

Little Kids, Big Challenges: The Impact of Abortion Restrictions on Pediatric Health

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Background

- Dobbs v. Jackson Women's Health Organization*, ultimately overturning *Roe v. Wade*, stripped away the constitutional right to abortion and destabilized the future of reproductive access
- 44 states** prohibit abortion at certain times
- 6 states** prohibit abortion among fetuses with genetic anomalies regardless of life-limiting status
- Maternal health is often centered in research surrounding the implications of abortion bans—there is less literature exploring the role of the pediatric provider in treating neonates born out of restrictive access to reproductive health

Current U.S. Abortion Access

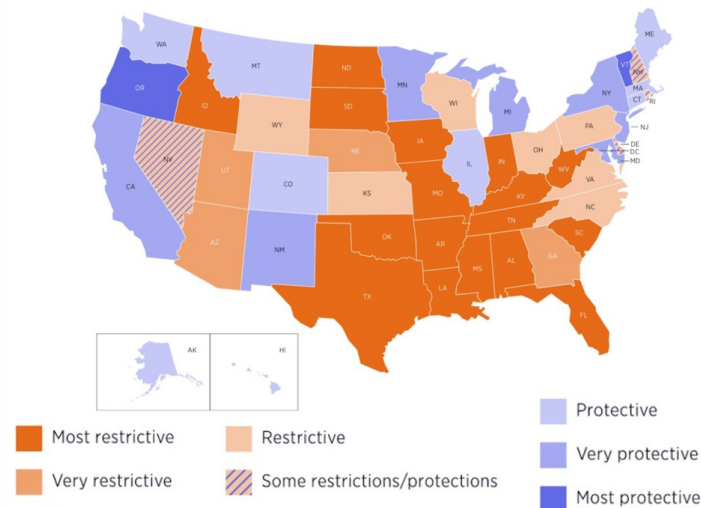


Figure 1. U.S. Abortion Policies and Access After Roe Current as of July 2024.⁶

Methods & Objectives

Conducted literature review search through Jumbo Search, Journal of Pediatrics, ACOG, JAMA, PubMed, and Google Scholar to:

- Investigate **infant mortality rates (IMR)** pre- and post-*Roe v. Wade*
- Assess the **long-term implications** of abortion restrictions on pediatric health
- Define the evolving role of **pediatric providers** in equitable care delivery

The Rise in Infant Mortality

Among the 38 countries in the OECD, the **U.S. leads with the highest IMR**, defined as the death of a child less than 1 year of age.

Pre-*Roe v. Wade*

- State-level abortion restrictions had a greater impact on IMR than limited prenatal care, high rates of c-sections, and poverty
- Within restrictive states, Black infants had over twice the IMR compared with White infants
- Restrictive states had a **16% higher IMR**, with the leading causes from congenital malformations (14%) and extremely low birth weight (13.4%)
- Restrictive states had **15% more perinatal deaths** within the first week of life and higher deaths up to 1 year

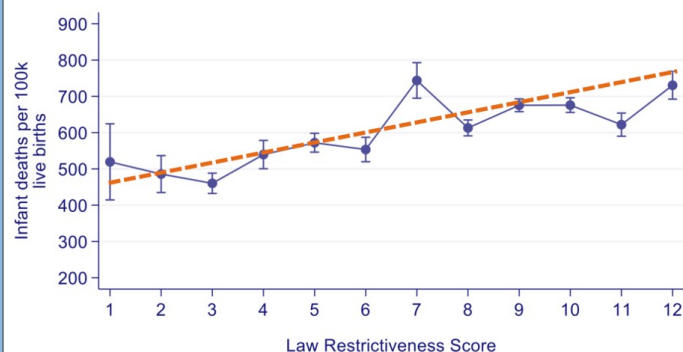


Figure 2. IMR vs. State Abortion Restrictions Each law was assigned 1 point, and the number of laws were summed to calculate the score for each state. Predictive margins with 95% CIs.⁸ States with increased restrictive laws correlated with increased IMR.

