Delivering Accessible Reproductive Care in a Post-*Dobbs* Era: A Social Worker's Narrative on Policy, Ethics, and Practice

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Abstract: This narrative analysis examines the professional, ethical, and structural challenges of delivering reproductive healthcare in the United States following *Dobbs v. Jackson Women's Health Organization*. Drawing on clinical experience, policy analysis, public health literature, and RStudio analysis of the 2022–2023 National Survey of Family Growth, I explore how the post-*Dobbs* landscape has reshaped clinical practice and access to essential services. Grounded in social determinants of health and reproductive justice frameworks, my article examines contraceptive care deserts, digital misinformation, insurance barriers, and restrictive policies as interconnected threats to reproductive autonomy, with disproportionate consequences for marginalized populations. It identifies digital health literacy as an increasingly important determinant of reproductive health and calls for a coordinated response encompassing legislative advocacy, digital care navigation, interdisciplinary partnerships, and systems-level reform. Within, I urge social workers and other helping professionals to strengthen ethical, equitable, and accessible reproductive healthcare within an evolving policy landscape.

***Keywords*:** contraceptive deserts, health, accessibility, digital, social determinants of health

Introduction

Upon entering the field of social work, I was excited to become a reproductive care therapist. I envisioned creating accessible resource networks, delivering evidence-based education, and offering clients transformative, thought-shifting therapeutic services. These hopes were grounded in a belief that reproductive care is a fundamental component of health equity and human dignity.

However, as I began my Master of Social Work (MSW) program in 2020, I had no idea of the storm that lay ahead. March 2020 marked the onset of the COVID-19 pandemic in the United States. Social workers were called to the front lines—providing crisis interventions, therapy, resource navigation, and medical social work support. Mental health disparities deepened, domestic violence surged, and millions lost income due to mass layoffs. Social care crises unfolded across every industry and sector. And beneath this crisis, another was taking root: the unraveling of *Roe v. Wade* and the looming *Dobbs v. Jackson* decision, which would radically reshape reproductive care delivery in America.

This narrative explores how policy shifts following the *Dobbs* decision impacted my emerging identity as an aspiring reproductive care therapist and the broader field of social work. I examine themes of digital misinformation, policy implications, and practice restrictions. My goal is to demonstrate how these changes compromise both providers' ability to practice and patients' ability to access care.

Overturning Reproductive Legislation

On June 24, 2022, the U.S. Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization* overturned *Roe v. Wade*, shifting reproductive policy authority to individual states and reshaping the landscape of reproductive healthcare delivery (American Society for Reproductive Medicine, 2023). These decisions shifted reproductive rights to the states, restricted abortion access, and targeted reproductive pharmaceuticals such as birth control and mifepristone (American Society for Reproductive Medicine, 2023). As a scholar and aspiring practitioner, I was devastated. I wondered: How will these decisions impact me professionally? What new mental health disparities will arise? How will clients continue to access equitable care?

Digital Misinformation and Literacy

In the months that followed, a wave of medical mistrust and misinformation took root—particularly in digital spaces. Misinformation about social work and reproductive care spread rapidly across Instagram, X (formerly Twitter), and TikTok. In my regular scrolling, I encountered misleading posts and sensationalized warnings: "Don't tell your therapist about your abortion. They can report you and you can go to jail," or "Remember how they sterilized us [African-Americans]? [Providers are] trying to do that again." Others advised, "Stop talking about sex with your provider." On TikTok, veiled videos offered homemade methods for self-managed abortions in areas where access had been restricted. In therapy sessions, my clients would often ask, "Is this true? Will I really be reported if I talk about this with you?" These questions were born out of fear—and fueled by misinformation. The consequences were not abstract; they were immediate and harmful.

Health information literacy has the propensity to impact long-term health outcomes among youth. Yet many youth lack adequate digital literacy skills (Taba et al., 2022). As digital literacy becomes a new determinant of health, interventions are needed to increase literacy rates in order to reduce ethical concerns associated with care. Experts fear that patients may be prosecuted for seeking care online, and such criminalization may negatively impact accessibility outcomes (Spector-Bagdady & Mello, 2022). These risks, combined with low levels of digital health literacy, may further exacerbate reproductive health disparities.

