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US abortion restrictions are causing widespread harm

Policy makers must prioritise the lives and health of women and children

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Evidence is mounting that in the two years since the US Supreme Court removed constitutional protection for abortion in the ruling on *Dobbs v Jackson Women's Health Organization*, the harms to women, pregnant people, children, and their care providers continue to increase and are lethal. A new study shows that SB8, Texas's post-*Dobbs* stringent abortion law, has resulted in a nearly 13% increase in infant deaths in the state.¹ Self-managed abortions, including unsafe methods, have increased by 40% since *Dobbs*, especially among people from Black or sexual and gender minority groups.² The *Dobbs* ruling targets people and providers already under attack from decades of disinvestment in sexual and reproductive health, failure to expand Medicaid, the chilling effect of the domestic gag rule, and targeted regulation on abortion provider laws.³

Restricting access to abortion has consistently been shown to cause serious harm, including increased maternal mortality (overall and for vulnerable subgroups)⁴; intimate partner violence and homicide⁵; increased anxiety, chronic pain, pre-eclampsia, and postpartum haemorrhage; higher odds of poverty and unemployment⁶; and increased rates of children entering foster care.⁷ The *Dobbs* decision arrives in the context of alarming inequalities in maternal mortality ratios (MMR) for Black and Indigenous women, with the ratio among Black women almost three times that in their white counterparts.⁸

Within the first 100 days after the *Dobbs* ruling, 66 clinics across 15 states stopped providing abortion care, forcing women to carry unwanted, non-viable, and high risk pregnancies to term, placing them in medical crisis, and threatening their lives and livelihoods.⁹ The effect of a total abortion ban has been estimated at 210 additional maternal deaths a year (24% increase overall, and 39% increase among non-Hispanic Black women).¹⁰ The infant mortality rate in Texas has also climbed since its abortion ban, with congenital anomalies, the leading cause of infant death, increasing by 22.9% in Texas compared with 3.1% decrease in the rest of the US.¹

Effect on healthcare providers

Dobbs is harming healthcare providers. Physicians working in states with abortion bans report that broad and unclear legal language on medical exemptions and potential criminal charges, on top of policies requiring waiting periods and onerous counselling, have driven them to leave their practices, creating reproductive care deserts.¹¹ In 2022, states with restrictive abortion laws had a 32% lower ratio of obstetricians and gynaecologists to live births and a 59% lower ratio of nurse midwives to live births compared with more permissive states.¹² Within 15

months of Idaho's abortion ban, the state lost 22% of its practising obstetricians and gynaecologists, accelerating the state's alarming maternal mortality crisis.¹³ This loss of providers is expected to worsen: in a survey of more than 2000 medical providers and trainees in 2022, 76% reported they would not apply to work in states where providing abortion care had legal consequences.¹⁴

Dobbs opened the floodgates to multiple attacks on access to reproductive healthcare beyond abortion. Obstetricians and gynaecologists have said that the *Dobbs* decision has hindered their ability to provide safe and legal reproductive and sexual healthcare.¹⁵ In a 2024 wrongful death case brought against an in vitro fertilisation (IVF) clinic that inadvertently destroyed patients' embryos, the Alabama State Supreme Court quoted *Dobbs*: "as far back as the 18th century, the unborn were widely recognised as living persons with rights and interests."¹⁶ Following the ruling, three fertilisation clinics paused IVF treatments.¹⁷

Extremist groups also challenged the Food and Drug Administration's approval and disbursement of mifepristone, one of the two drugs for abortions that are safe, effective, and widely used, accounting for 63% of all abortions performed in formal healthcare systems. The US Supreme Court dismissed the case only on procedural grounds. It also sent a case in Idaho back to the lower court challenging whether the Emergency Medical Treatment and Labour Act, which mandates provision of emergency care, pre-empts an Idaho law criminalising most abortions in the state, leaving open the possibility of future challenges.¹⁸

Hypocrisy

The post-*Dobbs* frenzy to restrict abortion access has illuminated the hypocrisy of many banning states that fail to advance policies to protect women, pregnant people, and children. States with abortion bans inadequately invest in policies that support families such as parental leave and cash assistance.¹⁹ Idaho and Texas refuse to expand Medicaid, a safety net programme linked to reduced maternal mortality. In Texas, burdensome tactics like checking the eligibility of children on Medicaid every four months have led to increased rates of uninsured children in the state.²⁰ Half of all states with abortion bans are ranked in the bottom 10% for child poverty.²¹

The *Dobbs* decision has accelerated and compounded harm to many, but it has not reduced the number of abortions in the United States. Although 14 states have banned abortion, the number of abortions performed in 2023 was the highest it has been in a

decade, with the greatest increases in states that border the states with bans.²²

The deleterious effects of Dobbs on women, pregnant people, children, and providers cannot be considered in isolation; its harms are compounding decades of policies eroding bodily autonomy and the right to health. We need investment in programmes and policies that prioritise the lives and health of women and children, not repressive policies that benefit no one, cause serious harm to many, and fail their stated aim to reduce abortion.

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