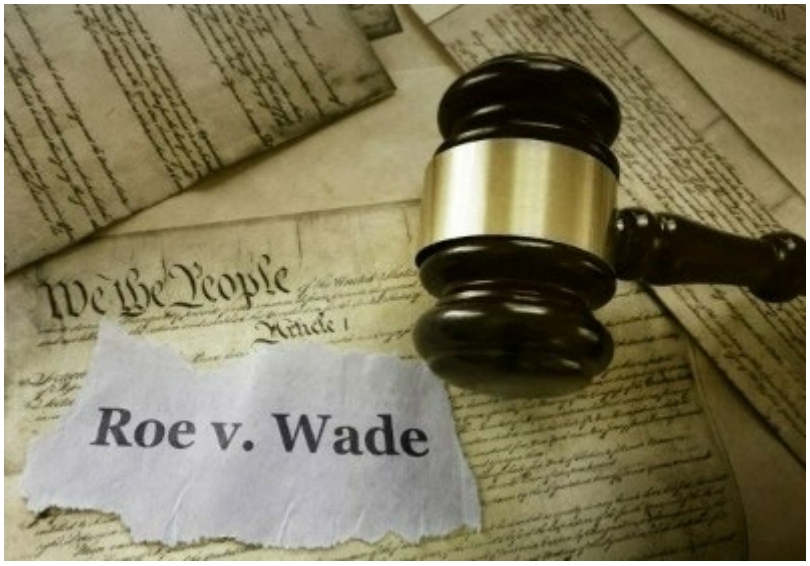
Society for Research in Child Development

2023 SRCD Presidential Working Group

Understanding the Evidence on the Impacts of Overturning Roe v. Wade



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Report Aims

There has been significant discourse and discussion regarding the possible outcomes and consequences of overturning Roe v. Wade for pregnant individuals, children, and families. This discourse often has been based in legal, religious, or philosophical arguments, but lacking a foundation in the scientific evidence. The mission of the Society for Research in Child Development (SRCD) is to advance and promote developmental research that improves human lives and is based on empirical science. The aim of this report is to infuse scientific evidence into this discourse, recommend evidence-based practice and policy solutions, and identify gaps in knowledge where partnerships from multiple disciplines and sectors can bring new evidence to light. This report summarizes the scientific evidence related to the immediate and expected impacts of overturning Roe v. Wade on the developmental outcomes of pregnant individuals, children, and families. This report focuses on evidence from peer-reviewed literature, organization and agency reports, and government resources related to abortion, pregnancy, and the outcomes associated with legislated pregnancy. The term *legislated pregnancy* is used to indicate situations where due to the law, a pregnant individual is unable to end their pregnancy in spite of wanting or needing to do so. Based on the collected and synthesized evidence, this SRCD Presidential Working Group report summarizes key findings, offers recommendations for practice and policy, and suggests future areas for consideration.

This report was written by the SRCD Presidential Working Group, and includes researchers, scholars, graduate students, and clinical MSW students with expertise in child and maternal health and well-being, developmental science, clinical science, social work and social justice, and public policy. This report has three main sections: 1) Background on abortion-related policies with a description of abortion services and a summary of pregnancy experiences in the United States; 2) Key evidence on the impacts of overturning Roe v. Wade and legislated pregnancy for individuals, children, and families; and 3) Future considerations for developmental science, including policy and practice implications. We have also included a list of reproductive health and justice resources to empower individuals, organizations, agencies, and governments impacted by the 2022 Dobbs decision to overturn Roe v. Wade.

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Section 1. Background on abortion policies, definition of abortion services, and pregnancy in the US

1.1 Roe v. Wade (1973) & the Dobbs v. Jackson Women's Health Organization (2022).

In June 2022, Dobbs v. Jackson Women's Health Organization (597 U.S. _)[1] presented a legal argument that the right to choose to have an abortion should not be supported under the Due Process Clause of the Fourteenth Amendment of the United States Constitution (e.g. the right to privacy). This legal argument led to the overturning of the landmark 1973 Roe v. Wade decision (410 U.S. 113)[2] that ruled that the right to choose to have an abortion was protected by the Constitution of the United States. The right to choose to have an abortion is no longer federally protected and is now guided by state law.

