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Title: *Short Term Changes in Vasectomy Consults and Procedures Following Dobbs vs. Jackson Women's Health Organization*

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Abstract

Introduction: *On June 24, 2022, the U.S. Supreme Court issued their decision on Dobbs vs. Jackson Women's Health Organization (Dobbs). This decision had major implications on female reproductive choices, but also had potential implications on their male counterparts. We sought to determine the association of Dobbs with the number and characteristics of men seeking vasectomy.*

Methods: *A retrospective review was performed to determine the number of vasectomy consults and procedures completed at a single Michigan health system in the six months following Dobbs (6/24/2022 – 12/24/2022) versus the same six-month time frame between 2019-2021. Another retrospective review was conducted in the three months following Dobbs (6/24/2022 – 9/24/2022) versus the same days in 2021 to determine the number of vasectomy consults completed and to evaluate for differences in the characteristics of these men.*

Results: *In the six months after Dobbs, there was a 150% and 160% increase in vasectomy consults and procedures completed, compared to a similar time frame in 2019-2021. In the three months after Dobbs, there was a 225% increase in new vasectomy consults compared to a similar time frame in 2021. There were no differences in the age, race, religion, median household income or insurance type of men seeking vasectomy consult pre- versus post-Dobbs. Partnerless men (OR 3.66) and those without children (OR 2.85) were more likely than married men and those with 3 or more children, respectively, to seek vasectomy consult post-Dobbs.*

Conclusions: *Dobbs was associated with a marked increase in vasectomy consultations and procedures at our institution in the state of Michigan. Future studies are needed to determine the long-term implications of Dobbs on vasectomy practices, and determine if vasectomy practices differ by states and their respective abortion laws.*

INTRODUCTION

On June 24, 2022, the U.S. Supreme Court issued their decision on Dobbs vs. Jackson Women's Health Organization, which stated that the Constitution of the United States does not confer a right to abortion.¹ The court's decision overruled Roe v. Wade and Planned Parenthood v. Casey, giving states the power to regulate abortion. As a result, thirteen states with trigger laws immediately banned most abortions, while many others limited access to abortion. This ruling intensified the debate on abortion—a topic with important implications considering that 38-45% of all pregnancies in the US are unintended,² and outlawing abortions has the potential to increase maternal deaths by 24%.³

While Dobbs had direct consequences on female reproductive care, it was unclear how the ruling would impact male reproductive decisions. News outlets anecdotally reported an increase in men seeking vasectomies after Dobbs.⁴ However, it was unknown if more men actually sought out vasectomies due to the changing legislation.

Previous investigators found that vasectomy consultations in Ohio rose by 22.4% after Dobbs.⁵ There was also a two-fold increase in vasectomy procedures (218/month vs. 104/month) performed. However, it is unknown if the increased interest in vasectomies was a state-specific phenomenon or part of a broader trend. Herein, we evaluate the impact of Dobbs on vasectomy consultations and procedures within a healthcare system in Michigan – a state that closely mirrors Ohio geographically and demographically,⁶ but with different abortion laws. Ohio instituted a “heartbeat bill” which banned abortions after six weeks of gestation.⁷ Conversely, Michigan allows abortions until viability (24 weeks gestational age). We provide the first study describing vasectomy trends in a state with looser abortion restrictions. As states revise their

abortion policies in the post-Dobbs era,⁸ our findings will provide insight into the impact of Dobbs on male reproductive decision making in states like Michigan.

MATERIALS & METHODS:

We performed a retrospective review on patients who completed a vasectomy consultation and/or underwent vasectomy at a healthcare system in Michigan between four time periods -- the six months following Dobbs (6/24/2022 – 12/24/2022) versus the same periods in 2019 to 2021. This healthcare system is comprised of one large academic hospital, one urban community hospital, and one rural clinic. This study was approved by the Institutional Review Board.

