

CORE BRIEF

The impact of the *Dobbs* decision on the ob-gyn workforce in Wisconsin

Updated December 2025

Access to full-spectrum reproductive healthcare, including pregnancy care, is essential to support the health and wellbeing of individuals, children, and families. The June 2022 U.S. Supreme Court *Dobbs v. Jackson Women's Health Organization* decision, which overturned the federal right to abortion, has had a profound impact on both people seeking reproductive healthcare and those providing care.

In the wake of *Dobbs*, local¹ and national² media have raised concerns about obstetrician and gynecologists (ob-gyns) leaving states that restrict or ban abortion, worsening existing doctor shortages in places like Wisconsin.

In response, in August 2024, CORE prepared a [brief](#) (and [one-page summary](#)) summarizing preliminary evidence on the impact of the *Dobbs* decision on access to ob-gyns and other physicians in Wisconsin. The current brief provides an update based on results from new national studies. We also explain how poor access to pregnancy care providers harms health and exacerbates health inequities.

Access to obstetric providers matters

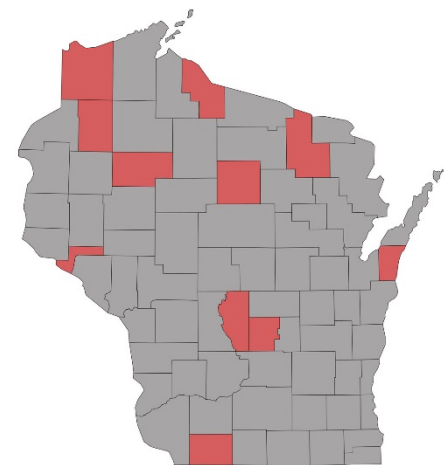
Even before *Dobbs*, Wisconsin faced challenges to providing pregnancy healthcare. Eleven of Wisconsin's 72 counties (15%) are classified as **maternity care deserts**, areas without birthing facilities or obstetric providers.³

Maternity care deserts and poor access to providers can delay the start of prenatal care and increase travel time to obtain care. These challenges can harm the pregnant person and their baby.^{4,5} One recent study showed that people who live in maternity care deserts are at a higher risk of pregnancy-related death than those who do not, and that the risks are much higher for Black pregnant people who live in maternity care deserts.⁶

Nationwide⁷ and in Wisconsin,³ counties designated as maternity care deserts are **more likely to be rural** than urban. With more hospitals closing obstetric services in the state, pregnant people living in Wisconsin's rural communities face unique challenges accessing services.^{8,9}

Access to care is also critically important for people of color – and, in particular, Black people – due to Wisconsin's **pregnancy and birth equity crises**. Black birthing people are **2.5 times** more likely to experience pregnancy-related death than the white population in Wisconsin,¹⁰ and the infant mortality rate among babies born to Black birthing people is **2.3 times** higher than the state average.¹¹ Research has established the role that quality healthcare, social determinants of health, and structural and interpersonal racism play in these inequities.¹²⁻¹⁴ Further **worsening access to pregnancy healthcare services will likely exacerbate these crises**.

Maternity care deserts in Wisconsin, 2023



Source: [March of Dimes](#)

Current ob-gyn workforce: Care challenges and mixed trends in providers leaving states with abortion bans

Immediately following the *Dobbs* decision, CORE investigator Abigail Cutler and colleagues explored ob-gyns' experiences providing pregnancy care in Wisconsin. They found that the threat of criminalization posed by an [1849 state law](#) banning abortion led to uncertainty and confusion for physicians caring for pregnant patients and substandard, delayed, and fragmented care.¹⁵ The ob-gyns interviewed for the study frequently expressed concern that the **post-*Dobbs* legal and healthcare landscape may make it harder to recruit, train, and retain ob-gyn physicians in Wisconsin**. While a few of the ob-gyns admitted that they have contemplated leaving the state, most expressed a commitment to staying in Wisconsin for a multitude of reasons – including a responsibility to care for their communities.¹⁶ Many ob-gyns also reported that the threat of criminalization, as well as healthcare institutional policies restricting the provision of clinical care *beyond those prescribed by the 1849 law*, jeopardized their professional autonomy and personal wellbeing.¹⁵

This research augments pre-*Dobbs* findings, when physicians at Wisconsin's largest medical school were already concerned about the impact of state abortion restrictions on the physician workforce. A 2021 study of over 900 clinical faculty at the University of Wisconsin medical school found that more than four in five (83%) expressed at least some concern that restrictive abortion laws make it difficult to recruit physician faculty.¹⁷

National research has revealed that ob-gyns across the country are experiencing increased moral distress and challenges in providing care since *Dobbs*.^{18,19} Such increases can directly impact the landscape of obstetric care. For example, after Idaho implemented a strict abortion ban following the *Dobbs* decision, 35% of the state's ob-gyns stopped providing obstetric care.²⁰ **However, other studies indicate that ob-gyns have not left states that ban or restrict abortion in large numbers** in the two years since *Dobbs*.^{21,22} Emerging evidence indicates that ob-gyns who consider relocation are forced to weigh their distress against community ties, family obligations, and other disruptions associated with moving.¹⁸ Notably, in states or communities with a small number of ob-gyns, the loss of even one provider can have profound effects on access to care for that community.

