



A Short Study of the Immediate Impact of the Dobbs v Jackson Decision in the United States of America



Debjani Dutta

Abstract: This study examines the immediate legal, social, and medical repercussions of *Dobbs v. Jackson Women's Health Organization* (2022), the U.S. Supreme Court decision that overturned *Roe v. Wade* (1973) and *Planned Parenthood v. Casey* (1992). By removing federal constitutional protection for abortion and returning regulatory power to individual states, the Court's ruling redefined reproductive rights in the United States. The paper outlines the legal rationale of the majority opinion authored by Justice Samuel Alito, which rejected abortion as a constitutional right under the Fourteenth Amendment, emphasising that it was not "deeply rooted in the Nation's history and tradition." It criticizes the Court's application of *stare decisis* and its narrow historical interpretation, arguing that the decision disregarded nearly fifty years of established precedent and scientific evidence submitted through amicus briefs by major medical organisations. The essay situates *Dobbs* within broader political and social contexts, analyzing public opinion polls, the role of "trigger laws" across 26 states, and the growing disparities in healthcare access. Drawing on contemporary reportage and academic commentary, the aim is to demonstrate how the ruling has exacerbated maternal mortality rates, criminalized medical professionals, and disproportionately harmed marginalized women, discriminating on the lines of color and socioeconomic status. The discussion explores global implications, emphasising how *Dobbs* undermines international reproductive rights recognised by the World Health Organisation. The paper concludes by ascertaining how the *Dobbs* decision represents a regressive turn in American constitutional and healthcare jurisprudence. It shows how the decision restricts not only reproductive autonomy but also destabilises the ethics of medicine, transparent data gathering processes, and patient care.

Keywords: Reproductive Rights, *Dobbs v. Jackson*, Constitutional Law, Judicial Precedent, Maternal Health.

I. INTRODUCTION

On Friday, 24 June 2022, the Supreme Court of the United States overruled the 1973 ruling in *Roe v. Wade* and the 1992 ruling in *Planned Parenthood v Casey*, holding forth that the Constitution of the United States does not specify or "confer" a right to abortion and therefore the "authority to regulate abortion is returned to the people and their elected representatives."

Manuscript received on 08 October 2025 | First Revised Manuscript received on 15 October 2025 | Second Revised Manuscript received on 21 February 2026 | Manuscript Accepted on 25 March 2026 | Manuscript published on 30 March 2026.

*Correspondence Author(s)

Dr. Debjani Dutta*, Independent Researcher, Munich, Germany. Email ID: deduttmukh@gmail.com, ORCID ID: [0000-0002-6848-0966](https://orcid.org/0000-0002-6848-0966)

© The Authors. Published by Lattice Science Publication (LSP). This is an open-access article under the CC-BY-NC-ND license (<https://creativecommons.org/licenses/by-nc-nd/4.0/>)

representatives" [1]. At the core of the debate was the issue of a Mississippi law known as the Gestational Age Act, or also the HB 1510, which prohibited abortion or the inducement of abortion at any point deemed greater than a period of 15 weeks (unless in a provable medical emergency or a "severe foetal abnormality") [1]. What is absolutely notable on a review of this law is that it "does not make exceptions for rape or incest" [2], working on a very narrow and puritan code. The respondents in this case were the Jackson Women's Health Organization, the only abortion provider in the state with a license to operate, who challenged the Act first in the Federal District Court, arguing that the Gestational Act was unconstitutional and went against the precepts of *Roe* which had laid out the trimester framework, where an abortion in the second trimester (greater than the 15 weeks of this Act) could not be banned (though may be held subject to state health regulations) [2], as also going against the decision of *Casey*, which upheld that the right to abortion must be read as a part of the right to "liberty" as stated in the Due Process Clause of the 14th Amendment [1].

The District Court granted summary judgment in favour of Jackson, which the Court of Appeals further affirmed for the Fifth Circuit. It is then that the petitioners (state health officer Casey et al.) moved the Supreme Court, on the stated grounds that both *Roe* and *Casey* were erroneously decided (the reasoning was faulty, a part of the five-factor test which helped the present Court overrule the precedent set by *Roe* and *Casey*) and that the Gestational Act was very much constitutional as it satisfied the needs of a "rational-basis review" [1]. Having won on the grounds of the rational-basis review vis-à-vis State abortion regulations and the Gestational Act being constitutional, each State could now decide upon its own laws to regulate or prohibit abortion, in light of this new judgment of the apex court.

