# Overturning *Roe*: Exacerbating inequities in abortion care and ObGyn training

## Pregnant individuals will die, and resident physicians will not have the abortion training to save their lives

**Samantha Truong, MD**

Dr. Truong is Resident, Obstetrics and Gynecology, Brigham and Women's Hospital and Massachusetts General Hospital, Boston, Massachusetts.

**Emily R. Burdette, MD, MPH**

Dr. Burdette is Resident, Obstetrics and Gynecology, Brigham and Women's Hospital and Massachusetts General Hospital, Boston.

**Ellen C. Murphy, MD**

Dr. Murphy is Resident, Obstetrics and Gynecology, Brigham and Women's Hospital and Massachusetts General Hospital, Boston.

On a recent overnight shift, our ObGyn on-call team was urgently paged to the emergency room for a patient who was brought in hemorrhaging after having passed out mid-flight from Texas to Boston. She was 12-weeks pregnant. We rushed her to the operating room for surgical removal of the pregnancy by dilation and curettage to stop her bleeding. Landing in Massachusetts had saved her life.

The significance of this patient's case was not lost on the multidisciplinary teams caring for her, as the—at the time—impending *Roe v Wade* decision weighed heavily on our minds. One of many, her story foreshadows the harrowing experiences that we anticipate in the coming months and highlights the danger that the Supreme Court has inflicted on pregnant people nationally.

The Supreme Court decision on *Dobbs v Jackson* condemns us as a nation in which abortion rights are no longer federally protected under *Roe v Wade*.[1] Twenty-six states have been poised to ban abortion, and in at least 12 states, abortion is now illegal.[2,3] Political decision making will soon deny pregnant people the right to bodily autonomy, and the United States will lag behind other nations in abortion access.[4] As ObGyn resident physicians who practice in tertiary referral hospitals in Massachusetts, where the ROE Act protects abortion beyond 24 weeks' gestational age, we affirm abortion as essential health care that saves lives.[5]

Collectively as physician residents, we have provided an abortion for the patient at 22 weeks with a desired pregnancy who would have otherwise died from high blood pressures, the patient who ended her pregnancy to expedite breast cancer treatment, and the 16-year-old who feared for her life after suffering an assault by her partner for disclosing her pregnancy. With the overturn of *Roe v Wade*, patients like these will suffer dramatically divergent fates as race, class, and, now more than ever, geography will impact who is able to access abortion care.

## Ramifications of the overturn of *Roe*

History foreshadows the grim impact of repealing *Roe*. Ohio's 2011 law that requires the use of the restrictive protocol approved by the US Food and Drug Administration for mifepristone administration deepened existing inequities in abortion access.[6] Patients with private insurance, higher income, higher level of education, and those who were White were more likely to obtain abortion care.[7] In Texas, after the implementation of SB8 and other restrictive laws, Hispanic women whose travel distance increased more than 100 miles had the greatest reduction in abortion rates.[8,9] A recent study regarding banning abortion in the United States estimated a 7% increase in pregnancy-related deaths in 1 year, with a 21% increase in subsequent years.[10]

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Inequities in abortion access subsequently will disparately increase deaths of pregnant individuals in certain populations.[11,12] Communities with the highest rates of unintended pregnancy, medical comorbidities, and lack of access to abortion, as well as historically marginalized populations—including non-Hispanic Black people, LGBTQIA people, those with limited English proficiency, and undocumented persons—will experience the greatest increase in pregnancy-related deaths due to a total abortion ban.[13-15]

The US maternal mortality rate is already the highest among developed nations, and it will only climb if ObGyns are not appropriately trained to operate within our full scope of practice and, thus, are unable to provide the highest quality of care.[16,17]

## Abortion is a medical treatment that requires resident training

Abortion care must be protected. Uterine evacuation by medical management, suction curettage, or dilation and evacuation is indicated for undesired pregnancy, *regardless of reasoning or life circumstance.* Pregnancy carries inherent risks that can at times be deadly.[18] Abortion serves as first-line treatment for certain life-threatening pregnancy risks, including septic miscarriage, maternal hemorrhage, early-onset severe preeclampsia, and certain health conditions.[19] Surgical skills and medical management of abortion are therefore fundamental components of ObGyn care and residency training.[20]

In choosing to become ObGyns, and particularly in selecting our training program, the ability to provide safe abortion care was a calculated priority. A recent study on the implications of overturning *Roe* predicted that nearly half of ObGyn residents will likely or certainly lose access to in-state abortion training.[21] As demonstrated already in states with restrictive abortion laws, we will lose an entire generation of medical professionals skilled in performing this lifesaving procedure.[9,22] While privileged patients may travel across state borders to access care, ObGyn and other medical trainees who are contract bound to residency programs do not have such flexibility to seek out abortion training. Although we hope the reversal of *Roe* will be fleeting, the consequences of this lost generation are irreparable.[23,24] For physicians like ourselves, who fortunately are trained in surgical abortions and safe management of medical terminations, the discrepancy between evidence-based guidelines and impending political restrictions is distressing. We are forced to imagine refusing patients necessary health care—or face incarceration to save their lives.

The idea of watching a patient die, whether by hemorrhage, sepsis, or suicide, while armed with the tools of safe abortion technique is horrific. As authors with roots in Texas, Michigan, and Georgia, where abortion has or will almost certainly become illegal now that *Roe v Wade* is overturned, this scene is personal. It affects our future patients, our families, our colleagues, and our ability to return to our home states to live and practice.

Political organizing is critical to protect and restore abortion rights and defend against conservative coercive politics.[25] Nearly half of pregnancies in the United States are unintended, and more than half of these end in abortion.[26,27] Threats to abortion access require action from every one of the 59% of Americans who believe abortion should remain legal.[28] This is especially important from a social and racial justice perspective as abortion bans will disproportionately affect marginalized groups and further exacerbate inequities in maternal mortality.[13]

## Call to action

Now is the time for community action for reproductive justice and human rights. We urge everyone to donate to abortion funds, vote for leaders who support reproductive justice, and petition your state legislators to codify *Roe* into law. Now is the time to expand legislation to protect abortion providers and our patients. To ObGyns, family medicine physicians, internists, and other reproductive health clinicians, now is the time to maximize your abortion training. Now is the time to act; otherwise, pregnant individuals will die and future generations of physicians will not have the training to save their lives. ●


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