

# BRIEF SNAPSHOT

## The threat of a criminal abortion law in Wisconsin post-*Dobbs* compromised patient health and physician wellbeing

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This summary highlights [a CORE research brief](#) providing evidence that the threat of an abortion ban in Wisconsin following *Dobbs* made it hard, if not impossible, for Wisconsin physicians to give timely, comprehensive, evidence-based care to pregnant patients.

In June 2022, the U.S. Supreme Court's *Dobbs* decision overturned the national right to abortion established by *Roe v. Wade*. Now, states decide if abortion and abortion provision are legal.

After *Dobbs*, physicians in Wisconsin stopped providing most abortion care for over a year due to an 1849 state law widely interpreted to criminalize abortion provision except in life-saving emergencies. The law, which is still on the books, had a dramatic and immediate impact on how physicians took care of patients in the hospital experiencing pregnancy complications.



### **Following *Dobbs*, the 1849 law prevented doctors from providing standard care to their patients experiencing pregnancy complications.**

CORE researchers interviewed 21 obstetrician-gynecologists (ob-gyns) from across Wisconsin. They found that following *Dobbs*, confusion about the 1849 ban led to substandard and delayed care for pregnant people, including those experiencing medical emergencies.



Although the wording of the 1849 law allows abortions to “save the life of the mother,” physicians and their hospitals lacked clarity on what that meant. How sick or close to death did their patients need to be before an abortion would be considered legally acceptable? Management of pregnancy-related complications varied widely across the state due to different interpretations of the vague law, and patient transfers between hospitals – which can delay care and worsen health outcomes – became more common.



Patients facing complications were left to risk their health by either continuing their pregnancies or traveling out of state for an abortion. These complications included pre-existing conditions worsened by pregnancy and pregnancy complications not considered emergent or immediately life-threatening. Traveling for any kind of pregnancy care, including abortion care, is costly and hard to manage. These barriers were highest for people who already have trouble accessing healthcare, including young people, people of color, and those living on low incomes and in rural areas.



### ***Dobbs* and the 1849 Wisconsin state law put ob-gyns in an impossible position, compromising their professional autonomy and personal wellbeing.**

Under the 1849 law, a doctor who provides an abortion can be charged with a felony and face jail time, hefty fines, and loss of medical licensure. Ob-gyns were deeply conflicted between providing the care they knew their patients needed and safeguarding their personal wellbeing and freedom.

**Adapted from CORE brief; view full brief at [go.wisc.edu/DobbsImpactObCare](https://go.wisc.edu/DobbsImpactObCare).**