

We Decide:

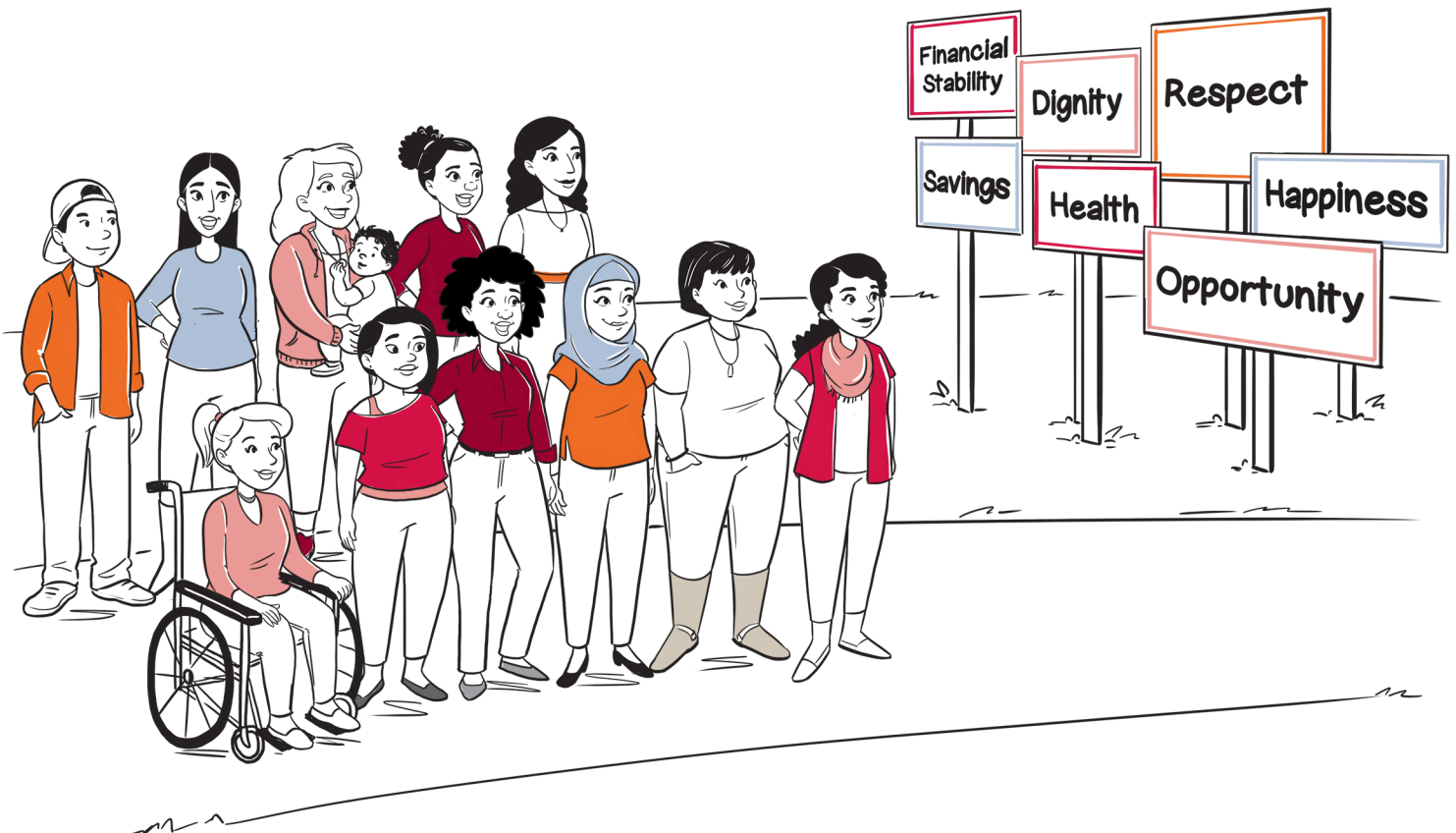
Demanding the Policies Pregnant People Need to Thrive

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When it comes to pregnancy and parenting, we all want to make the best decisions for our families and ourselves so that we can thrive. For many of us, this means financial security, health, happiness, respect, equality and access to opportunities to improve our lives.

Unfortunately, right now, many of our nation's policies actually make it harder to achieve these goals, whether we decide on abortion or decide to grow our families.

Below, we explain how current policies, or a lack thereof, may affect two women, as illustrated in a [companion video](#).



