

Facing the Maternal Mortality Crisis in a Post-Dobbs Landscape

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Abstract

Purpose: This project explored the heterogeneous landscape of abortion policy in the US and the impact of post-*Dobbs* abortion legislation on the maternal health crisis by proposing policy solutions for addressing restrictive abortion policies.

Methods: A comprehensive policy analysis was completed to examine the impacts of restrictive abortion policy on marginalized and vulnerable populations using the CDC Analytical Framework and the Racial Equity and Policy (REAP) Framework. The analysis explored policy options for ensuring equal access to abortion care at both state and federal levels. Using the SMART Advocacy template, an advocacy toolkit was developed for Nurse Practitioners in Women's Health (NPWH) to translate project findings.

Results: Health disparities are exacerbated in reproductive-age women following the *Dobbs* decision with bans or restrictions impacting over 23 million women of reproductive age. These inequities are in addition to underlying health disparities driven by structural racism including the physical environment, income, and insurance status. Policy recommendations at the federal level like reversing the *Dobbs* decision or supporting the EACH Act have low political feasibility during the current administration. The most impactful and feasible policy options are state-led initiatives reforming state Medicaid programs to segregate state and federal monies and mandating private, public, and marketplace insurance plans to cover abortion services under the plan's maternity care benefits.

Conclusion: Accessibility and affordability of abortion care are critical determinants of perinatal health outcomes. Thus, restricting access and/or affordability contributes to an increase in the number of women coerced to continue a pregnancy, inherently increasing risks for perinatal health complications and mortality.

Implications: While federal level action would be most efficacious and equitable, state-level policy action is most feasible to increase access to abortion in the current administration.

Keywords: abortion, abortion policy, maternal mortality, *Dobbs*, pregnancy-related complications