

Re-Scripting Depictions of Abortion on Screen

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Telling Stories about Pregnancy Decisions and Abortion in Context

In June 2022, the U.S. Supreme Court issued a ruling in *Dobbs v. Jackson Women's Health Organization* that upended fifty years of settled law to eviscerate the right to abortion care by overturning *Roe v. Wade*.

The *Dobbs* decision sparked a strong interest among many entertainment-industry creators in **incorporating authentic stories** about abortion into their work, including the real demographic and economic circumstances of people who seek abortion care, accurate depictions of abortion procedures, and compelling portrayals of the **political and logistical barriers** characters face in accessing care.

In this resource sheet, [Abortion Onscreen](#) and the [Better Life Lab at New America](#) suggest an additional lens for storytelling: situating the reproductive health decisions that on-screen characters make into the broader U.S. context, a context in which widespread **abortion bans and restrictions are coupled with a profound lack of work-family supports**.

Unfortunately, forced pregnancy and no work-family support is the post-*Roe* reality for people in most of the United States. However, telling stories about the smaller number of states that take a more supportive approach for pregnant people and parents is also important.



Pregnancy decision-making rarely happens in isolation.

Telling more authentic stories means zooming out to provide the bigger picture, including the broader cultural and political context, and the structural barriers most people in the United States face when making decisions about whether and when to have children.

This means creating narratives that illustrate real-world realities, such as:

- Supportive policies like paid family and medical leave for most workers, and even paid sick time for lower-wage workers, are rare;
- Child care is expensive and often nearly impossible to find;
- Workplace schedules for many workers are unpredictable and inflexible; and
- Wages—especially for some women, people of color, LGBTQ+ people, and disabled people—are extraordinarily low, which makes supporting a household very difficult.

Some states do offer [abortion protections and family-friendly policies like paid leave](#), but most states offer neither. None of this has improved in any substantial way in states that ban or restrict abortion since the *Dobbs* decision. In fact, the divide between supportive and unsupportive states has only grown starker.

Weaving work-family considerations into pregnancy and abortion storylines will help make characters and their circumstances more relatable. And this type of story treatment places abortion in the full context of people’s lives.

Stories about pregnancy decision-making no longer need to be “very special episodes.”

Integrating pregnancy and abortion stories onscreen into characters’ lives and backstories, in casual conversations as well as multiple episodes and story arcs, can help normalize abortion; open up honest discussions about health, work, family, and parenting; and connect viewers with crucial resources.

These more detailed representations may also broaden public understandings and cultural conversations about abortion and work-family supports, like paid family and medical leave, and can help audiences better understand the connections between these crucial issues.

Helpful Definitions

Abortion: A procedure or process to end a pregnancy, often obtained in one of two ways: via an in-clinic medical procedure or via medications administered at a clinic or obtained by the patient on their own; can also include medical interventions to resolve miscarriages or ectopic pregnancies.

Caregiving/Caregiver: The health-related, emotional, or other practical support one person provides to a loved one (including to a person seeking an abortion), or more generally a person—like a parent or adult child—who cares for others in their families, whether a child, or an older or disabled adult. This document is concerned with [family caregiving](#), which is typically unpaid, rather than with [paid professional caregivers and domestic workers](#).

Child care: As applied to this document, paid care for an infant, toddler, or child that enables a parent to work, provided by a child care center, early educators, a nanny, or a babysitter.

Job-protected leave: A worker’s right to return to their same job after taking leave for health or family caregiving purposes. This leave can be required by law (e.g., the federal Family and Medical Leave Act, for eligible workers in covered worksites, or those covered under similar state laws) or an employer’s practice.

Paid family and medical leave: A worker’s ability to take weeks or months away from work with pay to care for themselves, a new child, or a family member, and can be provided either by an employer or through a state-run paid family and medical leave program in [some U.S. states](#).

Paid sick time: A worker’s ability to take hours or a small number of days away from work for their own, a child’s, or a family member’s routine health needs, medical appointments, and uncomplicated illnesses. Paid sick time is required by law in [some U.S. states and cities](#).

Pregnancy decision-making: A decision about whether to carry a pregnancy to term, relinquish a baby for adoption, or terminate the pregnancy through an abortion.

