



## CCF’s Unconventional Wisdom: Conceiving Families in the 21<sup>st</sup> Century

The [Council on Contemporary Families](#)’ annual *Unconventional Wisdom* collects new and recent research updates prepared for the Council. Contributing CCF experts wrote brief summaries of recent high-priority work; their contact information is included so that you can reach them directly for any follow up.

This year’s *Unconventional Wisdom* covers recent family research and clinical findings prepared for the Council on Contemporary Families' Conference: Conceiving Families in the 21<sup>st</sup> Century: Reproductive Policies, Practices, and Technologies on Friday, March 2, Double Tree Hotel, Austin University Area, Austin, Texas.

This year’s report is edited by psychologist [Joshua Coleman](#), CCF Senior Scholar, and historian [Stephanie Coontz](#), CCF’s Director of Research and Public Education. The special selection at the end, “Reproductive Health and Policy Facts,” was compiled by CCF intern, Selena Walsh Smith, from The Evergreen State College, Olympia, WA.

### OVERVIEW OF TOPICS

Reproductive Tourism: Opportunities and Cost.....	2
New Babies of Technology: Where is the Voice of the Child?.....	2
Banning Surrogacy Can Be Harmful to Women and Children .....	3
Women in Affairs: Cheating to Save the Marriage .....	3
10 Common Questions of Intended Parents through Egg or Sperm Donation .....	4
Adoption: Are Genes More Powerful Than Parents?.....	4
Women’s Experiences of Intended and Unintended Births.....	5
Reproductive Health Services in the U.S.: Too Much or too Little?.....	5
Where the Millennials Will Take Us: Gender Policies among Young Adults .....	6
LGBTQ Grief over Miscarriage and Failed Adoptions Increased by Discrimination .....	6
More People than ever are not having Babies and They’re Doing Just Fine.....	7
The Opposite of a Shotgun Wedding – Getting Pregnant and Moving Out .....	7
Not Everyone can Rely on their Families when they are Desperate, and for Poor People, it Matters .....	8
Student Loans are Changing our Families in Surprising Ways .....	8
If You’re Infertile, Why Use Condoms?.....	9
U.S. Reproductive Health and Policy Facts .....	10-14
Intended and Unintended Pregnancy - 10	
Benefits of Contraception; Consequences of Unintended and Unwanted Births - 10	
Infertility and Miscarriages - 11	
Maternal Mortality - 12	
Infant and Child Mortality Rates -13	
Gains, Losses, and Gaps in Reproductive and Child Health 13-14	

### **Reproductive Tourism: Opportunities and Costs**

The U.S. is both a major destination spot and a departure point for people who travel to use assisted reproductive technologies (ART). Exact figures are hard to determine, but high-volume destination spots include the U.S., India, Ukraine and Mexico for surrogacy— and the U.S., Spain and Ukraine for eggs and IVF treatments.

Drivers of cross-border reproductive travel include factors such as law and costs that affect access to ART. For example, rules that base access on marital status or sexual orientation lead same sex-couples and singles to jurisdictions like California, India, Mexico, and Ukraine, where there is little regulation or enforcement power. Many ART destination spots thrive because of what is euphemistically referred to as “bioavailability” -- the availability of people, mostly women, to provide gametes or gestation for others’ use. Bioavailability, in turn, often depends on economic inequality.

Destination spots and practices shift, often because countries enact restrictions: When India began to restrict surrogacy, surrogacy shifted to Nepal; then Nepal banned it. In some places, surrogacy centers move the woman/surrogates from country to country to evade enforcement. As such, the work of setting the use of contracts to define rights, responsibilities, parentage, and the meaning of biology raises questions about what “consent” actually means.

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### **New Babies of Technology: Where is the Voice of the Child?**

The International Committee for Monitoring Assisted Reproductive Technologies estimates that around 1.5 million assisted reproductive cycles occur globally each year, producing around 350,000 babies. As of 2013, the first comprehensive international study determined that five million babies had been born worldwide from assisted reproductive technology (ART). But the total number of children born worldwide from assisted reproductive technology is incalculable because there is no data on privately orchestrated inseminations.