Future ob-gyn workforce: Evidence of reduced interest in working in abortion-restricted states

Another way that *Dobbs* may affect the physician workforce is by deterring newly trained ob-gyns from moving to states with abortion restrictions, such as Wisconsin. *Dobbs* may also deter trainees across all medical specialties from choosing to receive medical education and training in abortion-restrictive states. Many factors may contribute to this phenomenon, including personal or spouse's future pregnancy plans, restrictions on scope of practice, and concerns about the ability to receive comprehensive, high-quality training.²³ Regardless of the reason, **fewer doctors trained in obstetrics and gynecology today means fewer doctors available to provide pregnancy care tomorrow**.

New ob-gyns

In data released immediately post-*Dobbs*, newly minted ob-gyns reported being less likely to want to move to a state with abortion restrictions and practice there.²³ However, more recent research found that new ob-gyns were just as likely to start their medical practice in restrictive states as in protective states.^{21,22} As the **impact of *Dobbs* continues to evolve**, it will be important to monitor where new ob-gyns choose to practice.

Residents

Abortion restrictions post-*Dobbs* directly **jeopardize** the ability of residency programs to provide consistent abortion **training and other skill acquisition essential for ob-gyn practice**.²⁴ (Residency programs are supervised clinical training programs for medical school graduates focused on a chosen specialty, like obstetrics and gynecology.) At the University of Wisconsin, residents suffered from a lack of training opportunities when abortion procedural volume dropped 71% in the first six months following *Dobbs*. During this time, UW faculty observed **reduced resident competency** in basic gynecologic skills, including cervical dilation and procedural management of miscarriage.²⁵

Emerging evidence indicates that since *Dobbs*, **future ob-gyns are less likely to choose residency programs in states with abortion bans**. Wisconsin witnessed an 8% drop in applications for ob-gyn residency training programs in 2023, followed by a 10% drop in 2024.²⁶ Nationally, a 5% decrease in ob-gyn residency applications occurred in 2023; in 2024, the decrease was 7% in states with abortion bans, compared with an <1% increase in states where abortions are legal.²⁶ However, as of 2024, despite declining interest, all residency spots in restrictive states were filled.²⁶

Analyses show that **fewer medical students across all specialties are applying for residency training in states with abortion bans**. In 2024, a 4% decrease occurred in total residency applications in states with abortion bans, compared to a smaller decrease (<1%) in states where abortions are legal.²⁶ A national survey showed that post-*Dobbs*, a majority (57%) of medical students across all specialties were unlikely or very unlikely to apply to residency programs in states with abortion restrictions.²⁷ Emerging evidence indicates that medical students are making these choices because of limited reproductive-care training and/or restrictions that could hinder their ability to personally access abortion care.²⁷⁻²⁹ Other research suggests that some trainees choose to stay in restrictive states because they care about their communities, but they still worry that abortion restrictions could affect their medical training.³⁰

Medical students

Emerging evidence suggests that prospective medical students, particularly those interested in obstetrics and gynecology, are **hesitant to go to medical school in a state where abortion is heavily restricted**.³¹ A study conducted at the University of Wisconsin found that current medical students express concern that the lack of abortion curricula and clinical exposure may create educational inequities, leaving medical students without the competencies they need to provide comprehensive healthcare.^{32,33}

Conclusion

The *Dobbs* decision has profoundly changed people's access to abortion care, as well as the experiences of those providing reproductive healthcare. Researchers will continue to document whether these changes may also worsen access to ob-gyns and other physicians in states with abortion restrictions, including Wisconsin. While national evidence does not suggest that existing ob-gyns have moved in large numbers from restrictive to protective states, preliminary data indicate that doctors-in-training are less likely to seek training in states that restrict abortion, and research with physicians in Wisconsin suggests major concerns about ob-gyn wellbeing and retention. Wisconsin stands to worsen both its maternity care deserts and extreme inequities in pregnancy and infant health for Black people if the state loses access to pregnancy healthcare providers and other physicians who do not want to practice or receive training in the state.

Suggested citation

Cutler AS, Williamson A, Higgins JA. The impact of the *Dobbs* decision on the ob-gyn workforce in Wisconsin. CORE Brief. Madison, WI: University of Wisconsin Collaborative for Reproductive Equity. 2025.

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