
WEEK 5: Overcoming Obstacles to Abortion Access

QUIZ QUESTION ANSWER SHEET

1. In the United States _____ women have the highest rates of abortion.
- White women
 - women of high socioeconomic status
 - Black and Latina (Hispanic)
 - The rate of abortion is the same for all races and socioeconomic classes

Answer: **Black and Latina (Hispanic)**

Explanation: In the United States, Black and Latina women have the highest rates of abortion. Please refer to Dr. Christine Dehlendorf's lecture "Abortion Disparities: A Public Health Approach" for a detailed explanation.

2. Primary or secondary prevention strategies to reduce disparities in abortion include:
- Supporting policies that enable all women, regardless of race or socioeconomic status, to access the contraceptive method of their choice.
 - Supporting all women who wish to continue their pregnancy.
 - Addressing underlying causes of disparities in unintended pregnancy, such as racism and class discrimination.
 - All of the above

Answer: **All of the Above**

Explanation: All answers presented in this question are primary or secondary prevention strategies to reduce disparities in abortion. Please refer to Dr. Christine Dehlendorf's lecture "Abortion Disparities: A Public Health Approach" for a detailed explanation.

3. In the United States, women of color have _____ rates of unintended births and unintended pregnancy compared with White women.
- Higher
 - Lower
 - The same
 - We do not have enough scientific evidence to suggest a comparison.

Answer: **Higher**

Explanation: *In the United States, women of color have higher rates of unintended births and unintended pregnancy compared with white women. Please refer to Dr. Christine Dehlendorf's lecture, "Abortion Disparities: A Public Health Approach" for a detailed explanation.*

4. Which of the following contribute to health disparities in family planning?
- Higher rates of poverty and less education experienced disproportionately by racial minorities.
 - The United States' history of medical abuse targeted at minority populations (i.e. the Tuskegee Syphilis Study)
 - Patient mistrust of the medical community
 - Providers' implicit biases toward certain racial and socioeconomic groups
 - All of the above

Answer: **All of the Above**

Explanation: *All answers presented in this question contribute to health disparities in family planning. Please refer to Dr. Andrea Jackson's lecture, "Health Disparities in Family Planning" for a detailed explanation.*

5. Why is it important to integrate abortion training into health professional training programs?
- Learners will be less likely to opt-in to abortion training during residency
 - Healthcare providers learn many transferable skills that are applicable to aspects of care other than elective abortion.
 - Hospitals can restrict abortion services to an inpatient setting
 - All of the above

Answer: **Healthcare providers learn many transferable skills that are applicable to aspects of care other than elective abortion.**

Explanation: *The primary reason for integrating abortion training is because healthcare providers learn many transferable skills. These skills include (but are not limited to): pregnancy options counseling, contraceptive counseling, ultrasound, dilation, aspiration, and evacuation of the uterus. Please refer to Dr. Jody Steinauer's lecture "The Importance of Integrated Abortion Training in Medical and Nursing Education" for a detailed explanation.*

6. How can provider bias contribute to disparities in family planning?
- Providers who offer differential pressure to control fertility may be perceived as coercive.
 - Provider bias elicits resistance from the patient so they are less likely to return for care when they need it
 - Provider bias leads to greater tendency to discontinue contraceptive methods and not return to care to start a new method
 - All of the above

Answer: **All of the Above**

Explanation: *All of the answers presented in this question are ways provider bias can contribute to disparities in family planning. Provider bias leads to unequal care. Please refer to Dr. Andrea Jackson's lecture, "Health Disparities in Family Planning" for a detailed explanation.*

7. Studies in Family Medicine and Obstetrics and Gynecology have found that starting residency with the intention to provide abortions and _____ are two factors consistently predicting provision of abortion after residency.
- Excluding residents on the family planning rotation who only wish to partially participate in abortion training
 - Routine inclusion of abortion in residency
 - Structuring abortion training in as an "opt-in" model (meaning that residents don't receive abortion training unless they request it, or "opt-in")
 - None of the above

Answer: **Routine inclusion of abortion in residency**

Explanation: *Starting residency with the intention to provide abortions and routine inclusion of abortion in residency are two factors predicting provision of abortion after residency. Routine training ensures that all learners are expected to be exposed to the abortion training. Please refer to Dr. Jody Steinauer's lecture "The Importance of Integrated Abortion Training in Medical and Nursing Education" for a detailed explanation.*

8. One benefit to providing abortion care in a primary care setting is:
- Providers have an improved knowledge of the patient's medical history, which may contribute to increased safety of abortion provision and can integrate abortion services into ongoing care**
 - Providers are more likely to recommend medical abortion to patients because first trimester uterine aspiration must be conducted in an inpatient setting.
 - Most malpractice insurance in primary care policies cover abortion services.
 - All of the above.

Answer: Providers have an improved knowledge of the patient’s medical history, which may contribute to increased safety of abortion provision and can integrate abortion services into ongoing care

Explanation: There are several logistical, medical, and interpersonal benefits to providing abortion care in a primary care setting. This includes that primary care providers have an improved knowledge of the patient’s medical history, which can contribute to increased safety. Please refer to Dr. Christine Dehlendorf’s lecture, “Abortion in Primary Care” for a detailed explanation.

9. Approximately _____ of counties in the United States have no abortion provider.
- 10%
 - 30%
 - 50%
 - 90%

Answer: 90%

Explanation: Primary care doctors have a role in improving access to abortion services. Access to abortion services remains an issue in the United States. 89% of counties have no abortion provider. 38% of women live in a county with no abortion provider. 63% of abortions are provided in specialized abortion clinics and many women travel hundreds of miles to access abortion services. Please refer to Dr. Christine Dehlendorf’s lecture, “Abortion in the Primary Care Setting” for a detailed explanation.

10. **True/False:** Based on a recently published review, evidence suggests that Advanced Practice Clinicians (APCs) can be trained to provide first-trimester surgical and medical termination of pregnancy safely.
- True. Evidence suggests that APCs can provide surgical and medical pregnancy termination services in the first trimester as safely and effectively as physicians.
 - False. To ensure safe and effective surgical and medical pregnancy termination, a licensed medical physician must provide services.
 - There is not enough scientific evidence to make a conclusion regarding the safety and efficacy of pregnancy termination provision by Advanced Practice Clinicians.

Answer: True. Evidence suggests that APCs can provide surgical and medical pregnancy termination services in the first trimester as safely and effectively as physicians.

Explanation: *Research** suggests that APCs can provide surgical and medical pregnancy termination services in the first trimester as safely and effectively as physicians. Please refer to Dr. Amy Levi's lecture, "Advanced Practice Clinicians as Abortion Providers" for a detailed explanation.*

*** Weitz T, Anderson P, Taylor D. Advancing scope of practice for advanced practice clinicians: more than a matter of access. Contraception. 2009 Aug;80(2):105-7.*