

ABORTION CARE SERVICES AND RESTRICTIONS IN ACADEMIC TEACHING HOSPITALS

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Disclosure Slide

- No disclosures

Ob-Gyn Training Must Include Abortion

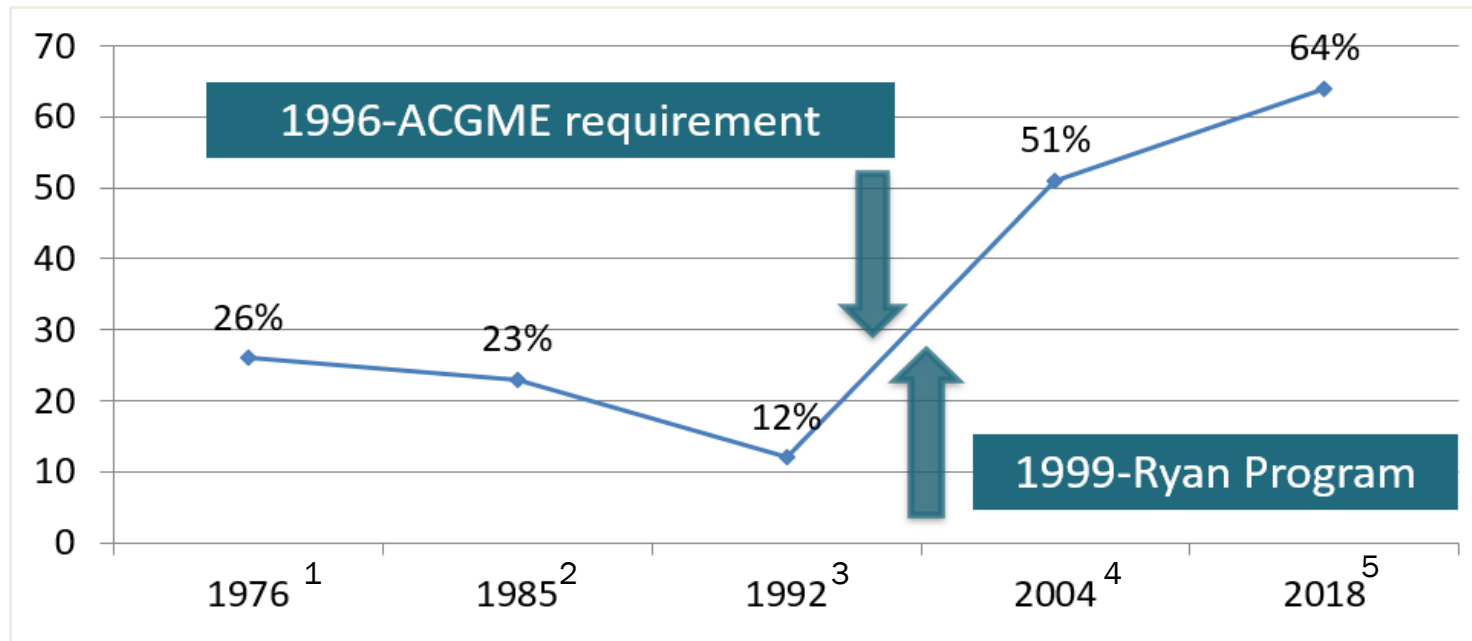
- Since 1996 the Accreditation Council for Graduate Medical Education requires routine abortion training
- Professional organizations require competence in uterine evacuation
- Integrated training correlates with competence in counseling, ultrasound, and medical and procedural management of pregnancy loss and abortion