Despite all the debates over the rights of prospective parents, donors, and other adults, little attention has been paid to these important questions: What is the effect of assisted reproductive technology on the children who are brought into the world in this manner? Where is the voice of the child in all of this? The U.S. has no comprehensive legal framework to define and legislate children’s rights. In fact, the U.S. is the only major country in the world that has failed to ratify the treaty guidelines set forth in the 1989 Convention on the Rights of the Child. While modern technology allows more and more people to become parents, let’s hope that ensure that the welfare of the babies of technology are being duly considered.

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### **Banning Surrogacy Can Be Harmful to Women and Children**

India banned commercial surrogacy in November 2016, putting the brakes on a brisk global trade in reproductive services that is estimated to have garnered anywhere from \$500 million to \$1 billion, U.S., per year. The ban was ostensibly instituted by the Indian government to uphold the dignity of working class women and halt their exploitation. Yet my research suggests that surrogacy bans deepen the conditions that foster working class women's vulnerabilities. Utilizing the patchwork of laws governing different countries, global businesses move ova, sperm and embryos, infertility specialists, egg donors and surrogate mothers across national boundaries to continue providing their clients with optimal surrogacy arrangements. Under these circumstances surrogate mothers are increasingly vulnerable to manipulation and decreased state protection. A far more efficient way to protect surrogate mothers' rights is to recognize them as workers, and institute effective bargaining rights backed by strong laws, and international norms.

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### **Women in Affairs: Cheating to Save the Marriage**

Most previous research on women's infidelity posits that married women cheat because they fall in love with someone else, or because they are mate-shopping to leave their marriages. Using a sample collected from Ashley Madison, I studied a subgroup of women who had a very different set of motivations. The women I interviewed overwhelmingly said they loved their husbands and did not want to end their marriages. They also cited a desire to keep their families together, specifically to keep their children with both parents. But they found themselves in marriages where their needs were not being met and concluded that they had to meet those needs in order to *save* their marriages.

Most of the women reported being in marriages that were either sexless or orgasmless. After spending years in a sexual desert, they realized that they either had to leave their marriage or find a partner to meet their sexual needs. They were very clear that they were "cheating" to stay married. In seeking potential partners for an affair, they vetted specifically to avoid "love" attachments. Rather than being drawn in by charm or sexual chemistry--as often happens in organic couplings--these women selected partners pragmatically, logically, and without sentimentality, vetting partners with an eye toward sexual compatibility and skill. They chose a partner not out of delight in who he was as a person, but rather for his ability to fill a specific need. And getting this need met, they insisted, allowed them to be better wives and mothers.

This goal led to a somewhat surprising difference between the men and women using this site. While men seeking an affair typically reported a desire for one partner long-term, most of the women I spoke with were looking for multiple affair partners to ensure their needs were met. They typically kept a profile active and continued to vet possible candidates even after establishing a successful affair. Their goal seemed to be to avoid dependence upon one man for their sexual needs despite -- or perhaps because of -- their commitment to one man in a long-term relationship.

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impact by the environment. Volumes of research show that careful and nurturing parenting maximizes the potential for more adaptive gene expression while traumatizing or depriving situations may cause the expression of genes that create more dysfunctional behavior such as depression, and substance abuse. These findings have implications, not only for adoptive parents, but for those using donor eggs or sperm as they consider the impact of family genetics on their children and the implications for nurture.

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### **Women's Experiences of Intended and Unintended Births: Some Surprising Findings**

We often think of births as falling into one of two categories: “Intended” births, which occurred when the woman wanted them and “unintended” births, which occurred when the woman did not. We also tend to assume that intended births are “good” and unintended births are “bad,” for women, their children, and – as it’s sometimes argued – for society as a whole. The reality is more complicated.

*How happy the woman is about the pregnancy is a stronger predictor of future outcomes than intention status, and happiness often does not align neatly with intention categories. Women with unintended births report a wide range of feelings: Some are very happy, some are very unhappy, and others are in between. There are interesting differences by women's characteristics. For example, Non-Latina White women tend to be unhappier than Latina women about their unintended births, and women with same-sex attraction or behavior are unhappier about their unintended births (particularly their mistimed births) than are exclusively heterosexual women. Whether a given birth has a positive or negative influence on a woman's life requires a nuanced understanding of a woman's own disposition and social context. Among some young women, for example, an unintended pregnancy that is eventually welcomed can result in curtailment of substance abuse and other positive outcomes.*

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### **Reproductive Health Services in the United States: Too Much or Too Little?**

The U.S. governmental policies on reproductive health can be characterized as the “too much/too little” dilemma. Historically, there has been too much of unwanted, coercive services imposed on certain populations, such as forced sterilizations and contraceptive services targeted specifically at poor women, particularly women of color. Yet at the present time, we see too few publicly provided services, and instead witness cutbacks and restrictions that make access to reproductive health services very difficult for these women.

