NATIONAL WOMEN'S LAW CENTER

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Support for Maternal Health Policies Will Not Solve the Crisis in Abortion Access

Across the country, lawmakers who voted to ban abortion are claiming to support women by pushing for legislation aimed at addressing the crisis in maternal health. Maternal health legislation – including extending Medicaid pregnancy coverage to twelve months postpartum, establishing maternal mortality review boards, funding hotlines, or commissioning studies of existing maternal health supports – are all critically important. They acknowledge and address the barriers to care that help fuel the maternal mortality crisis. But restricted access to abortion care cannot be made up for by an increase in maternal health supports.

Legislators' attempts to frame policies aimed at bolstering maternal health outcomes as a remedy for reduced access to abortion care demonstrate their misunderstanding of both the fundamental right to bodily autonomy and the lifelong health consequences of pregnancy. Maternal health legislation is needed and important, but it does nothing to address the harm of a forced pregnancy, nor does it solve for the full scope of health and economic consequences of being denied an abortion.

Taking away abortion access denies people a fundamental right to control their bodies and futures. Legislation that purports to help address the maternal health crisis does not restore or redress that violation.

The Supreme Court's decision to overturn *Roe v. Wade* and the abortion bans being enforced in its wake are a brazen attack on women's dignity and equality. Women can't be truly equal if they don't have control over their own bodies and reproductive lives, including the decision about whether to have an abortion. These legislators pretending to care about women and offering support for them after they have been denied that right is a cynical and hollow gesture. Maternal health legislation is not a consolation prize for a person being denied their bodily autonomy, freedom, and equality. The solution to restricted access to abortion care is restored access to abortion care.

Forced pregnancy has lifelong health consequences that maternal health legislation does not address.

These maternal health measures cannot erase the immediate and long-term health consequences of pregnancy and childbirth. Pregnancy can be life threatening, especially for certain populations. Black women in the U.S. are 3-4 times more likely to die from pregnancy complications than white women.[1] And in states with abortion bans, the risks are even greater: women in states with abortion bans are nearly three times more likely to die during pregnancy, childbirth or soon after

giving birth than women in states without bans[2] and mothers and children in those states have worse health outcomes.[3] State maternal health measures may address select drivers of the maternal mortality crisis, but may take years to fully implement and even then cannot prevent all maternal death.

In addition to risk of death,[4] the physical and mental impacts of pregnancy and childbirth can last a lifetime. For example, a 2017 review of studies found that women with gestational diabetes, preeclampsia, and preterm delivery had higher risks of heart disease and stroke later in life.[5] Other studies point to postnatal PTSD,[6] incontinence,[7] type 2 diabetes,[8] pelvic pain,[9] and tooth loss[10] occurring years postpartum. And women who were denied an abortion and gave birth instead reported more *chronic* headaches or migraines, joint pain, and gestational hypertension compared to those who had an abortion.[11]

The lifelong health consequences posed by pregnancy and childbirth are particularly significant for Black and brown women, who are more likely to have pregnancy complications and more likely to be without insurance over their lifespan.[12] This combination leaves Black and brown women more likely to face long-term consequences without the financial lifeline of health coverage, which could mean they are unable to get the treatment they need.[13]

Forced pregnancy has lifelong economic consequences that maternal health legislation does not address.

Pregnant individuals who obtain an abortion are less likely to experience economic hardship and insecurity than those who are denied the abortion care they seek.[14] People who are denied an abortion are nearly four times more likely than those that get a wanted abortion to live below the poverty line.[15]

Studies show that women denied access to abortion care who then went on to give birth experienced an increase in household poverty lasting at least four years relative to those who received an abortion.[16] Years after an abortion denial, these women were more likely to not have enough money to cover basic living expenses, like food, housing, and transportation.[17] They were also more likely to have higher debt and negative public financial records, such as bankruptcies and evictions.[18] These consequences inevitably reverberate and impact the remainder of not only their lives but their families' lives. Yet, the solutions needed to address these consequences and support mothers and families, such as living wage laws, increased access to SNAP, protections for pregnant workers, standardized paid leave, strengthened fair housing laws, and expanded access to Medicaid, are oftentimes rejected by the legislators now touting maternal health legislation.

The solution is a range of legislation, including restored abortion access, to address the factors that threaten the health, rights, and wellbeing of women, especially Black and brown women.

