

Maternal Health, Criminalization of Pregnancy Outcomes, and Economic Wellbeing

Research summary and message
guidance for state legislators on the
impact of the *Dobbs* decision



INTRODUCTION TO THIS RESOURCE

In 2022, the U.S. Supreme Court overturned *Roe v. Wade* with the *Dobbs v. Jackson* ruling, effectively gutting protections for accessing abortion care and allowing an influx of abortion bans to take effect. The negative health, economic, and emotional consequences of not being able to access abortion care has been documented extensively by scientific research. Additionally, the *Dobbs* decision has exacerbated barriers to maternal health care, increased criminalization of pregnancy outcomes, and has had broad economic impacts—these three areas are the focus of this resource.

Created for state legislators in partnership with former Georgia state legislator Renitta Shannon, the purpose of this resource is to provide a streamlined reference for communicating the very real and more systemic consequences of *Dobbs* on maternal health, criminalization of pregnancy, and overall economic wellbeing in the various spaces that state legislators work in (from legislative work, to constituent services, to press, and more.) Divided into **research summaries, key takeaways, and evidence-based messaging guidance** on each topic, the materials can be used together or pulled out individually as needed.

This resource focuses on nationally representative research studies and message guidance based on that research. There is a wealth of research documenting the myriad impacts of the *Dobbs* decision state-by-state. For more scientific research resources contact the SiX Reproductive Rights team at sixrepro.org/ask-rflc/.



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Research Summaries

MATERNAL HEALTH IMPACTS

Since the *Dobbs* decision, more than [20 states have restricted or enacted near-total bans on abortion](#).¹ These laws, which often but do not always include exceptions for pregnancies resulting from rape, incest, or that pose a risk to the life and health of the pregnant person, are vague and confusing. This ambiguity has left healthcare providers and the public struggling to interpret the laws, leading to severely compromised patient care, increased risk of criminalization for pregnant people and providers, and abortion denials.

Due to the possible significant criminal and financial penalties for providing abortion care in restrictive settings, doctors may increasingly exercise extreme caution in offering any abortion care at all. [Research](#) indicates that physicians rely not only on clinical evaluation but also on social expectations when deciding whether to perform or offer abortion care.² In May 2023, [a study](#) revealed how the influx of abortion bans enacted since the *Dobbs* decision is putting pregnant individuals needing medical care at life-threatening risk. Researchers have found that post-*Dobbs* abortion restrictions and their interpretations have altered the standard of care, contributing to delays, worsened health outcomes, and increased cost and logistical complexity of care. Patients experienced preventable complications because clinicians reported that their “hands were tied,” making it impossible for them to provide timely treatment. For example, one physician described a patient with pregnancy complications that would inevitably result in a miscarriage but was denied an abortion due to new state laws. The patient developed a severe infection requiring intensive care. Healthcare providers described feeling ongoing moral distress when unable to provide evidence-based care, with some

considering moving their practices to states where abortion remains legal.³

Abortion bans and restrictions have even led physicians to delay providing miscarriage management care. Post-*Dobbs* abortion restrictions have caused pregnant people who are actively miscarrying to be [denied care](#) if there is still a detectable heartbeat or until the miscarriage endangers the life of the pregnant person, as in the denials of care in Texas which led to the deaths of Nevaeh Crain and Josseli Barnica.^{4 5 6}

New abortion bans have forced doctors to consider their own self-preservation, balancing patient care with the risk of being sued or criminalized. Doctors must be able to use their best medical judgment to provide evidence-based care without risk of criminal prosecution.

