

Psychiatry and Reproductive Care in a Post-Roe World

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Introduction

On June 24th, 2022, the U.S. Supreme Court issued a ruling in the *Dobbs v. Jackson Women's Health Organization* case. In its ruling, the Supreme Court determined that the U.S. Constitution does not grant the right to abortion. The ruling reversed the landmark 1973 *Roe v. Wade* decision and gave states the power to regulate abortion moving forward.

Tennessee was one of several states with so-called trigger bans in place. On June 28th 2022, the state's Heartbeat Law went into effect. The Heartbeat Law was a temporary measure to limit abortion access until the Human Life Protection Act went into effect on August 25, 2022. This law prohibits abortion after fertilization has occurred. The law does not carve out exceptions for rape or incest and it does not allow abortion in cases of pregnancies complicated by fetal abnormalities leading to life-limiting conditions.

Psychiatrists will inevitably find themselves sitting across from patients whose mental health is affected by their reproductive options. Consultation-liaison psychiatrists are particularly well positioned to leverage their expertise and relationships with medical teams to care for these patients and support their mental health and reproductive needs. It is of vital importance that we adequately prepare to address these needs. To do so, we designed and carried out a Quality Improvement (QI) project to enhance psychiatrists' knowledge and comfort in practicing reproductive psychiatry.

Methods

Psychiatry residents, fellows, and teaching attendings completed a 12-item survey assessing their comfort with clinical scenarios integrating mental and reproductive health. Each survey item was rated on a 7-point Likert scale. The survey was followed by an educational series composed of five lectures delivered over a 2-month period by an interdisciplinary panel of speakers (psychiatrist, Ob-Gyn, thanatologist, attorney, genetic counselor, and social worker).

Clinical Issues Addressed

- 1) contraceptive counseling and prescribing
- 2) local abortion laws and educating patients about their reproductive choices
- 3) local and national abortion resources
- 4) community and government assistance programs for socioeconomically disadvantaged families
- 5) techniques for supporting patients experiencing grief or mental illness due to obstetric complications, unwanted pregnancies, or fetal demise

The educational series was concluded by another survey re-assessing comfort with the same clinical scenarios assessed previously. We used an unpaired two-tailed t-test to determine whether the differences between the pre- and post-mean comfort levels for each clinical scenario were statistically significant.

Methods (cont.)

Clinical Scenario	Lecture
Counseling about contraceptives	Preventative Care
Prescribing contraceptives	
Understanding of current abortion laws in TN	Legal Landscape After Roe
Understanding of what providers can/cannot communicate about abortion	
Counseling patients seeking abortion care OOS	Pregnancy & Parent/Infant Resources
Awareness of community resources available to low-income parents/children	
Supporting patients carrying child with life-limiting condition	Perinatal Loss and Grief
Supporting patients after miscarriage/stillbirth	
Caring for patients with unwanted pregnancies & psychopathology	Pregnancy-Related Challenges After Roe
Supporting patients with life-threatening pregnancy complications	
Caring for patients after self-induced abortion	
Caring for survivors of rape/incest	

