Political Behavior
https://doi.org/10.1007/s11109-025-10011-z

ORIGINAL PAPER

The Insurance Value of Abortion and Support for Reproductive Rights

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Accepted: 30 January 2025

Abstract

Existing scholarship holds that Americans' views on abortion policy are determined by their moral and religious beliefs. In this article, we argue that these beliefs are only part of the story. We propose that some Americans support pro-choice policies even if they have moral qualms about abortion because they are afraid of an unplanned transition to parenthood. Accessible abortion offers a kind of "insurance" against this risk. We expect individuals' support for abortion rights to decline after they become parents, since abortion's prospective insurance value declines after individuals have had their first child. Using panel survey data from the CCES, we find that the transition to parenthood makes Americans less supportive of abortion rights than they had been previously. This appears to be especially true of conservatives and practicing Christians, indicating that some members of these groups support abortion as a form of protection against unplanned parenthood until they experience life-cycle changes that reduce their personal interest in protecting reproductive rights. We conduct a variety of robustness tests to rule out alternative mechanisms that might link parenthood to a conservative shift in abortion policy preferences, bolstering confidence in the insurance mechanism proposed here.

Keywords Political economy · Abortion policy · Parenthood · Public opinion · Gender · Panel data

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Published online: 15 February 2025

Introduction

The U.S. Supreme Court's decision to eliminate the constitutional right to abortion in *Dobbs v. Jackson Women's Health Organization* in June 2022 exhilarated some Americans while inspiring outrage and profound anxiety among many others. This ruling marks the start of a new phase in one of the most acrimonious conflicts in American politics: abortion access, once partially protected by the federal courts, will now be decided by state legislatures and their voters. Understanding the determinants of voters' preferences over abortion policy is therefore more important than ever.

Existing research holds that Americans' abortion policy preferences fall along party lines (Carsey and Layman 2006; Doherty 2022), are stable over time (Jelen and Wilcox 2003), and are determined by deeply held and often religiously inspired views about when life begins and by individuals' broader orientations toward gender roles (Luker 1984; Munson 2018; Hoffmann and Johnson 2005; Deckman et al. 2023). Indeed, abortion is often treated as a canonical example of a policy area in which values or moral commitments drive preferences (e.g., Chong et al. 2001; Jacoby 2014; Baldassarri and Park 2020).

Without denying the relevance of these factors, we argue that abortion policy preferences are driven by a more complex set of considerations. Irrespective of their moral views, individuals may be inclined to support abortion access because they fear that they or their sexual partner will become pregnant. Parenthood, particularly if it is unplanned, brings with it a host of challenges and costs that may significantly affect one's well-being and alter the course of one's life (e.g., Williams and Shames 2003; Herd et al. 2016; Johansen et al. 2020; Mark and Cowan 2022). Abortion serves as insurance against these costs, as scholars in the economics of fertility have argued (Levine 2007).[1] The political implications of this insurance-based view of abortion have not been examined, despite important scholarship on other aspects of the political economy of fertility and household formation (Ott 2012; Folbre 1994; Iversen and Rosenbluth 2010; Teele et al. 2018; Bernhard et al. 2021; Naurin et al. 2023). In this article, we argue that individuals' abortion policy preferences are shaped in part by the insurance value that abortion provides against the costs of unplanned parenthood.

Many Americans support abortion access because they are firmly committed to women's reproductive autonomy. Other Americans, we argue, are *cross-pressured*: they may have religious or moral commitments that incline them toward opposing abortion access while also having an interest in keeping abortion accessible as insurance against the costs of unplanned parenthood. For members of this group, we expect support for abortion access to be sensitive to the insurance value that abortion provides. Their support for policies protecting abortion access should decrease as the expected cost of child-bearing (and therefore the insurance value of abortion) declines.

Testing this argument is complicated by the fact that the expected costs of parenthood for a given individual are unobservable. We argue, however, that the transition to parenthood itself is an observable event that reduces the prospective costs of child-

[1] In 2011, 45% of pregnancies in the United States were unintended and 42% of unintended pregnancies resulted in abortion (Finer and Zolna 2016).

bearing. This is because the arrival of a first child involves the payment of a high cost in the form of lifestyle adjustment to the responsibilities and constraints of parenthood. A large literature has documented the fact that the transition to parenthood is a life-course event that is highly distinctive in the psychological and interpersonal strain it imposes (e.g., Saxbe et al. 2018; Ryan and Padilla 2019). Though every child is costly, the cost of adjusting to parenthood itself is only faced once. This implies that the insurance value of abortion is higher for non-parents than for parents, since parents have already paid the one-time cost of adjusting to parenthood.

The claim that the insurance value of abortion is higher for non-parents is consistent with the available evidence on the incidence of abortion in the United States. Though it is well-known that the majority of women who receive abortions in the US are mothers (Sanger-Katz et al. 2021), this reflects the fact that the majority of women who become pregnant are already mothers (around 62% in 2020) (Osterman et al. 2021). The fact that most abortion recipients are mothers does not imply that mothers are especially likely to end a pregnancy in abortion. This common inference is an example of the base rate fallacy. In fact, non-mothers are more likely to terminate their pregnancy than are women who have already made the transition to parenthood through the birth of their first child. For instance, in 2020, the abortion ratio for American non-mothers was an estimated 21%, compared to an abortion ratio of 16.5% for American women with one child; in 2018, these figures were 19.7% and 15%, respectively.[2] In other words, conditional on becoming pregnant, women who are not yet parents are more likely to make use of the "insurance" that abortion provides than are women who have already made the transition to parenthood through the birth of their first child. This is consistent with the claim that the prospective costs of carrying a pregnancy to term are especially high among non-parents.