Workplace flexibility: The extent to which a worker has any say in their weekly or daily schedules, control over where and when they work, or the ability to alter start or end times—especially to accommodate family, transportation, education, multiple jobs, or other personal scheduling needs and responsibilities.



How are abortion stories being told now?

The world has changed. *Roe v. Wade* is no longer the law of the land and it's time to update our storytelling framework, too. Before we leap forward, let's look at abortion portrayals in the recent past and present.

A decade of research shows that abortion on television and film often traffics in myths and misrepresentations. Characters who seek and obtain abortions are often [younger, whiter, and wealthier](#) than their real-life counterparts, and are depicted as childfree instead of raising children at the time of their abortion. Television in particular depicts [relatively few legal, logistical, and financial barriers](#) to abortion access compared to today's reality of onerous, medically unnecessary, and cruel bans and restrictions on abortion.

We conducted a new analysis of the past five years (January 2018 to May 2023) of television and film plotlines in which a character considers or obtains an abortion, looking for context related to caretaking and workplace issues (such as paid leave).

When looking specifically at abortion storylines involving adult characters, we found that:

- Only **4.8 percent of TV shows** and **5.5 percent of movies** with abortion plotlines include **portrayals or consideration of financial circumstances, workplace concerns, child care availability, family responsibilities, or health issues** as part of pregnancy decision-making.

In reality: [Research](#) shows that the most commonly reported reasons people give for choosing to have an abortion are often based on their socioeconomic or family circumstances, such as financial concerns, mistimed pregnancies, partner-related reasons, and the need to focus on their other children.

- Only **1.6 percent of TV shows** and **less than 1 percent of films** with abortion plotlines **reference workplace accommodations, including paid leave**, for an abortion-seeker or caregiver.

In reality: The issues of [abortion access and paid leave are intertwined](#), and abortion patients often must use the [few sick days they have for abortion care](#), if they have paid sick days at all. In states where abortion is banned or heavily restricted, many people must take off even more work time to travel for abortion care.

- **Very few TV plotlines (just 9 percent) involve a supporting caregiver.** Of those, about one-third (32 percent) involve someone caring for the person having an abortion before, during, or after the abortion.

In reality: [Most abortion patients](#) do disclose their decision to have an abortion to at least one person and receive support. Whether someone has an in-clinic abortion or a medication abortion at home, they often have someone to lean on and care for them—and often that person is taking time away from work.

The rise of abortion bans and threats to those who “aid and abet” abortion seekers can make seeking or providing support—and taking time away from work to do so openly—more fraught. This is an important consideration for storytellers who want to portray realistic context.

- Across representations in both TV and film, **of characters that mention workplace concerns or caregiving needs, the vast majority are white and either middle class or wealthy.** On television, for example, 77 percent of characters who discuss parenting responsibilities as part of their pregnancy decision-making are white, and 66 percent are middle class or wealthy. In our sample of films, less than 1 percent include discussions about parenting as part of pregnancy decision-making, both involving white and middle-class characters.

In reality: Most U.S. abortion-seekers are struggling to make ends meet, and white abortion-seekers are only a [plurality](#) of those seeking care. In addition, most people who have abortions are [already parents](#).



Facts for Storytellers: How Economic Security, Work, Family, and Care May Affect Decision-Making about Pregnancy and Abortion

In real life, it's impossible to ignore the logistical, financial, economic, historical, and workplace challenges that contribute to pregnancy decision-making and abortion-seeking. Decisions about whether and when to have children may be shaped by access to financial and workplace resources, support in pregnancy, support in parenting, the realities of maintaining a household with children, and—now more than ever—logistical and legal barriers in seeking abortion care.

When developing and writing pregnancy decision-making storylines, the following facts could provide helpful context in which these decisions are made, and help illustrate what's at stake for characters.

Finances may make parenting impossible.

- Nearly [two-thirds of minimum wage workers are women](#), and across all wage levels, women workers are [paid less than men](#) due to a mix of jobs they hold and the hours they work as well as because of bias and discrimination.
- [Mothers, women of color, disabled women, queer women, transgender women, and non-binary people](#) are paid even less relative to men. Lost wages mean less ability to pay off debt, afford housing and food, or pay for child care. These considerations factor into decisions about whether and when to have a child.

Child care is expensive and hard to find.

