



# August Medical Ethics Newsletter Vol. 30

Written and Edited by: Kaitlynn Esemaya, Alexis Thompson, Annique McLune, and Anamaria Ancheta

# Reproductive Healthcare Disparities

Historical, cultural, social, and political factors contribute to the disparities in reproductive health, making it a multifaceted and deeply rooted issue in the fabric of the United States. Historically, the legacy of slavery and the American eugenics movements established race-based medicine, systems, and stereotypes that continue to influence provider bias, patient mistrust, contributing to the ongoing inequities in reproductive health. Culturally, persistent stereotypes, particularly towards Black women, have led to differential treatment for pain symptoms, poorer maternal outcomes, and lower rates of patient-centered care. State-level policies and systemic racism have created barriers to care, including abortion access, insurance coverage restrictions, and inconsistent implementation of reproductive health services. These challenges have caused disproportionate care for people of color, low-income families, and rural residents.



The historical mistreatment of Black birthing bodies in the United States has left an enduring legacy of trauma, mistrust, and systemic inequity. During slavery, Black women were denied bodily autonomy and viewed primarily as reproductive laborers essential to sustaining chattel slavery, especially after the transatlantic slave trade was outlawed. Their worth was measured not by their humanity but by their capacity to produce more enslaved people. Medical institutions exploited this system. In the antebellum South, physicians and medical schools often collaborated with slaveholders to conduct reproductive experiments without consent. Gynecological procedures such as cesarean sections and the removal of infected ovaries were developed and refined through repeated surgeries on enslaved Black women without anesthesia. These atrocities were justified by the false belief that Black people do not feel pain like White people. This myth, rooted in slavery, continues to influence medical practice today. Studies have shown that some healthcare providers still hold false beliefs about biological differences between Black and White patients. These biases contribute to inadequate pain management, the dismissal of symptoms, and delayed interventions in obstetrics. After emancipation, reproductive control over Black people continued through government-funded sterilization programs and welfare policies. In the 1930s, federally supported birth control clinics were used to suppress Black reproduction. In the 1980s and 1990s, some physicians and public assistance officials coerced low-income Black women into sterilization by threatening to withhold welfare benefits. Today, Black birthing people remain three to four times more likely to die from pregnancy-related causes than white women.



Structural competency is a framework within healthcare that focuses on addressing and understanding the political, economic, and social factors that affect an individual's health. When this concept is applied to reproductive health, we are able to see the vast health disparities, particularly for minorities and low-income individuals, that arise due to the current political and socioeconomic changes. Some factors that address this concept are the recent cuts to Medicaid, causing more than 17 million Americans to lose access to healthcare, including reproductive care. The U.S. Supreme Court's ruling to overturn *Roe v. Wade* in 2022 led many states to adjust their laws regarding abortion, forcing people to carry these unwanted pregnancies or travel hundreds or thousands of miles away to receive abortion care. In February 2025, Adriana Smith, a 31-year-old Georgia woman, was declared brain dead after multiple blood clots were found in her brain. She was 9 weeks pregnant at the time, and due to Georgia's strict abortion laws making it illegal to perform an abortion after 6 weeks, Adriana Smith was kept on life support against her family's decision. In June 2025, she was taken off life support only after the baby was born prematurely, causing deep distress for her family. This is just one instance where we can see in real time the effects of our current political and socio-economic climate, and how they can cause true harm. Physicians and healthcare providers now face more ethical conundrums when trying to care for their patients and uphold the four pillars of medical ethics: autonomy, beneficence, non-maleficence, and justice.



It is essential that healthcare providers stay informed about their state's reproductive healthcare laws and actively advocate for the protection and expansion of access to these vital services. This call to action is especially relevant after the June 2025 Supreme Court decision on *Medina v. Planned Parenthood*, which upheld South Carolina's power to prevent Planned Parenthood from receiving Medicaid reimbursement for healthcare services. A ruling that was even more impacted by the passage of H.R. 1 a week later. H.R. 1 is a federal law that blocks Medicaid payments to organizations receiving over \$800,000 in federal reimbursements if they provide abortion care. As Planned Parenthood serves low-income and rural populations, this ruling creates a major loss in access to essential reproductive health services such as birth control, Pap smears, HPV testing, and STI screening. Not only is access to reproductive health care at stake, but information on these services and their importance. Due to Executive Order 14168, thousands of Centers for Disease Control and Prevention webpages on reproductive healthcare were removed. In response, organizations like the American Medical Student Association (AMSA) have stepped up to help fill the gap. Through its Abortion Care and Reproductive Health Project, AMSA offers a plethora of resources, including educational articles, clinical training, and advocacy workshops that equip future physicians with the tools to support reproductive health access.

As access to services and reliable information continues to decline, healthcare providers can take active steps in advocacy by contacting their legislators and engaging with professional organizations. The American Academy of Family Physicians (AAFP) supports this work through its Advocacy Ambassadors Program, which helps ease the burden of communicating with policymakers. Through this program, physicians and medical students receive timely updates on proposed legislation and access to resources and shareable links to mobilize their networks. Similarly, the American Medical Women's Association (AMWA) offers an advocacy platform and regularly features calls to action on its website, encouraging members to engage with pressing healthcare policy issues.



