

Abortion Justice and Black Maternal Health: Closing the Gap in Care and Outcomes

Overview and Background

Black maternal health and abortion justice are deeply interconnected, both rooted in the pursuit of bodily autonomy, equitable healthcare, and the right to parent—or not—in safe and supportive environments. Black women and birthing people in the United States face a maternal health crisis that is exacerbated by systemic racism, restrictions on abortion access, and inadequate healthcare infrastructure. The U.S. has the highest maternal mortality rate among high-income countries, with Black women experiencing rates 3 to 4 times higher than those of white women. State-level abortion bans and restrictions disproportionately harm Black communities by limiting access to essential reproductive care and driving higher maternal and infant mortality rates, especially in states with significant Black populations. Ensuring access to abortion and comprehensive maternal healthcare is essential to closing these racial disparities and improving outcomes for Black women and birthing people.

To confront these realities, it is critical to break down issue silos and build strong, interconnected movements that protect and advance the full spectrum of pregnancy-related and reproductive care. This holistic approach is essential to shaping a policy and healthcare landscape where Black women, birthing people, and our families can truly thrive.

Key Facts

- As of March 2025, [12 states](#) have a total ban on abortion and 7 states with bans at or before 18 weeks' gestation.¹ An additional three states have gestational limits between 12 and 18 weeks; 22 states have a viability standard or limits between 20-24 weeks; and nine states have no gestational limits at all.
- In [2023](#), the maternal mortality rate for Black women was 50.3 deaths per 100,000 live births, significantly higher than rates for White (14.5) and non-Black Hispanic (12.4) women.² These rates are highest in the deep south, where abortion bans are also most prevalent.
- While White, Hispanic, and Asian women all saw decreases in maternal mortality rates from 2022 to 2023, [Black women saw a slight rise](#) and are still 3 to 4 times more likely to die from pregnancy-related complications than white women.³

¹ *State bans on abortion throughout pregnancy.* (2025, March 26). Guttmacher Institute. <https://www.guttmacher.org/state-policy/explore/state-policies-abortion-bans>

² *The struggle to improve Black maternal health in Georgia.* (2025, February 26). ACLU of Georgia. <https://www.acluga.org/en/news/struggle-improve-black-maternal-health-georgia>

³ Hoyert, D. L. (2025). Maternal Mortality Rates in the United States, 2023. In *NCHS Health E-Stats* (pp. 3–6). National Center for Health Statistics. <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2023/Estat-maternal-mortality.pdf>

- Of the 24 states with abortion bans, [21](#) have the fewest maternity care providers relative to need.⁴ Not enough medical school graduates are applying for residencies in these restrictive states, worsening maternity care shortages.
- Rural Black communities face heightened maternal health risks; Black women in rural areas often encounter significant challenges in accessing reproductive healthcare. Religiously affiliated hospitals may be the only local providers, limiting access to comprehensive services, including abortion care. Additionally, the number of abortion providers is decreasing, especially in rural areas, leading to [87%](#) of people living in counties without a known abortion provider.⁵ This lack of access disproportionately affects Black women, who are more likely to lack health insurance and face economic barriers to care.

Impact

Abortion bans & restrictions disproportionately harm Black women and birthing people by:

- **Limiting Access to Care:** States with stringent abortion laws often have fewer maternity care providers, leading to "maternity care deserts" that force individuals to travel long distances for prenatal and maternal health services.
- **Increasing Health Risks:** Restricted access to abortion care compels individuals to carry unintended or high-risk pregnancies to term, elevating the likelihood of life-threatening complications, especially for those with pre-existing health conditions more prevalent among Black women.
- **Delaying Emergency Care:** More Black women are dying because healthcare providers are hesitant to perform procedures like dilation and curettage (D&C) for miscarriages or non-viable pregnancies due to state laws that threaten their licenses and impose criminal penalties. Pregnant people are forced to wait longer for care or travel to safe haven states where abortion is legal, protected, and treated as essential healthcare.

Legislative and Policy Background

As of [March 2025](#), abortion is totally banned or restricted within the first 6 weeks of pregnancy across **14 states**, with an additional three states banning abortion before week 18. Most bans are concentrated in the South and Midwest, where large Black populations face additional barriers to maternal healthcare. **22 states** allow abortion up to around the time of viability, and 9 states have no gestational limits.⁶

Since the *Dobbs v. Jackson Women's Health Organization* decision overturned *Roe v. Wade* in 2022, abortion bans have led to the closure of clinics and a shortage of maternal healthcare providers. States

⁴ Gruver, M. (2025, April 13). *Wyoming: Abortion bans set to be argued in state Supreme Court* | AP News. AP News. <https://apnews.com/article/wyoming-abortion-clinic-laws-lawsuit-court-ruling-ad263f18b59e42eccf908eaf57c5c4f5>