Demographic Impacts

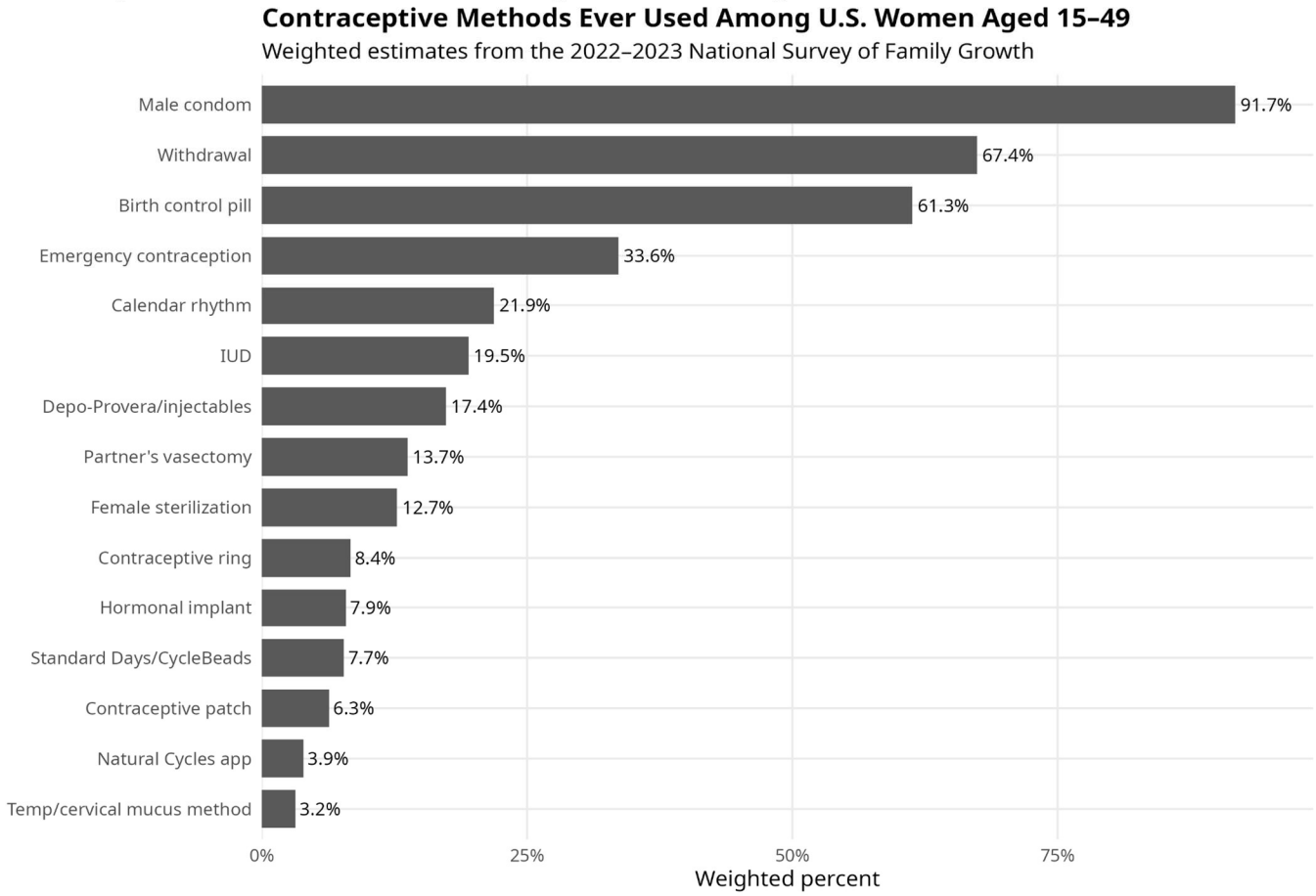
As a new clinician, I began to see these policy shifts reflected in demographic data. Vulnerable populations were becoming the most affected (Braveman et al., 2011). During this period, reproductive health concerns among adolescents intensified as access to contraception, sexual health services, and evidence-based reproductive education became increasingly contested across states (Doyle et al., 2024; Kaiser Family Foundation, 2024). Access to contraceptive products, reproductive care, and sex education diminished throughout these shifts.

