



The Impact of Restrictive Abortion Policies on Children: How Dobbs v. Jackson Women’s Health Organization Decision Negatively Affects Youth

CHILD USA Research Report

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Restrictions on abortions across the United States are creating negative health, educational, and economic consequences for children. These restrictions are causing irrevocable harm to pregnant children and will harm society as a whole.

Introduction

In June 2022, the Supreme Court decided [*Dobbs v. Jackson Women’s Health Organization*](#), ruling that the constitution does not confer a right to an abortion. *Dobbs v. Jackson Women’s Health Organization* overrules nearly 50 years of precedent, including [*Roe v. Wade*](#) (1973) and [*Planned Parenthood v. Casey*](#) (1992). This decision is likely to affect pregnant children^a, as 75% of pregnancies among 15–19-year-olds are unplanned.¹ These children rely on comprehensive reproductive care, including abortion access, to make informed decisions regarding unplanned pregnancy. The strictest abortion bans are highly concentrated in the southern region of the United States, as 10 out of the 12 states that have completely banned abortion are located in the South. These states also have weak social safety nets and higher rates of childhood pregnancy.²

Roe v. Wade (1973) was one of the Supreme Court cases that established the right to privacy through substantive due process under the Fourteenth Amendment. The Fourteenth Amendment states that no state shall “deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protections of the laws”. Justice Louis Brandeis cowrote a book entitled “The Right to Privacy” in 1890, advocating for the right “to be let alone”, and exploring the right to privacy in U.S. law.³ The Supreme Court first established the right to privacy through substantive due process in [*Griswold v. Connecticut*](#) (1965). The majority opinion found that a number of rights in the Bill of Rights constructed a “zone of privacy”, protecting a right to contraception. In *Dobbs v. Jackson Women’s Health Organization* (2022), the Supreme Court’s majority opinion rejected the previously established basis for recognizing fundamental rights that are not found in the text of the Constitution. The

^a The terms “children”, “childhood”, and “child” will be used to represent all those under the age of 18. The term “minor” will be used in the legal context regarding those under the age of 18.

majority opinion did not reject substantive due process outright but narrowed the scope of fundamental constitutional rights.

Childhood Pregnancy Rates and Abortion Bans Across the United States

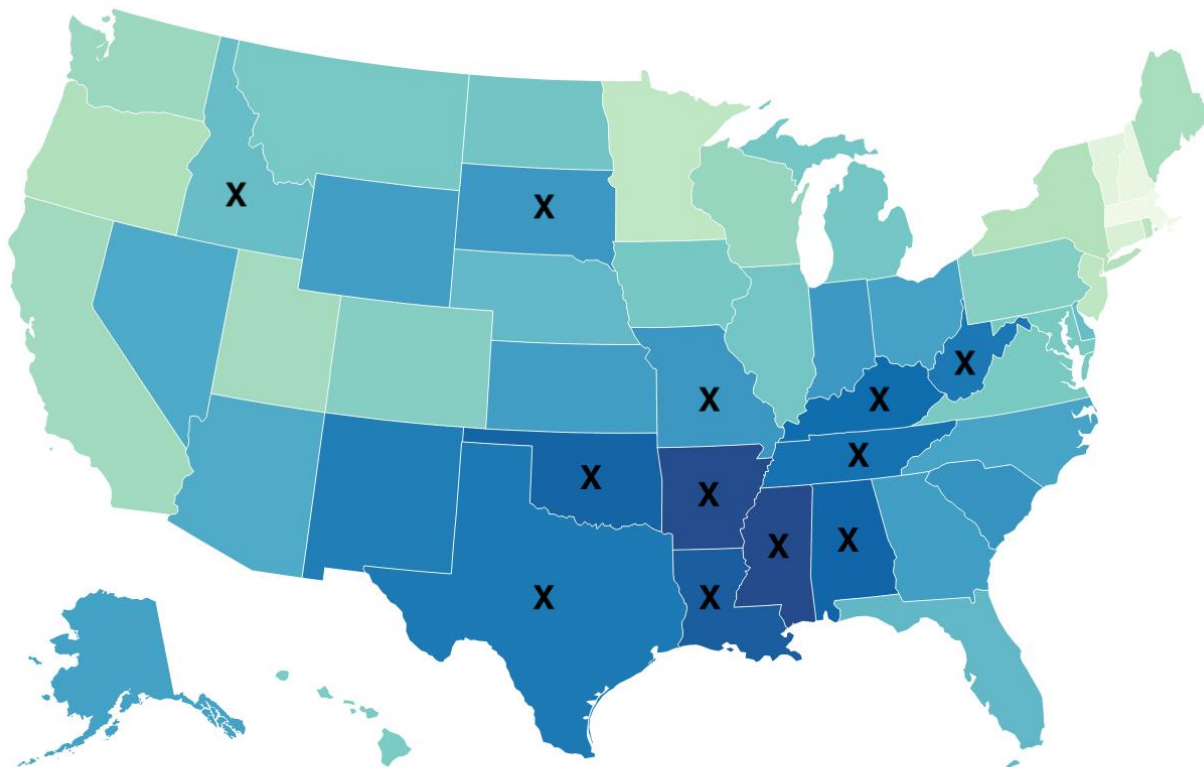
Childhood pregnancy is prevalent across the United States, especially within states that have enacted restrictive abortion bans. While child pregnancy in the United States has been on the decline since 1991, it is still substantially higher than in comparable industrialized western countries.⁴ A population-based study of 37 million births found that approximately 10% of girls^b aged 15-19 years become pregnant each year.⁵ Of the girls who become pregnant, around 61% will deliver, 25% will choose to have an abortion, and 15% will end in miscarriage or stillbirth.⁶ In 2017, there were 4,460 pregnancies among girls under the age of 15, and 44% of those pregnancies ended in abortion.⁷ Being able to access abortion care is essential for the health and wellbeing of these children.

