

The Effects of Abortion Policies in the United States

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Abstract:

This Article analyzes the complexity of the Roe V Wade abortion ban regarding its impact on women of different social classes and races. It also analyzes its effect on women's health and the development of children, as well as the employment rates of healthcare workers and Doctor-patient relations. This article inquires about the intersectionalities of various women of a multitude of identities and how the ban and restriction of abortion in some states in the United States have impacted the lives of marginalized and low-income identities of women as opposed to others. Focusing on the faults and highlighting the medical, financial, and systemic challenges that come with women in the United States accessing abortions in this political climate. We've come to the outcome that Roe V Wade being lifted has had negative implications on women in the United States. And has specifically had the greatest effect on women who are of low income or working class, belong to marginalized racial groups, and women of younger age.

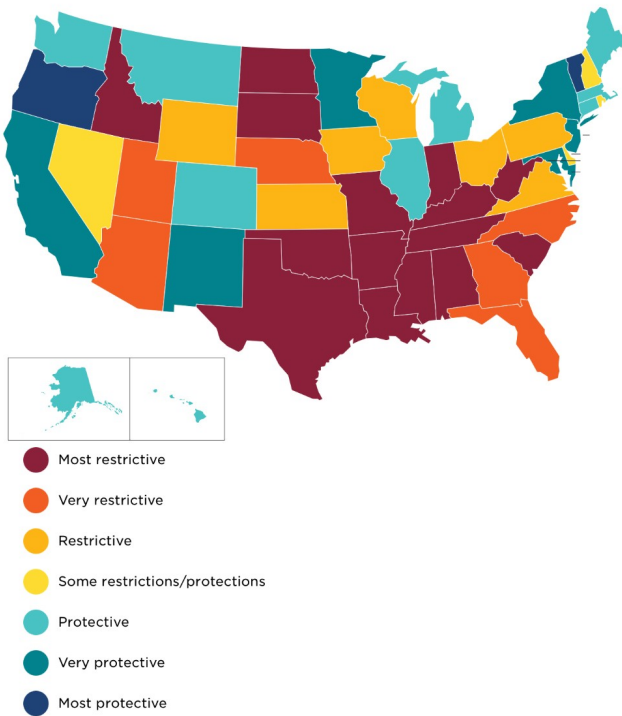
Keywords: Roe V Wade, Abortion, Health care, Class, Race, infants, children, United States

Introduction:

On June 24, 2022, via a Supreme Court Case, Dobbs V Jackson Women's Health Organization, abortion was no longer generally protected in the United States. Abortion is "... removal of pregnancy tissue, products of conception or the fetus and placenta (afterbirth) from the uterus." (Harvard Health Publishing, 2019). The reasons why someone may receive an abortion vary, it could be due to socioeconomic issues or in some cases due to medical necessity such as someone with an ectopic pregnancy which is when the egg attaches and develops outside the uterus, if it ruptures the patient is subject to severe internal bleeding (Mayo Clinic, 2022). The Dobbs decision overturned the landmark case Roe V Wade (1973) which protected the

general right to an abortion. Following this decision, several states enacted and continue to enact various abortion bans and restrictions. The Guttmacher Institute put together a map (Figure 1) of the United States that shows which states are most restrictive to most protective of abortion. The effects of restrictive abortion policies are far-reaching and intersect with issues of race, class, gender, age, healthcare facilities, and participants. In this Literature Review, we aim to analyze those components to create a comprehensive understanding of the effects of restrictive abortion policies.

Figure 1:
Map of the United States Color Coded by State's Positions on Abortion.



Note: This [map](#) was created based upon data as recent at March 13, 2024

Adolescents, children, babies:

The effects of restrictive abortion policies reach the old and the young and while adolescents compose a small part of the people getting abortions, they are the ones who most heavily depend on abortions. Adolescent pregnancies are most often unplanned, and adolescents face physical, legal, and financial barriers to parenthood. Additionally, this population group is more likely to experience postpartum depression, economic hardship, intimate partner violence, and rapid repeat pregnancy (Kumar, et al., 2022). By imposing more restrictive abortion policies states are subjecting more adolescents to this fate.

Additionally, more restrictive abortion policies not only affect those giving birth but also those born. Babies born from parents who wanted an abortion are more likely to have poorer neurological developmental outcomes and be impoverished. This is due to the fact that their parents are more likely to have parents who give less support or resources which can result in an intergenerational transmission of negative health determinants (Kumar, et al., 2022).

