Beyond the Decision: Reproductive Care in the Post-*Dobbs* Era

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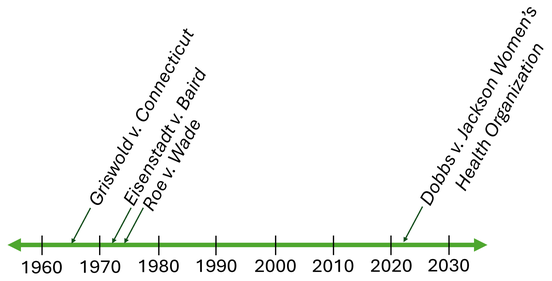
Reproductive Rights: A Brief History



- 1965 *Griswold v. Connecticut* case: overturned a Connecticut law prohibiting the use of contraception by married couples[1]
- 1972 *Eisenstadt v. Baird:* extended this right to unmarried individuals[2]
- *1973 Roe v. Wade*: established a constitutional right to abortion under the right to privacy protected by the Fourteenth Amendment[3]. It remained the legal precedent for nearly 50 years.
- 2022 *Dobbs v. Jackson Women's Health Organization:* *overturned Roe v Wade* (1973), eliminating the federal right to abortion and granting states the authority to regulate abortion access independently[4]
- Following the 2022 decision, some states enacted near-total bans while others moved to codify protections for abortion access[5].
- Several studies have documented increased utilization of long-active reversible contraceptives (LARCs) and permanent methods such as tubal ligation and vasectomy[6,7,8]. At the same time, evidence suggests a decrease in the utilization of short-acting contraceptive methods, including oral contraceptive pills (OCPs), with more significant shifts in states with less abortion access[9].

Study Question

How did **contraceptive use, access to reproductive health care, and contraceptive cost change** in the United States following the Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization?*

Methods

- This study utilizes a Repeated cross-sectional design to examine population-level changes in reproductive behavior after the 2022 Dobbs v. Jackson Women's Health Organization decision.
- Data was pulled from the Center for Disease Control's (CDC) National Survey of Family Growth (NSFG), a survey of individuals in the U.S. that are of reproductive age.
- This study compared responses from female-identifying respondents in the 2017-2019 survey period and a subset of the 2022-2023 survey period.
- The total number of respondents was 8022, with 6141 in the pre-Dobbs data and 1881 in the post-Dobbs data.
- Comparison of proportions tests were utilized to determine statistical significance, and stratified analyses were conducted within age group, education level, income, insurance coverage, and employment status.

