MCH Statement on Dobbs v. Jackson Supreme Court Decision

The decision by the United States Supreme Court to overturn Roe v. Wade on June 24 has profound negative implications for the health of the populations that the Department of Maternal and Child Health is dedicated to serving – women and pregnant people, children, and families. Access to abortion care is an essential component of health care in the U.S. and globally [Abortion (who.int); Bachelet on US ruling on Dobbs v Jackson Women’s Health Organization | OHCHR].

Scientific evidence demonstrates that lack of access to comprehensive abortion care is associated with multiple negative health and economic outcomes for people who need abortions and for their families, as described in the Association of Maternal and Child Health Programs statement and in the statement by Dean Rimer.

Continuing a pregnancy to term is associated with a 14-fold risk of death compared with undergoing abortion, and a complete ban in the U.S. would cause 140 more maternal deaths in the first year – a 21% increase [The Pregnancy-Related Mortality Impact of a Total Abortion Ban in the United States: A Research Note on Increased Deaths Due to Remaining Pregnant | Demography | Duke University Press (dukeupress.edu); The Comparative Safety of Legal Induced Abortion and Childbirth: Obstetrics & Gynecology (lww.com)].

These negative consequences disproportionately affect women and birthing people of color, those with low incomes, and those living in rural areas, further increasing the already unacceptable maternal and child health inequities in our country.

The Department of Maternal and Child Health at the UNC Gillings School of Global Public Health, in partnership with other organizations and researchers, is committed to advancing maternal and child health for all people, grounded in the principles of reproductive justice and high quality evidence on sexual and reproductive health programming. Achieving this goal requires ensured access to comprehensive abortion care for all who need it.