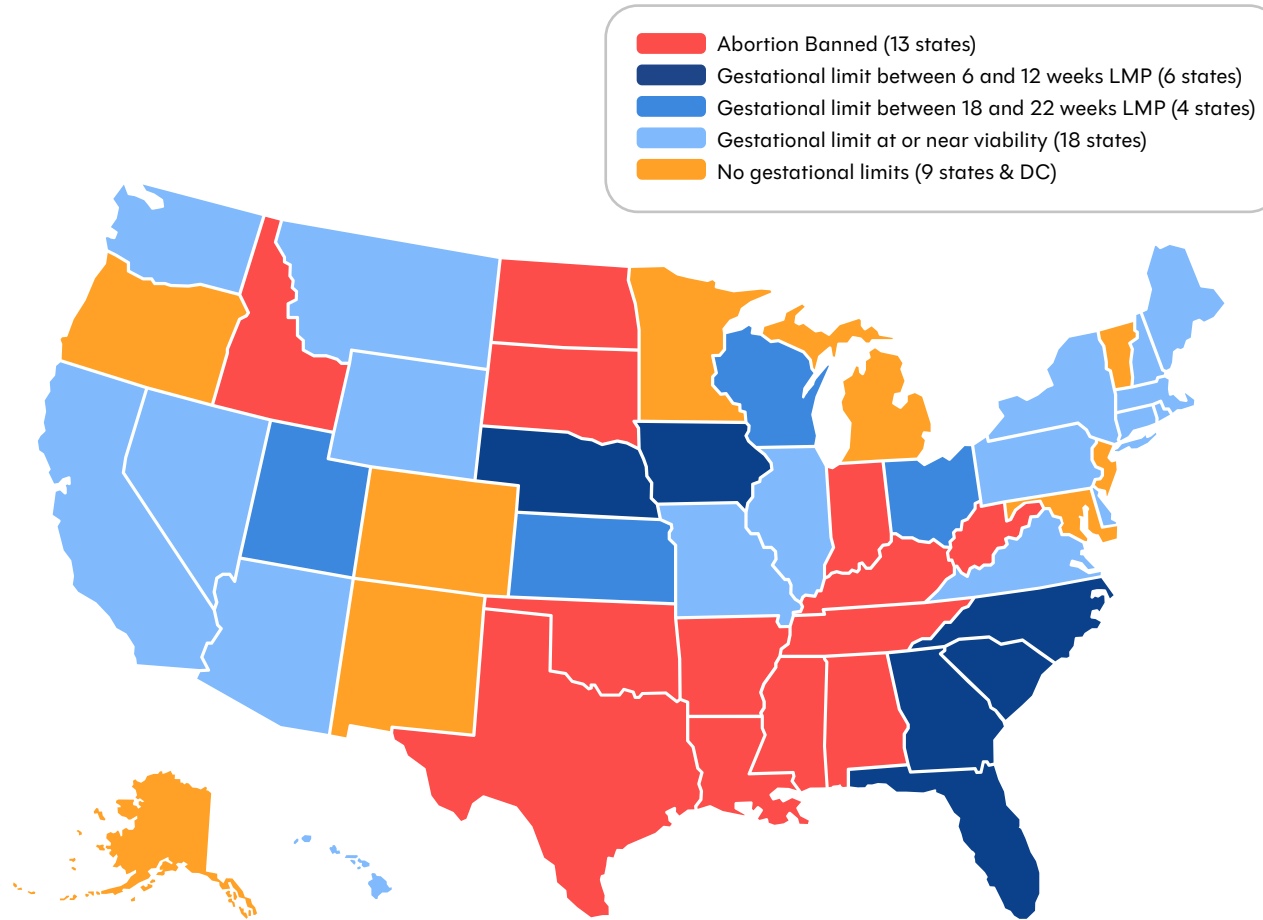
26 KFF. 2025. "Abortion in the United States Dashboard | KFF." August 4, 2025. <https://www.kff.org/womens-health-policy/dashboard/abortion-in-the-u-s-dashboard/>.

