

“THE RIGHT THING TO DO WOULD BE TO PROVIDE CARE... AND WE CAN’T”: PROVIDER EXPERIENCES WITH GEORGIA’S 22-WEEK ABORTION BAN

ABORTION CLINIC PROVIDERS SAID GEORGIA’S 22-WEEK ABORTION BAN HAD ADVERSE EFFECTS, WHICH INCLUDED:

Additional labor + service delivery restrictions

Legally constructed risks for providers

Intrusion into the patient-provider relationship

Impact of limited services

Providers indicated the ban harmed those already marginalized: people of color, people experiencing economic challenges, and people with underlying medical conditions. Even in the face of restriction-related challenges, providers expressed commitment to providing quality care.

WHY DID RISE DO THIS STUDY?

In 2012, Georgia passed House Bill 954, which banned abortions at or after 22 weeks from a person’s last menstrual period. Georgia fully implemented the ban in 2015. RISE wanted to examine abortion provider perspectives on the ban’s impact on abortion care access and provision.

WHAT DID RISE DO?

From May 2018 to September 2019, RISE researchers conducted 20 in-depth interviews with abortion providers, including clinic directors and administrators; clinicians like physicians, nurses, and sonographers; and those in patient-supporting roles, such as health educators and phone center staff. On average, participants had worked in their organization for eight years and in abortion care for over 13 years. RISE then analyzed interview data using an iterative thematic analysis.

WHAT DID RISE FIND?

Participants reported strict adherence to the ban and described its negative consequences:

Additional Labor + Service Delivery Restrictions

“It makes my job hard because I have to turn somebody away... the look of despair and hopelessness on their face... I try to do as much as I possibly can to help them get to where they can get to.”

Legally Constructed Risks

“For instance, hesitancy to take on cases that may have more risk, even if those patients are under the limit: “Our physicians just have become more restrictive in who they see, because they know that they have a hostile legal environment to deal with, and that... the law will not support them... they’re feeling scared to take on sicker patients....”

Intrusion into the Patient-Provider Relationship

“Let’s say their blood pressure is up, they’re anemic... if we identify that patient right towards the end, [when] they are near the cut-off, then we have no working room to help them get into a better shape to have the procedure.”

Limited Services

“It just takes an emotional toll on us, having to turn women away. There are just really difficult, heartbreaking circumstances, and we all know that, morally, we think the right thing to do would be to provide care to patients seeking it. Our hands are tied, and we can’t.”

Disproportionate Harm on Most Marginalized

“I think there are folks that want to have power and control over women and poor people and people of color and regulate what they do with their bodies, and I think sometimes they put that in the name of religion.”

Provider Commitment to Quality Care

“[Patients] call me back, and they just tell me... ‘thank you so much.’ I made a difference in their life. That’s the reward that I look for, you know, that lets me know I’m doing exactly what I need to do.”

WHAT DOES THIS MEAN FOR POLICY AND PRACTICE?

Health care providers shoulder multiple burdens due to restrictive policies like Georgia’s 22-week abortion ban. Additional restrictions, like Georgia’s 2022 ban (see Redd et al.) on abortion after around six weeks gestation, likely exacerbate these burdens and may accelerate provider burnout. There is an urgent need to challenge state-level restrictive policies and advance efforts for evidence-based policies that protect patients’ access to later abortion care, ensure reproductive autonomy, and enable providers’ continued ability to provide quality care.

REFERENCES

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