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REPRODUCTIVE JUSTICE RESEARCH ROUNDUP

At the UCLA Barbra Streisand Center and Center for the Study of Women, our commitment to reproductive justice is grounded in current research and scholarship surrounding the multifaceted dimensions of abortion access. As access to reproductive healthcare faces new challenges, the importance of evidence-based scholarship on healthcare access is more critical than ever. Below is a summary of findings and bibliography of UCLA and UCLA-affiliated researchers studying the impact of the overturn of Roe v. Wade.

SUMMARY

1. Contraception as a Catalyst for Economic Mobility

A [pivotal study by Martha Bailey](#) underscores the profound impact of access to contraception on economic outcomes. The research demonstrates that when low-income women have access to subsidized family-planning programs, their children are less likely to live in poverty and more likely to achieve higher educational and economic outcomes. This finding reinforces the idea that reproductive justice extends beyond individual rights—it is a cornerstone for broader social and economic equity. Empowering women to plan their pregnancies is also an investment in the success of the next generation.

2. The Impact of the Overturn of Roe v. Wade on Abortion Access

The repercussions of the Dobbs decision, which overturned Roe v. Wade, are reverberating across the nation. A [UCLA report estimated that Illinois would see an influx of up to 18,554 individuals annually seeking abortion care from states with restrictive laws](#). This surge highlights the increasing barriers to abortion access and underscores the urgent need for supportive policies and infrastructure in states where abortion remains legal.

3. Pharmacists and the Future of Medication Abortion

A [UCLA study explored the potential role of pharmacists](#) in expanding access to medication abortion. The research found that nearly 69 percent of California pharmacists were willing to prescribe medication abortion if permitted by law. However, barriers such as limited knowledge, confidence, and staffing were identified. Addressing these challenges through targeted training and expanded insurance coverage could make pharmacies a viable channel for providing this essential service, particularly in areas with limited access to clinics.

4. Barriers to Abortion Access in Progressive States

Even in states with supportive abortion policies like California, significant barriers to access persist. [A study focused on Los Angeles revealed that eight percent of individuals](#) seeking abortion services had to visit three or more clinics before obtaining care, often due to financial, logistical, and referral issues. This finding is a sobering reminder that legal protections alone are insufficient; systemic barriers must also be addressed to ensure equitable access to reproductive healthcare.

5. Telehealth and the Future of Abortion Care

The expansion of telehealth medication abortion services (tele-MAB) is a promising development in the face of increasing abortion restrictions. [Research indicates that tele-MAB services](#) are reaching communities traditionally underserved by clinic-based care, providing a crucial lifeline for people living in restrictive states. As the landscape of reproductive healthcare continues to evolve, innovative models like tele-MAB will be essential in meeting the diverse needs of patients across the country.

6. Confronting the Legacy of Eugenics

The dark history of eugenics in the United States continues to cast a long shadow over reproductive justice. [A 2023 study on racialization and reproduction revealed the disproportionate sterilization of Asian immigrants in 20th-century California](#), a practice rooted in eugenic ideologies. More recent reports of forced sterilizations in California's prison system and immigration detention centers further underscore the ongoing need to confront these legacies and ensure reproductive autonomy for all.

7. The Consequences of Abortion Bans on Maternal and Infant Health

The ripple effects of restrictive abortion policies extend beyond reproductive autonomy. [A recent study found that Texas' 2021 abortion ban](#) was associated with unexpected increases in infant and neonatal deaths. This troubling correlation suggests that such policies may have profound, unintended consequences on maternal and infant health, leading to higher medical costs and increased trauma for families.

EXCERPTS

“Equal Opportunities Begin with Contraception”

“Increasing access to contraception for low-income women will help to level the playing field at birth, empowering parents to give their children the best opportunities for success. Research shows that children born in areas where their mothers had access to subsidized family-planning programmes are better off economically and are less likely to live in poverty or in households receiving public assistance. These children complete more education, earn higher wages and have higher family incomes decades later. Empowering women to plan their pregnancies is about more than reproductive justice. It is about expanding opportunities for the next generation” (S177).

Bailey, Martha. “Equal Opportunities Begin with Contraception.” *Nature* 588, no. 7838 (December 16, 2020): S177–S177. <https://doi.org/10.1038/d41586-020-03537-1>

“People Traveling to Illinois for Abortion Care after Roe v. Wade was Overturned”

A study by the Center on Reproductive Health, Law, and Policy at UCLA School of Law noted that after *Roe v. Wade* was overturned, it was estimated that “between 9,277 and 18,554 more people [would] travel to Illinois each year for abortion care compared to before the *Dobbs* decision” (1).

