



Impact of Abortion Bans

The Fallout of Ending Federal Protections for Abortion

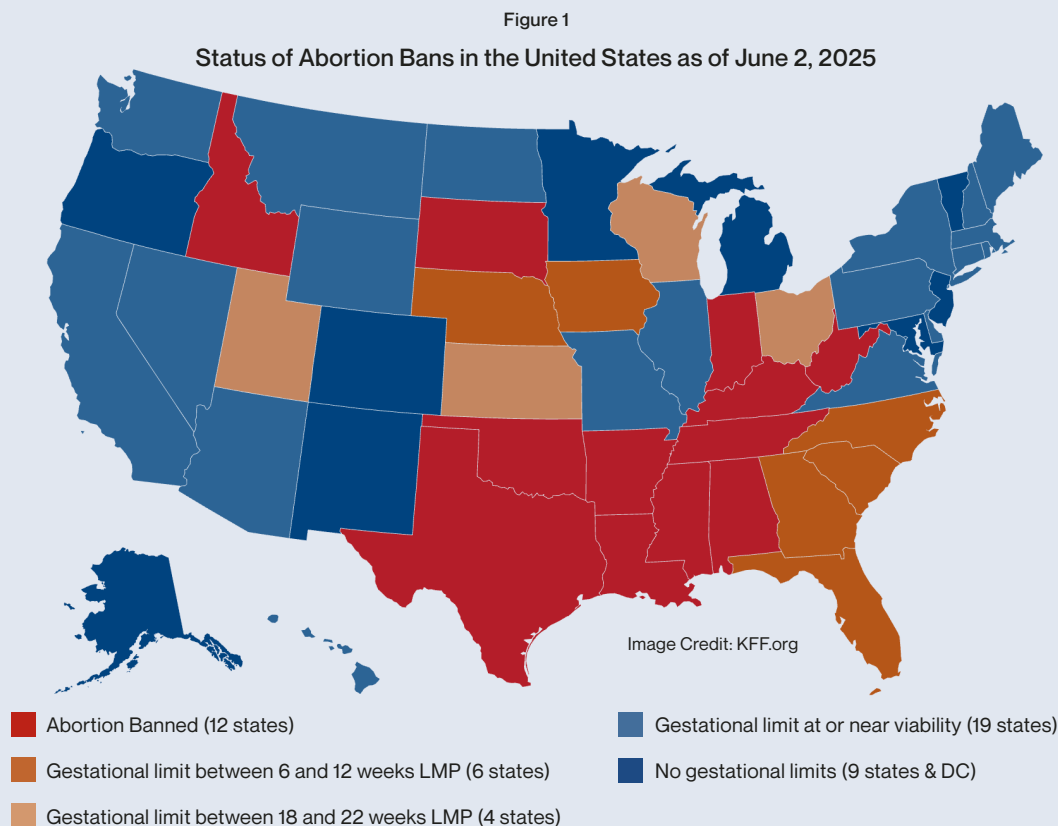
A State-Level Patchwork of Abortion Legality

In June 2022, the United States Supreme Court overturned *Roe v. Wade*, opening the door for states to ban abortion outright. Due to a combination of pre-*Roe* abortion bans, trigger bans (that went into effect when *Roe* was overturned), and states emboldened by the U.S. Supreme Court decision, the legal landscape for abortion changed dramatically over two years. Figure 1 reflects the status of abortion bans in the United States as of June 2, 2025.

As of June 2025, abortion is:

- Banned entirely in 12 states
- Banned after six weeks in 4 states
- Banned after twelve weeks in 2 states
- Banned between 18 and 22 weeks in 4 states

There are only 9 states and Washington DC with no gestational limits on abortion care.^[1]



The purpose of this report is to provide a snapshot of the status of abortion bans across the country and to raise awareness about the immense impact they are having on real people. The legal status of abortion remains in flux in some states; the map and some of the information included in this report will change over time. We chose to share a few specific stories within this report, but there are countless other stories of pregnant individuals and their loved ones being harmed by these bans every day.