27 Guttmacher Institute. "Clear and Growing Evidence That Dobbs Is Harming Reproductive Health and Freedom," August 22, 2024. <https://www.guttmacher.org/2024/05/clear-and-growing-evidence-dobbs-harming-reproductive-health-and-freedom.>

28 Ushma D. Upadhyay, 2002. "Barriers Push People Into Seeking Abortion Care Later in Pregnancy." *American Journal of Public Health* 112 (9): 1280–81. <https://doi.org/10.2105/ajph.2022.306992.>

29 KFF. 2025. "Abortion in the United States Dashboard | KFF." August 4, 2025. <https://www.kff.org/womens-health-policy/dashboard/abortion-in-the-u-s-dashboard/>.

## Status of Abortion Bans in the United States as of April 27, 2026



Source: KFF analysis of state policies and court decisions, as of April 27, 2026

certain number of weeks of pregnancy – with most banning abortion before the third trimester. Eleven of those states ban abortion at “viability.”<sup>30</sup> Gestational age and viability are most common in state statutes but also appear in state constitutions as states continue introducing state constitutional amendments in response to *Dobbs*.<sup>31</sup> Only nine states and the District of Columbia have no gestational restrictions on abortion.

Despite legislative attempts to define viability based on a specific gestational age, in a medical context, viability is not a fixed clinical diagnosis based solely on the weeks of a person’s pregnancy.

30 KFF. 2025. “Abortion in the United States Dashboard | KFF.” August 4, 2025. <https://www.kff.org/womens-health-policy/dashboard/abortion-in-the-u-s-dashboard/>.

31 KFF. 2025. “Abortion in the United States Dashboard | KFF.” August 4, 2025. <https://www.kff.org/womens-health-policy/dashboard/abortion-in-the-u-s-dashboard/>.

## Bans on abortion care that focus on gestational age and viability are arbitrary and not grounded in medical or scientific evidence.

Instead, it is a medical determination that takes into account a multitude of factors including but not limited to: a pregnant person's health and the health and well-being of their pregnancy, the circumstances and conditions of the pregnancy, genetic history, where the pregnant person lives and the level of neonatal intensive care available to the patient, and more. When a patient is further along their pregnancy, the clinical judgement

of viability takes into consideration a range of additional factors, including gestational age, sex, genetics, weight, and the circumstances around delivery.<sup>32</sup> Early in pregnancy, the term "viable" is also used to describe whether a pregnancy is developing as expected and is likely to result in a live birth.<sup>33</sup> Viability as a legal framework exists in tension with the way medicine and science understand and determine viability.

Bans on abortion care that focus on gestational age and viability are arbitrary and not grounded in medical or scientific evidence. Moreover, they do not take into account the multiplicity of factors that impact an individual's ability to access abortion care early in pregnancy. From systemic barriers, such as barring patients from accessing care, to fetal anomalies and life-threatening conditions, to the simple fact that it takes people time to learn they are pregnant or come to the decision to have an abortion. Bans on abortion care rooted in viability and gestation lack medical justification and do not have medical significance related to the abortion care a person seeks. These bans substitute the value judgments of lawmakers for the knowledge a pregnant person has about themselves and undermine their autonomy. They also dangerously interfere in patient-provider relationships. The American College of Obstetricians and Gynecologists states "legislative bans on abortion care often overlook unique patient needs, medical evidence, individual facts in each case, and the inherent uncertainty of outcomes in favor of defining viability solely by gestational ages<sup>34</sup>. Therefore, ACOG strongly opposes policy makers defining viability or using viability as a basis to limit access to evidence-based care."<sup>35</sup>

32 "Understanding and Navigating Viability." n.d. <https://www.acog.org/advocacy/facts-are-important/understanding-and-navigating-viability>.

33 "Understanding and Navigating Viability." n.d. <https://www.acog.org/advocacy/facts-are-important/understanding-and-navigating-viability>.

