

MATERNAL MORTALITY IN THE UNITED STATES AFTER ABORTION BANS

Mothers Living in Abortion Ban States at Significantly
Higher Risk of Death During Pregnancy and Childbirth

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Key Findings

- **Mothers living in states that banned abortion nearly 2x as likely to die** during pregnancy, childbirth, or soon after giving birth, compared to mothers living in supportive states where abortion was legal and accessible¹
- Maternal mortality **fell 21% in supportive states post-Dobbs**²
- Maternal mortality **rose 56%** in Texas in the first full year of the state’s abortion ban; **up 95% among White women**
- In banned states, the **Black-White maternal mortality gap widened from 2.2x to 3.3x** following abortion bans
- **Black mothers living in banned states were 3.3x as likely to die** as White mothers in those states.
- Women’s risk of maternal death in Texas was **155% higher** than in California
- Latina mothers in Texas faced nearly **triple the risk of maternal mortality** as those in California.

Mothers in banned states more likely to die during pregnancy, childbirth, or soon after giving birth

As of January 1, 2025, roughly 62.7 million women and girls lived under state abortion bans.³

Even before abortion was outlawed, the states that subsequently banned abortion had worse outcomes on key indicators of reproductive health, as reported in [The State of Reproductive Health in the United States \(January 2023\)](#). “Maternal Mortality in the United States After Abortion Bans,” the fourth publication in [Gender Equity Policy Institute’s](#) series on [Reproductive Health in the United States](#), presents GEPI’s analysis of 2019-2023 Centers for Disease Control and Prevention (CDC) data on maternal mortality to compare maternal health outcomes in the banned states, the supportive states, and the U.S. overall. The year 2023 is the most recent one for which annual data is publicly available from the CDC. Thirteen states enforced bans for the entirety of this year. (See Appendix 3.)

Women who lived in states that ban abortion were significantly more likely to die during pregnancy, while giving birth, or soon after the birth of their child, compared to those who lived in states where abortion care was legal and accessible, our analysis shows. A mother’s risk of dying was nearly twice as high in the banned states.⁴ In some states, the risk was even higher. Mothers in Louisiana, for example, were three times as likely as mothers in supportive states to die during pregnancy, childbirth, or soon after giving birth.⁵

In the 24 states where abortion is legal and accessible (supportive states), mothers are more likely to survive pregnancy. Likewise, the trends on maternal mortality are moving in an encouraging direction. Maternal mortality went down 21 percent in these states post-Dobbs.⁶ A decline of 16 percent took place in the U.S. overall.⁷

This fall in maternal mortality—outside the banned states—is a positive development, especially given that the U.S. has one of the highest maternal mortality rates among wealthy advanced democracies.⁸

Texas: Early Ban, Alarming Trends

Texas was the only state to outlaw abortion and enforce a ban before the 2022 Dobbs decision. In September 2021, Texas Senate Bill 8 (S.B. 8), banning abortion at approximately six weeks, went into effect after the U.S. Supreme Court rejected a request for a stay.⁹ Through S.B. 8, abortion was effectively outlawed in Texas approximately nine months before any other state moved after Dobbs to enforce a ban.

In the first full year of Texas’s state abortion ban (2022), maternal mortality increased significantly.¹⁰ The maternal mortality rate in Texas rose 56 percent.¹¹ Among White mothers, it was up 95 percent.¹² Over the same time period, maternal mortality overall increased just 11 percent in the United States.¹³

In 2023, Texas’s maternal mortality rate was also substantially higher than the rate in the United States. Overall, maternal mortality was up 33 percent post-ban.¹⁴ Within Texas, Black women were 2.5 times as likely as White women to suffer maternal death in 2023.¹⁵

Mothers in Texas were 1.7 times as likely to suffer maternal mortality as mothers in supportive states.¹⁶ Latina and White mothers in Texas faced double the risk of maternal mortality, compared to their counterparts living in supportive states.¹⁷

Two Americas: Texas versus California

More maternal deaths occur in Texas than in any other state, and a disproportionate share of U.S. maternal deaths take place in the state.

