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INTRODUCTION

- Dobbs v. Jackson Women’s Health Organization (6/24/22) overturned the Roe v. Wade (1973) and Planned Parenthood v. Casey (1992) decisions and turned the decision for abortion restrictions to individual states.
- The Georgia Supreme Court reinstated the LIFE Act, a long-fought bill which prohibits abortion past 6 weeks gestation.
- Recent studies indicate a rise in permanent sterilization rates for both men and women in the 18-30 age group¹.

OBJECTIVES

Our goal is to evaluate the impact of the Dobbs decision on permanent sterilization procedure volume at an academic center in a state with restrictive abortion laws. Secondary variables included age and race distribution, insurance status, and obstetric history.

METHODS

Patients aged 18–49 undergoing interval or postpartum permanent sterilization at MCG Health (n = 423)

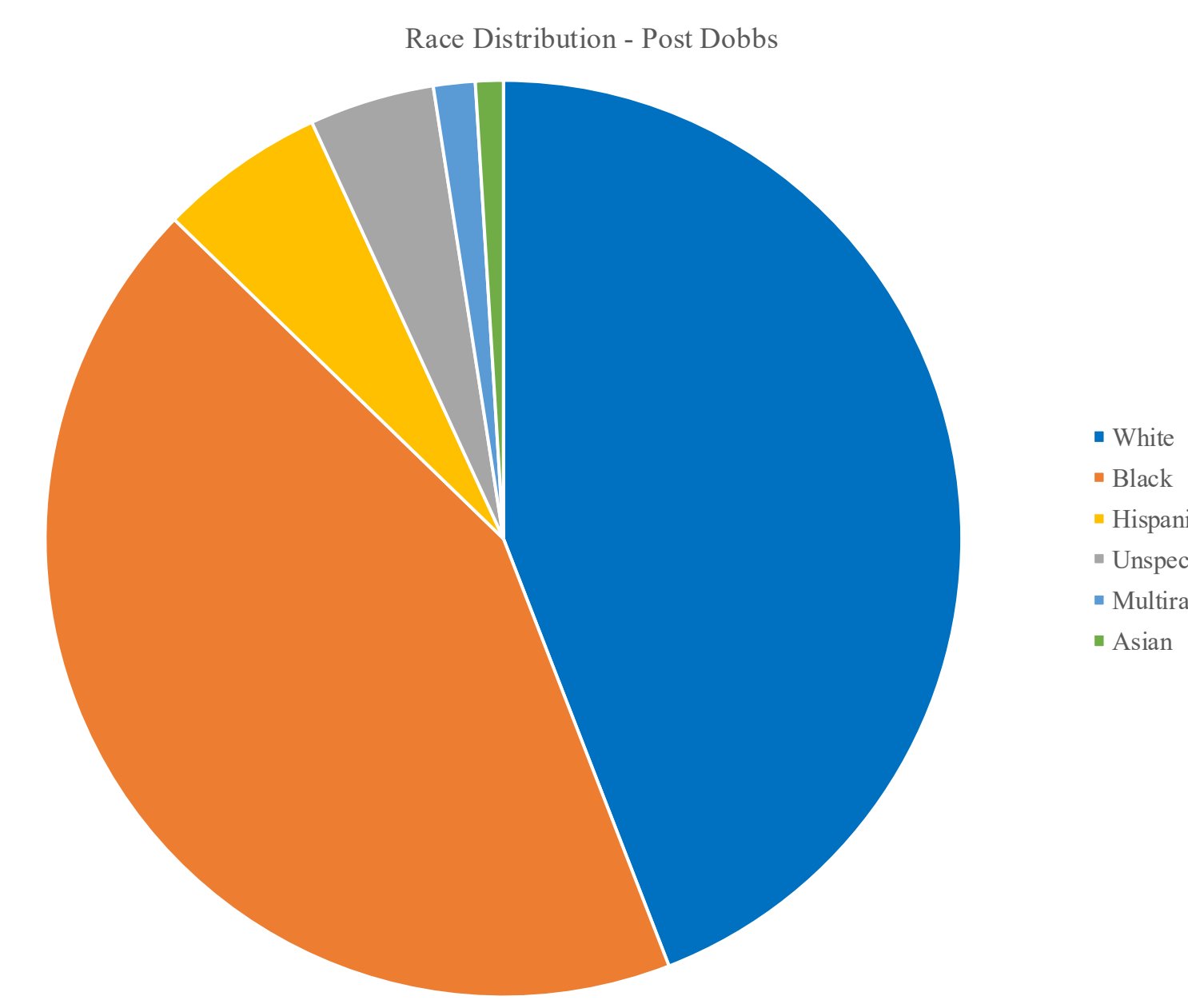
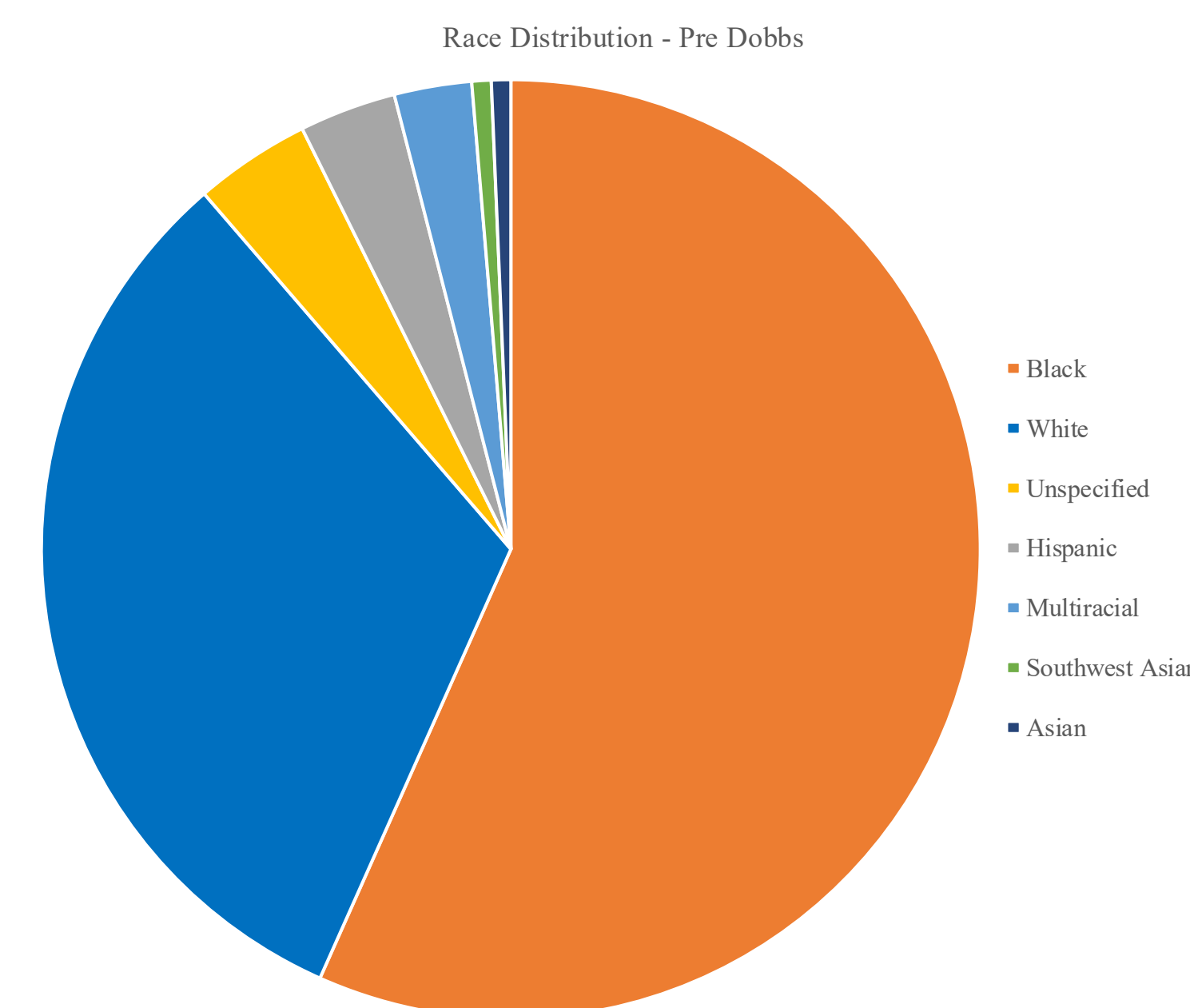
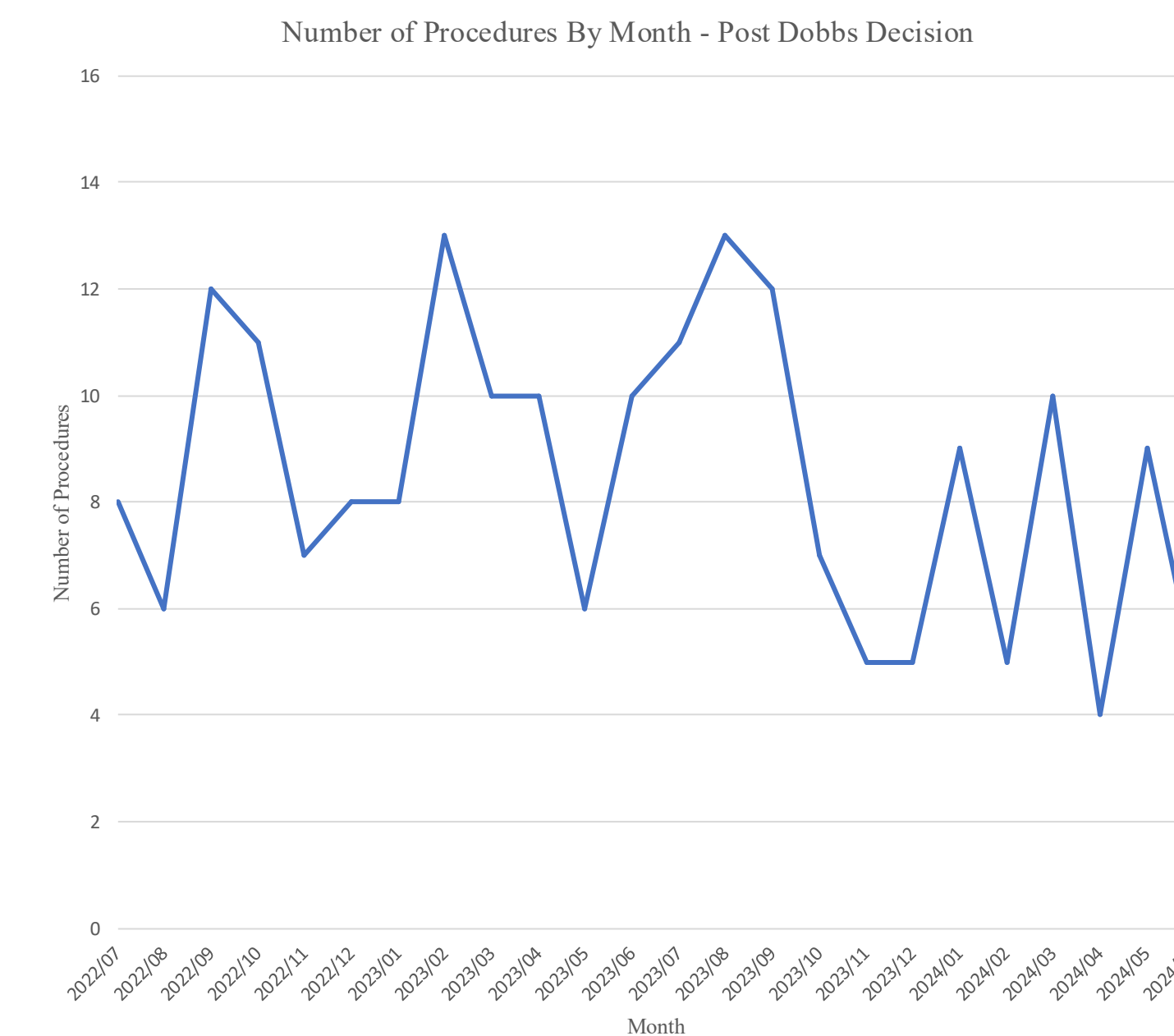
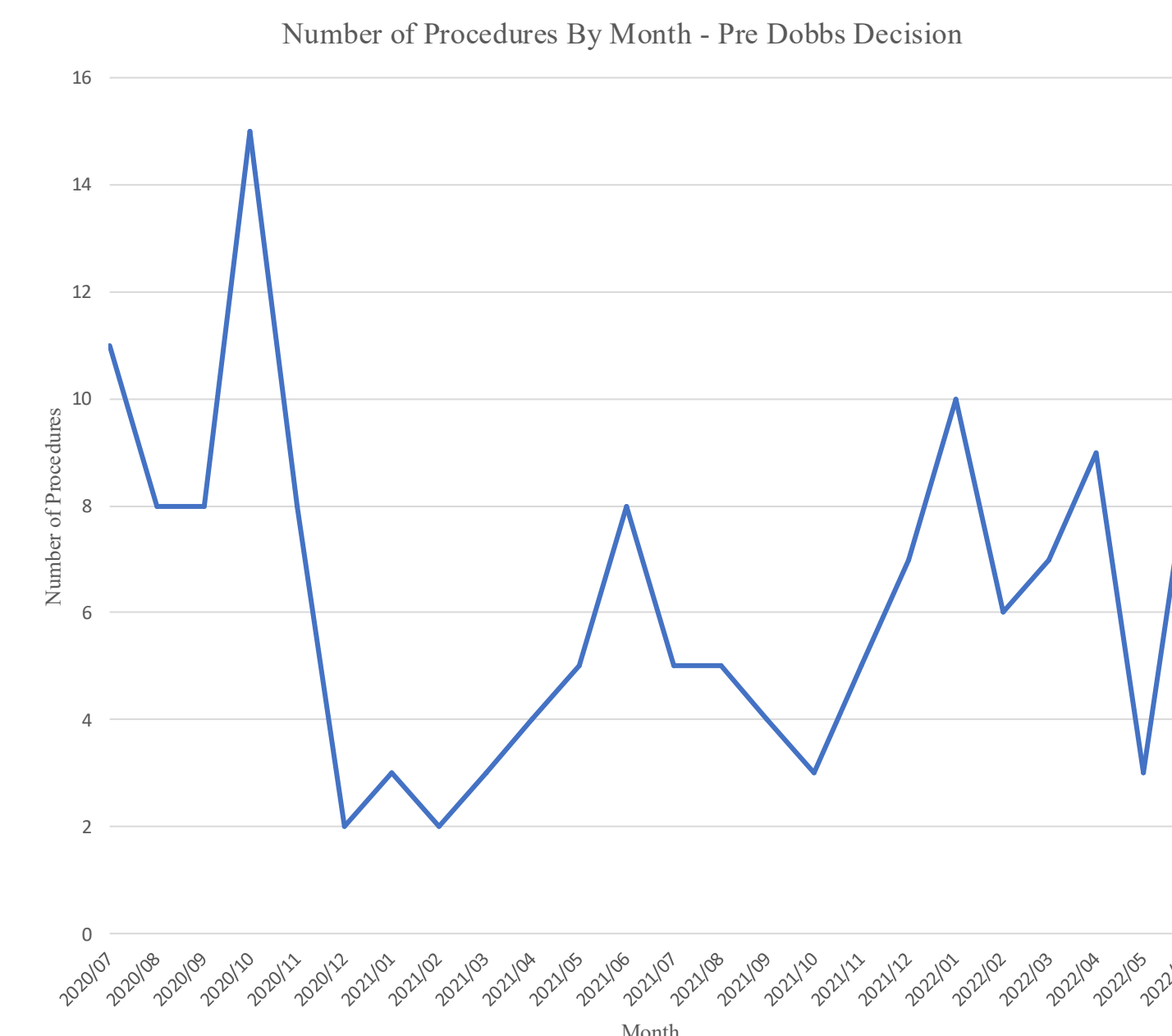
Excluded: procedures for ectopic pregnancy, abnormal uterine bleeding, or gynecologic malignancy (n = 69)