If support for policies that protect abortion access is motivated in part by insurance considerations, individuals who become parents (and who therefore experience a decline in the prospective insurance value of abortion) should be more likely than others to change their abortion policy preferences in a conservative direction. This should be particularly true if a given individual had previously supported abortion access despite conservative religious or ideological commitments. As the insurance value of abortion declines, such individuals are expected to be more likely to endorse a policy position that accords with their convictions.

In this article, we test these predictions with longitudinal data from the Cooperative Congressional Election Study's (CCES) three-wave panel study, which ran from 2010 to 2014. The panel format allows us to track the preferences of the same individuals before and after they become parents. We find that respondents who enter parenthood become significantly less supportive of policies protecting abortion access than they had been before having their first child. Our ability to control for pre-treatment abortion preferences reduces the extent to which our findings are threatened by non-random selection into parenthood, supporting a causal interpretation of our findings.

[2] The Guttmacher Institute defines the abortion ratio as "the proportion of pregnancies, excluding miscarriages that ended in abortion" (Jones et al. 2022). Following their method, we calculate the abortion ratio by dividing the number of abortions by the total number of live births and abortions (Jones et al. 2022). We use data from the CDC and the Guttmacher Institute to calculate the ratios by past live births: see Appendix A5 for details on the calculation.

This empirical design is a considerable advance over existing work on parenthood and Americans' abortion attitudes, which has estimated cross-sectional differences in abortion attitudes between parents and non-parents and arrived at conflicting findings: Elder and Greene (2012) find no cross-sectional differences in abortion attitudes between parents and non-parents, while Greenlee (2014) finds a weak cross-sectional correlation between motherhood and conservatism on abortion.[3] The panel estimates presented in this paper provide the clearest evidence to date that parenthood induces a conservative shift in abortion preferences in the United States. As discussed below, this appears to be true among both women and men. We find evidence that the effect of parenthood on support for abortion restrictions is concentrated among cross-pressured survey respondents: those who, before becoming parents, supported abortion rights despite being ideologically conservative or practicing Christians.

We conduct extensive tests to rule out alternative explanations of our findings. We show that our results are not driven by other time-varying confounders that may coincide with the transition to parenthood, such as marriage or labor market exit or entry. Nor are our findings driven by a general conservative shift in new parents' policy preferences or by an uptick in religiosity after the transition to parenthood. We also present evidence that the conservative shift in abortion preferences we document is not driven by a general increase in concern for children's welfare following the transition to parenthood: new parents do not become more willing to help disadvantaged young children. Finally, we show that the effect of parenthood on abortion policy preferences is concentrated among unmarried respondents, a finding that is consistent with the insurance-based logic proposed here but is difficult to explain on the basis of other channels through which parenthood might affect abortion policy preferences.

This article provides strong evidence for the view that support for abortion access is motivated in part by individuals' interest in keeping abortion accessible as insurance against an unwanted transition to parenthood. While our data precedes the *Dobbs* era, we believe that our findings are of great relevance at a time when abortion access is increasingly dependent on voters' preferences. Our findings suggest that ideological conservatives and practicing Christians are more likely to support moderate positions on abortion when they have self-interested reasons for protecting reproductive rights. When changes in life circumstances reduce their personal interest in protecting these rights, we observe a hardening of their opposition to abortion.

Hypotheses

The transition to parenthood is a distinctively burdensome life cycle event (Saxbe et al. 2018; Ryan and Padilla 2019). The arrival of a first child typically requires that a person make very considerable changes to their lifestyle and routine. This is often associated with high levels of psychological strain and anxiety that can negatively affect many aspects of a new parent's life. In path-breaking work, LeMasters (1957) concluded that the transition to parenthood (i.e., the birth of a first child) is a "crisis event" because of the difficulties of rapid lifestyle adjustment to the presence of a

[3] See Table 4.5 in Greenlee (2014).

child. More recent scholarship has generated a large body of support for the view that the transition to parenthood entails unique psychological and emotional challenges, whether one considers the word "crisis" to be appropriate or not (e.g., Ryan and Padilla 2019). The transition to parenthood typically involves a sharp decrease in leisure time and the performance of a challenging set of domestic responsibilities with which many new parents do not have prior experience (e.g., Claxton and Perry-Jenkins 2008; Genesoni and Tallandini 2009). As a consequence of these lifestyle changes, some first-time parents exhibit an increase in mental health problems and negative emotions, including depression, anxiety, and frustration (e.g., Saxbe et al. 2018; Parfitt and Ayers 2014; McLanahan and Adams 1987).

The lifestyle changes and psychological strains that new parents endure amount to the non-monetary cost of becoming a parent. While many people have more than one child, the experience of having one's first child is different from the experience of having additional children, since it is only during first-time parenthood that individuals are compelled to adapt to the new role of 'parent.' This is not to say that having a second, third, or fourth child is costless. Every child, including the first, requires a large monetary outlay for the provision of food, clothing, housing, and care. Aside from these monetary costs, the arrival of every child is mentally and emotionally taxing. Furthermore, any new child may necessitate a change in a parent's labor market status to make time for care work, leading to lost earnings and forgone professional experience (e.g., Klerman and Leibowitz 1999).

The cost that accompanies the birth of every child is distinguishable from the one-time cost of adjustment to parenthood *per se*. The cost of adjustment to parenthood is a 'fixed cost' in the sense that it is only borne once and does not vary in size depending on the number of children a parent later has. When it comes to the full cost of having a first child, we can thus distinguish between the fixed cost of adjusting to parenthood and the costs that one incurs with a first child that would be incurred again with every additional child.

This means that a non-parent contemplating the possibility of parenthood faces both the fixed cost of adjusting to parenthood and the cost of a first child (and subsequent children). A person who has made the transition to parenthood has already paid the cost of adjusting to the role of 'parent' and faces only the costs of additional children. These prospective costs are considerable but are lower than the prospective costs faced by someone who has not yet paid the fixed cost of transitioning to parenthood.

