

Infant and maternal health, race, and the Dobbs decision

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As our country collectively contemplates dramatic changes around reproductive justice*, we must challenge ourselves to see through to society's deepest and most uncomfortable realities. American women and children already suffer heartbreaking maternal and infant mortality rates - and rates for Black communities are even more devastating. How will the Supreme Court's recent decision on reproductive rights impact this already tragic reality? And what hope do we have for change?

Infant and maternal health are already dire - especially in the Black community

Ohio has one of the [10 worst](#) infant mortality rates in the country. This means too many of our babies die before their first birthdays. Nearly 900 in one recent year. The state's maternal mortality rates are also [higher than the national average](#). And ours is the only developed country in the world with a steadily rising maternal mortality rate.

Sadly, birth outcomes are drastically worse for women and children of color - and particularly members of the Black community. Ohio's Black babies are dying at a rate about three times that of white babies. And Ohio's Black women are more than [two times as likely to die from a pregnancy-related cause](#) than white women. These are the truths that blur our eyes with tears and bring a sinking to our stomachs.

Death of a baby or expectant or new mother is always a tragedy. Life is precious. But in a country that touts its healthcare system as one of the most advanced in the world - and is facing dramatic changes around reproductive rights - it's especially important to understand what's causing such heartbreaking and disparate outcomes.

For all mothers - and especially those living in poverty - it's well accepted that poor pregnancy outcomes are associated with things like a lack of adequate prenatal care, poor health, and substance use.

But for Black mothers, something even more broken is happening. The very color of their skin - and all the heavy realities that brings - is at the root of the problem. Controlling for income and education does not remove this veil of risk. In fact, birth outcomes for middle class educated Black women line up with birth outcomes for white high school dropouts. Consider even the experiences of some of our country's most privileged and high profile Black women - Serena Williams, Beyonce - who experienced life-threatening complications after giving birth.

The root cause of these disparate outcomes is racism. So often, Black women are not seen, heard, valued, or believed. And their bodies are shouldering the brunt of decades, maybe generations, of these truths.

When this reality intersects with the birth experience, it means doctors minimize or ignore symptoms or concerns expressed by new and expectant mothers; mothers avoid the healthcare system due to lack of trust or past negative experiences; and toxic stress builds as mothers seek to protect themselves and their child even though they aren't getting what they need. Babies and moms die at horrifying rates.

Dobbs is likely to make things much worse - especially in the Black community

With all these factors in mind, our society is now grappling with another added complexity: What happens as the floodgates of unplanned pregnancies continue to swing open in light of the Supreme Court's recent decision in [Dobbs vs. Jackson Women's Health Organization?](#)

We already know that the majority of women (75%) who get abortions live in poverty. Also, a dramatically disproportionate percentage of women who get abortions are Black (60% - even though Black people only make up 13% of the nationwide population).

The stark reality is as many as 300,000 women will lose access to abortion annually. Around 225,000 of these will be poor and 180,000 will be Black - with much overlap between the two groups.

If you are reading this and looking at these sisters, daughters, mothers, nieces, fellow parishioners, cousins, teachers, grandmothers, friends, colleagues, and neighbors as "the other" - as people who live in a different world - people who didn't make the rational hard decisions you would make - it's time to challenge yourself to change your thinking. Most women who seek an abortion report they feel they have no other option and without this recourse will be unable to care for themselves or their families long term. They are just trying to get by - to make the hard but best choices - in a lifetime filled with barriers.

For the majority, the loss of the right to seek an abortion will have cascading and devastating negative impacts on their lives and the lives of their families - like dominoes falling slowly over years, possibly decades.

In the short term, these women will be more likely to:

Self-manage with drugs, herbs, alcohol, and physical measures. These actions will not only be dangerous but also illegal. Rates are hard to predict - though we know that [7% of women of reproductive age](#) in the U.S. have already done this. And that was pre-Dobbs.

