Advancing Birth Equity in a Post-Dobbs US

The US Supreme Court’s decision in Dobbs v Jackson Women’s Health Organization eliminates federally protected access to abortion services. Comprehensive reproductive health care is now subjugated to state regulations that range from complete prohibition of abortion to no care restrictions. Abortion access and birth equity are firmly linked, and the Dobbs ruling will have significant consequences for birth equity by eroding access to abortion care and limiting bodily autonomy. Health policy makers and health care professionals and centers must take this opportunity to build and promote a federal policy agenda that centers birth equity and reproductive justice. This Viewpoint discusses how the Dobbs decision is part of a larger set of policies that threaten birth equity and describes a way forward that can help guarantee reproductive freedom and autonomy.

How Is Birth Equity Defined?
Birth equity is the assurance of the condition of optimal birth for all people, with a willingness to address racial and social inequities in a sustained effort. This definition is rooted in the reproductive justice framework, which is defined as “the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.”

Black Families Are Disproportionately Harmed by Restrictive Policies
When abortion bans and restrictions are enacted, Black pregnant people and their families are disproportionately harmed. Racial inequities occur at all stages of the reproductive life course, from access to comprehensive sex education to consistent access to health insurance and preventive health services, compounding to increase unwanted pregnancy. Due to the economic consequences of structural racism, Black pregnant people are less likely to have access to a car, have jobs with paid time off, or have access to stable childcare—all tools needed to cross state lines and obtain abortion services in a post-Dobbs nation. When abortion is not accessible, pregnant and birthing people experience adverse outcomes and are more likely to continue living in poverty, remain in relationships with intimate partner violence, and experience more serious health problems.

According to one analysis, a total abortion ban in the US would be projected to be associated with an estimated 21% increase in maternal mortality for all populations and an estimated 33% increase in maternal mortality for Black people. Preliminary findings suggest that Black people are more likely prosecuted and criminalized for pregnancy loss, a phenomenon that some predicted will increase after Dobbs. Because of the risks associated with continuing pregnancy (abortion is a significantly safer procedure than giving birth), it is unethical to insist that pregnant individuals carry unwanted pregnancies to term, especially because some individuals are likely to experience complications and

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These frameworks emerged in response to the long history of racist policies and reproductive oppression in the US that has worked to control the fertility of Black people and has contributed to medical distrust. Reproductive justice experts understand that racism and diminished bodily autonomy are directly tied to the health inequities experienced in their communities. Birth equity cannot be achieved without full bodily autonomy for all people and ensuring access to full-spectrum reproductive health care services, including contraception, infertility treatment, and abortion care. When people are empowered to make decisions about their own health, they have better health outcomes, and it is the responsibility of clinicians, health care researchers, and policy makers to support this cause.

Abortion Restrictions Undermine Birth Equity
Since the Supreme Court limited the initial scope of Roe in the 1992 decision Planned Parenthood v Casey, state legislatures have eroded abortion rights and limited access to abortion care by passing a constellation of increasingly restrictive policies including gestational fetal age limits, waiting period laws, and a range of laws related to licensing of facilities and clinicians. Thus, in some states, even though Roe provided constitutionally protected access to abortion, services involving abortion care were effectively unattainable, especially for Black pregnant people. Research has demonstrated that inequitable access to abortion care is a driver of adverse health outcomes including pregnancy complications, maternal morbidity and mortality, and increased rates of preterm births. While states with high numbers of restrictive abortion policies (such as Indiana, Texas, Mississippi, and Oklahoma) may frame these laws as protective of families and maternal health, these states are most likely to have worse maternal and infant health outcomes. These states demonstrate how abortion restrictions undermine birth equity by working in tandem with a larger policy agenda including, but not limited to, inadequate investments in safety net health care and limited coverage for contraception care, pregnancy-related Medicaid coverage, and postpartum care.

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serious health problems as a consequence, including death. Abortion access should be recognized as a racial justice issue.²

A Call to Center Birth Equity and Reproductive Justice
Prioritizing or “centering” efforts to further reproductive health access for the people most adversely affected by the Dobbs decision will elevate reproductive freedom for all people. While Roe established constitutionally protected ability to obtain abortion based on the right to privacy, it was never a sufficient protection for bodily autonomy, nor did it guarantee access to abortion care. Even though the Dobbs decision eliminated federal protection for abortion rights, the decision also provides an opportunity to establish and codify federal policies that guarantee bodily autonomy and access to abortion care. These policies, along with access to full-spectrum reproductive health care services and insurance coverage, are key to advancing reproductive freedom and autonomy. It is imperative that future policy and research endeavors to advance birth equity center the health and social well-being of Black communities and work to dismantle racist and discriminatory policies at all levels of government. Health care professionals, researchers, and policy makers engaged in this work must consider several issues.

First, trusting Black pregnant people and families to make decisions about their bodies, health, and well-being is fundamental to reproductive justice, birth equity, and antiracism. Historically, the US has failed to support the autonomy of Black people by promoting eugenic policies, mass sterilization, criminalization, and unethical research practice. Policies that prioritize and center reproductive bodily autonomy now for Black pregnant people are essential to achieve reproductive freedom for all people.

Second, abortion care is an essential component of evidence-based health care. To advance reproductive justice and birth equity, adequate funding for abortion-related research and policy initiatives, particularly as they reduce racism in health and promote health equity, should be prioritized as a core component of the reproductive health care landscape. Continuing the historical patterns of separating abortion as a distinct issue and denying necessary funding for abortion-related research further disregards Black communities as centers of knowledge and solutions necessary to achieve reproductive justice for their lives.¹⁰

Lastly, professional organizations and researchers who claim that their mission and values center health equity cannot ignore issues of abortion care and access. Abortion access has never been equitable. Organizations and individuals who support ensuring a world free of reproductive oppression should ensure that abortion care is equitably accessible.

ARTICLE INFORMATION
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REFERENCES