

Texas Ob/Gyns' Awareness of SB 31 and Need for Institutional Backing to Provide Evidence-Based Care

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Following reports and high-profile media coverage documenting that Texans who experienced pregnancy complications had been unable to obtain evidence-based abortion care after implementation of the state's first near-total abortion ban in 2021,¹⁻³ the Texas legislature passed Senate Bill 31 (SB 31), also known as "The Life of the Mother Act."

Having received support from more than two-thirds of state legislators, the law went into effect upon its passage: Texas physicians could begin providing care as outlined in SB 31 in July 2025. As of January 1, 2026, SB 31 also required physicians who provide pregnancy-related care in Texas to complete an online training, administered by the Texas Medical Board (TMB), about legally permissible exceptions for abortion care. The training is required for all physicians seeking a new or renewing an existing Texas medical license. Texas physicians renew their state medical license every two years, meaning all currently licensed physicians will not complete the training until December 2027.

In this brief, we report on findings from 219 practicing Texas obstetrician/gynecologists (ob/gyns) who completed an online survey in late fall 2025, after the passage and implementation of SB 31. We focus on physicians' awareness of SB 31 and their concerns about treating patients experiencing pregnancy complications. We also discuss mechanisms to support the Texas ob/gyn workforce in providing timely, evidence-based care.

SB 31: The Life of the Mother Act

Also known as the "The Life of the Mother Act," SB 31 aimed to clarify when physicians can provide abortions for medical emergencies under Texas' multiple laws prohibiting abortion. SB 31 states that a physician may only provide abortion care to a pregnant person facing a life-threatening condition caused or exacerbated by pregnancy and does not need to wait for risk to their life to become imminent. The law also aimed to clarify that patient-provider communication or healthcare team consultations about abortion do not qualify as 'aiding and abetting' a prohibited abortion. Notably, SB 31 does not repeal the civil or criminal penalties in Texas' other abortion laws, which can include fines up to \$100,000, life in prison and loss of medical license for those found to have performed or 'aided and abetted' a prohibited abortion.

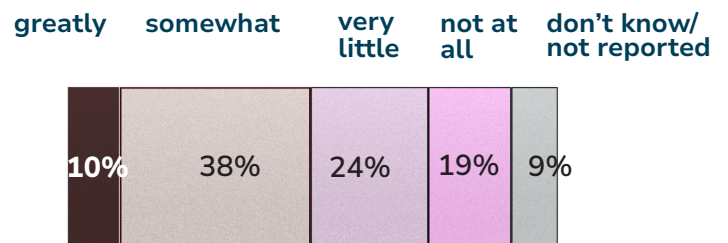
Findings

Texas ob/gyns are aware of SB 31 but lack administrative guidance.

We asked survey respondents if they had heard of SB 31, which we explained was also called “The Life of the Mother Act” and aimed to clarify medical exceptions to abortion care. Overall, 84% reported that they had heard of the law prior to completing the survey.

Of those who had heard about the law, just 10% believed it would improve their ability to provide care “to a great extent,” and 38% stated that the law would “somewhat” improve their ability to provide care. Additionally, 44% of respondents said they had not received specific administrative guidance about the circumstances under which it is legally permissible to terminate a pregnancy or provide abortion care where they practice since June 2025, after Governor Greg Abbott signed SB 31 into law.

TEXAS OB/GYNS WHO KNEW ABOUT SB 31 BELIEVED THEIR ABILITY TO PROVIDE CARE WOULD IMPROVE...



While SB 31 broadly described the circumstances under which abortion care was permissible, guidance from administrative leaders is needed. Pregnant patients may experience symptoms or develop complications that may not be explicitly covered or are more nuanced than the exceptions described. Furthermore, hospital policies—and the care that can be provided in accordance with those policies—are shaped by other factors beyond state law, including sources of funding and ethical and religious directives tied to hospital ownership.^{1,4,5}

Texas ob/gyns have concerns about the legal consequences of providing care for patients.

The majority of respondents expressed concern that how they care for and counsel pregnant patients could still be interpreted by others as violating Texas’ abortion laws.

- 72% were somewhat or very concerned about the legal consequences of providing care that could be interpreted as a banned abortion.
- 64% were somewhat or very concerned about the legal consequences of referring a patient to another state for abortion care.
- 59% were somewhat or very concerned about the legal consequences of discussing abortion care with or providing information about abortion with patients.

Many respondents elaborated on these concerns:

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Any time we provide life-saving care that includes abortion, we are at risk of prosecution and conviction. Prosecution can ruin a provider's life and the lives of their family members. The recent stop gap protective legislation does not help us and Texas women remain without care they desperately need. These laws are dangerous.