II. BRIEF BREAKDOWN OF CONTEXTS FOR THE OVERRULE

The Court, in its overruling, decided on the critical question of abortion as not being a part of the rights conferred by the United States Constitution. The Court held that the *Casey* controlling decision merely reaffirmed the prior *Roe* judgment based on *stare decisis* – the widely followed doctrine that Courts will adhere to past precedents when making their decisions. However, this Court decided to reassess whether the *Roe* court had correctly applied the doctrine of *stare decisis* itself while reaching its decision [1]. This Court concluded that all Rules and regulations governing the issue of abortion should be judged against the same standard of review "as other health and safety



measures.” [1], an item not explicitly protected by Roe’s interpretation of the 14th Amendment’s liberty protection right. Roe also held that the right to abortion was part of the privacy right of an individual as enshrined in the 1st, 4th, 5th, 9th, and 14th Amendments. The Casey court did not adequately review Roe’s application of stare decisis, instead re-emphasising only that the liberty right was given protection by the Due Process Clause of the 14th Amendment [1].

Justice Samuel Alito, who delivered the majority opinion of the Court, takes particular umbrage at Roe’s trimester framework, especially the second trimester when the viability of a foetus comes into debatable discussion, asserting it’s hard to defend Roe’s reasoning when it declares that, despite States’ interest in the protection of “potential life,” actual restrictions during pre-viability could not be supported [1]. He further points to the three-way split in decisions of the Casey court, signalling how the opinions of three of the Justices did not endorse Roe’s ruling and expressed reservations about the constitutionality of a right to abortion. Alito further points out that the Casey court wanted to adhere to stare decisis in following Roe’s “central holding” that a State may not protect foetal life in a pre-viability stage [1]. In deciding whether to consider the constitutionality of the Mississippi Law and whether to reaffirm Roe and Casey, the majority agreed on overruling both prior judgments, basing their reasoning on the interpretation that the Constitution makes no explicit reference to abortion and “no such right is implicitly protected by any constitutional provision” [1]. In so deciding, they did away with the reliance on liberty and privacy as protected by the Due Process Clause of the 14th Amendment, instead holding that the right to reproductive autonomy could not be considered a part of the Constitution as it was not “deeply rooted in this Nation’s history and tradition.” [1].

While commenting on the divisiveness of the issue – “rancorous national controversy” [1] – the majority opinion several times mentions that 26 states expressly requested the Court to overturn/overrule both Roe and Casey. On a reading of the judgment, it is not amiss to observe how such considerations may have influenced the majority decision, because the Court failed to foresee what the impact of its overrule would have on the community as a whole and on women in particular. They decided that they had done their job to the best of their ability because they had applied and adhered to the principles of stare decisis while returning to the States the right to regulate abortion. They did not pause to consider that while handing that right back to the States after almost 50 years, they were essentially taking the right to reproductive and bodily autonomy out of an entire present and future generation of women, while also severely impacting questions of health care and access by not connecting them to the trials women would face as a resultant outcome of Dobbs.

III. RECEPTION AND DISCUSSION IN CONTEMPORARY REPORTAGE/STUDIES

In the month following the Dobbs decision, a Pew Research Centre poll showed that more than half of the American populace supports the cause of a legal abortion, with the number standing at 62%; about 57% of adults disapproved of

