

The Truth about Abortion Later in Pregnancy

The narrative and public perception on later abortion has frequently been defined by disinformation, charged rhetoric, and dangerous lies and medically inaccurate information. Opponents of abortion access have used this climate of misinformation to advance broad restrictions or outright bans.

When it comes to abortion later in pregnancy, the reality is women are capable of making complex, personal medical decisions. Every pregnancy is different, and politicians' one-size-fits-all laws don't work. Here is the truth on later abortion.

There is strong public support for access to abortion care.

The U.S. public overwhelmingly supports access to legal, safe, affordable abortion care, and support is at the highest point it has been in two decades.¹ Currently, **61 percent of U.S. adults say abortion should be legal in all or most cases.** While politicians in states across the country are pushing an extreme agenda to ban abortion completely, less than a quarter of even their own supporters agree with that stance.² Further, almost 60 percent of Republicans believe decisions about abortion should be made by women in consultation with their doctors.³

There are a range of complex reasons that lead to abortions later in pregnancy.

Every pregnancy and every person's circumstances are different, but if abortion happens later in pregnancy, it's often for difficult, complex, and deeply personal and medical reasons.

Abortions later in pregnancy are not "infanticide," and so-called "Born Alive" bills are dangerous. When an abortion is performed late in pregnancy, it's most often because a woman's health or life is at risk, there is a fetal diagnosis incompatible with life, or a delay in care⁴. So-called "Born Alive" bills are designed to criminalize abortion providers and push care out of reach. The killing of any person, including newborns, is already a crime.

Health Complications

¹ Pew Research Center, Public Opinion On Abortion, August 29, 2019 <https://www.pewforum.org/fact-sheet/public-opinion-on-abortion/>

² "Abortion support is the highest it's been in two decades as challenges mount," (July 2019), Washington Post <https://www.washingtonpost.com/politics/2019/07/10/abortion-support-is-highest-its-been-two-decades-two-decade-high-challenges-roe-mount/?arc404=true>

³ KFF, Abortion Knowledge and Attitudes: KFF Polling and Policy Insights, January 2020, <https://www.kff.org/womens-health-policy/poll-finding/abortion-knowledge-and-attitudes-kff-polling-and-policy-insights/>

⁴ Finer, Lawrence B., et al. (2006). "Timing of steps and reasons for delays in obtaining abortions in the United States." *Contraception*, 74 (4), 334–44.

Sometimes a woman gets a diagnosis of a serious health complication that threatens her life or health. Other times, a family learns later in pregnancy that there is a very serious fetal diagnosis, or the pregnancy won't survive outside the womb. Women should not be judged for making the difficult, complicated, and personal medical decision to end a pregnancy.

- Fetal anatomy scans are performed at around 20 weeks gestation. Many structural anomalies are discovered at this time that would not have been apparent previously. A proportion of these are lethal fetal diagnoses, meaning that the fetus will almost certainly die before or shortly after birth.⁵
- In a survey of U.S. women deciding to end their pregnancies, significantly more women later in their pregnancies cited fetal health concerns than women in their first trimester. The fetal health concerns they cited included the risk of fetal anomaly due to advanced maternal age, a history of miscarriage, a lack of prenatal care, and fetal exposure to prescription medications and non-prescription substances.⁶
- Additionally, conditions in which the woman's health is threatened or aggravated by continuing her pregnancy – including malignant hypertension or serious renal disease – require a woman to end her pregnancy. These symptoms may not occur until the second trimester, or they may become worse as the pregnancy progresses.⁷

Delayed Access

Ninety percent of counties in the United States do not have an abortion provider⁸. These counties are home to 38 percent of all women of reproductive age – more than 23 million women. Restrictions in some states have caused clinics to shut down, creating long wait lists to get an appointment or forcing people to travel hours for the procedure. Arranging time off work and making travel arrangements to distant clinics can delay the procedure.

As the [Guttmacher Institute notes](#), “Delays push women who want to obtain an abortion until further along in the pregnancy than intended. Multiple factors in a patient's life, along with state laws requiring a waiting period and additional visits, can make it more difficult for patients to access abortion services earlier in pregnancy.”

- In 2008, women traveled a mean distance of 30 miles for abortion care services. But the actual distance women had to travel was impacted by several factors. Women had to travel an even greater distance if they lived in a state with a 24-hour waiting period, were seeking an abortion later in pregnancy, had to cross state lines for the procedure, or lived in a rural

⁵ Sanders, RC (1990). Prenatal ultrasonic detection of anomalies with a lethal or disastrous outcome. *Radiologic Clinics of North America* 1990 January; 28(1): 163-177. <https://www.ncbi.nlm.nih.gov/pubmed/2404299>

⁶ Finer, Lawrence B., et al. (2005). “Reasons U.S. Women Have Abortions: Quantitative and Qualitative Perspectives.” *Perspectives on Sexual and Reproductive Health*, 37(3), 110–8.

⁷ Cherry, Sheldon & Irwin Merkatz, eds. (1991). *Complications of Pregnancy: Medical, Surgical, Gynecologic, Psychosocial, and Perinatal*, 4th Edition. Baltimore, MD: Williams & Wilkins; Paul, Maureen, et al. (2009). *Management of Unintended and Abnormal Pregnancy: Comprehensive Abortion Care*. Chichester, West Sussex: Wiley-Blackwell.