We can now turn to the role of abortion. By making it possible to safely end a pregnancy, legally accessible abortion provides potential parents with a kind of insurance against the costs of child-bearing (Levine 2007). For non-parents, abortion insures against both the cost of the transition to parenthood and the costs of every child. For parents, abortion insures against the costs of additional children. In other words, once an individual has paid the fixed cost of the transition to parenthood, the prospective costs against which abortion insures are lower than they were previously. This means that the prospective value of abortion as insurance declines after individuals undergo the transition to parenthood.

As discussed in the introduction, our prediction regarding the relatively high insurance value of abortion for non-parents is consistent with the fact that American

women who are not parents are more likely to end a pregnancy with abortion than are women who have one child. If non-parents face a higher prospective cost of childbearing, as argued here, it is unsurprising that they are more likely to end the pregnancy. The commonly reported statistic that most women who receive abortions are mothers reflects the fact that most pregnant people are already mothers.

What does all of this mean for abortion policy preferences? We expect individuals for whom abortion provides high insurance value to be more supportive of abortion rights than are individuals for whom abortion provides little insurance value, all else equal. This implies that the transition to parenthood should cause a conservative shift in abortion policy preferences by reducing the insurance value of abortion.

Of course, it would be unreasonable to say that individuals form abortion policy preferences solely on the basis of insurance considerations. We assume that individuals generally prefer to endorse an abortion policy that aligns with their religious and moral commitments but may deviate from these commitments when the expected personal cost of such a policy is sufficiently high. For example, some individuals hold moral or religious beliefs that lead them to view abortion as wrong. These beliefs may incline them to endorse a restrictive policy stance on abortion. On the other hand, some of these individuals may also be concerned about the possibility that they or their sexual partner may become pregnant. We expect these concerns to incline them to support legal abortion, since abortion provides insurance against the costs associated with child-bearing.

In some cases, these individuals' concerns about the prospective costs of childbearing will be great enough to outweigh the satisfaction they would receive from endorsing a restrictive abortion policy stance, leading them to hold a liberal or moderate policy position on abortion. We call these individuals *cross-pressured*. As discussed above, we expect the prospective value of abortion as insurance (i.e., the prospective costs of child-bearing) to decline after a person has had her or his first child. After a cross-pressured individual has paid the one-time cost associated with the transition to parenthood, the remaining insurance value of abortion may be insufficient to outweigh the value they receive from endorsing a stance on abortion that is consistent with their moral or religious principles. We should therefore expect cross-pressured respondents' abortion policy preferences to move, on average, in a conservative direction after the transition to parenthood.

We do not expect the same response among individuals who believe that accessible abortion is an integral part of personal autonomy and who do not harbor moral qualms about abortion. These individuals derive no satisfaction from endorsing a conservative policy position on abortion. We expect such individuals to support the protection of reproductive rights irrespective of the insurance value that abortion provides them. It follows that the transition to parenthood should not exert a significant effect on abortion policy preferences among individuals with a strong moral commitment to reproductive autonomy.[4] While many individuals have nuanced or

[4] It is possible that for some individuals, a decline in the insurance value of abortion will reduce the intensity of their commitment to protecting abortion rights or cause a decline in their willingness to assume heavy personal costs to defend these rights. Our study does not allow for the measurement of preference intensity or willingness to undertake costly action, however.

weakly defined views that fall between these poles (Munson 2018), it is clear from this framework that the effect of parenthood on abortion policy preferences should be strongest among cross-pressured respondents: individuals who have moral reasons to oppose abortion access if insurance considerations were to become less important to them. Of course, we cannot intuit whether survey respondents have deep-seated moral or religious qualms about abortion that are not revealed in their stated abortion policy preferences. We thus proxy for cross-pressure on the basis of whether a given respondent is an ideological conservative or a practicing Christian. These are two groups of people whom we would expect to have underlying moral or religious qualms about abortion even if they hold a moderate or liberal policy view on abortion rights for insurance reasons. This yields the following two hypotheses:

H1: Individuals become less supportive of abortion access after becoming parents.

H2: The effect of the transition to parenthood on support for abortion access is concentrated among "cross-pressured" individuals: persons who, before becoming parents, were practicing Christians or conservatives and (nonetheless) supported abortion rights.

Should we expect women and men to respond differently to the transition to parenthood? The framework developed here predicts no significant differences in responses by gender.[5] It is undeniable that women generally bear a greater share of the costs associated with childbearing, including the physical strain and risks of pregnancy (National Instititutes of Health 2024), a disproportionate share of childcare responsibilities (Hochschild and Machung 2012), and a higher likelihood of career interruption (Hochschild and Machung 2012; Collins 2019; Greenlee 2014). Women also face a greater risk than men of being left as the sole caregiver, further increasing the expected costs of childbearing for women compared to men (Livingston 2018). As a result, the prospective insurance value of abortion is likely to be higher for women than for men.

It does not follow, however, that the *change* in the value of abortion as insurance following the transition to parenthood will be higher for women than for men. Rather, the considerations suggest that the insurance value of abortion is higher for women than for men both before *and* after the transition to parenthood: even after the first child, female parents face higher expected costs of having additional children than do male parents. The physical strain and risk of pregnancy, the disproportionate share of childcare responsibilities, and the disproportionate likelihood of a career interruption are all costs that are incurred again with each additional child. These considerations do not provide grounds to expect the insurance value of abortion to change more sharply for women than for men following the birth of a first child. We expect instead that the prospective insurance value of abortion for women and men will decline by a similar degree following the transition to parenthood, starting from a baseline level that is higher for non-parent women than for non-parent men and ending at a post-transition level that is equivalently higher for women with one child than for men

[5] The ensuing discussion about gender differences is primarily relevant for heterosexual couples, where traditional gender roles are more likely to shape childbearing dynamics (Hochschild and Machung 2012). We recognize that this discussion does not encompass the full diversity of family structures, including queer couples and single parents. Future research could explore whether and how these dynamics differ across different family configurations.

with one child. Put differently, we do not expect a convergence or divergence in the insurance value of abortion between men and women after the transition to parenthood. This implies that the effect of the transition to parenthood on the prospective insurance value of abortion should be similar among women and men.