We calculated the number of new vasectomy consultations completed during each six-month period using diagnosis codes pertaining to vasectomy evaluation or counseling. To understand short-term associations of Dobbs on vasectomy consultations, a chart review was performed on all patients who completed a vasectomy consultation in the three-months following Dobbs (6/24/2022 – 9/24/2022) versus the same days in 2021. During the three-month periods, we calculated total number of vasectomy consults seen and evaluated the relationship between vasectomy consultations and patient characteristics including age, race, religion, median household income, insurance, and type of healthcare setting. We used US Census Bureau data to determine median household income by each patient's home zip code. Additional patient characteristics analyzed included relationship status, number of prior children, and parental status of the children. There were no changes in the providers who saw vasectomy consults during the study periods.

Number of vasectomy procedures performed was calculated using procedural terminology code 55250. We cross-referenced the medical record numbers of those undergoing a vasectomy consult with our six-month vasectomy procedural billing data, to determine the conversion rate of vasectomy consults to procedures and compared with a chi-squared test.

Continuous variables are presented with medians and 25th and 75th percentiles and tested with Wilcoxon rank tests. Ordinal variable distributions were tested using Jonckheere-Terpstra test. Chi-square tests, or Fisher's exact with a frequency < 5, were used for nominal variable comparisons. Logistic models were used to evaluate the differences in factors associated with a vasectomy consult post-Dobbs versus pre-Dobbs. All demographic and clinical factors were of interest but there was collinearity with relationship status, number of prior children, and parental status of the children. Three logistic models were used with inclusion of all patient and clinic variables in each and one collinear variable per model. For reporting, the model with the highest c-statistic, the model with relationship status, was used to report odds ratios, 95% confidence intervals and wald chi-square tests for all of the variables of interest. The two additional logistic models report the model results for number of prior children and parental status of the children adjusted for the other factors. All statistical testing used alpha=0.05 and was performed using SAS 9.4 (SAS Institute, Cary, NC).

RESULTS:

664 consults were completed at our institution in the six months following Dobbs. This represented a 150% increase (111/month vs. 73/month) in consults compared to the same six-month period over the three preceding years: 416 in 2019, 416 in 2020, 479 in 2021 (Table 1).

In the three months following Dobbs, there was a 225% increase in vasectomy consults compared to a similar timeframe in 2021 (342 vs 152 patients; Table 2). There was no significant difference pre- vs. post-Dobbs in men seeking vasectomy consultation by median age ($p=0.12$), race ($p=0.2$), religion ($p=0.07$), median household income ($p=0.8$) or insurance type ($p=0.12$). Men were more likely to have their vasectomy consult post-Dobbs at a community versus an academic hospital (OR: 2.82, 95% CI: 1.23 – 6.48, $p=0.014$).

In the three months after Dobbs, men seeking vasectomy consultation were more likely partnerless (single and unpartnered, or divorced; OR 3.66, 95% CI: 1.32 – 10.2, $p=0.004$) or in a non-married partnership (OR 2.57, 95% CI 1.26 – 5.24, $p = 0.018$) (Figure 1). They were also more likely to have fewer children. Those without children were almost three times more likely to seek vasectomy consult versus those with three or more children (OR 2.85, 95% CI: 1.35 – 6.04, $p=0.01$).

Number of vasectomy procedures also increased after Dobbs. In the six months after Dobbs, the number of men who underwent vasectomy increased by 160% (100/month vs. 62/month; Table 1). There was no difference in the conversion rate of vasectomy consults to procedures pre- versus post-Dobbs (80.9% vs. 75.1%, $p=0.16$).

DISCUSSION:

We found a 150% increase in vasectomy consults and 160% increase in vasectomies at a Michigan health system in the six months following Dobbs. In the three months following Dobbs, the odds of men seeking vasectomy consult did not significantly differ by age, race, religion,

income, or insurance type; however, these men were more likely to be non-married and without children. These findings suggest a trend between Dobbs and male reproductive health choices.

