As you read this, the post-Roe history of the United States is unfolding. The implications of ending federal abortion protection will reverberate throughout our profession for many years to come. In this fraught environment, we, the Editors of Obstetrics & Gynecology, affirm that abortion is essential health care, and that decisions around all reproductive care are best made by the individuals involved, their obstetrician–gynecologists, and their health care team.

You’ve read and discussed the implications with your colleagues, and it bears repeating here: The impact of the Dobbs v. Jackson Women’s Health Organization ruling will disproportionately affect people who already face systemic barriers to health care and disparate outcomes. People lacking financial resources, communities of color, immigrants, rural residents, and members of LGBTQ+ communities are just some of the groups who will bear the burden of abortion restrictions. We condemn this decision that will widen the gap in health care access and redound to the harm of already marginalized patients. Personal reproductive health decisions that should be made in the best interest of the patient are now ceded to state legislatures and, in life-threatening situations, physicians who face a grave ethical conflict: to provide the best evidence-based medical care for their patient or lose their medical license and freedom if someone deems that the pregnancy did not threaten the patient’s life enough.

You’ve been looking ahead, and so have we, trying to imagine the impact on the training of future obstetrician–gynecologists and the quality of care their patients will receive. In April we published a commentary quantifying the dramatic number of residents who are likely to lose access to in-state abortion training. Abortion training is not just about abortion—it is foundational to the skills needed to deliver essential maternal health care, including uterine evacuation, management of miscarriage, ultrasonography, and pregnancy counseling. With an estimated 26 of 50 states certain or likely to ban abortion, the future of abortion training in half of the country is uncertain. We endorse efforts to ensure that future obstetrician–gynecologists in the United States retain access to opportunities that will enable them to provide common and lifesaving medical interventions to any patient in need of them, wherever they reside.

Finally, you are looking for thoughtful and educational approaches to managing an uncertain landscape, and with this in mind, we are publishing a Special Focus section on abortion. These select articles include a case study reporting on the efforts of a public health care system to expand access to later abortion care, a study looking at comprehension of medication abortion drug label facts, and a research letter examining same-day cervical preparation before dilation and evacuation. With these and other topics in the section, we strive to offer research and commentary designed to support our collective understanding of how to forge a path forward through a darkening forest.

The Editors of Obstetrics & Gynecology