Abortion restrictions also affect fetal and maternal mortality rates. Past studies have shown that increasing access to abortion reduces infant and maternal mortality rates (Kumar, et al., 2022). Based on this data we can infer that if the reverse were to occur maternal and fetal mortality would increase. Before the Dobbs case, several states had abortion restrictive policies and a report by the Commonwealth Fund released in December 2022 (a couple of months after Roe V Wade was overturned) found that in 2019 fetal or infant death rates in their first week of life was happening at 15% higher rate on average in states with abortion restrictions in comparison with states with more abortion access. Data from this report could signal that if more states have more restrictive abortion policies it will result in higher rates of fetal or infant death.

Women:

The overturning of Roe V Wade has a severe impact on maternal mortality rates. The relationship between restrictive abortion policies and maternal mortality is well-researched. “Maternal mortality is higher in states with restrictive abortion policies, and in states that increased their abortion restrictions between 1995 and 2017, maternal mortality increased at a steeper rate than in states that remained neutral or protective of abortion rights over the same time period (Addante et al., 2021; Stevenson, 2021; Stevenson et al., 2022)”. The Dobbs decision allows for more states to create restrictive policies and for states that already have restrictive policies the Dobbs decision allows them to be more restrictive. Drawing from the well-researched relationship between restrictive abortion policies and maternal mortality, an increase in maternal mortality post-Dobbs is possible and likely. This expectation is expressed in several papers such as Stevenson et al., 2022. According to this paper in the 26 states where abortion has been banned or is expected to be banned maternal morbidity is expected to increase by up to 29%. If banned at a federal level it is estimated that the US maternal morbidity rate would increase by 24%. It is possible that these estimates can be an overestimate if most attendees can self-manage their abortions or get abortion care somewhere else however that is not very likely. It is more likely that these estimates are an underestimate.

The Dobbs decision also has its effects on overall women’s health. Beginning with maternal health, “...considering the results of the Turnaway Study, which showed higher rates of pregnancy complications in patients who had been denied an abortion, the population of people who experience forced pregnancy are more likely to experience a complicated pregnancy (Gerdtz et al., 2016)”. Women who have been denied an abortion or are experiencing a forced pregnancy

are more likely to experience a complicated pregnancy. This may manifest in ectopic pregnancy, miscarriage, preeclampsia, and more (Cleveland Clinic, 2022). Another effect it can have is an increase in delayed diagnoses and treatment for female patients. Practitioners may delay or withhold diagnosis of miscarriage, complications, etc due to fear of criminal liability.

The Dobbs decision has also affected the mental health of the female population. A study was published in May 2023 by Liu et al, that researched the following two questions; First, do women living in states with highly restricted reproductive rights have higher odds of frequent mental health distress compared with women living in states with less restricted reproductive rights? Second, do women living in states with prohibitive abortion policies have higher odds of frequent mental health distress compared with those in states that are less prohibitive? The hypothesis was that all women living in states whose reproductive rights have been highly restricted will have worse mental health distress compared with women living in less restrictive states. Additionally, all women who live in states with greater restrictive abortion policies will have worse mental health distress compared to women living in less restrictive states. The study found that women living in states with greater reproductive rights for women were associated with decreased odds of frequent mental health distress in women. Women living in a state with more abortion restrictions were associated with higher odds of frequent mental health distress. Women living in moderate states with 2-3 abortion restrictions have higher odds of frequent mental health distress in comparison to those living in abortion-supportive states.

Race:

Through our findings, it's been shown that race plays a role in the impact of the abortion ban or reversal of Roe V Wade on women. Women of color are disproportionately affected by

the abortion ban. One major reason for this is due to lack of resources. Black and Hispanic women have a 61% rate of using contraception, while White women have a 69% rate. This difference can be due to a lack of areas in black and Hispanic neighborhoods that sell contraceptives. Leaving some women of color with limited access to comprehensive contraception options leading to them being more likely to get pregnant than their white counterparts. Which then if unwanted can increase their need to get an abortion. A study in 2019 showed that black women are 38 percent likely to get an abortion. While white women are 33 percent likely to get an abortion (Artiga, 2022, Hill, 2022, Ranji, 2022, Gomez, 2022).

