

Introduction

• **Background:** The Affordable Care Act (ACA), enacted in 2010, expanded healthcare access between 2014 and 2016 by broadening Medicaid eligibility and creating insurance marketplaces. Millions of uninsured individuals gained coverage, increasing access to preventive services like contraceptive care. However, the landscape shifted after the Dobbs decision (2022), which overturned Roe v. Wade, creating uncertainty in reproductive healthcare. This decision impacts access to services like long-acting reversible contraception (LARC), particularly in regions with restricted abortion laws, potentially influencing patients' contraceptive choices. To study these effects, we performed a retrospective cross-sectional analysis of postpartum contraceptive use at Touro Medical Center.

• **Study Population:** Postpartum patients at Touro Medical from focusing on contraceptive use at discharge, including long-acting reversible contraception (LARC) uptake

- The cohort will be stratified by factors like insurance status, language spoken, and delivery type, providing insights into how these variables influence contraceptive choices

• **Study Period:** June 2021 to June 2024 (48 months)

- including pre- and post-Dobbs periods, analyzing patient data monthly.

• **Hypothesis:** We hypothesize that postpartum patients at Touro will see increased LARC uptake following the Dobbs decision, driven by changes in policy, healthcare access, and patient preferences post-Roe v. Wade.

•Hypothesis will be tested with stratification across multiple patient demographics.

Proposed Study Distribution

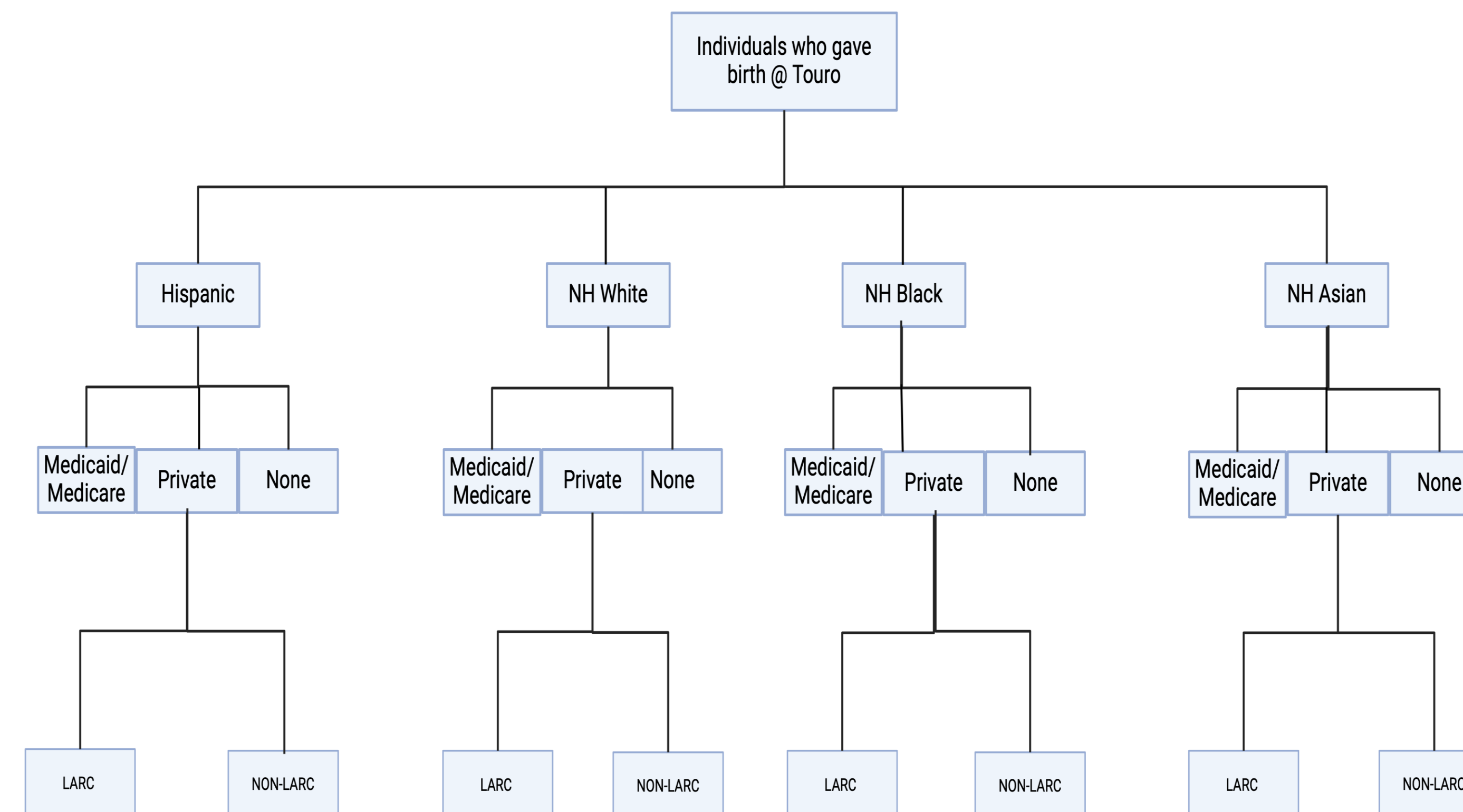


FIGURE 1: The diagram shows the sampling and differentiation of the sample size and how the cohorts will be broken down.

