SOCIETY OF BEHAVIORAL MEDICINE

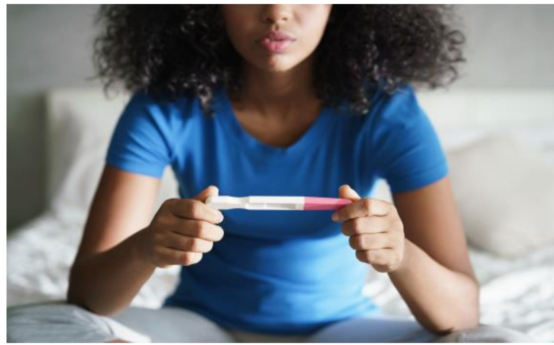
555 East Wells Street,
Suite 1100
Milwaukee, WI 53202

T: 414 918 3156
sbm.org

Position Statement: Protect Abortion Rights

June 27, 2022

Sherry Pagoto, PhD, Megan Shen, PhD, Tiffany Carson, PhD, Molly Waring, PhD, Sharon Manne, PhD, Joanna Buscemi, PhD, Marian Fitzgibbon, PhD, and Monica Baskin, PhD, Michelle Cardel, PhD, MS, RD



The Society of Behavioral Medicine strongly opposes the U.S. Supreme Court's reversal of the 1973 Roe v. Wade decision through its ruling in Dobbs v. Jackson Women's Health Organization. With the overturning of Roe, SBM supports increasing access to abortion services in states where abortion remains legal, expanding telehealth for medication abortion services, safe haven laws protecting patients seeking abortions and healthcare providers caring for them, and increasing National Institutes of Health funding for research on the impact of restricted abortion rights on inequities in maternal morbidity and mortality.

The Problem

Abortion access is a social determinant of health because lack of access is associated with negative impacts on socioeconomic status, education,[1-3 4,5] mental health, [6] and maternal health outcomes of women.[7] Women* denied abortion services spend additional years in poverty, and have lower credit scores, greater debt, more bankruptcies, and more evictions than those who obtained an abortion.[2,3] Further, abortion bans are associated with elevated maternal mortality rates,[7] adverse psychological outcomes,[8] and greater exposure to domestic violence.[6]

Abortion bans will negatively impact patients who miscarry because the same procedures used for miscarriage are used for abortion. Laws that penalize providers for performing abortions may reduce provider willingness to treat miscarriage, result

© Copyright Society of Behavioral Medicine 2022

555 East Wells Street,
Suite 1100
Milwaukee, WI 53202

T: 414 918 3156
sbm.org

in fewer providers trained to treat miscarriage, and delay care for miscarriage, which can result in life-threatening infection and/or hemorrhage.[9]

The negative consequences of abortion bans will disproportionately affect populations for whom SBM is committed to serve: individuals who are Black, are Native American, are LGBTQIA+, have disabilities, have low socioeconomic status, have limited English proficiency, or have chronic disease. For example, Black and Native American women have up to four times the rates of maternal mortality compared to white women.[10-13] They also suffer greater risk of miscarriage and poor pregnancy outcomes.[14] In the United States, these disparities are directly linked to inequities in quality of healthcare, chronic conditions, and structural racism.[11,15] Thus, lack of access to abortion will inevitably harm individuals with these characteristics.

Maternal mortality rates are also three times higher in women with severe obesity[16] and three to four times higher in women with diabetes,[17] and cardiovascular disease is the leading cause of maternal mortality,[18] which means carrying forward an unintended pregnancy in patients with these comorbidities is far more consequential than it is for pregnant patients without these comorbidities. Cancer survivors also have elevated rates of maternal morbidity[19] and many patients who are diagnosed with cancer while pregnant may lose the choice to terminate their pregnancy to begin cancer treatment given the lack of guidance regarding what counts as exceptions for the life of the pregnant person.[20] Abortion bans will widen health inequities, diminish patient autonomy in healthcare decisions, and undermine the doctor/patient relationship.[21]