What are the implications for abortion policy preferences? If men and women experience a similar change in the insurance value of abortion after the transition to parenthood (starting from different baseline values), our framework predicts that they will experience a similar shift in their abortion policy preferences, all else equal. Support for abortion rights among cross-pressured women and men should decline by a similar degree following the transition to parenthood. Meanwhile, the abortion policy preferences of non-cross-pressured women and men should display similar levels of stability over the transition to parenthood. For men and women who do not have moral qualms about abortion, the transition to parenthood should not exert a significant effect on their support for abortion rights. Thus, while we expect the conservatizing effect of parenthood to be concentrated among cross-pressured respondents (of both genders), we do not expect to observe heterogeneous effects by gender.

The framework proposed here is one way of understanding the differences between men and women's abortion attitudes. Its validity is ultimately an empirical question. In the following analysis, we investigate whether the transition to parenthood differentially influences the abortion policy preferences of women and men.

Data & Research Design

This article uses panel data from the Cooperative Congressional Election Study (CCES) to test the hypotheses laid out in the previous section (Schaffner and Ansolabehere 2015). The three-wave panel ran in 2010, 2012, and 2014 and reached 9, 404 respondents each year, maintaining demographic balance across its three waves (Schaffner and Ansolabehere 2015). Respondents were asked in each wave, "Which one of the opinions on this page best agrees with your view on abortion?" and were given four answer options, from "By law, abortion should never be permitted" (most conservative, 1) to "By law, a woman should always be able to obtain an abortion as a matter of personal choice" (most liberal, 4).[6] Figure 1 shows respondents' average level of support for abortion rights by parental status, gender, ideological orientation, and religiosity. The gap in support for abortion rights between men and women is narrower than the gap between parents and non-parents.[7] The difference in support by parental status is smaller than the gap between conservatives and non-conservatives and between practicing Christians and others.[8]

The fact that the abortion policy preferences of parents are, on average, more conservative than those of non-parents (as shown in Figure 1) does not necessarily

[6] See Appendix A0 for the precise wording of all survey questions analyzed. See Appendix A11 for a table of descriptive statistics.

[7] This is consistent with cross-sectional evidence from Lizotte (2015), who finds that women are somewhat more supportive of legal abortion than men.

[8] We explain how we code members of these groups in the Results section below.

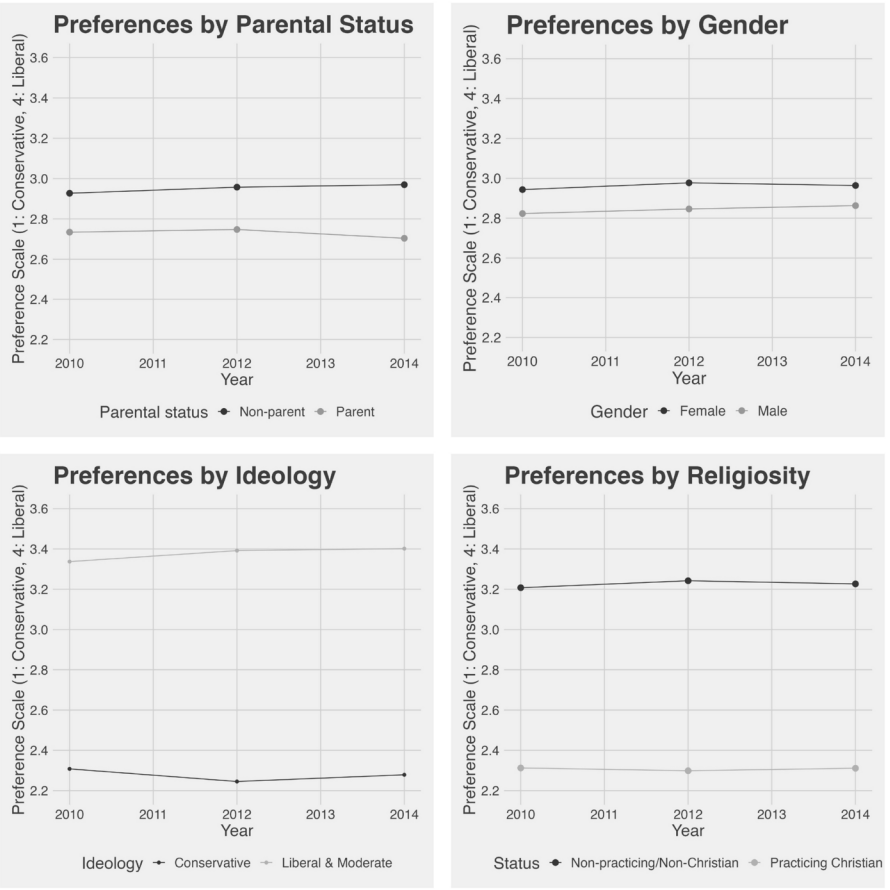

Fig. 1 Abortion policy preferences by parental status, ideology, gender, and religiosity (CCES 2010-14)

mean that parenthood induces a conservative change in abortion views. It could be that individuals who become parents already have more conservative abortion preferences than those who remain non-parents. To test whether the transition to parenthood actually leads to a conservative shift in abortion policy preferences, we exploit the panel structure of our data. This allows us to compare the views of the same individuals before and after they make the transition to parenthood. The treatment variable in our analysis - becoming a parent - is coded as a 1 when a respondent reports having no children under 18 in period *t-1* and having one or more children under 18 in period *t*. The treatment variable is coded as 0 otherwise. To measure our outcome of interest, we compare the survey responses of individuals in period *t* to their own responses to the same question in period *t-1*. Having children is not randomly assigned, but the panel format allows us to control for respondents' attitudes toward abortion policy *before* they become parents. This significantly ameliorates concerns that the treated respondents differ from their untreated peers in terms of their baseline (pre-treatment) support for abortion rights.