In addition to that, women of color do not hold the same relationship with the United States healthcare system as white women do. Due to a history of systemic abuse, through various inhuman experimentations and treatments towards them from healthcare professionals. Stemming from the use of racist stereotypes, ideologies, images, narratives, and emotions (Feagin, 2014, Bennefield, 2014). This affects the quality of care women of color may receive from said healthcare worker. And leading to their pain being overlooked or underdiagnosed. These negative experiences and distrust lead to women opting to handle health-related issues on their own. An example of that is self-managed abortions, a study showed that those who found it very/extremely difficult to trust providers had increased odds of considering self-managed abortions (A Adler, 2023, MA Biggs, 2023, S Kaller, 2023, R Schroeder, 2023, N Prata, 2023, KA Scott 2023, L Ralph, 2023).

Women of color are less likely to have savings readily available for abortion. As 53% of black women and 47% of Hispanic women 18 and over can not cover emergency expenses for over 400 dollars compared to only 27% of white women experiencing the same issue. These women often have to rely on credit cards to cover these expenses. Women of color are also less

likely to own a motor vehicle. Which makes the new reality of traveling to different states to receive an abortion a difficult task. Black women from ages 18-49 are over 3 times more likely to live in households that don't have a vehicle than white women (Artiga, 2022, Hill, 2022, Ranji, 2022, Gomez, 2022). Leaving women of color to bear most of the consequences of the abortion ban and to be one of the most impacted by it.

Class:

Class has been an important factor in the effects of the abortion ban or restriction on women since the abortion ban began. Women of different social classes are not affected by the abortion ban in the same way. For a working-class woman, if she happened to live in a state where abortions were now restricted or banned, she would have to travel to a different state to receive that care, requiring her to have to take some time off from work and other responsibilities. As well as needing to have the finances to afford the trip out of her state and for the abortion itself. Both flexibility and money working-class women generally do not have on hand regularly. While women of higher social classes can afford these expenses. In addition to that Medicaid and other public Health insurance are less likely to cover abortions than privately owned insurance.

Women of the working class are more likely to need abortions than women of higher social class. Yet are less likely to have the same rate of access to abortion as their richer counterparts. In addition to that Medicaid and or public health insurance for low-income people only covers 41% of pregnancies. And the prospects of child care beyond that don't leave too many options. As 24.3 single mothers are living in a state of poverty crisis and childless women are 8.2 times more likely to be given a promotion than women with children (Leheste, 2022,

Byron, 2022, Xiao, 2022, Klein, 2022). Showing that getting an abortion for low-income or working-class women can be financially stressful and unrealistic. But these women who end up having a child they don't have the means for are put in even more of a financial crisis as they end up living in poverty. And also end up missing out on the opportunities of upward mobility.

Hospital and Healthcare Workers:

Talk on politics, religion, and ethics has always revolved around the divisive issue of abortion. Nevertheless, the practical effects of strict abortion prohibitions on healthcare institutions and practitioners are frequently disregarded amid the ideological conflict. The author of the Scientific American article "Abortion Bans Is Sending Off Medical Professionals and Placing Essential Health Care at Risk" explores the negative impacts of abortion prohibitions on healthcare providers in general as well as on medical professionals specifically. This essay explores the important issues brought up in the article, illuminating how abortion prohibitions affect the availability and caliber of essential medical care. Abortion is a highly contentious subject across the globe, with arguments raging about the constitutionality, ethics, and availability of abortion services. In the past few years, legislative measures to restrict or prohibit abortion have increased in several locations, providing considerable obstacles for both healthcare providers and patients.

Physicians and nurses, for example, have a legal obligation to offer their patients complete reproductive health care. Prohibitions against abortion typically force people to choose between abiding by strict legal requirements and their conscience, which violates the autonomy and competence of medical professionals. Supporting healthcare professionals means standing up for their right to practice evidence-based medicine without fear of discrimination or legal

ramifications. The paper draws attention to a major concern about highly trained medical practitioners leaving regions with strong abortion bans. Physicians, nurses, and other reproductive health workers face ethical dilemmas when faced with laws that limit patients' access to safe and legal abortion treatments.

