



## Reporting on Abortion Later in Pregnancy

A resource for journalists from [Who Not When](#)

In 2021—for the first time ever—U.S. states have enacted more than 100 abortion restrictions in a single year [[Guttmacher](#)]. At the same time in *Dobbs v. Jackson*, the Supreme Court is revisiting the *Roe v. Wade* precedent, potentially paving the way for even more restrictions.

Most Americans do not have personal experiences with abortion later in pregnancy, therefore media coverage has a significant impact on public attitudes and policy agendas.

As abortion bans at any point in pregnancy have a devastating effect on the communities most affected by them, the stakes are especially high for Black women and people with low incomes.

This guide aims to help challenge biases and inform accurate, responsible reporting on abortion later in pregnancy and related issues.

### Part 1: Level Set

#### On Neutral Framing

Journalists with experience covering abortion have expressed a sense of high stakes and struggles with neutral framing [[ANSIRH](#)].

Some may feel pressure to represent “both sides” in their coverage. Too often this has led to overly-politicized framing, the inclusion of political rhetoric, and medically inaccurate information [[Woodruff](#)].

#### Avoid providing a platform for disinformation for the sake of neutrality.

Most Americans are uninformed or misinformed about abortion and reproductive biology in general. This context is critical for anticipating how readers will digest and respond to coverage.

A majority of Americans (69%) incorrectly think *most* abortions occur 8 weeks or later into pregnancy. In fact, in 2016, nearly all abortions (92%) are performed in the first trimester, with most (77%) performed under nine weeks gestation [[KFE](#), [CDC](#)].

- An overwhelming number (84%) think that more than 5% of abortions occur after 20 weeks into a pregnancy. In fact, only about 1.1% occur after 21 weeks. This means Americans believe abortions after 21 weeks are roughly five times more prevalent than they are [[KFF](#), [CDC](#)].
- Most Americans overestimate the health risks of abortion. One study found that a majority (80%) think that childbirth is safer or "about as safe" as abortion. In fact abortion is about 14 times safer than childbirth [[VOX/Undem](#), [Raymond](#)].
- Four in ten (42%) Americans incorrectly believe Roe v. Wade means that abortion is legal in all cases [[KFF](#)].
- Americans are uninformed about other aspects of reproductive biology as well. For instance, many hold widespread misconceptions regarding the frequency and causes of miscarriage, which is the most common pregnancy complication in the US, affecting about 1 in 4 pregnancies [[Bardos](#), [Dugas](#)].

**Explain things where possible and do not assume readers understand basic facts about abortion or pregnancy.**

## Abortions Throughout Pregnancy

There is no clear, widely accepted definition of “later abortion,” “abortions later in pregnancy,” or “late term abortions.” Different groups may define or understand “later” based on their perspective:

- **Abortion Seeker’s Perspective:** *When does the gestation of my pregnancy determine if or how I am able to access care?* This varies based on a number of factors.
- **Public Health Perspective:** *When do most abortions occur?* Over 90% of abortions occur in the first trimester [[CDC](#)].
- **Clinical Perspective:** *When do the means and methods of a procedural abortion change based on clinical considerations?* In terms of a procedural abortion performed by a clinician, a vacuum aspiration is generally offered up to about 13 weeks LMP, and either a D&E procedure or induction abortion using medication is offered after. [[ACOG](#)]
- **Legal Perspective:** *When does the State’s interest in potential fetal life override a pregnant person’s bodily autonomy?* Most states (44) ban abortion between 22-24 weeks LMP, or after potential fetal “viability” [[Guttmacher](#)].
- **Political Perspective:** *When does the majority of available public opinion polling on the legality of abortion suggest support turns to opposition?* Public opinion polls generally show a drop-off of support for abortions being legal after “viability” or in the third-trimester.