Cohen, Cathren, Brad Sears, and Sapna Khatri. 2022. “People Traveling to Illinois for Abortion Care after *Roe v. Wade* was Overturned.” Center on Reproductive Health, Law, and Policy, UCLA School of Law, November 2022. https://law.ucla.edu/sites/default/files/PDFs/Center_on_Reproductive_Health/2211_Illinois_Abortion_Travel_FINAL.pdf

“Willingness of Pharmacists to Prescribe Medication Abortion in California”

A recent UCLA study of licensed pharmacists working at community pharmacies in California showed that 68.8 percent “indicated their willingness to prescribe medication abortion if it were allowed by law” (1). Identified barriers included “moderate levels of confidence in, knowledge of, and ability to prescribe medication abortion” by the participating pharmacists, “insufficient staff to add new services, and lack of insurance coverage for service provision” (1). The authors noted that these barriers “can be addressed through the development of sexual and reproductive health service training plans and expanded insurance payment for pharmacist-provided services” (10), and suggested “that pharmacies may be a feasible channel for the provision of medication abortion” (8).

Cohen, Cathren, Lauren A. Hunter, Raiza M. Beltran, et al. “Willingness of Pharmacists to Prescribe Medication Abortion in California.” *JAMA Netw Open*. 2024;7(4):e246018. doi:10.1001/jamanetworkopen.2024.6018. https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2817351?utm_source=For_The_Media&utm_medium=referral&utm_campaign=ftm_links&utm_term=041024

“Evaluating the Frequency of Crisis Pregnancy Center Visits Among a Population of Patients Seeking Abortions in Los Angeles”

A 2023 study on crisis pregnancy centers (CPCs) and patients seeking abortion in Los Angeles found that, although fewer than one percent of patients sought out a CPC prior to their abortion, eight percent of individuals surveyed had to visit three or more clinics (not CPCs) before obtaining their abortion (2). Reasons may include medical conditions, “financial cost, time off from work, and travel,” as well as “insurance difficulties, inadequate screening, and problems obtaining expeditious referrals” (2). The study’s authors stated that, “...it is noteworthy that

delays in care also exist in a state with supportive, progressive abortion policies, and state funding for the procedure” (2).

Korotkaya, Yelena, Angela Y. Chen, Rachel Steward, Elaine Y. Chan, Elizabeth O. Schmidt, and Jessica D. Gipson. “Evaluating the frequency of crisis pregnancy center visits among a population of patients seeking abortions in Los Angeles.” *Contraception* 123 (2023): 110024. <https://www.sciencedirect.com/science/article/pii/S0010782423000860>

“Telehealth vs In-Clinic Medication Abortion Services”

A recent study on telehealth medication abortion services (tele-MAB) (from one clinic with a medical provider to another clinic where the patient is located) notes that, “Tele-MAB services reach some communities traditionally underserved by clinic-based services, addressing some disparities in receipt of care. As access to abortion care continues to be restricted in the US, innovative models of care delivery are needed to accommodate the sustained demand for services and to meet the needs of diverse patient populations” (4).

Fiastro, Anna E., Zihan Zheng, Molly R. Ruben, Jessica Gipson, and Emily M. Godfrey. “Telehealth vs In-Clinic Medication Abortion Services.” *JAMA Network Open* 6, no. 9 (September 1, 2023): e2331900. <https://doi.org/10.1001/jamanetworkopen.2023.31900>

“Universal Access to Contraception: Women, Families, and Communities Benefit”

“Women should have free choice about whether and when to use contraceptives as well as the choice of contraception. Nondirective, noncoercive counseling is key to honoring women’s choices about their contraceptive method use or nonuse” (150).

Rice, Laurel W., Eve Espey, Dee E. Fenner, Kimberly D. Gregory, Jacquelyn Askins, and Charles J. Lockwood. “Universal Access to Contraception: Women, Families, and Communities Benefit.” *American Journal of Obstetrics and Gynecology* 222, no. 2 (February 2020): 150.e1-150.e5. <https://doi.org/10.1016/j.ajog.2019.09.014>

“Universal Access to Contraception: Women, Families, and Communities Benefit”

“Access to contraception should not be restricted by the government, and should be universally covered by private and public [insurance] payers. Increased access to affordable contraception reduces unintended pregnancies, maternal mortality, preterm birth, abortions, and obesity, and improves the health of women, families and communities” (150).

Rice, Laurel W., Eve Espey, Dee E. Fenner, Kimberly D. Gregory, Jacquelyn Askins, and Charles J. Lockwood. “Universal Access to Contraception: Women, Families, and Communities Benefit.” *American Journal of Obstetrics and Gynecology* 222, no. 2 (February 2020): 150.e1-150.e5. <https://doi.org/10.1016/j.ajog.2019.09.014>

“Abortion Training in US Obstetrics and Gynecology Residency Programs in a Post-Dobbs Era”

The overturning of *Roe v. Wade* does not only impact people in the US in terms of their reproductive choices, it also limits and shapes the training available to obstetrics and gynecology residents in states with abortion bans. A recent study shows that “almost one in six US obstetrics and gynecology residents who had routine training prior to June 2022 had lost routine in-state training” (4). The authors noted that, “This highlights a need for programs in restricted states that outsource their abortion and family planning training, while acknowledging that sending residents out of state for training inherently increases barriers to residents—whether it be ability to travel without family, the cost of travel, or licensing and other logistical burdens” (4).

