

CORE BRIEF

Impacts of abortion restrictions on pregnant people, their partners, families, and communities

Revised October 2023



In June 2022, the U.S. Supreme Court ruling in *Dobbs v. Jackson Women's Health Organization* overturned the federal right to abortion established by *Roe v. Wade*. The legality of abortion access is now determined by each state. In Wisconsin, an 1849 law interpreted as criminalizing abortion led all abortion clinics in the state to stop offering services while courts determined whether the law is enforceable. In September 2023, Planned Parenthood of Wisconsin resumed abortion services in two locations based on a circuit court ruling which stated that the 1849 law does not prohibit voluntary abortions.

Before *Dobbs*, abortion care was heavily restricted and difficult to access in Wisconsin. With the resumption of services, [state laws](#) restricting access are back in effect. Reproductive health policy experts had long classified Wisconsin as hostile to abortion due to a slew of scientifically unfounded laws that reduce access, including perhaps the most onerous medication abortion restrictions in the country.¹ After 40% of the state's abortion clinics closed between 2010 and 2020, CORE researchers documented increases in birth rates in the Wisconsin counties furthest from the remaining clinics.²

The American Medical Association,³ American Public Health Association,⁴ the United Nations,⁵ and other major organizations maintain that policies that force people to remain pregnant are a violation of medical ethics, public health, and human rights. This brief provides an overview of what science tells us about how individuals, families, and communities are harmed when people are unable to access abortion care.

Impacts of abortion restrictions on pregnant people's health and well-being



- **Increases in maternal mortality**, due to an increase in ongoing pregnancies, *not* because of unsafe abortion. A person who carries a pregnancy to term and gives birth is more than 14 times as likely to die compared with a person who has a legal abortion.⁶ Before *Dobbs*, researchers documented associations between state-level abortion restrictions and maternal mortality, showing particularly extreme effects of restrictions among communities of color.⁷ The effect was particularly large for Black women^a who nationally face maternal mortality rates three times higher than white women.⁸ Given these findings, we anticipate an increase in maternal deaths as a result of *Roe's* reversal, including among Wisconsinites.
- **Increases in chronic health problems.** A study that followed almost 1,000 abortion seekers over five years found that, compared to women who received desired abortions, those denied abortion care reported more chronic headaches or migraines, joint pain, and hypertension than those who had an abortion.⁹ These poorer outcomes are likely due to the stress and health effects of pregnancy and/or parenting.
- **Reduced ability to achieve educational, career, and other life aspirations.** Multiple studies have shown that access to wanted abortion is associated with educational and socioeconomic benefits for the person seeking care.¹⁰ Being denied a wanted abortion can significantly curtail educational attainment, labor force participation, and achievement of aspirational life goals.^{11,12} In the years following the pregnancy, compared

^a While not all people with the capacity for pregnancy or in need of abortion identify as women, we use “women” when we cite research studies that use this term.

to women who obtain desired abortion care, those denied care are more likely to fall below the federal poverty level and lack money for their basic needs.¹³

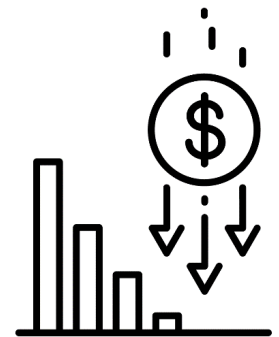
- **Increases in intimate partner violence.** Compared to women able to obtain abortion care, those denied an abortion who go on to give birth are more likely to stay in abusive relationships with their co-conceiver.^{12,14}
- **Both immediate and long-lasting effects on mental health.** In the short term, difficulty accessing desired abortion care can increase anxiety¹⁵ and negative emotions such as anger and resentment.¹⁶ Mental health effects can also persist long after the pregnancy ends. In a study of Wisconsin women whose pregnancies occurred prior to *Dobbs*, those who had pregnancies and births classified as “unwanted” were significantly more likely than those reporting planned pregnancies to experience depression or anxiety into midlife and beyond, even when controlling for other factors commonly associated with mental health.¹⁷