**Try to be specific when talking about abortion later in pregnancy. Readers may be working with different definitions and levels of understanding.**

**\*This resource will generally refer to abortions after the first trimester as later abortion\***

## What's important to know about abortion later in pregnancy:

- People are confident in their decision to get an abortion, with (95%) of people saying it was the right decision for them. The most common emotion reported is relief [[ANSIRH](#)].
- Almost all (92.7%) abortions take place by the 13th week of pregnancy. Abortions after 20 weeks represent about 1% of all abortions, and the vast majority occur close to 20 weeks, becoming increasingly rare with each week of pregnancy [[CDC](#), [Foster](#)].
- Abortion is safe throughout pregnancy. The abortion complication rate is much lower than the rate of complications experienced during pregnancy or during common procedures such as wisdom tooth extraction [[NASEM](#), [ANSIRH](#), [Raymond](#)].
- People of color, people who are relatively young, people with lower incomes, and people with less education have been found to seek abortions *later* in pregnancy at higher rates [[Jones](#), [Foster](#), [Drey](#)].
- Most people seek abortions due, in part, to economic insecurity [[Biggs](#), [Foster](#)]. Most abortion seekers are poor or low income [[Guttmacher](#)] and their health insurance does not cover abortion care [[Guttmacher](#)].
- Later abortion care is expensive. The average cost for an abortion later in pregnancy was over \$2,000 in 2008, but may cost upwards of \$10,000 or more. Abortions accessed in the 3rd trimester may cost \$20,00-\$30,000. Half of abortion seekers live below the Federal Poverty Level, with income less than \$13k/year for an individual [[Foster](#)].
- Many people are not able to access desired abortion care. Researchers estimated over 4000 abortion seekers were denied desired abortions due to gestational limits in 2008, and approximately one in four people who would have Medicaid-funded abortions instead give birth when this funding is unavailable [[Upadhyay](#), [Guttmacher](#)].
- Later abortion is unpopular. Public opinion polls consistently show majority support for safe and legal abortion, however as the gestational duration of pregnancy increases, support for abortion wanes [[AP NORC](#), [Gallup](#)].

## Why do people seek abortions later in pregnancy?

Abortions after the first trimester are expensive, difficult to reach, and highly stigmatized. And yet people move mountains to get them.

People seek abortions later in pregnancy for the same reasons they do earlier in pregnancy, but many are not able to access care as soon as they would like due to compounding delays [\[Biggs\]](#).

Research suggests that abortions take place *later* because of two factors, often working in combination [\[Kimport\]](#):

- **New Information:** People learn new information later in their pregnancy that they couldn't have known before. Examples might include recognizing a pregnancy later, learning about a fetal or maternal health issue, or a disruptive life event like loss of a job or partner.
- **Barriers that Delay:** Some barrier or obstacle that leads to delays in accessing care. Examples include laws that push care out of reach, logistical obstacles like travel or child care, or financial barriers like raising money for the procedure.

These “two paths” that have been identified are helpful for understanding how people find themselves seeking abortion care *later* in pregnancy.

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## Part 2: Five Things to Keep in Mind

### 1. We're Talking About Bans

Abortion is most often covered as a political issue, and the debate is over its legality. Polls on abortion ask whether it should be legal [\[AP NORC, Gallup, Pew\]](#) with a question like this one:

"Do you think abortion should be legal in all cases, legal in most cases, illegal in most cases, or illegal in all cases?"

By focusing on the legality, this question is actually about abortion *bans*.

#### **Abortion bans are common**

Most states have banned abortion at some point, with 44 states having enacted gestational age or viability bans as of 2021. Hundreds of other restrictions move through statehouses each year [\[Guttmacher\]](#).

A lot of reporting on abortion fails to include the impact of abortion restrictions, and particularly bans based on gestational age or potential fetal viability. These policies should be evaluated based on what they do, not what they purport to do.

### **Bans don't solve problems**

Abortion bans do not prevent the need for abortions or address the reasons people seek them in the first place. They do nothing to address underlying economic, social, or environmental conditions that shape pregnancy decisions, and in fact serve to exacerbate them. In fact abortion bans push abortion seekers later into pregnancy, creating *more* need for later abortion care.