Oklahoma Governor Kevin Stitt signed the nation's most restrictive abortion ban into law on May 25, 2022, one month before the Dobbs decision and when Roe v. Wade was still the law of the land. He approved a law that bans all abortions beginning at fertilization. The law includes an exception for rape but not for saving the life or health of the pregnant person (Photo source: NPR/Catherine Sweeney).

Legality Does Not Equate to Access

It is important to note that legality does not inherently indicate abortion is supported or protected. Several states where abortion access has been upheld or expanded through court challenges (e.g., Wyoming) or ballot initiatives (e.g., Missouri) remain hostile to abortion with lawmakers seeking to significantly restrict access by banning abortions based on gestational age or by method of abortion (e.g., banning dilation & extraction or dilation & evacuation, two procedures commonly used for miscarriage management). In the context of all of these restrictions, pregnant people are increasingly using telemedicine and/or self-managing their own abortion – while politicians are increasingly attacking these methods.^[2] In October 2024, three states sought to overturn updated FDA guidelines for mifepristone. Doing so would make it far more difficult to access the pill commonly used for the most effective and the safest form of medication abortion.^[3] More recently, the U.S. Health Secretary directed the FDA to review the regulations around mifepristone. The request is based on “new data” from a flawed analysis published by the rightwing think tank, Ethics and Public Policy Center. Contrary to the findings of the paper (which has not been peer-reviewed or published in a medical journal), clinical evidence has proven that mifepristone is extremely safe.”^[4, 5]

Even though abortion bans are promoted under the guise of protecting women and children, six of the twelve states where abortion is banned entirely do not offer any exceptions for the health of the pregnant person. Abortion bans also disproportionately impact communities already underserved by health and social services, including people of color, low-income, and rural populations. Approximately six in ten Black and American Indian or Alaska Native women, ages 18-49, live in states with abortion bans or gestational restrictions.^[1] As the bans impact more people over time, we are seeing their catastrophic and predictable effects - needless suffering and tragic death.

Abortion Bans Prevent Clinicians from Providing Care

Pregnant people are being denied essential abortion care and maternal healthcare, even as their health, lives, and future fertility are at risk. Patients are seeking care for non-viable pregnancies and being forced to stay pregnant against their will – or they are forced to travel hundreds of miles out of state to get the care that they need. Others are seeking essential emergency care for pregnancy loss and being denied that care as providers



fear prosecution for terminating a pregnancy. Those with the means to travel out-of-state face large costs and fears of future prosecution. Some states aim to criminalize patients for seeking healthcare outside of their home state. This includes the Montana legislature, who introduced HB609 in 2025, which, if passed, would have created a new felony crime of “abortion trafficking.”^[6] Vigilante laws allow members of the public to sue abortion providers and people who help others access abortion care (e.g., a husband who transports his wife across state lines or a parent who helps their adolescent access abortion care).

Increasingly, individuals are sharing their stories of needing emergency care and being unable to receive that care in a timely fashion. Anna Zargarian of Austin, TX and Elizabeth Weller of Kingwood, TX had strikingly similar experiences. Their waters broke prematurely and in both cases doctors told the patients there was no chance of the fetus surviving. Zargarian’s doctors recommended she get an abortion to avoid the risk of hemorrhaging or sepsis, but they felt that they could not provide that care in Texas. Elizabeth Weller was sent home and told to wait for her baby to die inside of her. She developed a life-threatening infection of her placenta and amniotic fluid. Only when she was sick “enough” was she able to receive care. Kayla Smith, previously a resident of Idaho, learned after an ultrasound her fetus had a serious, inoperable congenital heart condition. Kayla, who was at a heightened risk of developing preeclampsia, was recommended to get an abortion but was forced to travel to Washington to receive that care.^[7]



A new report published in September 2024, by ANSIRH, a research organization based at the University of California-San Francisco, shows how healthcare providers have been unable to provide the standard of care in states with abortion bans. They suggest that abortion bans are fundamentally eroding healthcare for pregnant people and for people who may become pregnant in the future. The research shows that every pregnant person in states with abortion bans is at risk of being denied the care they need - and this is disproportionately true for Black, Latinx, and Spanish-speaking patients.^[8] The Emergency Medical Treatment and Labor Act (EMTALA) requires hospitals that receive Medicaid funding to treat all patients, regardless of their ability to pay. In 2022, a federal directive explicitly applied EMTALA to emergency abortion services. However, in June 2025, the Trump Administration rescinded this directive, making it even more difficult for providers in states with an abortion ban to provide care in emergency situations. Pulling back this guidance only adds to the fear and confusion experienced by providers in states where laws criminalize abortion care.^[9]

Top image: Montana Governor Greg Gianforte signs five abortion restrictions into law after the 2023 Legislative session. (Photo source: CNN/Kaanita Iyer).