We also employ pre-treatment control variables that could plausibly affect receipt of treatment (i.e., the decision to have children) or predispose some respondents to preference change on abortion access, in addition to time fixed effects. We employ a standard battery of control variables in the panel regressions: partisanship, education, age, race/ethnicity, gender, family income, and urban-rural residency status.[9] In addition, we employ covariates especially relevant to the politics of abortion: religious service attendance and religious importance. All of these control variables are measured at the *t-1* period to avoid post-treatment bias.

We follow the empirical literature on individual-level panel analysis by employing multiple estimation strategies (e.g., Frymer and Grumbach 2021). First, we use the respondent's preference in period *t* as the dependent variable, using the lagged preference (i.e., in period *t-1*) as a control variable **(1)**. Second, we use a "first difference" measure as the dependent variable by subtracting the period *t-1* preference measure from the period *t* measure **(2)**. We use robust standard errors clustered by individual respondent. The two models we estimate are:

$$(1) Pref_{i,t} = \beta_0 + \beta_1 BecameParent_{i,t} + \beta_2 Pref_{i,t-1} + \beta_3 \mathrm{X}_{i,t-1} + \lambda_t + \epsilon_{i,t}$$
$$(2) Pref_{i,t} - Pref_{i,t-1} = \beta_0 + \beta_1 BecameParent_{i,t} + \beta_2 \mathrm{X}_{i,t-1} + \lambda_t + \epsilon_{i,t}$$

In both equations, indicates the abortion policy preference of respondent *i* at time *t*, $BecameParent_{i,t}$ indicates that respondent *i* became a parent during the period leading up to time *t*, and $\mathrm{X}_{i,t-1}$ is a vector of control variables for respondent *i* at time $t-1$. λ_t indicates time fixed effects.

To test *H1* above, we run these models on the full sample of respondents. This examines whether individuals who become parents are more likely to change their views on abortion between survey waves than are otherwise similar individuals who did not become parents between waves. Appendix A6 reports a similar analysis in which the sample is restricted to individuals who began as non-parents. This compares preference change among individuals who became parents against individuals who remained non-parents. The results look very similar to those reported in the main text. To test *H2* (regarding the concentration of the effect of parenthood among cross-pressured respondents), we stratify the sample by ideology and religiosity to estimate conditional average treatment effects. We code individuals as practicing if they report that they attend religious services "More than once a week," "Once a week," or "Once or twice per month" (at *t-1*) and Christian if they identified as "Protestant," "Catholic," "Mormon," or "Eastern or Greek Orthodox." We code individuals as conservative if they identify as ideologically "conservative" or "very conservative" (at *t-1*). We then estimate the effect of parenthood on abortion attitudes among practicing Christians and conservatives, as well as among individuals who do not fall into these groups. If *H2* is correct, we would expect parenthood to induce a significant shift in abortion policy preferences among practicing Christians and conservatives who

[9] See Appendix A10 for regressions that also include state fixed effects and Appendix A14 for regressions that control for state citizen liberalism. The main results do not meaningfully change.

become parents, but less so among individuals who become parents but do not fall into these groups.[10]

To be sure, not every practicing Christian or conservative is, in fact, "cross-pressured." Some respondents in these groups oppose abortion under all circumstances.[11] If anything, this biases the analysis in favor of a null result. Individuals who already hold the most conservative view possible on abortion (as measured in the survey) are subject to a floor effect - they lack "room to move" further in a conservative direction following the transition to parenthood. This constrains the potential to observe any conservatizing effect of parenthood on their abortion policy preferences. Inasmuch as we observe a significant conservatizing effect of parenthood on the abortion policy preferences of practicing Christians and conservatives, the result is driven by individuals who were indeed cross-pressured prior to the transition to parenthood, in the sense that they held moderate or liberal views on abortion policy despite being a practicing Christian or a conservative.

Results

We uncover evidence consistent with the hypothesis that becoming a parent causes individuals to change their abortion policy preferences in a conservative direction. Statistically significant estimates in Table 1's first two columns show that becoming a parent is associated with a movement of −0.08 (on the 1–4 preference scale) in a conservative direction, consistent with *H1*. We arrive at equivalent estimates using each of the two estimators discussed above. This effect size is substantively significant: it is equivalent to more than one-third of the size of the overall parent-nonparent gap in abortion preferences (0.22) (see Figure 1) and is roughly 7% of the standard deviation of the dependent variable (abortion preferences) (see Appendix A11).[12] Importantly, we find similar results when restricting the sample to respondents who were not parents in the *t-1* period (see Appendix A6). This increases our confidence in the robustness of our findings.

The remaining columns of Table 1 display the results of our subgroup analyses, which analyze the effect of becoming a parent among practicing Christians (columns

[10] In Appendix A8, we use an interaction model. The results of both kinds of analyses are reported in the Results section below.

[11] As we show in Appendix A9, only a minority of conservatives and practicing Christians are categorically opposed to abortion. It should also be acknowledged that religious observance and ideological self-identification are imperfect proxies for the existence of moral qualms about abortion. There are surely some conservatives and practicing Christians who have no moral qualms about abortion, and some individuals who do not fall into either of these groups who have moral qualms about abortion. As discussed in the previous section, we have no way of measuring whether a given respondent has deep-seated moral or religious qualms about abortion that are not revealed in their stated abortion policy preferences. We are therefore forced to rely on these imperfect proxies.

[12] Data limitations prevent us from testing for heterogeneous effects by the child's gender, but our results show that parenthood moves individuals' abortion policy preferences in a conservative direction. Washington (2008) argues that parents with female children have a stronger stake in abortion rights than parents with only male children.