the Supreme Court’s decision, while about 41 % approved it [3]. Among women, 62% disapproved of the decision, as opposed to 52% disapproval amongst men, while 82% of Democrats (or Democratic leaning) disapproved, as opposed to 70% of Republicans and Republican-leaning people who approved [3]. The reference made in the majority opinion by Alito, that American men and women hold very passionate, stringent, and divergent views on/abortion, can be seen in this poll sampling. However, the decision of the Court did not go down well with members of the liberal and left-leaning press, as also with those of the medical and healthcare establishments who jointly filed several amicus briefs supporting Jackson with the Court (prominent among them the American College of Obstetricians and Gynecologists, the American Medical Association, the American Association of Public Health Physicians, etc.) [4][5]. In a strongly worded opinion piece, the editorial board of The New York Times roundly excoriated the judgment and what its repercussions could be for the American people, something the court clearly did not pay much heed to while arguing for returning the regulation of abortion to the States. Data suggests nearly 64 million women in America have been dealt a blow vis-à-vis the right to decide on their bodily autonomy and definitely on questions of conception and childbirth [6]. With the protection afforded by the dual decisions of Roe and Casey stripped away by the present Court, grave questions of health and care must necessarily come into discussion. It is a fact well known that 13 states in the US had trigger laws (Mississippi among them) – which achieved enforceability with the passage of Dobbs and the precedent-overrule [7]. The impact of the Dobbs decision has created widespread chaos in the country, with the result that women may now be forced (and are being forced) to carry pregnancies to term, or to try and cross contiguous state borders to have access to legal abortion in those states that allow it. The question of pregnancies that are forced, or are a result of assault, rape, or incest, will be subject to the same criteria because of the enforcement of abortion bans. It is needless to say that this will inequitably affect people from across socio-economic backgrounds, with those having access to monetary options faring better than those without. As if this were not burden enough, there is the risk of facing criminal prosecution in your home state if you cross state boundaries and get a legal abortion elsewhere. The grey area of miscarriage – which is and maybe counted (erroneously, and for lack of a distinguishing framework) as abortion – also opens itself up to investigation as murder [6]. It is not just women’s healthcare rights that the decision has dealt a blow; the dignity of choice and equal protection have also been taken away from them. The history and tradition argument employed by the *Dobbs* court is too narrow and self-serving to accord rights of reproductive autonomy to women; the court has instead gifted a path of fractious disagreement to the general public in the wake of the constitutional rollback affording abortion.

The implications of the decision have been debated by the medical establishment, especially as evidenced in a paper for the American Public Health Association, where the author sharply criticises the court for ignoring the amicus briefs



filed on behalf of Jackson, which cited sound scientific evidence in support of medical abortion – “abortion is a safe, common, and essential component of healthcare.” [5]. Herein lies proof that the present Court - in its quest to apply *stare decisis*, to review the legitimacy of the Gestational Act under the rational-basis review and eventually in its finding that the central holding of *Roe* and its re-affirmation by *Casey* did not stand up to constitutional scrutiny – wilfully ignored “several scientifically, medically, and ethically sound amicus briefs in strong opposition” [5] to Mississippi’s 15-week ban. The author further states that the reproductive and sexual healthcare organization, the Guttmacher Institute, has found 26 states that have severe restrictions on abortions, if not a total ban. As of the beginning of this year, 12 states have a total ban in effect with “minimal exceptions”, while in 2 states (North Dakota and Wisconsin) abortion care is unavailable, while a further four states have gestational bans in effect from anytime between 6 weeks (Georgia) to 18 weeks (Utah); further three states have bans that are being currently blocked by the courts (Indiana, Wyoming, Ohio), while a further 3 (Iowa, Montana and Nebraska) are exploring the possibility of a ban or severe restrictions [8]. There is also the fraught and dangerous connection, as previously mentioned, of higher maternal mortality rates being linked to such states that have abortion bans in place, putting a double burden on women with pregnancies they would like to terminate. This is because of poor healthcare protection laws that may prevent maternal mortality, “neonate, and older infant deaths.” [5]. The same author also points out the unholy nexus between the aftermath of the decision and the disproportionate suffering of people of colour, who find themselves in abortion-restricted state territories [5].

In an analysis of the Dobbs decision, the Centre for Reproductive Rights presents a scathing takedown of the judgment that overturned nearly 50 years of constitutional precedent. It states that the adherence of the Alito-delivered majority to the precedent outlined in *Washington v Glucksberg* to find whether the 14th Amendment encompasses/includes the right to abortion, is flawed reasoning because it did not follow the *Glucksberg* decision’s approach to a clear definition of liberty rights [9]. In so doing, I would argue that the Alito approach has made the very same mistake it accuses *Casey* of having committed – that of not properly assessing whether the doctrine of *stare decisis* had been clinically applied in *Roe*. The article further that issues of the present day have evolved beyond the times when the 14th Amendment was ratified (1868) – for example, as seen in the *Obergefell v Hodges* decision which granted same-sex couples the fundamental right to marry, relying on the Due Process and Equal Protection Clause of the 14th Amendment, thereby stating “the Court did not ask, narrowly, whether the right to marry someone of the same sex is deeply rooted in this country’s history and tradition. Instead, it asked about marriage “in its comprehensive sense”,” [9], referencing the status of women, people of colour, and LGBTQ people at the time of ratification of the 14th Amendment. The article also makes notable reference to the dissent (authored by Justices Breyer, Sotomayor, and Kagan,) when pointing out the flawed reasoning girding the majority opinion which states that we must read the 14th Amendment as when it was first ratified, thereby enjoining on the dissent to remark “...as

