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## Introduction

Following the shocking overturn of Roe v. Wade in 2022, the case that had secured millions of women within America a right to an abortion, reproductive healthcare (RHC) has undoubtedly shifted to accommodate new regulations implemented by state governments, directly impacting women’s health. While conservative states have enacted trigger bans obstructing accessibility to reproductive healthcare, progressive states, such as New Jersey, are strategizing to protect and ensure these rights to women. Navigating this shift, reproductive healthcare providers (RHP) have proved to further impact their patient's experiences through the intimate relationship that results during the doctor-patient interaction. Through their different approaches, the inclusion or exclusion of cultural factors and perceptions surrounding women’s health care has proved to be massively influential to patient care. The women’s and reproductive healthcare provider’s untold stories concerning their previous interactions and personal experiences can highlight the intimate relationship's influence on medical decision-making, trust, and physical well-being.

## Conclusions:

Considering each participant's experiences and perceptions concerning reproductive healthcare, it’s evident that the intimate relationship between an RHP and women, specifically mothers, influences the medical perceptions, experiences, and outcomes within society. Lower-income women reported worse experiences than their middle-class peers with their reproductive providers, expressing consistent concerns when attempting to find relief, feeling their voices often left unheard, and lacking trust and, therefore, unable to discuss symptoms openly. One can suggest public providers' lack of consideration for including cultural factors during the doctor-patient interaction can explain why lower-income women are often dissatisfied with their providers. Another explanation can be the reasoning behind the providers seeking a career in RHC, with private providers expressing their consideration for the close, intimate relationship formed with their patients and public providers influenced by their personal health experiences. One last explanation can arise from the different approaches reported by the providers, inferring that private providers presented a mutual-participation model, and public providers expressed a guidance-cooperation model.

## Methodology and Materials:

The small-scale study was conducted to understand state and local understandings of reproductive healthcare providers' influence on their patient's lives, specifically mothers, within New Jersey. 13 participants were considered and were divided into two groups, including six reproductive healthcare providers affiliated with one hospital in Central Jersey and one on the board of Planned Parenthood, along with a local group of seven mothers. The research comprised in-depth interviews, surveys, and participant observation between both groups.

<p>1. <b>I have seen an OB/GYN or sought out reproductive healthcare within the past year for a routine checkup, prenatal, or health concerns.</b></p> <ul style="list-style-type: none"> <li>Yes, for a routine checkup</li> <li>Yes, for prenatal appointments</li> <li>Yes, for health concerns</li> <li>No, I have not sought out reproductive healthcare within the past year</li> </ul>
<p>2. <b>I have a specific OB/GYN that I visit when I have concerns about my reproductive healthcare.</b></p> <ul style="list-style-type: none"> <li>Yes, I have a primary OB/GYN that I see regularly, depending on my reproductive health needs/ concerns.</li> <li>Yes, I have a primary OB/GYN, although I visit them about once or twice yearly.</li> <li>No, I don't have a primary OB/GYN, but I will go to one depending on the convenience of the location and my needs.</li> <li>No, I don't have a primary OB/GYN and rarely seek reproductive healthcare in general.</li> </ul>
<p>3. <b>If I have a specific OB/GYN that I visit for my reproductive health needs, they are employed for a private clinic.</b></p> <ul style="list-style-type: none"> <li>Yes, I have a regular OB/GYN that I visit, and they are employed at a private healthcare clinic.</li> <li>Yes, I have a regular OB/GYN that I visit, but they are employed at a public healthcare clinic.</li> <li>No, I don't have a regular OB/GYN that I visit, although I only seek reproductive healthcare in a private clinic.</li> <li>No, I don't have a regular OB/GYN that I visit, although I only seek reproductive healthcare in a public clinic.</li> </ul>
<p>4. <b>I feel that I can completely trust my OB/GYN and be honest with them about my symptoms.</b></p> <ul style="list-style-type: none"> <li>Yes, I completely trust my OB/GYN, and they can discuss my symptoms openly.</li> <li>Yes, I have trust in my OB/GYN, although I feel unable to discuss my symptoms openly.</li> <li>No, I don't trust my OB/GYN, although I still report my symptoms accurately.</li> <li>No, I don't trust my OB/GYN, and I feel unable to discuss my symptoms openly.</li> </ul>
<p>5. <b>I have had relatively better experiences when seeking reproductive healthcare than I have had negative experiences.</b></p> <ul style="list-style-type: none"> <li>Yes, I have had great experiences when seeking reproductive healthcare, with zero negative experiences.</li> <li>Yes, I have had good experiences when seeking reproductive healthcare, with a few negative experiences.</li> <li>No, I have had worse experiences week seeking reproductive healthcare, with a few positive experiences.</li> <li>No, I have had worse experiences when seeking reproductive healthcare, with zero positive experiences.</li> </ul>
<p>6. <b>When discussing my symptoms, I feel that I am my OB/GYN's main priority, and their complete focus is on my health.</b></p> <ul style="list-style-type: none"> <li>Yes, I feel that I am my OB/GYN's main priority when discussing concerns about my symptoms.</li> <li>Yes, although I feel that my OB/GYN's complete focus is at times not entirely on my health concerns</li> <li>No, I feel that I'm not my OB/GYN's main priority when discussing concerns about my symptoms.</li> </ul>