Ryan Program

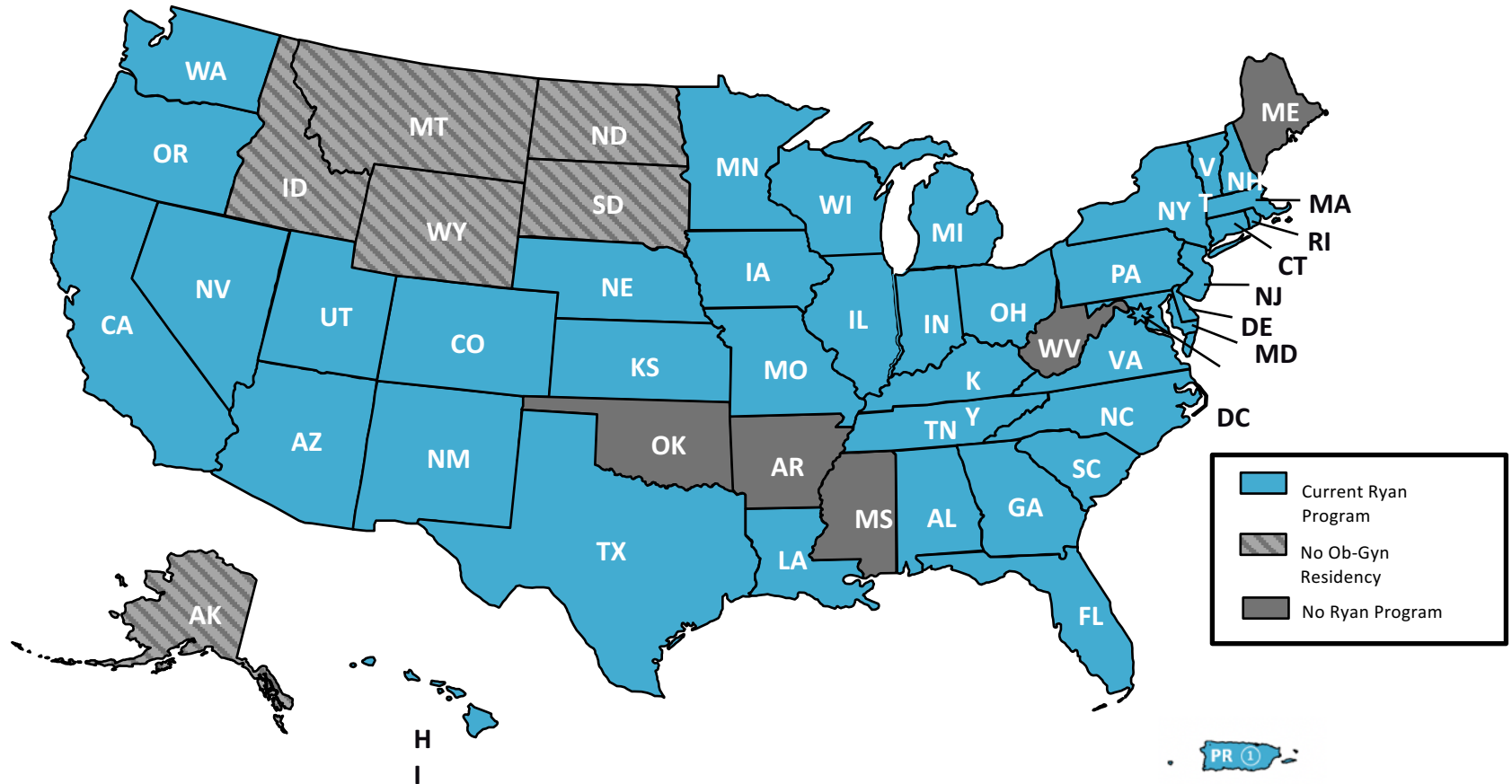
- **1999**: established by Uta Landy, PhD at UCSF to support ob-gyn depts to integrate family planning training
- We have supported 107 US programs (including 1 in Puerto Rico) and 2 in Canada to integrate training
 - **36%** of all US residency programs
 - **14,000** ob-gyns have been trained

