

GEORGIA'S 22 WEEK ABORTION BAN & ITS EFFECTS

BACKGROUND

In 2012, Georgia passed HB954, restricting abortions at 22 weeks or later from a person's last menstrual period (LMP), which posed challenges for people seeking abortion care in Georgia.

RISE researchers analyzed Georgia abortion data from before the ban (2007–13), during the partial ban (2013–15), and after the ban went into full effect (2016–17). Abortion data were analyzed for three racial/ethnic groups: Black, White, and Latinx. RISE researchers found that **Black patients seeking abortion care bore the brunt of this abortion restriction.**



RESULTS

- The number of abortions provided at 22 weeks or more from LMP declined sharply between 2007 and 2017.
- This decline was **especially steep among non-Georgia patients getting abortion care in Georgia** during the partial and full ban periods.
- After full implementation of the law, all three racial/ethnic groups experience declines in abortions at 22 weeks or later.
- **Black abortion seekers had the highest overall abortion ratio prior to the 22-week ban and experienced significant increases in abortions before 21 weeks, and the steepest decline in abortions at 22 weeks or later.**

Abortion ratio is the number of induced terminations per 1,000 live births for a given racial/ethnic group.

Using this measurement allows for comparisons across racial/ethnic groups with different population sizes.

PUBLIC HEALTH IMPLICATIONS

- After the 22-week ban, **Black women’s later abortions (22 weeks and later) decreased and earlier abortions (21 weeks and earlier) increased.** This highlights how Black women and providers worked to ensure legal access to abortions within legal limits.
- Due to Georgia’s prior role as a hub for abortion access in the Southeast, **HB954 has likely had profound effects on abortion access across the entire Southeastern region.**
- State legislatures and other policymakers must expand access to comprehensive reproductive health care and implement anti-poverty initiatives.
- Reproductive healthcare providers can facilitate patients’ autonomous decision-making by:
 - providing evidence-based health education and counseling
 - promoting access to full-spectrum pregnancy services, from prenatal care to pregnancy termination
 - advocating for health-promoting policies.

FACTORS INFLUENCING ABORTION ACCESS > 22 WEEKS



Cost of abortion



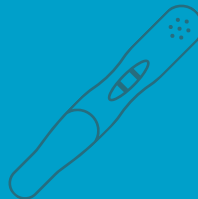
Young Age



Race/Ethnicity



Distance from health or abortion care clinic



Discover pregnancy later



Sudden pregnancy changes

Citations

Mosley EA, Redd SK, Hartwig SA, Narasimhan S, Lemon E, Berry E, Lathrop E, Haddad L, Rochat R, Cwiak C, Hall KS. **Racial and Ethnic Abortion Disparities Following Georgia's 22-Week Gestational Age Limit.** *Womens Health Issues.* 2022 Jan-Feb;32(1):9-19. doi: 10.1016/j.whi.2021.09.005.

Hall KS, Redd S, Narasimhan S, Mosley EA, Hartwig SA, Lemon E, Berry E, Lathrop E, Haddad LB, Rochat R, Cwiak C. **Abortion Trends in Georgia Following Enactment of the 22-Week Gestational Age Limit, 2007-2017.** *Am J Public Health.* 2020 May 21;110(7):e1-e5. doi: 10.2105/AJPH.2020.305653.



The Center for Reproductive Health Research in the Southeast (RISE) is a research center housed at Emory University Rollins School of Public Health. Our mission is to improve reproductive health and equity of people in the U.S. Southeast through transdisciplinary research that informs social, systems, and policy change.