viewed at the time of ratification (except that we may also check it against the Dark Ages), it consigns women to second-class citizenship.” [1].

In the immediate aftermath of the *Roe* overturn, the Virginia Commonwealth University News spoke to four of its faculty for comments on the decision. Chief takeaways from their perspectives is how the Court interprets the 14th Amendment – that they are ready to indignify and dispense with a woman’s right to her bodily autonomy, while protecting the “personhood of fetuses”; that the State regulating abortion will further expand the power of abusers over victims (of domestic violence, assault, abuse) – “being forced to be pregnant and give birth further ties the victim to the abuser,”; the concomitant health risks to pregnant women (ectopic pregnancies are by definition not viable); and how unwanted pregnancies can cause and give rise to mental health problems, something an abortion could have curbed so drastically [10]. These arguments and opinions again point to the narrowness shown by the Court in its interpretation of the Constitution, and a complete disregard for the deleterious effects that its overrule has snowballed into being (starting with trigger laws to complete bans).

A study co-authored in the *Sexual and Reproductive Health Matters* journal echoes many of the concerns of the Palacio paper, chiefly documenting the rapidly changing landscape in the wake of the Dobbs ruling. Emphasis is laid on the 12 states that have banned abortion “from the point of conception” [11]. It especially stresses the impact of the overrule and its far-reaching effects, not only on abortion rights and access within the United States, but also on questions of international human rights protections across the globe. It states that the WHO has an Abortion Care Guideline which treats access to abortion as a very much of an “essential health” [11] right, tied to the very realisation of fundamental human rights. The decision of the present Court flies in the face of such progress. It has, of itself, given rise to a series of retrogressive legal and legislative mechanisms (or manoeuvres) as evidenced in the discussion of the 26-strong States ready or near ready to ban/severely limit access to abortion, or criminalise people for accessing it beyond state lines. In an article for the American Bar Association, the ripple effects of the decision are further examined – for example, by pointing to the existence of the Helms Amendment (since 1973) which prohibits the use of “US foreign aid funds from being used to provide or motivate abortion,” as also the Siljander Amendment (since 1981) that prohibits “lobbying for or against abortion.” [12]. The article counsels that the United States should look beyond itself to learn the lessons of abortion liberalization worldwide.

In another opinion piece for *The New York Times*, the Pulitzer-prize winning journalist Linda Greenhouse (who also has the distinction of reporting on the Supreme Court for the same paper for nearly three decades from 1978 to 2008) asserts that the motivation behind the *Roe* overturn was chiefly religious. She makes a stern and perceptive observation that the 7,600 words of the Constitution, while not containing the word abortion, also do not include either of the words “foetus” or “unborn” [13]. She points to the similarities between the actual and

The leaked judgment (along with the two-month gap) and how public opinion polls during the interim proved ineffective in influencing the final majority decision. She takes particular umbrage at the framing of the words “profound moral issue” [1] with which Alito opens his deliverance of the majority. She points to the comments of her congregational pastor, who also questions Alito’s assertion/of morals without further grounding his sources for tying abortion to morality [13]. As many critics have pointed out, it is ironic that the Supreme Court, in its narrow and myopic interpretation of the Constitution, should profess that States should have the right to show regard for the unborn human being, for “potential life,” etc., because it is only “moral” for elected representatives to choose to decide such fundamental questions. To this I would like to ask, if abortion is so moral, is taking away the right to bodily autonomy from women, snatching from them their choice to bear a child or not, putting them pat in the path of physical risk and possible death – is that not the opposite of moral? Or would the honourable Justices who signed the majority and appended concurring opinions deem that consideration too trying for their judicial discernment? Does the harming of women’s lives not pose a “critical moral question” [11]? Perhaps it is as this journalist states – “the foetus is the indisputable star of the Dobbs opinion.” [13].