3 and 4) and conservatives (columns 5 and 6).[13] Regression results by subgroup show that the coefficients on becoming a parent for practicing Christians (−0.13 to −0.16) and conservatives (−0.12 to −0.15) are statistically significant (columns 3–6), whereas analogous analyses for liberals and people who attend religious services less often yield no statistically significant findings (see Appendix A3). The finding that the effect of parenthood on abortion policy preferences is concentrated among "cross-pressured" respondents—those who held a moderate or liberal position on abortion prior to becoming a parent despite being a practicing Christian or conservative—supports *H2*.[14]

In Appendix A8, we interact the parenthood variable with binary variables indicating whether the respondent is a practicing Christian or a conservative. The results of these interaction models provide limited support for our second hypothesis. The coefficients on the interaction terms are consistently signed in the predicted direction, suggesting that the abortion policy preferences conservatives and practicing Christians respond more strongly to the transition to parenthood, but the estimate reaches statistical significance only in a model estimating differences in preference change between practicing Christians and other respondents following the transition to parenthood. This may be a result of sample size. It may also reflect the limitations of our proxy for cross pressure: there are surely some respondents who do not identify as conservatives or as practicing Christians who nonetheless have moral qualms about abortion that induce them to change their abortion policy preferences after abortion's insurance value declines following the transition to parenthood. Despite these limitations, the results presented in Table 1 and in Appendix A3 make clear that the effect of parenthood on abortion preferences is statistically significant among practicing Christian and conservatives but not among other groups. Taken together, our results provide clear support for our hypothesis that that the transition to parenthood has a conservatizing effect on abortion policy preferences as well as evidence that this effect is, indeed, concentrated among practicing Christians and conservatives.

As discussed in the Hypotheses section, we expect the abortion preferences of women and men to respond similarly to the transition to parenthood. Although women face a higher prospective cost to child-bearing and can be expected to assign a correspondingly higher value to abortion as insurance, we expect this to be true both before *and* after the transition to parenthood. In expectation, women bear a disproportionately high share of the costs not only for their first child, but also for their second and third children, and so on. There is no obvious reason to expect a greater *drop* in the insurance value of abortion for women than for men after the transition to parenthood. Accordingly, our framework does not predict a greater shift in abortion preferences among women following the birth of a first child. To examine this empirically, we test for differential effects of parenthood on the abortion policy preferences of men and women. The results, reported in Appendix A7, show that the

[13] Some readers may also wonder about differential effects by racial identification, given the higher prevalence of religious commitments among Americans of color. The unequal sizes of relevant subgroups in our sample make comparative analyses by racial identification statistically infeasible with this data.

[14] Appendix A4 reports results using two-way fixed effects regressions. These results are statistically significant at the 0.05 or 0.1 level for subgroups of interest. Since the panel study only covers the years 2010-2014, we are unable to test for long-term attitudinal effects.

Table 1 Effects of parenthood on abortion policy support (CCES 2010-14 panel)

	AbortionSupport (All respondents, lagged DV)	**AbortionSupport** (All respondents, first difference)	**AbortionSupport** (Practicing Christians, lagged DV)	**AbortionSupport** (Practicing Christians, first difference)	**AbortionSupport** (Conservatives, lagged DV)	**AbortionSupport** (Conservatives, first difference)
Became parent	−0.08*	−0.08*	−0.16**	−0.13*	−0.15*	−0.12†
	(0.04)	(0.04)	(0.06)	(0.07)	(0.06)	(0.07)
Abortion support(*t-1*)	0.72**		0.72**		0.71**	
	(0.01)		(0.01)		(0.01)	
Birth year	−0.00	0.00	−0.00†	0.00	−0.00	0.00
	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)
Female (*t-1*)	0.03**	−0.01	0.04*	0.01	0.04**	0.01
	(0.01)	(0.01)	(0.02)	(0.02)	(0.01)	(0.01)
Education (*t-1*)	0.02**	−0.00	0.02**	0.00	0.01†	−0.00
	(0.00)	(0.00)	(0.01)	(0.01)	(0.01)	(0.01)
White	0.01	−0.01	0.00	−0.02	0.04	−0.00
	(0.02)	(0.02)	(0.04)	(0.04)	(0.03)	(0.03)
Black	0.01	−0.03	0.04	−0.01	0.13*	0.08
	(0.03)	(0.03)	(0.05)	(0.05)	(0.06)	(0.06)
Latino	0.02	0.03	0.07	0.08	0.04	0.05
	(0.03)	(0.03)	(0.05)	(0.05)	(0.04)	(0.04)
Family income (*t-1*)	0.01**	0.00	0.01*	0.00	0.01**	0.01
	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)
Party ID (*t-1*)	−0.15**	−0.02**	−0.17**	−0.02**	−0.07**	−0.01
	(0.01)	(0.00)	(0.01)	(0.01)	(0.02)	(0.02)
Urban-rural (*t-1*)	−0.01**	−0.00	−0.01	−0.00	−0.01†	0.00
	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)
Religious importance (*t-1*)	0.04**	−0.01	0.10**	0.00	0.07**	−0.01
	(0.01)	(0.01)	(0.02)	(0.02)	(0.01)	(0.01)

Table 1 (continued)

	AbortionSupport (All respondents, lagged DV)	**AbortionSupport** (All respondents, first difference)	**AbortionSupport** (Practicing Christians, lagged DV)	**AbortionSupport** (Practicing Christians, first difference)	**AbortionSupport** (Conservatives, lagged DV)	**AbortionSupport** (Conservatives, first difference)
Relig. service attendance (*t-1*)	0.04**	−0.01	0.07**	−0.02	0.04**	−0.01
	(0.00)	(0.00)	(0.01)	(0.01)	(0.01)	(0.01)
(Intercept)	1.72**	−0.20	2.72*	−0.44	1.04	−0.87
	(0.66)	(0.62)	(1.23)	(1.17)	(1.15)	(1.09)
Year FE	Yes	Yes	Yes	Yes	Yes	Yes
R^2	0.74	0.00	0.69	0.00	0.61	0.00
Adj. R^2	0.74	0.00	0.69	0.00	0.61	0.00
Num. obs.	16408	16408	5381	5381	6755	6755
RMSE	0.55	0.59	0.60	0.65	0.61	0.66
N Clusters	8675	8675	3181	3181	3880	3880