Thus, the contemporary situation concerning reproductive health services and poor women presents a contradiction: Alongside severe restrictions on abortion and contraception, the U.S. has the highest rate of maternal mortality in the developing world and a dismal record on infant mortality as

well. Poor women of color in the U.S. simultaneously have difficulties controlling their fertility and having the healthy children they want. This situation suggests the degree to which policies governing reproduction among this population are both incoherent and ideologically driven.

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### **Where the Millennials Will Take Us: Gender Policies among Young Adults**

Are young people pushing the boundaries on gender? Or are they retreating to more traditional family roles? In my interviews with young people, I find that both are true, with a growing divergence between those who are committed to maintaining distinct roles for men and women in families, and the many women and men who are strongly committed to gender equality in private as well as public life. Among the latter there appears to be a group, often labeled genderqueer, who do not identify themselves by the traditional gender binary. One new study finds that more than a quarter of California youth feel they are viewed as gender non-conforming by their peers. Genderqueer Millennials reject traditional gender categories because they do not fit within the stereotypes that society attaches to them. But few Millennials are yet sure exactly how they are going to navigate gendered expectations in adulthood. Still, a libertarian philosophy is shared by nearly all. Whatever Millennials' hopes for themselves, they are not interested in imposing their own personal values on other people's lives.

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### **LGBTQ Grief over Miscarriage and Failed Adoptions Increased by Discrimination**

Many LGBTQ intended parents face significant emotional and financial barriers to conception and adoption—especially those who use assisted reproductive technologies (ART) or are considered “hard to place” parents by adoption industry professionals. But even once conception occurs or adoptions are approved, many things can go wrong. According to the National Institutes of Health, 15-20 percent of known pregnancies end in miscarriage. For lesbian, gay, bisexual, transgender, and queer (LGBTQ) people, who often expand and create families through reproductive technologies and adoption, these risks can be significantly higher—for instance, the success rate for patients undergoing in vitro fertilization [IVF] is less than 50 percent.

Miscarriages and failed adoptions raise distinctive issues for LGBTQ individuals and couples. These may be amplified by discriminatory laws and homophobic/transphobic treatment of bereaved intended parents by healthcare and adoption professionals, or simply by professionals' outdated assumptions about what makes for a “real” parent. We need more diverse and inclusive support resources for bereaved parents, as well as better training for medical practitioners, social workers, adoption professionals, and psychologists who may interact with them.

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### **More People than ever are *not* having Babies and They're Doing Just Fine**

Today, one in six women in the United States will end her childbearing years without ever having given birth. Half of millennials don't yet have children and it remains to be seen how many ever will. The very personal question of whether to have kids has become a matter of public concern and political debate. We've heard the cries of "You'll regret it!" from well-meaning friends and relatives, and seen the name-calling of "Selfish!" and "Shallow!" from observers online.

Despite the negative buzz surrounding them, 94 percent of childfree adults in my study said they gave careful thought to their choice not to become parents. Over a quarter of my study participants chose careers – such as teaching, social work, and pediatrics – that involve work with children. Other research shows that 80 percent of non-mothers play an active role in children's lives. And when compared to parents, childfree people report higher marital satisfaction, lower rates of depression, and similar rates of civic engagement.

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### **The Opposite of a Shotgun Wedding - Getting Pregnant and Moving Out**

Research suggests that most low-income, unmarried parents are living together - at least part-time - when their child is born. For many low-income couples, cohabitation presents the best option for stable housing in an increasingly costly housing market. However, a recent study I conducted demonstrates that living together is not a universal response to an unexpected pregnancy. When faced with the decision about whether their child would come home from the hospital, the quality of the housing situation, such as cleanliness and safety became more important than the parents living together. Parents who otherwise would have welcomed the opportunity to co-parent under the same roof sometimes moved out in order to achieve what felt like a better overall living arrangement for their child. Other new parents settled in separate homes to create a more harmonious co-parenting situation, to reduce conflict, and to preserve both the romantic and co-parenting relationships.