To be sure, Texas is the second most populous state in the country, and a larger number of maternal deaths would be expected there than in less populous states. However, comparing Texas to the country’s most populous state—California—illuminates how perilous it is to a woman’s health to be pregnant in Texas.

California had the lowest maternal mortality rate of any state reporting data in 2023. At 9.5 maternal deaths per 100,000 live births, it was roughly half the rate of the United States overall (18.6).

California's laws, policies, and practices on reproductive healthcare are dramatically different than Texas's. Even though 59% of Texans support abortion in all or most cases, according to new research by PRRI, elected officials in Texas have enacted some of the most stringent anti-abortion laws in the nation.

In California, by contrast, voters enshrined the right to abortion and contraception in the state constitution. California provides public funding for contraception and abortion care and a year of post-partum health coverage for mothers and babies under state Medi-Cal. Texas bans public and private insurers from covering abortion and has not accepted Medicaid expansion under the ACA, which provides no-cost contraception. California proactively protects the legal rights of abortion care providers and patients traveling from other states to access care. Recently, the Texas Attorney General arrested a midwife, charging her with performing illegal abortions, a felony which is punishable by up to 20 years in prison.¹⁸

While many factors affect maternal mortality, the outcomes in Texas and California are dramatically different. Texas has persistently higher maternal mortality than California across all years.¹⁹

In 2023, Texas's maternal mortality rate was 155 percent higher than California's.²⁰ Latina mothers in Texas faced nearly triple the risk of maternal mortality as those in California.²¹ White mothers in Texas faced more than double the risk, compared with their counterparts in California.²²

Black Women in Banned States at the Highest Risk of Maternal Death

Black women and girls are disproportionately concentrated in states that banned abortion. One in eight women and girls in the U.S. are Black; one in four lived in banned states in 2023.²³ That proportion has grown substantially since the southern states of Florida, South Carolina, Georgia began enforcing bans in 2024.

The maternal mortality rate in banned states for Black women, 60.9 maternal deaths per 100,000 live births, was significantly higher than the rate for White (18.2) or Latina (18.2) women. (The observed increase between 2019 and 2023 in Black maternal mortality in banned states was not statistically significant. Data is insufficient to report on Asian and Pacific Islander or Native American women in banned states.)

Black mothers living in banned states were more than three times as likely to die as White mothers in those states. Put another way, Black maternal mortality was 234 percent higher than White maternal mortality in the banned states.²⁴ The Black-White gap in maternal mortality also widened significantly post-bans. In 2019, the last year before the COVID pandemic spike in maternal deaths, Black mothers living in states that went on to ban abortion had been 2.2 times as likely as White mothers to die during pregnancy, childbirth,

or shortly after giving birth; by the end of 2023, that disparity had grown to 3.3 times.²⁵

Not only did Black women suffer worse outcomes within the banned states, compared to women of other races and ethnicities, but they were also at significantly higher risk of death than Black women who lived in supportive states.²⁶

Latina and White mothers likewise faced increased risk of dying while pregnant or giving birth in banned states compared to supportive states. Latina maternal mortality was nearly twice as high in banned states as in supportive states.²⁷ White maternal mortality was 1.6 times as high.²⁸ (Estimates of the maternal mortality rate for Native American women in the U.S. in 2023 were unreliable.)

Conclusion

The right to control if and when to have children is foundational to women's freedom; it is globally recognized as a fundamental human right.²⁹ Nearly 63 million women and girls in the United States have lost that right, now that 16 states have banned abortion.³⁰

The number of women in America who die in pregnancy, childbirth, and soon after giving birth is tragically high. This is true throughout the country. Nevertheless, as this report has documented, women in states that banned abortion are at significantly higher risk of maternal death, and longstanding racial disparities in maternal mortality are significantly worse in banned states.

Appendix 1: Methodology

Data from the American Community Survey (ACS) 2023, accessed through IPUMS ATUS, University of Minnesota, www.ipums.org, was analyzed to estimate the number of women and girls living in state group categories by race/ethnicity.