Bottom image: South Carolina Governor Henry McMaster signed into law a near-total abortion ban in 2021 (Photo source: AP Photo/Jeffrey Collins).

Women Who Died because of an Abortion Ban

Abortion Bans Are Deadly

As politicians claim that abortion bans are intended to provide safeguards for women, opponents of these bans have consistently warned that restrictions and bans on abortion will only make abortion more difficult to access – leading to increased costs and dangerous delays in receiving care. News outlets like *The New Yorker* and *ProPublica* are sharing the stories of women and their families who have been directly harmed by abortion bans. In the words of *ProPublica*, “The worst consequences are now becoming clear.”^[10]



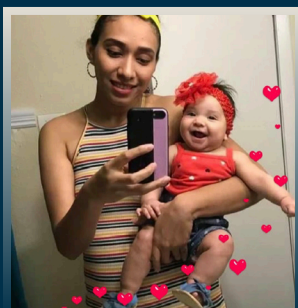
Yeniifer Alvarez-Estrada Glick (Texas)

Yeniifer Alvarez-Estrada Glick had a high risk pregnancy, with several known concerns including a history of pulmonary edema. Over the course of her pregnancy, Alvarez was admitted to the hospital multiple times, including several transfers to larger hospitals for more intensive care necessitated by hypertension, edema, and preeclampsia. At 31 weeks pregnant, Alvarez died of hypertensive cardiovascular disease. Her autopsy cited pregnancy as a contributing factor. The emergency room doctors were also unable to save the fetus. Several physicians familiar with her case indicated that in the past they likely would have counseled Alvarez to consider an abortion to preserve and stabilize her health. They speculated the total abortion ban in Texas caused them to reconsider what guidance they offer to patients with complex cases.^[11]



Candi Miller (Georgia)

Candi Miller had lupus, diabetes, and hypertension, conditions that made it extremely risky for her to have another baby. Although the Georgia ban makes exceptions for life-threatening emergencies, it doesn't account for chronic conditions known to present lethal risks, such as Miller's. In 2022, when she had an unintended pregnancy, she feared legal repercussions for seeking an abortion and she opted to self-manage her abortion using abortion pills ordered online. She suffered a complication that would require a D&C, but she remained reluctant to seek medical care due to current legislation in her home state of Georgia. After several days of suffering at home, Miller was found unresponsive in her bed with her youngest child at her side.^[12]



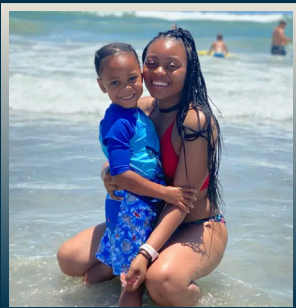
Josseli Barnica (Texas)

Josseli Barnica was admitted to a Houston hospital when she was 17 weeks pregnant with her second child. There, she learned that a miscarriage was in progress. Though doctors did not believe the fetus would survive, they refused to provide treatment for her miscarriage until there was no longer a fetal heartbeat. Her medical team informed her, “It would be a crime to give her an abortion.” For 40 hours she prayed for doctors to help her, all the while her uterus was exposed to bacteria. Barnica died of an infection three days after she delivered. Medical experts reviewing the case called it “horrific,” “astounding,” and “egregious.”^[13]



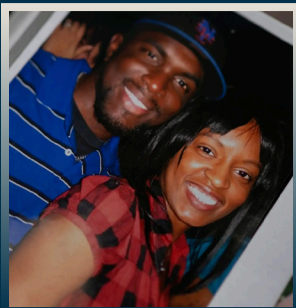
Nevaeh Crain (Texas)