A recent study shows that “residents in states with abortion bans

are more likely to go into general practice and less likely to pursue subspecialty training compared to residents in states with legal abortion. This finding is particularly critical as general obstetrician-gynecologists are likely to encounter pregnant patients needing emergent, life-saving abortion care” (4). The authors also noted that of the programs surveyed, “nearly half of residency programs in states with legal abortion lacked routine abortion training, despite preserved abortion legality in the state—highlighting an opportunity for improved abortion training within states where abortion remains legal” (5–6).

Vinekar, Kavita, Aishwarya Karlapudi, Callie Cox Bauer, Jody Steinauer, Radhika Ribbe, Katherine Brown, and Jema K. Turk. “Abortion Training in U.S. Obstetrics and Gynecology Residency Programs in a Post-Dobbs Era.” *Contraception* 130 (February 1, 2024): 110291. <https://doi.org/10.1016/j.contraception.2023.110291>.

“Racialization and Reproduction: Asian Immigrants and California’s Twentieth-Century Eugenic Sterilization Program”

A 2023 study on racialization and reproduction revealed “quantitative evidence of disproportionate eugenic sterilization of Asian immigrants in twentieth-century California” (725). The authors also noted that, “More recent reports of forced or coercive sterilization, such as California’s prison system sterilizing an estimated 148 incarcerated women without consent (Chappell 2013) and sterilization abuse reports from a US Immigration and Customs Enforcement detention facility (Project South et al. 2020), exemplify the ongoing need to confront eugenic legacies to achieve reproductive justice” (725).

Kaniecki, Marie, Nicole L Novak, Sarah Gao, Natalie Lira, Toni Ann Treviño, Kate O’Connor, and Alexandra Minna Stern. “Racialization and Reproduction: Asian Immigrants and California’s Twentieth-Century Eugenic Sterilization Program.” *Social Forces* 102, no. 2 (December 1, 2023): 706–29. <https://doi.org/10.1093/sf/soad060>.

In-text citations:

Chappell, Bill. “California’s prison sterilizations reportedly echo eugenics era.” National Public Radio. July 9 (2013).

South, P. “Lack of medical care unsafe work practices and absence of adequate protection against COVID-19 for detained immigrants and employees alike at the Irwin County Detention Center.” (2020).

“California recently passed legislation to compensate sterilization survivors, which include those sterilized under its eugenics law and in prisons after 1979. A 2016 study estimated up to 831 survivors of coercive eugenic sterilizations in California may still be alive, and their experiences and the racial injustices wrought by these institutions deserve acknowledgment (Stern et al. 2017)” (725).

Kaniecki, Marie, Nicole L Novak, Sarah Gao, Natalie Lira, Toni Ann Treviño, Kate O’Connor, and Alexandra Minna Stern. “Racialization and Reproduction: Asian Immigrants and California’s Twentieth-Century Eugenic Sterilization Program.” *Social Forces* 102, no. 2 (December 1, 2023): 706–29. <https://doi.org/10.1093/sf/soad060>.

“Maternity Care at the Intersections of Language, Ethnicity, and Immigration Status”

“Reproductive autonomy cannot be achieved without access to culturally and linguistically appropriate health care. Health care systems should ensure that comprehensive information is given to women, in a language and manner they can understand, with particular attention toward providing in-language services across multiple ethnicities” (618).

Sudhinaraset, May, Rebecca A. Kolodner, and Michelle Kao Nakphong. “Maternity Care at the Intersections of Language, Ethnicity, and Immigration Status: A Qualitative Study.” *Women’s Health Issues* 33, no. 6 (November 1, 2023): 618–25. <https://doi.org/10.1016/j.whi.2023.04.004>

“Differential Rights: How Abortion Bans Impact Latinas in Their Reproductive Years”

A UCLA policy report shows that the overturning of *Roe v. Wade* “has the potential to disproportionately impact Latinas more than non-Hispanic white women,” in part because “almost half of all Latinas of childbearing age live in abortion-restrictive states that threaten the reproductive rights of women.”

Morales, Josephina Flores, and Julia Hernandez Nierenberg. 2022. “Differential Rights: How Abortion Bans Impact Latinas in Their Reproductive Years.” UCLA Latino Policy & Politics Institute, December 13, 2022. <https://latino.ucla.edu/research/abortion-bans-latinas/>.

“Infant Deaths After Texas’ 2021 Ban on Abortion in Early Pregnancy”

A 2024 study found that “Texas’ 2021 ban on abortion in early pregnancy was associated with unexpected increases in infant and neonatal deaths in Texas between 2021 and 2022” (784). Further, “The results suggest that restrictive abortion policies may have important unintended consequences in terms of trauma to families and medical cost as a result of increases in infant mortality” (784).

Gemmill, Alison, Claire E. Margerison, Elizabeth A. Stuart, and Suzanne O. Bell. “Infant Deaths After Texas’ 2021 Ban on Abortion in Early Pregnancy.” *JAMA Pediatrics*, June 24, 2024. <https://doi.org/10.1001/jamapediatrics.2024.0885>

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UCLA College Social Sciences

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