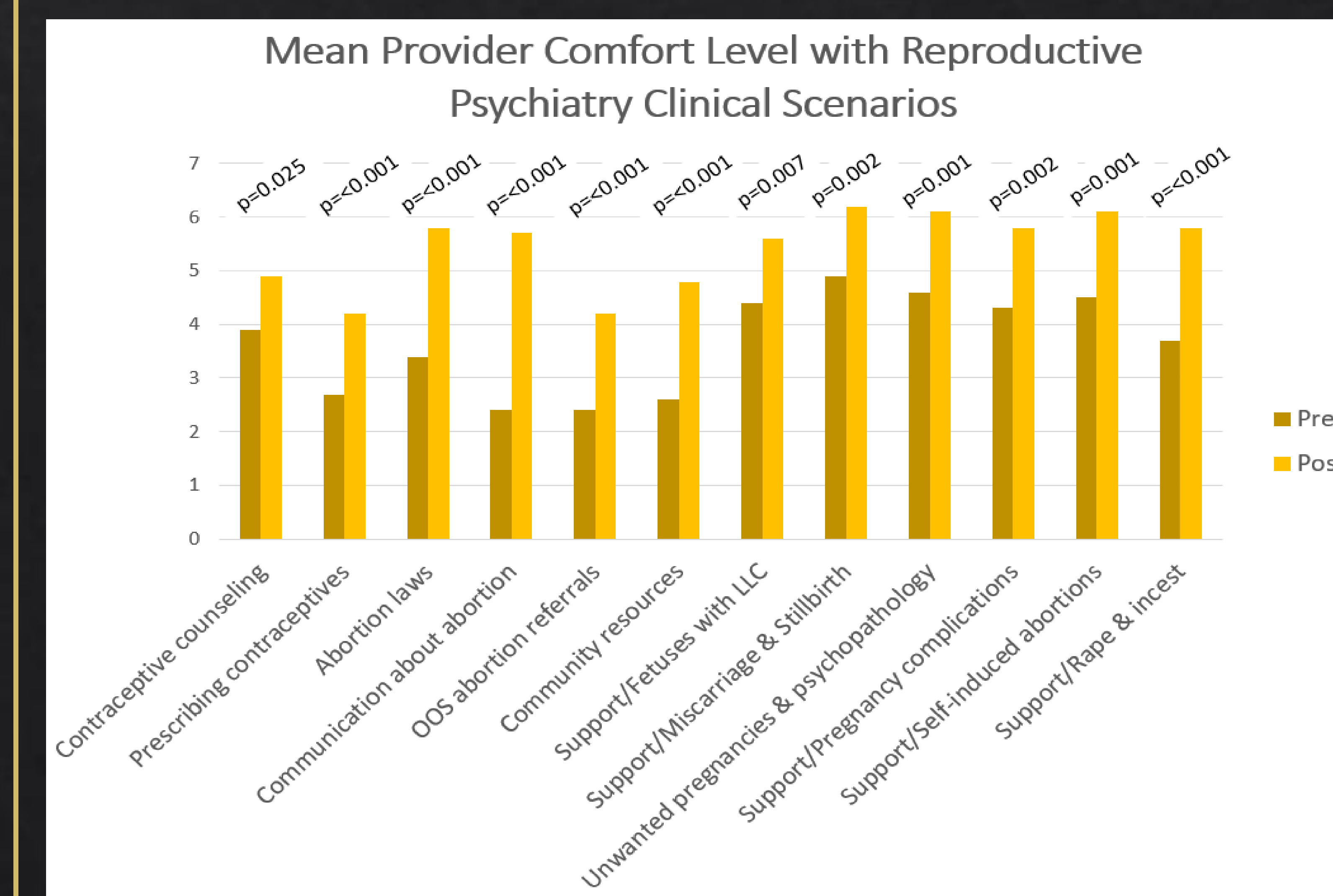
Lecture	Guiding Points
Preventative Care	<ul style="list-style-type: none"> o Review contraceptives (types/doses/contraindications) o Discuss how to assess and document medical appropriateness for contraceptives
Pregnancy & Parent/Infant Resources	<ul style="list-style-type: none"> o Resources for out-of-state abortion, adoption, and financial support for low-income families and pregnant individuals
Legal Landscape After Roe	<ul style="list-style-type: none"> o Review current laws governing abortion and communication about it o Discuss role of mental health crises in abortion access
Perinatal Loss and Grief	<ul style="list-style-type: none"> o Helpful language, rituals, grief/bereavement resources
Pregnancy-Related Challenges After Roe	<ul style="list-style-type: none"> o Guidance on supporting patients with unintended/unwanted pregnancies across various scenarios (rape/incest, expected fetal demise, maternal complications, self-managed abortions)

Results

Initial survey: 51 of 83 survey recipients (61%) completed it in full. Among respondents, 41% were residents or fellows and 59% were attendings.

Follow-up survey: 32 of 83 survey recipients (38.6%) completed it in full. Among respondents, 62.5% were residents and 37.5% were attendings.

Lecture attendance: Attendance per lecture varied, ranging from 13-27 participants.



Discussion

In many U.S. states, patient's reproductive choices were significantly restricted following the Supreme Court ruling. As patients face challenges in accessing reproductive care, consult psychiatrists may be uniquely positioned to assist some of the most vulnerable patients, but hindered by limited knowledge and confidence in navigating these clinical scenarios. Our project aimed to help psychiatrists gain proficiency in addressing reproductive health-related matters as part of psychiatric care.

The strengths of this project include:

- A focused scope, driven by zeitgeist
- The short duration of the lecture series, delivered within months of the SCOTUS ruling
- Delivery by experts in each respective topic
- Content tailored to the needs of psychiatrists

Weaknesses and limitations of this project include:

- Limited attendance
- Variable adherence by presenters to guidelines provided
- Format (lecture vs panel, virtual vs in-person)
- Methods (use of unpaired approach)
- Perpetually changing landscape of abortion legislation
- Effects possibly confounded by self-education
- Messaging burnout

Potential future directions for this lecture series include incorporating it into resident didactics (general or CL-specific) or developing a dedicated reproductive psychiatry consultation-liaison service.

References

1. Thomas E. Dobbs, State Health Officer of the Mississippi Department of Health, et al. v. Jackson Women's Health Organization, et al., No. 19-1392, 597 U.S. Available at: https://www.supremecourt.gov/opinions/21pdf/19-1392_6j37.pdf.
2. Tennessee Attorney General Newsroom. Tennessee's Heartbeat Law now in effect: Attorney General Slatery Responds to Sixth Circuit's Ruling: <https://www.tn.gov/attorneygeneral/news/2022/6/28/pr22-21.html>

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