Clinician's Perspective on Reproductive Healthcare & Reproductive Health Rights in Southeast Michigan

Skylar Sundquist[1], Kurt Wharton MD FACOG[1,2]

1 Oakland University William Beaumont School of Medicine
2 Department of Obstetrics and Gynecology, Corewell Health William Beaumont University Hospital

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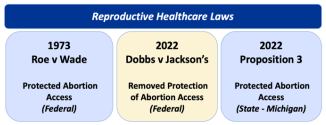
Introduction

Reproductive healthcare is essential care that includes family planning, assisted reproductive technologies, sexually transmitted infection (STI) screening and treatment, abortion access, and sexual health education. Unfortunately, reproductive healthcare and reproductive rights are often the subject of erosive litigation. This litigation limits individuals' access to reproductive healthcare thereby inhibiting individuals' ability to exert autonomy over their health. In June of 2022, the US Supreme Court ruled in favor of Dobbs in the case of Dobbs v Jackson Women's Health Organization. This ruling effectively overturned the 1973 Roe v Wade decision and ended the protected right to access abortion care. After the Supreme Court decision, additional litigation at the state level has further restricted reproductive healthcare access. This study is intended to better understand how Southeast Michigan has been impacted.



Aims and Objectives

1. Have clinicians working in Southeast Michigan experienced any changes in their ability to provide essential reproductive healthcare to their patients following the Dobbs v Jackson decision?
2. Understand clinicians perspective on the Dobbs v Jackson decision
3. Contribute meaningful data to the conversation surrounding reproductive healthcare. With this, we will be better poised to advocate for the needs of our community and similar communities.

Methods

- Electronic survey disseminated via e-mail to clinician's who provide reproductive healthcare in Southeast Michigan.
- The survey was brief (10 questions) and did not ask for identifying information to reduce barrier to participation.
- Data collection occurred from late 2024 to early 2025.
- The survey asked both quantitative and qualitative questions about the clinician's practice, changes in reproductive health care, and perceived impact of Dobbs vs Jackson supreme court case.
- The quantitative data was exported into SPSS for analysis. The data was summarized using descriptive statistics.
- The qualitative evaluated using thematic analysis.

Acknowledgements

Thank you to Dr. Wharton for his continued mentorship.
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Results

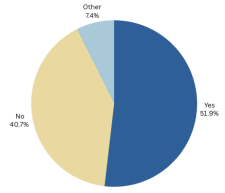

Figure 1. Have clinician's observed an increase in proactive birth control use following the Dobbs V Jackson Decision in June 2022. (n=27). When clinicians chose other, they were able to write in response. One respondent noted that there was an increase immediately after the decision but it has since stabilized.

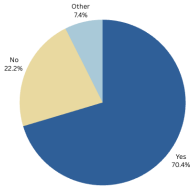

Figure 2. Have clinician's observed an increase in long acting birth control (IUD, Nexplanon, Depo-Provera) use following the Dobbs V Jackson Decision in June 2022. (n=27). When clinicians chose other, they were able to write in response. One respondent noted that there was an increase immediately after the decision but it has since stabilized.

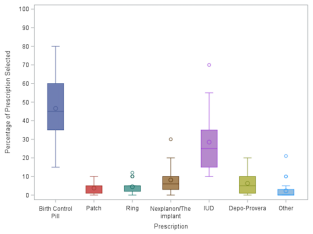

Figure 3. Prescription patterns of contraception in Southeast Michigan (n=27). When clinicians chose other, they were able to write in what methods they use, written responses included surgical sterilization, foam/gel, condoms.

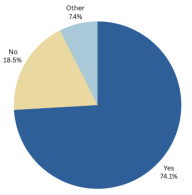

Figure 4. Do clinicians recommend the morning after pill to sexually active people assigned female at birth (AFAB) who who do not use other forms of birth control? (n=27). When clinicians chose other, they were able to write in response. The two respondents who chose other note that they recommend the morning after pill but emphasize the importance of a consistent birth control method.

How would more restrictive abortion laws impact the way clinicians provide care to their patients?

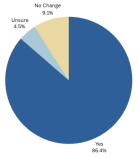

Figure 5. Would more restrictive abortion laws impact the way clinicians provide care for their patients. (n=22). Each response was grouped into one of three categories: yes, no change, and unsure.

Table 1. Thematic analysis of clinician's response to the question "How would more restrictive abortion laws impact your patient care?"

Themes	Number of Participants	% of participants	Illustrative Quote
Unable to provide full scope reproductive healthcare	5	23	*I would not be able to offer patients full reproductive care which includes pregnancy termination.*
Patients would be unable to access necessary care	2	9	*More restrictive laws would make it harder for my patients to access the care they need.*
Increase in medical complications for individuals AFAB of reproductive age	5	23	*More restrictive laws would be devastating to OB care, especially if we had to wait until the patient is critically ill before we can intervene.*
Increase in undesired pregnancys	4	18	*More restrictive abortion laws would trap patients in undesired and/or medically dangerous pregnancies.*
Increase in long acting reversible contraception (LARC) and Sterilization	2	9	*More restrcitive laws would increase LARCs/permanent sterilization.*
Minimal impact	2	9	*More restrictive laws would not impact my care very much because I am not allowed to provide abortion care by Corewell.*
Unsure	1	5	*I am not sure how more restrictive laws would impact the way I provode care.*

(n=22). Each response was evaluated for themes and some responses were found to contain more than one theme.