- Families spend [8 to 19 percent of their household income](#) on child care, depending where they live and the age of their child. Child care costs average more than \$10,000 per year, exceeding the [cost of housing, college tuition, or both](#) in every region of the country.
- [Half of Americans live in “child care deserts”](#) where three or more children are waiting for a single child care slot, and care is even harder to find for infants.
- Government-backed child care for families with lower incomes often has long waiting lists and restrictive rules, and public funding for family, friend, and neighbor care is limited.
- [Child care has become harder to find](#) since the pandemic. Tens of thousands of child care workers have migrated to other fields due to low pay and benefits.

Paid leave is rare, and even unpaid, job-protected leave is not guaranteed for all.

- [Most workers in the U.S.](#) are not guaranteed paid family leave or paid medical leave at their jobs. Only half of the highest paid workers have access to paid family leave. Just 5 percent of lowest-wage workers have access to paid family leave.
- Just over half of workers have unpaid, job-protected leave through the federal Family and Medical Leave Act. Single parents, lower-wage workers, Latina workers, and rural workers are [less likely also to have job protection](#) through federal law. For [Latinas](#), access to paid leave is also lower than for other women workers.
- Most U.S. workers take no more than 12 weeks of leave to care for a new baby and many take much less. Nearly one-quarter of new mothers have reported being back at work within two weeks of giving birth; 95 percent of fathers take two weeks or less.
- [Thirteen U.S. states and DC](#) have, or will soon have, paid family and medical leave programs in place, but people in all other states rely on employers' voluntary policies, quit jobs, or take nothing at all.

Unpredictable work schedules and wages may create uncertainty around the ability to care for and afford a child.

- Many workers have little say over whether, when and how much they work. Unpredictable time and money make the choice to parent—and the ability to find child care—very difficult.
- Two-thirds of [workers in the service sector](#) report less than two weeks' scheduling notice, and one-quarter report 72 hours' notice or less; 57 percent report shift timing changes, 21 percent report on-call shifts (requiring instant availability), and 11 percent report canceled shifts (which cause income fluctuations).
- Women of color are 15 to 30 percent more likely than white workers to experience shift cancellations, on-call shifts, and involuntary part-time hours. Disparities exist even within the same firm, pointing to racial bias and discrimination.



A person's caregiving responsibilities can have a profound influence on their pregnancy decisions.

- First-time parenthood or adding more children to a household may be incompatible with [caregiving responsibilities for older or disabled loved ones](#).
- People aged 18 to 34 make up nearly one-quarter of the 53 million people in the U.S. who provide care to a loved one (such as an aging parent or a disabled child or adult), including 6 percent who are in Gen Z (aged 18 to 24).

Navigating racism and bias in the health care system, compounded by difficulties accessing paid sick time or paid medical leave, can affect a person's pregnancy decision-making and access to abortion care.

- For [Black and Indigenous people](#), bias in the health care system means more dangerous pregnancies and higher rates of maternal and infant mortality. The maternal mortality rate for Black women is [2.6 times the rate](#) for white women. Fear and anxiety can affect pregnancy decisions, especially coupled with workers' lack of access to paid sick time to seek health care and paid medical leave or workplace flexibility to address pregnancy complications.

Juggling finances and logistics in seeking abortion care may influence patients' experiences.

- For [rural women](#), reproductive health decisions can involve long distances to hospital-based obstetrics care, NICU, and

pediatric care, and lower rates of access to paid leave—as well as less access to abortion services.

- Because both public and private health insurance often [deny coverage of abortion](#), most people have to pay for this [\\$600 to \\$800 expense](#) out of pocket. This is beyond what most people can afford; 49 percent of people said in 2022 that they [couldn't afford a \\$400 emergency expense](#).
- For the 59 percent of people seeking an abortion who are [already](#) parents, child care during the time needed to travel for an abortion may also be an additional costly necessity. The cost of the abortion procedure itself is one of many costly parts of abortion seeking. Many patients—especially in states where abortion is banned or severely restricted—need to finance travel expenses to an abortion clinic, including gas, train or plane tickets, rental cars, public transportation, lodging, meals, and more.
- Financial and logistical barriers highlight the importance of access to medication abortion, which accounts for [more than half of all abortions](#) in the U.S. and which people can obtain via telehealth or on their own [in many states](#). Audiences would benefit from seeing more portrayals of medication abortion as safe, effective, and easy to use.