Our study demonstrated a marked increase in vasectomy consults following Dobbs. Reasons to avoid vasectomy include a lack of patient awareness, misconceptions, and bias that family planning is a woman's responsibility.⁹ These three factors appear to be changing after Dobbs. First, awareness of vasectomy has heightened as evidenced by Google searches for "vasectomy" that quadrupled following Dobbs,¹⁰ and over 788 million TikTok views for #vasectomy.¹² Second, misconceptions regarding vasectomy may have been dispelled. Men inappropriately associate vasectomy with castration, testosterone deficiency, and sexual dysfunction.¹¹ However, following Dobbs, many physicians went on podcasts, interviews, and blogs to educate the public. Many patients also provided testimonials of their experience on social media which were accurate and had little risk of misinformation.^{15, 12} Third, Dobbs has potentially shifted perceptions that contraception is a woman's responsibility. Consumer reports show that 80% of US males feel responsible for pregnancy prevention; interviews of men in the post-Dobbs area have echoed these statements.¹³

Our findings are consistent with prior studies showing that age, race, income, and insurance coverage of US men undergoing vasectomy has remained stable over the last 15 years.¹⁴ There was no significant difference in the odds of seeking vasectomy consult when stratified by these characteristics or when stratified by religion on multi-variable analysis. This was surprising considering that some religions have direct statements in opposition to vasectomy.¹⁵ Notably, Dobbs was associated with more 18-24yo men seeking vasectomy. In the state of Michigan, Medicaid, VA, and select private insurers cover vasectomies at no cost. It remains to be seen if the seven states (Illinois, Maryland, New Jersey, New Mexico, Oregon, Vermont, and

Washington) requiring all private plans to cover vasectomies have different trends in vasectomy practices. Out of pocket vasectomy costs range from \$300 to \$3,500 and have been cited as barriers to men receiving vasectomy.¹⁶

Men seeking vasectomy in the three months following Dobbs were more likely to be childless and non-married. These findings are notable considering the European Association of Urology vasectomy guidelines list absence of children or being single as relative contraindications to vasectomy.¹⁷ Post-vasectomy regret is a concern in these men, as historical data shows that the incidence of vasectomy reversal is higher in those with few or no children, as well as those who are single, divorced, or separated at time of vasectomy.^{17,18} However, recent studies have contradicted these findings. A study published in 2023 found that post-vasectomy regret in the modern era is rare (4.4 – 7.4%) in those who are childless, with no difference in levels of regret when stratified by marital status.^{19,21} Patients must understand that vasectomy is intended to be a permanent form of contraception – but with shared-decision making the decision is ultimately up to the patient. Vasectomy regret in the post-Dobbs era has not been studied, and therefore it may be prudent to offer sperm cryopreservation to these men out of an abundance of caution. This decision to cryopreserve sperm must be weighed against the financial implications of fertility preservation and assistive reproductive technologies.²⁰

Previous investigators found that vasectomy procedural volume increased by 210% in the two months following Dobbs.⁵ We found that vasectomy procedures increased by 160% in the six months after Dobbs, with no difference in the conversion rate of vasectomy consults to procedures pre- versus post-Dobbs. These findings suggest that the rise in vasectomy consults following Dobbs was not a spurious phenomenon. It remains to be seen what the long-term implications of the Dobbs decision will have on male-reproductive contraceptive choices.

Preliminary studies demonstrate that Dobbs has already enacted striking changes on overall birth rates. Based on data from the US Centers for Disease Control and Prevention (CDC), birth rates in the first six months of 2023 have risen by an average of 2.3% in states enforcing total abortion bans compared to states where abortion rights remain protected, amounting to approximately 32,000 additional annual births resulting from Dobbs abortion bans.²¹ The effect of Dobbs on healthcare dynamics and whether vasectomies will mitigate the changing birth rates remains to be seen.