Childhood pregnancy rates vary greatly by state, but states in the South overwhelmingly have the highest rates of child pregnancy in the nation.⁸ A variety of factors influence high childhood pregnancy rates, including low education level and low income level.⁹ Children affected by abortion bans are more likely to be poor, young, and people of color, and many of these children are living in places where they do not have access to comprehensive health care or social support networks.¹⁰ The CDC found that birth rates for Black and Hispanic teens were more than two times higher than the rate for white teens, which may be related to the factors listed above.¹¹ The higher birthrates for Black and Hispanic children are also likely related to systemic racism and historic discriminatory policies. Hollenbach et al. (2021) found that the historic racially discriminatory practice of “redlining”—which frequently mapped neighborhoods based on perceived security of investment, categorizing predominately Black neighborhoods as high risk—is associated with poor pregnancy outcomes and modern health disparities.

^b It is important to note that the terms “women” and “girls” are not inclusive of everyone who may become pregnant. The experiences of trans and non-binary individuals differ from those of cis women, and there is a gap in research regarding the intersection of gender identity and reproductive care. This paper reflects the language used in the research referenced.

Teen Birth Rates and Abortion Bans by State

Teen Birth Rate



Map: CHILD USA • Source: CDC; Guttmacher • Created with Datawrapper

The Guttmacher Institute found that in 2017, pregnancy rates for children aged 14-19 were generally highest in southern and southwestern states.¹² The CDC produced similar findings, reporting that Mississippi, Arkansas, Louisiana, Oklahoma, Alabama, and Kentucky have the highest rates of childhood pregnancy in the nation.¹³ As of February 2023, these same states have completely banned abortions; only Oklahoma has an exception for both rape and incest if the assault was reported to law enforcement, and Mississippi has an exception for rape.¹⁴ Complete abortion bans otherwise do not allow exceptions for rape and incest, and some state governments are fighting to not allow for an exception when the life of the pregnant person is at risk. Among 10–17-year-olds, 66% of occurrences of child sexual abuse (CSA) are not reported to parents or any adult at the time of the abuse, and police reports occur for only 19.1% of

cases.¹⁵ These restrictive abortion bans create an undue burden on children to access reproductive healthcare, and childhood pregnancy due to CSA is not likely to be reported by the child to the police or authorities.