Questions to Consider and Tips for Inclusive Storytelling

We encourage creatives to consider—and have stories depict and characters discuss—issues related to work, care, and finances in abortion storytelling. We can help you find resources customized by state, occupation, industry, etc. for authenticity.

Is the character who is facing a pregnancy or abortion an **adult of working age**?

- Would becoming a parent, or adding a new child to their household, force the character to leave work, navigate new work challenges, or face financial challenges?
- How would adding a new child to their family change their relationship with their partner and family? What new stressors or considerations would it add to division of labor in their household, or in what specific ways might the character worry about this? For context, women carry a higher “[mental load](#)” than their male partners, and children add to that load.
- Does the character already have children or care for others in their family? How do existing caregiving responsibilities affect their decisions and options?
- What job does the character have? Does the character have a partner? Are their jobs flexible or rigid?
 - Would either of their jobs be likely to offer paid family and medical leave for preparation for and recovery from childbirth and caring for a new child?
 - Consider how they will navigate child care. Will they have access to child care, through an employer or public programs?
- What challenges or protections—related to abortion and to time off—would they have if the pregnant character pursues an abortion? Consider where they are located and make it part of their dialogue and decision-making.
 - Do they need to worry about travel from a state where abortion is banned or restricted?
 - How do they find out the status of their state’s laws regarding abortion as well as those related to family-supportive policies, like paid family and medical leave and paid sick days? As a tip, states with guaranteed access to paid leave also protect abortion, whereas abortion-restrictive states do not have workplace paid leave.

Is the character who is facing a pregnancy or seeking an abortion a **teen**?

- Does the character have a caregiver to support them in seeking an abortion? Do these characters have to travel to get abortion care?
 - Consider whether the supportive character is an adult who needs to take time away from a job or other caretaking responsibilities to provide support, and whether they have an easy or difficult time doing that.
 - Service, food industry, and accommodations workers are unlikely to have paid leave from work and often face difficult scheduling considerations—possibly made more challenging by punitive abortion laws that penalize people who help those getting abortion care.
 - Would they need to find coverage for their shift, for example? Would they need to provide a doctor’s note to explain the absence?
 - Would they need to arrange child care or family care for other loved ones if they need to travel for the main character’s abortion care?
 - Would they need to ask for an advance on a paycheck to help cover the cost of the abortion and related travel?

Is the character who is facing a pregnancy or abortion a **college student**?

- For students close to graduating, how would becoming a parent affect their entry into the workforce, including their ability to find and pay for child care, or the type of job they would seek?
 - Are concerns about the future—work, money, child care—influencing this character’s decision?
 - Is there child care on campus for [student parents](#)? Are there other supports for student parents, and is this a welcoming campus? Will this character be able to continue their education?
- Do they need to miss class for a consultation with an abortion provider? Can they seek abortion care at their college health center, and if not, why not? Do they need a friend to accompany them to the clinic, who then has to miss class as well?

- Is the college health center a place that is judgmental? Shaming? Hard to navigate? Or the opposite: a model of supportive abortion care with providers who are respectful? Either way, this can be very influential.

How is the character going to pay for the cost of an abortion?

- Do they have health insurance, and if so, does it cover the cost? If not, how will they afford the expense? Do they need financial support from an [abortion fund](#)? Do they know where to begin to [find](#) practical support for abortion care?
- Are they concerned about the main insurance policy holder (a parent or partner, for example) finding out about the abortion if they use insurance? Does worry about judgment or stigma keep them from getting help (financial or otherwise)?
- Will they need to travel for abortion care? Where will they stay? How will they pay for it? Do they know how to find practical [support from organizations that can help](#) with travel and other expenses even in states where abortion is banned or restricted?



Resources: Regional and State Data

The character's state of residence affects both access to and restrictions on [abortion](#) and access to [paid family and medical leave state programs](#), [workplace flexibility and reporting pay laws](#), [pregnancy discrimination protections](#), [maternity and postpartum health care](#), and more.

- No state that restricts or bans abortion guarantees access to **paid family and medical leave** through a [state program](#).
- Only one state that restricts or bans abortion guarantees access to **paid sick time** (Arizona, with a limit of 5 paid sick days per year).
- **Travel between states** that restrict or ban abortion to states that are [safe havens](#) is becoming increasingly common.
- Consult this national database of [child care prices](#) and a [map of child care deserts](#) to determine **child care costs** in this state or area, and if child care is accessible.
- Consider the **character's financial situation** and how the [gender- or race/ethnicity-based wage gap](#) affects it.
- Many people face [particularly long distances](#) to hospital-based obstetrics and NICU care, especially in **rural areas**, where access to abortion is restricted and [health care services](#) are far away.

