From Restrictions to Outright Challenges: Abortion Laws and Population Health

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See also Vilde et al., p. 1696.

The landmark 1973 *Roe v. Wade* decision in the United States established a woman's legal right to abortion before fetal viability. Despite this constitutional right, abortion access has become increasingly difficult, as state legislatures have since enacted more than 1000 restrictive laws and regulations. The recent tilt of the US Supreme Court to a more hostile position on the right to choose has emboldened some states to propose legislation not only restricting access to abortion services but also prohibiting abortion outright. The Supreme Court later this year will hear a case concerning a Mississippi law that would ban most abortions after 15 weeks, a direct challenge to the 1973 *Roe* decision. The court's ruling on the Mississippi case could alter or even overturn the constitutional right established by *Roe v. Wade*.

A reversal of this right would have public health consequences and would widen existing social and health inequities. Stripped of the right to choose termination of pregnancy, individuals face difficult options and negative consequences. For example, they might resort to illegal and dangerous abortions, or stay in unhealthy relationships, sometimes sustaining long-lasting psychological and physical harm. Findings from the study by Vilda et al. (p. 1696), included in this issue, underscore the importance of a woman's right to make sexual and reproductive health decisions and the potentially lethal impact the removal of that right could have.

Emerging evidence reveals that abortion restrictions may have unintended public health consequences. As Vilda et al. observe, state-level abortion restrictions are associated with a higher state-level maternal mortality rate. In addition, in a recent study we conducted using data from the US Cohort Linked Birth/Infant Death Files,[1] we observed a significant relationship between the number of restrictive abortion laws and the odds for infant mortality (Figure 1). These results suggest that such restrictions have detrimental effects on women's and infants' health.

Abortion-restricting laws may have multiple direct and indirect causal pathways leading to poor maternal and infant health. If a woman is compelled to give birth when a pregnancy is not wanted, her mental and physical well-being can be compromised. Furthermore, when safe abortion services are not legally available and easily accessible, some women with unwanted pregnancies turn to risky alternatives to end their pregnancies. At the same time, restrictive laws may serve as indicators of other social and political dynamics at play in certain states, reflecting a climate that might further disadvantage the health and agency of women.

WIDENING SOCIAL AND HEALTH INEQUITIES

In the United States, access to abortion and family planning services varies significantly across states. Geographical variability in access will continue to grow, as several states have recently approved laws to protect abortion rights. State differences will exacerbate current social and health inequities. When abortion services are not widely and universally available, women from disadvantaged backgrounds are disproportionately affected. Those with financial means can travel out of state and pay for legal services, whereas their poorer counterparts cannot.

Infant and maternal mortality rates are highest among the non-Hispanic Black population.[2,3] In our study, non-Hispanic Black infants born in states with Medicaid restrictions experienced a greater odds of mortality compared with those born in states with no such restrictions.[1] These restrictions may limit options for non-Hispanic Black mothers if they cannot afford to pay for abortion services.

