The Risk of Contraceptive Coercion Post-*Roe*

Kavita Shah Arora, MD, MBE, MS



Understanding our History



Oral contraceptive pill trials in Puerto Rico

"Mississippi appendectomies"

Coercive sterilizations in California penal system

Tennessee – reduced prison time for LARC

Public Health vs. Individual Patient Goals



- LARC First
- Reducing rates of pregnancy for specific groups
 - Teens
 - Patients with substance use disorder
 - Native Americans
 - Patients with Medicaid



Person-Centered Contraceptive Care Framework



Ļ.		Racism	Sexis		cuality, gender er discrimination	Economic injustice	Cultural & religious biases	Stigma
NO.		Healthcare financing & infrastructure		Government regulations	Contraceptive coverage	Clinical & public health priorities	Power imbalance in healthcare	Availability of acceptable contraceptive methods
NOMIC			Family & peer relationships		Domestic & intimate partner violence			Reproductive coercion
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HISTORICAL, SOCIAL, POLITICAL & ECONOMIC CONTEXT		r CONTEXT	Tin	7				5 M 1
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	POLICY	СОМР	* / 1	1132	Continu	um of Care		. V A 13

Dobbs- an acute on chronic problem



Political/legal interferences to non-coercive care pre-date Dobbs

Greater "need" for contraception

Inequities – gender, state, and resources

Abortion restrictions are not solved by contraception

Permanent Contraception





External Motivators & Contraception



- Permanent Contraception
 - Nomenclature
 - Balancing gatekeeping and reduction of long-term regret
- Overemphasis on clinical & public health goals over individual patient preferences
- Shared decision-making
 - Choice Talk
 - Options Talk
 - Decision Talk

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