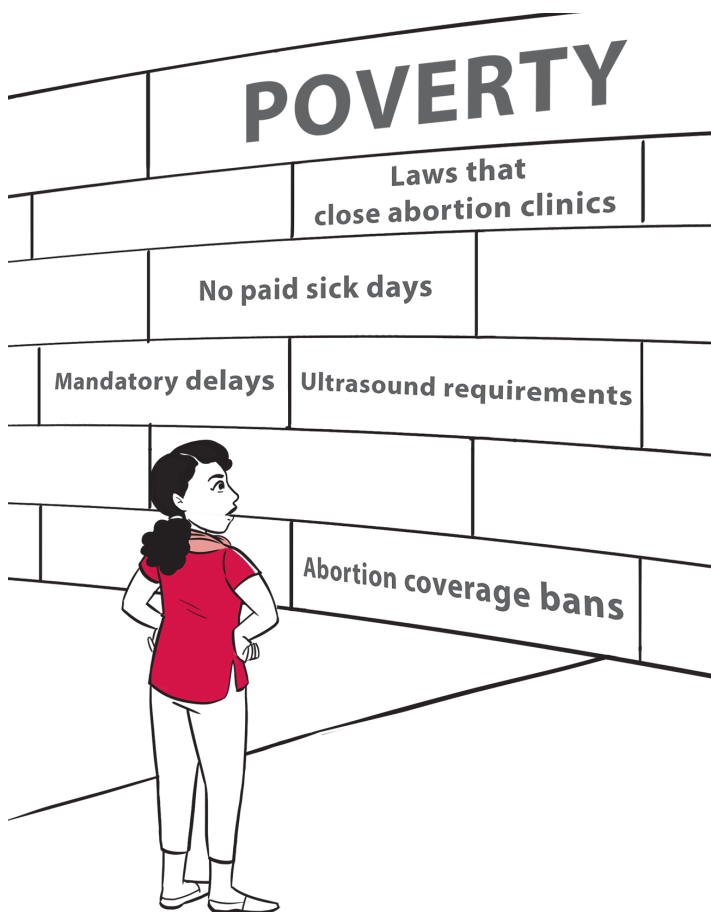
Obstacles to Abortion Care

Restrictive federal and state laws may make it difficult or impossible for women to access the abortion care they have decided on. Since 1973, when the U.S. Supreme Court recognized abortion as a constitutional right, states have passed [more than 1,200 abortion restrictions](#). More than [one-third](#) have been enacted just since 2011. Congress has also enacted multiple federal restrictions on abortion that affect women nationwide. These restrictions have severe impacts on women's health, well-being and economic stability. For example, [research](#) shows that a woman who wants an abortion but can't get one is more likely to fall into poverty than a woman who can get care.

As shown in the video, here are just a few of the types of abortion restrictions a woman may face when trying to access care:

- **Bans on insurance coverage for abortion:** The Hyde Amendment denies [coverage of abortion](#) through the federal Medicaid program. Abortion coverage is also banned in other federally-managed health insurance programs, and many states have passed their own funding bans, in some cases banning abortion coverage in both public and private plans. When health insurance doesn't cover abortion care, women have to find the money on their own, delaying care or making it impossible to obtain.
- **Laws that close abortion clinics:** Called [TRAP laws](#) (for Targeted Regulation of Abortion Providers), these state laws force abortion clinics and providers to follow onerous, medically unnecessary rules. Ultimately, they make it harder for women to access care by forcing clinics to close, raising the cost of care, increasing the distance women must travel and increasing the time women must wait to get care.
- **Mandatory delays:** [Many states](#) force women to wait a certain number of days before they can get an abortion, and some make women take at least two trips to a clinic before they receive care. Travel time, child care costs, transportation costs and arranging for time off from work make scheduling an appointment harder, and can mean women must wait even longer for care than the state-mandated delay period.
- **Ultrasound requirements:** Some states require a health care provider to [perform an ultrasound](#) before a woman can obtain an abortion, even when she doesn't want one or when it is not medically necessary. Several states even force providers to place the ultrasound image in the patient's view and then describe the image, even if she objects. Some states also make women wait a certain period of time after the ultrasound, or require that the same doctor provide the ultrasound and the abortion, which can cause further delays in accessing care.

The negative consequences of these restrictions can be even worse when a woman **lacks paid sick days**, as do more than [34 million](#) U.S. workers. Without paid sick days, taking hours – or days – to travel to and from a clinic means many women must deal with unpaid time away from work, lost wages and even risk losing their jobs or otherwise being punished for taking time off. The financial burden may delay or even prevent a woman from getting abortion care.