[Research](#) shows that laws banning abortion after a certain point in pregnancy are associated with an increase in infant deaths and that abortion restrictions are associated with adverse birth outcomes, including preterm birth and low birth weight, disproportionately affecting Black people as well as people with lower educational attainment.⁷ For instance, on September 1st, 2021 Texas’ law prohibiting abortions after a fetal heartbeat is detected went into effect. Analysis of death certificate data showed that between 2021 and 2022, [infant deaths in Texas rose by 255](#) (from 1,985 to 2,240), suggesting that restrictive abortion

³ Grossman, D., Joffe, C., Kaller, S., Kimport, K., Kinsey, E., Lerma, K., Morris, N., & White, K. [Care Post-Roe: documenting cases of poor-quality care since the Dobbs decision](#). Advancing New Standards in Reproductive Health (ANSIRH), University of California, San Francisco, 2023.

⁴ Ranji, U., Salganicoff, A., & Sobel, L. [Dobbs-era Abortion Bans and Restrictions: Early Insights About Implications for Pregnancy Loss](#) | KFF. KFF, 3 May 2024.

⁵ Cassandra Jaramillo and Kavitha Surana. [“A Woman Died After Being Told It Would Be a “Crime” to Intervene in Her Miscarriage at a Texas Hospital.”](#) ProPublica, 30 October 2024.

⁶ Lizzie Presser and Kavitha Surana. [A Pregnant Teenager Died After Trying to Get Care in Three Visits to Texas Emergency Rooms](#). ProPublica, 1 November 2024.

⁷ Katrina Kimport. [Pregnancy Gestational Duration Limits and Bans on Abortion Are Harmful](#). Science Says, 2024.

¹ Allison McCann and Amy Schoenfeld Walker. [“Abortion Bans Across the Country: Tracking Restrictions by State.”](#) *The New York Times*, Updated 7 October 2024.

² Katrina Kimport. [“Pregnancy Gestational Duration Limits and Bans on Abortion Are Harmful.”](#) Science Says, 2024.

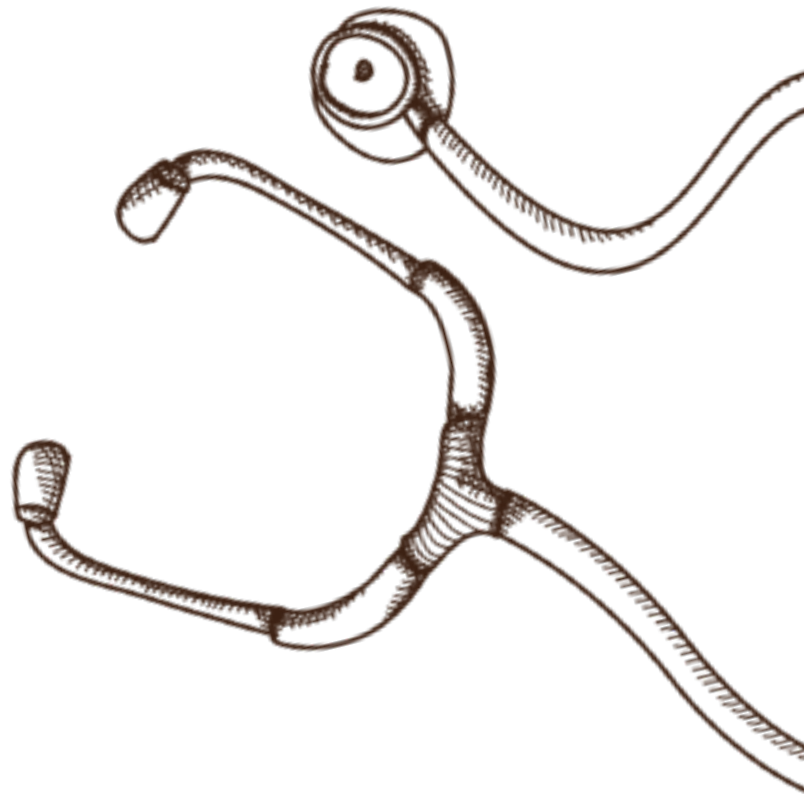
policies may have led to an increase in infant mortality.⁸