Out of the 50 states and the District of Columbia, 14 states have total or near total bans on abortion services, with 7 additional states imposing significant restrictions. These anti-choice bans stem from laws passed prior to 1973 that remained on the books, trigger laws [a] that were passed after 1973 and took effect upon overturning Roe v. Wade, and new laws proposed and passed after June 2022. Among states with restrictions or bans, some impose civil or criminal charges against the person receiving or performing an abortion. For example, in Alabama, performing an abortion is a Class A felony with up to 99 years in prison, and attempting an abortion is a Class C felony punishable by 1 to 10 years in prison. **It still remains legal in the US to travel out of state to get an abortion.** An additional 8 states, including Utah, have laws that are currently blocked or being challenged. For example, Wisconsin has paused all abortion services, but it remains unclear how or if the abortion ban will be enforced. In Wyoming, the trigger law has been legally challenged and has not yet gone into effect. Conversely, **abortion is legal in 30 states, with 6 of those states having laws protecting the right to access abortion healthcare servics.**[3,4] Overturning Roe v. Wade was a legal decision with little attention to scientific evidence. This report assesses the evidence that should inform future policy and practice decisions related to the right to choose to have an abortion.

1.2 What is Abortion and other Reproductive Healthcare?

Abortion is broadly defined as the natural or induced termination of a pregnancy by removal or expulsion of an embryo or fetus.[b] Natural abortions, also called miscarriages or "spontaneous abortions," occur in approximately 26% of all pregnancies.[5] Roe v. Wade and the Dobbs decision specifically address medically induced abortions, which is when medication or a procedure is used to support the termination of a pregnancy.

Medical Abortion

- Administration of medications (typically mifepristone followed by misoprostol) to induce an abortion at ≤ 9 weeks' gestation. May be used in conjuction with a surgical abortion.

Surgical Abortion

- Surgical intervention with different techniques performed based on gestational age: 1) dilation and curettage (D&C) is used to remove fetal tissue before 14 weeks, or 2) dilation and evacuation (D&E) is used to remove fetal tissue at or after 14 weeks. These may also be used following a miscarriage.

[a] Trigger bans are laws banning or restricting abortion that went into effect automatically or with quick state action once Roe v. Wade was overturned.

[b] Embryo is the term used from implantation (around 3 weeks after fertilization) until the eighth week of development. Fetus is the term used until birth. Baby, infant, or child is used after birth.

1.3 Abortion Services in the United States

Historically, the decision to access abortion services was made between a pregnant person and their healthcare provider. This section reports on the frequency and types of abortion services performed in the United States prior to overturning Roe v. Wade.

In 2020, there were 620,327 legal medically-induced abortions performed across 49 reporting states. From 2011 to 2022, there was a 15% decrease in medically-induced abortions.[6]

In 2020, most induced abortions (93%) were performed **before 13 weeks' gestation**, with most being medical abortions performed before or at 9 weeks' gestation (See Figure 1). Since 2011, there has been a 13.8% decline in the rate of abortions occurring after 13 weeks' gestation. **Only 6.9% of all abortions were surgical abortions conducted after 13 weeks' gestation.** [6] Of note, surgical abortion procedures may also be used to remove fetal tissue following a spontaneous abortion (i.e. miscarriage).

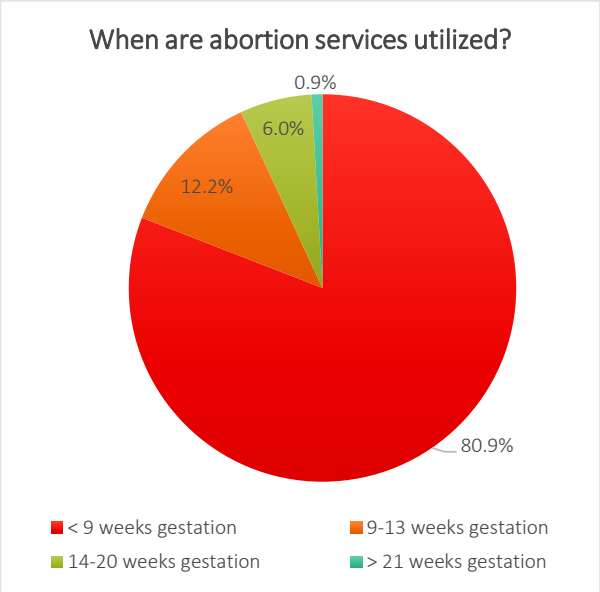

Figure 1. Abortion service utilization in the US in 2020

Abortion services are mostly utilized by individuals between the ages of 20-29 (57.4% in 2020), followed by individuals ages 30+ (34%). The remaining abortion services (8.5%) were among individuals under the age of 19. Among individuals using abortion services, 86.3% were unmarried and 60.9% had at least one other live birth prior to using the services. **More than half (57.7%) of individuals had no prior history of using abortion services.** Further, the rate of abortion-related deaths has seen a significant decline. Between 2013 and 2019, the rate of abortion-related death was 0.43 deaths per 100,000, whereas the rate reported in 1973 (Passing of the Roe v. Wade Decision) was 2.09 deaths per 100,000. [6]