To contextualize the importance of these shifts, it is important to assess national patterns of contraceptive engagement, and to examine the methods most commonly used among the populace within the United States. Contraceptive use in the United States spans a range of methods, including short-acting, long-acting, permanent, and emergency contraception. The most common methods used include condoms, oral contraceptive pills, female sterilizations, long-acting reversible contraceptives (LARCs), injectables, and emergency contraception (CDC, 2024). The most frequently reported methods among users include short-acting hormonal and barrier based contraceptive methods (American College of Obstetricians and Gynecologists, 2023; Kavanaugh & Jerman, 2018). Recently, there has been a rise in LARCs in the past decade due to improved accessibility, clinical recommendations, and rates of product effectiveness (American College of Obstetricians and Gynecologists, 2023; Kavanaugh & Jerman, 2018). To further contextualize national patterns of contraceptive use, Figure 1 displays weighted estimates of contraceptive methods ever used among U.S. women aged 15–49 using data from the 2022–2023 National Survey of Family Growth (Centers for Disease Control and Prevention, 2024). These patterns reflect not only individual contraceptive behavior but also underlying structural access dynamics shaped by geographic, policy, and provider availability constraints.

Nationally, short-acting methods such as condoms and oral contraceptives remain the most widely used, while long-acting reversible contraceptive use continues to rise but remains uneven across geographic regions. Following *Dobbs*, numerous reproductive health clinics experienced service reductions, closures, or operational challenges in states with restrictive reproductive policies. Many of these facilities, which provide the full range of available contraceptive care methods, were unable to withstand the legal and compliance burdens that were exacerbated by the pandemic. A cascade of other troubling statistics began to emerge within this public health crisis. Researchers have raised concerns regarding the potential public health consequences of reproductive restrictions, including disruptions in contraceptive access, delayed care-seeking, and widening health disparities. Post-pandemic studies have since called for targeted interventions in geospatial regions most affected by care restrictions and product inaccessibility.

Figure 1

Contraceptive Methods Ever Used Among U.S. Women Aged 15–49



Note. Figure created by the author using R. Estimates calculated using survey weights (WGT2022_2023) and complex sampling design variables.

Compliance and Regulation Concerns

As policy clashed with practice, I considered how legislation affects resource sharing, information dissemination, and ethical care. In states with broader reproductive rights, lawmakers faced potential prosecution from neighboring states for aiding patients who crossed state lines (Bennet, 2022). The National Association of Social Workers (NASW) grappled with regulatory issues around compact licensing. Cross-state restrictions, interstate shield laws, and telehealth regulations directly conflicted with social work ethics and healthcare standards. Many providers feared license revocation or legal consequences. This crisis has brought contraceptive care accessibility to the forefront of compliance and regulatory decision-making.

Notably, understanding contraceptive care deserts also requires a clear definition of what constitutes comprehensive reproductive health services. Comprehensive reproductive health services extend beyond pregnancy prevention and include preventive, diagnostic,

and treatment-based care across the reproductive life course. These services typically encompass contraceptive counseling and provision; pregnancy testing and options counseling; prenatal and postpartum care; sexually transmitted infection (STI) and HIV testing and treatment; cervical and breast cancer screening; infertility evaluation; abortion care; and reproductive health education and digital health navigation (American College of Obstetricians and Gynecologists, 2023; Killewald et al., 2024). Access to this full spectrum of services is increasingly shaped by geographic availability, insurance coverage, digital literacy, and evolving state policy environments, contributing to the emergence of contraceptive care deserts across the United States (Power to Decide, 2023; Kaiser Family Foundation, 2024).

In order to encompass the magnitude of this emerging crisis, the term *contraceptive desert* (or, for clarity in this paper, *contraceptive care desert*) was coined to describe regions with limited access to the full range of contraceptive services; Power to Decide (2023) estimated that 19 million women live in such areas. Due to clinic closures and funding cuts, I was made to adapt my case planning to include cross-state resources. As clients searched for answers, my reach for services and products became further and further away. In practice, the absence of comprehensive reproductive health services reflects not only geographic gaps but also structural inequities in policy, funding, and digital access that collectively shape reproductive autonomy and providers' ability to engage in service provision.

Accessibility

As of 2025, heat maps show significant concentrations of contraceptive care deserts in the U.S. Midwest, Northeast, and Southwest regions (Power to Decide, 2023). These regions often overlap with states that restrict comprehensive sex education (Guttmacher Institute, 2025). These policies impact both patients' access and providers' ability to ethically practice. Conversely, high-restriction states now face serious workforce shortages, with many medical trainees avoiding these regions due to training limitations and restrictions on reproductive healthcare education.

As a medical social worker, I witnessed the real-time consequences of reproductive health bans. Emergency rooms turned away patients experiencing miscarriages. Individuals with severe fetal complications were deprioritized due to restrictions on pregnancy terminations. Cases like that of Amber Nicole Thurman—who died after being denied post-abortive care—made national headlines (Surana, 2024). I felt ethically torn, balancing my professional responsibilities with legal constraints. Many of my colleagues worried about licensure risks simply for offering accurate information.

