Policy Statement on Access to Comprehensive Reproductive Health Care Services

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 opposes legislative restrictions that decrease access to safe abortions for all pregnant persons, abortion care is a key component of evidenced based reproductive healthcare.

KEY ISSUES:

1. In the United States, a high-income country, rates of unintended pregnancies and maternal mortality remain high.[1]
2. Due to various factors, including socioeconomic risk factors, lower health literacy, lack of healthcare coverage and challenges in accessing healthcare, pregnant persons from historically excluded and marginalized communities and lower socioeconomic status (SES) are overrepresented in unintended pregnancies propagating the cycle of socioeconomic and racial/ethnic inequities.[2]
3. Comprehensive sex education programs, and access to affordable contraceptive services, reduce the incidence of unintended pregnancy.[3]
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.[3,4,6]
6. Abortion is a safe procedure when healthcare professionals are allowed to make informed, evidence-based health care decisions for their patients. Legislative restrictions which decrease access to safe, legal abortions disproportionally affect low-income and vulnerable pregnant persons and increase morbidity and mortality risk for all pregnant persons.[1]

Supporting Evidence:

1) In the United States, a high-income country, rates of unintended pregnancies and maternal mortality 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).[2,4] In the United States between 2017 and 2019, 38% of births were unintended, above the Healthy People 2030 target of 36.5%.[3,4] Women in poverty and with lower educational attainment are associated

with higher rates of unintended pregnancy, as well as non-voluntary first intercourse and association with a sex trade.[1] Unplanned pregnancy is a public health concern, because it increases likelihood of in utero tobacco exposure, late entry into prenatal care and lower likelihood of breastfeeding.[2] Unintended pregnancy is also associated with worse maternal and child health outcomes.[2] In 2021, the United States experienced a notable increase in maternal mortality, with a rate of 32.9 deaths per 100,000 live births, compared to 23.8 in 2020 and 20.1 in 2019. This rise in mortality rates was particularly pronounced for Black women, who had a rate of 69.9 deaths per 100,000 live births, 2.6 times higher than that of White women (26.6), and rates increased significantly across all racial and age groups from 2020 to 2021.[5]

2) **Persons from historically excluded and marginalized communities and lower SES are overrepresented among unintended pregnancies, propagating the cycle of socioeconomic and racial/ethnic inequities, along with their adverse health consequences.**

Socioeconomic risk factors, lower health literacy, lack of healthcare and challenges in accessing healthcare are strongly associated with a disproportionate burden of unintended pregnancy. 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 higher among Black and Hispanic populations compared to White populations.[4] 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 inequity.[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, compared with states that funded comprehensive sex education, even after accounting for socioeconomic status, teen educational attainment and ethnic composition of the teen population.[8] Abstinence-only programs cause harm by reinforcing heteronormative stereotypes and ignoring sexual minorities and sexually active adolescents who require accurate information on safe sex practices 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, supported are shown to effectively reduce unintended pregnancies in the U.S. by addressing a broad definition of sexual health and well-being with positive, affirming, and inclusive approaches across multiple grade levels, and emphasizing the importance of a comprehensive approach in improving sexual, social, emotional health, and academic outcomes for young people.[11]

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

Lack of family planning is estimated to cost US taxpayers $15 billion annually. Major contributors to these costs are 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).[12] For every $1 spent on

family planning services, it is estimated that $7.09 is saved in taxpayer money.[13] The benefits of family planning programs for low-income communities have been demonstrated recently in Colorado through the Colorado Family Planning Initiative (CFPI).[14] 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.[15] Reducing out-of-pocket costs improves patterns of contraception usage and reduces unintended pregnancies. 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 has a negative impact on the physical and mental health of women and infants.**

Prevention of unintended as well as access to elective termination of pregnancies are important steps in improving maternal and neonatal morbidity and mortality.[17] In cases of unintended pregnancy, pregnant persons 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 pregnant persons and increase morbidity and mortality risk for all pregnant persons.**

Increased contraceptive care decreases the number of abortions but does not completely eliminate the need. There are many reasons why a pregnant person 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 people 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] 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 pregnant people 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.[28]

Abortion restrictions in the U.S. are resulting in a lack of reproductive healthcare for all women in those states, creating more reproductive health deserts. The abortion bans are also resulting in delays in care and loss of fertility for pregnant persons who suffer pregnancy complications. After one year without abortion, an estimated 210 additional maternal deaths per year (a 24% increase) would occur, with the highest increase among non-Hispanic Black individuals (39%). The report also assesses the impact of abortion bans in 26 states, with varying effects, up to a 29% increase in maternal deaths in some states, while others, due to low abortion rates, would see fewer additional deaths. This increase in maternal mortality is in addition to existing risks.[29]

Access to abortion services is essential health care for pregnant persons and these services 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 pregnant persons' health and will result in significant mortality and morbidity.[30,31] To reduce maternal mortality and morbidity and improve equity, information on and unrestricted access to safe, effective and legal abortion should be available to all pregnant persons.

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