Final cohort included for analysis (n=354)

Variables extracted: procedure type, age, race, insurance status (Medicaid vs non-Medicaid), gravidity, prior pregnancy loss

Comparative analysis across two 24-month periods
Pre-Dobbs: July 1, 2020 – June 30, 2022 (n = 150)
Post-Dobbs: July 1, 2022 – June 30, 2024 (n = 204)

RESULTS



Procedure Volume

- Although not statistically significant, there was a 36% increase in procedure volume in the post-Dobbs period.

Obstetric History

- Patients seeking sterilization in the post-Dobbs period had fewer previous pregnancies (p=0.029).

Race

- Racial distributions were unchanged in the two periods ($\chi^2(3) = 5.86, p = 0.12$).

Insurance Status

- There was no difference in Medicaid vs Non-Medicaid status between pre- and post-Dobbs groups ($\chi^2(1) = 1.60, p = 0.21$).
- Medicaid was the most common form of insurance used.

DISCUSSION

- The Dobbs decision was **not associated with a statistically significant change** in permanent sterilization rates at our institution, despite an observed post-Dobbs increase in procedure volume.
- Patient demographics and clinical characteristics remained **largely stable** between the pre- and post-Dobbs periods, suggesting consistent access patterns within our healthcare system.
- Previous studies on this topic have yielded variable results on the association of the Dobbs decision on permanent sterilization rates with mixed correlations on the study populations' demographic characteristics²⁻³.

FUTURE DIRECTIONS

Future research should include **multi-center analyses** to evaluate regional variation in permanent sterilization access following Dobbs. Prospective studies examining **institutional barriers, counseling practices, and insurance-related constraints** may better clarify factors influencing permanent contraception utilization in the post-Dobbs landscape.

REFERENCES

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3. Dutt, S., Schissel, M., & Mathes, M. A. (2023). Post-Roe world: the effects on contraception and sterilization requests. Fertility and Sterility, 120(4), e244.

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