

NJAAP response to reversal of Roe vs. Wade
Dodd v. Jackson Women's Health Organization

The Supreme Court decision on June 24, 2022 of Dodd v. Jackson Women's Health Organization to overturn Roe v. Wade effectively ended the constitutional right to abortion in the United States. The decision regarding the legality of abortion services now resides in state governments, with several states immediately poised to ban or severely limit abortion services. NJAAP together with national AAP are gravely concerned about the consequences of the Dodd decision to youth and families across the country.

NJAAP supports national AAP guidelines that pregnant adolescents and young adults receive comprehensive options counseling. This includes advising the youth of their options to continue their pregnancy and parent the child, continue their pregnancy and adopt, and of their option to terminate the pregnancy. Seventy-five percent of pregnancies among adolescents are unplanned in the United States (CDC and Guttmacher). It is important that these youth have autonomy in decision-making over their body and that this conversation be able to occur confidentially between the pregnant person and their healthcare provider.

At the time of the Dodd ruling, abortion services remain safe and legal in New Jersey and are covered by several insurance plans including Medicaid. Adolescents of minor age are also able to access abortion services without parental notification or consent in New Jersey. However, even though youth are able to safely access abortions, adolescents remain a disenfranchised group that is disproportionately affected by unplanned pregnancies, delayed care, challenges with travel to appointments, and limited financial means. Historically, accessing abortion services has been more challenging for adolescents, Black, Latino, and other patients of color. Not surprisingly, those living in poverty or in rural areas have also had more difficulty accessing abortion services. It is important that compassionate and non-stigmatizing abortion services are available to all pregnant patients, including cisgender women and individuals that are transgender, non-binary, and gender-fluid.

Looking forward, it is imperative that our youth receive comprehensive sex education and that they have access to confidential sexual healthcare services including STI/HIV testing and affordable contraceptive care. NJ pediatricians are on the frontline to have these conversations with our patients. Furthermore, the scope of our care is not only for our youth, but also for their families. The pediatric office is the medical home for these families, and these parents trust their child's pediatrician. The pediatrician should be cognizant that their patient's parent may be facing a decision regarding a current pregnancy. In fact, fifty-nine percent of abortions in the United States are obtained by patients who have already had children (Guttmacher). A parent's decision whether to continue their current pregnancy may impact their ability to care for the child or children that are with them in the pediatric office.

Although abortion services remain safe and legal at this time in New Jersey, the same cannot be said for many states across the country. Already, our neighboring states are seeing an influx of patients from states where abortion is now banned; we should also anticipate an increase in

the number of patients coming to New Jersey to seek abortion services. As always, it is important that all patients receive compassionate, comprehensive, and safe healthcare in New Jersey. Although the majority of abortion providers are not pediatricians, we stand with our healthcare colleagues that provide safe abortion services to our patients. Our colleagues should be able to care for our patients without harassment or fear for their safety.

NJAAP has partnered with national AAP to provide support for chapters across the country where abortion services are now banned or severely limited. We realize that our colleagues in these states are navigating an excruciatingly difficult course with their patients. The Dodd decision will gravely impact youth across the country and may affect generations to come. Those patients with more financial resources will be more likely to have access to abortion services. Those who are unable to access abortion services and are forced to carry a pregnancy will continue to be severely affected, as will the offspring that they carry. Pediatricians will need to anticipate this turning point in our history.



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