New federal laws took effect in 2023. If the character remains pregnant, note that the [Pregnant Workers Fairness Act](#) protects most workers who need reasonable accommodations, like bathroom breaks and sitting rather than standing. The [PUMP Act](#) expands protections for lactating parents, guaranteeing time and space to express milk at work. Spreading the word about these laws by referencing them and the rights they provide is helpful!

We love to see it!



Dramas, comedies, medical shows, and films hit helpful notes. We applaud these examples of the ways that storytellers have incorporated the workplace, financial, and care considerations noted above. We hope these examples of authentic storytelling help get your wheels turning!

Depictions of Abortion Restrictions

In their “Jackson” episode (June 2022), *P-Valley* included the story of a Black mother, Mercedes, and her daughter, Terricka, navigating conversations about race, motherhood, pregnancy, and abortion. Mercedes and Terricka face logistical hurdles in their journey to obtain abortion care, including long distances, protestors, gestational bans, and waiting periods. Ultimately the story centers on love and compassion for the abortion seeker, while also portraying the reality of the hardships involved in obtaining abortion care and the more dangerous maternal health risks that Black women face.

In the films *Unpregnant* (2020) and *Never Rarely Sometimes Always* (2020), teen characters face multiple barriers in pursuing abortions—parental consent laws, a long distance to a clinic, needing to pay for the procedure out of pocket—and seek support to navigate these obstacles with warmth, humor, and friendship.

Parents Seeking Abortion Care

Grey’s Anatomy has taken great care in their abortion storylines over the years, and several recent episodes stand out (“Papa Don’t Preach” in 2019, “When I Get to the Border” in 2022, and “All Star” in 2023). In these stories, the characters seeking abortions discuss issues such as obtaining or having difficulty finding child care for their appointments, needing to find coverage for work to obtain an abortion, and talking to a partner on the phone because work prevented him from being there in person. These stories make clear the connections between work, caretaking, and abortion-seeking.

In *Call Jane* (2022), a film set in Chicago in the 1960s, Elizabeth Banks plays a mom who discovers she’s pregnant and receives a safe, illegal abortion from the Jane Collective, a group of women who help provide this service. She eventually learns to provide abortions herself and supports other women in doing so.

Support Before, During, and After an Abortion

Both *Station 19* and *A Million Little Things* had plotlines in which characters chose medication abortions and their partners provided logistical and emotional support all along the way. In *Station 19* (“The Little Things You Do Together” in 2022), Vic’s partner Theo accompanies her to see the doctor and is with her as she has her abortion at home, getting her snacks, taking a walk with her, and cuddling with her. In *A Million Little Things* (“Miles Apart” in 2021), Maggie’s roommate (and also friend with benefits) flies from the U.K. to Boston to be there with her during her medication abortion. Maggie’s former boyfriend (and future husband) Gary is also a caregiver during this episode.

About Us

Abortion Onscreen

Over the last decade, researchers at [Advancing New Standards in Reproductive Health’s Abortion Onscreen program](#) published more than a dozen peer-reviewed research articles on the patterns within and impact of abortion depictions on television and film, including maintaining a [public database](#) of all known abortion depictions on scripted programs available to U.S. audiences. Organizations, such as [We Testify; Hollywood, Health, and Society](#); and [Storyline Partners](#), have worked in collaboration with Abortion Onscreen researchers to share accurate information about abortion with media industry professionals.

Better Life Lab

The [Better Life Lab at New America](#) works in solidarity with the movement for work-family justice, using policy, public education, and reporting to elevate the value of care, advance intersectional gender equity, and transform policy, practice, and culture so people and families can thrive. [Our entertainment-focused narrative and culture change](#) practice seeks to influence storytelling in television and film with respect to gender, work, family, and care, and to amplify narratives that advance our goals.

For more information, please contact Vicki Shabo, Senior Fellow, Better Life Lab at New America (shabo@newamerica.org) or Steph Herold, Researcher at Abortion Onscreen, ANSIRH at UCSF (stephanie.herold@ucsf.edu).