Do clinicians expect the Dobbs v Jackson decision to impact the way you provide patient care in the future?

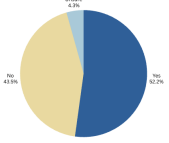

Figure 6. Do clinicians expect Dobbs v Jackson decision to impact the way they provide care to their patients (n=23). Each response was grouped into one of three categories: yes, no, and unsure.

Table 2. Thematic analysis of clinician's response to the question "Do you expect the Dobbs v Jacksons Women's Health Organization supreme court decision to impact the way you provide patient care in the future?"

Themes	Number of Respondents	% of Respondents	Illustrative Quote
Has already seen changes	1	4	*The decision has already impacted the way I provide care. I have performed more salpingectomies in the past two years than ever before.*
Expect Changes	9	39	*Yes, I expect Dobbs v Jackson to impact the way I provide care to my patients.*
Dependent on State Laws	4	17	*If Michigan's laws becomes more restritive, I would expect changes to the way I provide care*
Do not expect changes	7	30	*I do not expect Dobbs v Jackson to impact the way I provide care at this time*
Possibly	2	9	*Possibly*

(n=23). Each response was evaluated for themes, in this case each response contained one major theme.

How do clinicians feel about the Dobbs v Jackson decision?

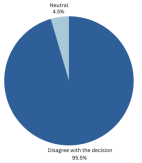

Figure 7. How do clinicians feel about the Dobbs v Jackson decision (n=22). Each response was grouped into one of three categories: disagree, agree, or neutral. No clinicians responded that they agree.

Table 3. Thematic analysis of clinician's response to the question "Tell us how you felt about the outcome of the Dobbs v Jackson Supreme Court Case"

Themes	Number of Respondents	% of Respondents	Illustrative Quote
Disagree with the Dobbs v Jackson decision	21	95	*I am not in agreement with the decision*
Concerned about the deterioration of women's rights	8	36	*It reversed what generations have strived for - protection womens right to chose. It gave other people the right to tell me how to care for my patients and what I am able to do with my own body.*
Concerned about the medical implications of the decision	6	27	*I felt that it took away a right that has no business being taken away by a supreme court or government agency. The decision will make women's health more challenging and jeopardize many women's health outcomes.*
Angry/dissapointed about the outcome	5	23	*I feel disappointed and angry at the decision*
Fearful	5	23	*I have significant concern and fear for our women and families*
Thankful that Michigan protected women's rights	2	9	*Terrible decision, glad that some states protected reproductive rights but sad that women in a lot of states have to live without those protections*
Neutral	1	5	*Neutral*

(n=22). Each response was evaluated for themes and some responses were found to contain more than one theme

Conclusions

The Dobbs v Jackson decision has impacted reproductive healthcare in Southeast Michigan

- 51.9% of the clinician's surveyed reported an increased in proactive birth control use
- 70.4% of clinicians report increases in long acting reversible contraception.
- Nevertheless, the pill is still the most commonly prescribed birth control method, followed by the IUD

The majority of clinicians surveyed oppose the Dobbs v Jackson decision

- 95.5% of respondents were opposed to the Dobbs v Jackson decision
- 52.2% of respondents expect Dobbs v Jackson to impact they way they provide care
- Several clinicians report being thankful that the state of Michigan has protected abortion access

- The majority of clinicians in Southeast Michigan recognize that Dobbs v Jackson threatens reproductive rights and reproductive healthcare
- Southeast Michigan has been impacted by the decision, the state of Michigan protecting abortion laws has minimized the impact.
- Future studies should include larger sample sizes.

References

1. 19-1392 Dobbs v. Jackson Women's Health Organization. *Supreme Court.* June 24, 2022. https://www.supremecourt.gov/opinions/21pdf/19-1392_6j37.pdf
2. Ross LE, Sterling A, Dobinson C, Logie CH, D'Souza S. Access to sexual and reproductive health care among young adult sex workers in Toronto, Ontario: a mixed-methods study. CMAJ Open. 2021
3. Ross L, Solinger R. *Reproductive Justice: An Introduction.* University of California Press, 2017. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/oakland/detail.action?docID=4711991.
4. Foster DG, Biggs MA, Ralph L, Gerdts C, Roberts S, Glymour MM. Socioeconomic Outcomes of Women Who Receive and Women Who Are Denied Wanted Abortions in the United States. Am J Public Health. 2022;112(9):1290-1296. doi:10.2105/AJPH.2017.304247r

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