Socioeconomic Vulnerabilities and Postpartum Depression: Assessing the Aftermath of *Dobbs v Jackson* in Trigger and Non-Trigger States

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BACKGROUND

The June 2022 Supreme Court decision in *Dobbs v. Jackson Women's Health Organization* resulted in immediate abortion bans or severe restrictions in several US states.

Restricted access to abortion has been associated with increased self-reported anxiety and depression symptoms. While Medicaid coverage for abortion has been linked to reduced rates of postpartum depression (PPD),[1] mental health outcomes associated with restricted abortion access are strongly linked to socioeconomic status (SES), including income and race, with lower-SES groups showing worse outcomes.[2-4]

While the mental health consequences of restricted abortion access are recognized, the distribution of these effects across socioeconomic strata remains unclear, particularly for PPD among Medicaid populations.

OBJECTIVES

- To assess the impact of state-level abortion bans enacted after *Dobbs* on the incidence of PPD, with a focus on differences by SES
- To estimate potential effects in states that have not yet enacted such bans

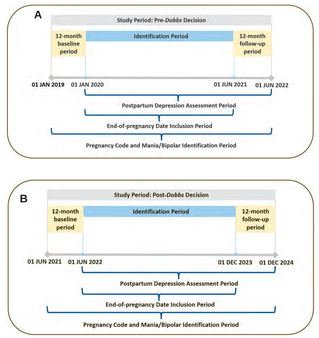
METHODS

This retrospective cohort study used Medicaid data from January 2019 to December 2024 (**Figure 1**). The study population comprised 1.2 million women aged 12 to 55 years with pregnancies resulting in live or stillbirths and was divided into 3 SES groups based on ZIP code–level census data (**Table 1**).

A difference-in-differences model was used to estimate effects for each group in states that passed laws limiting abortion access.

The main outcome was the diagnosis of PPD within 12 months after delivery, identified through validated claims-based algorithms. The causal nature of the estimates was leveraged to predict changes in PPD rates for the remaining states, were they to pass similar laws.

Figure 1. Study Period Timeline Pre-*Dobbs* (A) and Post-*Dobbs* (B)



METHODS (cont'd)

Table 1. Individual Characteristics by Socioeconomic Status Tercile

	1 (Low SES)	2 (Middle SES)	3 (High SES)
No. of patients	54,224	53,038	54,404
Median SES summary score (range)	-0.1609 (-9.0778, 1.777)	3.0488 (1.7421, 4.6176)	6.741 (4.5769, 23.0279)
Wealth / Income			
Median household income ($)	$45,457	$60,047	$85,714
Median value of housing unit ($)	$125,700	$176,600	$347,500
Household with interest, dividend, or rental income (%)	10.5%	17.3%	26.8%
Education			
Adult residents who completed at least high school (%)	79.1%	89.6%	94.2%
Adult residents who completed at least college (%)	16.6%	27.2%	47.5%
Employment			
Employed residents with management, professional, and related occupations (%)	25.9%	35.2%	50.5%

SES: socioeconomic status

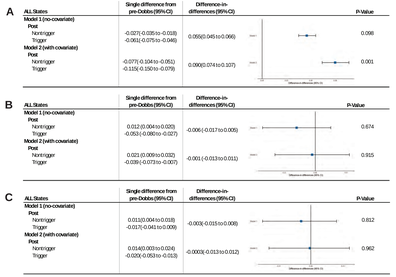
RESULTS

Overall, women in states with abortion trigger laws experienced a small positive but statistically insignificant increase in PPD diagnoses following *Dobbs* compared with those in non-trigger states.

Those in the lowest SES group in states with abortion bans experienced a significant 9.0% relative increase in PPD diagnoses after *Dobbs* vs similar women in states without bans.

State-level projections indicated that the largest increases in PPD rates occurred in states with the greatest socioeconomic disadvantage (**Figure 2**).

