

ACCESS TO REPRODUCTIVE HEALTHCARE

POSITION STATEMENT | AUGUST 2022



OUR POSITION

Public Health Madison & Dane County believes that access to a full range of equitable and evidence-based reproductive healthcare, including safe and legal abortion, is necessary for healthy and thriving birthing people, children, families, and communities.

INTRODUCTION

As defined by SisterSong, reproductive justice is “the right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.”¹ The reproductive justice framework emphasizes and respects birthing people’s right to reproductive dignity and bodily autonomy², as well as unbiased support and unrestricted access to all reproductive options throughout the lifespan.^{3,4}

A core component of reproductive justice is equitable reproductive choice for all birthing people.² It means that all pregnancy options should be accessible, affordable, and safe, including abortions. Reproductive choice is a determinant of health and wellbeing across the lifespan for birthing people and their families.⁵

Abortion care is a core part of reproductive justice, and access to safe and legal abortion services is a public health issue. Abortion is a common and safe medical procedure. In 2019, nationally almost one in five pregnancies ended in abortion⁶, compared to almost one in ten pregnancies ending in abortion in Wisconsin.⁶ Criminalizing abortions does not reduce the need for or stop abortions; instead, it makes abortions unsafe and places the largest burden on people who are already disproportionality impacted by health inequities.⁷

Background

Throughout history, structural inequities and discrimination have limited the fundamental rights of reproductive choice and bodily autonomy.² Birthing people have experienced controlled and limited access to contraception and abortions, in addition to restricted information on accurate family planning options due to biased providers.² For many historically marginalized ethnic groups, birthing people have also endured forced sterilization.² Laws surrounding reproductive healthcare (or lack thereof) have historically harmed women and birthing people.² The high cost of reproductive health services² coupled with continued workplace discrimination on the basis of pregnancy and postpartum despite federal protected status⁸ have led to financial hardships and social inequities.²

Even when abortion has been legally protected to an extent, it has not been accessible to everyone.^{1,2} Before 1973, abortion access was severely limited in the United States. Abortions were performed in secret, and people providing these abortions were often not physicians.⁹ If someone was unable to pay for an abortion or didn’t have access to a provider, they often had to perform abortions on themselves

(called self-induced abortions). Self-induced and unsafe abortions caused at least 1 in every 6 pregnancy-related deaths.^{9,10} In 1973, the U.S. Supreme Court stated in the *Roe v. Wade* decision that the right to an abortion cannot be restricted prior to the viability of the fetus, which was subsequently considered to be around 24 weeks after conception.¹¹

On June 24, 2022, the U.S. Supreme Court's ruling on *Dobbs v. Jackson Women's Health Organization* reversed the precedent of *Roe v. Wade* and eliminated the guaranteed constitutional protection of the right to have an abortion.¹² This made the legality of abortions a matter of state law rather than a federally protected right.¹² In Wisconsin, *Roe* had superseded an 1849 statute that makes performing an abortion illegal. The *Dobbs* decision means that this law is once again active and, with the exception of rare circumstances, abortions are again outlawed in Wisconsin.¹³ This has dramatically altered the landscape of abortion access in the state, as formerly legal providers of safe abortions are now directing clients to neighboring states.

Consequences of Abortion Restrictions

There are many potentially harmful consequences when someone is denied an abortion¹⁴, such as:

- Greater prevalence of serious health problems related to giving birth⁵ and substantially greater mortality risk with giving birth compared to legal abortion⁷
- Increased maternal mortality, even if the rate of unsafe abortions does not increase⁷
- Adverse psychological impacts⁵
- Prolonged exposure to domestic violence⁵
- Prolonged years in poverty and exacerbated financial hardships⁵
- Decreased likelihood of achieving life goals, such as completion of postsecondary education⁵
- Worsened child development of existing children, as well as poor maternal bond with the unwanted pregnancy⁵

Restricting and ultimately criminalizing abortion has serious repercussions for the people of Wisconsin, especially those living in rural areas, Black, Indigenous, and People of Color (BIPOC), and people with low incomes.^{15, 16} Poverty already disproportionately affects BIPOC, single mothers, young people, and people who live in rural areas. Restricted access to abortion could exacerbate existing hardships for these vulnerable groups.¹⁷ In Wisconsin, pregnancy-related deaths already disproportionately affect Black, Hispanic, and Asian parents,¹⁸ and banning abortion will further widen maternal mortality inequities.^{15, 16}

MOVING FORWARD

Reproductive choice and bodily autonomy are crucial for a person to have freedom over their life, health, and well-being. Access to a full range of sexual and reproductive health care services, including abortion, is a fundamental right for birthing people and their families, and is essential for advancing community health.

We envision Dane County as a place that values and allows for equitable, open access to reproductive choice by expanding abortion and reproductive services for all, including:

- Free or affordable abortion services²
- Public and private insurance coverage for abortion services¹⁹
- Abortion access without waiting periods or other prerequisites¹³
- Expanded access to birth control, contraceptives, and family planning tools³
- Increased availability and unrestricted provider use of evidence-based, all-options counseling³

Reproductive justice includes not only abortion, but also the full range of sexual and reproductive health and life choices. Reproductive all-options health care includes parenting resources, adoption, sex education, birth control, family planning tools, and medical care before, during, and after pregnancy.³ The choice to terminate a pregnancy should be a person's fundamental right, as should the choice to have children and parent those children. All people should have equitable access to evidence-based, comprehensive reproductive health care services.