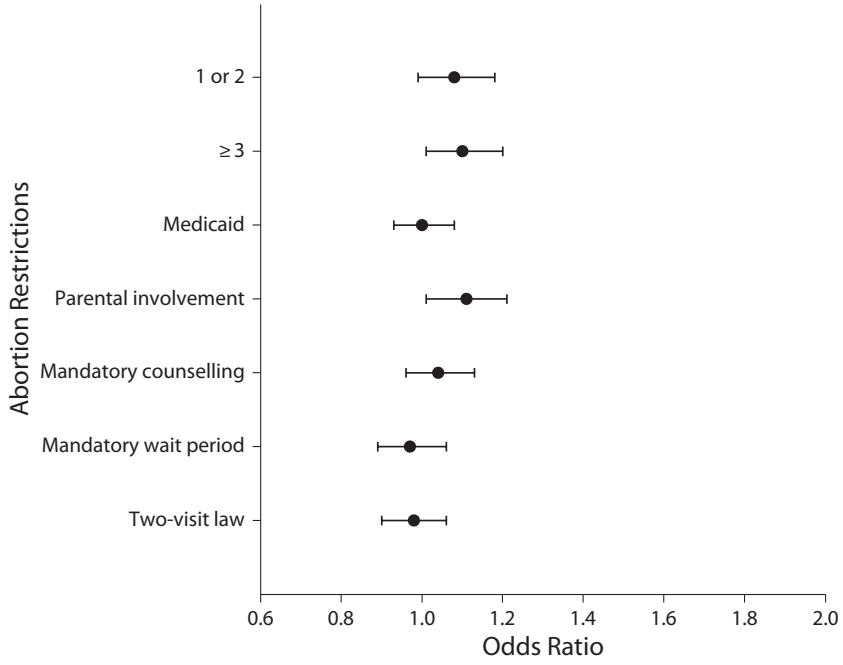

FIGURE 1— Relationship Between the Number of Abortion Restrictions and the Odds for Infant Mortality

Note. Whiskers indicate 95% confidence intervals.
Source. Pabayo et al.[1]

Although Vilda et al. did not observe a relationship between restrictions and maternal mortality rates among non-Hispanic Black mothers, as the authors note, it may be the result of limited statistical power. Nonetheless, further restrictions may increase existing health inequities between non-Hispanic White mothers and those who are more likely to experience structural barriers (e.g., non-Hispanic Blacks, adolescents, and women from rural settings).

FUTURE RESEARCH AGENDA

Although a significant relationship between abortion restrictions and maternal and infant mortality has been identified, causality cannot be inferred. Previous research has shown an association between legalized abortion and lower infant mortality rates and a link between funding for family planning and abortion services and lower infant mortality rates,[2] but causal methods were not used.[3] Future work must incorporate causal inference methods such as difference-in-differences and interrupted time series using observational data to determine whether the enactment of laws is causally associated with the timing of past and upcoming restrictions (all necessary methodological assumptions having been met).

To investigate a causal relationship between state-level sexual and reproductive health indicators and maternal mortality rates, researchers conducted a quasiexperimental, population-based difference-in-differences study.[4] Interestingly, to our knowledge, causal methods have not been used to study the possible effect of the *Roe v. Wade* decision on health outcomes such as infant and maternal mortality rates, although researchers have employed interrupted time series to assess the impact of the decision on the rates of homicide of young children.[5] Going forward, studies should include individual-level data to inform our understanding of the impact of abortion restrictions, an understanding that currently relies primarily on evidence gleaned from ecological studies using aggregated data.

REPRODUCTIVE RIGHTS ARE HUMAN RIGHTS

According to the sexual and reproductive health framework, reproductive rights are human rights.[6,7] Oppression occurs when structures prevent individuals from deciding for themselves the optimal timing and conditions for childbearing. Beyond examining abortion laws themselves, policymakers may need to apply the reproductive justice framework to achieve equity in reproductive issues in the United States. The justice framework acknowledges how our reproductive lives reflect our complex social context. Achieving optimal maternal, infant, and sexual and reproductive health will require addressing multiple structural and systemic issues. Beyond access to safe and legal abortion, additional upstream factors to target include more comprehensive sexual health education, greater access to contraception, and gender equity in pay.

More than 72 million women in the United States are of reproductive age (15–49 years). Laws that weaken legal and regulatory frameworks that support sexual and reproductive rights may be contributing to rising maternal mortality rates in the United States. Although restrictive, the policies examined in the study by Vilda et al. and in our study are still in the constitutionality established

by *Roe v. Wade*. Recent legislation directly challenging *Roe v. Wade* may have a far more harmful public health impact and may increase social and racial inequities.

The US public needs to take an active stance to protect sexual and reproductive rights. States such as California and New York have recently passed laws to protect the right to have an abortion. However, federal legislation, such as the Women's Health Protection Act—reintroduced by Congress in June—is needed to achieve full and effective reproductive health care for the entire nation. Ensuring dignity, autonomy, and the right to choose is a necessary part of any comprehensive strategy to promote maternal and infant health and to address persistent health inequities. AJPH

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CONFLICTS OF INTEREST

The authors have no conflicts of interest to declare.

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