34 "Understanding and Navigating Viability." n.d. <https://www.acog.org/advocacy/facts-are-important/understanding-and-navigating-viability>.

35 "Understanding and Navigating Viability." n.d. <https://www.acog.org/advocacy/facts-are-important/understanding-and-navigating-viability>.

Abortion bans, especially those that limit care after a certain gestational age or viability, often include exceptions for circumstances such as rape, incest, life of the pregnant person, or serious fatal fetal anomalies. However, research and clinical practice indicate that people seek later abortion care for a wide range of complex medical, economic, and personal reasons that cannot be fully anticipated or legislatively prescribed<sup>36</sup>. Limiting care through predetermined exceptions places lawmakers' judgements above individualized medical decision-making that should only occur between a pregnant person and their health care provider. Meeting exceptions for rape and incest often requires the patient to make an official police report, forcing patients into unnecessary interfacing with the criminal-legal system to get the care they need. No one should have to prove themselves "harmed enough" to the police to get basic health care.

Also, there is ample evidence that exceptions do not make abortion care any more accessible to those who fit into these narrow guidelines. News outlets have reported stories of patients being unable to access abortion later in pregnancy despite their pregnancies meeting one of or many exception categories mentioned above.<sup>37</sup> Many states with abortion bans and restrictions include so-called exceptions to prevent the death of a pregnant person, but these provisions are often riddled with vague and contradictory language and without clear medical definitions.<sup>38</sup> This uncertainty forces health care providers and patients into perilous legal gray areas, leaving providers unsure whether they can lawfully offer care and patients unsure whether they meet the narrow legal criteria. Exception provisions also require providers to spend more time addressing complex legal questions and less time delivering high-quality patient care. In practice, these exceptions often fail to protect patients, as they delay necessary care, increase medical risks, and deter providers from acting until a patient's condition worsens, out of fear of criminal or civil penalties.

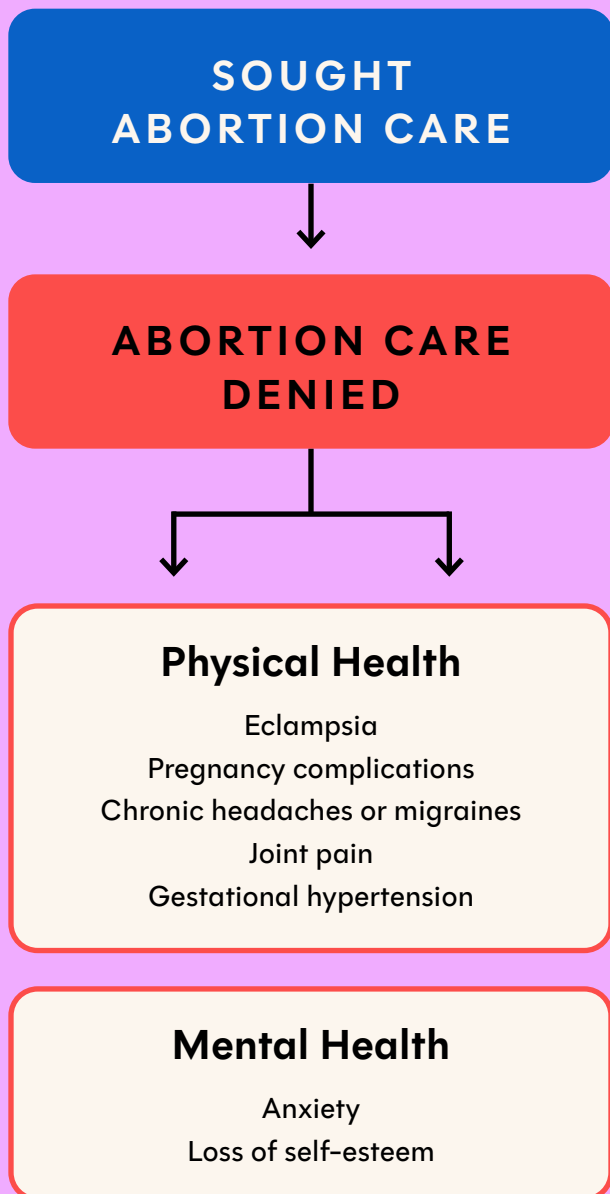
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36 Diana Greene Foster and Katrina Kimport, 2013. Who seeks abortions at or after 20 weeks? - foster - 2013 - perspectives on sexual and reproductive health - Wiley Online Library, 2013, <https://onlinelibrary.wiley.com/doi/pdf/10.1363/4521013>.