## Reflection Questions

- In what ways can healthcare organizations and institutions mitigate reproductive healthcare disparities?
- How can healthcare providers and policymakers begin to dismantle the historical and systemic barriers that continue to drive reproductive health disparities in marginalized communities?
- How can understanding the historical exploitation of Black birthing people and the persistence of racial bias in pain perception inform your approach to providing ethical, equitable, and culturally responsive reproductive healthcare today?
- How does the removal of Medicaid funding from providers like Planned Parenthood affect patient outcomes in rural and low-income communities?
- As a future or current healthcare provider, how would you address a patient's reproductive health needs in a community with limited resources?

## Helpful Links

- [Planned Parenthood](#)
- [CDC | Reproductive Health](#)
- [Center for Reproductive Rights](#)
- [ACOG | Resources](#)
- [AAFP | Reproductive Health: Clinical Guidance and Practice Resources](#)
- [National LGBTQIA+ Health Education Center | Learning Resources — Reproductive Health](#)
- [AMSA Reproductive Health Project](#)
- [AAFP Advocacy Ambassadors Program](#)
- [AMWA Advocacy](#)

## References

- Abutaleb, Yasmeeen. "At Least 17 Million Americans Would Lose Insurance under Trump Plan." *The Washington Post*, 1 July 2025, [www.washingtonpost.com/politics/2025/07/01/least-17-million-americans-would-lose-insurance-under-trump-plan/](http://www.washingtonpost.com/politics/2025/07/01/least-17-million-americans-would-lose-insurance-under-trump-plan/). Accessed 12 July 2025.
- American College of Obstetricians and Gynecologists' Committee on Health Care for Underserved Women, American College of Obstetricians and Gynecologists' Abortion Access and Training Expert Work Group. "Increasing Access to Abortion: ACOG Committee Opinion, Number 815." *Obstetrics and gynecology* vol. 136,6 (2020): e107-e115. doi:10.1097/AOG.0000000000004176
- Center for Reproductive Rights. *Roe v. Wade*. Center for Reproductive Rights, [reproductiverights.org/roe-v-wade/](http://reproductiverights.org/roe-v-wade/). Accessed 12 July 2025.
- "Doctor Examining Stomach with Ultrasound." Pexels, photo ID 16388112, Pexels, [pexels.com/photo/doctor-examining-stomach-with-ultrasound-16388112/](https://pexels.com/photo/doctor-examining-stomach-with-ultrasound-16388112/). Accessed 12 July 2025.
- Downey, Margaret Mary, and Anu Manchikanti Gómez. "Structural Competency and Reproductive Health." *AMA Journal of Ethics*, vol. 20, no. 3, Mar. 2018, pp. 211-223. *AMA Journal of Ethics*, <https://journalofethics.ama-assn.org/article/structural-competency-and-reproductive-health/2018-03>. Accessed 12 July 2025.
- "Funeral for Brain-Dead Woman Kept Alive Due to Abortion Law Held Saturday in Georgia." *NBC News*, 28 June 2025, [nbcnews.com/news/us-news/funeral-brain-dead-woman-kept-alive-due-abortion-law-held-saturday-geo-rcna215753](https://www.nbcnews.com/news/us-news/funeral-brain-dead-woman-kept-alive-due-abortion-law-held-saturday-geo-rcna215753). Accessed 12 July 2025.
- "Grayscale Photo of Woman in Front of Placard." Pexels, photo ID 12639446, [pexels.com/photo/grayscale-photo-of-woman-in-front-of-placard-12639446/](https://pexels.com/photo/grayscale-photo-of-woman-in-front-of-placard-12639446/). Accessed 12 July 2025.
- Haller, J. S. "Marie Jenkins Schwartz. birthing a slave: Motherhood and medicine in the Antebellum South. Cambridge: Harvard University Press. 2006." *The American Historical Review*, vol. 112, no. 2, 1 Apr. 2007, pp. 506-507, <https://doi.org/10.1086/ahr.112.2.506>.
- Nnoli, Aisha. "Historical Primer on Obstetrics and Gynecology Health Inequities in America: A Narrative Review of Four Events." *Obstetrics and gynecology* vol. 142,4 (2023): 779-786. doi:10.1097/AOG.0000000000005331
- Owens, Deirdre Cooper, and Sharla M. Fett. "Black maternal and infant health: Historical legacies of slavery." *American Journal of Public Health*, vol. 109, no. 10, Oct. 2019, pp. 1342-1345, <https://doi.org/10.2105/ajph.2019.305243>.
- "Pink Pills on Yellow Surface." Pexels, [Kaboompics.com, pexels.com/photo/pink-pills-on-yellow-surface-4047107/](https://www.kaboompics.com/pexels.com/photo/pink-pills-on-yellow-surface-4047107/). Accessed 12 July 2025.
- "Supreme Court's Ruling on Planned Parenthood Threatens Access to Health Care | Media Relations | The George Washington University." Media Relations, <https://mediarelations.gwu.edu/supreme-courts-ruling-planned-parenthood-threatens-access-health-care>. Accessed 12 Jul. 2025.
- Sutton, Madeline Y et al. "Racial and Ethnic Disparities in Reproductive Health Services and Outcomes, 2020." *Obstetrics and gynecology* vol. 137,2 (2021): 225-233. doi:10.1097/AOG.0000000000004224
- "Technology Computer Health Medical." Pexels, photo ID 7088828, [pexels.com/photo/technology-computer-health-medical-7088828/](https://pexels.com/photo/technology-computer-health-medical-7088828/). Accessed 12 July 2025.
- "White Pregnancy Test Kit." Pexels, photo ID 5722886, [pexels.com/photo/white-pregnancy-test-kit-5722886/](https://pexels.com/photo/white-pregnancy-test-kit-5722886/). Accessed 12 July 2025.