$^{**}p < 0.01$; $^{*}p < 0.05$; $\dagger p < 0.1$. SEs are robust and clustered by individual

Specifications include set of demographic controls measured at $t - 1$. Partisanship is coded: 0 (Dem.), 1 (Ind.), or 2 (Rep.). Education: 1–6 (no high school to post-grad). Family income: 1–7 (highest:>$150,000). Urban-rural status: 1–6 (more to less dense) (Economic Research Service 2020). Religious service attendance: 1–6 (more freq. to never). Religious importance: 1–4 (very to not important). For racial/ethnic categories, the covariate "White" codes white respondents as 1 and non-white respondents as 0; "Black" codes Black respondents 1 and non-Black respondents 0; etc. The other possible racial/ethnic identity options on the survey include Asian, Native American, Mixed, Middle Eastern, and Other

transition to parenthood does not affect the abortion preferences of women and men in significantly different ways. In the same Appendix, we also analyze the effect of parenthood among female and male respondents separately. The results for female and male respondents are similar to one another. These findings support the view that the transition to parenthood affects the preferences of both groups similarly.[15]

Alternative Explanations

We can now assess alternative explanations for these findings. Some may argue that the transition to parenthood shifts abortion policy preferences in a conservative direction for reasons unrelated to abortion's insurance value. One may hypothesize that parenthood has a generally conservatizing effect on preferences across a wide range of issues, including abortion preferences, perhaps because new parents may be more likely to attend church (Margolis 2018) or to move to the suburbs (Boterman 2012). In Table 2, we test whether becoming a parent correlates with changes in residential location type (see first two columns), church attendance, religious importance, party identification, ideology, and other policy issues often thought to be driven by moral views (gay marriage and gun control). We find no statistically significant effects of parenthood on any of these outcomes. This indicates that the conservative shift in abortion preferences after the transition to parenthood is not driven by heightened general conservatism, but rather by the insurance-based logic discussed above. A further possibility is that new parents' contact with their child increases their concern for the well-being of children, possibly influencing their policy views regarding fetal life. Yet we find no evidence of heightened concern among new parents for children's well-being in the form of greater support for the Children's Health Insurance Program (CHIP) (see Table 2).[16]

A further concern is that the observed relationship between parenthood and a conservative shift in abortion preferences may be driven by respondents getting married, leaving the workforce, or entering the workforce. Each of these may occur alongside the transition to parenthood and may independently reduce the prospective insurance value of abortion. In Table 3, we show that our results hold among new parents who remained unmarried or continuously married and among those who remained outside of the work force or consistently employed through the duration of the panel study, meaning that this paper's findings are not driven by changes in marital status or employment.[17]

In a final analysis, we examine whether the effect of the transition to parenthood on abortion policy preferences differs for respondents who remain continuously married and those who remain continuously unmarried. If parenthood affects abortion

[15] Appendix A13 also shows that abortion policy preferences are not affected when respondents who have already made the transition to parenthood have additional children.

[16] Results in Table 2 come from regressions that also include (*t-1*) covariates, whose coefficients are not shown here. See Appendix A1 for the full regression table.

[17] Results in Table 3 come from regressions that also include (*t-1*) covariates, whose coefficients are not shown here. See Appendix A2 for the full regression table. Further, see Appendix A12 for evidence that this paper's main results are not driven by meaningful changes in household income.

Table 2 Non-Effects of Parenthood on Other Outcomes (CCES 2010-14 panel)

	Urban-Rural Status (first diff.)	County of Residence (first diff.)	Religious Service Attendance (first diff.)	Religious Importance (first diff.)	Party ID (first diff.)	Ideology (first diff.)	Gay Marriage Pref. (first diff.)	Gun Control Pref. (first diff.)	Child Health Insurance Pref. (first diff.)
Became parent	0.02	0.04	0.05	−0.01	0.04	−0.03	−0.02	−0.04	−0.02
	(0.02)	(0.02)	(0.08)	(0.04)	(0.03)	(0.06)	(0.03)	(0.04)	(0.03)
(Intercept)	−2.61**	−3.99**	1.01	−2.61**	0.39	1.10	−0.53	0.94†	−0.30
	(0.35)	(0.41)	(1.26)	(0.64)	(0.37)	(0.73)	(0.36)	(0.55)	(0.39)
$t-1$ controls	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Year FE	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
R^2	0.01	0.02	0.03	0.01	0.00	0.00	0.00	0.01	0.01
Adj. R^2	0.01	0.02	0.03	0.01	0.00	0.00	0.00	0.01	0.01
Num. obs.	16606	16606	11644	16607	16507	16272	16460	16559	16415
RMSE	0.19	0.22	0.88	0.56	0.31	0.63	0.35	0.49	0.39
N Clusters	8739	8739	6534	8740	8679	8614	8690	8725	8685

$^{**}p < 0.01$; $^{*}p < 0.05$; †$p < 0.1$; SEs clustered by individual and robust

preferences for reasons unrelated to insurance considerations (e.g., if exposure to an infant changes individuals' views on the morality of abortion), we would expect a similar effect among married and unmarried respondents. On the other hand, if our insurance-based argument is correct, we would expect to see a stronger effect among unmarried respondents. This is because a large majority of pregnancies among unmarried individuals in the United States are unintended, whereas a large majority of pregnancies among married individuals are intended (Finer and Zolna 2016; Henshaw 1998). The transition to parenthood is accompanied by especially drastic lifestyle changes and distinctive psychological strains for individuals who had not previously planned to have a child (e.g., Ryan and Padilla 2019). In other words, the cost of parenthood is higher for individuals who become parents through an unintended pregnancy. Since they pay an especially high cost in the transition to parenthood, members of this group should be expected to experience an especially large decline in the insurance value of abortion following the birth of their first child. Accordingly, we should observe a distinctly pronounced shift in their abortion policy preferences. Since unmarried new parents are much more likely to have experienced an unintended pregnancy, it follows that unmarried new parents should experience a more marked change in abortion policy preferences than should married new parents. This is indeed what we observe in Appendix A15: the effect of the transition to parenthood on abortion policy preferences is concentrated among unmarried respondents.[18] Although this test is not dispositive, given the possibility of underlying differences between married and unmarried respondents, the result lends further support to the insurance theory presented here.