Child Sexual Abuse, Violence, and Abortion Bans

Childhood pregnancy negatively impacts the health and well-being of young girls. Risk factors for childhood pregnancy include early marriage, peer pressure, lack of sex education, and experiences of CSA.¹⁶ CHILD USA's Social Science Department concluded in a literature review that 1 in 5 girls and 1 in 13 boys are likely to experience CSA, and that most CSA perpetrators are family members or acquaintances.¹⁷ The 2016/2017 National Intimate Partner and Sexual Violence Survey from the CDC reports that 49% of female rape victims experienced rape before the age of 18, and 35% of female rape victims were first victimized between 11-years-old and 17-years-old.¹⁸ Research suggests that children with a history of sexual abuse are twice as likely to become pregnant during childhood, and that children with a history of both sexual and physical abuse are nearly four times as likely to experience early pregnancy.¹⁹ The experience of sexual abuse at a young age increases the risk of lasting trauma and has also been associated with adverse reproductive and pregnancy outcomes.²⁰

Approximately 25% of women who experience intimate partner violence (IPV) were first victimized between the ages of 11 and 17.²¹ Vulnerability to IPV for women and children increases during pregnancy, and the health risks of IPV and childhood pregnancy are often compounded.²² The severity of IPV also increases during pregnancy and is associated with long-term negative physical and mental health impacts.²³ A study of pregnant youth aged 14 to 21 years found more than half reported intimate partner victimization.²⁴ IPV also contributes to increased risk of poor neonatal outcomes or poor maternal outcomes, including physical trauma.²⁵ Reproductive coercion is a type of IPV that involves an exertion of power by controlling a partner's reproductive health and decision making.²⁶ One study found that 25% of girls aged 14 to 17 in low-income communities experienced reproductive coercion.²⁷ Having access to abortion care is essential for the safety and health of these girls. Not being able to terminate an unplanned pregnancy in an IPV relationship may force the pregnant victim to stay

in the abusive relationship, putting themselves—and their children—at risk of further violence. Having access to reproductive care and the option to terminate an unplanned or unwanted pregnancy can therefore help these girls escape violent relationships and prevent future child abuse.

Child marriage is also a risk factor for both childhood pregnancy and IPV, as girls in child marriages are more likely to experience IPV and are also more likely to have their first child before the age of 18.²⁸ Globally, child marriage increases the risk of IPV, as well as unintended pregnancy and pregnancy complications.²⁹ Myers (2017) found that after *Roe v. Wade* (1973) was decided, legalized abortion dramatically reduced the number of children who married and gave birth during childhood. Girls who have reported experiences of reproductive coercion were also more likely to report having a male partner five or more years older than them.³⁰ Children who have a partner more than five years older are nearly four times as likely to experience IPV, often influenced by the power and control dynamics within the relationship.³¹

Increased Barriers to Reproductive Care For Children due to Abortion Bans

Abortion restrictions are making it increasingly difficult for children to access reproductive healthcare, especially given existing barriers before the *Dobbs v. Jackson Women’s Health* decision. Children who seek abortions tend to be secure in their choice, but they face barriers such as parental notification and consent laws.³² Distance to abortion care facilities and difficulties accessing transportation to reproductive care is also a significant barrier, especially in states where restrictive abortion bans force travel across state lines.³³ Many children do not have access to a car or are not old enough to have a driver’s license, and public transportation in suburban or rural areas is limited. Clinical guidelines for how health care professionals should counsel child patients on their options fail to give concrete suggestions for how to address patient autonomy, provide accurate and unbiased information, and address the various barriers to care.³⁴ Gestational limits on abortion care also affect children’s access to abortion due to experiencing emotional denial, lacking access to information or referrals, not relying on the absence of a regular menstrual cycle to signal pregnancy, or not recognizing the symptoms of pregnancy.³⁵ Some children also delay pregnancy care due to lack of decision-making rather than poor

decision-making, as they might not be able to obtain pregnancy tests due to financial hurdles and are more likely to experience prolonged denial.³⁶