Figure 2. Difference-in-Difference Models Comparing PPD Diagnosis Rates in (A) Low-, (B) Middle-, and (C) High-SES Groups Before and After *Dobbs* in Trigger vs Non-trigger States



CI: confidence interval; PPD: post-partum depression; SES: socioeconomic status

RESULTS (cont'd)

Residents of trigger states were, on average, younger and more likely to reside in the South and in rural areas, characterized by lower SES and higher neighborhood deprivation scores (**Table 2**).

Table 2. Descriptive Patient Baseline Characteristics by Area SES

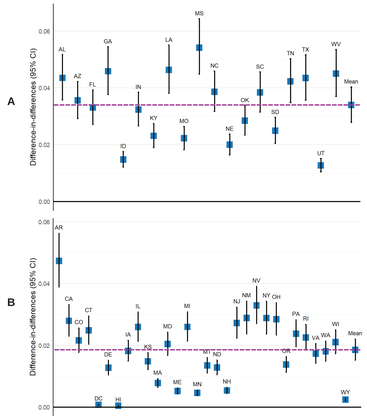
Patient Characteristics by SES Level	Pre-Dobbs			Post-Dobbs		
	Trigger States	Non-trigger States	Std. Diff.	Trigger States	Non-trigger States	Std. Diff.
Group size, n						
All	47,305	55,292	–	30,451	30,662	–
Low	20,136	13,771	–	12,824	7,283	–
Medium	15,611	18,243	–	9,981	10,361	–
High	11,558	23,278	–	7,546	13,035	–
Age in years, mean (SD)						
Overall						
All SES	26.53 (5.69)	27.97 (5.84)	0.25	26.61 (5.77)	28.34 (5.94)	0.29
Low	26.26 (5.68)	27.52 (5.83)	0.22	26.33 (5.78)	27.89 (5.97)	0.27
Medium	26.56 (5.66)	27.46 (5.70)	0.16	26.58 (5.68)	27.98 (5.87)	0.24
High	26.97 (5.73)	28.64 (5.89)	0.29	27.13 (5.82)	28.87 (5.94)	0.30
12-17 years						
All SES	973(2.06)	701(1.27)	0.06	672(2.21)	361(1.17)	0.08
Low	490 (4.17)	229 (1.66)	0.05	325 (2.51)	107 (1.47)	0.07
Medium	273 (1.75)	241 (1.32)	0.03	200 (2.00)	148 (1.43)	0.04
High	210 (1.82)	231 (0.99)	0.07	147 (1.94)	106 (0.81)	0.10
18+ years						
All SES	46,332 (97.94)	54,591 (98.73)	0.06	29,779 (97.79)	30,301 (98.83)	0.08
Low	19,646 (97.57)	13,542 (98.34)	0.05	12,599 (97.49)	7,176 (98.53)	0.07
Medium	15,338 (98.25)	18,002 (98.68)	0.03	9,781 (98.00)	10,213 (98.57)	0.04
High	11,348 (98.18)	23,047 (99.01)	0.07	7,399 (98.05)	12,929 (99.19)	0.10
South, n (%)						
All SES	36,681 (77.54)	3,335 (6.03)	2.15	24,346 (79.95)	2,938 (9.58)	2.00
Low	16,631 (82.59)	552 (4.01)	2.48	11,009 (85.18)	546 (7.50)	2.39
Medium	11,649 (74.62)	745 (4.08)	2.14	7,714 (77.29)	678 (6.54)	2.07
High	8,401 (72.69)	2,038 (8.76)	1.85	5,623 (74.52)	1,714 (13.15)	1.63
Comorbidity score						
Charlson Comorbidity Index score ≥1						
All SES	1.11 (0.38)	1.12 (0.39)	0.02	1.12 (0.41)	1.13 (0.40)	0.02
Low	1.11 (0.39)	1.13 (0.42)	0.06	1.14 (0.46)	1.12 (0.38)	0.03
Medium	1.10 (0.38)	1.11 (0.40)	0.01	1.11 (0.39)	1.13 (0.42)	0.06
High	1.11 (0.36)	1.11 (0.37)	0.01	1.11 (0.38)	1.13 (0.39)	0.04
Chronic Disease Score						
All SES	2.11 (1.42)	2.15 (1.45)	0.02	2.33 (1.55)	2.29 (1.55)	0.03
Low	2.10 (1.42)	2.13 (1.44)	0.02	2.33 (1.53)	2.25 (1.53)	0.05
