The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

COMMITTEE OPINION

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Committee on Health Care for Underserved Women

This information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

Abortion Training and Education

ABSTRACT: Access to safe abortion hinges upon the availability of trained abortion providers. The American College of Obstetricians and Gynecologists supports education for students in health care fields as well as clinical training for residents and advanced practice clinicians in abortion care in order to increase the availability of trained abortion providers. The American College of Obstetricians and Gynecologists supports the expansion of abortion education and an increase in the number and types of trained abortion providers in order to ensure women's access to safe abortions. Integrated medical education and universal opt-out training policies help to lessen the stigma of abortion provision and improve access by increasing the number of abortion providers. This Committee Opinion reviews the current status of abortion education, describes initiatives to ensure the availability of appropriate and up-to-date abortion training, and recommends efforts for integrating and improving abortion education in medical schools, residency programs, and advanced practice clinician training programs.

Recommendations

The American College of Obstetricians and Gynecologists (the College) supports women's access to safe abortion care, which hinges upon the availability of sufficient numbers of trained abortion providers. To increase the availability of trained abortion providers, the College makes the following recommendations:

- Implement the Accreditation Council for Graduate Medical Education (ACGME) requirement that all obstetrics and gynecology residency programs provide training in comprehensive women's reproductive health care, including opt-out abortion training, in which training is routinely integrated into residency but residents with religious or moral objections can opt out of participation.
- Continue efforts to destigmatize and integrate abortion training into medical education as a critical element of women's reproductive health care.
- Include abortion education in the curricula of all medical schools.
- Expand the trained pool of non-obstetrician–gynecologist abortion providers, such as family physicians and advanced practice clinicians (APCs), by
  - — integrating first-trimester abortion training into family medicine and APC training programs
  - — opposing restrictions that limit abortion provision to physicians only or obstetrician–gynecologists only
- Support opposition to legislative restrictions that impede access to abortion and increase difficulty in abortion provision and training, including restrictions on public funding of abortion education and training.

Background

Access to safe abortion services is a key component of women's health care (1). Safe, accessible abortion care requires sufficient numbers of trained health care providers who offer the service. However, the number of abortion providers in the United States has not met the level of need (2). In the United States, 94% of abortions are provided in facilities outside of the traditional learning environment of the medical trainee, requiring concentrated efforts to integrate abortion training into medical school and residency curricula (2). Legal, regulatory, and other restrictions form barriers to education and training in abortion care (see Box 1). As a result, educators may encounter multiple obstacles to integrating appropriate training. The College supports the availability of high-quality comprehensive reproductive health care for all women and the integrated curricula with universal opt-out training required to achieve this goal.

Box 1. Barriers to Education and Training in Abortion Care ⇦

Legislative barriers:

- Public funding or other restrictions on medical schools and teaching hospitals that limit abortion education and training for medical students and residents
- Restrictions that limit abortion provision to physicians only or obstetrician–gynecologists only
- Restrictions that burden access to abortion in other ways, thereby increasing difficulty in abortion provision and training (eg, mandatory delays and waiting periods for patients and hospital privileging requirements)

Institutional/social barriers:

- Hospital mergers with religious entities that prohibit reproductive health service provision and training
- Scope of practice guidelines that limit abortion provision
- Inadequate number of trained faculty at residency training programs and medical schools
- Opt-in (instead of opt-out) abortion training creating a burden on the trainee to develop a clinical experience
- Limited access to medications necessary for medical abortion

Medical Student Education

Studies indicate that medical education on abortion provision is not universally available, but it is highly valued by students who experience it. Approximately 32% of medical schools surveyed in one study offered at least one abortion-related lecture during the clinical years, and 45% of clerkship directors stated that they provided clinical exposure to abortion (3). Approximately one half of all medical schools that responded to the survey offered a fourth-year elective in family planning and abortion, and 17% of clerkship directors reported that their programs offered no formal abortion education for medical students in either preclinical or clinical years (3). Because participation often requires students to actively seek abortion experience, often at off-site facilities, students without a special interest in abortion may not have an opportunity to observe clinical abortion care.

Most students who participate in clinical abortion education find it valuable and recommend that it be an integrated part of training (4). However, even integrated experiences may be insufficient. At the end of their third year of clinical training at a program offering routine abortion experiences, 45% of students surveyed expressed dissatisfaction with the clinical opportunities available (5). Dissatisfaction probably is more common among students enrolled at religiously affiliated medical schools. In one survey at a religiously affiliated institution, most of the students surveyed described preclinical education on contraception, sterilization, and abortion as inadequate. Although education improved in the clinical years, approximately 70% of students still reported that their abortion training was inadequate during their third-year rotation (6).