Results

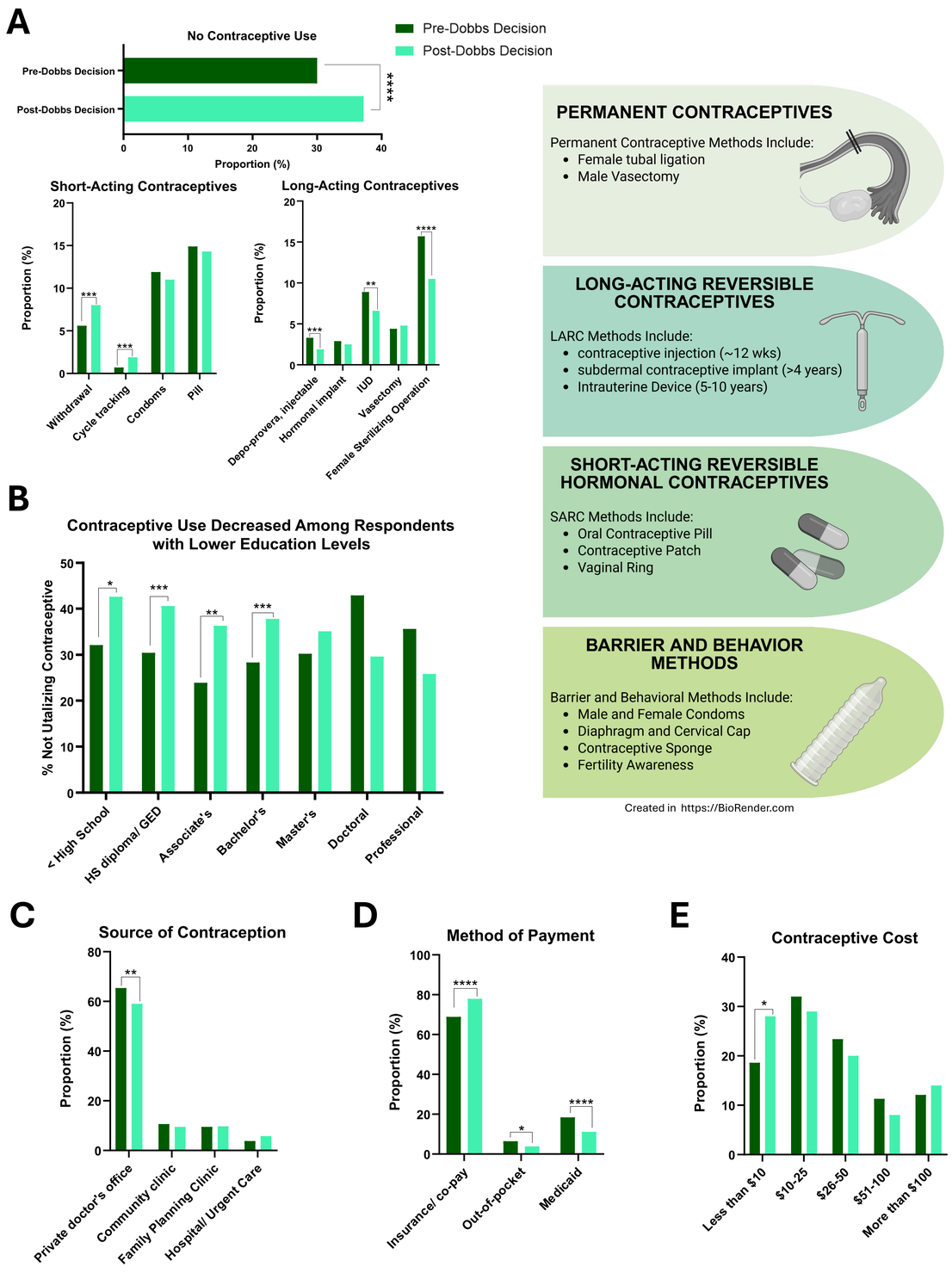


Figure 1. A The proportion of respondents that reported use of the listed contraceptive methods before and after the Dobbs decision shows a decrease in the utilization of contraception, a decrease in more effective methods, and an increase in withdrawal and cycle tracking. **B** Shifts in the proportion of respondents that reported no use of contraception before and after Dobbs was concentrated to those with lower levels of education. **C** The data shows a decrease in respondents that reported receiving their contraception primarily from a private doctor's office. **D** The utilization of insurance or co-payments to cover the cost of contraception increased significantly, while the use of Medicaid and self-pay/paying out of pocket decreased. **E** The reported cost of contraception shows an increase in the proportion of those paying $10 or less a month.

Discussion

Changes in Contraceptive Decision-Making

- Cycle tracking, sometimes referred to as the fertility-awareness method, has gained popularity in recent years with an abundance of mobile tracking applications ("apps") and an increased interest in non-hormonal contraceptives[10].
- The rise in its use may reflect a shift toward methods perceived as more natural or less dependent on the healthcare system. Individuals may seek options with more personal control in response to policy uncertainty.

Changes in Access to Contraceptive Care

- The variations in reproductive health behaviors with education level may reflect differences in health literacy or reproductive intentions.
- Respondents 15-19 years old did see a significant increase in acquiring contraception from a hospital or urgent care. Minors in this age group are able to acquire contraception without parental consent and may find hospitals and urgent cares to be more accessible.

Changes in Contraceptive Cost

- An increase in those paying less than $10 a month for contraception may be partially explained by the this increase in self-managed options e.g. cycle tracking. Depending on the method of cycle tracking, the cost can be as low as $0/month.

Conclusion

Following the 2022 Dobbs v. Jackson Women's Health Organization:

- National contraceptive use patterns have shifted toward non-use and less-effective methods, while the use of more-effective methods decreased.
- **These overall trends contrast earlier regional studies that reported an uptake in LARCs and permanent methods following the Dobbs decision[8,9,10].**
- These differences from regional studies may reflect variations in state-level legislation, data sources, and the timing of assessment.

Acknowledgements

The authors wishes to thank Dr. Godwin Dogbey, PhD for his guidance on statistical analysis of this data.

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