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The Impact of Removing Abortion Access to Patients with Chronic Kidney Disease: a cost-effectiveness analysis

Sydney McCarthy, Olivia Curl, Sarah Dzubay, Uma Doshi, Aaron B. Caughey

OHSU School of Medicine

Keywords

Chronic kidney disease, CKD, pregnancy, abortion, ESRD, dialysis

Abstract

Objective

In the 2022 ruling in *Dobbs v Jackson Women's Health*, the United States Supreme Court returned abortion access back to where it was in 1973, constitutionally unprotected. This has had wide-reaching impacts on people capable of becoming pregnant, potentiates deadly outcomes, and inflicts costs on our health system. The current study focuses on how abortion access affects people who are pregnant, have chronic kidney disease (CKD), and desire an abortion. With both maternal and fetal/neonatal health in mind, we will examine the outcomes and costs associated with providing or refusing in-state access to abortions for this population.

Methods

A decision-analytic model was built to compare the costs associated with providing abortions in-state compared to the costs associated with a statewide abortion ban. The model considers documented outcomes of pregnancy with CKD (preeclampsia, preterm birth, mortality) and considers the progression of kidney disease. The model also considers the likelihood and costs associated with traveling to another state for an abortion.

Results

In a cohort of 31,243 pregnant people with CKD, providing abortions resulted in 1,131 fewer cases of preeclampsia, 2,265 fewer preterm births, 3,999 fewer cases of chronic kidney disease stage progression, 700 fewer cases of ESRD requiring dialysis, and 151 fewer deaths per year. Due to the increased incidence of perinatal complications and a progression of maternal chronic kidney disease, an absence of in-state abortion access was associated with an increased cost of \$454,316,023 and a decrease of 8,748 QALYs compared to those in states with abortion access.

Conclusion

Providing in-state abortion access to pregnant people with chronic kidney disease is a cost-effective strategy. Due to the direct decrease in preeclampsia, preterm birth, mortality, and progression of kidney disease, allowing these patients to terminate their pregnancies saves a considerable amount of money. Jurisdictions that have restricted abortion access should consider implementing increased access to lower both medical and societal costs.