This dissatisfaction with abortion training amongst medical students has had a significant effect on shaping abortion education. Student demand for abortion training led to the advent of Medical Students for Choice (MSFC) in 1993. Its mission is to increase abortion training opportunities for medical students and residents, ensuring a growing number of physicians committed to and trained in comprehensive abortion provision (7). Data demonstrate the success of MSFC in supporting medical students who wish to provide family planning and abortion care. Although only 14% of currently practicing obstetrician–gynecologists provide abortions (8), a survey of young MSFC alumni demonstrated that of the members who are obstetrician–gynecologists or family medicine providers, 31% currently are providing abortion care (9).

Since the legalization of abortion, medical school professors have understood the importance of training providers to care for women who require pregnancy terminations. In 1972, a published article signed by 100 professors of obstetrics and gynecology called for expanded abortion training to meet the need for services anticipated with the imminent legalization of abortion (10). Despite this call, the number of abortion providers has not met the level of need. In 2013, in the face of multiple social and legislative initiatives aimed at restricting women's access to abortion, another 100 professors of obstetrics and gynecology affirmed their commitment to support training in and access to the full range of reproductive health services, including abortion (11).

Resident Training for Obstetrician–Gynecologists

Despite the importance of access to safe abortion, residency training in abortion care has been limited, even in obstetrics and gynecology residencies (12, 13). There are three general approaches to abortion care training: "opt out," in which training is routinely integrated into residency training but residents with religious or moral objections can opt out of participation; "opt in," in which training is available but not routinely scheduled; and programs in which no training is provided. The nature of opt-in training places the burden to create a clinical experience on the residents and establishes a culture of marginalization for abortion provision and those who wish to obtain training.

Where training is routinely integrated (opt out), residents report a higher number of abortion procedures and higher self-assessed competence in procedural and counseling skills than those in programs with opt-in or no training (12). Residents in opt-in programs report similar clinical experience to those programs where abortion training is not available (12).

In 1996, the ACGME Obstetrics and Gynecology Program Requirement IV.A.2.d asserted that although no

program or resident with a religious or moral objection shall be required to provide training in or to perform induced abortions, access to experience with induced abortion must be part of residency education (14). This requires programs to allow residents to opt out of, rather than opt into, abortion training (15). Military residency programs may have difficulty fulfilling these requirements because they are subject to additional restrictions.

A survey of residency program directors revealed that only 51% of obstetrics and gynecology residency programs offered routine abortion training (13). When compared with residents in programs with opt-in training, residents in programs with routine training were significantly more likely to receive instruction in all modalities of abortion provision and performed proportionally more first-trimester and second-trimester terminations (13). A more recent survey of obstetrics and gynecology residents found that 54% reported routine abortion training, 30% reported opt-in training, and 16% reported that training for elective abortion was unavailable (12).

Training in abortion includes many skills that are applicable to general obstetrics and gynecology practice, including counseling around topics such as pregnancy options, early gestational ultrasonography, pain management for gynecology-based office procedures, cervical dilation, and the use of manual vacuum aspiration for early pregnancy loss. Most residents who partially participate in abortion training affirm the value of a dedicated family planning rotation to these skills (16). Additionally, obstetrics and gynecology residents at one institution gave family planning rotations that included abortion training the highest rating among all third-year resident rotations (17).

In response to the need for organized resident education in abortion care, the Kenneth J. Ryan Residency Training Program was founded in 1999; currently, 67 U.S. and Canadian obstetrics and gynecology residency programs participate in the program (18). A recent survey of residents and residency directors demonstrated significant improvement in knowledge and skills related to family planning and abortion for residents involved in this program, even for those who opted out of some aspects of training (16).

Other Abortion Providers

Family Medicine Physicians

Although obstetrician–gynecologists perform most abortions in the United States, family medicine physicians play an important role in the provision of these services (19). Family medicine physicians are more likely than physicians in other specialties to provide primary care to underserved women, and specifically to women in rural communities (20). Providing training in first-trimester abortion care to family practice physicians may help reduce disparities in abortion access.