### **Bans cause delays**

Abortion restrictions and bans do delay someone who is trying to reach care, pushing them later into pregnancy when care is more expensive and harder to access [[White](#), [Finer](#)].

### **Bans create pressure**

Drawing strict lines on abortion access can pressure pregnant individuals to make decisions before they are ready or able to gather all of the information they need to make their decisions [[Farrell](#)].

### **Bans cause harm**

Bans prevent people from being able to get a desired abortion, either directly by prohibiting care or indirectly by increasing burdens that push care out of reach.

Researchers have found that being denied a wanted abortion leads to adverse outcomes when compared to those who were able to receive abortion care. Abortion seekers are right to be concerned about how pregnancy and parenthood might impact their lives and their families [[ANSIRH](#)].

Compared to people who can obtain a desired abortion, people denied a wanted abortion who must carry an unwanted pregnancy to term [[ANSIRH](#)]:

- Have four times greater odds of living below the Federal Poverty Level (FPL)
- Are more likely to have debt 30 days or more past due, to have negative public records, such as bankruptcies and evictions, and significantly less likely to have a prime credit score in the two years following the birth
- Are more likely to report not being able to pay for basic living expenses like food, housing and transportation for them and their children
- Are less likely to have aspirational life plans or have a full time job
- Are more likely to experience serious health complications
- Are more likely to stay tethered to abusive partners
- Are more likely to have children living in poverty and their children have more difficulty meeting developmental milestones

### **Bans exacerbate inequity**

Abortion restrictions disproportionately impact groups that are already over-criminalized and socioeconomically disadvantaged: Black women, young people, and people with low incomes. Abortion bans exacerbates existing health disparities along the lines of race and class [[Dehlendorf](#), [Uphadyay](#), [Mosley](#)].

### **Bans criminalize pregnancy**

By enshrining a controlling State interest in potential fetal life, bans create pathways to the control and criminalization of pregnant people beyond abortion care. People who are in groups already over-policed and surveilled are routinely criminalized for behaviors while pregnant and punished for pregnancy outcomes including miscarriage and stillbirth [[NAPW](#), [Interrupting Criminalization](#), [Guttmacher](#), [NY Times](#)].

**When covering abortion later in pregnancy and its legality, focus on abortion bans and their very real, very measurable impact. Proponents of bans should be held accountable for their impact.**

## **2. Individuals v. Systems**

Social, economic, and environmental conditions influence pregnancy decisions along with a range of other health outcomes. Most abortion seekers, no matter the gestation of their pregnancy, cite that these social determinants of health drove their decision to get an abortion [[Biggs](#)]. Abortion seekers are concerned about their well-being and that of their families, and research has validated their concerns [[ANSIRH](#)].

People of color, people who are relatively young, people with lower incomes, and people with less education have been found to seek abortions later in pregnancy at higher rates [[Jones](#), [Foster](#), [Drey](#)].

Most people who obtain a later abortion would have rather gotten an abortion earlier. Contrary to popular rhetoric, patients do not wait, rather they are delayed. The same factors linked to health disparities more broadly are linked to delays when trying to obtain abortion care [[Foster](#)].

Opposition to later abortion often comes down to judgment of a hypothetical individual absent consideration of their circumstances or the systemic factors at play. Accessing an abortion as soon as you would like or parenting in a safe environment with dignity– these are opportunities not available to everyone, and they are unequally distributed.

**When talking about later abortion, including systemic factors and underlying inequities that influence reproductive choices is critical. It ensures people get the full picture.**

## **3. Later Recognition of Pregnancy**

Why do most people seek abortions *later* in pregnancy? The largest delaying factor for most later abortion patients is later recognition of pregnancy [[Drey](#), [Foster](#)].

Mean gestational age at time of pregnancy awareness is around 5.5 weeks and the majority of pregnancies (77%) are discovered by 7 weeks [[Branum](#)]. On the other hand, a majority (67%) of people who seek abortions after 20 weeks discovered their pregnancy after 8 weeks, with the average being about 12 weeks [[Foster](#)]. A German study found that 1 in 475 pregnancies is discovered after 20 weeks [[Wessel](#)].