⁸ Guttmacher Institute, *Abortion Incidence and Service Availability in the United States 2014* (March 2017) <https://www.guttmacher.org/journals/psrh/2017/01/abortion-incidence-and-service-availability-united-states-2014>

area.⁹

- Laws targeting both patients and providers have led to the closing of hundreds of abortion clinics across the country, making the procedure harder to access and forcing more people to seek care at fewer facilities¹⁰ and later in pregnancy.¹¹
- Restrictions on abortion disproportionately impact low-income women, women of color, and women living in rural areas, who may be prevented from accessing abortion altogether as states enact restrictive legislation that force women to travel further distances for care.¹²

Financial Barriers

Currently, 34 states and the District of Columbia do not cover abortion within their state Medicaid programs, except for limited exceptions.¹³ Financial barriers make it difficult for people seeking abortions to receive the care they want when they make their decisions, which disproportionately impacts low-income women.

- 36 percent of women having abortions later in pregnancy reported that they needed time to raise money to have the abortion.¹⁴
- Women at or under 100 percent of the federal poverty level are more likely than women at higher income levels to have abortions later in pregnancy.¹⁵
- The cost of abortion care increases significantly with gestational age, with procedures occurring at 20 weeks gestation exceeding \$1,000, excluding the cost of travel and lost wages from missing work from the procedure.¹⁶

State Restrictions

Many states have focused on increasing restrictions on abortions, particularly later in pregnancy. These restrictive measures create a hostile environment for women seeking an abortion, delay the procedure, and potentially push it out of reach for women seeking care.

⁹ Rachel K. Jones, Jenna Jerman. "How far did US women travel for abortion services in 2008?" *J Womens Health (Larchmt)* 2013 Aug; 22(8): 706–713. Published online 2013 Jul 17. doi: 10.1089/jwh.2013.4283

¹⁰ <https://www.nytimes.com/interactive/2019/05/31/us/abortion-clinics-map.html>

¹¹ Texas Policy Evaluation Project, 10/05/15

¹² Rachel K. Jones, Jenna Jerman. "How far did US women travel for abortion services in 2008?" *J Women's Health (Larchmt)* 2013 Aug; 22(8): 706–713. Published online 2013 Jul 17. doi: 10.1089/jwh.2013.4283

¹³ All* Above All, "Abortion Coverage Map" (February 26, 2019) <https://allaboveall.org/resource/abortion-coverage-map-2016/>

¹⁴ Finer, Lawrence B., et al. (2006). "Timing of steps and reasons for delays in obtaining abortions in the United States." *Contraception*, 74 (4), 334–44.

¹⁵ Jones, Rachel K., and Lawrence B. Finer. (2012). "Who has second-trimester abortions in the United States?" *Contraception*, 85(6), 544-51

¹⁶ Jerman J, Jones RK. Secondary measures of access to abortion services in the United States, 2011 and 2012: gestational age limits, cost, and harassment. *Women's Health Issues*. 2014;24(4):e419–e424. doi:10.1016/j.whi.2014.05.002

- Several states have passed targeted regulation of abortion providers (TRAP) laws, a class of abortion restrictions on facilities, equipment and staffing for providers that have little or no benefit to patients.
 - 24 states have laws or policies that go beyond what is necessary to ensure patients' safety.¹⁷
 - TRAP laws place unreasonable burdens on abortion providers and can result in clinic closures, which can lead to delays in obtaining abortion services.¹⁸
- Medically unnecessary regulations impact women differently depending on their geographic location and socioeconomic status. Women who live further from a facility or have limited resources to travel for the procedure face a higher burden in accessing care.¹⁹

Most abortions occur early in pregnancy.

The overwhelming majority of abortions occur safely and early in pregnancy. In 2016, nearly all abortions (91%) were performed at under 13 weeks' gestation, with two thirds (65%) performed under eight weeks gestation.²⁰ When abortions later in pregnancy occur, they are rare – occurring in less than 2 percent of all abortions nationally.²¹ Research in fact indicated that labor abortion occurs when something has gone seriously wrong with the pregnancy or other serious circumstances.

Abortion later in pregnancy should not be stigmatized. Every pregnancy is different, and women are capable of making complex, personal medical decisions about what is best for her. When someone decides to have an abortion, it should be safe, affordable, and free from punishment or judgment.

¹⁷ Targeted Regulation of Abortion Providers, Guttmacher Institute, January 2020

<https://www.guttmacher.org/state-policy/explore/targeted-regulation-abortion-providers>

¹⁸ Targeted Regulation of Abortion Providers (TRAP) Laws, Guttmacher Institute, February 2018

<https://www.guttmacher.org/evidence-you-can-use/targeted-regulation-abortion-providers-trap-laws>

¹⁹ The Safety and Quality of Abortion Care in the United States, The National Academies of Sciences, Engineering, Medicine (March 16, 2018) <http://nationalacademies.org/hmd/reports/2018/the-safety-and-quality-of-abortion-care-in-the-united-states.aspx>

²⁰ Jatlaoui TC, Eckhaus L, Mandel MG, et al. Abortion Surveillance — United States, 2016. MMWR Surveill Summ 2019;68(No. SS-11):1–41. DOI: <http://dx.doi.org/10.15585/mmwr.ss6811a1>

²¹ IBID