Nevaeh Crain visited two different Texas emergency rooms within 12 hours. The first hospital diagnosed her with strep throat without investigating her sharp abdominal cramps. The second, confirmed her for sepsis, but said her six-month fetus still had a heartbeat, and that Crain should return home. On her third visit, Crain was bleeding and she was too weak to walk. She was finally admitted after seeking treatment for 20 hours. Even then an obstetrician insisted on two separate ultrasounds to “confirm fetal demise.” By then Crain’s blood pressure had plummeted and her organs were failing. She died hours later.^[14]



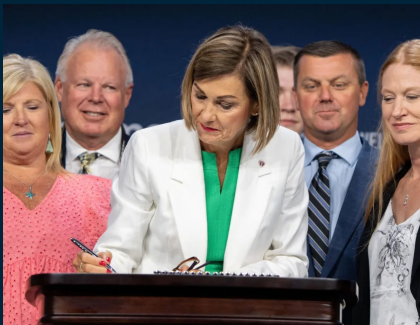
Amber Nicole Thurman (Georgia)

Amber Nicole Thurman was forced to travel to North Carolina for an abortion in the month immediately following Georgia’s abortion ban taking effect. When travel delays forced her to miss her appointment for a procedural abortion, Thurman agreed to instead take abortion pills but suffered a rare complication and infection after returning home that required a D&C. Her hospital in the Atlanta suburbs was well-equipped to treat her complication, but physicians waited 20 hours to operate, for fear that intervening sooner would violate Georgia’s six-week abortion ban. During this time her organs began to fail and her infection turned fatal. The state Maternal Mortality Review Committee later concluded her death was “preventable.” In November 2024, the state dismissed all members of the Committee.^{[15] [16]}



Porsha Ngumezi (Texas)

Porsha Ngumezi was admitted by the emergency department of a Houston, Texas, hospital in June 2023, while experiencing significant blood loss during a miscarriage of her pregnancy at 11 weeks. Over the course of six hours, Ngumezi passed large clots the size of a grapefruit and bled so much she required two transfusions. The obstetrician on duty only offered misoprostol for purposes of miscarriage management, calling the treatment routine. The bleeding continued. Three hours later, her heart stopped. More than a dozen doctor’s reviewing a detailed summary of her case determined her death was preventable. Given that Ngumezi was hemorrhaging and her medical history included a blood clotting disorder, it was clear she needed an emergency D&C. The doctors reviewing the case pointed to it as a fatal example of how Texas’s abortion ban has had a disturbing impact on what was once standard care.^[17]



Governor Kim Reynolds (Iowa) signed a 6-week abortion ban into effect in July 2023. She called a special legislative session with the sole purpose of banning abortion (Photo source: CNN/Shania Shelton). Three years before Roe fell, Governor Kemp of Georgia signed a ‘heartbeat’ bill, effectively banning all abortions around 6-weeks (Photo source: AP Photo/Bob Andres). In 2021, Greg Abbott, Governor of Texas, signed a six-week abortion ban into law (Photo Source: ABC/Kevin Reece).

Abortion Bans Lead to Life-Threatening Infections

An analysis conducted by ProPublica found that pregnancy became far more dangerous in Texas after the state banned abortion. Specifically, the rate of sepsis – a life-threatening condition requiring early treatment - increased by more than 50% among women who lost their pregnancy in the second trimester and were hospitalized as a result. Prior to 2021, the sepsis rate was relatively steady year after year. In 2021, 67 patients who lost a pregnancy in the second trimester were diagnosed with sepsis. That number jumped to 90 in 2022, and 99 in 2023. Notably, Texas authorities have announced that the maternal mortality review committee will skip over backlogged data from 2022 - 2023 and will begin analyzing data from 2024 in order to get a “contemporary” view of deaths.