People who discover their pregnancies later aren't denying their pregnancies or waiting; they're simply not aware that they are pregnant and miss the opportunity to get an abortion in the first trimester. This can happen for many different reasons, and sometimes factors that contribute to later discovery intersect and compound each other [[Who Not When](#)].

Disparities in pregnancy awareness align with disparities in unintended pregnancy, abortion, and other health outcomes.

**When discussing why people seek abortions later in their pregnancy, be sure to include later pregnancy recognition to help readers connect the dots.**

### 4. Fetal Diagnosis Myth

A pervasive myth about later abortion is that they are mainly sought in cases of severe fetal impairment or where there is a risk to the pregnant person's physical health. This is simply not true.

To be specific, this is not true when describing second-trimester abortions or abortions between 20 weeks and 28 weeks [[Foster](#)]. With regard to abortions in the third trimester, quantitative data on the distribution of why patients seek care is not available. However there is no evidence to suggest that abortions later in pregnancy are mostly sought for narrowly-defined maternal or fetal health indications.

This myth contributes to a hierarchy of deservedness around later abortion care. It stigmatizes people seeking care absent fetal diagnoses who represent the majority of later abortion seekers.

This myth also exacerbates ableism. Pregnancy decision-making occurs within an ableist society. The notion that later abortion is only morally acceptable after receiving a diagnosis of a fetal impairment suggests that an eventual disability is inherently a catastrophic outcome. Disability rights advocates have rightfully taken issue with this framing, often while defending the right to abortion outright based on principles of self-determination and bodily autonomy [[Women Enabled](#), [Sins Invalid](#), [Cokely](#), [Toscano](#)].

There are certainly pregnant people who receive a diagnosis of a fetal impairment who then choose to seek an abortion. While these experiences do not represent the majority of later abortion seekers, they too are affected and harmed by abortion bans [[Farrell](#), [Peterson](#)].

And finally, the myth that most later abortions are sought for fetal diagnoses disguises the impact of abortion bans. Most bans have narrow exceptions for rape, physical health risks, and fetal diagnoses. If people believe that later abortion seekers are covered by these exceptions, they may not understand how many people are impacted by time-based abortion bans.

**When covering abortion later in pregnancy, avoid propagating the myth that most later abortions are sought after a fetal diagnosis. Be wary of framing that reinforces a hierarchy of deservedness.**

### 5. On “Compromise” in Abortion Law and Policies

Most people seem to recognize the need for abortion care, but seek to balance this with their concerns about post-viability abortion care and fetal pain. Americans have sought to manage these conflicting feelings with a sort of compromise— allow most abortions but ban abortion at some point later in pregnancy.

For an abortion seeker however, their ability to access an abortion is binary— they are either able to obtain the abortion they need or not, and the consequences are profound.

The harms of denying someone an abortion are measurable. Depriving someone of the right to bodily autonomy and to control the course of their life violates their human rights and dignity [[SisterSong](#), [Erdman](#), [WHO](#), [OHCHR](#)].

Pregnant people tend to view their pregnancies differently as they progress. Factors like potential fetal viability and the possibility of fetal pain may become important factors considered by patients and providers, but they are not the only concerns that drive decision-making during a pregnancy.

The question at hand in abortion bans is whether these complicated issues should be navigated by the individual moral judgment of those affected or by the State’s enforcement of an absolute moral judgment.

#### Viability as a Legal Standard

Despite being the point at which the State’s interests override the rights of a pregnant person, potential fetal viability is vague. It is loosely defined as when a fetus could survive outside the womb, albeit with medical intervention.

Potential fetal viability is, at best, an estimate based on a number of factors particular to a specific pregnancy, which are compared to available statistical data about premature birth outcomes [[ACOG](#), [NICHD](#)]. Some of these factors are themselves estimates, like estimated gestational age, which is accurate to between two weeks and two months, depending on when and how an obstetric estimate is made [[ACOG](#)]. Whether a particular pregnancy is viable may depend on what level NICU is available or other external factors. Potential fetal viability is not

a fixed point in fetal development that can be determined with any accuracy, it is a presumption.

