

ABORTION CARE IS CRITICAL TO MATERNAL HEALTH CARE

In the wake of *Dobbs v. Jackson Women's Health Organization* (2022), women across the country are being forced to navigate a confusing and sometimes dangerous health care landscape to access life-saving care. The Dobbs decision infamously overturned 40-years of judicial precedent set by *Roe v. Wade*, and rescinded federal abortion protections. Without these protections in place, a patchwork of states enacted abortion bans and medically unnecessary restrictions to impede access to abortion services. As of January 2024, 21 states have enacted abortion bans. Notably, states with the strictest abortion bans also report worse maternal health outcomes. Compared to other high-income countries, the United States has the worst maternal health outcomes, and a lack of basic emergent care due to abortion bans only increases risk for severe maternal morbidity and mortality.

At the Network, we believe that women's health exists on the spectrum, and the criminalization of certain life-saving services will have far-reaching, devastating effects on women's health for years to come.



Physician Shortages

Providers and medical students are leaving states with abortion bans, because they are unable to receive training and provide critical care to their patients. In one **survey, 76%** of respondents stated they would not apply to work or train in states with abortion restrictions.

States with abortion bans have fewer applications for residencies, particularly OB-GYN residencies. Notably, the number of OB-GYN residencies are in decline but **states with restrictions witnessed 10% drop in applications** for residency whereas **states without restrictions** have only seen a **5% drop in applications**.

Hospital Closures

Hospitals across the country are struggling due to insufficient funds and staffing shortages, and abortion bans are only exacerbating the issue. Prior to the Dobbs decision, **more than half of all rural counties** did not have a hospital that could provide labor and delivery services.

Following the Dobbs decision, some health care providers and medical students have decided to move to states with less restrictive abortion laws. We have already seen **one hospital in Idaho close due to staffing shortages** precipitated by the state's abortion ban.

Maternal Health Impact

States that have restricted **abortion access** are noted to have fewer maternity care providers, maternity care "deserts," higher rates of maternal mortality and infant death, and higher overall death rates for women of reproductive age.

Data from 2020 shows that maternal death rates were **62% higher in abortion-restriction states** versus abortion-access states, and this number is expected to rise as OB providers leave restrictive states.

Research indicates that for the maternal death rates are higher in abortion-restriction states compared to access states for every racial and ethnic group.

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This is especially concerning as **Black, Indigenous and people of color are already at an elevated risk for death**, due to structural barriers to care and systemic racism.

Spontaneous Abortion or Miscarriage

Abortion bans are causing unforeseen consequences for women who experience miscarriage or a spontaneous abortion. A spontaneous abortion, otherwise known as a miscarriage, is when a pregnancy ends suddenly and **unexpectedly before 20 weeks' gestation**. After 20 weeks, a spontaneous abortion is called a stillbirth. There are many reasons a pregnancy may end in spontaneous abortion, but most importantly, a spontaneous abortion does not mean that the patient did anything wrong. Most spontaneous abortions are beyond a person's control.

Comparatively, an abortion is when medication or surgery is used to terminate a pregnancy. In state where abortion is banned with no exceptions, abortion bans have led to severe complications for women suffering spontaneous abortion or learning their baby would not survive after birth.

Cost of Childbirth

Childbirth alone costs women an average of **\$18,865**, with uncomplicated vaginal deliveries costing **\$14,768** and uncomplicated cesarean deliveries costing **\$26,280**. Comparatively, abortion costs an average of **\$580** for a medication abortion to **\$2,000** for an uncomplicated first or second-trimester abortion.

There are unexpected health conditions that may arise during childbirth that necessitate surgery, physical therapy, pelvic floor physical therapy, or mental health therapy. All of which incur costs much higher than a straightforward vaginal birth.

We also know that the risk of **death from childbirth is 14 times higher** than receiving a safe, legal first-trimester abortion. Women across the country must consider the health costs associated with pregnancy and childbirth in the United States as well as the financial costs.

Real People, Real Stories

"Kristen Anaya of Texas lost all of her amniotic fluid and was told there was nothing that could be done to save her daughter and developed sepsis before doctors would intervene."

"Nicole Blackmon of Tennessee was refused medical care despite her baby's organs growing outside of their body, and developing preeclampsia, a condition that can only be cured by delivering the baby and placenta, and had to wait until her baby had died, then labored for 32 hours to give birth to her stillborn child."

"Maryon Hollis was already a mother of one, when she discovered that she was pregnant again. Doctors explained to Hollis that her pregnancy was high-risk and would likely result in the death of herself and her baby. Unfortunately, Tennessee's abortion ban prevented her from receiving abortion care. At 25 weeks, she began to bleed uncontrollably, and her baby was born at 1lb, 3 ounces, and at six months old, still requires oxygen and a feeding tube. Hollis required a hysterectomy to save her life and lost the option to have more children in the future."