American College of Preventive Medicine

ACPM Policy Statement on Reproductive Rights

Policy recommendation: The American College of Preventive Medicine (ACPM) recommends that state and federal governments ensure access to affordable, comprehensive, coordinated, and high-quality reproductive health services including education; emergency, short, and long-term contraception; sterilization; and abortion. ACPM stands with other organizations in opposing legislative restrictions that decrease access to safe abortions for all women.

KEY ISSUES:

1. In the United States, a high-income country, rates of unintended pregnancies remain high.[1]
2. Due to various factors, including socioeconomic risk factors, lower health literacy, lack of healthcare coverage, and challenges in accessing healthcare, women from historically excluded and marginalized communities and lower socioeconomic status (SES) are over-represented in unintended pregnancies propagating the cycle of socioeconomic and racial/ethnic inequities.
3. Comprehensive sex education programs, and access to affordable contraceptive services, reduce the incidence of unintended pregnancy.
4. Making family planning services widely available is cost-saving and associated with reduction in health disparities, unintended pregnancies and rates of abortions.[3,16]
5. Limited access to contraceptive services and resultant unintended pregnancy has a negative impact on the physical and mental health of women and infants.
6. Abortion is a safe procedure. Legislative restrictions which decrease access to safe legal abortions disproportionally affect low-income and vulnerable women and increase morbidity and mortality risk for all women.

Supporting Evidence:

1. In the United States, a high-income country, rates of unintended pregnancies remain high.

Unintended pregnancy is defined by the Centers for Disease Control and Prevention as either mistimed (pregnancy that was wanted but occurred too soon) or unwanted pregnancy (a pregnancy that the person did not want ever).[2,4] In the United States between 2017 and 2019, 38% of births were unintended, far from the Healthy People 2030 target of 36.5%.[3,4] Women in poverty and with lower educational attainment are associated with unwanted pregnancy, as well as non-voluntary first intercourse and association with a sex trade.[1] Unplanned pregnancy is a public health concern since it increases the chance of smoking during pregnancy, late entry into prenatal care, and lower likelihood to breastfeed, and is associated with poor maternal and child health outcomes.[2]

2. Persons from historically excluded and marginalized communities and lower SES are over-represented among unintended pregnancies, propagating the cycle of socioeconomic and racial/ethnic inequities.

Socioeconomic risk factors, lower health literacy, lack of healthcare and challenges in accessing healthcare are strongly associated with a disproportionate burden of unintended pregnancy among vulnerable populations. For example, women with incomes less than 100% of the federal poverty level are 5.6 times more likely to have an unintended pregnancy than women with incomes greater than 200% of the poverty level.[3] Studies also show that rates of unintended pregnancies are highest among Black and Hispanic populations compared to White populations.[4] Studies also show that contraceptive type varies by age and race/ethnicity. Black and Hispanic teenagers are likely to use no contraceptive rather than highly (intrauterine devices, implants, male/female sterilization) or moderately (injectable, oral) effective methods.[5] Women denied access to abortions are more likely to suffer negative long-lasting economic difficulties.[6] It is crucial to provide access to comprehensive sexual education and effective contraception options to all communities to break this cycle of injustice.[7]

3. Comprehensive sex education programs and access to affordable contraceptive services are associated with a reduction in the incidence of unintended pregnancy.

Research has shown that state-funded abstinence-only programs are correlated with increased teenage pregnancy and birth rates, even after accounting for socioeconomic status, teen educational attainment and ethnic composition of the teen population.[8] States that funded comprehensive sex education had lower teenage pregnancy rates. Abstinence-only programs can also cause harm by reinforcing heteronormative stereotypes and ignoring sexual minorities and sexually active adolescents who require accurate information on contraceptive and access to reproductive health care.[9] Studies have shown that providing no-cost contraception is associated with reduced abortion rates, repeat abortions and teenage birth rates.[10] Comprehensive sex education programs can contribute to reducing unintended pregnancy in the U.S.