Maternal mortality is a serious problem in the U.S., and it is disproportionately impacting Black women. Doctors agree that maternal healthcare has worsened due to recently enacted abortion bans, as they often have to wait for patients to become more sick before treating them to ensure that having provided an abortion will be deemed necessary and life-saving to anyone reviewing their decision in hindsight. A national survey of 569 OB-GYNs found that post-*Dobbs*, one in five providers felt constrained in managing miscarriages and other pregnancy-related emergencies; in abortion ban states, this figure was four in ten.⁹ A clear majority of providers surveyed believed that their ability to manage pregnancy-related emergencies worsened, increasing racial inequities in maternal health. Abortion bans have exacerbated the inaccessibility of high-quality maternal health care, leading to worse maternal and reproductive health outcomes, especially for BIPOC communities.

POST-DOBBS, ONE IN FIVE PROVIDERS FELT CONSTRAINED IN MANAGING MISCARRIAGES AND OTHER PREGNANCY-RELATED EMERGENCIES.

Abortion bans have undoubtedly worsened the inaccessibility of high-quality maternal health care. Abortion is an essential part of healthcare and may be necessary during any stage of pregnancy. Since the *Dobbs* decision, the increased risk of scrutiny and costly litigation over abortion care has reduced access to maternal healthcare for entire communities. Some hospitals have closed

their maternity wings entirely due to the legal landscape, exacerbating the already dire state of maternity care deserts. Many providers are leaving states with abortion bans, adding to the existing shortage of healthcare providers. Many new residents are choosing not to train in states with abortion bans, and those who do are likely to miss out on learning essential skills in caring for pregnant people, inevitably leading to worse maternal and reproductive health outcomes.¹⁰ States that have banned or are attempting to ban abortion have fewer maternity care providers, more maternity care deserts, and higher rates of maternal mortality and infant death than states where abortion is accessible. These inequities disproportionately harm BIPOC communities, which have historically faced significantly higher rates of maternal mortality than their white peers.¹¹



⁸ [Analysis Suggests 2021 Texas Abortion Ban Resulted in Increase in Infant Deaths in State in Year After Law Went Into Effect](#). Johns Hopkins Bloomberg School of Public Health, 25 June 2024.

⁹ Frederiksen, B., Ranji, U., Gomez, I., & Salganicoff, A. [A National Survey of OBGYNs' Experiences After Dobbs](#). KFF, 21 June 2023.

¹⁰ Kidd, C., Goodman, S., & Gallagher Robbins, K. Issue Brief: [State Abortion Bans Threaten Nearly 7 Million Black Women, Exacerbate The Existing Black Maternal Mortality Crisis](#). National Partnership for Women & Families, May 2024.

¹¹ Liza Fuentes. Policy Analysis: [Inequity in US Abortion Rights and Access: The End of Roe Is Deepening Existing Divides](#). Guttmacher Institute, January 2023.

Despite the dramatic declines in abortion access in many states after *Dobbs*, [the overall number of abortions has increased by 11% since 2020, the last year for which comprehensive estimates are available](#).¹² The 11% increase at the national level is due to many factors including an explosion of abortions being conducted through telehealth and monumental efforts by clinics, abortion funds, and logistical support organizations to help those in abortion restrictive states travel for out of state care. This increase in abortions does not diminish the impact of *Dobbs* on people's lives. Instead, it shows the willingness of people to seek abortion care in spite of policies making it harder to access care. People in states with abortion bans or severe restrictions were forced to delay their abortions, travel to another state, obtain telehealth abortion care from a provider in a shield law state, self-manage their abortions, or to continue a pregnancy they did not want.¹³

Over 170,000 patients traveled out of state in 2023 to seek abortion care.¹⁴ Being forced to travel for care creates more financial and emotional burdens for abortion seekers, such as distress and anxiety, and increased financial costs (transportation, lodging, childcare, taking time off from work, etc.).¹⁵ Despite the increase in the number of abortions, the *Dobbs* decision has and will continue to have grave consequences for those who need abortion care.