In other words, moving out doesn't always mean the relationship between parents has ended, nor does it always signal that a couple is less committed to co-parenting. Sometimes moving out just makes more sense.

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### **Not Everyone Can Rely on their Families when they Are Desperate And for Poor People, it Matters**

Philadelphia is the poorest big city in the United States. Nearly 26 percent of people in Philadelphia live under the poverty line, compared to 12.7 percent nationwide. Even a one-bedroom rental is out of reach for people living in poverty. In Philadelphia, the hourly wage that a full-time worker needs to be able to afford a one-bedroom rental is \$19.29 per hour, and there are already long wait lists for housing vouchers; so long that the list is closed to new applicants.

All of this makes what the Kensington Welfare Rights Union (KWRU) can provide – support, community, housing assistance and a place to stay for the homeless all the more valuable. Interviews with members of the KWRU, a distinctive Philadelphia organization of and for poor people, found they often lacked supportive family ties, which had sent them there in desperation. Many of the interviewees were homeless or at risk of homelessness when they joined. The organization deliberately encourages members to support each other, and many of interviewees described it as the family they never had or the one they wish they had. KWRU fostered ties between members that provided housing, food, moral support, and a sense of community, and many of these ties lasted for years, even decades. Unfortunately, most poor people have no access to an organization like KWRU, despite the growing need for what they have to offer to the most vulnerable members of our society.

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### **Student Loans are Changing our Families in Surprising Ways**

Recent reports have found that the U.S. birth rate has dropped lower than ever, while the non-marital childbearing rate is higher than it has ever been. Our research examined the National Longitudinal Survey of Youth, a survey of over 8,000 young adults in the U.S. born from 1980 to 1984 who have been interviewed annually or biannually since 1997. We found that men's student loans were not related to their childbearing patterns, but it did affect women. Women who had children at young ages were more likely to have taken out student loans, while younger women who attend or graduate college without loans were less likely to be mothers.

After college graduation this pattern reverses, and by age 35 only 65 percent of women who graduated college with loans had had children, compared to 77 percent of women who graduated without loans. This means that for every 100 women who graduate college *with loans* instead of graduating loan-free, there are 12 fewer women becoming mothers by the time they are 35.

Not only did women who graduate college with loans have fewer children, they were less likely to be married when they did. Over 59 percent of college graduates who became mothers were married before or during the year in which they first had a child. In comparison, the rate was 75 percent married among college graduates *without* loans. Student loans are not only changing our economy; they are changing our families.

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### **If You're Infertile, Why Use Condoms?**

According to the U.S. Centers for Disease Control, infertility affects about 12 percent of women ages 15-44. Some of the common conditions that contribute to infertility (e.g., polycystic ovarian syndrome, endometriosis) can be diagnosed during adolescence. Early diagnosis raises important questions for medical providers and families. What are the consequences for sexual health and risk taking and how are we telling some young girls that they may be infertile?

In the course of conducting two qualitative studies about parenting and partnering, three women disclosed that they were told as children they would never be able to become pregnant. Whether those messages were in fact qualified or not, these women *heard* that they would never have children. In each case, removing the risk of pregnancy led to unprotected sex with most partners throughout adolescence and young adulthood. All eventually experienced unplanned pregnancies, sometimes with committed partners and other times with men they did not know well. Although none disclosed being diagnosed with a sexually transmitted infection, their histories with unsafe sex are related to being at risk. These stories suggest the need for providers and parents to take care in how they present diagnoses related to (in)fertility to their daughters.

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**-more-**

**Continue below for news you can use about U.S. childbearing, maternal and infant mortality, contraception and abortion, and other issues affecting reproductive health and justice.**

**U.S. Reproductive Health and Policy Facts**  
**Compiled by CCF intern Selena Walsh Smith**

**Intended and Unintended Pregnancy**

In 2016, birth rates for women in their teens and 20s hit a record low. But birth rates for women in their 30s and 40s have continued to rise. Although the yearly fertility rate hit a new low of 62 births per 1000 women, the **completed** fertility rate (that is, the rate of children among women after childbearing years) has risen by 6 percent since 2006, and is now almost as high as in the 1970s. Eighty-six percent of women aged 40-44 are mothers.

Martin, Joyce A., Brady E. Hamilton, Michelle JK Osterman, Anne K. Driscoll, and Patrick Drake. "Births: final data for 2016." (2018).