As of February 2023, 36 states have laws that require minors to involve their parents in the decision to have an abortion, of which 21 states require parental consent, 10 require parental notification, and 6 states require both consent and notification.³⁷ While 33 states provide an exception for minors to obtain an abortion without parental involvement in case of a medical emergency, only 14 states permit an exception in cases of abuse, assault, incest, or neglect, despite the fact that sexually abused minors are almost twice as likely to experience pregnancy.³⁸ In cases where minors do not want parental involvement, such as cases of incest or religious opposition to abortion, the minor has the option in 35 of the 36 states to file a police report or appear before a judge, so that they can move forward with the abortion care.³⁹ The Supreme Court ruled in *Hodgson v. Minnesota* (1990) that one-parent parental notification or consent is constitutional if there is possible judicial bypass. This ruling also stated that the requirement of a two-parent notice did not serve a legitimate state interest and was therefore unconstitutional, creating a threshold for the burden imposed on pregnant minors.⁴⁰ The laws may differ for minors who are emancipated, married, pregnant, or currently parenting; in 17 states, for example, married minors are excluded from the parental notification requirements.⁴¹ Children should not have to face these multiple barriers in order to access necessary reproductive care. No child should have to face the judicial system and have the fate of their body decided by a stranger, a further violation that is especially cruel if they are pregnant as a result of CSA or incest.

Pregnancy Physical and Mental Health Risks for Children

There are significant health risks associated with carrying a pregnancy to term, and the language of current abortion bans throughout the United States is vague in terms of exceptions for maternal health and well-being.⁴² Doctors are at risk of losing their medical licenses, paying extreme fines, and in some cases serving prison sentences for performing an abortion. This criminal liability will, at best, create hesitancy when abortions are needed to prevent maternal illness and death and, at worst, will result in physicians refusing to provide necessary abortion care.⁴³ More than 50,000 people a year suffer from dangerous or life-threatening complications

because of pregnancy.⁴⁴ The risk of death associated with childbirth is 14 times higher than the risk of death associated with abortion.⁴⁵ Those who experience CSA and become pregnant later in life are found to be more likely to experience pregnancy complications, including but not limited to increased hospitalization during pregnancy, [cervical insufficiency](#), and [premature birth](#).⁴⁶

Globally, the leading cause of death for 15–19-year-old girls is complications during pregnancy and childbirth.⁴⁷ Compared with 20–24-year-olds, children aged 10-19 have higher risks of serious pregnancy complications, including [preeclampsia](#), [eclampsia](#), [puerperal endometritis](#), [systemic infections](#), [preterm delivery](#), [fetal growth restriction](#) and other severe [neonatal](#) conditions.⁴⁸ Existing research in the United States has found that teenage mothers also have an increased risk of premature birth, which may explain the increased risk of lower-birth weights or neonatal death.⁴⁹ Children are more likely than adults to report early first-trimester vaginal bleeding, and some children mistake implantation bleeding in early pregnancy for normal menstrual bleeding and therefore do not test for pregnancy early on.⁵⁰ Therefore, restrictive abortion bans—including 6-week and 15-week bans—would prevent children who do not immediately test for pregnancy from accessing life-saving abortion care.

There are also significant long-term negative health impacts of childhood pregnancy, as recent studies have found adverse maternal outcomes for children who carry a pregnancy to term. An analysis of adverse outcomes for childhood pregnancy found that risks of negative physical health outcomes are significant even when controlling for sociodemographic factors and adequacy of prenatal care.⁵¹ Therefore, pregnancy at a young age is an inherent risk factor for adverse health outcomes. A cross-sectional analysis of the relationship between birth delivery of patients aged 11-19 years and adverse maternal outcomes found an increased likelihood of severe maternal morbidity, [hypertensive disorders](#) of pregnancy, and [post-partum hemorrhaging](#).⁵² In 2019, the [cesarean](#) birth rate for children was approximately 18%; however, pregnant children were almost twice as likely to require [instrumental deliveries](#) as women aged 20-24 years, most likely due to the physical immaturity of the younger patients.⁵³ This means that pregnant youth are more likely to need assistance during birth, as their bodies are not fully developed.

