



Supreme Court affirms that abortion restrictions put women's health, safety and well-being at risk

Abortion in the United States is an extremely safe procedure. Restrictions imposed in some states are not based on medical evidence and do nothing to improve safety. The Supreme Court has confirmed that such restrictions stand in the way of safe reproductive care.

Major complications from abortion are rare, occurring in less than 1/4 of one percent of procedures.

This is:

About the same as colonoscopy.
Less than having your wisdom teeth removed.

In June 2016, the US Supreme Court struck down parts of a Texas law that imposed multiple abortion restrictions. The law required abortion providers to obtain hospital admitting privileges and meet specifications to become an ambulatory surgical center—essentially a mini-hospital.

Evidence was front-and-center in the Court's decision, including the abundance of research proving that abortion is a safe medical procedure. Evidence also shows that restricting access to abortion care does not improve safety and puts women's health and well-being at risk.

Abortion is a safe medical procedure

The safety of abortion in the US is extensively documented:

- Major complications are rare, occurring in less than ¼ of one percent of procedures,² which is safer than having wisdom teeth removed.
- Abortions performed in a variety of clinical settings—including doctors' offices, clinics and hospitals—are safe.

Given this safety record, the Court agreed that there is no medical evidence to support the need for admitting privileges or ASC standards.^{3,4} In fact, many medical procedures riskier than abortion are offered outside of ASCs by providers without admitting privileges.⁵

Compromising women's health & well-being

The Court also cited that after Texas enacted some parts of its law, the number of abortion facilities decreased by almost half.⁶ Women subsequently reported multiple barriers to obtaining safe abortion care, including increased travel time, longer waits times and greater costs.⁷

Delaying or effectively blocking abortion care also puts women's health at risk. When a woman has no option but to obtain an abortion later in pregnancy, major complications are more likely and costs are higher.1 Additionally, research shows that carrying an unwanted pregnancy to term is more dangerous to a woman's health than abortion.8

Furthermore, abortion does not negatively impact a woman's well-being. Contrary to claims, abortion does not place women at risk for post-traumatic stress disorder, depression, low self-esteem or anxiety. Nor does it increase women's drug, tobacco or alcohol use.9-14 Over 95% of women report that abortion was the right decision for them. 15 One year later, women who obtained abortion care were more likely to have a positive outlook on life than women denied this care. 16

Abortion restrictions may put a woman's physical and emotional safety at risk. Limited abortion access may result in more women being unable to terminate unwanted pregnancies, keeping them in contact with violent partners. This puts both women and their children at increased risk of violence. 17

- 1. Whole Woman's Health vs. Hellerstedt. 579 U.S. __ slip op. (2016)
- 2. Upadhyay UD, et al. Incidence of emergency department visits and complications after abortion. Obstet Gynecol 2015;125:175-83.
- 3. White K, et al. Complications from 1st-trimester aspiration abortion: systematic review of the literature. Contraception 2015;92:422-38.
- 4. Brief of Amicus Curiae. ACOG and AMA. Washington, DC, 2013.
- 5. Castro G, et al. Outpatient colonoscopy complications in the CDC's Colorectal Cancer Screening Demonstration Program: a prospective analysis. *Cancer* 2013;19:2849-54.

 6. Grossman D, *et al.* Change in abortion services after implemen-
- tation of a restrictive law in Texas. Contraception 2014;90:496-501.
- 7. Fuentes L, et al. Women's experiences seeking abortion care shortly after the closure of clinics due to a restrictive law in Texas. Contraception 2016; e-pub ahead of print.
- 8. Gerdts C, et al. Side effects, physical health consequences, and mortality associated with abortion and birth after an unwanted pregnancy. Women's Health Issues 2016;26:55-9.
- 9. Biggs MA, et al. Does abortion increase women's risk for posttraumatic stress? Findings from a prospective longitudinal cohort study. BMJ Open 2016;6:e009698.
- 10. Biggs MA, et al. Does abortion reduce self-esteem and life satisfaction? Qual Life Res 2014;23:2505-13.
- 11. Foster DG, et al. A comparison of depression and anxiety symptom trajectories between women who had an abortion and women denied one. Psychol Med 2015;45:2073-82.
- 12. Roberts SC, et al. Receiving versus being denied an abortion and subsequent drug use. Drug Alcohol Depend 2014;134:63-70
- 13. Roberts SC, et al. Receiving versus being denied an abortion and subsequent tobacco use. Matern Child Health J 2015;19:438-46.
- 14. Roberts SC, et al. Receiving versus being denied a pregnancy termination and subsequent alcohol use: A longitudinal study. Alcohol Alcohol 2015;50:477-84.

A significant burden on women

The Court confirmed that unnecessary abortion restrictions place a burden on women. A study in Louisiana found the state's admitting privileges law would result in widespread clinic closures, more than tripling the average distance traveled for abortion care—from 58 to 208 miles. 18 The expense of abortion care is already very high for some women; these types of restrictions may unfairly make it accessible to only the wealthy. 19

Limited access to abortion makes it likely that selfinduction will become more common. Misoprostol is a medically safe way to self-induce abortion, but it is not readily available in the United States. Women are turning to less effective and more dangerous methods-including taking herbs and inflicting abdominal trauma.20

A victory for evidence-based care

The Supreme Court's decision affirms the role of rigorous research in shaping health policies, including those that determine women's access to safe, evidence-based reproductive health care.

- 15. Rocca CH, et al. Decision rightness and emotional responses to abortion in the United States: A longitudinal study. PLOS One 2015;10:e0128832.
- 16. Upadhyay U, et al. The effect of abortion on having and achieving aspirational one-year plans. BMC Women's Health 2015;15:102.
- 17. Roberts SC, et al. Risk of violence from the man involved in the pregnancy after receiving or being denied an abortion. BMC Medicine 2014;12:144.
- 18. Roberts SC, et al. Implications for women of Louisiana's law requiring abortion providers to have hospital admitting privileges. Contraception 2015;91:368-72.
- 19. Roberts SC, et al. Out-of-pocket costs and insurance coverage for abortion in the US. Women's Health Issues 2014;24:e211-8.
- 20. Grossman D, et al. The public health threat of anti-abortion legislation. Contraception 2014;89(2):73-4.



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