Understanding the Impact on Women of Color

In many cases, harmful U.S. policies, or the lack of supportive ones, related to pregnancy and parenting disproportionately harm women of color. There are multiple reasons for this, including our nation's long history of racism. Here are just a few examples of how women of color are impacted:

- Due to unjust policies like the federal Hyde Amendment, which bars abortion coverage for women enrolled in Medicaid, and other **abortion coverage bans that expand on Hyde**, many women must pay out of pocket for abortion care. Medicaid is particularly important for women of color, who, because of systemic racism and discriminatory public policies, are more likely to need the program's coverage. Nearly one-third (31 percent) of Black women of reproductive age and more than one-quarter (27 percent) of Latinas of reproductive age are enrolled in Medicaid (as compared to 16 percent of white women). Additionally, nearly one-fifth (19 percent) of Asian American and Pacific Islander women are enrolled in Medicaid, although enrollment for certain Asian ethnic subgroups is significantly higher (for example, 62 percent of Bhutanese women; 32 percent of Pakistani women). Abortion coverage bans mean women of color are too often unable to afford abortion care and forced to decide between paying for things like rent or groceries or paying for an abortion. In some cases, it may mean they cannot get abortion care at all.
- As a result of systemic barriers to obtaining quality, affordable care, as well as societal and health system factors like racial discrimination, women of color – and particularly Black women – in the United States experience unacceptably poor maternal health outcomes, including disproportionately high rates of death related to pregnancy or childbirth. Black women are 3 to 4 times more likely to experience a pregnancy related death than white women.
- The **gender wage gap** is widest for many women of color, making it harder to pay out of pocket for abortion care. Among women who hold full-time, year-round jobs in the United States, Black women are typically paid 61 cents, Native American women 58 cents and Latinas just 53 cents for every dollar paid to white, non-Hispanic men. White, non-Hispanic women are paid 77 cents and Asian women 85 cents for every dollar paid to white, non-Hispanic men, although some ethnic subgroups of Asian and Pacific Islander women, such as Burmese, Samoan and Hmong women, fare much worse.
- People of color, and particularly Latinx and Native American workers, are less likely to have access to **paid sick days** than white workers. Sixty-two percent of Black adults and 73 percent of Latinx adults are either ineligible for or cannot afford to take unpaid leave, compared to 60 percent of white adults. Similarly, only 25 percent of Latinx workers and 43 percent of Black workers have access to paid or partially paid parental leave, compared to 50 percent of white workers. This means that women of color are more likely to have to choose between taking time off work for an abortion or to care for a new child and their job stability and economic security.



Deciding to Grow Our Families

The video also shows a woman who has decided to grow her family. It makes clear that, depending on where she lives and works, she may face a number of barriers that threaten her financial stability during and after pregnancy.

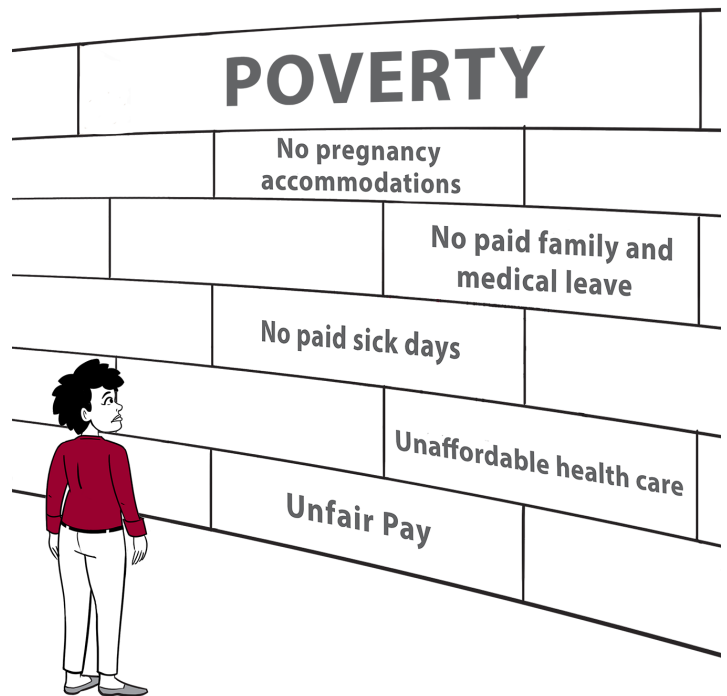
No paid sick days: For women who choose to expand their families, good prenatal and maternity care are [critically important](#) for healthy pregnancies and healthy children. Inadequate prenatal care is [associated](#) with higher rates of maternal mortality. Millions of working women often face an impossible choice between going to the doctor or risking their jobs and income. At a time when financial security is even more essential, women who do not have paid sick days may be forced to choose between important prenatal care appointments and their full paycheck.