[Gender Equity Policy Institute](#) analyzed data from the National Vital Statistics System, published by the National Center for Health Statistics (NHCS) and accessed through CDC Wide-ranging Online Data for Epidemiologic Research, also known as [CDC WONDER](#).

Mortality data from 2019 - 2023 was obtained from Underlying Cause of Death, 2018-2023, Single Race dataset. Live births data was obtained from Natality for 2016 - 2023 (expanded) dataset.

Maternal deaths were identified based on WHO's International Statistical Classification of Diseases, 10th Revision code numbers A34, O00-O95, and O98-O9. Maternal deaths are defined as "the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes" (WHO, 2009).

Maternal deaths and live births were obtained disaggregated by race/ethnicity, state, and year. For state group categories (e.g., banned and supportive), aggregated maternal deaths and live births were directly obtained from CDC WONDER by selecting the states within each category. This approach avoided issues with data suppression in states reporting fewer than 10 maternal deaths.

Maternal mortality rates (MMR) were calculated by matching maternal deaths with live births from the corresponding state and, when available, race or ethnicity. The MMR is reported as the number of maternal deaths per 100,000 live births.

All reported findings are statistically significant. The analysis employs Poisson regression models to examine maternal mortality trends. Estimated marginal means (EMMs) and interaction terms are used to assess variations by race and state. Exact Poisson and proportion tests further validate year-over-year mortality differences at the state level. Due to the small size of data, the estimates are conservative or results likely underestimate the trends.

Appendix 2: A Research Note on Covid-19 and Maternal Mortality

During the COVID-19 pandemic years of 2020 and 2021, maternal deaths spiked in the United States, in all state categories, and in nearly every reporting state.

According to a [report by the U.S. Government Accountability Office](#), Covid was a “contributing factor in one quarter of all deaths in 2020 and 2021 combined.” Pregnant and post-partum women were at risk of complications from COVID infection and were more likely to have severe symptoms.

Still, in each year from 2019 to 2023, maternal mortality was highest in banned states and lowest in supportive states. A recent [CDC NCHS publication on maternal mortality](#) in the U.S. found a statistically significant decline from 2021 to 2022 and from 2022 to 2023. Our analysis of U.S. and supportive states finds a statistically significant decline in maternal mortality from 2022 to 2023, as reported above.

While some point to the decline in Texas’s maternal mortality rates between 2021(a Covid peak year) and 2022 as illustrative of abortion bans having the effect of reducing maternal deaths, GEPI’s statistical tests show that this decline was not statistically significant ($p = .264$).

Appendix 3: Classifying states by Abortion Access

Banned states are those in which abortion was banned at six weeks’ gestation or earlier and the ban was enforced through the entirety of 2023.

Supportive states are those in which abortion was allowed without restriction until viability through the entirety of 2023. Many of these states have enacted laws or constitutional amendments to protect access to comprehensive reproductive healthcare, including to contraception and abortion care.

Restrictive states are those in which: 1) abortion was restricted before viability through gestational limits between 6 and 18 weeks; and/or 2) medically unnecessary restrictions on abortion care access were in place through all of 2023; and/or 3) abortion ban enforcement began after July 1, 2023.³¹

BANNED	RESTRICTIVE	SUPPORTIVE
Alabama	Arizona	Alaska
Arkansas	Florida	California
Idaho	Georgia	Colorado
Kentucky	Indiana	Connecticut
Louisiana	Iowa	Delaware
Mississippi	Kansas	District of
Missouri	Nebraska	Columbia
North Dakota	North Carolina	Hawaii
Oklahoma	Ohio	Illinois
South Dakota	South Carolina	Maine
Tennessee	Utah	Maryland
Texas	Virginia	Massachusetts
West Virginia	Wisconsin	Michigan
	Wyoming	Minnesota
		Montana
		Nevada
		New Hampshire
		New Jersey
		New Mexico
		New York
		Oregon
		Pennsylvania
		Rhode Island
		Vermont
		Washington