A retrospective analysis of the Center for Disease Control and Prevention’s ‘Natality Live Births’ database found that from 2016-2019, childhood pregnancies were associated with increased odds of several maternal complications, including hypertensive disorders of pregnancy, eclampsia, preterm birth, blood transfusion, and [chlamydial](#) and [gonorrheal](#) infections. Childhood pregnancies are also associated with increased odds of neonatal complications, such as [congenital birth defects](#), lower [Apgar score](#), and suspected [neonatal sepsis](#).⁵⁴ Postpartum complications of childhood pregnancy include higher rates of [endometritis](#), [dehiscence](#) of surgical wounds, and [pyelonephritis](#).⁵⁵ Premature birth and hypertensive disorders of pregnancy have been found to be more likely in children who give birth under the age of 15 years.⁵⁶ Children aged 10-14 years old were specifically found to have an increased risk of [hypertensive disorders](#) in pregnancy.⁵⁷ Unequal access to care also has an impact on the negative health effects of childhood pregnancy, as many rural communities are not equipped to handle emergency obstetric needs. Further research is needed to understand the full impact of healthcare inequality and childhood pregnancy outcomes, but it is clear that carrying a pregnancy to term can have dangerous outcomes for pregnant children.

Pregnant children are also at a higher risk of developing mental health conditions and substance use disorders.⁵⁸ Childhood mothers are found to have higher rates of depression than their adult counterparts and are more likely to experience subsequent poverty.⁵⁹ Depressive symptoms in pregnant children are associated with substance use, poor social support, birth complications, and maladaptive child behavior.⁶⁰ Children also report experiences of stigmatization of their pregnancy, which increases experiences of social isolation and abuse.⁶¹ Long term negative mental health conditions after childhood pregnancy are associated with increased exposure to stress at a young age.⁶² A 2022 study conducted by the University of Pennsylvania and Children’s Hospital of Philadelphia found that restrictions to reproductive care are a risk factor for suicide among women of reproductive age.⁶³ The authors found that during years where Targeted Regulation of Abortion laws (TRAP laws) were enforced, there was a 5.8% higher annual rate of suicide for women between ages 20-34.⁶⁴ Given that childhood mothers tend to be at higher risk of developing mental health conditions such as depression,

these findings have serious implications for the mental well-being of children in states with strict abortion bans.

Children have not shown any increased risk of serious negative repercussions from the decision to have an abortion. There is no evidence that having an abortion increases the risk of psychological disorders in women or children relative to continuing unplanned pregnancies.⁶⁵ Therefore, access to abortion and other reproductive healthcare is essential to protect children from long term negative mental and physical health impacts.

Educational and Economic Impact of Restricting Abortion Access For Children

The educational outcomes and economic impact of childhood pregnancy are also significant. According to the CDC, only about 50% of teen mothers receive a high school diploma by the age of 22.⁶⁶ Children who are mothers are also less likely to attend college and are more likely to live in poverty.⁶⁷ Providing access to comprehensive reproductive healthcare therefore has the potential to increase educational outcomes for children. The children of teen mothers are less likely to do well in school and to graduate. These children also have an increased risk of health problems, an increased risk of juvenile incarceration, and are more likely to experience childhood pregnancy themselves.⁶⁸

The economic impact that the abortion restrictions will have on children is relatively unknown, but existing research provides clarity on the potential impacts. An examination of access to abortion in previous years found that abortion legalization reduced the number of women who became teen mothers by 34% and reduced the number of children who married as a child by 20%.⁶⁹ Researchers and economists investigated the impact of access to abortion by comparing states that repealed their abortion bans with states where abortion was illegal before *Roe v. Wade* (1973) was enacted.⁷⁰ The researchers found that there was a 4% to 11% birth rate decline in states where abortion was legal, and that this decline was particularly impactful for minors and women of color.⁷¹ Meyers & Welsh (2021) also found that access to abortion profoundly affects women's lives in terms of marriage patterns, educational attainment, labor force participation, and lifetime earnings. Birthrates declined after abortion legalization, with the largest decline occurring with childhood pregnancy.⁷² Abortion legalization has been found by

economists to be associated with a decrease in cases of child neglect and abuse, reduced number of children who lived in poverty, reduced number of children in single-parent homes, and improved outcomes for children.⁷³ A study based on total reports of child maltreatment also found an association between the legalization of abortion and lowered rates of child abuse and neglect.⁷⁴

The Turnaway study was a longitudinal study examining the effects of unwanted pregnancy, including mental health, physical health, and socioeconomic consequences.⁷⁵ Results from this study found that 40% of those seeking abortion stated they were not financially prepared to have a child, and 61% of those turned away from having an abortion were living in poverty and were also significantly more likely to be in poverty for the next four years.⁷⁶ This study also found that those who were turned away from abortion access were more likely to stay with an abusive partner.⁷⁷ Children of a person who was denied abortion were more likely to live in poverty, more likely to live in a household that receives public assistance, and more likely to live with adults who state they cannot afford food, housing, and transport.⁷⁸ These children were also more likely to experience developmental delays, lower test scores, and behavioral issues.⁷⁹ Therefore, access to abortion care is essential to provide positive educational and economic outcomes for children.