Between 2011 and 2015, 67.1 percent of births were identified as intended, 19.5 percent were mistimed and 13.4 percent were unwanted. Among women below the federal poverty level, unintended pregnancy rates are two to three times higher than the national average.

National Center for Health Statistics (2015); Finer, L. B., & Zolna, M. R. (2016). Declines in unintended pregnancy in the United States, 2008–2011. *New England Journal of Medicine*, 374(9), 843-852.

Publicly funded reproductive healthcare helped U.S. women prevent almost two million unintended pregnancies in 2014. Without it, rates of unintended pregnancy, unplanned births, and abortions would have been 68 percent higher, and teen pregnancy would have been 73 percent higher.

Frost JJ et al., *Contraceptive Needs and Services, 2014 Update*, New York: Guttmacher Institute, 2016, <https://www.guttmacher.org/report/contraceptive-needs-and-services-2014-update>.

But in 2017, 19 states adopted 63 new restrictions on abortion rights, while Iowa, Kentucky, Missouri, and South Carolina reduced funding for family planning programs and providers. Arkansas and Texas enacted laws allowing health care providers to withhold information about a woman's pregnancy to prevent her from potentially obtaining an abortion.

Nash, E., Gold, R. B., Ansari-Thomas, Z., Cappello, O., & Mohammed, L. (2018). Policy trends in the states: 2017. *New York, NY: Guttmacher Institute*.

In 2017, the Trump Administration revoked the federal requirement that employers include contraceptive coverage in employee health insurance plans.

Pear, R., Ruiz, R. R., & Goodstein, L. (2017, October 06). Trump Administration Rolls Back Birth Control Mandate. Retrieved from <https://www.nytimes.com/2017/10/06/us/politics/trump-contraception-birth-control.html?mtrref=www.nytimes.com>.

**Benefits of Contraception; Consequences of Unintended and Unwanted Births**

Even though some women, in fact, are happy about their unplanned births, as reported by Hartnett elsewhere in this report, on average, women who have unplanned births are at significantly higher

risk of depression and are more likely than other mothers to spank or slap their children and/or to commit psychological aggression against the child of the unplanned pregnancy. Fathers of such infants are more likely to direct physical aggression against the child.

Gipson, J. D., Koenig, M. A., & Hindin, M. J. (2008). The effects of unintended pregnancy on infant, child, and parental health: a review of the literature. *Studies in family planning*, 39(1), 18 -38;  
Guterman, K. (2015). Unintended pregnancy as a predictor of child maltreatment. *Child abuse & neglect*, 48, 160-169.

Infants born to women reporting unwanted pregnancies are more than twice as likely to die within the first 28 days of life than are infants born to women reporting that they wanted to be pregnant.

Bustan, M. N., & Coker, A. L. (1994). Maternal attitude toward pregnancy and the risk of neonatal death. *American Journal of Public Health*, 84(3), 411-414.

More than 30 percent of the wage convergence that occurred between men and women during the 1990s can be attributed to early access to the pill.

Bailey, M. J., Hershbein, B., & Miller, A. R. (2012). The opt-in revolution? Contraception and the gender gap in wages. *American Economic Journal: Applied Economics*, 4(3), 225-54.

Providing free long-acting reversible contraception reduces abortion rates by 71 percent.

Peipert, J. F., Madden, T., Allsworth, J. E., & Secura, G. M. (2012). Preventing unintended pregnancies by providing no-cost contraception. *Obstetrics and gynecology*, 120(6), 1291.

Contrary to claims that abortion harms women's mental health, 95 percent of women *denied* abortions experienced anxiety years afterwards, compared to less than three percent of the women who received abortions that they sought.

Biggs, MA, Upadhyay, McCulloch, & Foster. (2016). Women's Mental Health and Well-being 5 Years After Receiving or Being Denied an Abortion: A Prospective, Longitudinal Cohort Study. *JAMA Psychiatry*, 74(2).

Women denied abortions they sought were almost four times more likely to be below the federal poverty level six months after birth than women in the comparison group, who received abortions they sought. The difference persisted for four years.

Foster, D. G., Biggs, M. A., Ralph, L., Gerds, C., Roberts, S., & Glymour, M. M. (2018). Socioeconomic Outcomes of Women Who Receive and Women Who Are Denied Wanted Abortions in the United States. *American Journal of Public Health*. doi:10.2105/ajph.2017.304247

### **Infertility and Miscarriages**

Slightly more than 12 percent of women in the United States are infertile and 6.7 percent of married women have serious trouble conceiving.