The American Academy of Family Physicians recognizes termination of pregnancy up to 10 weeks of gestation as an advanced core skill for family physicians (21). Studies have shown that first-trimester abortion training may be integrated safely and effectively into family medicine residency programs; however, most family medicine residencies have no abortion training available (22). In programs where abortion is an integrated part of the curriculum, residents generally report positive experiences (23, 24). Residents who completed a required, opt-out abortion training program indicated that the curriculum enriched their educational experience and was consistent with the values of family medicine in providing continuity of care in a primary care setting (23). Another study evaluating resident experience and outcomes from a required, opt-out, comprehensive abortion training program showed interest among family medicine residents and general satisfaction with the program (24).

Currently, only 24 of the 461 accredited family medicine residency programs offer integrated abortion training, in part because it is not mandated by the ACGME as it is for obstetrician–gynecologists (23, 25). The Reproductive Health Education In Family Medicine Program was established in 2004 to integrate high-quality, comprehensive abortion and contraception training into U.S. family medicine residency programs.

Advanced Practice Clinicians

Advanced practice clinicians, including nurse practitioners, physician assistants, and certified nurse–midwives, provide a large proportion of primary health care to reproductive-aged women, and their contribution is expected to increase with the implementation of the Affordable Care Act (26, 27). Currently, five states allow APCs to provide first-trimester medical and aspiration abortions (28, 29). Data suggest that abortion training is deficient in APC curricula (30). However, several reports show no difference in outcomes in first-trimester medical and aspiration abortion by provider type and indicate that trained APCs can provide abortion services safely (28, 31, 32).

References

1. Increasing access to abortion. Committee Opinion No. 613. American College of Obstetricians and Gynecologists. Obstet Gynecol 2014;124:1060–5. [*Obstetrics & Gynecology*] ⇦

2. Jones RK, Jerman J. Abortion incidence and service availability in the United States, 2011. Perspect Sex Reprod Health 2014;46:3–14. [PubMed] [Full Text] ⇦

3. Espey E, Ogburn T, Chavez A, Qualls C, Leyba M. Abortion education in medical schools: a national survey. Am J Obstet Gynecol 2005;192:640–3. [PubMed] [Full Text] ⇦

4. Espey E, Ogburn T, Leeman L, Nguyen T, Gill G. Abortion education in the medical curriculum: a survey of student attitudes. Contraception 2008;77:205–8. [PubMed] [Full Text] ⇦