Carry out unwanted pregnancies - often with harrowing consequences. Myriad studies of thousands of women show abortions do not harm pregnant people - but being denied access to them does. Using existing data, epidemiologists [estimate a 21% increase in maternal death](#) across all races. In Mississippi, it's 75x more dangerous to continue a pregnancy to term than have an abortion.

Face criminalization and incarceration, dramatically decreasing a woman's ability to be a productive member of society, parent her children, and access housing and public benefits. Even the fear of this outcome will add to the heavy load of toxic stress many of these women carry daily.

Stay in abusive relationships longer. Research shows women who received a wanted abortion got out of their abusive relationships faster than the national average. Likewise, those who were unable to obtain a wanted abortion stayed longer than the national average. This will equate to increased violence and abuse for both mother and baby.

Die during childbirth. One of out 100 women who were denied a wanted abortion died before or during childbirth. This is 100 x higher than national maternal death rate averages.

In the long term, these women will be more likely to:

Struggle with poor physical health. One study showed when women wanted an abortion but were denied one, they were more likely to experience poor health for years after the pregnancy. They experienced significantly higher rates of preeclampsia, chronic pain, and hypertension.

Struggle with financial instability. One study showed when women wanted an abortion but were denied one, they were more likely to experience poverty for at least five years after the pregnancy. In fact, women who are denied a wanted abortion are four times as likely to live in poverty. Compared with peers, their credit scores are lower, they have more debt, and they are more likely to experience bankruptcy.

Sadly but not surprisingly, these outcomes will disproportionately impact Black women and children - and not just because they are more likely to seek abortions. So much so that many advocates and activists are labeling recent changes in reproductive rights a racial justice issue. While these communities already shouldered the heaviest burdens around maternal and infant health - these new realities will only serve to exacerbate the problem. For example, states more likely to ban abortion tend to have higher percentages of Black residents. That means women seeking abortions will have to travel to access lawful medical care - often not an option due to lack of resources or transportation, other children in the home, or sheer distance. These states are also less likely to provide impactful and comprehensive sex education and more likely to focus on abstinence-only models - meaning youth and young women are less likely to have the knowledge they need to safely prevent pregnancy through practices like contraception.

Tragically, epidemiologists are estimating new restrictions to [reproductive justice will mean a 33%](#) increase in maternal death for non-Hispanic Black women. And this piles on to the stark reality that Black women are already significantly less likely to

survive pregnancy than white women.

What can be done?

No matter where you fall in the quagmire of the abortion debate - most of us can agree these realities are heartbreaking and unacceptable.

There are some powerful solutions available in both private and public arenas:

Stay focused on the questions that matter - how do we improve infant and maternal vitality? How do we improve the birth rate, particularly for Black women? How do we teach people that the negative outcomes don't always have to do with poverty, class, or education - but that uncomfortable truth is often racism?

Educate yourself and others. Seek core truths and ask questions of experts or people with lived experience. Don't get distracted by false narratives put forth by the media or politicians.

Understand and [support effective and evidence-based innovations](#) happening in our local communities. These include the Nurse-Family Partnership connecting expectant first time mothers with free visiting nurses who provide culturally competent support through the child's second birthday and Community Health Workers who usually share ethnicity, language, socioeconomic status, and lived experiences with the mothers to whom they provide health education and support.

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*Reproductive justice is a term created by Black women in the 1990s who had been organizing in their community and felt mainstream women's rights organizations did not give attention to the issues that largely impacted women of color. Its framework

has three pillars: 1) every woman has the right to decide that she wants to become pregnant and wants to have a child; 2) every woman has the right to decide that she does want to become pregnant or have a child; and 3) people have a right to raise their children in a safe and healthy environment. The term is broadly used today and feels relevant to all women - but remembering its origins helps us all keep focus on the Black women and babies most impacted by threats to it.

This article is part of Legal Aid's ["Big Ideas" series](#).

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