Endnotes

1. Maternal mortality is reported as a rate—the number of maternal deaths per 100,000 live births. All findings in this report are based on Gender Equity Policy Institute (GEPI) analysis of data abstracted from publicly available data sources, including the National Vital Statistics System and the U.S. Census American Community Survey (ACS). All reported findings are statistically significant. See Methodology for more details on the data analysis and statistical testing.
2. To examine trends in maternal mortality, we analyzed and compared annual maternal mortality rates pre- and post-abortion ban. For supportive states, the baseline year is 2022—the year the Dobbs decision was issued.
3. Gender Equity Policy Institute analysis of ACS 2024.
4. $p \leq 0.001$
5. $p \leq 0.0001$
6. $p = 0.008$
7. $p = 0.0005$
8. “Maternal Mortality Ratio - OECD Members Data,” <https://data.worldbank.org/indicator/SH.STA.MMRT?locations=OE>.
9. Texas also enacted a [trigger law](#) in 2021 banning abortion at conception, which took effect in July 2022 after Dobbs.
10. All state categories and all states experienced a spike in maternal mortality associated with the Covid-19 pandemic. (See Appendix 2.) For Texas and any trend analysis that includes Texas, 2019 is taken as the baseline pre-ban year, so as to remove the Covid years (2020 and 2021) from the analysis. For supportive states and the U.S. overall, the year Dobbs was issued—2022—is taken as the baseline pre-ban year.
11. $p = 0.003$
12. $p = 0.005$
13. $p = 0.043$
14. $p = 0.085$
15. $p = 0.0008$. There is insufficient data from 2023 on maternal mortality by race/ ethnicity in Texas to report any trends within specific groups. Any additional observed increases or decreases not reported here were not statistically significant.
16. $p \leq 0.0001$
17. $p = 0.001$ (White); $p = 0.0005$ (Latina)
18. On Texas, see Guttmacher Institute, Abortion Policies and Access After Roe, <https://states.guttmacher.org/policies/texas/abortion-policies>; on California, see Guttmacher, <https://states.guttmacher.org/policies/california/abortion-policies>; “Texas Midwife Accused by State’s Attorney General of Providing Illegal Abortions,” The Associated Press, March 18, 2025 <https://www.mprnews.org/story/2025/03/18/texas-midwife-accused-states-attorney-general-providing-illegal-abortions>.
19. $p \leq 0.0001$
20. $p \leq 0.0001$
21. $p \leq 0.001$
22. $p = 0.0026$

23. GEPI analysis of ACS 2023. Specifically, in 2023, 12 percent of U.S. women and girls were Black and 26 per-cent of them lived in banned states.
24. $p = 0.023$
25. $p = 0.061$
26. $p \leq 0.0001$
27. $p = 0.002$
28. $p = 0.003$
29. For an example of the application of a human rights framework to reproductive healthcare, see, Maria Isa-bel, et. al., “Ensuring Human Rights in the Provision of Contraceptive Information and Services: Guidance and Recommendations,” Geneva: World Health Organization, 2014.
30. GEPI analysis of ACS 2024.
31. Due to changes in state laws, three states moved categories in the years since our first analysis of outcomes by state category was published in January 2023. Michigan adopted a constitutional amendment protecting abortion access in November 2022 and moved into the supportive category for 2023. Arizona’s pre-state-hood trigger ban was enjoined throughout 2023, and abortions continued to be provided under restrictive conditions. Arizona was removed from the banned category and placed in the restrictive category for 2023. Wyoming has enacted two abortion bans and a ban on medication abortion, but all bans in the state remain enjoined by the courts. Thus, the state was removed from the banned category and placed in the restrictive category for 2023.

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About Gender Equity Policy Institute

Gender Equity Policy Institute (GEPI) is a 501(c)3 nonprofit organization dedicated to accelerating women’s equality in the United States through data-driven research, strategic advocacy, and policy development. Our mission is to rebalance systems, guarantee equitable opportunity, and secure a just, healthy, and sustainable future for all people.

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