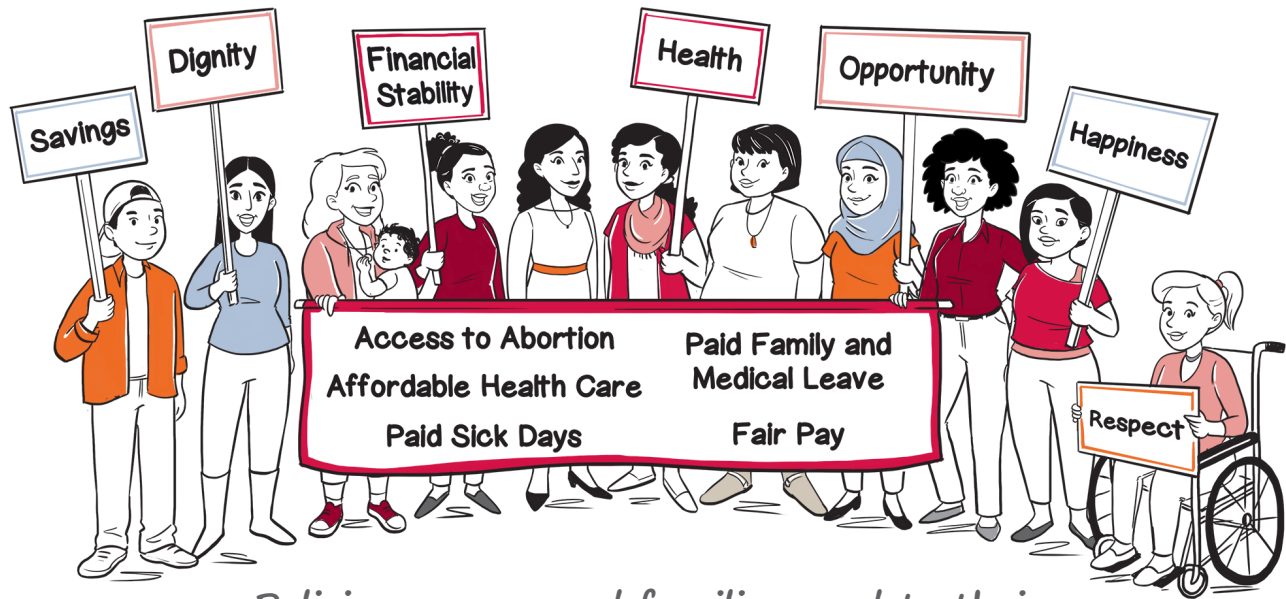
No paid family and medical leave: Paid leave laws allow women to continue to earn a portion of their pay while they take time away from work for family or medical reasons, including to recover from childbirth and care for a newborn. Only [17 percent](#) of workers in the United States have access to paid family leave through their employers, and fewer than [40 percent](#) have access to personal medical leave through their employers.

Unaffordable health care: Many women still do not have access to affordable health insurance despite the many gains brought by the Affordable Care Act. In 2017, more than [1 in 10 adult women](#) (ages 18-64) remained uninsured. [Without coverage](#) for critical services like prenatal and maternity care, women may have to choose between getting the care they need and other immediate needs, such as food and housing.

No pregnancy accommodations: Pregnant workers in this country still face [discrimination](#), despite existing laws. Too often, pregnant workers are denied reasonable accommodations that would help them to continue working and supporting their families.

Unfair pay: On average, women employed full time in the United States lose a combined total of more than \$900 billion every year due to the [wage gap](#). As mentioned above, the gender wage gap is widest for women of color. Lower wages make it even more challenging for women to take unpaid time off to obtain prenatal care or care for a child while still making ends meet.





Policies women and families need to thrive

It's Time for Change

We all deserve to choose if and when to parent – on our own terms. And we all deserve policies that give us the **opportunity to thrive**. That's why we must work together to push for change.

It's time for politicians to:

- End policies that block **access to abortion**, including harmful abortion coverage bans.
- Expand and protect **access to affordable health care**.
- Improve the **quality of care** provided to pregnant women.
- Pass laws that provide for **paid sick days** and **paid family and medical leave**.
- Pass laws that ensure **fair pay** and that guarantee **reasonable accommodations for pregnant workers**.

Visit NationalPartnership.org/WeDecide
to learn more and stay involved.

The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to promoting reproductive health and rights, fairness in the workplace, access to quality health care and policies that help women and men meet the dual demands of work and family. More information is available at NationalPartnership.org.

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