National Center for Health Statistics (NCHS). (2016). 2013-2015 National Survey of Family Growth Public Use Data and Documentation. Hyattsville, MD: CDC National Center for Health Statistics. Retrieved from [http://www.cdc.gov/nchs/nsfg/nsfg\\_2013\\_2015\\_puf.htm](http://www.cdc.gov/nchs/nsfg/nsfg_2013_2015_puf.htm)

There are six miscarriages for every 1,000 live births overall, but Black women are twice as likely to experience miscarriage as white women.

MacDorman MF, Gregory ECW. Fetal and perinatal mortality: United States, 2013. National vital statistics reports; vol 64 no 8. Hyattsville, MD: National Center for Health Statistics. 2015.

This racial disparity in miscarriages is probably connected to differences in exposure to poverty, stress, and pollutants. For example, lead contamination in Flint, MI, led to a 58 percent increase in miscarriages. Since miscarriages were only measured after 20 weeks of gestation, this percentage would be even higher if miscarriages occurring before 20 weeks had been taken into account.

Grossman, D. S., & Slutsky, D. J. (2017). *The effect of an increase in lead in the water system on fertility and birth outcomes: The case of Flint, Michigan* (No. 17-25).

### **Maternal Mortality**

Every day, 700 women in the US die from pregnancy or delivery complications.

CDC. (2017, November 22) Reproductive Health. Retrieved from <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-relatedmortality.htm>

Maternal mortality is higher in the U.S. than in nearly every European country.

- “In the United States, where more money is spent on healthcare than in any other country, women are more likely to die of complications resulting from pregnancy or childbirth than in 49 other countries.”
- “Countries with similar economic, cultural and social characteristics as the U.S., including Australia, Canada and the United Kingdom, have maternal mortality ratios half of or less than half of that of the US.”

Hunt, P., & Gray, T. (Eds.). (2013). *Maternal mortality, human rights and accountability*. Routledge.

More than half of rural counties in America have no hospital obstetric services.

Hung, P., Henning-Smith, C. E., Casey, M. M., & Kozhimannil, K. B. (2017). Access to Obstetric Services in Rural Counties Still Declining, with 9 Percent Losing Services, 2004–14. *Health Affairs*, 36(9), 1663-1671.

“Approximately half of U.S. maternal deaths could have been prevented with better access to good-quality maternal healthcare.”

Hunt, P., & Gray, T. (Eds.). (2013). *Maternal mortality, human rights and accountability*. Routledge.

African American women are three to four times more likely to die during pregnancy than white women, in part because they compromise half of all women without health insurance.

Hunt, P., & Gray, T. (Eds.). (2013). *Maternal mortality, human rights and accountability*. Routledge.

### **Infant and Child Mortality Rates**

American children are 76 percent more likely to die before reaching one year of age than children in the other 19 wealthiest nations. Children who survive past one year old in the US are 57 percent more likely to die before adulthood than children in those other countries.

Thakrar, A. P., Forrest, A. D., Maltenfort, M. G., & Forrest, C. B. (2018). Child mortality in the US and 19 OECD comparator nations: a 50-year time-trend analysis. *Health Affairs*, 37(1), 140-149.

Infant mortality ranges from 4.28 per 1,000 live births in Massachusetts to 9.08 in Mississippi. The mortality rate for infants born to Black women ranges from 8.27 in Massachusetts to 14.28 in Wisconsin. For infants of Hispanic women, this rate ranges from 3.94 in Iowa to 7.28 in Michigan.

Mathews, T. J., Ely, D. M., & Driscoll, A. K. (2018). State variations in infant mortality by race and Hispanic origin of mother, 2013–2015.

### **Gains, Losses, and Gaps in Reproductive and Child Health**

Following the Affordable Care Act, there was a 36 percent decline in the number of uninsured women between the ages of 15-44. This gain is now at risk.

Guttmacher. (2017, July 07). How Dismantling the ACAs Marketplace Coverage Would Impact Sexual and Reproductive Health. Retrieved from <https://www.guttmacher.org/gpr/2017/04/how-dismantling-acas-marketplace-coverage-would-impact-sexual-and-reproductive-health>

Even before gutting the Affordable Care Act, 55 percent of women who received subsidized health insurance less than nine months before giving birth lost coverage in the six months afterwards.