Maternal mortality and restricted access to abortion care both reflect a divestment from the health and wellbeing of Black and brown women. Instead, legislators need to restore access to abortion care, pass maternal health legislation, and pass a range of policies that address the factors that exacerbate the abortion and maternal health crisis. This includes policies that support:

- Access to other forms of reproductive care
- Health coverage over a person's lifespan
- Living wages
- Paid family leave
- Safe and affordable housing
- Clean air and water and access to nutritious foods
- Robust civil rights protections

Legislators cannot confront this crisis without the full restoration of people's bodily autonomy and comprehensive legislation to address drivers of racial and gender inequities.

1 Black Mamas Matter Alliance, *Black Mamas Matter: Advancing the Human Right to Safe and Respectful Maternal Health Care* (2018), https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/USPA_BMMA_Toolkit_Booklet-Final-Update_Web-Pages.pdf.

2 Natalia Vega Varela et al., *The State of Reproductive Health in the United States: The End of Roe and the Perilous Road Ahead for Women in the Dobbs Era*, GENDER EQUITY POLICY INST. (Jan. 19, 2023), https://thegepi.org/wp-content/uploads/2023/01/GEPI-State-Repro-Health-Report.pdf.

3 Rachel Treisman, *States with the Toughest Abortion Laws Have the Weakest Maternal Supports*, Data Shows, NAT'L PUB. RADIO (Aug. 18, 2022), https://www.npr.org/2022/08/18/1111344810/abortion-ban-states-social-safety-net-health-outcomes.

4 Ctrs. for Disease Control & Prevention, *Pregnancy Mortality Surveillance System*, REPROD. HEALTH (June 22, 2022), https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm#trends.

5 Ran Neiger, *Long-Term Effects of Pregnancy Complications on Maternal Health: A Review*, 6 J. CLIN. MED. 76 (2017), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5575578/.

6 Pelin Dikmen Yildiz, Susan Ayers, & Louise Phillips, *The Prevalence of Posttraumatic Stress Disorder in Pregnancy and After Birth: A Systematic Review and Meta-Analysis*, 208 J. AFFECTIVE DISORDERS, 634 (2017), https://www.sciencedirect.com/science/article/pii/S0165032716306814.

7 David Thom & Guri Rortveit, *Prevalence of Postpartum Urinary Incontinence: A Systematic Review*, 89 ACTA OBSTETRICIA ET GYNECOLOGICA SCANDINAVICA, 1511 (2011), https://obgyn.onlinelibrary.wiley.com/doi/10.3109/00016349.2010.526188.

8 Neiger, *supra* note 5.

9 Brian Fiani et al., *Sacroiliac Joint and Pelvic Dysfunction Due to Symphysiolysis in Postpartum Women*, 13 CUREUS e18619 (2021), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8580107/.

10 Stefanie Russell, Jeannette Ickovics, & Robert Yaffee, *Exploring Potential Pathways Between Parity and Tooth Loss Among American Women*, 98 AM. J. PUB. HEALTH 1263 (2008), https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2007.124735?role=tab.

11 Advancing New Standards in Reprod. Health, *The Harms of Denying a Woman a Wanted Abortion: Findings from the Turnaway Study* (April 6, 2020), https://www.ansirh.org/sites/default/files/publications/files/the_harms_of_denying_a_woman_a_wanted_abortion_4-16-2020.pdf.

12 In 2021, more than 12.0 million women and girls were without health coverage and rates varied significantly by race; 16.4% of Latinas and girls, 7.5% of Black women and girls, 6.0% of Asian women and girls, and 4.4% of white, non-Hispanic women and girls were uninsured. Nat'L Women's L. Ctr., In 2021, More than 12 Million Women and Girls Lacked Health Insurance; Poverty Rates Still Adversely Affected Women of Color at Higher Rates than their White Counterparts; and the Wage Gap has for Women Overall Widened to 84 Cents (Sep. 13, 2022), https://nwlc.org/press-release/in-2021-more-than-12-million-women-and-girls-lacked-health-insurance-poverty-rates-still-adversely-affected-women-of-color-at-higher-rates-than-their-white-counterparts-and-the-wage-gap-has-for-wom/.

13 *Id*.

14 Diana Greene Foster et al., *Socioeconomic Outcomes of Women Who Receive and Women Who Are Denied Wanted Abortions in the United States*, 108 AM. J. PUB. HEALTH 407, 409 (2018).

15 *Id*.

16 *Id*.

17 *Id*.

18 Advancing New Standards in Reprod. Health, *supra* note 11.