Conclusions and Recommendations

Prior surveillance of abortion services has focused on abortions performed in healthcare facilities, including hospitals, doctors' offices, and clinics, by trained medical professionals. With new restrictions to services in some states, there may be an increase in abortions performed by under/untrained individuals in unsafe settings. These bans may also delay when abortions are performed, as individuals must now acquire transportation to other states or municipalities to access services. Given the restrictions imposed on abortion services, future surveillance research should consider the number of people traveling to get an induced abortion, the costs associated with such travel, any changes in gestational timing of abortions, and the prevalence of abortions performed in unsafe environments by untrained individuals. Finally, it will be important to assess any changes in abortion-related injuries or deaths, especially within states banning abortion services.

1.4 Physical Health Risks and Mental Health Concerns Associated with Pregnancy

This section discusses the potential health risks and costs associated with pregnancy in general. If states pass policies and laws that legislate pregnancy, it is essential that these inherent risk and costs be considered and addressed. Pregnancy and birth are not without risks even among healthy people. Pregnancy increases the risks of developing blood clots, high blood pressure, diabetes, gallbladder problems, kidney infection, and hypertension.[7-10] Around 2-10% of women will experience gestational diabetes during pregnancy, with about 50% of these cases developing into type 2 diabetes.[7]

Postpartum complications may include infection, bleeding, and death.[9] Postpartum hemorrhage occurs in up to 5% of pregnancies[9] and is the leading cause of death following childbirth.[10] In 2020, the rate of pregnancy-related mortality in the United States ranged from 17.3 to 41.4 deaths per 100,000 live births, whereas the rate of abortion-related death was significantly lower at 0.43 deaths per 100,000.[11] Further, the rate of pregnancy-related deaths was highest among individuals who were non-Hispanic Black, non-Hispanic Native American/Alaskan Native, or living in rural areas. **Recent estimates suggest that banning abortion in the United States could result in up to a 21% increase in already high pregnancy-related deaths**.[12] See Figure 2 for the 2013-2019 rate of abortion-related deaths and the 2020 rates of pregnancy-related deaths.

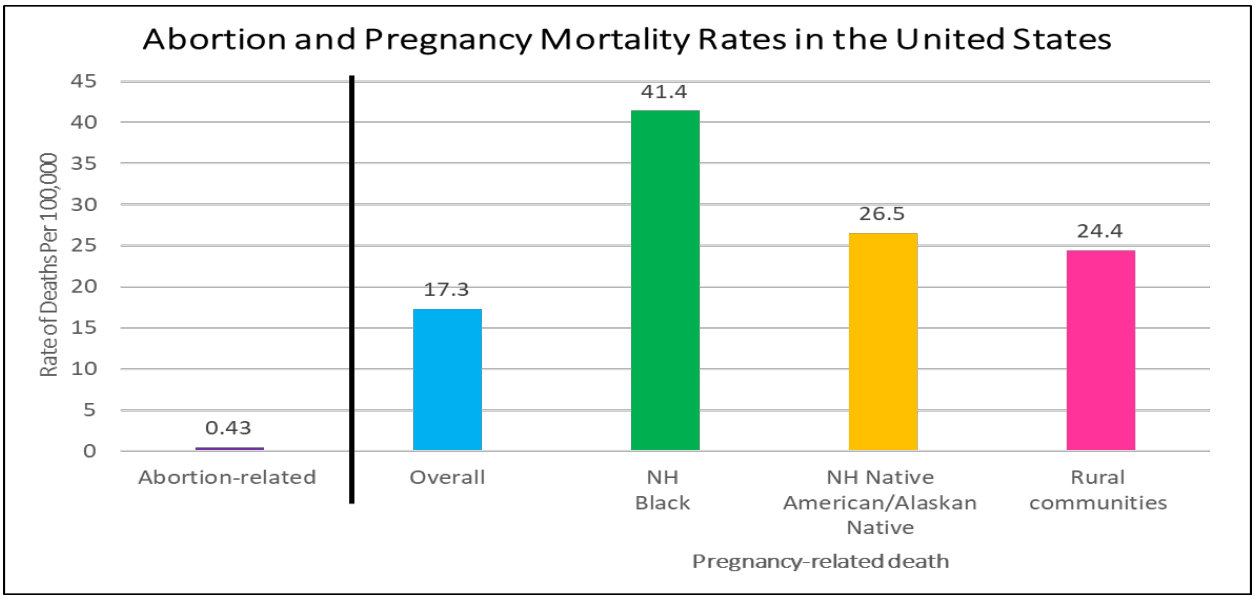

Figure 2. 2013-2019 abortion-related deaths per 100,000; 2020 pregnancy-related death per 100,000 live births; NH = non-Hispanic.