Daw, J. R., Hatfield, L. A., Swartz, K., & Sommers, B. D. (2017). Women in the United States experience high rates of coverage ‘churn’ in months before and after childbirth. *Health Affairs*, 36(4), 598-606.

In its first 15 years, the Children’s Health Insurance Program cut the percentage of uninsured children by half and virtually eliminated racial and ethnic disparities in unmet healthcare needs.

Paradise, J. (2014). The Impact of the Children’s Health Insurance Program CHIP: What Does the Research Tell Us? *Kaiser Family Foundation (July 2014)*, available at <http://kff.org/medicaid/issue-brief/the-impact-of-the-children's-health-insurance-program-chip-what-does-the-research-tell-us>.

The United States is the only major industrial country in the world that does not mandate paid maternity leave, despite the documented benefits of such leaves for women and children, including lowered infant mortality.

Heymann, J., Raub, A., & Earle, A. (2011). Creating and using new data sources to analyze the relationship between social policy and global health: the case of maternal leave. *Public Health Reports*, 126(3\_suppl), 127-134.

Women who take paid maternal leave are 39 percent less likely to need public assistance and 40 percent less likely to receive food stamps in the year after birth.

Houser, L., & Vartanian, T. P. (2012). *Pay matters: The positive economic impacts of paid family leave for families, businesses and the public*. Rutgers Center for Women and Work.

Despite federal inaction, some states have stepped up to the plate: New York, California, New Jersey, and Rhode Island now have paid family leave laws, and Washington D.C. and Washington state have both passed legislation mandating this.

Kashen, J. (2018, February 05). New York State's New Paid Family Leave Law Is the Strongest One Yet; NCSL. (2016, July 19). State and Family Medical Leave Laws. Retrieved from <http://www.ncsl.org/research/labor-and-employment/state-family-and-medical-leave-laws.aspx>; Employment Security Department. Paid Family and Medical Leave. Retrieved from <https://esd.wa.gov/paid-family-medical-leave> <https://www.aclu.org/cases/gainesville-woman-care-llc-v-state-florida>

The top 20 largest employers in United States now offer some form of paid parental leave benefits. These include IBM, Starbucks, Walmart, Wells Fargo, JP Morgan Chase, Amazon, General Electric, McDonald's, PepsiCo, Kroger, Target, AT&T, Cognizant Technology Solutions, Walgreens, Home Depot, Albertsons, TJX (TJ Max), FedEx, UPS and Lowe's.

Miller, C. C. (2018, February 1). Lowe's Joins Other Big Employers in Offering Paid Parental Leave. New York Times.

In 2015 almost one in five households with children was food insecure, and 85 percent of these homes were headed by employed adults whose wages were insufficient to meet family needs. The Supplemental Nutrition Assistance Program (SNAP), which provides food stamps, improves family well-being, provides long-term health benefits, and improves children's educational outcomes. But the President's Budget Request calls for a nearly 30 percent cut to it and proposes to replace many SNAP benefits, which allow families to buy fresher, healthier food locally, with canned and boxed goods, often shorter on nutrition. Most nutritional experts believe that SNAP benefits are too low and should be increased, not reduced.

Schanzenbach, D. W., Bauer, L., & Nantz, G. (2016). *Twelve facts about food insecurity and SNAP*. Brookings Institution.

Bauer, L. (2018, February 14). Penny wise and pound foolish: Proposed SNAP budget cuts will reduce outcomes. Retrieved from <https://www.brookings.edu/blog/up-front/2018/02/13/penny-wise-and-pound-foolish-proposed-snap-budget-cuts-will-reduce-outcomes/>.

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## For Further Information

Stephanie Coontz and Joshua Coleman are editors of *Unconventional Wisdom*, Volume 7. They are available for further information.

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## About CCF

The Council on Contemporary Families is a non-profit, non-partisan organization dedicated to providing the press and public with the latest research and best-practice findings about American families. Our members include demographers, economists, family therapists, historians, political scientists, psychologists, social workers, sociologists, as well as other family social scientists and practitioners.

Founded in 1996 and now based at the University of Texas, the Council's mission is to enhance the national understanding of how and why contemporary families are changing, what needs and challenges they face, and how these needs can best be met. To fulfill that mission, the Council holds annual conferences, open to the public, and issues periodic briefing papers and fact sheets.

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