Impacts of abortion restrictions on partners and families

- **Lower educational outcomes for partners.** While researchers more commonly focus on the effects of abortion access for the person seeking care, research documents that their partners are also negatively affected by abortion restrictions. For young men whose families have the fewest socioeconomic resources to begin with, abortion restrictions are associated with poorer educational outcomes over time compared with young men living in environments with fewer abortion restrictions.¹⁸ Young men who become parents at earlier ages may forgo or drop out of school to enter the labor force to support their families.
- **Poverty and developmental delays for existing children.** The majority of abortion patients are already parents.¹⁹ Studies show that when women are denied an abortion, their existing children have more economic insecurity and are more likely to be living below the federal poverty line compared to the children of women who received a desired abortion.²⁰ Likely due to financial and emotional stress, these children also have comparatively more challenges meeting developmental milestones.²⁰

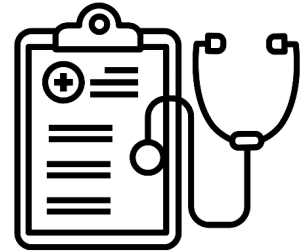
Impacts of abortion restrictions on communities and economies

- **Widening of existing economic, health, and social inequities.** Due to long-standing systemic inequities, many abortion seekers have few economic resources. Before *Dobbs*, three-quarters of abortion patients in the U.S. were living on low incomes, and half were living below the federal poverty level.¹⁹ Economic security and the social safety net are weaker in states with abortion bans than those without bans.^{21,22} States that ban or heavily restrict abortion, including Wisconsin, have high rates of pregnancy complications and maternal mortality, particularly among people of color,^{23,24,25} and fewer policies that specifically support pregnant people and their children.²⁶ As noted above, abortion bans have the largest impact on maternal mortality among people of color compared with whites, which amplifies the already catastrophic maternal health inequities in BIPOC communities.⁷ Post-*Dobbs* abortion bans will cause the greatest harm to those already subject to systemic racism and economic injustice.
- **Reduced labor force participation.** People’s ability to hold steady, meaningful employment is disrupted when they are forced to carry pregnancies to term, and these disruptions have implications for the broader economy. The Institute for Women’s Policy Research estimates that abortion restrictions cost state and local economies \$105 billion every year by reducing labor force participation and earning levels, as well as increasing turnover and time off from work, among women ages 15 to 44 years.²⁷
- **Jeopardized worker recruitment and retention.** Abortion bans may also make it difficult for companies and organizations to attract and retain talented employees.²⁸ For example, in a 2019 survey of over 1,000



physicians at the University of Wisconsin School of Medicine and Public Health, more than four-in-five expressed concern that restrictive abortion laws would make it difficult to recruit faculty, and two-thirds were worried about negative effects on student and trainee recruitment.²⁹

Impacts of abortion restrictions on other aspects of medical care



- **Encroachment of scientifically unfounded legislation into other areas of medicine.** In that same study at UW's School of Medicine and Public Health, virtually all (99%) of the 1,300 surveyed physicians were concerned about legislation interfering in the doctor-patient relationship.²⁹
- **Mismanagement of other pregnancy-related healthcare.** Abortion restrictions negatively affect the quality of other healthcare. Even before *Dobbs*, many hospitals had policies prohibiting abortion care, including in Wisconsin.³⁰ Researchers have shown that these policies can lead to delays in miscarriage treatment, unnecessarily risking people's health and well-being.³¹ More recent research has also demonstrated how post-*Dobbs* laws and interpretation of those laws have undermined pregnancy-related healthcare, including miscarriage management, ectopic pregnancy treatment, management of medical conditions that make pregnancy dangerous, and second-trimester obstetric complications.³² This body of research documents delays in caregiving, worsened health outcomes, and increased costs and care logistics due to abortion restrictions.

Summary

Extensive evidence documents how abortion restrictions cause harm to individuals seeking care, families, communities, and the broader medical field by forcing people to remain pregnant. To ensure public health and well-being, medical ethics, and human rights, abortion must be legal, accessible, and affordable.

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