In addition to physical health risks, there are also mental health concerns linked with pregnancy and birth. During and following pregnancy, there are changes in hormones and physiology that can increase the risk of depression, anxiety, and psychosis. Approximately 1 in 5 pregnant women experience a mental health problem during pregnancy or in the first year after giving birth.[13] Postpartum or perinatal depression occurs in 1 in 7 people in North America, with higher rates among young pregnant individuals.[14-16] In the United States, approximately 700,000 pregnant individuals (20%) experience postpartum depression annually.[16,17] Among pregnant individuals with postpartum depression or perinatal mental health problems, up to 20% were found to have an increased risk of suicidal ideation and thoughts and acts of self-harm[13,18]. Of note, in the last decade, the risk for intentional self-harm and suicidal ideation in the year after giving birth has

increased significantly.[19] A larger rise in suicidality was seen among younger individuals and equity-denied populations, such as non-Hispanic Black and low-income individuals.[19] Additionally, clinical-levels of mental health problems increase the risk of adverse birth outcomes. [20, 21] Further, caregiver depression and mental health problems have been linked to a range of negative outcomes for infants, children, and adolescents including physical health problems, reduced cognitive performance, and emotional and behavioral problems. [22,23] **Notably, these negative outcomes occur among intended pregnancies, and do not account for any additional burden or harm that may be experienced by those denied an abortion.**

1.5 Financial Costs Associated with Pregnancy and Pregnancy-related Mortality

Pregnancy and birth have additional financial costs that must be considered, especially for states with policies legislating pregnancy. In the United States, **the average cost of a vaginal birth is around $13,000, with caesarean section births costing an average of around $23,000**. However, these rates vary across states, based on insurance coverage, and whether there were pregnancy complications. For individuals with health insurance, the out-of-pocket total costs for pregnancy care and childbirth can range from $460 to $8,224 depending on the plan's benefits.[24]

In addition to the typical costs associated with pregnancy and childbirth, there are societal costs associated with pregnancy-related mortality and morbidity. In 2019, the **estimated total cost of pregnancy-related morbidity[c] in the United States was $32.3 billion dollars from conception through the child's fifth birthday**.[25] These costs include both medical costs associated with pregnancy-related risks (e.g., hemorrhages, diabetes) and non-medical costs linked to the effects of pregnancy-related injury (e.g., loss of productivity, increased social service use, preterm birth costs).[25] Comparatively, in the United States, **abortions cost between $75 to $3000,** with medical abortions costing less than surgical abortions.[26] Finally, the average cost of **preventive birth control is around $50 per month**.[27]

Conclusions and Recommendations

Pregnancy in general is associated with numerous financial costs of pregnancy, childbirth, and related mortality and morbidity. These consequences must be seriously considered and addressed, especially in states passing laws to legislate pregnancy. Without access to a full range of free or affordable healthcare services, such as contraception, prenatal care, and postnatal care, we anticipate that the rate of pregnancy-related negative health outcomes and deaths will increase, with higher rates within states restricting access to abortion services. We recommend increased access to accurate, high-quality, sexual education and contraception to help prevent unplanned pregnancies. However, this will not be sufficient for planned pregnancies that experience medical complications requiring early termination of the pregnancy to ensure the health of the pregnant individual. There should be access to high-quality prenatal and postnatal care to reduce pregnancy-related harm and death. Additionally, pregnancy and birth are costly. All states, especially those legislating pregnancy, should provide better financial support to ensure pregnancy and birthing costs are fully covered. Further, policies and programs should address social factors leading to health inequities linked to pregnancy and childbirth, particularly in states legislating pregnancy.

[c] Pregnancy-related morbidity are health conditions stemming from or worsened by pregnancy.

