



Advancing New Standards
in Reproductive Health
(ANSIRH)

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The Honorable Carolyn B. Maloney
Chair, House Committee on Oversight and Reform
2157 Rayburn House Office Building
Washington, D.C. 20515

September 30, 2021

Dear Chairwoman Maloney,

My name is Diana Greene Foster, and I am a professor in the University of California, San Francisco Department of Obstetrics, Gynecology and Reproductive Sciences and Research Director at Advancing New Standards in Reproductive Health (ANSIRH), a research program at the university.

For 25 years, I have done research on the impact of contraception and abortion on women's lives. As part of that work, I led the Turnaway Study, a longitudinal study of almost 1,000 women who sought abortions from thirty abortion facilities across the country. The Turnaway Study looked at women who received a wanted abortion compared to those who were turned away because they were past the facility's gestational limit. My goal was to take a scientific look at mental health, physical health and other life outcomes after women received or were denied abortions. With a team of researchers, I followed these women, through semiannual phone interviews over five years.

The Turnaway Study is the largest study of women seeking later abortions and the first of its kind to track the health and wellbeing of women over time. The Turnaway Study has been fully vetted by the scientific community. We have published over 50 articles in top medicine, psychology, public health and sociology journals.

There are three important findings for this committee, as you consider upcoming abortion bans and the importance of abortion access for people's wellbeing. First, people seek abortion after the first trimester for reasons that are largely out of their control. Second, denying abortion causes long-term economic hardship, hurts women's physical health and changes their ability to achieve aspirational plans. Third, women who have abortions overwhelmingly report they made the right decision for themselves and their families. I will provide more detail on each of these topics. If the federal government does not protect people's right to an abortion, there will be large negative consequences for those individuals and their children.

Reasons for Needing an Abortion After the First Trimester

Recent bans in Texas and the proposed 15-week limit in Mississippi indicate that policy-makers are unaware of the reasons that people may be delayed in seeking abortion care. Abortion is already very difficult to access in much of this country. People travel large distances because state laws have been passed that shutter abortion clinics, increasing the distance people must travel. Raising the money to pay for the abortion is a major cause of delay as many states' laws prevent women from using public or private insurance to pay for an

abortion. But what most sharply distinguishes people who get first trimester abortion from those who get abortions later is delay in recognition of pregnancy. This can happen when people don't have pregnancy symptoms, when they have other conditions with similar symptoms as pregnancy (such as a history of irregular periods, having recently given birth or having a chronic disease), when they have never been pregnant before, and when they were using a method of contraception, and therefore thought they were protected from the risk of conception.¹ Young women and women who lack the financial means to travel and pay for healthcare out of pocket will be disproportionately affected by bans based on timing of pregnancy.

The Harmful Impacts of Abortion Denial

When women are denied an abortion, they face increased economic hardship and insecurity for years after; they experience more serious health problems, and the wellbeing and development of their children are negatively impacted.

Economic

Women most frequently cited financial reasons for wanting an abortion—that they cannot afford to raise a child or another child.² And when they were denied an abortion, they were less likely than women who received one to work full time and more likely to live below the federal poverty level. Compared to women who received their wanted abortions, women who were denied were less able to afford basic living expenses like food, housing and transportation.³ We can observe that they have a 78% increase in debt and an 81% increase in reports of bankruptcies, evictions, and tax liens.⁴

If abortion is no longer protected at the federal level, these hardships will be experienced by hundreds of thousands of women and their families. Four in ten women in the US live in states that would more severely restrict abortion if Roe is overturned.⁵

Physical Health

There are other serious negative outcomes if women are unable to get wanted abortions. There is substantial physical health risk from carrying an unwanted pregnancy to term compared to getting an abortion. Women denied an abortion who went on to give birth reported more life-threatening complications, like eclampsia and postpartum hemorrhage than those who received wanted abortions.⁶ The higher risks of childbirth were tragically demonstrated by two women who were denied an abortion and died following delivery. No women in the study died from an abortion.⁷ Over five years following the pregnancy, women who delivered a baby reported worse physical health than women who received abortions, including more chronic headaches, joint pain, and hypertension.

