



Why Women Seek Abortions after 24 Weeks of Pregnancy

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Public opinion consensus is in support of safe and legal abortion in the United States, and that consensus has remained relatively unchanged despite the U.S. Supreme Court's 2022 decision to overturn the constitutional right to abortion. Support wanes, however, as the gestational age of the pregnancy increases. This likely owes, at least in part, to pervasive myths and misunderstandings about later abortion. The often-hostile media and public discourse treatment of people who have abortions later in pregnancy contributes to a dearth of public accounts of people's experiences of later abortion that could otherwise serve to dispel misleading narratives.

Two Common Pathways to Later Abortion

To remedy this gap and to contribute to public, clinical, and research understandings of women's experiences of later abortion, I interviewed 28 women who obtained an abortion after the 24th week of pregnancy. I find two common pathways through which women find themselves seeking a later abortion:

A woman learned a piece of information that made her—typically in consultation with her husband/boyfriend and other loved ones—realize this was not, or was no longer, a pregnancy she wanted to carry to term.

The information that catalyzed her decision pertained to the pregnancy itself: for example a serious health problem with the fetus. Crucially, this pivotal information was not available earlier in her pregnancy. Sometimes this was because the problem itself simply was not evident until this later point in pregnancy. This happened with a respondent for whom every test and scan showed that her pregnancy was entirely healthy until a routine ultrasound scan at 28 weeks revealed an emergent—and serious—fetal development problem. Sometimes this information was apparent only later in pregnancy because the severity of the problem was not clear until this later point of development, and there had been a chance that an earlier identified problem would resolve as the pregnancy progressed. This happened with a respondent whose routine ultrasound scan at 20 weeks' gestation identified a fetal development anomaly that her doctor predicted had a 70% chance of fully resolving. Hopeful and reasonably playing her odds, she continued her pregnancy only to learn at her 28-week follow-up ultrasound scan that, not only had the anomaly failed to resolve, it was now identifiable as severe, with a very poor prognosis.

Another kind of new information respondents described was discovering that they were pregnant. A small number of people do not recognize they are pregnant until the third trimester of pregnancy, sometimes because they have no pregnancy symptoms and already had an irregular period.

For the women in this pathway, there was not a simple way to get the information relevant to their abortion decision sooner. Some health issues are not observable and/or their severity not known until later in

pregnancy; some people will not recognize their pregnancy until later in pregnancy. You can't seek an abortion if you don't know you want one.

A woman had already determined she wanted an abortion before her 24th week of pregnancy, but faced significant obstacles to obtaining care and thus was only able to get abortion care later in pregnancy.

Women on this second pathway were often low income and faced difficulties paying for abortion because their state-administered public insurance banned coverage of abortion care. Others, including women located in more rural areas, faced difficulty finding and getting to a provider. Some were simultaneously navigating challenges not directly related to their pregnancy such as homelessness and domestic abuse by a partner or their parents.

For instance, one respondent discovered her pregnancy in the first trimester and knew right away that it was not the right time for her to have a baby. But she couldn't afford the out-of-pocket cost for an abortion nor the time away from her college classes to travel an hour each way, twice (because of her state's two-visit requirement), to get to the nearest provider. She and her boyfriend started saving money and planned for her to seek an abortion in her hometown during the next school break. Once home, however, her emotionally-manipulative mother, angry that her boyfriend was of a different race than she, confined her to the house. By the time she was able to get to an abortion provider, she was more than 24 weeks' pregnant.

Each woman I interviewed had a unique story, with a common thread: **all were subject to blunt and unsympathetic laws regulating abortion that forced them to travel out of state for their care.** There are only a handful of clinics in the U.S. publicly known to provide abortions after the 24th week of pregnancy; travel to these clinics for women seeking later abortions can be prohibitively expensive and entail further **burdens** such as securing childcare and time off from work and the **emotional costs** of having to be away from their support system. Not all people who need abortions later in pregnancy are able to travel.

Restrictive State Policies Affect Women on Both Pathways

Even as these two different paths described the experiences of the women I interviewed, there is no bright line between them. To learn about the health of the fetus, for example, a woman has to have adequate—and sometimes exceptional—prenatal care. She typically has to undergo several ultrasound scans, have blood work and an amniocentesis, and sometimes even have an fMRI. She has to meet with specialists. For people with no health care or inadequate health care, these necessary steps to obtain a fetal health diagnosis are unavailable. Some respondents were told by their ob-gyns that, based on their medical history, there were likely fetal development issues, but declined to pursue additional testing. They explained that to me they already had enough information to know they did not want to continue the pregnancy, could not afford the cost of more testing, and did not want to delay their abortion.

These data demonstrate how laws that allow later abortion only under limited circumstances fail to ensure women's bodily and decisional autonomy. Given medical uncertainty, there will always be an irreducible need for abortion throughout pregnancy. Restrictive laws, moreover, disproportionately punish already socially- and economically-vulnerable women who wanted an abortion earlier in pregnancy but could not overcome barriers to care—barriers that **have only increased** since the constitutional right to abortion was overturned.

These data, drawn from women's real experiences of seeking and obtaining an abortion after 24 weeks, can challenge the prevalent myths and misunderstandings about third-trimester abortion patients and help policymakers and advocates understand exactly who is affected—and who is harmed—by bans and severe restrictions on abortion.