



## Reducing Access to Safe and Legal Abortion: Infectious Diseases and Health Equity Impacts

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The U.S. Supreme Court overturning of *Roe v. Wade* in deciding *Dobbs v. Jackson Women’s Health Organization* removed the federal right to abortion allowing states to move forward with restrictions and bans on abortion services. According to the [Kaiser Family Foundation](#), 25 states now have abortion restrictions or bans in place or set to take effect. In 25 states and the District of Columbia, abortion is still available as of Aug. 2.

IDS A and HIVMA [condemned](#) the Supreme Court decision for its impact on patient autonomy and the provider-patient relationship, and the disproportionate impact abortion restrictions and bans will have on individuals with limited incomes and on Black, Indigenous and people of color. This brief outlines the infectious diseases implications of not providing access to safe abortions nationwide; how the decision is likely to affect prevention, screening and treatment for sexually transmitted infections and HIV; and the decision’s impact on health equity for women, nonbinary, transgender people and children.

### **Infections Associated With Unsafe Abortion**

- An “unsafe abortion” is defined by the World Health Organization as “a procedure of pregnancy termination either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards or both.”<sup>i</sup>
- In developed countries like the United States, it is estimated that 30 women die for every 100,000 unsafe abortions. Unsafe abortions are strongly correlated with laws banning or restricting access to abortions, with infections being one of the top health risks.
- The legalization of abortions in the U.S. that started in the 1960’s contributed to the 89% decline in septic abortions that took place from 1950 to 1979.<sup>ii</sup> Restrictions or bans on safe abortions, will likely result in increased septic abortions and deaths resulting from septic emboli and septic pelvic thrombophlebitis.
- Sepsis and other secondary infections are commonly associated with illegal, unsafe abortions, and delays in care for these infections are life-threatening to the patient. One study examining treatment for sepsis found that every hour in delaying treatment increased the risk of one-year mortality by 10%.<sup>iii,iv,v</sup>
- Increasing rates of infection will likely lead to higher levels of antibiotic use, contributing to the development of antibiotic resistance.
- In countries where the majority of abortions are considered unsafe, often due to restrictive abortion laws, higher rates of post-abortion infection occur:<sup>vi</sup>
  - In sub-Saharan African countries included in one study, one in 10 women presenting with abortion-related complications had an infection.
  - In Malawi, sepsis represented 13.7% of abortion-related complications.
  - Increased rates of peritonitis (inflammation of the peritoneum, the tissue that lines the abdominal wall, often caused by infection) have been documented in Nigeria in pregnant people who received unsafe abortions, typically due to infections beginning at the abortion site.<sup>vii</sup>
- Provider medical education and training also is expected to be limited in states that ban or restrict access to abortions — which also will compromise patient care.<sup>viii</sup>

### **Infections Associated With Delayed/Limited Access to Safe Abortion**

- Complications in pregnancy, such as water breaking in the first trimester or ectopic pregnancy, can lead to life-threatening infection unless an abortion is performed quickly.
- With new limitations on abortion access, abortions may be delayed as patients struggle to identify and travel to locations that provide abortions. Risk of complications, including infections, increases the later the abortion is performed.

- In 2019, roughly 10% of abortions were performed on individuals whose state of residence was known to be different than the state where the abortion occurred, and this number will likely increase as abortion access erodes in many states.<sup>ix</sup>

### **Impacts on Prevention and Treatment of STIs and HIV**

- According to WHO, gender inequality is a driver of HIV. Ensuring that people with HIV have bodily autonomy and are able to make decisions regarding reproductive health services, including accessing safe abortions, is important to their health and quality of life.<sup>x</sup>
- Family planning clinics are an important health care access point for people at risk for and with HIV in the United States. Forty-one percent of women of reproductive age report family planning clinics are their only source for care.<sup>xi</sup>
- Clinics that provide abortion also offer prevention, screening, diagnosis and treatment services for STIs and HIV to people regardless of income or insurance status. As these clinics shutter in states that ban or severely restrict abortion, access to HIV and STI services will also be affected, likely leading to increases in cases and delays in diagnosis and treatment.
- In recent reports, STI and HIV testing and treatment accounted for 52% of services provided by Planned Parenthood clinics.<sup>xii</sup> In addition, 400 health centers in 44 states offered pre-exposure prophylaxis, a highly effective biomedical intervention that prevents HIV acquisition.<sup>xiii</sup>
- Late diagnosis and untreated HIV put individuals at much higher risk for serious illness and death due to HIV and contribute to higher HIV transmission rates.<sup>xiv</sup>
- Undiagnosed and untreated STIs can result in infertility and pelvic inflammatory disease, which also leads to increased morbidity and mortality and rapid progression of infections to sepsis, septic shock, acute respiratory distress syndrome, disseminated intravascular coagulation, acute renal injury and death. Delayed treatment of STIs can require the prolonged use of antimicrobials and subsequent side effects such as *C. difficile* infection and acute kidney injury, among others, and the development of antimicrobial resistance, which also will affect the general population.