The Legal Landscape After *Dobbs*: The Continuing Fight to Protect Children

Restrictions on abortion access are only the beginning; as of February 2023, there are no federal protections for comprehensive reproductive healthcare. The Women's Health Protection Act (2022), which aims to create legal protection for the right to provide and access abortion care, has been blocked from passing in the Senate in both 2021 and 2022. The Right to Contraception Act (2022) was also blocked from passing in the senate; this bill would protect access to and use of contraceptives by individuals under the belief that family planning is a basic human right to advance women's health, economic empowerment, and equality. Education regarding and access to contraception benefits youth and their autonomy over their own reproductive health. There have also been anti-abortion bills proposed in Congress which, if

passed, would potentially decimate reproductive health care access for women and children and undermine child protection legislation.^c

The rights of LGBT+ youth are also at risk after the *Dobbs v. Jackson Women's Health Organization* (2022) decision, as both *Lawrence v. Texas* (2003) and *Obergefell v. Hodges* (2015) were decided under the perceived right to privacy established by *Roe*. The protection of all children should be a priority, and *Dobbs v. Jackson* (2022) threatens the safety of our youth. The full impact of the *Dobbs* decision is unknown, and there may be further implications for youth that have not been considered.

Abortion providers and advocates are challenging state abortion bans in court, arguing that these laws violate the violate their respective states' constitutions. Challenges to the constitutionality of restrictive abortion bans generally involve violations of due process, privacy, religious freedom clauses or other health care amendments.⁸⁰ Some of these challenges have found success; in January 2023, the South Carolina Supreme Court permanently blocked the six-week gestational abortion ban, finding that abortion is protected under the state constitution's right to privacy.⁸¹ There is active litigation in many states across the country, including Ohio, Oklahoma, Wyoming, Georgia, Florida, Kentucky, Utah, Indiana, and Missouri.⁸² In Ohio, a preliminary injunction has currently blocked the restrictive six-week abortion ban, a decision based on both the state constitutional right to liberty and due process, as well as protections granted in their Health Care Freedom Amendment.⁸³ The state supreme courts in Indiana and Florida are set to hear oral arguments on challenges to their states abortion laws on the grounds of religious freedom, where religious faith leaders argue that the abortion bans place a substantial burden on their religiously motivated practices.⁸⁴ These upcoming state supreme court decisions will impact whether or not children have the ability to access life-saving reproductive health care.

^c For the most up-to-date information regarding child protection legislation, please refer to our sister organization, [CHILD USA Advocacy](https://childusa.org).

Implications of Abortion Bans and Recommendations For Protecting Children

Abortion bans are likely to have a devastating impact on youth, as safe access to reproductive care will only become more difficult for children. The decision in *Dobbs v. Jackson Women's Health Organization* (2022) tips the scale against reproductive justice and wellbeing for children. These bans are likely to affect the economy, as historically when the teen birth rates dropped, public savings increased.⁸⁵ Abortion bans could widen existing inequalities regarding social support for pregnant and parenting children. Protecting children from experiencing unwanted pregnancy, especially those affected by CSA, is of the utmost importance. However, given that states implementing the most restrictive abortion bans are also less likely to have comprehensive sex education or access to reproductive healthcare, the teen pregnancy rates and subsequent mental and physical health risks in these states are likely to rise. Experts predict that there will be an increase in teen births, higher rates of childhood poverty, and decreased female participation in the workforce.⁸⁶ Restrictions to reproductive health care are a violation of the civil rights of children.