Section 2. Impacts of Legislated Pregnancy and Birth for Individuals, Children, and Families

This section focuses specifically on the literature that addresses instances where individuals were denied or unable to access abortion services for a variety of reasons. These impacts are in addition to the pregnancy-related risks and costs summarized in the prior section. As states move to legislate pregnancy and restrict access to services, the instances of abortion denials and legislated pregnancies are likely to increase, leading to a number of known and unknown consequences. We specifically focus on the emotional and mental health impacts, economic and educational impacts, consequences for families, and societal considerations related to legislated pregnancy and abortion-service denial.

2.1 Emotional and Mental Health Impacts of Legislated Pregnancy and Birth

In addition to the emotional and mental health impacts of pregnancy and birth in general, there are further considerations and consequences associated with legislated pregnancy and being denied an abortion. Prior to the overturning of Roe v. Wade, thousand of people in the United States were denied an abortion. Research on these experiences offers some insights into the likely emotional and mental health impacts of abortion denial and legislated pregnancy.

The notion that abortion leads to adverse mental health conditions has been the basis for legislating mandated counseling before obtaining an abortion and for restricting access to abortion.[28] However, the evidence consistently shows that **having an abortion is not directly linked to negative mental health outcomes**.[28,29] Rather, the evidence suggests that perceived stigma about abortion, legally mandated abortion counseling, and interactions with anti-abortion protesters are all associated with negative emotional and mental health outcomes.[29-33] In fact, there is a considerable body of literature showing that both being denied access to an abortion and legislated pregnancy are more often linked to poor mental health outcomes than having an abortion.

Evidence stemming from a number of longitudinal, multisite studies indicates that **abortion denial and legislated pregnancy *are* associated with elevated levels of psychological distress, lower levels of life satisfaction and self-esteem, and mental health problems, including depression, anxiety, posttraumatic stress disorder, and suicidality**.[34-40] Individuals denied abortions also reported feelings of hopelessness, worthlessness, regret, anger, low self-esteem, and elevated stress compared to individuals with wanted pregnancies or individuals who were able obtain a desired abortion.[41] These negative outcomes persisted beyond the initial denial and subsequent births. Long-term outcomes indicate that people with legislated pregnancies experienced stress, anxiety, and depression (escalating depression trajectory) over the course of 21 years.[40,42] Relatedly, research has found that the enforcement of laws restricting access to abortion and other reproductive care from 1974 to 2016 was associated with higher suicide rates among reproductive-aged individuals, but not among post reproductive-aged individuals.[43] These results suggest that **laws restricting bodily autonomy may have detrimental consequences**. However, this area warrants further examination as more states pass laws restricting or banning access to abortion services.

Conversely, individuals who are able to access abortion show better mental health outcomes across five years as compared to individuals who were denied access.[28] In fact, individuals who received an abortion when wanted or needed reported having positive feelings, including relief.[32,44,45] Additionally, many individuals report that even if the decision to get an abortion was difficult, it was the right choice for their circumstances. Pregnant individuals able to access a wanted abortion were more likely to achieve aspirational life plans within one year compared to individuals who were denied an abortion.[46,47]

Finally, adoption is one of the most common recommended alternatives to abortion.[48] Although **adoption addresses concerns about the costs and responsibilities of parenting, it does not address the issues around other pregnancy-related risks**. Additionally, evidence shows that adoption is also not without potential harms. Individuals who ended their pregnancy in adoption experienced high levels of long-term distress.[40,49,50] Individuals who relinquished their child to adoption reported experiences of ambiguous grief, loss, and feeling 'dehumanized, disempowered, and dismissed'.[51-54] Further, this feeling of grief and loss has been reported by adult adoptees, with a growing body of evidence suggesting that adoption may lead to negative impacts for the adoptee as well. [55-57]

Conclusions and Recommendations

Individuals having legislated pregnancies need to be assessed for mental health problems both during their pregnancy and after birth. To date, prenatal and postpartum healthcare is quite limited in the United States. To improve mental health after birth, postpartum care needs to improve by including screening for and assistance with postpartum depression and other mental health problems (e.g., anxiety, insomnia). Healthcare can start by screening individuals throughout pregnancy and the postpartum period. Individuals who have a legislated pregnancy need increased access to mental health care services throughout their pregnancy and beyond. Such care should include access to insurance or state funded mental health services, and may require states to expand Medicaid and other healthcare supports. Additional supports and screening for suicidal ideation and attempts among individuals denied an abortion or undergoing a legislated pregnancy are also critical. Further, greater suicide prevention efforts will be needed for individuals capable of pregnancy. These services should extend to individuals who go on to parent their child, as well as individuals who relinquish their child for adoption.