Inability to get a wanted abortion causes women to scale back their aspirational plans, including taking care of children

Women who were denied an abortion were less likely to set aspirational life plans in the coming year and five years down the road, such as getting a better job or finishing school. The change in life course is particularly notable in the short term. Women denied abortions were six times less likely than women who receive an abortion to achieve an aspirational plan in the year after being turned away from an abortion.⁸

Aspirational plans can include wanting to take care of the children women already have or having children later under better circumstances. We find negative consequences for children when their mothers are denied an abortion. For these children, we see measurable reductions in achievement of child developmental milestones and an increasing chance of living in poverty.⁹ Our research indicates that abortion enables women to take care of the children they already

have. Moreover, women who received an abortion were more likely to have a wanted pregnancy later and to raise that subsequent child with the emotional and economic resources it needed.¹⁰

Some women want an abortion because their partner is abusive. One in twenty women seeking abortion report physical violence from the man involved in the pregnancy in the past six months.¹¹ We find that women who are able to get their abortions are able to reduce exposure to violent men and experience a sharp decrease in violence, whereas women who carry the pregnancy to term experience no such decrease.¹²

Abortion is healthcare service that allows people to determine the timing and circumstances of their births. Access to care affects whether women live in poverty, achieving their life aspirations and raise their children with sufficient financial and emotional resources. The consequences of not being able to access care would be even more widespread if abortion is further restricted.

Abortion as the Right Decision

The Turnaway Study found no evidence that getting an abortion causes mental health problems. Instead, we find that denial of abortion causes anxiety and a loss of self-esteem. In terms of emotions, we found that women feel a range of responses to having had an abortion, most commonly, relief. Notably, at every time point in the five years interviewing these women, over 95% of women report that the abortion was the right decision for them.¹³

As a researcher, I believe that any law restricting the provision of medical care should take into account its effect on people's health and wellbeing. The evidence is clear: restrictions and bans on abortion significantly harm women and their families across the country. People can make their own decisions about childbearing. When they are able to determine the circumstances of their births, their health and the wellbeing of their family is strengthened.

This testimony contains a summary of my professional research findings. I present this testimony in my personal and individual capacity, and not as a representative of UCSF or the Regents of the University of California. Any statements herein do not necessarily represent the opinions or positions of the University.

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² Biggs MA, Gould H, Foster DG. Understanding why women seek abortions in the US. *BMC Women's Health*. 2013. 13:29

³ Foster DG, Biggs MA, Ralph LJ, Gerds C, Roberts SCM, Glymour MA. Socioeconomic Outcomes of Women Who Receive and Women Who Are Denied Wanted Abortions in the United States. *American Journal of Public Health*. January 2018; 108(3):407-413.

⁴ Miller S, Wherry LR, Foster DG. The Economic Consequences of Being Denied an Abortion. *The National Bureau of Economic Research*. January 2020; NBER Working Paper No. 26662.

⁵ Quoctrung Bai, Claire Cain Miller and Margot Sanger-Katz, Where Abortion Access Would Decline if Roe v. Wade Were Overturned, *N.Y. Times* (May 18, 2021), <https://www.nytimes.com/interactive/2021/05/18/upshot/abortion-laws-roe-wade-states.html>

⁶ Gerds C, Dobkin L, Foster DG, Schwarz EB. Side effects, physical health consequences, and mortality associated with abortion and birth after an unwanted pregnancy. *November 2015. Women's Health Issues*, 26(1):55-59.

⁷ Ralph LJ, Schwarz EB, Grossman D, Foster DG. Self-reported physical health of women who did and did not terminate pregnancy after seeking abortion services: A cohort study. *August 2019. Annals of Internal Medicine*, 171(4):238-247.

⁸ Upadhyay UD, Biggs MA, Foster DG. The effect of abortion on having and achieving aspirational one-year plans. *BMC Womens Health*. 2015. 15(1):102.

⁹ Foster DG, Raifman SE, Gipson JD, Rocca CH, Biggs MA. Effects of carrying an unwanted pregnancy to term on women's existing children. *October 2018. The Journal of Pediatrics*, 205:183-189.e1.

¹⁰ Foster DG, Biggs MA, Raifman S, Gipson JD, Kimport K, Rocca CH. Comparison of health, development, maternal bonding, and poverty among children born after denial of abortion vs after pregnancies subsequent to an abortion. *September 2018. JAMA Pediatrics*, 172(11):1053-1060

¹¹ Chibber KS, Biggs MA, Roberts SCM, Foster DG The Role of Intimate Partners in Women's Reasons for Seeking Abortion. *Women's Health Issues* 24-1 (2014) e131–e138.

¹² Roberts SCM, Biggs MA, Chibber KS, Gould H, Rocca CH, Foster DG. Risk of Violence from the Man Involved in the Pregnancy after Receiving or Being Denied an Abortion. *BMC Medicine*. 2014 Sept. 12:144.

¹³ Rocca CH, Samari G, Foster DG, Gould H, Kimport K. Emotions and decision rightness over five years following an abortion: An examination of decision difficulty and abortion stigma. *Social Science & Medicine*. January 2020; 248(2020):112704.