Adverse outcomes for child pregnancy are associated with biological immaturity and poor sociodemographic and environmental factors.⁸⁷ Further research is needed to fully understand the long-term and short-term health consequences of childhood pregnancy. However, pregnancy prevention strategies, access to abortion, and the improvement of healthcare interventions are crucial to improving pregnancy outcomes in children. Child marriage and child sexual abuse are both correlated with increased risk of childhood pregnancy. Public policies to control marital age, early sexual education, and access to contraceptives are fundamental to prevent childhood pregnancies.⁸⁸

While 27 states mandate sex education, only 17 of those states require it to be medically accurate.⁸⁹ Comprehensive sex education teaches an honest and medically accurate explanation of healthy relationships, consent, sexual agency/autonomy, and different contraceptive methods, including information for diverse sexual orientations and gender identities. Comprehensive sex education in states where the abortion bans are most restrictive is essential to prevent unwanted pregnancy and to give children control over their bodily autonomy. Protective factors for children and pregnancy include a positive attitude towards contraceptives, including condoms, as

well as accurate knowledge of sexual health and support from trusted adults.⁹⁰ Teaching children about CSA and how to report abuse to a trusted adult protects children from sexual violence and childhood pregnancy.

Both the age of the pregnant child and the ability to access to prenatal care increase risks for adverse mental and physical health. Public health initiatives should focus on providing access to both contraception and therapeutic abortions, as well as programs that ensure adequate care for young children who choose to carry their pregnancy to term.⁹¹ Improving the quality of care and access to multiple reproductive health resources is essential to protect children from being forced to carry a pregnancy to term.

Appendix 1: Medical Definitions

Cervical insufficiency: Cervix dilates too early during pregnancy

Cesarean delivery: Surgical delivery through an incision made in the abdomen and uterus

Chlamydial infection: Common sexually transmitted infection that can lead to further serious health complications if untreated, including chronic pain, ectopic pregnancy, and infertility

Dehiscence of surgical wounds: Surgical complication where the cut made during surgery reopens

Ectopic pregnancy: An unviable pregnancy in which the fertilized egg implants outside of the uterus, often in the fallopian tubes. Complications include damage to various organs, severe internal bleeding, and maternal death

Endometritis: Inflammatory condition of the lining of the uterus, usually due to infection

Gonorrheal infections: Common sexually transmitted infection that can lead to further serious health complications if untreated, including chronic pain, ectopic pregnancy, infertility, and disseminated gonococcal infection which may be life threatening

Hypertensive disorders of pregnancy:

- *Preeclampsia:* Complication in pregnancy defined by high blood pressure, kidney damage, or other signs of organ damage. Usually develops after 20 weeks, and may be fatal if left untreated
- *Eclampsia:* Severe complication of preeclampsia, where high blood pressure results in seizures during pregnancy
- *Chronic hypertension:* long lasting high blood pressure, usually present before pregnancy or before 20 weeks of pregnancy. Can increase risk of heart attack, stroke, heart failure, or kidney disease
- *Gestational hypertension:* A form of high blood pressure during pregnancy that often begins after 20 weeks of pregnancy and can lead to preeclampsia
- *Chronic hypertension with superimposed preeclampsia:* occurs in women diagnoses with hypertension before pregnancy who then develop worsening high blood pressure during pregnancy, often associated with other health complications

Instrumental delivery: Assisted birth when forceps or a ventose suction cup (vacuum extractor) are used to help deliver the baby

Neonatal complications:

- *Congenital birth defect:* Structural or functional anomalies that occur during pregnancy. Examples include heart defects, cleft lip or palate, spina bifida, and down syndrome
- *Neonatal sepsis:* an infection involving the bloodstream in an infant less than 28 days old
- *Assisted ventilation:* used to support breathing of infants, often in cases of preterm infants or cases of respiratory failure
- *Fetal growth restriction:* condition where the fetus is smaller than expected for the number of weeks of pregnancy
- *Apgar score:* A test performed on a newborn one to five minutes after birth to determine how well the baby is doing by examining breathing effort, heart rate, muscle tone, reflexes, and skin color

Postpartum hemorrhage: excessive bleeding after childbirth, which may lead to a severe drop in blood pressure, shock, and can be fatal if not treated quickly

Premature birth: a baby born before reaching 37 weeks of pregnancy

Premature contractions: contractions that begin after week 20 but before week 37 of pregnancy; may result in premature birth