Prohibitions against abortion disproportionately affect disadvantaged groups, including those with poor incomes, people of color, and those living in rural areas, where access to reproductive healthcare services may be extremely difficult. Restrictions on abortion promote risky abortion practices, endangering the health and lives of those who want to terminate their pregnancies. Beyond the realm of abortion care, the effects of abortion laws jeopardize the provision of comprehensive reproductive health services. The article highlights how essential healthcare services like cancer screenings, STI testing, and contraception are often offered by abortion clinics, which often serve as women's primary healthcare providers. Legislators unintentionally upset the entire healthcare system by placing restrictions on abortion providers, exacerbating health inequities and making it more challenging for vulnerable communities to obtain necessary care.

Regarding abortion restrictions, the ethical debate centers on the need to protect people's autonomy and dignity when they seek reproductive healthcare. The imposition of broad limits on abortion violates the professional ethics of healthcare practitioners and disregards the agency of patients. Despite taking an oath to prioritize patient welfare and uphold medical standards of care, physicians are sometimes unable to fulfill these obligations due to legislative restrictions. Legislators undermine the moral integrity of medical professionals by making abortion illegal, putting them in a morally and legally perilous situation. The stigma around abortion breeds ignorance, humiliation, and judgment, making the environment unfriendly for both patients and

medical personnel. Educating the public, organizing campaigns to eradicate stigma, and providing kind, nonjudgmental care should all be top priorities for support projects.

This demonstrates how abortion restrictions are forcing physicians out of the medical field and jeopardizing patients' access to essential treatment. It highlights the consequences that restrictive abortion laws have on patients, healthcare workers, and the system as a whole. It describes how these regulations are causing medical professionals who perform abortions to cease such operations due to societal and legal barriers. In order to protect reproductive rights, increase access to safe and legal abortions, and achieve healthcare equity, healthcare professionals and patients impacted by abortion prohibitions must receive support. By safeguarding the rights of healthcare professionals, ensuring patients have access to comprehensive reproductive care, advocating for reproductive freedom, and combating discrimination and stigma, society can strive toward a time when individuals can make informed decisions regarding their reproductive choices.

Patient Physician Relationship:

The doctor-patient connection is a cornerstone of contemporary healthcare, representing confidence, interaction, and mutual respect. This collaboration between the healthcare practitioner and the patient is critical to providing effective medical treatment, affecting results, satisfaction among patients, and overall well-being. Understanding the intricacies and relevance of this relationship is critical for determining the standard of healthcare provided worldwide.'

Excellent communication is the foundation of the relationship between a doctor and a patient. A clear and open discussion among physicians and patients promotes understanding, rapport, and informed decision-making. Individuals who feel heard and respected are more likely

to take an active role in their care, stick to treatment programs, and voice concerns or preferences. Similarly, clinicians who pay attention to their patients' wants and preferences can adjust treatment techniques to unique situations, resulting in greater outcomes and more patient satisfaction.

Trust is a keystone in the doctor-patient connection. Patients entrust their healthcare practitioners with their health and well-being, depending on their experience, decision-making, and ethical integrity. This trust is built on empathy, integrity, and consistency in care delivery. Physicians who display respect, compassion, and competence gain their patients' trust, allowing them to make educated healthcare decisions and manage complicated medical circumstances with confidence.

The website examines and emphasizes the importance of the doctor-patient connection in healthcare. It covers several relationship-related topics, including cooperation, communication, and trust, highlighting how these factors lead to improved healthcare results. The historical development of the doctor-patient connection and its significance in contemporary medical practice are also discussed in the essay. It also offers helpful advice on how patients can build a strong and fruitful connection with their physicians, which will eventually improve everyone's experience with and results from healthcare.

Conclusion:

Abortion bans are a complex and controversial topic. They can have significant implications for healthcare systems and access to reproductive care. The impact of these bans on doctors, patients, and society as a whole is a matter of ongoing debate. It's important to consider various perspectives and engage in thoughtful discussions to better understand the complexities

surrounding this issue. Opponents of such prohibitions, on the other hand, highlight the significance of women's liberties and reproductive freedom. They say that restricting abortion access endangers female health and autonomy, particularly in circumstances of sexual assault, incest, or if a mother's life is in jeopardy. They also emphasize the socioeconomic variables that might impact a woman's choice to terminate the pregnancy, such as financial insecurity or a lack of support. Engaging in productive discourse and developing empathy for opposing opinions is critical in negotiating the difficulties of abortion restrictions. By realizing the issue's multiple characteristics and aggressively finding common ground, stakeholders may collaborate to find solutions that respect human autonomy while also protecting vulnerable groups.

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