4. Making family planning services widely available is cost-saving, reduces disparities, reduces unintended pregnancies, and reduces the rates of abortions.

What are the costs to taxpayers that are associated with no family planning? These costs, estimated to run $15 billion annually, come from medical care for preventable sexually transmitted infections, cervical cancer, and unintended pregnancy (prenatal care, delivery, abortions, and medical care for preterm and low birth weight infants).[11] For every $1 spent on family planning services, it is estimated that $7.09 is saved in taxpayer money.[12]

The benefits of family planning programs for low-income communities have been demonstrated recently in Colorado through the Colorado Family Planning Initiative (CFPI).[13] The proportion of births that were high-risk declined by 24% and abortion rates fell 34% and 18%, among women aged 15-19 and 20-24, respectively; there was also a 12% decline in preterm births.[14] Reducing out-of-pocket costs improves patterns of contraception usage and reduces birth rates. Greater changes in contraception use patterns when costs are lowered occur among persons with lower income, suggesting that enhanced access to contraception may address well-documented income-related disparities in unintended birth rates.[16]

5. Limited access to contraceptive services and resultant unintended pregnancies have a negative impact on the physical and mental health of women and infants.

Prevention of unintended pregnancy is an important step in improving maternal and neonatal morbidity and mortality.[17] In cases of unintended pregnancy, unintended mothers take longer to recognize that they are pregnant, are more likely to delay or forego prenatal care and less likely to make lifestyle changes, such as adopting healthy diet and physical activity behaviors, stopping smoking and discontinuing alcohol consumption.[18,19,20] When unintended pregnancies are continued, they are more likely to result in preterm birth and low birth weight.[21] Maternal behaviors have also been shown to differ in the postpartum period of unintended pregnancies, including lower rates of breastfeeding, and lower quality maternal-child relationships.[22, 23] These unplanned children are more likely to have social-emotional and cognitive development issues resulting in poorer educational and behavioral outcomes.[24]

6. Abortion procedures performed in appropriate settings by qualified providers are safe procedures. The risk of death associated with childbirth is approximately 14 times higher than that with abortion.[25,26] Legislative restrictions which decrease access to safe legal abortions are an issue of public health and reproductive justice which disproportionally affect low-income and vulnerable women and increase morbidity and mortality risk for all women.

Increased contraceptive care decreases the number of abortions but does not completely eliminate the need. There are many reasons why a woman may seek out an abortion: failure of contraception, lack of access to contraception, rape, incest, major fetal anomalies, pregnancy complication, etc.[26] Heavy restrictions that prevent affordable, safe, and timely access to medically provided abortions can lead women to seek unsafe abortions which according to the World Health Organization is as a “procedure for terminating a pregnancy performed by persons lacking the necessary skills or in an environment not in conformity with minimal medical standards, or both”.[27]

Women who seek to have an abortion, but who are unable to access abortion care, are more likely to be living in poverty and to be of a racial and ethnic minority.[28] Of the 42 million abortions that occur worldwide each year, about half of them are unsafe, resulting in increased maternal mortality, especially in those areas where abortion laws are restrictive.[29] Millions more women suffer with complications resulting from unsafe abortions like incomplete abortion, post-abortion sepsis, hemorrhage, genital trauma, and death.[30]

The laws restricting access to abortion not only pose logistical barriers, but also financial barriers, to receiving timely care. A study done on abortion funding both through private insurance and Medicaid revealed that many women delayed abortion due to cost. Women who lived in states where Medicaid funding was available to cover costs of abortion or had private insurance were more likely to have an abortion at a lower gestational age (the safest alternative), belong to a higher income bracket, and were less likely to report cost as a reason for delaying abortion.[31]

Abortion services are essential health services for women and are being safely provided in the United States by licensed health care providers. Legislative acts which restrict abortions have been shown to be detrimental to women's health and socioeconomic wellbeing.[32,33] To reduce maternal mortality and morbidity, information on and unrestricted access to safe, effective and legal abortion should be available to all women.

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