The ProPublica analysis also found that patients who were experiencing a miscarriage when they arrived at the hospital, but didn’t initially meet the criteria for “fetal demise,” were most likely to develop sepsis. This confirms that delays in providing care to avoid breaking the law are contributing to negative patient outcomes and, in at least two cases, preventable deaths. Recently, more than 100 Texas doctors wrote a letter to the legislature saying the abortion ban kept them from providing lifesaving care.^[18]

Abortion Bans Contribute to Infant Mortality

Research has also shown an increase in infant mortality in states that recently enacted abortion bans. Texas enacted its ban in September 2021. From 2021 to 2022, Texas saw a 12.9% increase in infant deaths, compared to a 1.8% increase nationally. An exploration into the causes of these deaths revealed that during this time period, infant deaths attributable to birth defects significantly increased in Texas (up 22.9%) but decreased in the United States (down 3.1%). This research suggests that restrictive abortion policies which prohibit termination of nonviable pregnancies increase infant mortality and likely have other consequences, including increased trauma for the family and increased medical costs related to labor, delivery, and infant mortality.^[19]

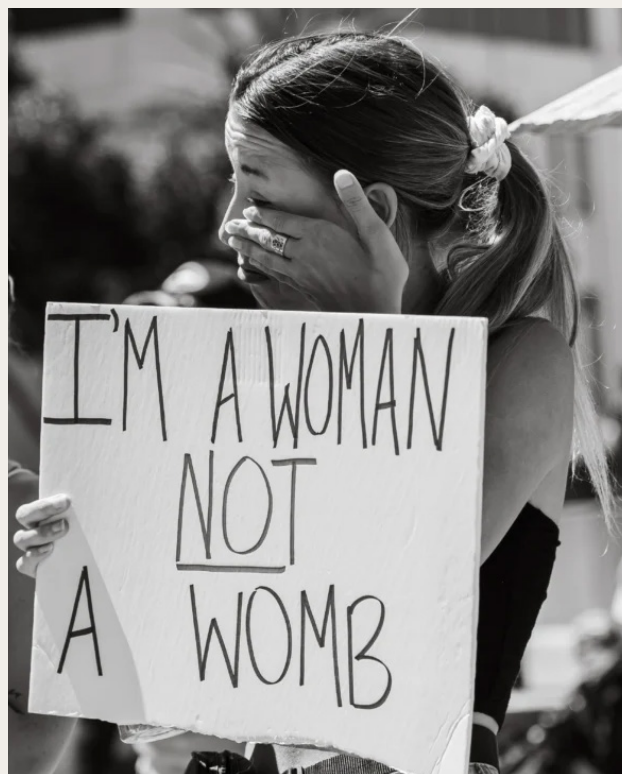
Looking to the Future

As anticipated, abortion bans have had disastrous effects for pregnant individuals and their families. But the people – including advocates and providers – continue working to block or overturn these bans and to find ways to provide care. For example, since the Dobbs decision, abortion has become a focus of state ballot initiatives. Many ballot initiatives to restrict access have failed, and initiatives to expand access have proved to be popular among voters. As of November 2024, eleven states – including Montana – had voted to enshrine the right to abortion in their state constitution.^[20]

Additionally, providers in states where abortion is still legal and accessible continue working to provide abortion care to individuals in more restrictive states – often under the protection of shield laws. This practice is evident in the Society for Family Planning’s #WeCount Study which identified an overall increase in the national number of abortions since the Dobbs decision – from a monthly average of 81,400 in 2022 to a monthly average of 98,000 in the first six months of 2024. This increase is driven in part by telehealth medication abortion, which now makes up 20% of all abortions in the country (compared to 4% in 2022).^[21] And, in response to this practice, there is a growing effort among extremist politicians to restrict the ability of individuals to access care across state lines, including by criminalizing the patients, their providers, and individuals offering support.^[22]

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CLOSING STATEMENT

The decision to ban abortion is made and carried out by elected officials. Politicians are prioritizing an ideological belief system over the health and well-being of real people. These laws are causing needless death and suffering. Abortion bans are a form of torture. The individuals who pass these deadly laws must be held accountable for their actions; abortion bans must be overturned immediately. We will not stop until everyone has access to the healthcare they need, free from government interference and criminalization.

Pregnant people deserve support, not control.



MONTANANS FOR CHOICE

Take Action

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