37 El-Bawab, Nadine, Tess Scott, Christina Ng, and Acacia Nunes. 2023. "Delayed and Denied: Women Pushed to Death's Door for Abortion Care in post-Roe America." ABC News. December 14, 2023. <https://abcnews.go.com/US/delayed-denied-women-pushed-deaths-door-abortion-care/story?id=105563255>.

38 Felix, Mabel, Laurie Sobel, and Alina Salganicoff. 2024. "A Review of Exceptions in State Abortion Bans: Implications for the Provision of Abortion Services." KFF. June 6, 2024. <https://www.kff.org/womens-health-policy/issue-brief/a-review-of-exceptions-in-state-abortion-bans-implications-for-the-provision-of-abortion-services/>.

# Health Outcomes After Denial of Abortion Care



Observed during pregnancy and up to 5 years after delivery

Source: Turnaway Study

## LATER ABORTION CARE BANS AND THE IMPLICATIONS FOR THE HEALTH AND WELFARE OF PREGNANT PEOPLE

Similar to bans on abortion care in the first trimester, bans on abortion care later in pregnancy harm the health and wellbeing of pregnant people and their families.<sup>39</sup>

Research highlights that abortion bans which delay or outright deny care to pregnant people, cause increased risks of serious medical complications and a higher likelihood of pregnant people experiencing emotional trauma and financial instability.<sup>40</sup> For example, the Turnaway Study, a longitudinal study that evaluated the impact of those denied abortion care, found that individuals who sought abortion care but were denied, were more likely to suffer from physical and mental health issues, including eclampsia, anxiety, and depression during pregnancy and the 5 years following their delivery<sup>41</sup>, suggesting

39 Greene-Foster, Diana, and M. Antonia Biggs. n.d. "The Turnaway Study." ANSIRH - Advancing New Standards in Reproductive Health. <https://www.ansirh.org/research/ongoing/turnaway-study>.

40 Donovan, Megan. 2023b. Guttmacher Institute. July 18, 2023. <https://www.guttmacher.org/gpr/2020/01/gestational-age-bans-harmful-any-stage-pregnancy>.

41 Greene-Foster, Diana, and M. Antonia Biggs. n.d. "The Turnaway Study." ANSIRH - Advancing New Standards in Reproductive Health. <https://www.ansirh.org/research/ongoing/turnaway-study>.

that abortion bans and restrictions significantly impact those of lower socio-economic status and only further exacerbate economic inequality.<sup>42</sup>

Bans on abortion later in pregnancy are a tactic used by anti-abortion extremists to limit access to abortion care and lay the groundwork for the elimination of this care overall.

Moreover, gestational and viability bans contribute to the problematic legal framework that promotes and reinforces the policing and criminalization of people's pregnancies<sup>43</sup>. These policies disproportionately impact low-income, Black and Indigenous people, and people of color, as they already experience structural barriers to timely care, including limited access to health services, lack of insurance coverage, discriminatory treatment within medical systems, and greater risk of delayed diagnosis.<sup>44</sup> Abortion bans and restrictions normalize violations of a pregnant person's bodily autonomy for the sake of alleged protection of the fetus. These bans are undergirded by the belief that the fetus is a separate person deserving equal legal rights – a dangerous and extreme concept called fetal personhood.<sup>45</sup>

Fetal personhood supports the harmful notion that the government, and law enforcement in particular, has the power to surveil and punish people for actions taken during pregnancy that would otherwise not be criminalized.<sup>46</sup> Organizations such as Pregnancy Justice and If/When/How have extensively documented pregnancy criminalization, or when law enforcement uses the criminal legal or child welfare system to punish pregnant people for their conduct while pregnant, subjugating the pregnant person's rights to the rights of the fetus.<sup>47</sup>

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42 Greene-Foster, Diana, and M. Antonia Biggs. n.d. "The Turnaway Study." ANSIRH - Advancing New Standards in Reproductive Health. <https://www.ansirh.org/research/ongoing/turnaway-study>.