2.2 Economic and Educational Impacts of Legislated Pregnancy and Birth

As highlighted above, pregnancy and birth in the United States are expensive, as are the costs of raising a child. According to the most recently Consumer Expenditure report in 2015, the estimated cost of raising a child from birth to age 17 in the United States was around $233,000, amounting to nearly $285,000 when factoring in projected inflation.[58] These costs include housing, transportation, food, clothing, healthcare, and childcare.[58] Further, childrearing requires a significant time commitment, thereby impacting other

The United States does not have a federal law that provides a right to paid family leave. Federally, families are only entitled to unpaid, job-protected leave. To date, only 13 states and Washington, DC have some form of paid family leave following childbirth.[59] Of note, abortion is legal in all 13 states with paid family leave, whereas **no states that restrict or ban abortions have any form of paid family leave**. Therefore, the economic cost of legislated pregnancy and birth in states where abortion is illegal includes the cost of childcare after birth for individuals needing to return to work to meet financial obligations. Legislated childbirth without paid leave is likely to lead to the inability to earn a living wage. Lack of affordable childcare may further push women out of the labor market, as women are more likely to leave the workforce when childcare is unavailable.[60,61] Further, individuals **denied abortions had on average lower credit scores, increased financial debt, and increased adverse financial events** (e.g., evictions, bankruptcy) in the years following the denial compared to people who received an abortion.[36,62,63]

Additionally, legislated pregnancy is likely to disrupt educational attainment and outcomes. In 2020, almost 1 in 12 abortions were obtained by individuals under the age of 19. As such, many of these individuals were likely still attending high school or in their first year of postsecondary education. Both high schools and postsecondary institutions may lack the resources to support their students after childbirth (e.g. in school childcare, time off to attend postpartum medical appointments, remote learning when home sick with their child). These unintended pregnancies had seen a reduction with access to abortions and other forms of birth control.[64-66] Banning abortions and restricting access to contraceptives and quality sexual education will likely increase the rate of unintended pregnancies among youth. This has significant educational impacts given that, only **53% of youth who gave birth as teenagers have graduated from high school compared to 90% of youth who did not give birth**.[67] Of note, access to abortion before and after Roe v Wade was linked to increased likelihood of Black women graduating from high school, and starting college, and graduating college.[68]

Conclusions and Recommendations

Parenting is costly for all Americans, and most states lack policies to provide financial support after the birth of a child. Legislated pregnancy and birth put women at economic risk, threatening their ability to remain in the labor force and earn a living wage while simultaneously incurring tremendous costs. To provide sufficient supports for children and families, federal or state policies should provide a paid family leave policy, affordable childcare, access to child tax credits and resources, housing and food supports for families, and child support to start at conception. Teen pregnancy or lack of access to abortion is linked to lower rates of educational attainment. When abortion is not a choice for young people, providing better access to contraceptives and high-quality sex education might lead to improved rates of educational attainment. Among individuals who experience legislated pregnancy, greater access to high-quality and affordable childcare services during high school and postsecondary education will likely improve educational attainment, which would have a positive economic impact at both individual and societal levels.

2.4 Impact of Legislated Pregnancy and Birth on Families

Legislated pregnancy not only impacts the pregnant person, but also can impact the entire family including other children and the pregnant person's ability to have future children. Evidence exists that when individuals have control over the timing of when to have children, the children benefit.[69,70] Individuals denied abortions showed significantly worse parent-child bonding compared to individuals with intended pregnancies.[69] **Abortion denial was also linked to lower developmental scores among existing childre**n in the home,[70] and **these households have a four-fold increase in falling below the federal poverty level** as compared to households where individuals were not denied access to an abortion.[63]

Legislated pregnancy also is a concern in cases of intimate partner violence, with forced pregnancy used to control and entrap a partner. As of 2010, 1 in 10 women reported being raped by an intimate partner.[71] Further, the evidence shows a clear link between intimate partner violence and unwanted and unintended pregnancy.[72-74] **Among women who experienced intimate partner violence, 74% shared that their male partners attempted or threatened to impregnate them with contraceptive sabotage and unprotected rape.**[75] Women also shared that male partners would resort to threatening behaviors in response to pursuing pregnancy termination.[75] Additionally, denied access to abortion and legislated pregnancy increased the likelihood that pregnant people would stay in contact with violent partners.[76-78] **Without access to abortion, pregnant people may remain trapped in unsafe and violent relationships**. These unsafe and potentially

violent conditions have intergenerational consequences for pregnant people, fetuses, existing children, and the child resulting from a legislated pregnancy.[79]

Conclusions and Recommendations

When pregnant people have control of the timing of pregnancy and birth of a child, not only do they benefit, but their children do too. Further, access to abortion care can help support survivors of intimate partner violence or rape. States with legislated pregnancy should develop policies and services to identify instances of intimate partner violence, support survivors and their children to safely leave dangerous partners, and provide prenatal health care and transition to adoption or parenthood for survivors. Further, these services should also extend to all children within the home. Offspring of mothers undergoing legislated pregnancies should be monitored throughout infancy, childhood, and especially during adolescence, and provided access to services such as universal programs supporting child developmental outcomes.