Results/Discussion

- No statistically significant difference in LARC uptake pre vs. post-Dobbs.
- LARC uptake is higher among non-English speaking patients than English-speaking patients (statistically significant).
- Examines how the Dobbs decision may or may not affect postpartum contraceptive decisions.
- Expanding the dataset to cover 2016-2024 will provide more apparent trends.
- Literature shows disparities in contraceptive use and insurance coverage by race and ethnicity.
- The ACA increased contraceptive use and reduced costs, but gaps persist, especially for Black and Hispanic women.
- A multifaceted approach is needed to improve access and equity.

LARC Usage Comparison

LARC Uptake Pre and Post Dobbs

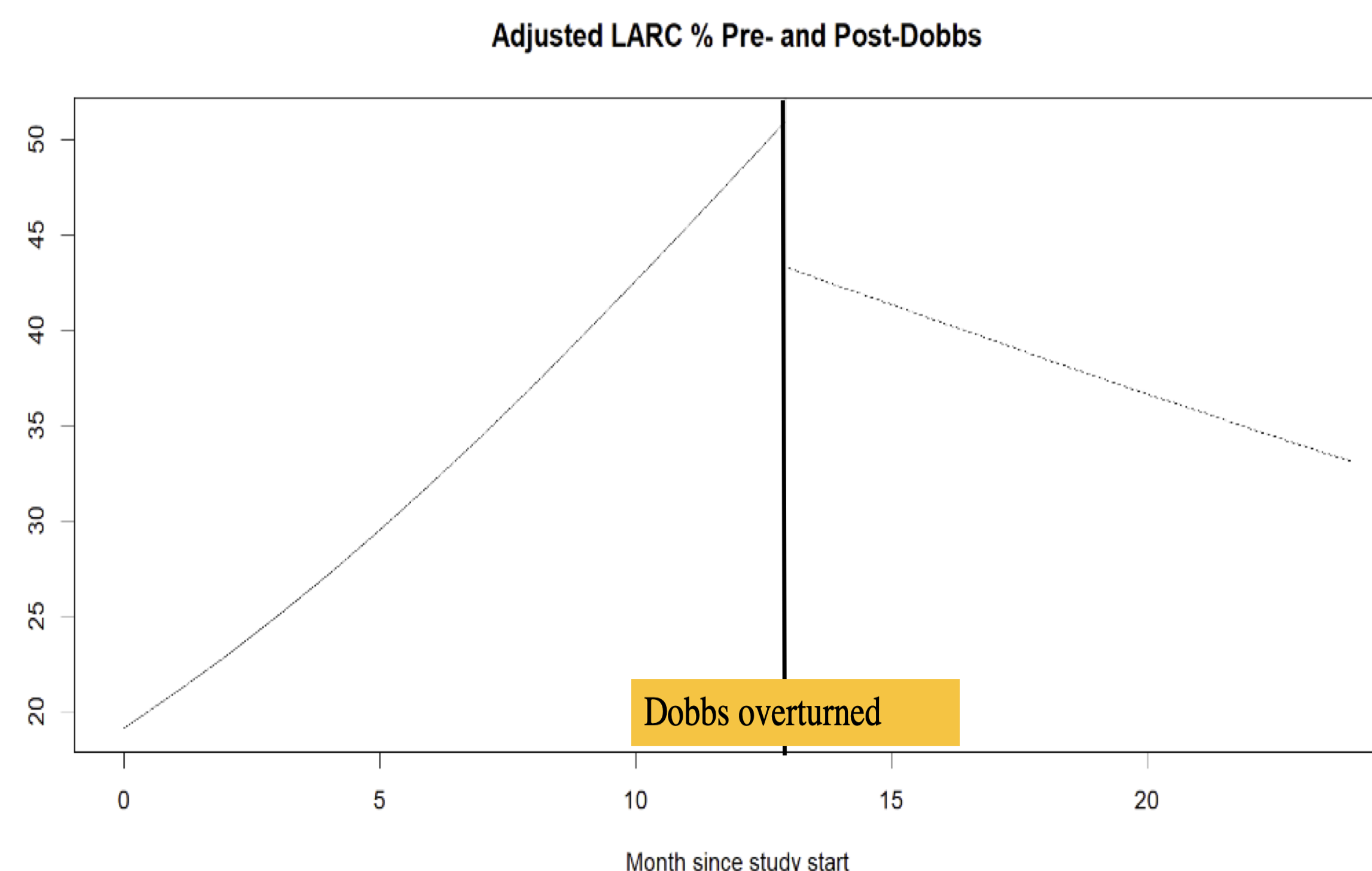


Figure 2: The rate at which LARCs were used postpartum at the Touro Medical Center following the 2022 decision of Dobbs of 391 patients.

Conclusion

- These results presented are a snapshot and will be expanded to four years before and two years after Dobbs. Additionally, we aim to expand the sample to all postpartum individuals at the hospital. The larger dataset aims to provide a more comprehensive view.

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