⁵ Wheeler, C., Aina, A. D., Nickelson, R. S., Gay, E. D., Black Mamas Matter Alliance, Attendees of the BMMA 2019 Alliance Convening, & Attendees of the BMMA 2022 Alliance Convening. (2023). Black Mamas Matter: in Policy and practice. In Black Mamas Matter Alliance & Policy & Advocacy Department, *Black Mamas Matter: In Policy and Practice*[Report]. https://blackmamasmatter.org/wp-content/uploads/2023/04/0411_BMMA_PolicyAgenda_v5.pdf

⁶ *State bans on abortion throughout pregnancy*. (2025b, March 26). Guttmacher Institute. <https://www.guttmacher.org/state-policy/explore/state-policies-abortion-bans>

with restrictive abortion laws, such as Louisiana, Georgia, and Texas, have also experienced the highest increases in Black maternal mortality rates.

Policy Recommendations

To improve maternal health outcomes and advance abortion justice, policymakers should:

- **Pass the EACH Act and Abortion Justice Act**
The Federal Government must end the Hyde Amendment and ensure abortion coverage for all individuals receiving care or insurance through federal programs, including Medicaid and CHIP. Protect abortion providers and patients from legal penalties and prosecution while securing insurance coverage for abortion and miscarriage care without cost sharing.
- **Ensure Equitable Coverage**
Eliminate all bans on insurance coverage for abortion and require all health plans (public and private) to cover abortion and miscarriage care. Secure adequate Medicaid reimbursement rates to maintain provider availability.
- **Invest in Maternal and Abortion Care**
Provide direct funding for abortion clinics and maternal health services, especially in underserved areas. Increase investments in rural maternity care to reduce maternity care deserts.
- **Expand Provider Training**
Strengthen obstetrics and gynecology programs and expand training opportunities for OB-GYNs, midwives, nurse practitioners, and physician assistants to provide culturally competent care.
- **Reduce Criminalization and Enhance Privacy Protections**
Enact state-level shield laws to protect providers and patients from out-of-state prosecution. Prohibit criminal penalties for pregnancy outcomes, including miscarriage and self-managed abortion.
- **Address Racial Disparities**
Expand Medicaid postpartum coverage to 12 months. Increase funding for community-based organizations providing culturally competent maternal and reproductive healthcare to Black, Latina, Indigenous, and low-income communities. Mandate implicit bias and anti-racism training for healthcare providers.

Source: All Above All. Abortion Justice Playbook: A Practical Tool for Stakeholders. 2024.*

Messaging Guidance

Framing the Issue:

- Black maternal health and abortion justice are not separate fights—they are deeply connected. Access to abortion, miscarriage care, and maternal health services are all part of the same continuum of reproductive healthcare.
- You can't address Black maternal mortality without talking about abortion access. Black women are disproportionately impacted by both restrictive abortion laws and systemic racism in maternity care—solutions must address both.

- Everyone deserves the right to decide if, when, and how to become a parent—and to do so safely and with dignity. That includes access to abortion care and maternal health services, without barriers rooted in systemic racism, geography, or income.

Grounding in Facts:

- The U.S. has the highest maternal mortality rate of any high-income country—and Black women are dying at 3 to 4 times the rate of White women.
- States with abortion bans also have the worst maternal health outcomes, the fewest maternity care providers, and the largest Black populations. This is not a coincidence—it's a crisis caused by policy choices.
- As of March 2025, 12 states have total abortion bans, and 21 of those with bans lack enough maternity care providers to meet demand. When clinics close, pregnant people lose access to essential care—even in emergencies.

Why This Matters:

- Abortion bans don't just stop abortion—they delay care for miscarriages, increase complications, and force people to travel or suffer.
- In rural areas, Black women are already more likely to face care deserts. Bans make it even harder to get safe, timely care.
- We're seeing real-time consequences: doctors delaying lifesaving care, patients being turned away, and providers afraid to treat pregnancy complications.
- Abortion bans delay emergency care—not just for people choosing abortion, but for people experiencing miscarriage or severe pregnancy complications.
- Conditions like preeclampsia, sepsis, placental abruption, and ectopic pregnancy can turn deadly fast—especially when providers are forced to wait until a patient is 'sick enough' to legally intervene.
- We've heard the stories: Black women being turned away while miscarrying, sent home while bleeding, or told to come back 'when things get worse.' That is not healthcare. That is cruelty.

Call for Action:

- We need federal action now: Pass the EACH Act and Abortion Justice Act to ensure abortion coverage and legal protections for patients and providers.
- It's time to end abortion coverage bans like the Hyde Amendment and make sure Medicaid, CHIP, and private insurance all cover this care.
- We must invest in maternal health infrastructure—especially in rural areas and communities of color—by expanding provider training, community clinics, and postpartum Medicaid.
- We need shield laws to protect people from being criminalized for pregnancy outcomes—and to protect providers who are just doing their jobs.