Following in the footsteps of tracing the inimical effects of the Roe reversal, it is essential to note that the impact goes well beyond affecting abortion access and endangering pregnant women’s lives – it also disproportionately affects the doctors who have to decide on how and when to provide the abortion. In a report for the New York Times, journalist Kate Zernike details how doctors have to think like lawyers before they can decide whether to offer abortion. The rules attached to abortion-access have been multiplied as a result of the reversal, and doctors have to contend with the issue that they could very well face prosecution and punishment if it were found that an abortion was provided that went against strict State exceptions [14]. It makes for terrible news when oncologists from Texas have to admit that they “now wait for pregnant women with cancer to get sicker before they treat them,” because only in such a case would it justify abortion, when the lives of pregnant women are on the threshold of death. It proves true the conclusions of countless medical findings [5][11][15] which warned, in no uncertain terms, of the risks of the Court reversal – that pregnant women, pregnant women with prior medical conditions, pregnant women with health risks, pregnant women who have been abused or assaulted, or simply pregnant women who did not plan on parenthood but have now encountered the risk of complications – will all have to contend with the burden of the Court’s decision, their lack of agency as regards a choice about their own physical and mental well-being. The fact that doctors–care–givers in their role as stewards of the medical community – are now being forced to change their approach to the treatment of pregnant women in emergency rooms is a sad hallmark of the “hallmark” Supreme Court decision to overturn Roe v Wade. The heat of the erudite arguments is being felt most in operating theatres, by pregnant patients, by doctors, health care workers, and hospital administrations. An emergency physician is quoted as saying that they are now being forced to base their judgment not “on the clinical needs

of the woman,” but on “what we understand the legal situation to be.” [14]. Such is the burden of interference placed on the medical community by the reversal – perhaps down the line, some litigator or plaintiff will move the Supreme Court by arguing how it imperils health care decisions and goes against the fundamental right to life and liberty.

In a ProPublica investigation into the rise in maternal death rates in post-Roe America, it was reasserted that denial of abortion care has resulted in a sharp increase in maternal mortality rates, an estimated 24% increase expected if the United States bans abortion federally.” [16]. It has been found repeatedly that life-threatening complications are often exacerbated by a pregnancy, and being forced to carry it to term results in mortality. There is the double burden that seeking an abortion illegally, when it is banned or unavailable across 26 states, raises the dangers of the procedure, because of the accessibility to pertinent, proper, and timely health care being cut off. What is alarming is that the data is invariably distributed and poorly collected across states, making it a gargantuan task to assess the mortality deaths and their resultant causes. The ProPublica investigation shows that data vastly differ from state to state, and it is difficult to verify their accuracy in most cases due to incomplete information or disinformation used to protect identities. If the information is not reliable, it ends up having a “negative impact on our work and understanding of what the contributing things may have been and what the gaps are.” [16]. The records do not reflect the accessibility of abortion options, and there is an increased level of political interference, as reported in the Texas State Health Department’s delay in releasing a 2019 maternal mortality report – arguably because it wanted “to keep negative numbers out of the public eye” [16]. The aftermath of the Court’s reversal has made an already difficult task even more confusing and unfathomable.

The Dobbs decision has also had an impact on the right to contraception arguments and has pitched forth the efforts of reproductive rights advocates to extend state-by-state protections for the same right. This was foreshadowed in the concurring opinion of Justice Clarence Thomas in the Dobbs decision, who said that other, prior Court rulings were open to reconsideration, which brought the limelight on the Griswold v Connecticut ruling “that established the right of married couples to use contraception.” [17]. Under this discussion comes the use and regulation of access to intrauterine devices and emergency contraception pills, with the usual supporters and adversaries on each side. The conflation of the abortion-ban decision with the possible denial of access to birth control options spells grave danger for the American people, should it ever come to pass. At present, as the Stolberg article for The Times points out, a federal program in Texas named Title X – dealing with family planning – has had a federal judge ruling against the provision of birth control options to teenagers by citing that it violates the constitutional right of parents and parental consent [17]. Some argue that the Dobbs decision does not drive the conversation on birth control and reproductive rights. Still, it certainly brings the issue into sharp relief in the backdrop of the Roe reversal and the rollback



of the constitutional right to abortion precedent.