¹² Isaac Maddow-Zimet and Candace Gibson. "Policy Analysis: [Despite Bans, Number of Abortions in the United States Increased in 2023](#)." Guttmacher Institute, March 2024.

¹³ "[#WeCount Report](#)." Society of Family Planning, 14 May 2024.

¹⁴ Isaac Maddow-Zimet and Candace Gibson. "Policy Analysis: [Despite Bans, Number of Abortions in the United States Increased in 2023](#)." Guttmacher Institute, March 2024.

¹⁵ "[Being forced to travel for abortion care comes with emotional costs, study finds](#)". Advancing New Standards in Reproductive Health (ANSIRH), University of California, San Francisco, 2023.

CRIMINALIZATION OF PREGNANCY OUTCOMES

No two pregnancies are identical, and the person carrying a pregnancy has little control over how it progresses. According to [The Mayo Clinic](#), about 10% to 20% of known pregnancies end in miscarriage, but the actual number is likely higher. Abortion bans increase the threat of criminalization for miscarriages and pregnancy complications because it's nearly impossible to distinguish a miscarriage from an abortion.

PREGNANT PEOPLE EXPERIENCING COMPLICATIONS MAY BE DETERRED FROM SEEKING CARE, FEARING POTENTIAL CRIMINALIZATION ESPECIALLY IF COMPLICATIONS END IN A MISCARRIAGE.

Since *Dobbs*, providers who need to maintain patient confidentiality to provide appropriate care now worry about legal implications. While the repercussions of *Dobbs* are still unfolding, the decision has given states more leeway to expand child endangerment and homicide laws to punish people for what happens during their pregnancies. At least nine states now have fetal personhood laws on the books. An analysis of court records over the last 23 years found at least 44 felony cases where prosecutors have embraced some form of “fetal personhood” laws to bring criminal charges after a miscarriage or stillbirth.^{16 17}

A September 2024 report, [Pregnancy as a Crime: A Preliminary Report on the First Year After Dobbs](#), revealed that there were 210 pregnancy-related prosecutions in the year following *Dobbs*; the highest number of pregnancy-related prosecutions documented in a single year. Prior research has found that people criminalized for self-managing their abortions, specifically, were most frequently reported to law enforcement by people they

trusted—including health care providers and acquaintances—which can contribute to fear of seeking care if it is needed.¹⁸

Medication abortion—with a provider or self-managed—is extremely safe and effective.¹⁹ In the exceedingly rare case of a complication, restrictive abortion policies and the fear of criminalization can lead to tragic and entirely preventable outcomes, like the deaths of [Amber Thurman and Candi Miller](#) in Georgia.^{20 21 22} Additionally, abortion bans increase the threat of criminalization facing Black communities, which in turn has negative consequences for maternal health outcomes. Black people are already over-surveilled and over-policed. Black women are also disproportionately subject to criminal proceedings arising from their pregnancies.²³



¹⁸ Huss L, Diaz-Tello F, Samari G. Special Report: [Self Care, Criminalized: The Criminalization of Self-Managed Abortion from 2000 to 2020](#). If/When/How: Lawyering for Reproductive Justice, 2023.

¹⁹ “[Self-Managed Abortion with Pills](#)” Abortion On Our Own Terms, 2024

²⁰ Jennifer Driver and Dr. Jamila Perritt. “[Joint Statement from SIX Reproductive Freedom Leadership Council and Physicians for Reproductive Health on the preventable deaths of Amber Thurman and Candi Miller and the harms of abortion bans](#).” September 19, 2024.

²¹ Kavitha Surana. “[Abortion Bans Have Delayed Emergency Medical Care In Georgia, Experts Say This Mother’s Death Was Preventable](#).” ProPublica, 16 September 2024.

²² Kavitha Surana. “[Afraid to Seek Care Amid Georgia’s Abortion Ban, She Stayed at Home and Died](#).” ProPublica, 18 September 2024.

