

MESSAGING GUIDANCE:

# The Intersection of Abortion Access and Black Maternal Health



Abortion access in the United States is facing the most dire challenges seen since *Roe v. Wade*. Although these attacks are not unprecedented, the likely loss of that federal protection in the coming months will make access even more limited—particularly for Black women and pregnant people, other people of color, and folks struggling to make ends meet. At the same time, U.S. maternal health outcomes are [worsening](#) at an alarming rate, with Black women and birthing people bearing the brunt of this crisis. These emergencies both stem from historical and ongoing racism, and are tied to the U.S. legacy of reproductive control and coercion. This fact sheet was created to help ensure that reporting on the intersection of the two issues is done responsibly and accurately.

## Risk of Pregnancy Compared to Abortion



*Abortion, both medication and procedural abortion care, is very safe, with low rates of complications. The health risks associated with carrying a pregnancy to term and with childbirth are far higher. Moreover, because of the effects of structural racism and oppression in health care that Black women and birthing people face, the risk of health complications from childbirth is considerably higher than it is for white women. Black women and birthing people should be able to decide whether or not to continue a pregnancy—and they should be able to do so safely.*

- Abortion is health care, and is an incredibly safe procedure.
- Pregnancy can be less safe for some than others. The cause is *racism*, not race. A persisting legacy of discrimination, unequal distribution of resources, and inequitable access to care fall hardest on Black and Indigenous women and birthing people.
- These challenges can be mitigated by eliminating the discriminatory care, lack of resources and health coverage, and racist treatment that causes these disparities.
- Because of the heightened mortality and morbidity risks faced by Black women and birthing people, it is particularly unconscionable to force the continuation of an unwanted pregnancy.

- Every person should be able to choose whether or not to continue a pregnancy, free of interference from politicians, including implementation of draconian federal and state laws.
- [Research](#) shows that states with higher numbers of abortion restrictions are the same states with poorer maternal health outcomes. We also know that while most people will have healthy pregnancies, some will experience illnesses or conditions where pregnancy can cause serious health problems. When abortion is difficult or impossible to access, complicated health conditions can worsen and even result in death.
- Restrictions on abortion care have far reaching consequences both deepening existing inequities and worsening health outcomes for pregnant people and people giving birth. For example, women who were [denied abortion care](#) are more likely to experience high blood pressure and other serious medical conditions during the end of pregnancy; more likely to remain in relationships where interpersonal violence is present; more likely to experience anxiety and stress shortly after being denied care; and more likely to experience poverty.

## Attacks on Abortion Access Are Grounded in White Supremacy



*The anti-abortion movement has deep roots in white supremacist values and ultimately aims to limit and control the reproduction of Black and Brown people, while encouraging births to white women.*

- Attacks on abortion access are rooted in the legacy of white supremacy and a desire to control the reproduction of Black women and birthing people and other people of color.
- It is necessary to address maternal health disparities in tandem with increasing access to abortion to ensure that Black women and birthing people are able to control their reproductive lives.

## State Policy: Abortion Restrictions and Black Maternal Health



*The false and hypocritical framing of anti-abortion policies as “pro-life” and “pro-woman” is diametrically opposed to the lack of funding support for people who carry their pregnancies to term and parent their children—especially Black and Brown women and birthing people, and those struggling to make ends meet.*

- The reality is that states with more restrictive abortion policies also tend to have [fewer supportive policies](#) in place for parenting people and their families.
- States that enact restrictions on abortion access are not interested in supporting families, but rather in controlling the reproductive lives of women and birthing people—especially Black women and other people of color.
- Many of the states passing the most extreme abortion restrictions are those [facing maternal health crises](#) disproportionately impacting Black women and birthing people. Instead of devoting attention and funding towards birth equity and expanding access to

maternal health care, resources are put towards creating—and defending in court—abortion restrictions.

- States that pass restrictive abortion laws often are the same ones that have [shameful histories](#) around Black maternal health, including coercive policies and practices within the field of obstetrics and gynecology, such as forced sterilization.
- These laws are not about protecting the whole person, or even their entire reproductive life course: one's reproductive journey is more than just pregnancy.
- It is more important than ever that we place Black, Indigenous, and people of color at the forefront of our conversations about access to abortion and maternal health. With white supremacist systems continuing to harm Black communities and an ongoing global pandemic whose impact is felt most—yet relief efforts felt least—by Black and Brown families we must address the connections between the impact abortion restrictions have on the overall health and well-being of pregnant and birthing people.
- Our maternal health care system is failing. That failure is intimately tied to Black women's lack of access to high quality, respectful, comprehensive reproductive health care, including abortion care. The disparate impact of mortality, morbidity, and mistreatment and abuse in maternity care settings on Black women is directly correlated to the systemic barriers they face when accessing abortion care—the root cause of both is racism.
- Sex, pregnancy, and birth are not going to stop in the face of abortion restrictions or our maternal health crisis. We need policies that address both.
- It is disingenuous for politicians to claim that they care about our nation's ongoing maternal health crisis and in the same breath attempt to limit access to abortion care through unnecessary regulation and restrictions.



## Federal Policy: Abortion Coverage

*Restrictions on abortion coverage disproportionately impact people of color, especially Black women and birthing people. Abortion care is not affordable and not truly accessible to all, and reporting should highlight the fact that legal access alone is—and always will be—insufficient.*

- The [Women's Health Protection Act](#) is critical to eliminating medically unnecessary restrictions on abortion access, and it must be combined with the Equal Access to Abortion Coverage in Health Insurance ([EACH](#)) Act so that abortion care is affordable and accessible to all, regardless of income or source of insurance.
- Even with *Roe*, abortion access has never been truly accessible to folks working to make ends meet. Restrictions on abortion coverage disproportionately harm Black women and birthing people and other people of color, and must be eliminated in order for equitable abortion access to become a reality.

## Additional Resources

- [“Evaluating Priorities,”](#) from the Center for Reproductive Rights and Ibis Reproductive Health
- [“Resources for Journalists Reporting on Abortion,”](#) from Physicians for Reproductive Health
- [“Limiting Abortion Access Contributes to Poor Maternal Health Outcomes,”](#) from the Center for American Progress
- [“Maternal Health and Abortion Restrictions: How Lack of Access to Quality Care Is Harming Black Women,”](#) from the National Partnership for Women & Families and In Our Own Voice: Black Women’s Reproductive Justice Agenda
- [Amicus brief](#) filed on behalf of the National Birth Equity Collaborative in the SCOTUS case *Dobbs v. JWHO*
- [“Texas’s New Abortion Law Will Harm People of Color. Further Entrench Racist Policies,”](#) from the Commonwealth Fund
- [“Structural Racism as a Root Cause of America’s Black Maternal Health Crisis,”](#) from The Century Foundation
- [“Texas’ Anti-Abortion Law May Worsen The State’s Maternal Mortality Rate,”](#) from *TIME*
- Related research:
  - [Research](#) from ANSIRH’s [Turnaway Study](#), including more serious health problems (and even death), among people denied abortion care
  - [“State Abortion Policies and Maternal Death in the United States, 2015–2018”](#)
  - [“State Medicaid Coverage of Medically Necessary Abortions and Severe Maternal Morbidity and Maternal Mortality”](#)
  - [“Impact of State-Level Changes on Maternal Mortality: A Population Based Quasi-Experimental Study”](#)
  - [“The Impact of Legal Abortion on Maternal Health: Looking to the Past to Inform the Present”](#)

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