IV. CONCLUSION

The judgment of the Supreme Court in the *Dobbs v Jackson*'s case has divided the nation in either its support for or vilification of the majority opinion overruling the cherished standards of *Roe v Wade* and *Planned Parenthood v Casey*. There are widespread issues that have arisen across the United States as a result of the reversal. As far as it connects to the health and safety standards for pregnant women, these may be said to have been positively imperilled – in light of increasing maternal mortality rates, foetal death rates, pre-existing issues adversely and fatally affecting pregnancies, etc. It has also divided the political landscape – abortion rights issues can be expected to play a pivotal role in the upcoming national elections, as party lines have been redrawn anew post the *Dobbs* decision. A *Times* report suggests that for Democrats, it is a cause for renewed electoral strength. In contrast, for Republicans, it is a likely liability with the possibility of alienating swing state voters [18]. The result of the decision, as surveyed by many polls, has suggested that support for abortion is higher than in nearly two decades, with most Americans likely to “identify as pro-choice rather than pro-life.” [18]. The average rate of abortions (monthly) has decreased by almost 3 per cent [18], post-*Dobbs*. It is imperative, however, that States try to improve on their offerings of health and care-related policies to pregnant women, if reproductive health care is to improve at all. Suppose abortion bans have been so quick to take effect there. In that case, those same States should increase the level of accessible and equitable health and reproductive care for pregnant women across class, social, racial, and religious divides. Access to and proper collection of data should be streamlined to help better medical services reach the neediest. Ease of information should also be a key initiative of the medical establishment, with adequate backing from politicians. Until a further challenge is brought to the apex court, which tries to protect the right to choice, to reproductive autonomy and decisions over one's own body not subject to State control, these are probably some of the measures that can go some way in undoing the harm of the *Roe* reversal.

DECLARATION STATEMENT

I must verify the accuracy of the following information as the article's author.

- **Conflicts of Interest/ Competing Interests:** Based on my understanding, this article has no conflicts of interest.
- **Funding Support:** This article has not been funded by any organizations or agencies. This independence ensures that the research is conducted with objectivity and without any external influence.
- **Ethical Approval and Consent to Participate:** The content of this article does not necessitate ethical approval or consent to participate with supporting documentation.
- **Data Access Statement and Material Availability:** The adequate resources of this article are publicly accessible.
- **Authors Contributions:** The authorship of this article is contributed solely.