Current Policies

In December 2021, U.S. Supreme Court (SCOTUS) heard arguments on a Mississippi law that proposed to make abortion illegal after 15 weeks with exceptions only in the event of medical emergencies or severe fetal abnormality.[22] This law conflicts with Roe v. Wade, a 1973 US Supreme Court decision that affirmed the right to have an abortion under the 14th amendment.[23] On June 24, 2022, SCOTUS allowed the Mississippi law to stand by overturning Roe through its ruling in Dobbs v. Jackson Women's Health Organization.[24] With the overturning of Roe, 13 states have trigger laws that immediately ban abortion[25] and 13 other states are in position to pass legislation that will ban abortion,[26] which will leave the nearest clinic for many pregnant patients in these states hundreds of miles away.[27] Of the 13 states with trigger laws, eight have no exceptions for rape, nine have no exceptions for incest, and 12 have no exceptions for severe birth defects.[25] All 13 have exceptions to protect the life of the mother, but it remains unclear how this is defined and who makes this determination.[28,29] As of June 26, 2022, 10 states have already banned abortion, five states are set to ban abortion within 1 month, and five are poised to ban.[30]

© Copyright Society of Behavioral Medicine 2022

SOCIETY OF BEHAVIORAL MEDICINE

555 East Wells Street, Suite 1100
Milwaukee, WI 53202

T: 414 918 3156
sbm.org

While abortion medication and telehealth abortion services could facilitate access to care for pregnant people in states that ban abortion, many of these states are banning use of abortion medication and two states allow private citizens to sue for at least $10,000 any individual who assists a pregnant person in receiving an abortion, including the provider and anyone who provides transportation or financial support.[31] The reversal of Roe as a result of the SCOTUS decision for Dobbs brings greater barriers to abortion care than there have been in nearly 50 years and rates of maternal morbidity and mortality will increase.

Recommendations

Given the inevitable threat to abortion access that the reversal of Roe poses to maternal morbidity and mortality, especially among individuals already vulnerable to health and healthcare inequities due to structural racism, socioeconomic disadvantage, and discrimination,[32] SBM's position is the following:

1. U.S. states should enact laws protecting the legal right to abortion in their state.
2. U.S. states in which abortion remains legal should:
   a. adopt safe haven laws (e.g., Reproductive Freedom Defense Act[32]) to protect patients receiving abortions and providers performing abortions in those states.
   b. permit other qualified healthcare providers such as nurse practitioners, physician assistants, and certified nurse midwives to perform abortion to increase the workforce to meet the demand of out of state patients (e.g., Abortion Care Access Act[34]).
   c. increase capacity and funding for abortion services, including telehealth for abortion medication, to accommodate the increased demand from out-of-state patients.
   d. ensure that laws and policies are written to be inclusive of all individuals who can become pregnant, regardless of gender identity.
3. The National Institutes of Health should increase funding for research on the impact of abortion bans on inequities in maternal morbidity and mortality, particularly among Black and Native American individuals, those identifying as LGBTQIA+, and those with low socioeconomic position, disabilities, limited English proficiency, and/or chronic conditions.

Authors declare no conflicts of interest.

**The term "women" is used to reflect the sample of studies cited. Otherwise, we use gender neutral terms to refer to all people who can become pregnant.*

