

EDITORIAL

Abortion May Be Controversial— Supporting Children and Families Need Not Be

Alyssa Bilinski, PhD

In this issue of JAMA, 2 articles characterize the impact of recent state abortion restrictions.^{1,2} Applying observational causal inference methods, the authors estimate a 1.7% increase in birth rates from abortion restrictions in affected states



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proportionately among racially and ethnically minoritized, low-income, and unmarried individuals.¹ Among births linked to abortion bans, infant mortality rates were about 4 times higher than rates in the general population.² The authors note that this likely resulted both as a consequence of abortion bans requiring pregnant individuals to carry fetuses with lethal abnormalities to term and from excess births occurring disproportionately among individuals at high risk for complications.

These findings are consistent with and expand prior literature linking abortion bans to increased fertility and infant mortality.^{3,4} In the polarized national conversation, there may be divergent reactions to these findings. Several medical organizations—including the American Medical Association, American College of Obstetricians and Gynecologists, Society for Maternal-Fetal Medicine, and American Academy of Family Physicians—have expressed strong support for abortion access, noting that research, including the quasi-experimental Turnaway Study, has linked the inability to receive an abortion to long-term health, financial, and social harms for individuals and their families.⁵⁻⁹ By contrast, although some opponents of abortion have suggested that restrictions may lead individuals to curtail sexual behavior rather than increase fertility, others have heralded rising birth rates as an indication “that pro-life policies result in lives saved.”^{10,11}

Debates about abortion are likely to continue, particularly with restrictions in 19 US states and a new US presidential administration that has vocally supported their expansion.¹² However, there should be no partisan divide over the idea that all children and families deserve the opportunity to thrive. Welcoming a child is a challenging and life-altering experience in the best of circumstances. Against the backdrop of concerning and disparate rates of avoidable infant and maternal mortality and families struggling with high costs of living,¹³⁻¹⁵ abortion restrictions that force continuation of unexpected and high-risk pregnancies make it all the more critical to ensure robust supports for children and families to mitigate, to the greatest extent possible, the adverse outcomes identified in these studies.

In particular, these articles link abortion bans to an increase in birth and infant mortality rates among vulnerable, low-income, and unmarried individuals.^{1,2} With calls from some who support abortion bans to also avoid “subsidizing single-motherhood,”¹⁶ I caution against policies that seek to achieve this objective by limiting support to children, instrumentalizing them in the hope of deterring future unintended pregnancies. By contrast, these children and their families deserve evidence-based interventions to promote their health and well-being amidst especially difficult circumstances. With this aim, I discuss potential steps for policymakers, health care professionals, and researchers.¹⁷

From a policy perspective, children and families—especially those who live in areas with abortion restrictions—may benefit from strong Medicaid funding, parental leave, affordable childcare, and expansions of the child tax credit. Maintaining and improving Medicaid access is a key pillar to US maternal and infant health. Medicaid currently covers more than 40% of US births¹⁸ and provides health insurance to more than 1 in 3 US children.¹⁹ Medicaid expansion has been linked to improved access to prenatal care, a critical tool in reducing infant mortality rates, as well as some improvements in maternal outcomes.²⁰ Currently, 10 states have not expanded Medicaid to nearly all with incomes up to 138% of the federal poverty level, 9 of which have abortion restrictions.^{12,21} Although nearly all states have adopted expansions to postpartum Medicaid coverage under the American Rescue Plan Act, which extended postpartum coverage from 60 days to 1 year,²² proposed reductions in Medicaid spending, eligibility limitations, and work requirements may threaten this progress.^{16,23,24}

Beyond health care, other family policy gaps include lack of access to parental leave and affordable childcare. Only about 1 in 4 US civilian workers have access to paid family leave through their employer²⁵; for workers with an average wage in the lowest 10%, only 6% have access to paid family leave.²⁶ There is no federally available paid leave, and a majority of states lack paid leave policies.²⁷ For working parents, full-time day care for children younger than 5 years is expensive, exceeding a median \$15 500 annually per child for infants in counties with a population of more than 500 000, and a significant burden for low-income individuals.²⁸ About half of lower-income workers reported in a 2022 Pew Research Center survey being “very or extremely worried about losing pay if they needed to take time off to care for their child.”¹³ Policy interventions, including state and federal paid leave and childcare subsidies, may be needed to address market failures that make leave and childcare out of reach for many US residents.

As an alternative to direct state or federal programming, expansion of the child tax credit represents a promising avenue for partially reducing financial burdens on children and families. As part of COVID-19 pandemic relief, the child tax credit increased from \$2000 per child to \$3600 for children younger than 6 years and \$3000 for children aged 6 to 17 years, leading to a record low in child poverty (5%).²⁹ Although child poverty surged back to 12% after its repeal, reinstating the expansion has some bipartisan support and would allow flexibility for families to allocate this income as they prefer.³⁰

In addition to policy interventions targeted toward children and families, it is also imperative to provide health care professionals caring for patients in states with abortion restrictions the resources and training to address new complexities introduced by abortion restrictions. These include navigating the clinical challenges of managing additional high-risk pregnancies, ethical and emotional dimensions of supporting patients who may feel coerced into carrying pregnancies to term against their wishes, and legal considerations of when to provide termination care in obstetric emergencies.³¹ For clinicians who have not had to interface with legal considerations in clinical decision-making, this process can be difficult and stressful. In a promising step, in December 2023, the Texas Supreme Court called on the state's Medical Board to provide clearer written guidance on how to

interpret health and life exceptions to restrictions. Although updated guidance has been criticized for failing to list specific circumstances in which abortion is permissible, it remains important progress in clarifying emergency exceptions for clinicians.³²

Although these recent analyses shed light on some effects of abortion restrictions, there remains a need for ongoing, comprehensive research to fully understand the long-term consequences on maternal physical and mental health, child health and social outcomes, as well as health care supply and access. Researchers should apply rigorous observational causal inference methods to evaluate these outcomes, particularly within racially and ethnically minoritized and low-income communities, and support development of additional interventions to improve maternal and child health.

In conclusion, the studies presented in this issue of *JAMA* provide compelling evidence of the significant effects state-level abortion restrictions have on birth rates and infant mortality, especially in vulnerable populations.^{1,2} Even amidst heated national abortion debates, there remains much room for agreement: ensuring every child has the opportunity to thrive is a shared objective that transcends partisan lines, and thoughtful, family-oriented policy can both help to address the harms raised in these studies and foster a healthier and more equitable society for all.

ARTICLE INFORMATION

Author Affiliations:

Department of Health Services, Policy & Practice, Brown University School of Public Health, Providence, Rhode Island; Department of Biostatistics, Brown University School of Public Health, Providence, Rhode Island.

Corresponding Author: Alyssa Bilinski, PhD, Brown University School of Public Health, 121S Main St, 8th Floor, Providence, RI 02903 (alyssa_bilinski@brown.edu).

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