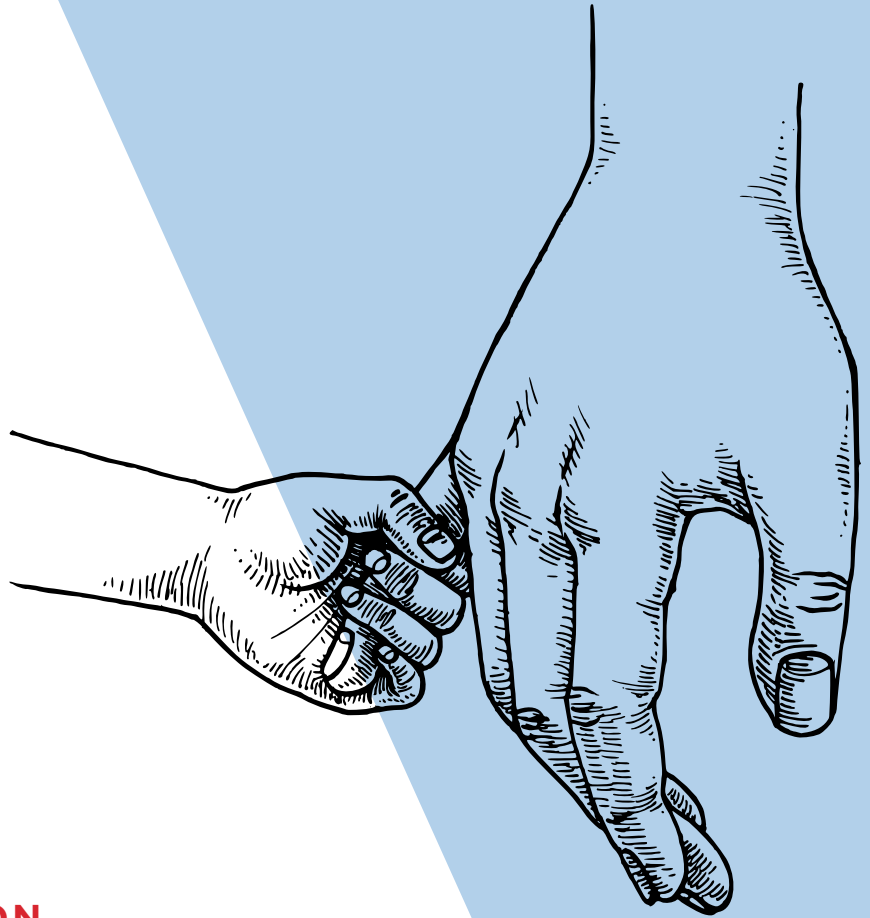
²³ Kidd, C., Goodman, S., & Gallagher Robbins, K. Issue Brief: [State Abortion Bans Threaten Nearly 7 Million Black Women, Exacerbate The Existing Black Maternal Mortality Crisis](#). National Partnership for Women & Families, May 2024.

¹⁶ “[They Lost Their Pregnancies, Then Prosecutors Sent Them to Prison](#).” The Marshall Project, 01 September 2022.

¹⁷ Pregnancy Justice defines fetal personhood as “a radical legal doctrine that seeks to endow fertilized eggs, embryos, and fetuses with full rights and legal protections.” [Unpacking Fetal Personhood: The Radical Tool That Undermines Reproductive Justice](#). Pregnancy Justice, 23 September 2024.