A notable strength of our study is that we are the first to describe vasectomy consult trends after Dobbs in comparison to the three preceding years including a time period prior to the COVID-19 pandemic. Kassab et al analyzed vasectomy consults in the week after Dobbs (with no comparison group),²² whereas Bole et al analyzed consults in the two months after Dobbs (compared to 2021).⁵ However, we analyzed vasectomy trends six-months after Dobbs (compared to 2019-2021). Extending our analysis to six-months after Dobbs limits “the inherent variability in surgery consultation and scheduling”⁵ as noted by previous authors. Our extended analysis may also mitigate any lag in scheduling that led to appointments occurring outside the analysis. We found no difference in the number of vasectomy consults seen prior to the COVID-19 pandemic (6/24/2019 – 12/24/2019, 416 consults) as compared to after the start of the pandemic (6/24/2020 – 12/24/2020, 416 consults).

Our study has several limitations. Our analysis may have captured patients who scheduled their consult or vasectomy prior to Dobbs. Changes in abortion legislation may have had no impact on their decision to pursue vasectomy. Nevertheless, our extended six-month comparison of vasectomy trends limits inherent patient variability in scheduling. Second, our study was completed in Michigan and may not be representative of the nation as a whole. Previous

investigators found that Google search trends for “vasectomy” following Dobbs differed between states based on the legal status of abortion.²³ As of November 2023, there were 25 states with similar abortion protections as Michigan²¹

These limitations notwithstanding, our findings have important implications for clinicians, patients, payers and policy makers. Clinicians should expect an increased interest from patients to discuss vasectomy. Younger men frequently do not have an established relationship with a urologist. Thus, the onus may fall on primary care providers to provide initial counseling and referrals for vasectomy. Clinicians and policy makers must also address the shortage of providers who perform vasectomy.^{16,24} This shortage is exacerbated by the fact that vasectomy interest following Dobbs preferentially increased in areas with lower ratios of urologists to men.²³ This is in concordance with our finding that patients were 2.8x more likely to seek vasectomy consultation at a community hospital. Prior efforts to address this shortage included the incorporation of vasectomy training into Family Medicine and OBGYN residency curriculums, and allowing nurse practitioners to perform vasectomies in states such as Washington, Alaska, and Oregon.²⁴ Regardless of training, AUA vasectomy guidelines explicitly list recommendations to guide high quality vasectomy care.²⁵ Previous studies have shown that Family Medicine physicians performing vasectomies have a three-fold higher incidence of positive post-vasectomy semen analyses as compared to urologists.²⁶ Post-Dobbs measures such as the expansion of Planned Parenthood vasectomy services in Arizona, Wisconsin and Indiana, will be needed to facilitate access but high quality of vasectomy care must be ensured. Our findings are also relevant to patients as a way to raise awareness about vasectomy.³⁰³¹ Finally, for payers and policy makers, aligning incentives so men seek medical care earlier in life has the potential to reduce healthcare costs by improving overall health. Compared to women, men pursue preventative care at lower rates and allow chronic conditions to progressively worsen

and cause silent harm.²⁷⁻²⁹ Previous authors have shown that in young men seeking evaluation for sexual dysfunction, 15-20% were found to have obesity, pre-diabetes/diabetes, or hypogonadism and over 50% had dyslipidemia.²⁷ These patients may benefit from detection and counseling of previously undiagnosed conditions.²⁷ Similarly, vasectomy care presents an opportunity for men to interface with the healthcare system and be connected with primary care to address health maintenance earlier in life.

CONCLUSION:

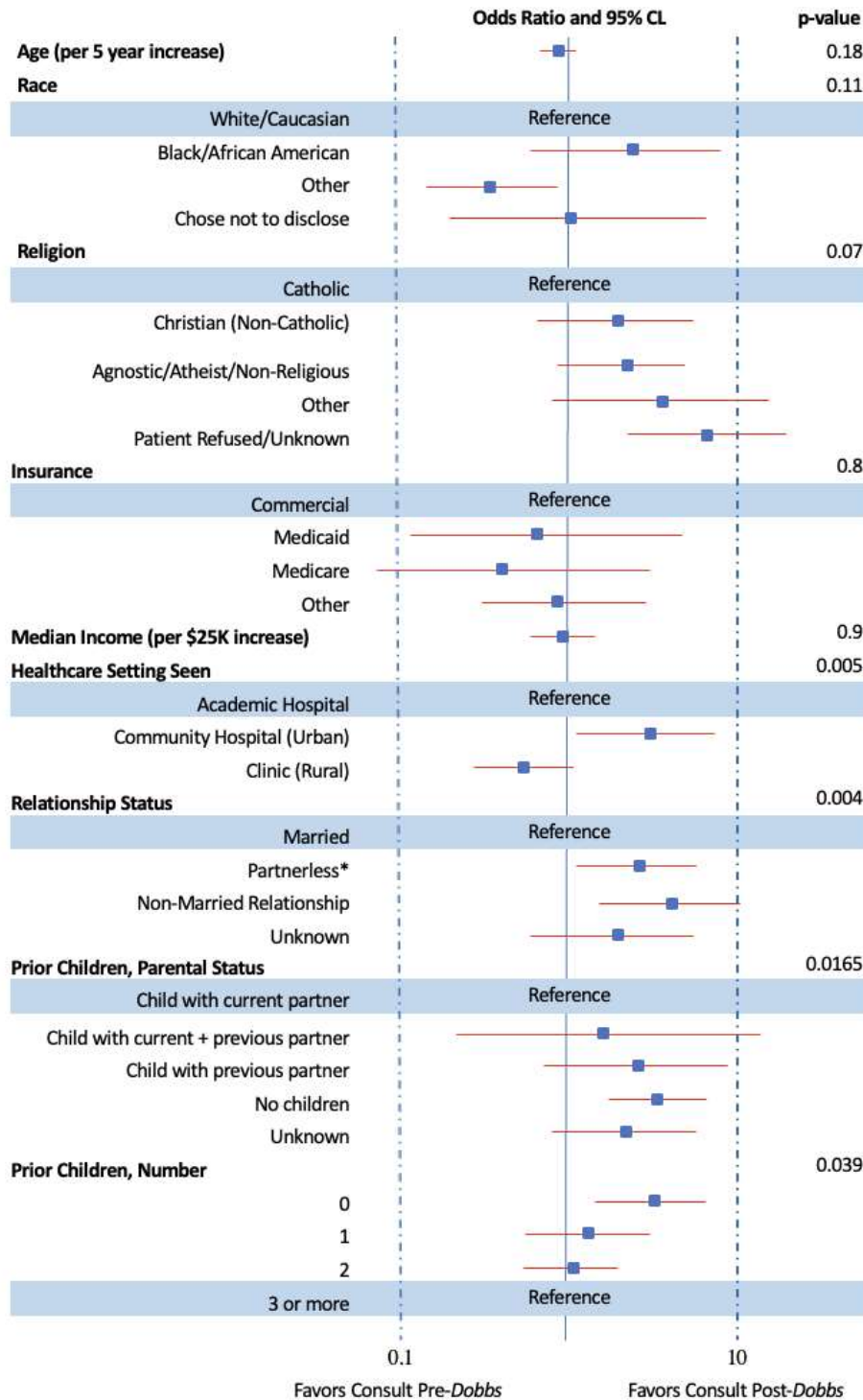
We found that Dobbs was associated with a 225% increase in vasectomy consults in the three months after the decision, particularly in non-married and childless men. In the six months after Dobbs, there was a 150% and 160% increase in vasectomy consults and procedures, respectively, compared to a similar time frame in 2019-2021. This rise in vasectomy interest may signal a shift towards men taking responsibility over their reproductive health. Future research should evaluate whether vasectomy practices differ by states and their respective abortion laws. However, initial studies have found that all states outlawing abortion have had an increase in births following Dobbs; suggesting that the reproductive landscape has uniformly changed in states with similar abortion laws.²¹ Moving forward, it will be crucial to understand whether this interest in vasectomies is sustained nationally, and if these men have different levels of vasectomy regret or increased demand for vasectomy reversals.

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Figure 1. Odds of Completing Vasectomy Consultation, Pre-Dobbs (6/24/2021 – 9/24/2021) versus Post-Dobbs (6/24/2022 – 9/24/2022)



p-value = wald chi-square type 3 test.

