

Assessing the Impact of *Dobbs vs. Jackson Women's Health Organization* on Permanent Sterilization Rates in Augusta, Georgia

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Background/Synopsis:

On June 24, 2022, the *Dobbs v. Jackson Women's Health Organization* case decision overturned the *Roe v. Wade* (1973) and *Planned Parenthood v. Casey* (1992) decisions. This ruling concluded that the Constitution does not protect the right to abortion and turned the decision for abortion restrictions to individual states. Shortly afterwards, the Georgia Supreme Court reinstated the LIFE Act, a long-fought bill which prohibits abortion past 6 weeks gestation.

With this change, more individuals began seeking long acting and permanent contraception options, including permanent sterilization. Recent studies indicate a rise in permanent sterilization rates for both men and women in the 18-30 age group¹.

Objective/Purpose:

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:

This study was a retrospective case series that included individuals aged 18-49 who underwent interval or postpartum elective tubal ligation or salpingectomy for of permanent sterilization at WellStar Medical College of Georgia (MCG) Health. Patients were excluded if a procedure was performed for ectopic pregnancy, abnormal uterine bleeding, or gynecologic malignancy. Two 24-month data periods were assessed: pre-*Dobbs* (July 1, 2020–June 30, 2022) and post-*Dobbs* (July 1, 2022–June 30, 2024). Data was extracted from Cerner Powerchart. A comparative analysis between the two groups was conducted. This included procedure volume, age, race, insurance (Medicaid vs. Non-Medicaid), gravidity, and history of pregnancy losses.

Results:

Of 423 patients initially identified from the primary data extraction, 354 met inclusion criteria (150 pre-*Dobbs*; 204 post-*Dobbs*). Aside from a decrease in the number of pregnancies per patient ($p = 0.029$), our analysis did not find statistically significant associations. Permanent sterilization procedure volume trended towards an increase (36%) following the *Dobbs* decision. Although there was no significant change in the average age of participants ($p = 0.5874$), procedure volume trended up among patients age 18-24 (Pre: 7; Post: 14). The mean number of pregnancy losses also declined ($p=0.204$).

Racial distributions were unchanged in the two periods ($\chi^2(3) = 5.86, p = 0.12$). In the Pre-*Dobbs* group, 56% of procedures were among Black patients and 32% among White patients. In the Post-*Dobbs* group, the distribution equalized with White patients comprising 44% and Black patients 43% of procedures.

Lastly, insurance status was analyzed by comparing Medicaid and non-Medicaid patients. Insurance status did not differ between the pre- and post-*Dobbs* groups ($\chi^2(1) = 1.60, p = 0.21$). Medicaid remained the most common payer across both time periods.

Conclusion:

Based on the results of this study, the *Dobbs* decision did not have a statistically significant impact on permanent sterilization in our patient population despite the upward trend of procedure volume. Our demographic findings in this study remained largely stable. 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. Limitations in this study include conduction in a single center and incomplete chart data for multiple patients. Addressing these deficits can help inform reproductive healthcare in the post-*Dobbs* landscape.

References:

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