ECONOMIC IMPACTS

The economic consequences of not being able to access abortion care are well documented and have been exacerbated by the *Dobbs* decision. Being denied an abortion is associated with increased household poverty, worse physical health, increased inability to care for existing children, and less likelihood of setting aspirational plans.²⁴ Abortion restrictions often result in prolonged financial distress and being trapped in lower-paying occupations. When people who are already parenting cannot access abortion care, the economic security and development of their existing children are also negatively impacted.²⁵ Research suggests that Black women's labor market outcomes are especially impacted when they do not have access to abortion care. On the other hand, access to abortion care increases educational opportunities, labor force participation, occupational prestige, and earnings.²⁶



BEING DENIED AN ABORTION IS ASSOCIATED WITH INCREASED HOUSEHOLD POVERTY, WORSE PHYSICAL HEALTH, INCREASED INABILITY TO CARE FOR EXISTING CHILDREN, AND LESS LIKELIHOOD OF SETTING ASPIRATIONAL PLANS.

Abortion access is also an economic issue because it directly impacts labor market experiences and economic outcomes. An estimate from the Institute for Women's Policy Research found that the 16 states with total abortion bans alone cost the U.S. economy \$68 billion per year due to their restrictive policies. These costs stem from reduced labor force participation, lower earnings for women, higher employee turnover rates, and more lost work hours.²⁷

²⁴ "The Harms of Denying a Woman a Wanted Abortion Findings from the Turnaway Study." Advancing New Standards in Reproductive Health (ANSIRH), University of California, San Francisco.

²⁵ Foster, D.G., Raifman, S.E., Gipson, J.D., Rocca, C.H., & Biggs, M.A. (2019). [Effects of Carrying an Unwanted Pregnancy to Term on Women's Existing Children](#). The Journal of Pediatrics, 205, 183–189.

²⁶ Caitlin Knowles Myers and Morgan Welch. [What can economic research tell us about the effect of abortion access on women's lives?](#) The Brookings Institution, 30 November 2021.

²⁷ [2023 Analysis: States That Ban Abortion Cost the US Economy \\$68 Billion Annually](#). Institute for Women's Policy Research.

Key Takeaways



MATERNAL HEALTH OUTCOMES

LEGAL AMBIGUITY AND HEALTHCARE IMPACTS:

Post-*Dobbs*, over 20 states have restricted or eliminated abortion access through bans, creating vague and confusing legal frameworks.

Ambiguities in abortion bans allowed to take effect since *Dobbs* have resulted in compromised patient care, increased risk of criminalization, and denial of necessary care.

Healthcare providers face potential significant criminal and financial penalties, leading to extreme caution in offering abortion care even when needed to save the life of the pregnant person.

A study in May 2023 highlighted the life-threatening risks and delays in care for people seeking abortion care due to new abortion laws.

MATERNAL AND INFANT HEALTH:

Abortion restrictions correlate with higher infant mortality and adverse birth outcomes, especially in BIPOC communities.

Abortion bans have led to the closure of maternity wings and a shortage of healthcare providers in restrictive states.

Maternal mortality rates, particularly among Black women, are expected to worsen due to delayed treatments, less access to healthcare providers, and increased risks under new laws.

States with restrictive abortion laws face higher rates of maternal mortality and infant death.

MISCARRIAGE MANAGEMENT:

New abortion laws complicate miscarriage management, requiring doctors to delay care until the patient's life is at risk in order to reduce future scrutiny or prosecution if their decision to provide an abortion is questioned.

Delays in care often lead to severe complications, worsened health outcomes, maternal mortality or infertility for the pregnant person.

ACCESS TO MATERNAL HEALTHCARE:

Many healthcare providers report feeling constrained and morally distressed, with some relocating to states with fewer restrictions.

The post-*Dobbs* legal landscape deters new medical residents from training in abortion restrictive states, impacting the access and quality of healthcare, including maternal care.

States with restrictive abortion laws face higher rates of maternal mortality and infant death.



CRIMINALIZATION OF PREGNANCY OUTCOMES

MISCARRIAGES AND LEGAL RISKS:

Abortion bans increase the threat of criminalization for miscarriages and pregnancy complications.

Fear of criminal charges may deter pregnant individuals from seeking necessary medical care.

Providers face ethical dilemmas and moral injury balancing patient confidentiality with legal obligations.

