STATE ABORTION POLICY AND INFANT HEALTH:  
A SIMULATION MODEL OF THE IMPACT OF  
HYPOTHETICAL PATTERNS OF STATE LAWS 
PROSCRIBING ABORTION SERVICES  

ROBERT L. OHSFELDT* 
University of Alabama at Birmingham  
and  
STEPHAN F. GOHMANN* 
University of Louisville  

ABSTRACT  
Prior research suggests that the availability of abortion services may affect the proportion of observed births with poor outcomes (e.g., low birth weight). Recent Supreme Court decisions and changes in the composition of elected officials of state governments have increased the saliency of state discretion over abortion related policies. This paper presents results from a simulation model of the effects of hypothetical state laws prohibiting abortion on observed measures of infant health in the states regarded as most likely to adopt laws significantly restricting abortion access. Under several model scenarios, both the incidence of low birthweight infants and neonatal mortality among blacks are predicted to increase substantially in states adopting restrictive abortion laws. The predicted impact among whites, however, is relatively small.  

INTRODUCTION  
Although measurement problems abound, best estimates suggest that at least half of all pregnancies in the U.S. are unintended at conception (Gold 1990). Women with unintended  

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pregnancies appear to at greater risk for poor birth outcomes (in terms of birthweight or neonatal mortality), after controlling for a number of other factors (Corman et al. 1987; Grossman & Joyce 1990; Ohsfeldt & Gohmann 1994a). This risk appears to be more pronounced among black women than among white women, perhaps due to the greater incidence of unintended pregnancy among black women.

The apparent risk of poor birth outcomes associated with unintended pregnancy may be a direct effect of unintended pregnancy or may reflect the effects of unobserved variables correlated with the tendency to have an unintended pregnancy. Whether or not unintended pregnancy is a "true" risk factor, induced abortion of an unintended pregnancy may improve observed birth outcomes by eliminating an observed birth outcome for a pregnancy with a poor expected outcome. That is, a greater use of abortion by women with unintended pregnancies will reduce the proportion of unintended pregnancies carried to birth, thereby improving observed birth outcomes.

The role of abortion use and abortion availability for infant health has been given increased salience by recent Supreme Court decisions giving states greater authority to regulate abortion availability, as well as recent changes in the numbers of elected officials of state governments supportive of restrictive state abortion regulation. Restrictive regulations increase costs to women seeking abortions. For example, state laws requiring waiting periods increase the transactions costs associated with obtaining abortion services, as do laws requiring parental involvement for adolescents seeking abortions. These costs in turn reduce abortion use (e.g., Haas-Wilson 1993; Ohsfeldt & Gohmann 1994b). In the case of severe state restrictions on abortion availability (e.g., virtual prohibition), travel and time costs to obtain abortions from out-of-state providers would increase. These costs also would reduce abortion use (Deyak & Smith 1976). If unintended pregnancy is a risk factor for poor birth outcomes, the reduced use of abortion services brought about by cost increasing regulation may be associated with decreases in measures of infant health.

The purpose of this paper is to conduct a simulation analysis of the effect of hypothetical laws in selected states that would virtually prohibit legal abortion on measures of infant health in the state. Although the Supreme Court as currently constituted is unlikely to approve a state law virtually prohibiting abortion, it is a useful starting point for the simulation analysis. It also