State of Confusion: Ohio's Restrictive Abortion Landscape and the Production of Uncertainty in Reproductive Health Care

A research overview from Ohio Policy Evaluation Network (OPEN)

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OPEN led a study exploring how the political context of care relates to medical uncertainty. Researchers hosted focus groups and interviews with genetic counselors and OB/GYNs working in Ohio to understand how abortion legislation impacts their work. This is a summary of the findings.

1. **The political context of care can produce uncertainty in reproductive health care.** Political context of care describes how three key aspects of politics affect health care. These three components are: cultural politicization, such as widespread stigma; the legal, regulatory, and policy contexts; and the economic organization of healthcare.

2. **Interpretation and implementation of legislative policy - including policies that are not in effect - differs across institutions and regions of the state.** Differences in interpretation and implementation can increase confusion and uncertainty about laws and polices, impacting the provision of care.

> *It was a very heated situation. We had to wait till her blood count was low enough to call it emergent. So, we waited till her hemoglobin was below seven [...] even at that point, there was a lot of back and forth, but that was legally through the hospital. We had to wait until that point. So, there's definitely a lot of frustration [...] because* ***[providers] knew what they wanted to do, but they couldn't legally do that.***
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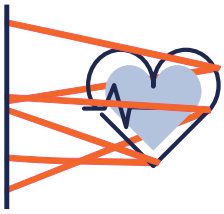
> *- OB/GYN at a private hospital*

3. **Uncertainty around legislative policy led to institutions and providers having stricter interpretations of what is allowed under the law.** Stricter interpretations can amplify the impact of an already restrictive context.



> *After the D&E ban was officially passed [...] [the courts] were figuring out injunctions and stuff. We had a patient come in for a miscarriage, which regardless of the method would have been okay at that point. But it was around 14 weeks, we were going to do a D&C and ended up doing kind of like a modified D&E, and* ***right before we started doing that part, my chief resident turns to me and goes, "Wait, we're allowed to do this right?"***
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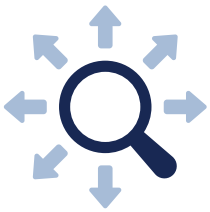
> *- OB/GYN in Ohio*

4. **Frequent policy changes disrupt standards of care and practices.** Restrictive legislation and policies challenge how care decisions are made, shifting care decisions from evidence-based medicine to other metrics.



> ***Every week I had to call [the clinic] that we typically refer*** *to and say, "What is the status this week? [...] what is my time limit now?" I found it frustrating that I would have to make that call every single week to know how to guide [patients].*
>
> *- Genetic Counselor in an academic setting*

5. **The political context of care has a chilling effect on health care provision, as seen through Ohio's abortion environment.** This chilling effect includes the cumulative toll of restrictions, uncertainty caused by restrictions, and constraints on the ability to provide care.

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