EXPANSION OF FETAL PERSONHOOD LAWS:

Dobbs has allowed states to expand laws that criminalize pregnancy outcomes.

Analysis of court records shows increasing use of “fetal personhood” laws to bring criminal charges against people after miscarriages or stillbirths.

Black and brown people are disproportionately affected by these laws.



ECONOMIC CONSEQUENCES

FINANCIAL DISTRESS AND LABOR MARKET IMPACT:

Denial of abortion is linked to increased household poverty, worsened physical health, and lower ability to care for existing children.

Abortion restrictions exacerbate economic hardships, trapping individuals in lower-paying jobs and prolonged financial distress.

NATIONAL ECONOMIC IMPACT:

Restrictive abortion policies cost the U.S. economy an estimated \$68 billion per year due to reduced labor force participation, lower earnings, higher employee turnover, and lost work hours.

Access to abortion directly influences labor market experiences and economic outcomes for women.

Messaging Guidelines



The following messaging guidance, created for state legislators by former Georgia state legislator Renitta Shannon, can be used to communicate the negative consequences of the *Dobbs* decision as well as the widely held values that these consequences conflict with.

These are value based messages state legislators can use when being interviewed by the media or speaking at any kind of public facing event, such as a town hall meeting or a panel. Using value based messaging allows for a better connection with wider audiences and reinforces the message being conveyed.

MATERNAL HEALTH IMPACTS

No one should die in childbirth due to preventable complications. Since the *Dobbs* decision more than 20 states have restricted or eliminated access to abortion, resulting in life-threatening risks for people experiencing pregnancy complications. We must ensure that all pregnant people have access to medical care without government interference.

Since the *Dobbs* decision, some physicians are choosing not to work in states that have banned abortion while some medical students are choosing not to train in those states. They understand how restricting access to healthcare hurts patients. This is exacerbating the already dire state of maternity healthcare deserts. We must ensure that everyone has access to high quality reproductive healthcare regardless of where they live and this means eliminating laws that restrict access to care.

Access to reproductive healthcare is an ongoing challenge for many across the country, particularly in states with large rural areas. Since the *Dobbs* decision, the increased risk of scrutiny and costly lawsuits over abortion care has caused some hospitals to close their maternity wings entirely, causing some pregnant people to travel farther for care and increasing the risk of poor health outcomes. In critical situations, delays in accessing care can mean the difference between life and death. We must ensure that the ability to grow healthy, happy families doesn't depend on a person's zip code.

Abortion bans that include exceptions for the life and health of the pregnant person are largely vague and confusing in practice. Ambiguity in what is legally considered life saving care has left healthcare providers needing to wait for patients to become sicker before providing care in order to reduce the likelihood of being prosecuted or sued. This has led to severely compromised patient care and increased abortion denials. We must ensure that doctors are able to use their best medical judgment to provide evidence-based care without risk of criminal prosecution.

Government should not be making personal healthcare decisions for the public. The influx of abortion bans enacted since *Dobbs* is putting pregnant people at risk, forcing them to endure life-threatening complications because doctors feel their hands are tied making it impossible for them to provide medically necessary and timely treatment. The best thing lawmakers can do is acknowledge the complexities of medical decisions and allow doctors to provide evidence based care without government interference.

Due to the influx of abortion bans taking effect since the *Dobbs* decision, many are traveling farther for care, sometimes to entirely different states to access abortion, resulting in a new layer of work for physicians to coordinate patient care and putting a strain on healthcare systems in states that are able to provide care. We must ensure that as state lawmakers we are not passing policies that make it harder for people to access care and further strain the healthcare systems of neighboring states.

Not receiving timely treatment for a miscarriage or pregnancy complication is extremely dangerous and could result in a loss of life or infertility for the pregnant person. Due to the influx of abortion bans since *Dobbs*, doctors report having to wait for patients to become sicker before treatment so that an abortion will be deemed necessary and life-saving to those reviewing the decision in hindsight. We must make sure that doctors are able to use their best medical judgment to provide evidence-based care, including abortion, without risk of criminal prosecution or being sued.