5. Tocce K, Sheeder J, Vontver L. Failure to achieve the association of professors in gynecology and obstetrics objectives for abortion in third-year medical student curriculum. J Reprod Med 2011;56:474–8. [PubMed] ⇦
6. Guiahi M, Maguire K, Ripp ZT, Goodman RW, Kenton K. Perceptions of family planning and abortion education at a faith-based medical school. Contraception 2011;84:520–4. [PubMed] [Full Text] ⇦
7. Aksel S, Fein L, Ketterer E, Young E, Backus L. Unintended consequences: abortion training in the years after Roe v Wade. Am J Public Health 2013;103:404–7. [PubMed] [Full Text] ⇦
8. Stulberg DB, Dude AM, Dahlquist I, Curlin FA. Abortion provision among practicing obstetrician-gynecologists. Obstet Gynecol 2011;118:609–14. [PubMed] [*Obstetrics & Gynecology*] ⇦
9. Evans ML, Backus LV. Medical students for choice: creating tomorrow's abortion providers. Contraception 2011;83:391–3. [PubMed] [Full Text] ⇦
10. A statement on abortion by one hundred professors of obstetrics. Am J Obstet Gynecol 1972;112:992–8. [PubMed] ⇦
11. A statement on abortion by 100 professors of obstetrics: 40 years later. One Hundred Professors of Obstetrics and Gynecology. Am J Obstet Gynecol 2013;209:193–9. [PubMed] [Full Text] ⇦
12. Turk JK, Preskill F, Landy U, Rocca CH, Steinauer JE. Availability and characteristics of abortion training in US ob-gyn residency programs: a national survey. Contraception 2014;89:271–7. [PubMed] [Full Text] ⇦
13. Eastwood KL, Kacmar JE, Steinauer J, Weitzen S, Boardman LA. Abortion training in United States obstetrics and gynecology residency programs. Obstet Gynecol 2006;108: 303–8. [PubMed] ⇦
14. Accreditation Council for Graduate Medical Education. ACGME program requirements for graduate medical education in obstetrics and gynecology. Chicago (IL): ACGME; 2014. Available at: https://www.acgme.org/acgmeweb/Portals/0/PFAssets/ProgramRequirements/220_obstetrics_and_gynecology_07012014.pdf. Retrieved July 29, 2014. ⇦
15. Accreditation Council for Graduate Medical Education. ACGME Review Committee for Obstetrics and Gynecology clarification of program requirement: IV.A.2.d). Chicago (IL): ACGME; 2012. Available at: http://www.acgme.org/acgmeweb/Portals/0/PFAssets/ProgramResources/220_OBGYN_Abortion_Training_Clarification.pdf. Retrieved July 29, 2014. ⇦
16. Steinauer JE, Hawkins M, Turk JK, Darney P, Preskill F, Landy U. Opting out of abortion training: benefits of partial participation in a dedicated family planning rotation for ob-gyn residents. Contraception 2013;87:88–92. [PubMed] [Full Text] ⇦
17. Steinauer J, Drey EA, Lewis R, Landy U, Learman LA. Obstetrics and gynecology resident satisfaction with an integrated, comprehensive abortion rotation. Obstet Gynecol 2005;105:1335–40. [PubMed] [*Obstetrics & Gynecology*] ⇦
18. Steinauer JE, Turk JK, Fulton MC, Simonson KH, Landy U. The benefits of family planning training: a 10-year review of the Ryan Residency Training Program. Contraception 2013;88:275–80. [PubMed] [Full Text] ⇦
19. O'Connell K, Jones HE, Simon M, Saporta V, Paul M, Lichtenberg ES. First-trimester surgical abortion practices: a survey of National Abortion Federation members. Contraception 2009;79:385–92. [PubMed] [Full Text] ⇦
20. Grumbach K, Hart LG, Mertz E, Coffman J, Palazzo L. Who is caring for the underserved? A comparison of primary care physicians and nonphysician clinicians in California and Washington. Ann Fam Med 2003;1:97–104. [PubMed] [Full Text] ⇦
21. American Academy of Family Physicians. Recommended curriculum guidelines for family medicine residents: maternity and gynecologic care. Leawood (KS): AAFP; 2012. Available at: http://www.aafp.org/dam/AAFP/documents/medical_education_residency/program_directors/Reprint261_Maternity.pdf. Retrieved July 29, 2014. ⇦
22. Herbitter C, Greenberg M, Fletcher J, Query C, Dalby J, Gold M. Family planning training in US family medicine residencies. Fam Med 2011;43:574–81. [PubMed] [Full Text] ⇦
23. Brahmi D, Dehlendorf C, Engel D, Grumbach K, Joffe C, Gold M. A descriptive analysis of abortion training in family medicine residency programs. Fam Med 2007;39: 399–403. [PubMed] [Full Text] ⇦
24. Paul M, Nobel K, Goodman S, Lossy P, Moschella JE, Hammer H. Abortion training in three family medicine programs: resident and patient outcomes. Fam Med 2007;39:184–9. [PubMed] [Full Text] ⇦
25. Montefiore Medical Center, Reproductive Health Education in Family Medicine. Family medicine residencies that offer abortion training. Bronx (NY): RHEDI; 2014. Available at: http://rhedi.org/resources/downloads/Family%20Medicine%20Residencies%20Offering%20Abortion%202014.pdf. Retrieved July 29, 2014. ⇦
26. Institute of Medicine. The future of nursing: leading change, advancing health. Washington, DC: National Academies Press; 2011. ⇦
27. Bodenheimer T, Pham HH. Primary care: current problems and proposed solutions. Health Aff 2010;29:799–805. [PubMed] [Full Text] ⇦
28. Weitz TA, Taylor D, Desai S, Upadhyay UD, Waldman J, Battistelli MF, et al. Safety of aspiration abortion performed by nurse practitioners, certified nurse midwives, and physician assistants under a California legal waiver. Am J Public Health 2013;103:454–61. [PubMed] [Full Text] ⇦
29. Advancing New Standards in Reproductive Health. Advancing access to abortion care: landscape of health professional regulation of abortion provision in the U.S. Available at: http://www.ansirh.org/research/pci/access.php. Retrieved July 29, 2014. ⇦
30. Foster AM, Polis C, Allee MK, Simmonds K, Zurek M, Brown A. Abortion education in nurse practitioner, physician assistant and certified nurse-midwifery programs: a national survey. Contraception 2006;73:408–14. [PubMed] [Full Text] ⇦
31. Freedman MA, Jillson DA, Coffin RR, Novick LF. Comparison of complication rates in first trimester abortions