“

There is no support from TMB [Texas Medical Board] regarding these difficult cases and no assurance that they won't investigate what should be considered standard of care. The recommendations are nebulous and leave physicians in an incredibly vulnerable position, afraid to do the right thing.

“

I am afraid to give even the slightest bit of guidance for abortions (even including the states where abortion is still legal) due to the possibility of it being perceived as 'assisting' in an illegal abortion. I believe that was the point of the law, however—to make us afraid.

Texas ob/gyns have widespread desire for more administrative support.

The survey asked respondents about the resources that would help them and their colleagues best provide care for pregnant patients, given current Texas abortion laws. More than two-thirds of respondents selected the following:

77% wanted assurance that their employer will legally protect them and their colleagues from civil and criminal charges if they provided care that relied on their **reasonable medical judgement**.

71% wanted in-house legal counsel with expertise in reproductive health or obstetrics and gynecology.

69% wanted an agreed-upon framework from their employer on when they and their colleagues can provide care for pregnant patients.

Reasonable medical judgement is that “made by a reasonably prudent physician, knowledgeable about a case and the treatment possibilities for the medical condition involved.”⁶

This is an objective standard that relies on what a hypothetical “reasonably prudent” clinician would do, rather than the professional judgement of the treating physician, and does not reflect current understandings of clinical decision making that incorporate patient preferences.⁷

Conclusions

Approximately 6 months following the implementation of SB 31, less than half of practicing Texas ob/gyns in our survey believed the law would lead to substantial improvements in patient care. This may be related to the fact that physicians had incomplete knowledge of SB 31 that eventually may be addressed following their completion of the mandatory training. However, this potential knowledge gap—and its implications on clinical practice—is concerning given that not all Texas physicians will be required to complete the training until December 2027. The TMB and other state entities have not made significant efforts to publicize the training materials either for physicians or the other healthcare professionals who could benefit, further limiting the current reach of the law.

Moreover, SB 31 does not comprehensively address many of the other circumstances for which pregnancy termination is both evidence-based and aligned with patient preferences. Even following completion of the training, physicians will continue to encounter pregnant patients experiencing complications that fall outside the parameters of the law, and they may continue to feel there has not been substantial improvement in their ability to provide care. Additionally, the training will not solve another fundamental problem of SB 31: physicians' treatment decisions are being evaluated in the context of a criminal enforcement framework, which will likely lead to delayed treatment for patients.⁸

In the absence of changes to Texas abortion laws, hospital administrators and others in leadership positions have several actions they can take to support the ob/gyn workforce navigate the current legal landscape and provide care for patients experiencing pregnancy complications for which abortion is the standard of care. For example, they can establish a framework that allows physicians to make treatment decisions that follow evidence-based standards and ensure that physicians will be protected from criminal prosecution and professional disciplinary action if they provide care in accordance with that framework.

Methods

Between November 2025 and January 2026, we distributed an online survey to ob/gyns in Texas. Physicians who were board certified or board eligible and had provided pregnancy-related care in Texas within the previous 6 months were eligible to participate in the IRB-reviewed study. Respondents completed an anonymized survey about a range of topics related to their awareness of Texas abortion laws and experiences caring for patients. Of 284 physicians who were eligible and provided consent to participate, 219 (77%) responded to the questions that we report on for this brief. Ob/gyns who completed the survey practiced in all health service regions of Texas.

Table. Characteristics of Texas Ob/Gyn Survey Respondents (n=219)

Respondent characteristics		Practice characteristics	
Primary specialty		ACOG level of maternal care	
General ob/gyn	65%	Level 1 or 2 (Basic, Specialty)	13%
Maternal Fetal Medicine	23%	Level 3 (Subspecialty Care)	16%
Other specialty ¹	12%	Level 4 (Regional Perinatal Healthcare)	68%
Years in practice		Not sure/Does not work at hospital	2% ²
20 mean years	1.5-55 range	Practice type	
Race/ethnicity		Academic medical center	44%
White, non-Hispanic	61%	Community hospital	30%
Hispanic, any race	17%	Mixed academic/ community hospital	16%
Black, non-Hispanic	9%	More than 1 practice type	7%
Asian or Pacific Islander	9%	Other/Does not work at hospital	2% ²
Middle Eastern, North African, or another race	2%	Religious affiliation of practice	
Did not report	2%	Not religious	66%
Gender identity		Catholic-owned or affiliated	18%
Female	72%	Other religious ownership or affiliation	14%
Male	26%	Not sure/Does not work at hospital	2%
Transgender or did not report	2%		

¹Other specialty includes: complex family planning, reproductive endocrinology, pediatric gynecology, urogynecology, minimally invasive gynecologic surgery, ob/gyn hospitalist; ²Totals do not sum to 100% due to missing responses.

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