

'High and dry': Abortion bans could be riskiest on women in maternal health care 'deserts'

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Women living in maternal health care "deserts" will face greater health and well-being risks if a draft opinion from the Supreme Court

overturning *Roe v. Wade* leads to state abortion bans, experts say.

People who are pregnant or recently gave birth in areas lacking [maternal health](#) care—obstetricians, hospitals with delivery units or birth centers—already face a greater risk of death than mothers who live in areas with more robust medical access, research has shown.

And experts say the risks are even greater in these areas for moms of color, who already have disproportionate maternal health outcomes.

Abortion bans could make things even worse, said Maeve Wallace, a reproductive and perinatal epidemiologist at Tulane University who conducted the research on women, which focused on Louisiana. She's also found that across the U.S., states with more [abortion](#) restrictions had greater maternal mortality risk.

"What we can anticipate seeing is that women, who are forced to continue an unwanted pregnancy because they cannot access abortion within their state, are then put in a position where they potentially have nowhere to go for maternity care as well," she said, "forcing them into an even higher-risk pregnancy."

Across the nation, more than 2 million women live in a county with no obstetric care—no birth center, hospital with obstetric care or private practice provider. Even more live in areas with a limited number of centers and providers in proportion to the population.

An analysis from Guttmacher Institute, a reproductive health policy research organization, identified 26 states that are likely to ban abortion without *Roe*. Throughout those states in the South, Midwest and Plains exist swaths of areas lacking maternal health care.

In a post-*Roe* United States, about 100,000 women won't be able to

reach an abortion provider, and 75,000 will need to give birth as a result, estimates Caitlin Knowles Myers, a Middlebury College economist who researches gender, race and reproductive policies.

Such numbers raise questions about the nation's maternity care capacity, said Dr. Lisa Harris, a professor of obstetrics and gynecology at the University of Michigan in Ann Arbor, who studies social and medical issues around abortion.

"In some areas where there is already a lack of maternity care in Michigan, we may have a 20 to 30% upturn in demand," she said.

Experts like Harris are concerned about more births amid a lack of social supports for moms and babies.

"When people are talking about ending abortion, they're not talking about the corollary of more births," she said. "But you don't just end abortion and nothing else changes. Everything else changes. We don't have a good safety net in this country for [child care](#), for maternal health and for family leave policies."

Tulane's Wallace, whose home state of Louisiana advanced a bill last week that classifies abortion as homicide, worries the nation's maternal mortality and violent death crisis, especially among Black and brown women, could worsen.

"(There are) higher concentrations of women of color in places that lack access to abortion and lack access to [maternity care](#)," she said.

That's part of the reason Dr. Allison Bryant, a Massachusetts General Hospital obstetrician and gynecologist, says the move to restrict or eliminate abortion is an example of structural, systemic inequity and [racism](#).

"They are abandoning the patient," Bryant said. "There's nothing that is random about this. There are no coincidences here."

Women of color already face disproportionate maternal health outcomes, and Bryant worries it will get worse if more [women](#) see their choices and health care further limited.

"We are leaving them really high and dry in this circumstance," Bryant said. "It's going to be inequity compounded on top of [inequity](#) that was already there. We know that the maternal health infrastructure in many places around the country is in jeopardy."

Elizabeth Weise contributed to this story.

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