In assessing this paper's findings, it is important to note that the data used in our study were collected between 2010 and 2014, during which time abortion was constitutionally protected. Given that this protection has now been withdrawn, it is possible that survey respondents engage differently with survey questions about abortion policy. Public opinion polls suggest that attitudes have remained largely stable over this period, however (Gallup 2023). Thus, while it is plausible that *Dobbs* induced subtle or difficult-to-measure changes in the way that Americans think about abortion policy, we do not see a reason to expect that this would transform individuals' attitudinal responses to life-course events like the transition to parenthood. For example, it could be the case that the risks associated with pregnancy have become more salient since *Dobbs*. This might induce a broad increase in the perceived insurance value of abortion for both non-parents and parents, but this would not not alter our expectations regarding the effect of parenthood on the insurance value of abortion and, by extension, support for abortion rights. We are therefore confident that our findings remain relevant in the *Dobbs* era. That said, we hope that our argument and evidence will inspire further research on abortion's insurance role and its political implications in the *Dobbs* era.

[18] On the basis of the theory developed above, we would expect to observe the strongest response among new parents who are both unmarried and cross-pressured. We cannot effectively test for heterogeneous effects of this sort because of the limited number of treated units that fall into both of these categories.

Table 3 Results among respondents whose marriage or employment status did not change (CCES 2010-14 panel)

	AbortionSupport (CONTINUOUSLY UNMARRIED or MARRIED respondents, lagged DV)	**AbortionSupport** (CONTINUOUSLY UNMARRIED or MARRIED respondents, first difference)	**AbortionSupport** (CONTINUOUSLY NOT EMPLOYED or EMPLOYED respondents, lagged DV)	**AbortionSupport** (CONTINUOUSLY NOT EMPLOYED or EMPLOYED respondents, first difference)
Became parent	-0.09^{*}	-0.09^{*}	$-0.08^{\dagger}$	-0.09^{*}
	(0.04)	(0.04)	(0.04)	(0.04)
Abortion support (*t-1*)	0.72^{**}		0.72^{**}	
	(0.01)		(0.01)	
(Intercept)	1.85^{**}	-0.13	1.52^{*}	-0.33
	(0.68)	(0.64)	(0.70)	(0.67)
$t-1$ controls	Yes	Yes	Yes	Yes
Year FE	Yes	Yes	Yes	Yes
R^2	0.74	0.00	0.73	0.00
Adj. R^2	0.74	0.00	0.73	0.00
Num. obs.	15590	15590	14448	14448
RMSE	0.55	0.59	0.55	0.59
N Clusters	8247	8247	7635	7635

$^{**}p < 0.01$; $^{*}p < 0.05$; $\dagger p < 0.1$; SEs are clustered by individual and robust

Conclusion

In this article, we have argued that abortion policy preferences are shaped in part by the fact that abortion provides insurance against the cost of unplanned parenthood. Using the transition to parenthood itself as a life-course event that diminishes the prospective value of abortion as insurance, we have shown that a reduction in abortion's insurance value induces individuals to adopt more conservative abortion policy preferences, an effect that is concentrated among conservatives and practicing Christians.

Our results indicate that when it comes to abortion policy preferences, moral qualms about abortion may be overpowered by concerns about the personal consequences of unplanned pregnancy. These concerns give individuals a personal stake in protecting reproductive rights, leading some conservatives and practicing Christians to hold more moderate views on abortion policy than they might otherwise. When a major change in life circumstances– the transition to parenthood– reduces their personal stake in reproductive autonomy by lowering the prospective costs of unplanned pregnancy, these individuals tend to adopt a more hard-line stance against abortion access.

The theory and evidence put forward in this article integrates the study of reproductive rights with the broader literature on the political economy of gender and family formation (e.g., Folbre 1994; Iversen and Rosenbluth 2010). Future work on abortion must take into account that parenthood is a risk that can be expected to shape individuals' abortion policy preferences, much as exposure to labor market risks shapes demand for publicly provided insurance (e.g., Rehm 2016). Given that abortion is a paradigmatic case of an issue domain in which social scientists think that moral values drive policy preferences (e.g., Chong et al. 2001; Jacoby 2014; Baldassarri and Park 2020), our findings carry important implications for how we think about "cultural" issues more broadly. The results presented above suggest that voters' policy stances on issues like abortion may be shaped not only by their moral beliefs but also by their expectations regarding how such policies could concretely affect their own lives - that is, by their self-interest. Future work should explore how changes in personal circumstances affect preferences toward abortion and other policy areas in which deeply held moral and ideological commitments are thought to dominate.

Acknowledgements We thank Josh Kalla, Shiro Kuriwaki, Dawn Teele, Shaun Bowler, journal editors, and anonymous reviewers for helpful feedback. All remaining errors are our own. The data we use was collected in the Cooperative Congressional Election Study (CCES), NSF Grants 1430473 and 1154420.

Funding Open access funding provided by SCELC, Statewide California Electronic Library Consortium

Declarations

Competing Interests The authors have no relevant financial or non-financial interests to disclose.

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