2.5 Societal Costs and Consequences

Strains on the Foster Care and Adoption Systems. This report has highlighted the risks of legislated pregnancy for pregnant individuals, children, and families. However, these impacts are likely to have large societal costs and consequences as well. As mentioned, adoption is one of the main recommended alternatives to abortion, yet **the United States adoption and foster care systems continue to struggle to meet the needs of children already in the system**.[80] In 2021, there were nearly 400,000 children involved with the foster care system.[81] Among those children, just over 110,000 were awaiting adoption, with nearly a third of children having entered the system during infancy (less than 1 year of age).[81] From 2011 to 2018, infants were the largest growing proportion of children entering the child welfare system.[82] There are already a significant number of infants in the foster care system, with many infants waiting long periods of time to move into adoption. The move to **legislated pregnancy and birth may result in more young children entering an already overwhelmed system**.

Impact on Reproductive Healthcare Professionals. State level restrictions may also impact the availability of trained obstetricians and gynecologists.[83] To gain the speciality certification to become an obstetrician or gynecologist in the United States, candidates must gain experience in abortion-related care, including miscarriage management, (e.g. surgical methods), patient interaction, and management of emergency complications.[84] Medical residents seeking speciality certification in this area may be hesitant to practice in any of the 24 states with anti-abortion laws,[85] thereby increasing the risk of healthcare gaps for all other forms of reproductive healthcare that are routinely completed by medical residents.

Strains on Social Services for Families Experiencing Poverty. This report has highlighted the risks of legislated pregnancy for the individuals, children, and families. However, these impacts are likely to have large societal costs and consequences as well. Considering that most individuals list financial hardship as their primary reason for seeking an abortion, we are almost guaranteed to see an increase in the number of babies that will be born into low-income US households. On average, states with abortion bans have even higher rates of childhood poverty.[86] It is also critical to point out that the groups affected most by childhood poverty in the US are children of color. According to the Nation Center for Education Statistics, children of color have approximately 2-3 times the poverty rate when compared to white children – with even higher rates in states with legislated pregnancy. [87, 88] States with legislated pregnancy will likely see an increase in all the social and structural correlates of poverty. Notably – many states that legislate pregnancy will need to

further invest in social programs that provide services for low-income families and their children. For example, these states will likely see an increase in needs for food assistance programs, applications to Medicaid, foster care placements, public transportation services, social worker caseloads, K-12 class sizes, high school dropout rates, child and family mental health services, family violence, single-parent households, unemployment rates, families filing for bankruptcy, maternal death rates, and low-income housing services.[89] Altogether, the number of tax dollars spent on social services to support the increase in childhood poverty will completely exceed previous spending.

Economic Impact on States. It is estimated that state restrictions on abortions, which lead to reduced participation in the labor force, reduced earnings, and increased time off and job turnover by pregnant and parenting individuals, **have cost states more than $100 billion per year**.[90]

Conclusions and Recommendations

Additional resources will need to be provided to foster care and adoption agencies and organizations, particularly in states with legislated pregnancy. Further, it will be essential that these systems have proper oversight to ensure that children are safe, not at risk of being trafficked or harmed in other ways, physically and emotionally healthy, and well educated. With the bans and restrictions in many states, there must be support for obstetricians and gynecologists to be able to get the training required for their certification. States will need to consider alternative means to bolster economies in light of anticipated costs of reduced labor force participation and related workforce challenges.

Section 3. Looking to the Future: What Children and Families Need to Thrive

The risks and impacts of forced pregnancy and birth are exacerbated by a lack of available resources and supports for families. This list includes recommended services needed to help families thrive, especially within states that legislate pregnancy and childbirth.