In addition to reproductive all-options health care, Public Health Madison & Dane County supports equitable access to health services and education for people of all ages to establish healthy, sustainable communities. We recommend and support proactive, evidence-based policies and practices imperative to advancing community health and reducing existing disparities, including:

- Affordable prenatal care, birth, postpartum care, and contraception, as well as a livable wage and affordable childcare²
- Adequate support during pregnancy and the postpartum period including safe housing, culturally-responsive care², and comprehensive workplace protection⁸
- Access to prenatal and postpartum nurse home visitors such as Nurse-Family Partnership (NFP)²⁰ and Prenatal Care Coordination (PNCC)²¹
- Access to medical testing and intervention without risk of criminal prosecution or coercion regarding pregnancy decisions²
- Evidence-based, comprehensive, and age appropriate sex education²²

REFERENCES

- ¹ SisterSong. [Reproductive Justice](#). 2022.
- ² Reproductive Justice Briefing Book: A Primer on Reproductive Justice and Social Change. <https://www.law.berkeley.edu/php-programs/courses/fileDL.php?fID=4051> Accessed August 2022.
- ³ American Public Health Association. Policy No. 20152. Available at: <https://www.apha.org/Policies-and-Advocacy/Public-Health-Policy-Statements/Policy-Database/2016/01/04/11/24/Restricted-Access-to-Abortion-Violates-Human-Rights>
- ⁴ (2022, August). Retrieved from All-Options: <https://www.all-options.org/about-us/>
- ⁵ Miller S, Wherry L, Greene DF. “What happens after an abortion denial? A review of results from the Turnaway Study.” *AEA Papers and Proceedings*. 2020;110:226-30.
- ⁶ Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics. Reported Induced Abortions in Wisconsin, 2020 (P-45360-20). August 2022.
- ⁷ Stevenson AJ. [The pregnancy-related mortality impact of a total abortion ban in the United States: a research note on increased deaths due to remaining pregnant](#). *Demography* 2021;58(6):2019–28.
- ⁸ American College of Obstetricians and Gynecologists. Policy No. 733. Available at: <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/04/employment-considerations-during-pregnancy-and-the-postpartum-period>
- ⁹ Reagan, L. J. (1998). *When abortion was a crime: women, medicine, and law in the United States, 1867-1973*. Berkeley: University of California Press.
- ¹⁰ Haddad LB, Nour NM. *Unsafe abortion: Unnecessary maternal mortality*. *Rev Obstet Gynecol*. 2009 Spring;2(2):122-6. PMID: 19609407; PMCID: PMC2709326.
- ¹¹ Center for Reproductive Rights. [Roe v. Wade](#). 2022
- ¹² Legal Information Institute. [Dobbs v. Jackson Women’s Health Organization](#). 2022
- ¹³ Kasper M, Slaughter J, Lee JJ. [A brief history of abortion laws in Wisconsin](#). Wisconsin Legislative Reference Bureau. 2022.
- ¹⁴ Foster, D. G. (2021). *The Turnaway Study: Ten Years, a Thousand Women, and the Consequences of Having--or Being Denied--an Abortion*. Scribner.
- ¹⁵ UW CORE. What would happen in Wisconsin if Roe v. Wade falls? Consequences of the upcoming Dobbs vs. Jackson Women’s Health Organization Supreme Court decision. Madison, WI: University of Wisconsin Collaborative for Reproductive Equity. 2022.

- ¹⁶ Higgins JA, Ufot MI, Williamson A. Wisconsin state laws impacting abortion access. CORE Brief. Madison, WI: University of Wisconsin Collaborative for Reproductive Equity. 2022.
- ¹⁷ Donovan MK. *In real life: Federal restrictions on abortion coverage and the women they impact*, Washington DC: Guttmacher Policy Review, 2017, https://www.guttmacher.org/sites/default/files/article_files/gpr2000116.pdf
- ¹⁸ 2016-2017 Wisconsin Maternal Mortality Report, WI Department of Health Services April 2022 p0326. <https://www.dhs.wisconsin.gov/publications/p03226.pdf>
- ¹⁹ Boonstra HD. *Abortion in the lives of women struggling financially: Why insurance coverage matters*, Washington DC: Guttmacher Policy Review, 2016, https://www.guttmacher.org/sites/default/files/article_files/gpr1904616_0.pdf
- ²⁰ NFP: Nurse-Family Partnership. [Research Trials and Outcomes](#). 2022.
- ²¹ PNCC: Van Dijk, Julie Willems & Anderko, Laura & Stetzer, Frank. 2011. The Impact of Prenatal Care Coordination on Birth Outcomes. *Journal of Obstetric, Gynecologic, and Neonatal Nursing: JOGNN/NAACOG*, 40.
- ²² *Federally funded sex education: Strengthening and expanding evidence-based programs*. New York: Guttmacher Institute, 2021, <https://www.guttmacher.org/fact-sheet/sex-education>

APPROVAL

The Public Health Madison & Dane County Executive Team has reviewed this document and endorse it as an official position of Public Health Madison & Dane County:

Approval Date:

The Board of Health for Madison and Dane County has reviewed this document and endorse it as an official Public Health Madison & Dane County Policy and/or Procedure:

Approval Date:
