

# ObGyns united in a divided post-*Dobbs* America

The troubling *Dobbs* decision has left many ObGyns scrambling to provide reproductive care to their patients in states where abortion is banned. These authors explain how to navigate this landscape and help clinicians and patients in affected states retain access to care.



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While many anticipated the fall of *Roe v Wade* after the leaked Supreme Court of the United States (SCOTUS) decision in the *Dobbs v Jackson* case, few may have fully comprehended the myriad of ways this ruling would create a national health care crisis overnight. Since the ruling, abortion has been banned, or a 6-week gestational age limit has been implemented, in a total of 13 states, all within the South and Midwest regions of the country.<sup>1</sup> Many additional states will almost assuredly enact bans on access to reproductive health care in the near future. While the specific case of the 10-year-old rape victim in Ohio and her gynecologic care by Dr. Caitlin Bernard, an Indiana ObGyn, has garnered national attention, most of the devastating effects have not yet been realized.<sup>2</sup> Recent published data highlights the substantially negative impact these legislative changes

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already have had regarding the treatment of early spontaneous abortions and premature rupture of membranes.<sup>3,4</sup> Physicians could face legal consequences for treating emergencies, such as ectopic pregnancies, in some states.<sup>5</sup>

The 2022 American College of Obstetricians and Gynecologists (ACOG) Annual Clinical and Scientific Meeting, held shortly after the leaked SCOTUS opinion, was unlike most others. ACOG staff appropriately recognized the vastly different

Illustration: Paul Zwolak

ways this ruling would affect patients and providers alike, simply based on the states in which they reside. ACOG staff organized the large group of attendees according to self-identified status (ie, whether they worked in states with protected, restricted, or threatened access to abortion care). Since this is such a vast topic, attendees also were asked to identify an area upon which to focus, such as the provision of health care, advocacy, or education. As a clinician practicing in Massachusetts, Dr. Bradley found herself meeting with an ACOG leader from California as they brainstormed how to best help our own communities. In conversing with attendees from other parts of the country, it became apparent the challenges others would be facing elsewhere were far more substantive than those we would be facing in “blue states.” After the *Dobbs* ruling, those predictions became harsh realities.

As we begin to see and hear reports of the devastating consequences of this ruling in “red states,” those of us in protected states have been struggling to try and ascertain how to help. Many of us have worked with our own legislatures to further enshrine protections for our patients and clinicians. New York and Massachusetts exemplify these efforts.<sup>6,7</sup> These legislative efforts have included liability protections for patients and their clinicians who care for those who travel from restricted to protected states. Others involve codifying the principles of *Roe* and clarifying existing law to improve access. An online fundraiser organized by physicians to assist Dr. Bernard with her legal costs as she faces politically motivated investigation by Indiana state authorities has raised more than \$260,000.<sup>8</sup> Many expressed the potential legal and medical peril for examiners and

examinees if the American Board of Obstetrics and Gynecology held in-person oral examinations in Texas as previously scheduled.<sup>9</sup> An online petition to change the format to virtual had 728 signatories, and the format was changed back to virtual.<sup>10</sup>

The implications on medical schools, residencies, and fellowships cannot be overstated. The *Dobbs* ruling almost immediately affected nearly half of the training programs, which is particularly problematic given the Accreditation Council for Graduate Medical Education requirement that all ObGyn residents have access to abortion training.<sup>11</sup> Other programs already are starting to try to meet this vast training need. The University of California San Francisco started offering training to physicians from Texas who were affected by the strict restrictions that predated *Dobbs* in the SB8 legislation, which turned ordinary citizens into vigilantes.<sup>12</sup>

ACOG has created an online resource (<https://www.acog.org/advocacy/abortion-is-essential>) with a number of different sections regarding clinical care, education and training, advocacy at the state level, and how to use effective language when talking about abortion in our communities. Planned Parenthood also suggests a myriad of ways those directly and indirectly affected could get involved:

- 1. Donate to the National Network of Abortion Funds.** This fund (<https://secure.actblue.com/donate/fundabortionnow>) facilitates care for those without the financial means to obtain it, supporting travel, lodging, and child care.
- 2. Share #AbortionAccess posts on social media.** These stories are a powerful reminder of the incredibly harmful impact this legislation can have on our patients.

**3. Donate to the If When How's Legal Repro Defense Fund** (<https://www.ifwhenhow.org/>), which helps cover legal costs for those facing state persecution related to reproductive health care.

**4. Volunteer** to help protect abortion health care at the state level.

**5. Engage with members of Congress** in their home districts. (<https://www.congress.gov/members/find-your-member>)

**6. Contact the Planned Parenthood Local Engagement Team** to facilitate your group, business, or organization's involvement.

**7. Partner.** Facilitate your organization and other companies to partner with Planned Parenthood and sign up for Bans off our Bodies ([https://docs.google.com/forms/d/e/1FAIpQLSdrmxwMcwNXJ8INE8S2gYjDDXuT76ws\\_Fr7CLm3qbtR8dcZHW/viewform](https://docs.google.com/forms/d/e/1FAIpQLSdrmxwMcwNXJ8INE8S2gYjDDXuT76ws_Fr7CLm3qbtR8dcZHW/viewform)).

**8. Record your perspective about abortion** (<https://www.together.plannedparenthood.org/articles/6-share-abortion-story>), whether it's having had one, supported someone who had one, or advocated for others to have access to the procedure.<sup>13</sup>

ACOG also outlines several ways those of us in protected states could help shape the landscape in other communities in addition to advocating for state medical society resolutions, writing op-eds and letters to the editor, and utilizing ACOG's social media graphics.<sup>14</sup> In recognition of the often sensitive, polarizing nature of these discussions, ACOG is offering a workshop entitled “Building Evidence-Based Skills for Effective Conversations about Abortion.”<sup>15</sup>

Abortion traditionally was a policy issue other medical organizations shied away from developing official policy on and speaking out in support of, but recognizing

the devastating scope of the public health crisis, 75 medical professional organizations recently released a strongly worded joint statement noting, “As leading medical and health care organizations dedicated to patient care and public health, we condemn this and all

interference in the patient–clinician relationship.”<sup>16</sup> Clinicians could work to expand this list to include all aspects of organized medicine. Initiatives to get out the vote may be helpful in vulnerable states, as well.

Clinicians in protected states are not necessarily directly affected in

our daily interactions with patients, but we stand in solidarity with those who are. We must remain united as a profession as different state legislatures seek to divide us. We must support those who are struggling every day. Our colleagues and fellow citizens deserve nothing less. ●

## References

1. Tracking the states where abortion is now banned. *New York Times*. November 23, 2022. <https://www.nytimes.com/interactive/2022/us/abortion-laws-roe-v-wade.html>. Accessed November 28, 2022.
2. Stanton A. ‘She’s 10’: child rape victims abortion denial spreads outrage on Twitter. *Newsweek*. July 2, 2022. <https://www.newsweek.com/shes-10-child-rape-victims-abortion-denial-sparks-outrage-twitter-1721248>. Accessed November 6, 2022.
3. Judge-Golden C, Flink-Bochacki R. The burden of abortion restrictions and conservative diagnostic guidelines on patient-centered care for early pregnancy loss. *Obstet Gynecol* 2021;138:467071.
4. Nambiar A, Patel S, Santiago-Munoz P, et al. Maternal morbidity and fetal outcomes among pregnant women at 22 weeks’ gestation or less with complications in 2 Texas hospitals after legislation on abortion. *Am J Obstet Gynecol*. 2022;227:648-650.e1. doi:10.1016/j.ajog.2022.06.060.
5. Winter J. The Dobbs decision has unleashed legal chaos for doctors and patients. *The New Yorker*. July 2, 2022. <https://www.newyorker.com/news/news-desk/the-dobbs-decision-has-unleashed-legal-chaos-for-doctors-and-patients>. Accessed November 6, 2022.
6. Lynch B, Mallow M, Bodde K, et al. Addressing a crisis in abortion access: a case study in advocacy. *Obstet Gynecol*. 2022;140:110-114.
7. Evans M, Bradley T, Ireland L, et al. How the fall of *Roe* could change abortion care in Mass. *Cognoscenti*. July 26, 2022. <https://www.wbur.org/cognoscenti/2022/07/26/dobbs-ro-abortion-massachusetts-megan-l-evans-erin-t-bradley-luu-ireland-chloe-zera>. Accessed November 6, 2022.
8. Spocchia G. Over \$200k raised for doctor who performed abortion on 10-year-old rape victim. *Independent*. July 18, 2022. <https://www.independent.co.uk/news/world/americas/fundriaser-ohio-abortion-doctor-rape-b2125621.html>. Accessed November 6, 2022.
9. ABOG petition: convert to online examination to protect OBGYN providers. Change.org website. [https://www.change.org/p/abog-petition?original\\_footer\\_petition\\_id=33459909&algorithm=promoted&source\\_location=petition\\_footer&grid\\_position=8&pt=AVBldGl0aW9uAHgWBQIAAAAYs65vIyhbUxhZGM0MWVhZg%3D%3D](https://www.change.org/p/abog-petition?original_footer_petition_id=33459909&algorithm=promoted&source_location=petition_footer&grid_position=8&pt=AVBldGl0aW9uAHgWBQIAAAAYs65vIyhbUxhZGM0MWVhZg%3D%3D). Accessed November 6, 2022.
10. D’Ambrosio A. Ob/Gyn board certification exam stays virtual in light of Dobbs. *MedPageToday*. July 15, 2022. <https://www.medpagetoday.com/special-reports/features/99758>. Accessed November 6, 2022.
11. Weiner S. How the repeal of *Roe v. Wade* will affect training in abortion and reproductive health. *AAMC News*. June 24, 2022. <https://www.aamc.org/news-insights/how-repeal-ro-v-wade-will-affect-training-abortion-and-reproductive-health>. Accessed November 6, 2022.
12. Anderson N. The fall of *Roe* scrambles abortion training for university hospitals. *The Washington Post*. June 30, 2022. <https://www.washingtonpost.com/education/2022/06/30/abortion-training-upheaval-dobbs/>. Accessed November 6, 2022.
13. Bans off our bodies. Planned Parenthood website. <https://www.plannedparenthoodaction.org/rightfully-ours/bans-off-our-bodies>. Accessed November 6, 2022.
14. American College of Obstetricians and Gynecologists. Shape the public discourse. ACOG website. <https://www.acog.org/advocacy/abortion-is-essential/connect-in-your-community>. Accessed November 6, 2022.
15. American College of Obstetricians and Gynecologists. Building evidence-based skills for effective conversations about abortion. ACOG website. <https://www.acog.org/programs/impact/activities-initiatives/building-evidence-based-skills-for-effective-conversations-about-abortion>. Accessed November 6, 2022.
16. American College of Obstetricians and Gynecologists. More than 75 health care organizations release joint statement in opposition to legislative interference. ACOG website. Published July 7, 2022. <https://www.acog.org/news/news-releases/2022/07/more-than-75-health-care-organizations-release-joint-statement-in-opposition-to-legislative-interference>. Accessed November 6, 2022.