As the basis for a legal standard meant to be a bright-line rule, the vagueness of potential fetal viability is problematic ([and potentially unconstitutional](#)) given what is at stake for patients and providers.

### **On Fetal Pain**

Discussions of fetal pain generally focus on fetal development of neurological pathways for pain perception and the potential for psychological recognition of pain.

According to a multidisciplinary review by the Royal College of Obstetricians and Gynecologists (RCOG), pain cannot be experienced prior to 24 weeks gestation because the necessary connections to the cortex have not formed. They also cited evidence that the physical environment of the womb effectively sedates a fetus until after birth. Medical consensus on fetal pain guides clinicians on procedures, and will continue to evolve with scientific advancement [[RCOG](#)].

### **Bans are the Wrong Response to Discomfort**

Ultimately conflicts between concern for the fetus and concern for the pregnant person cannot be resolved by punishment— by denying people abortions and criminalizing the provision of care. The State’s carceral response to these questions, rooted in notions of guilt and punishment, are contrary to medical ethics and public health principles.

**When covering abortion later in pregnancy, evaluate any proposed compromise based on the impact on people affected by it. Remember that viability and fetal pain are not the only factors that drive decision-making during pregnancy.**

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## **Part 3: Resources**

### **Quick Coverage Considerations**

- **Who to Include:** Center the perspectives of abortion seekers, providers, abortion funds, and practical support organizations. Most readers and politicians do not have lived experiences with abortion care later in pregnancy, so include people who do in your coverage.
- **Bridge the Divide:** Most abortion seekers are not like most readers or voters. Half live below the poverty line compared with 10% of Americans. More than half are people of color whereas most Americans are Non-Latino white. Abortion seekers skew younger. Help readers understand abortion seekers beyond their acute need for abortion.

- **More than a Woman's Issue:** While most abortion seekers are women, trans men and non-binary individuals get pregnant and obtain abortions. To be accurate, be sure to use gender-neutral or gender-inclusive language to describe abortion seekers.
- **Images are Powerful:** Most articles covering abortion use images of either protests or very pregnant bellies with the person's head cropped out. Neither are good. Protest images reduce abortion to a heated political issue. Pregnant bellies literally cut out the pregnant person and suggest abortions happen much later than they do.
- **Push Back:** A lot of journalists who cover abortion struggle with editors who may be less informed, hold views informed by stigma and misinformation, or fear blowback. Push back on them. The stakes are incredibly high.
- **Do No Harm:** Mishandled abortion coverage is not benign– it shapes opinions and policies that impact people's lives in very real ways. Check your coverage for misinformation, unfounded assumptions, myths, stigmas, implicit bias, racism, classism, and ableism.

## Further Education, Information and Expertise

[Who Not When](#): People-centered resource on later abortion

[Gutmacher](#): Resource for journalists

[Physicians for Reproductive Health](#): Reporter resource

[Interrupting Criminalization](#): Resource on decriminalizing abortion

[The Turnaway Study/ANSIRH](#): Longitudinal study on abortion seekers

[Later Abortion Initiative](#): Later abortion research, policy, provision

[Kaiser Family Foundation \(KFF\)](#): Facts on later abortion

[We Testify](#): Abortion storyteller organization

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## Help Us Improve This Resource:

If you see something that isn't right or have feedback, please reach out:

[hello@patientforward.org](mailto:hello@patientforward.org)

## Who Made This?

[Who Not When](#) is made and maintained by [Patient Forward](#), a Project of NEO Philanthropy. Patient Forward develops resources to challenge gestational bans and other obstacles to abortion care. Our work centers people who need abortion care later in pregnancy in advocacy campaigns, media initiatives and abortion policy.

We are fighting for a future where everyone who wants an abortion can get one without delay, without judgement, and without going broke.