1. Access to contraception, including condoms, IUDs, birth control pills, and implants
2. Access to high-quality medical care during and following legislated pregnancy is essential in reducing pregnancy-related morbidity and mortality
3. Availability of physical and mental health care services, housing supports, and economic resources (e.g. Child Tax Credit) for children and families
4. Expansion of government medical services (e.g., Medicaid, Medicare, Affordable Care Act)
5. Paid family leave for caregivers after childbirth
6. Access to high quality and affordable childcare so that parents can return to work and contribute to a healthy economy
7. Universal preschool and high-quality public education for all children including children with special needs, as well as affordable childcare for families
8. Empirically supported and age-appropriate sexual and reproductive health education

3.1 Conclusions and Future Directions

This report highlights some of the key evidence to consider and pressing issues associated with the overturning of Roe v. Wade for children and their families. Providing pregnant individuals with control of the timing of pregnancy and birth benefits not only the pregnant individuals, but also their children, families, and society as a whole. However, the Dobbs decision to overturn Roe v. Wade has the potential

to result in a significant shift that may have a constellation of effects on the health and development of children, pregnant individuals, and families.

While the existing body of literature provides us meaningful insights into the impacts of denied abortions and legislated pregnancies, there are questions that remain unexplored and require dutiful monitoring.

Reproductive Decision Making. The Dobbs decision now allows states to legislate who has to remain pregnant and give birth.

1. How could the decision to legislate pregnancy impact other reproductive decisions (e.g., obtaining a vasectomy, access to different forms of birth control)?
2. Could future policy legislate whether a person is able to become pregnant (e.g., eugenics)?

Consideration for Adoption. Adoption is a leading recommendation for an alternative to abortion.

3. There needs to be a regulatory agency monitoring adoption agencies to ensure children are safely placed for adoption. Who will fund and manage this regulatory body?
4. Does the United States have enough families to place children of legislated pregnancy, including children with genetic disorders and other severe health concerns at birth? What are states' plans for successfully placing and supporting children that result from legislated pregnancies?

Access to Safe and Timely Abortion Services. Abortions will continue to be sought and needed. As states ban or restrict access to abortion, some individuals may choose to travel out of state to access an abortion.

5. Will the lack of services available within specific states result in changes or delays in the timing of abortion? Will there be an increase in the average weeks of gestation when an abortion is preformed, and will that shift the primary types of abortion from medical to surgical?
6. Will there be an increase in the rate of abortion-related deaths due to delayed access to abortion care and abortions performed by under/untrained individuals in unsafe settings?

Unintended and Unknown Consequences. Whereas the literature highlights the risks associated with denied abortions, it does not account for the scale and reach of the Dobbs decision.

7. Will legislated pregnancy decrease rates of educational attainment, particularly among lower income teenagers?
8. Will rates of intimate partner violence in states with legislated abortion increase, in light of pregnant individuals' increased challenges in leaving an abusive partner if forced to carry a pregnancy to birth? Will the children born from these legislated pregnancies be at increased risk of child maltreatment?
9. Will changes in abortion laws lead to increased health disparities for individuals already at a higher risk of pregnancy-related harm?
10. How will legislated pregnancy add to economic disparities and impact pregnant individuals' participation in the labor force?
11. Will the pipeline of trained obstetricians and gynecologists decrease in light of concerns about training in abortion?

Abortion and Other Reproductive Health Resources

This section contains resources for organizations, agencies, and individuals.

Abortion Finder: https://www.abortionfinder.org/

Abortion Finder provides up-to-date information on state abortion laws, abortion services, and how to find an abortion provider.

Abortion Freedom Fund: https://abortionfreedomfund.org/

The Abortion Freedom Fund organization provides abortion and contraceptive resources and information, and supports accessible, evidence-based telehealth for abortion and other reproductive care.

Planned Parenthood: https://www.plannedparenthood.org/

Planned Parenthood provides reproductive health information, including resources on sexually transmitted infections, contraceptives, and abortions, as well as how to find an abortion provider.

Sex Ed For Social Change: https://siecus.org/

SIECUS provides information on accurate, evidence-based sex education, as well up-to-date resources on legislation on sex education.

The Turnaway Study: https://www.ansirh.org/research/ongoing/turnaway-study

The Turnaway study is an ongoing longitudinal project examining the impacts of abortion denial among individuals and their families.

The Office of Population Affairs: https://opa.hhs.gov/reproductive-health

This government website provides resources and information on reproductive processes, functions, and systems across the lifespan, including teenage pregnancy.

Centers for Disease Control and Prevention: https://www.cdc.gov/reproductivehealth
This government website provides resources and information reproductive health in the United States, including the rates of pregnancy-related complications and mortality, infant and child health, teenage pregnancy, and contraception.

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