Call to Care

Now, as I continue in this profession, I call on fellow practitioners to think critically about how reproductive care is disseminated. We must push for policy reforms, dismantle access barriers, and build resilient networks of care. Evidence-based practice, timely

interventions, and sound data are vital. We must engage reproductive policy through the Micro, Mezzo, and Macro lenses of social work. By strategically integrating digital platforms and legislative advocacy, social workers are uniquely positioned to reshape reproductive care in this country. Recommendations for practitioners include strategic planning efforts, data acquisition, and legislative interventions. By doing so we can employ necessary skill sets that will drive interventions that will lead us towards positive outcomes within the practice.

Reproductive healthcare access functions as a structural determinant of health shaped by geography, policy and digital access. Social workers are uniquely skilled to intervene across micro, mezzo, and macro levels of care. Strategies that incorporate political advocacy, digital literacy initiatives, and interdisciplinary collaboration may strengthen reproductive healthcare access and improve population health outcomes. Advancing equitable public health interventions associated with reproduction include contraceptive care expansion and accessibility. Sustained policy engagement, data-driven intervention, and a commitment to protecting autonomy associated with the body and choice is imperative in restructuring a vital sector within the healthcare industry and social fabric of society.

References

American College of Obstetricians and Gynecologists. (2025, November). *Access to contraception*. https://www.acog.org/clinical/clinical-guidance/committee-statement/articles/2025/11/access-to-contraception

American Society for Reproductive Medicine. (2023, March 17). *Changes ahead: Abortion policy proposals affecting reproductive medicine.* https://www.asrm.org/globalassets/_asrm/advocacy-and-policy/dobbs/asrm-cpl-changes-ahead-mar-2023-1.pdf

Braveman, P., Egerter, S., & Williams, D. R. (2011). The social determinants of health: Coming of age. *Annual Review of Public Health*, 32, 381–398. https://doi.org/10.1146/annurev-publhealth-031210-101218

Centers for Disease Control and Prevention. (2024). *2022–2023 National Survey of Family Growth: Female respondent file: Public use.* National Center for Health Statistics. https://www.cdc.gov/nchs/nsfg/nsfg-2022-2023-puf.htm#female

Centers for Disease Control and Prevention. (2024, October 10). *Youth Risk Behavior Surveillance—United States, 2023*: *Morbidity and Mortality Weekly Report, 73*(Suppl. 4). https://www.cdc.gov/mmwr/volumes/73/su/pdfs/su7304-H.pdf

Doyle, A. A., Liu, S. M., & Tyson, N. A. (2024). Adolescent reproductive health in a post-*Dobbs* landscape: A review. *Current Opinion in Obstetrics and Gynecology*, *36*(6), 414–419. https://doi.org/10.1097/GCO.0000000000000980

Kaiser Family Foundation. (2024). *2024 women's health survey.* https://www.kff.org/womens-health-policy/womens-health-survey/

Kavanaugh, M. L., & Jerman, J. (2018). Contraceptive method use in the United States: Trends and characteristics between 2008, 2012 and 2014. *Contraception*, *97*(1), 14–21. https://doi.org/10.1016/j.contraception.2017.10.003

Killewald, P., Leith, W., Paxton, N., Rosenthal, I., Troxel, J., Wong, M., & Zief, S. (2024, September). *Family planning annual report: 2023 national summary*. Office of Population Affairs, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services. https://opa.hhs.gov/sites/default/files/2025-08/2023-FPAR-national-summary.pdf

Power to Decide. (2023). *Contraceptive deserts.* https://powertodecide.org/what-we-do/contraceptive-deserts

Spector-Bagdady, K., & Mello, M. M. (2022). Big data, reproductive health, and patient surveillance. *New England Journal of Medicine*, *386*(8), 701–703. https://doi.org/10.1056/NEJMp2118701

Surana, K. (2024, September 16). Abortion bans have delayed emergency medical care. In Georgia, experts say this mother's death was preventable. *ProPublica*. https://www.propublica.org/article/georgia-abortion-ban-amber-thurman-death

Taba, M., Allen, T. B., Caldwell, P. H. Y., Skinner, S. R., Kang, M., McCaffery, K., & Scott, K. M. (2022). Adolescents' self-efficacy and digital health literacy: A cross-sectional mixed methods study. *BMC Public Health*, *22*, Article 1223. https://doi.org/10.1186/s12889-022-13599-7

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