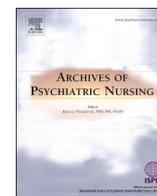


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Editorial

“Never forget that a political, economic or religious crisis will be enough to cast doubt on women's rights. These rights will never be vested. You'll have to stay vigilant your whole life.”

de Beauvoir (1949)

On June 24, 2022 the Supreme Court of the United States (SCOTUS) released its decision on *Dobbs v. Jackson* that not only upheld Mississippi's restrictive abortion law, but then went further and gutted federal protection for abortion rights, previously codified in law in 1973 by *Roe v. Wade*. People across the nation were gobsmacked by the repudiation of *Roe*, even though much of the final text on *Dobbs* had been leaked a month earlier. The cascading events since include the restriction of access to abortion across multiple states even for victims of incest or rape, denial of routine and emergency health care for women experiencing life-threatening pregnancy complications including miscarriage and ectopic pregnancy, and restriction of certain medications like methotrexate, simply because these drugs *might* lead to miscarriage.

de Beauvoir's warning is both prescient and largely unheeded. Since her words were penned, real gains in personal liberty and privacy made in the last century in the United States has lulled many women and men into falsely believing that women shared the same rights as men. Many did not recognize the scope of the pernicious forces of patriarchy and its on-going contribution to structural gender inequities still active today, affecting women's stature in the family, how much they are paid, what professions women are “counseled” to pursue and their ability to progress in those professions, what health care women can access, and now, what bodily autonomy they are able to exercise (Hilla & Jorgenson, 2018; Musick et al., 2020).

The consequences of women's loss of bodily autonomy goes far beyond Federal and State politics. Psychiatric nurses should be deeply concerned about what the denial of this basic right means for the mental health of women and their families. The capacity to be emotionally well always has been inextricably tied to the ability to make decisions and take actions that are in one's self-interest. Denied access to abortion has obvious immediate health and mental health consequences for women and their families. Women newly discovering an unwanted pregnancy must determine if they can obtain an abortion outside of their community, whether they are able to leave their family and work long enough to obtain an abortion and meet any mandatory wait times, and whether they can pay for both the procedure and for travel costs. For many, these significant barriers will make obtaining an abortion impossible. Carrying an unwanted pregnancy to term will have an immediate effect of increased pregnancy related mortality (Stevenson, 2021).

Carrying an unwanted pregnancy to term has profound mental health consequences for women. Research conducted in the United States shows that unwanted pregnancy is associated with greater stress and depression than mistimed or wanted pregnancies (Maxson & Miranda, 2011). Another study showed that pre-*Roe* women who carried an unwanted pregnancy to term were twice as likely as women with

mistimed pregnancies to have a major depressive episode by mid-life (Herd et al., 2016). This evidence of poor maternal mental health is buttressed by well-done studies completed in other countries with restricted abortion access. They show increased depressive and other mental health symptoms in women carrying an unwanted pregnancy to term, symptoms often lasting years (Bahk et al., 2015; Ludermir et al., 2010).

Children who are born of unwanted pregnancies also have been shown to have long-term social maladaptation. A 35-year study of a large cohort of children whose mothers were unable to obtain abortion showed that these children demonstrated greater social maladaptation as children, and as adults, they had higher rates of separation and divorce, and reported less job satisfaction, than wanted children in the same birth cohort (David, 2006). Another study showed that unwanted children were more likely to be a teen parent, had lower educational achievement, and were more likely to be unemployed, when compared to wanted children in the same newborn cohort (Hajdu & Hajdu, 2021).

On the other hand, abortion access is known to have salutary effects on women's well-being. A report by the Brookings Institute summarized 38 research studies using econometric methods that documented the effects of abortion access and abortion restriction in the United States (Myers & Welch, 2021). Benefits for women included reduced maternal mortality, marriage at a later age, greater educational and occupational achievement, improved labor force participation, and greater earnings. The aggregated studies in the Brookings Institute's also showed that legalization of abortion produced more wanted children, fewer cases of abuse and neglect, fewer children living in poverty, reduced generational poverty, and long-term, more children who ultimately attended college.

de Beauvoir calls on advocates for women's equity to be vigilant. With women comprising more than 85 % of the nursing workforce, nursing leadership and advocacy groups have an important and unique role to play in promoting bodily autonomy and reproductive justice (Day & Christnacht, 2019). Upon the release of the SCOTUS decision on *Dobbs*, the American Nurses Association (ANA), and the American Association of Colleges of Nursing (AACN), immediately denounced the decision, as did the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) conjointly with The National Association of Nurse Practitioners in Women's Health (NPWH) and the American College of Nurse-Midwives; the American Academy of Nursing was a signatory of the AWHONN joint statement (AACN, 2022; APA, 2022; AWHONN, 2022). The International Society of Psychiatric-Mental Health Nurses (SPN) placed a position statement on their website dated the day of the decision (ISPN, 2022); inspection of the website of the American Psychiatric Nurses Association revealed no obvious statement or comment on the SCOTUS decision. As advocates for the mental health and the well-being of women and their families, the stand that nursing leadership takes on reproductive rights and abortion access is vital. Given the difficult political environment surrounding the abortion debate, the bold statements of nursing leadership are critical

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and adds significant voice to “fully vesting women's rights” as championed by de Beauvoir.

Statements of nursing leadership are a beginning, yet alone are insufficient to counter the consequences for women and their families just described. Every psychiatric nurse no matter their personal values or political stance, has an important role to play in ensuring the well-being of women given the challenges they face with loss of federal legal protections. As a psychiatric nurse, consider the platform you have in the profession, in your workplace, with your patients, in your community, and in your family and use your voice. In early August, the men and women of Kansas showed us that people with diverse values and viewpoints can come together to protect women's rights. Psychiatric nurses have always been leaders. Now is the time and the opportunity to demonstrate our commitment to women, their families, and their physical and emotional well-being.

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