© Copyright Society of Behavioral Medicine 2022

SOCIETY OF BEHAVIORAL MEDICINE

555 East Wells Street, Suite 1100 Milwaukee, WI 53202

T: 414 918 3156 sbm.org

References

1. Foster DG, Raifman SE, Gipson JD, Rocca CH, Biggs MA. Effects of Carrying an Unwanted Pregnancy to Term on Women's Existing Children. J Pediatr. 2019;205:183-189.e181.
2. Foster DG, Biggs MA, Ralph L, Gerdts C, Roberts S, Glymour MM. Socioeconomic Outcomes of Women Who Receive and Women Who Are Denied Wanted Abortions in the United States. Am J Public Health. 2018;108(3):407-413.
3. Miller S, Wherry, L., Foster, D. The economic consequences of being denied an abortion. Nber Working Paper Series. 2022. https://www.nber.org/system/files/working_papers/w26662/w26662.pdf. Accessed June 8, 2022.
4. Zabin LS, Hirsch MB, Emerson MR. When urban adolescents choose abortion: effects on education, psychological status and subsequent pregnancy. Fam Plann Perspect. 1989;21(6):248-255.
5. Upadhyay UD, Biggs MA, Foster DG. The effect of abortion on having and achieving aspirational one-year plans. BMC women's health. 2015;15(1):102.
6. American Psychological Association. Restricting access to abortion likely to lead to mental health harms, APA asserts. https://www.apa.org/news/press/releases/2022/05/restricting-abortion-mental-health-harms. Published 2022. Accessed.
7. Addante AN, Eisenberg DL, Valentine MC, Leonard J, Maddox KEJ, Hoofnagle MH. The association between state-level abortion restrictions and maternal mortality in the United States, 1995-2017. Contraception. 2021;104(5):496-501.
8. Biggs MA, Upadhyay UD, McCulloch CE, Foster DG. Women’s Mental Health and Well-being 5 Years After Receiving or Being Denied an Abortion: A Prospective, Longitudinal Cohort Study. JAMA Psychiatry. 2017;74(2):169-178.
9. Huff C. In Texas, abortion laws inhibit care for miscarriages. NPR. https://www.npr.org/sections/health-shots/2022/05/10/1097734167/in-texas-abortion-laws-inhibit-care-for-miscarriages. Published 2022. Accessed June 7, 2022.
10. Collier AY, Molina RL. Maternal Mortality in the United States: Updates on Trends, Causes, and Solutions. NeoReviews. 2019;20(10):e561-e574.
11. Centers for Disease Control and Prevention. Working Together to Reduce Black Maternal Mortality. https://www.cdc.gov/healthequity/features/maternal-mortality/index.html. Published April 6, 2022. Accessed June 7, 2022.
12. Maternal Mortality Among American Indian/Alaska Native Women: A Scoping Review. Journal of Women's Health. 2021;30(2):220-229.
13. MacDorman MF, Thoma M, Declcerq E, Howell EA. Racial and Ethnic Disparities in Maternal Mortality in the United States Using Enhanced Vital Records, 2016–2017. Am J Public Health. 2021;111(9):1673-1681.
14. Mukherjee S, Velez Edwards DR, Baird DD, Savitz DA, Hartmann KE. Risk of Miscarriage Among Black Women and White Women in a US Prospective Cohort Study. Am J Epidemiol. 2013;177(11):1271-1278.
15. Toluhi AA, Richardson MR, Julian ZI, et al. Stakeholder Perspectives on Racial Disparities in Maternal Mortality and Morbidity in Alabama. Am J Obstet Gynecol. 2022;226(1).
16. Saucedo M, Esteves-Pereira AP, Pencolé L, et al. Understanding maternal mortality in women with obesity and the role of care they receive: a national case-control study. Int J Obes. 2021;45(1):258-265.
17. Mackin ST, Nelson SM, Kerssens JJ, et al. Diabetes and pregnancy: national trends over a 15 year period. Diabetologia. 2018;61(5):1081-1088.
18. Ouyang P, Sharma G. The Potential for Pregnancy Heart Teams to Reduce Maternal Mortality in Women With Cardiovascular Disease. J Am Coll Cardiol. 2020;76(18):2114-2116.
