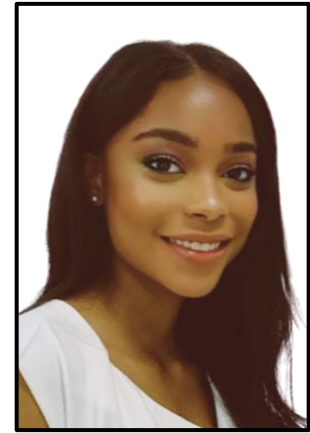


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## ***'They Don't Care About Us': Fetal and Maternal Morbidities and Rising Socioeconomic Inequalities in the Post-Roe South***

**Introduction:** This study is an extension of a previous study titled "Our Hands Are Tied: Abortion Bans and Hesitant Medicine," which argued that the abortion bans compelled providers to practice "hesitant medicine," balancing legal threats with ethical obligations when providing care. Extending upon the framework of "hesitant medicine," this research project aims to examine the impacts of the Dobbs decision on providers, patients, reproductive advocates, and staff in Tennessee and Georgia, emphasizing themes of affective labor, the complications of fetal anomalies, and widening socioeconomic inequalities.

**Methods:** This paper presents findings from 16 confidential semi-structured interviews of providers, patients, and reproductive advocates. These interviews were then coded in MAXQDA through a thematic analysis to determine emerging themes that underscore the shifting legal landscape of Georgia and Tennessee. Our methodology incorporates an inductive and grounded theory approach to identify emergent themes in the data.

**Results:** The results indicate that abortion bans or restrictions are widening extant socioeconomic inequalities in reproductive health care; this is because abortion care is becoming a further financial and time burden that disproportionately impacts lower-income residents in Georgia or Tennessee who have to pursue out-of-state care. The abortion ban causes providers to practice hesitant medicine, especially regarding maternal health risks from fetal anomalies. The Dobbs' decision also impacts providers due to the higher level of uncompensated affective labor, which affects how they administer care.

**Conclusions:** This study illuminated the tensions providers feel treating patients under laws contradicting care standards, especially regarding the "life of the mother" exception and fetal anomalies. Socioeconomic disparities arise from traveling out-of-state for abortion care for life-threatening fetal anomalies, stemming from providers denying care and counseling patients on alternatives. As a public health issue, the abortion ban hinders access to reproductive care, exacerbates inequalities, and places disproportionate labor on providers and low-income communities.