

Commentary: Restricted abortion access will cause psychiatric harm

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Restricted access to abortions will cause tremendous stress and potential major psychiatric illnesses for individuals carrying unwanted pregnancies, write Northwestern Medicine and Columbia University

psychiatrists in a commentary in *JAMA Psychiatry*.

This is especially dangerous because these individuals already are three times more likely to have a psychiatric disorder than the general population.

The ramifications of the Supreme Court's decision to overturn *Roe v. Wade* are immense for the one in four pregnant people who seek abortion in the United States.

"Unwanted pregnancies generate severe stress for individuals with [limited resources](#) to access safe abortions, which may be several hundred miles or more away, and which disproportionately affect people of color, individuals with disabilities and unmarried mothers," write Dr. Katherine Wisner, the Asher Professor of Psychiatry and Behavioral sciences and professor of obstetrics and gynecology at Northwestern University Feinberg School of Medicine, and Dr. Paul Appelbaum, the Dollard Professor of Psychiatry, Medicine and Law at Columbia University, in the commentary.

Severe stress to mother results in psychiatric, developmental problems in child

Research shows severe stress of the mother in a forced pregnancy is passed to her developing child.

"That exposure to severe stress is as impactful as drugs or disease and results in developmental problems and psychiatric illness in the children," Wisner said. "We have many programs to try to reduce stress and medical morbidity and mortality for the pregnant person, and this emotional burden does the exact opposite."

The *JAMA Psychiatry* commentary was published Feb. 10.

How restricted abortions harm pregnant persons seeking abortions

"Imagine a person who is working and trying to take care of kids and pay for childcare," Wisner said. "The partner also is working several jobs. About 55% of Americans who give birth live in poverty. That person, who is struggling to make ends meet, may have an unwelcome pregnancy. The majority of individuals who seek abortions already have kids and many can't afford to take care of their families with another pregnancy and child.

"If that person decides abortion is the best option and lives in a state with restricted access, the challenges are where to get one, since the nearest site may be hundreds of miles away, how to get the money to pay for it and the transportation, how to arrange for care other children, and how to make up for the loss of pay if there is no sick leave," Wisner said.

"That is incredibly stressful. If the person has any kind of psychiatric vulnerability, like depression or an anxiety disorder, this powerful new stressor is imposed upon them," Wisner said. "The ability to cope with this situation has been aggravated by the loss of autonomy—treating them as if they have fewer rights than the embryo or fetus. Even if they never had any psychiatric illness before, this level of [stress](#) increases the likelihood of developing one.

"Some mothers who already have [psychiatric illness](#) have episodes associated with pregnancy. They may have had [postpartum psychosis](#) or [suicide attempts](#) and are at high risk to have that happen again if they become pregnant."

What if a pregnant person is taking psychiatric medications?

Wisner treats people who need medications for psychiatric disorders that may affect pregnancies negatively.

"A person might take lithium, and, although the rate of birth defects associated with exposure is low, it's there," Wisner said. "Some patients say, 'I want to have a baby, and I need to take my lithium to keep my bipolar illness in check, but I want my 20-week ultrasound to find out if my baby's body is normal.' If their baby has a serious cardiac malformation, they have the choice to elect an [abortion](#). If they live in a state that restricts abortions, what do they do? Stop taking lithium during [pregnancy](#) and risk relapsing into a psychotic episode? Or take the lithium and risk giving birth to a child who may need extensive medical care?"

More information: Katherine L. Wisner et al, Abortion Restriction and Mental Health, *JAMA Psychiatry* (2023). [DOI: 10.1001/jamapsychiatry.2022.4962](https://doi.org/10.1001/jamapsychiatry.2022.4962)

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