Post-*Roe v. Wade*, 2021-2022

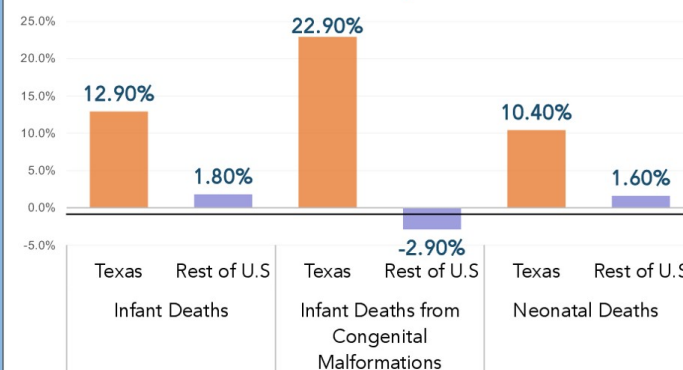


Figure 3. Percent Difference of Infant and Neonatal Deaths in Texas vs. the Rest of the US, 2021 to 2022 Notably, from 2021 to 2022, infant deaths in Texas increased 12.9% while the rest of the U.S. increased 1.8%. Rates of infants (age <1 year) and neonatals (age <28 days).⁷

Long-term Implications

Foster Care Entry

- 11% rise** in entries in restrictive states
- 15% increase** among children of racial and ethnic minority groups in states with TRAP laws that limit the number of abortion-providing facilities

Healthcare Strain

- Life-limiting diagnoses, such as anencephaly and bilateral renal agenesis, require neonatal palliative care and hospice
- Hypoplastic left heart syndrome requires 3 open-heart surgeries → may still need heart transplants with the need for lifelong immunosuppressants

Table 1. Predicted Incidence of Single Ventricle Cardiac Defects and Associated Outcomes⁹

Stanford Medicine Model estimates an annual increase of 541 live births with SVCD and consequential increases in surgeries and ECMO utilization, furthering increasing healthcare strain.

	Pre-Dobbs	Post-Dobbs	Annual difference
Live births with SVCD	1006	1547	+541
Heart surgery	986	1517	+531
Heart transplant	28	44	+16
ECMO	142	219	+77
Neonatal deaths	189	291	+102

The Role of Medical Providers

OB/GYN Residency Programs Post-*Roe*

- 44% of OB/GYN residents** lack access to mandatory abortion training, risking medical licenses and program accreditations
- 10% decrease** in OB/GYN residency applications in restrictive states and **5% decrease** in total applications to OB/GYN

Physician Assistants

PAs have the foundational education to help mitigate the widening provider gap

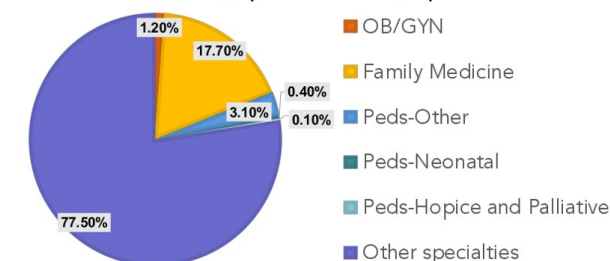


Figure 4. PA Specialties

A quarter of PAs work in fields that treat the pediatric population.¹³

Discussion

Reproductive Justice Framework

- IMR declined the most rapidly between 1970-1973 in states that legalized abortion in 1970
- 15% risk reduction** in IMR in states with the highest levels of funding for family planning and abortion services

Tufts PA Education

APPs can help fill gaps in pediatric care in an increasingly strained system

- 50-55 hours of pediatric didactic training**, along with material in OB/GYN, genetics, and ethics
- Rotate in pediatrics (**9% of the year**), also exposed to the population in family medicine and emergency medicine

Call to Action

APPs must take a role in shaping policies that promote equitable access to reproductive and pediatric care

- Local level:** increased scope of practice education to communities, hospitals, and policymakers
- Federal level:** participate in professional organizations, advocacy groups, and lobby for patients' rights

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