Medium	2.14(1.44)	2.18 (1.45)	0.03	2.35 (1.56)	2.35 (1.59)	9.18
High	2.10(1.39)	2.12 (1.46)	0.02	2.33 (1.59)	2.25 (1.52)	0.06
Elixhauser Index score ≥1						
All SES	1.60 (0.99)	1.71 (1.08)	0.11	1.69 (1.08)	1.83 (1.18)	0.12
Low	1.60 (1.00)	1.77 (1.14)	0.16	1.70 (1.12)	1.82 (1.17)	0.10
Medium	1.59 (0.98)	1.72 (1.08)	0.12	1.67 (1.07)	1.89 (1.22)	0.19
High	1.61 (0.98)	1.68 (1.04)	0.07	1.66 (1.05)	1.78 (1.14)	0.09
Any obstetrical complications, n (%)						
All SES	31,243 (66.05)	42,780 (77.37)	0.25	21,052 (69.13)	24,577 (80.15)	0.26
Low	13,258 (65.84)	10,655 (77.37)	0.25	9,064 (70.13)	5,727 (78.64)	0.19
Medium	10,165 (65.11)	14,191 (77.79)	0.28	6,679 (66.92)	8,424 (81.30)	0.33
High	7,820 (67.66)	17,934 (77.04)	0.21	5,309 (70.36)	10,439 (80.08)	0.23
Any maternal comorbidity, n (%)						
All SES	7,732 (16.34)	10,839 (19.60)	0.08	5,799 (19.04)	6,508 (21.22)	0.05
Low	3,383 (16.80)	2,715 (19.72)	0.07	2,523 (19.52)	1,542 (21.17)	0.04
Medium	2,450 (15.70)	3,615 (19.82)	0.11	1,857 (18.61)	2,251 (21.73)	0.08
High	1,899 (16.43)	4,509 (19.37)	0.07	1,419 (0.19)	2,719 (20.86)	0.05
Any lifestyle risk factors, n (%)						
All SES	6,420 (13.57)	11,721 (21.20)	0.20	5,283 (17.35)	7,987 (26.05)	0.21
Low	2,691 (13.36)	2,945 (21.39)	0.21	2,291 (17.73)	1,927 (26.46)	0.22
Medium	2,005 (12.84)	3,950 (21.65)	0.23	1,675 (16.78)	2,844 (27.45)	0.26
High	1,724 (14.92)	4,826 (20.73)	0.15	1,317 (17.45)	3,223 (24.73)	0.18
PPD diagnosis among pregnant women, n (%)						
All SES	4,025 (13.57)	6,996 (12.65)	0.13	2,892 (9.50)	4,148 (13.53)	0.13
Low	1,580 (7.85)	1,556 (11.30)	0.12	1,193 (9.23)	814 (11.18)	0.07
Medium	1,354 (8.67)	2,670 (14.63)	0.19	928 (9.30)	1,642 (15.85)	0.20
High	1,091 (9.44)	2,770 (11.90)	0.08	771 (10.22)	1,693 (12.99)	0.08

CI: confidence interval; PPD: post-partum depression; SES: socioeconomic status

RESULTS (cont'd)

Projections suggest that enacting similar bans in currently unrestricted states would increase PPD rates among low-SES women (**Figure 3**).

Figure 3. Predicted Changes in PPD Diagnoses in (A) Trigger States and (B) Non-trigger States



CI: confidence interval; PPD: post-partum depression

CONCLUSION

Post-*Dobbs* state-level abortion bans have disproportionately increased PPD risk among low-SES women, amplifying existing health disparities. Our findings highlight the need for targeted mental health support and policy interventions to mitigate the unequal burden of restrictive reproductive laws on vulnerable populations.

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