### **Impacts on Health Equity**

- Pregnant people<sup>1</sup> and their families who have lower incomes are more likely to have trouble accessing safe abortions in the states implementing abortion bans or restrictions, leaving them at greater risk of adverse health events, including infectious complications.<sup>xv</sup>
- The U.S. has the highest maternal mortality rate of any developed nation. Prior to the Supreme Court's decision, the U.S. recorded 23.8 maternal deaths per 100,000 births (55.3% for the nation's Black pregnant people).<sup>xvi</sup>
- Economic stability is a key social determinant of health, with poverty putting individuals at greater risk for worse health conditions.<sup>xvii</sup> Denying abortion access to pregnant people leaves them and their children at greater risk of living in poverty and of poorer health and mental health outcomes.<sup>xviii, xix</sup>
- Eleven of the 12 states that have not expanded Medicaid coverage to low-income families have banned or are restricting abortion access.<sup>xx</sup>
- In 2019, 38% percent of people who had legal abortions were Black, 33% were White, 21% were Hispanic, and 7% identified as another race/ethnicity.<sup>xxi</sup>
- According to data from the Guttmacher Institute, 49% of people who had an abortion lived below the federal poverty level, and another 26% were considered low income (100% to 199% of FPL) in 2014.<sup>xxii</sup>
- People who were denied abortions were more likely to report not having enough money to cover living expenses over the next five years than were those who did not give birth.<sup>xxiii</sup>
- Pregnant people with low incomes are also more likely to seek abortion and lack resources to easily travel to states with fewer abortion restrictions or to mitigate post-abortion complications.

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<sup>1</sup>Pregnant people include women and individuals who are transgender or nonbinary.

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- <sup>i</sup> World Health Organization. [Abortion Fact Sheet](#). November 2021.
- <sup>ii</sup> Sepsis Alliance. [Overturning Roe v. Wade: Health Consequences for Pregnant People Likely to Include an Increase in Maternal Sepsis](#).
- <sup>iii</sup> Grimes DA, et al. [Unsafe abortion: the preventable pandemic](#). Lancet. Nov. 25, 2006.
- <sup>iv</sup> Saultes TA, et al. [The Back Alley Revised: Sepsis after Attempted Self-Induced Abortion](#). West J Emerg Med. November 2009.
- <sup>v</sup> Peltan ID, et al. [ED Door-to-Antibiotic Time and Long-term Mortality in Sepsis](#). Chest. May 2019.
- <sup>vi</sup> Baguiya A, et al. [Abortion-related infections across 11 countries in Sub-Saharan Africa: Prevalence, severity, and management](#). Int J Gynecol Obstet. Jan. 21, 2022.
- <sup>vii</sup> Adenuga AT, Akande OW. [Peritonitis following unsafe abortion: a retrospective study in a tertiary health facility in North Central Nigeria](#). Pan Afr Med J. 2020;37:354.
- <sup>viii</sup> Traub AM, et al. [The implications of overturning Roe v. Wade on medical education and future physicians](#). Lancet Reg Health Am. July 20, 2022.
- <sup>ix</sup> Diamant J, Mohamed B. [What the data says about abortion in the U.S. Pew Research Center](#). June 24, 2022.
- <sup>x</sup> World Health Organization. [Consolidated guideline on sexual and reproductive health and rights of women living with HIV](#). 2017.
- <sup>xi</sup> Kaiser Family Foundation. [Women and HIV in the United States](#). March 2020.
- <sup>xii</sup> Planned Parenthood. [Annual Report 2019-2020](#).
- <sup>xiii</sup> Planned Parenthood. [Planned Parenthood Doubles Down on HIV/AIDS Prevention on World AIDS Day](#). Nov. 20, 2018.
- <sup>xiv</sup> Centers for Disease Control and Prevention. [Benefits of Routine Screening](#).
- <sup>xv</sup> Guttmacher Institute. The Guttmacher Report on Public Policy. [Lessons from Before Roe: Will Past be Prologue?](#) March 2003.
- <sup>xvi</sup> <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2022/06/22/critics-fear-abortion-bans-could-jeopardize-health-of-pregnant-women>
- <sup>xvii</sup> Bor J, Cohen GH, Galea S. [Population health in an era of rising income inequality: USA, 1980-2015](#). Lancet. April 8, 2017.
- <sup>xviii</sup> Foster DG, et al. [Socioeconomic Outcomes of Women Who Receive and Women Who Are Denied Wanted Abortions in the United States](#). Am J Public Health. 2018 March; 108(3):407–413.
- <sup>xix</sup> Advancing New Standards in Reproductive Health. University of California, San Francisco. [The Harms of Denying a Wanted Abortion: Findings from the Turnaway Study](#).
- <sup>xx</sup> Kaiser Family Foundation. [Status of Abortion Access in the United States](#) and [Status of State Action on Medicaid Expansion Decisions](#). 2022.
- <sup>xxi</sup> Kaiser Family Foundation. [Reported Legal Abortions by Race of Women Who Obtained Abortion by the State of Occurrence. 2019](#).
- <sup>xxii</sup> Guttmacher Institute. [Characteristics of U.S. Abortion Patients in 2014 and Changes Since 2008](#). May 2016.
- <sup>xxiii</sup> Foster DG, et al. [Socioeconomic Outcomes of Women Who Receive and Women Who Are Denied Wanted Abortions in the United States](#). Am J Public Health. 2018 March; 108(3):407–413.