Table 1

<p>7. <b>When discussing my symptoms, external factors such as nutrition, lifestyle, or physical environment are often considered.</b></p> <ul style="list-style-type: none"> <li>Yes, my OB/GYN and I are considering external factors when discussing my symptoms thoroughly.</li> <li>Yes, I consider external factors only when discussing my symptoms.</li> <li>No, external factors are rarely considered by my OB/GYN or me when discussing my symptoms.</li> <li>No, external factors are not or have never been considered by myself or OB/GYN when discussing my symptoms.</li> </ul>
<p>8. <b>My OB/GYN has helped me find relief from my symptoms after our initial visitation.</b></p> <ul style="list-style-type: none"> <li>Yes, my OB/GYN has wholly helped me find relief from my symptoms, and I no longer have concerns for my reproductive health.</li> <li>Yes, my OB/GYN has helped me find some relief from my symptoms, and I no longer have concerns for my reproductive health.</li> <li>Yes, my OB/GYN has helped me find some relief from my symptoms, but I still have ongoing concerns for my reproductive health.</li> <li>No, my OB/GYN hasn't helped me find relief from my symptoms, and I still have ongoing concerns for my reproductive health.</li> </ul>
<p>9. <b>My OB/GYN has been consistent in their approaches during our visitation, including their promptness, attitude, mood, and efficiency in finding a solution for my reproductive needs.</b></p> <ul style="list-style-type: none"> <li>Yes, my OB/GYN has been consistent in their approaches during ALL of our appointments and interactions.</li> <li>Yes, my OB/GYN has been consistent in their approaches during some of our appointments and interactions.</li> <li>No, my OB/GYN's approach is rarely consistent during our appointments and interactions.</li> <li>No, my OB/GYN's approach is inconsistent during most appointments and interactions.</li> </ul>
<p>10. <b>After my appointment, I am generally satisfied with the interaction between my OB/GYN and me.</b></p> <ul style="list-style-type: none"> <li>Yes, I am extremely satisfied with how my OB/GYN interacted during our appointment.</li> <li>Yes, I am slightly satisfied with how the interaction went with my OB/GYN, although I still have a few concerns about my reproductive health.</li> <li>No, I am dissatisfied with how the interaction went with my OB/GYN, although I don't have concerns for my reproductive health.</li> <li>No, I am highly dissatisfied with how the interaction went with my OB/GYN, and I still have all of my previous concerns for my reproductive health.</li> </ul>

Table 2

## Interview Results for RHP Group:

Six interviews were administered to reproductive healthcare workers (OB/GYNs and Planned Parenthood) regarding their start in the medical field, distinct roles, medical perceptions, patient approaches, the overturning of Roe v. Wade, and subjective beliefs concerning future possibilities for RHC. Four participants are employed in the public sector, while two are employed in the private sector.

OB/GYN Results (Private vs Public):

- Private providers described using a mutual-participant approach with their patients, while public providers described using a guidance-cooperation approach with their patients
- Private providers consider age, lifestyle, dietary habits, social relations, and external environment critical factors when providing care.
- Public providers consider age, lifestyle, and dietary habits critical to care.
- Private providers expressed their initial attraction to RHC from wanting an intimate relationship with their patients and the possibility of practicing surgery.
- Public providers reported personal health experiences influenced their initial attraction toward RHC in the past and the possibility of practicing surgery.
- Private and Public providers reported moderate skepticism towards midwives practicing RHC and often wouldn't discuss this option with their patients.
- Private providers were less concerned with the overturning of Roe and had not participated in activism or sought ways to protect or increase RHC accessibility.
- Public providers were greatly concerned with the overturn of Roe and often sought ways to protect and increase accessibility for RHC.
- Private providers criticized New Jersey’s wide accessibility to abortion and supported the implementation of LMP restrictions.
- Public providers supported New Jersey’s wide accessibility to abortion.

## Survey Results for Mothers Group:

The survey (Tables 1 and 2) administered to the mother's group demonstrated:

- Pregnant lower-income women reported worse experiences with their OB/GYN and, in general, contrasted with their middle-class peers, who expressed an influx of positive experiences.

Lower-income women (4) reported:

- All seeking public healthcare
- Having little trust in their providers
- Believing their health concerns were consistently left unanswered,
- Lack of inclusion for cultural factors during doctor-patient interaction (i.e. lifestyle, dietary habits, environment)
- Finding little to no relief after seeking care
- Often feel dissatisfied with their reproductive healthcare provider

Middle-class women (3) reported:

- All seeking private healthcare
- Having complete trust and open communication with their providers
- Consistently feeling that their health concerns are met initially
- Experience more positive interactions with their providers
- Always or the majority finding relief after seeking care
- Overall, they are satisfied with their reproductive healthcare provider

Similarities between both groups:

- Despite efficacy, most women reported that their provider’s approach was usually consistent with their overall interactions (6/7)
- All women reported seeking reproductive care within the past year

## Additional References

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Hall, Kelli Stidham, et al. 2012 “Determinants of and disparities in reproductive health service use among adolescent and young adult women in the United States, 2002-2008.” *American Journal of Public Health* vol. 102,2: 359-67. doi:10.2105/AJPH.2011.300380