43 Pregnancy Justice. "The Role of the Viability Line in Pregnancy Criminalization | Pregnancy Justice," February 25, 2026. <https://www.pregnancyjusticeus.org/resources/the-viability-line/>.

44 Demetri Goutos et al., "Race and Ethnicity of Reproductive-Age Females Affected by US State Abortion Bans," National Library of Medicine, May 2024, accessed March 30, 2026, <https://pmc.ncbi.nlm.nih.gov/articles/PMC11063914/>.

45 Johanna Hussain, "The Legal Consequences of the Fetal Personhood Movement," Cornell Journal of Law and Public Policy, March 4, 2025, <https://publications.lawschool.cornell.edu/jlpp/2025/03/04/legal-consequences-of-the-fetal-personhood-movement/>.

46 Johanna Hussain, "The Legal Consequences of the Fetal Personhood Movement," Cornell Journal of Law and Public Policy, March 4, 2025, <https://publications.lawschool.cornell.edu/jlpp/2025/03/04/legal-consequences-of-the-fetal-personhood-movement/>.

47 Pregnancy Justice. "The Rise of Pregnancy Criminalization: A Pregnancy Justice Report." Pregnancy Justice, September 24, 2024. <https://www.pregnancyjusticeus.org/rise-of-pregnancy-criminalization-report/>.

**Bans on abortion later in pregnancy are a tactic used by anti-abortion extremists to limit access to abortion care and lay the groundwork for the elimination of this care overall.**

When advocating for access to abortion care later in pregnancy and opposing abortion bans at any point in pregnancy, it is crucial to acknowledge that the pregnancy itself must never usurp the bodily autonomy of a person carrying a pregnancy. It is imperative that pregnant people, throughout any stage of their pregnancy, have their bodily autonomy and dignity recognized and respected; the government should not dictate and determine the decisions an individual makes about their pregnancy or reproductive health.

**When advocating for access to abortion care later in pregnancy and opposing abortion bans at any point in pregnancy, it is crucial to acknowledge that the pregnancy itself must never usurp the bodily autonomy of a person carrying a pregnancy.**

## CONCLUSION

Abortion care is essential for health care that should be available throughout a person's pregnancy, regardless of their reason for seeking it. People considering abortion later in pregnancy are already facing challenging circumstances, including but not limited to societal stigma, systemic and institutional barriers to accessing health care, and lack of funds to pay for their procedure. We should not deny people seeking abortion care later in pregnancy the ability to make independent, reproductive and sexual health care decisions.

As a physician advocacy organization, it is imperative that we denounce the politically motivated efforts behind gestational age limits and viability bans that deny pregnant people's access to health care and jeopardize their health and safety.

# RESOURCES

We conclude this primer by suggesting resources for further learning and information on campaigns that offer the opportunity to advocate for abortion care throughout pregnancy.

## Advocacy Organizations:

[Abortion Access Now Campaign](#)

[Abortion Justice Now](#)

[Advancing New Standards in Reproductive Health \(ANSIRH\)](#)

[Abortion Fund of Maryland](#)

[Guttmacher Institute](#)

[Later Abortion Network](#)

[Reproductive Equity Now](#)

[Patient Forward](#)

[We Testify](#)

[Who Not When](#)

## Medical Organizations:

[American College of Obstetricians and Gynecologists](#)

[Hey Jane](#)

[Planned Parenthood Federation of America](#)

[Society for Maternal Fetal Medicine](#)

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