REFERENCES

1. Supreme Court of the United States. (2022). *Dobbs v. Jackson Women's Health Organisation*. Retrieved October 7, 2025, from https://www.supremecourt.gov/opinions/21pdf/19-1392_6j37.pdf
2. Howe, A. (2021, November 29). *Roe v. Wade hangs in the balance as a reshaped court prepares to hear the most significant abortion case in decades*. SCOTUSblog. Retrieved October 7, 2025, from <https://www.scotusblog.com/2021/11/roe-v-wade-hangs-in-balance-as-reshaped-court-prepares-to-hear-biggest-abortion-case-in-decades>.
3. *Majority of Public Disapproves of Supreme Court's Decision To Overturn Roe v. Wade*. (2022, July 6). Pew Research Center - U.S. Politics & Policy. Retrieved October 7, 2025, from <https://www.pewresearch.org/politics/2022/07/06/majority-of-public-disapproves-of-supreme-courts-decision-to-overturn-roe-v-wade>.
4. Erskine, E. (2021, November 30). *We read all the amicus briefs in Dobbs, so you don't have to*. SCOTUSblog. Retrieved October 7, 2025, from <https://www.scotusblog.com/2021/11/we-read-all-the-amicus-briefs-in-dobbs-so-you-dont-have-to/>.
5. Palacio, H. (2023). Implications of *Dobbs v Jackson Women's Health Organization*. *American Journal of Public Health*, 113(4), 388–389. Retrieved October 7, 2025, from DOI: <https://doi.org/10.2105/ajph.2023.307244>.
6. *The Ruling Overturning Roe Is an Insult to Women and the Judicial System*. (2022, June 24). *The New York Times*. Retrieved October 7, 2025, from <https://www.nytimes.com/2022/06/24/opinion/dobbs-ruling-roe-v-wade.html>.
7. *Dobbs v. Jackson Women's Health Organization*. (2022, January 29). Wikipedia; Wikimedia Foundation. https://en.wikipedia.org/wiki/Dobbs_v._Jackson_Women%27s_Health_Organization.
8. Nash, E., & Guarnieri, I. (2023, January 10). *Six months post-Roe, 24 US states have banned abortion or are likely to do so: A roundup*. Guttmacher Institute. Retrieved October 7, 2025, from <https://www.guttmacher.org/2023/01/six-months-post-roe-24-us-states-have-banned-abortion-or-are-likely-do-so-roundup>.
9. *Legal analysis: What Dobbs got wrong*. (2023, June 5). Centre for Reproductive Rights. Retrieved October 7, 2025, from <https://reproductiverights.org/what-dobbs-got-wrong/>.
10. Brogan, M. K. (2022, June 29). *Exploring the impact of Dobbs v. Jackson*. VCU News. Retrieved October 7, 2025, from <https://news.vcu.edu/article/2022/06/exploring-the-impact-of-dobbs-v-jackson>.
11. Kaufman, R., Brown, R., Coral, C. M., Jacob, J., Onyango, M., & Thomasen, K. (2022). Global impacts of *Dobbs v. Jackson Women's Health Organization* and abortion regression in the United States. *Sexual and Reproductive Health Matters*, 30(1). DOI: <https://doi.org/10.1080/26410397.2022.2135574>.
12. Radhakrishnan, A. (2023, April 28). *The decision heard around the world: The global impact of Dobbs v Jackson Women's Health Organization*. American Bar Association. Retrieved October 7, 2025, from <https://www.americanbar.org/groups/diversity/women/publications/perspectives/2023/april/the-decision-heard-around-world-global-impact-dobbs-v-jackson-womens-health-organization/>.
13. Greenhouse, L. (2022, July 24). *Religious doctrine, not the Constitution, drove the Dobbs decision*. *The New York Times*. Retrieved October 7, 2025, from <https://www.nytimes.com/2022/07/22/opinion/abortion-religion-supreme-court.html>.
14. Zernike, K. (2022, September 12). *Medical impact of Roe reversal goes well beyond abortion clinics, doctors say*. *The New York Times*. Retrieved October 7, 2025, from <https://www.nytimes.com/2022/09/10/us/abortion-bans-medical-care-women.html>.
15. Gilbert, K. L., Sanchez, G. R., & Busette, C. (2022, June 30). *Dobbs, another frontline for health equity*. *Brookings*.



<https://www.brookings.edu/articles/dobbs-another-frontline-for-health-equity/>.

16. Surana, K. (2023, October 3). Why it's hard to track maternal deaths under abortion bans. *ProPublica*.
<https://www.propublica.org/article/tracking-maternal-deaths-under-abortion-bans>.
17. Stolberg, S. G. (2023, June 17). *A year after Dobbs, advocates push in the states for a right to birth control*. The New York Times. Retrieved October 7, 2025, from
<https://www.nytimes.com/2023/06/17/us/politics/birth-control-dobbs-clarence-thomas.html>.
18. Levenson, M. (2023, June 24). *Five things to know one year after the Dobbs decision*. The New York Times. Retrieved October 7, 2025, from
<https://www.nytimes.com/2023/06/24/us/politics/roe-wade-anniversary-dobbs.html>.

AUTHOR'S PROFILE



Dr. Debjani Dutta gained her BA & MA from the Department of English at Jadavpur University in Kolkata, before completing her PhD at the English and Foreign Languages University's (EFLU) Lucknow campus. She pursued an MA in American Studies at the Amerika-Institute at LMU Munich. She is interested in reading/researching nineteenth-century English and American literatures, historical and speculative fictions, and the literatures of the Global South. She is currently based in Germany.

Disclaimer/Publisher's Note: The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of the Lattice Science Publication (LSP)/ journal and/ or the editor(s). The Lattice Science Publication (LSP)/ journal and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.