*=divorced, single and unpartnered

Table 1. Number of Vasectomy Consults and Procedures Completed, Six-Month Analysis

	Year (6/24 – 9/24)			
	Pre-Dobbs			Post-Dobbs
	2019	2020	2021	2022
Consults (N)	416	416	479	664
Procedures (N)	331	379	400	601

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Table 2. Characteristics of Patients Seeking Vasectomy Consultation, Three-Month Analysis

	Year (6/24 – 9/24)		p-value
	2021	2022	
N	152	342	
Age (years): Median (IQR)	37 (33 - 43)	36 (32 - 40)	0.12 [#]
Age Group			0.15 [^]
18-24	0 (0)	12 (3.5)	
25-29	15 (9.9)	38 (11)	
30 - 34	39 (26)	74 (22)	
35-39	45 (30)	120 (35)	
40-44	21 (14)	55 (16)	
45-49	19 (13)	23 (6.7)	
50+	13 (8.6)	20 (5.9)	
Income (\$ per year): Median (IQR)	54,270 (44,028 - 69,456)	57,189 (40,028 - 69,456)	0.8 [#]
Income Group			0.7 [^]
<\$35K	7 (4.6)	11 (3.2)	
\$35K - <\$50K	49 (32)	110 (32)	
\$50K - <\$100K	94 (62)	215 (63)	
\$100K+	2 (1.3)	6 (1.8)	
Race			0.2 [*]
White/Caucasian	133 (88)	292 (85)	
Black/African American	4 (2.6)	21 (6.1)	
Other	13 (8.6)	20 (5.8)	
Chose not to disclose	2 (1.3)	9 (2.6)	
Insurance			0.12 [*]
Commercial	138 (91)	314 (92)	
Medicare	4 (2.6)	3 (0.9)	
Medicaid	2 (1.3)	5 (1.5)	
VA/DOD	3 (2.0)	1 (0.3)	
Other	5 (3.3)	19 (5.6)	
Religion			0.046 [*]
Agnostic, Atheist, Non-denominational, non-religious	100 (66)	232 (68)	
Buddhist	1 (0.7)	1 (0.3)	
Catholic	19 (13)	24 (7.0)	
Jewish	2 (1.3)	3 (0.9)	
Muslim	0 (0)	3 (0.9)	
Non-Catholic Christian (Baptist, Lutheran, Presbyterian, Protestant, Methodist)	26 (17)	47 (14)	
Other	1 (0.7)	7 (2.0)	

Refused/Unknown	3 (2.0)	25 (7.3)	
Relationship Status			<0.001*
Single and Unpartnered	4 (2.6)	32 (9.4)	
Married	130 (86)	226 (66)	
Single and Partnered	12 (7.9)	54 (15.8)	
Unknown	6 (4.0)	23 (6.7)	
Divorced	0 (0)	7 (2.1)	
Prior Children, Number			
Median (IQR)	2 (2- 3)	2 (1 - 3)	<0.001#
Number (%)			<0.001^
0	11 (8.0)	75 (23)	
1	15 (11)	40 (12)	
2	59 (43)	121 (36)	
3	31 (23)	62 (19)	
4	14 (10)	26 (7.8)	
5+	7 (5.1)	8 (2.4)	
Prior Children, Parental Status			<0.001*
No children	11 (7.2)	75 (22)	
Children with current partner	127 (84)	212 (62)	
Children with different partner	3 (2.0)	17 (5.0)	
Unknown	9 (5.9)	32 (9.4)	
Adopted	1 (0.7)	0 (0)	
Children with current + previous partners	1 (0.7)	6 (1.8)	
Prior Vasectomy	4 (2.6)	2 (0.6)	0.076*
Healthcare Setting Seen			0.009*
Community Hospital (Urban)	8 (5.3)	48 (14)	
Academic Tertiary Hospital	99 (65)	214 (63)	
Clinic (Rural)	45 (30)	80 (23)	

#Wilcoxon Rank test, ^Jonckheere-Terpstra test, *Fisher's exact test, &Chi-Square test