Puerperal (postpartum) endometritis: infection of the decidua (lining of the uterus)

Pyelonephritis: a kidney infection that inflames the kidneys and may result in permanent damage

Systemic infection: infection in the bloodstream

Appendix 2: Relevant Supreme Court Cases

Griswold v. Connecticut (1965)

The Supreme Court decided in a 7-2 decision that the right to privacy can be inferred from several amendments in the Bill of Rights. A Connecticut law banned any drug, medical device, or instrument for contraceptive use. This law was challenged by Griswold, the executive director of Planned Parenthood in Connecticut, specifically regarding marital privacy and the use of contraceptives. The Supreme Court ruled in favor of Griswold, stating that the inferred right to privacy prevents states from banning the use of contraceptives by married couples. The concurrence written by Justice Harlan argued that the Fourteenth Amendment's Due Process Clause protects the right to privacy, while a concurrence written by Justice Goldberg stated the right to privacy was found in the Ninth and Fourteenth Amendments.

Loving v. Virginia (1967)

The Supreme Court found in a unanimous decision that a Virginia law banning interracial marriage was unconstitutional under the Fourteenth Amendment. Chief Justice Warren authored the opinion, stating that state laws banning interracial marriages violated both the Due Process Clause and the Equal Protection Clause of the Fourteenth Amendment.

Eisenstadt v. Baird (1972)

The Supreme Court found in a 6-1 decision that unmarried couples have the right to use contraception under the 14th Amendment's Equal Protection Clause. The majority opinion held that the Massachusetts law in question failed to satisfy the rational basis test of the Fourteenth Amendment. Justice Brennan, Jr. wrote for the majority, stating "If the right of privacy means anything...it is the right of the individual, married or single, to be free from unwarranted governmental intrusion into matters so fundamentally affecting a person as the decision whether to bear or beget a child."

Roe v. Wade (1973)

This landmark Supreme Court case was decided in a 7-2 decision, stating that the fundamental right to privacy inherent in the Due Process Clause of the Fourteenth Amendment protects the choice to have an abortion. The majority opinion balanced the right to privacy against the government's interest in protecting women's health and protecting "the potentiality of human life".

Hodgson v. Minnesota (1990)

This case questioned the constitutionality of a Minnesota statute which regulated a minor's access to abortion, denying those under 18 access to abortion until 48 hours after both

parents had been notified. The Supreme Court ruled in a 5-4 decision that requiring notification of both parents did not serve a legitimate state interest. However, the Supreme Court upheld the requirement for notification of one parent if there is a possible judicial bypass. The court also upheld the 48-hour waiting period requirement.

Planned Parenthood v Casey (1992)

The Supreme Court upheld *Roe v. Wade* (1973) in a 5-4 decision, although the justices imposed a new standard to determine the validity of laws that restrict abortion. The new standard determines whether the abortion regulations impose an “undue burden”, or a substantial obstacle for seeking an abortion before viability.

Lawrence v. Texas (2003)

The Supreme Court decided in a 6-3 opinion that the right to liberty in the Fourteenth Amendment’s Due Process Clause protects same sex couples who engage in intimate sexual contact in the privacy of their own home. The majority stated that there is no legitimate state interest which can “justify its intrusion into the personal and private life of the individual”.

Obergefell v. Hodges (2015)

The Supreme Court ruled in this landmark case that the Due Process Clause of the Fourteenth Amendment guarantees the right to marry as a protected fundamental liberty and should therefore apply to same-sex couples in the same way as opposite-sex couples. The majority found that judicial precedent held that the right to marry is inherent to the concept of individual autonomy and is therefore a fundamental liberty. The court also found that the right for same-sex couples to marry is protected under the Fourteenth Amendment’s Equal Protection Clause.

Dobbs v Jackson Women’s Health Organization (2022)

The Supreme Court ruled in a 6-3 decision that the Constitution does not confer a right to an abortion, overruling *Roe v Wade* (1973) and *Planned Parenthood v. Casey* (1992). The majority opinion, written by Justice Alito, stated that the right to an abortion is neither deeply rooted in the nation’s history nor an essential component of “ordered liberty”.

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