Maternal mortality is a serious problem in the U.S., disproportionately impacting Black people. Restricting access to abortion increases the likelihood of poor maternal health outcomes and can result in patients being denied critical healthcare. Doctors agree that due to recently enacted abortion bans since *Dobbs*, maternal healthcare has worsened. We must ensure that pregnant people can get evidence-based care, including abortion, without delay or hesitation.

Maternal mortality is a serious problem in the U.S., and it disproportionately impacts Black people and those living in rural areas with limited access to healthcare. Since the *Dobbs* decision, the increased risk of scrutiny and costly lawsuits over abortion care has reduced access to maternal healthcare for entire communities. Some hospitals have closed their maternity wings entirely due to these risks. It's time for lawmakers to advance policy that shows we value the lives of pregnant people, and that means expanding access to maternal healthcare and removing barriers to accessing that care.

Maternal mortality is a serious problem in the U.S., particularly for southern states. Since the *Dobbs* decision, the increased risk of costly lawsuits has led some doctors to leave states with abortion bans, adding to the existing shortage of healthcare providers. States that have banned abortion have fewer maternity care providers, higher rates of maternal mortality and infant death, than states where abortion is accessible. It's time for lawmakers to advance policy that shows we value the lives of pregnant people, and that means expanding access to maternal healthcare and creating an environment where healthcare providers feel supported in providing care.

CRIMINALIZATION OF PREGNANCY OUTCOMES

Abortion bans increase the threat of criminalization for pregnant people since it is medically impossible to distinguish a miscarriage from an abortion. Black and brown people are significantly more at risk for criminalization after having a miscarriage. We must eliminate abortion bans to ensure that people are not criminalized for pregnancy outcomes.

Many pregnant people may not immediately seek care for miscarriage or pregnancy complications due to fear of potential criminalization. This can lead to poor health outcomes, including maternal mortality and infertility. We must ensure that all pregnant people can access quality healthcare without fear of criminalization.

Maintaining trust and transparency between patients and healthcare providers is crucial for delivering accurate and high-quality healthcare. Since the *Dobbs* decision, providers have been concerned about legal obligations that may require them to reveal confidential patient information to law enforcement for use in any investigations of suspected abortions. We must ensure that all pregnant people can access quality healthcare and that healthcare providers can offer care without fear of criminalization.

No two pregnancies are identical, and the person carrying a pregnancy has little control over pregnancy outcomes. The *Dobbs* decision has given more power to fetal personhood laws which have historically been used to criminalize pregnant people for miscarrying, having a stillbirth, or doing anything socially unacceptable while carrying a pregnancy. We must eliminate abortion bans to ensure that pregnant people are not being criminalized for pregnancy outcomes that they have no control over.

ECONOMIC CONSEQUENCES

More than 24 states have restricted or eliminated access to abortion since the *Dobbs* decision. Abortion access is not only an economic issue for the person prevented from accessing care but it also impacts the economy as a whole. Reduced labor force participation, lower earnings for women, and higher employee turnover rates, cost the U.S. economy billions of dollars per year. Access to healthcare, including abortion, is a hallmark of a thriving economy.

The decision whether to have children is an economic one with powerful consequences on one's professional and personal life. More than 24 states have restricted or eliminated access to abortion since the *Dobbs* decision. Denying someone an abortion often results in prolonged financial distress, being trapped in lower-paying occupations and less economic security for their existing children. We must remove barriers to abortion to ensure that everyone can make the best decisions for their life circumstances and positively steer their family's future.

Since the *Dobbs* decision more than 24 states have restricted or eliminated access to abortion. Being denied an abortion is associated with increased household poverty, worse physical health, increased inability to care for children, and less likelihood of setting aspirational plans. Individuals are the experts on their lives. We must ensure that everyone has the right to make personal healthcare decisions without government interference.



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