19. Zgardau A, Ray JG, Baxter NN, et al. Obstetrical and Perinatal Outcomes in Female Survivors of Childhood and Adolescent Cancer: A Population-Based Cohort Study. J Natl Cancer Inst. 2022;114(4):553-564.
20. Harris LH. Navigating Loss of Abortion Services — A Large Academic Medical Center Prepares for the Overturn of Roe v. Wade. N Engl J Med. 2022;386(22):2061-2064.
21. Supreme Court of the United States. Thomas E. Dobbs, M.D., M.P.H., State Health Officer, Mississippi Department of Health v. Jackson Women's Health Organization. https://www.supremecourt.gov/DocketPDF/19/19-1392/193074/20210920174518042_19-1392%20bsacACOGetal.pdf. Published September 2021. Accessed19-1932.
22. Supreme Court of the United States. Thomas E. Dobbs, State Health Officer of the Mississippi Department of Health v. Jackson Women's Health Organization. https://www.supremecourt.gov/search.aspx?filename=/docket/docketfiles/html/public/19-1392.html. Published June 18, 2020. Accessed.
23. JUSTIA US Supreme Court. Roe v. Wade, 410 U.S. 113 (1973). https://supreme.justia.com/cases/federal/us/410/113/. Published 1973. Accessed June 7, 2022.
24. Supreme Court of the United States. Dobbs, State Health Officer of the Mississippi Department of Health vs. Jackson Women’s Health Organization. 2022.
25. Nash E, Guarnieri, I. 13 States Have Abortion Trigger Bans Here's What Happens When Roe Is Overturned Guttmacher Institute Web site. https://www.guttmacher.org/article/2022/06/13-states-have-abortion-trigger-bans-heres-what-happens-when-roe-overturned. Published June 2022. Accessed.
26. Cross L, Nash, E. 26 States Are Certain or Likely to Ban Abortion Without Roe: Here’s Which Ones and Why. https://www.guttmacher.org/article/2021/10/26-states-are-certain-or-likely-ban-abortion-without-roe-heres-which-ones-and-why. Published 2021. Accessed June 7, 2022.
27. Chakraborty P, Murawsky S, Smith MH, McGowan ML, Norris AH, Bessett D. How Ohio's proposed abortion bans would impact travel distance to access abortion care. Perspect Sex Reprod Health. 2022;54(2):54-63.
28. Einbinder N, Haskins, C. 'We do not have any plans': The 13 states with abortion-ban 'trigger laws' are completely unprepared to enforce them. Insider. https://www.businessinsider.com/trigger-law-states-failed-to-plan-for-end-of-roe-v-wade-2022-5?fbclid=IwAR1tmRGK7tSR16H1GYeVi7Z45l8Q75YFMpwiADOHfRVcP9fbLR9AHAYlagg. Published 2022. Accessed June 7, 2022.
29. Harris LH. Navigating Loss of Abortion Services - A Large Academic Medical Center Prepares for the Overturn of Roe v. Wade. N Engl J Med. 2022;386(22):2061-2064.
30. Kitchener C, Schaul K, Kirkpatrick N, Santamarina D, Tierney L. Abortion is now banned in these states. Others will follow. https://www.washingtonpost.com/politics/2022/06/24/abortion-state-laws-criminalization-roe/. Published 2022. Accessed.
31. Center for Reproductive Rights. Vigilante Abortion Ban Takes Effect in Oklahoma. https://reproductiverights.org/vigilante-abortion-ban-takes-effect-in-oklahoma/. Published May 3, 2022. Accessed June 7, 2022.
32. The Lancet. Abortion bans in the USA harm health equity. Lancet. 2021;398(10310):1461.
33. Connecticut General Assembly. An act concerning the provision of protections for persons receiving and providing reproductive health care services in the state and access to reproductive health care services in the state. https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&which_year=2022&bill_num=5414 Published 2022. Accessed.
34. House Bill 937. Abortion Care Access Act. https://mgaleg.maryland.gov/2022RS/Chapters_noln/CH_56_hb0937t.pdf. Published April 9, 2022. Accessed June 7, 2022.

© Copyright Society of Behavioral Medicine 2022