Ob-Gyn Training Improved

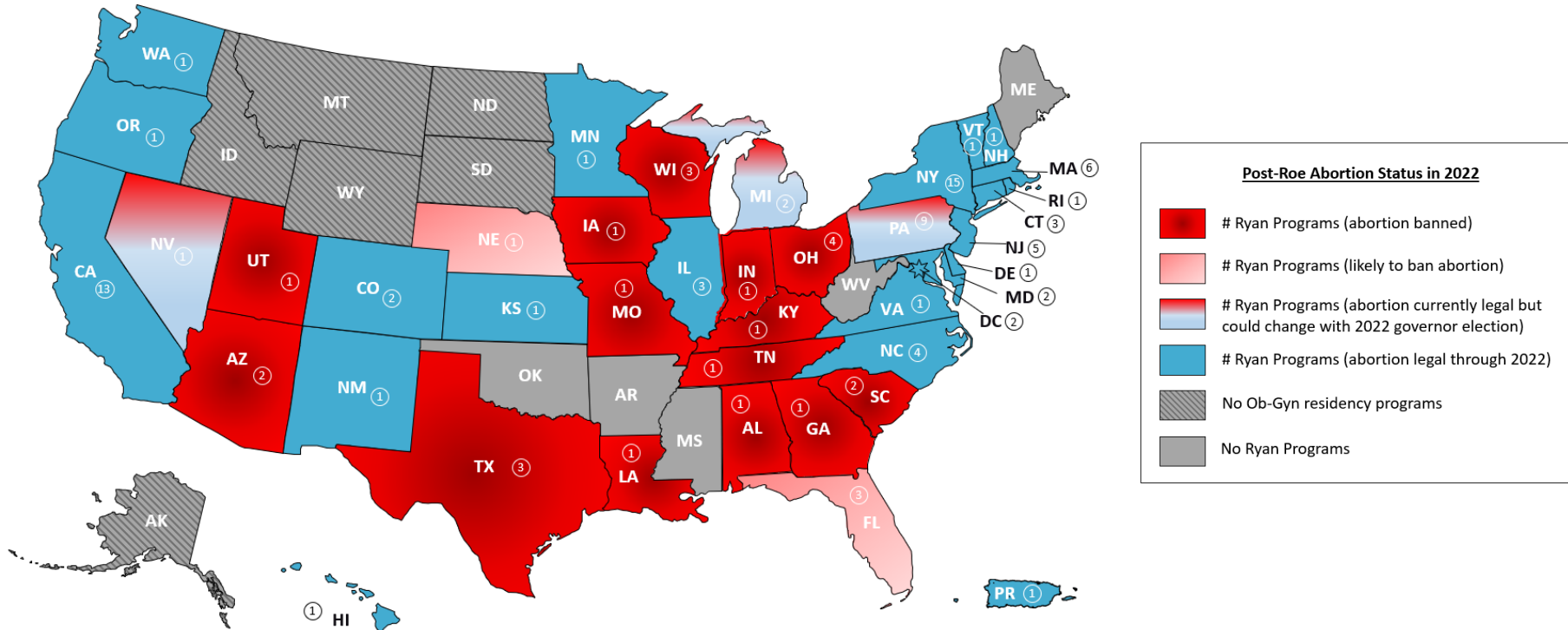


1. Lindheim, 1978. 2. Darney, 1987. 3. McKay, 1994. 4. Almeling, 2000. 5. Steinauer, 2018

2022: 107 US RYAN PROGRAMS



Impacts of Abortion Bans



Overall, 45% of programs in abortion ban states → >2,600 residents

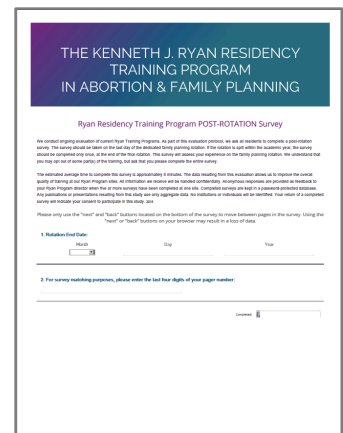
Post-*Roe* Training and Access Issues

- As clinics close, hospitals and practices will be critical for providing care.
 - Care for those who qualify for a legal abortion
 - Pre- and post-abortion care
 - Comprehensive pregnancy loss care
- Training institutions must do this both to care for current patients and to prepare residents to care for future patients

We sought to explore the current status of abortion and pregnancy loss care integration in Ryan Programs to better understand how to prepare them to provide needed care and training in the current and future environments.

Methods

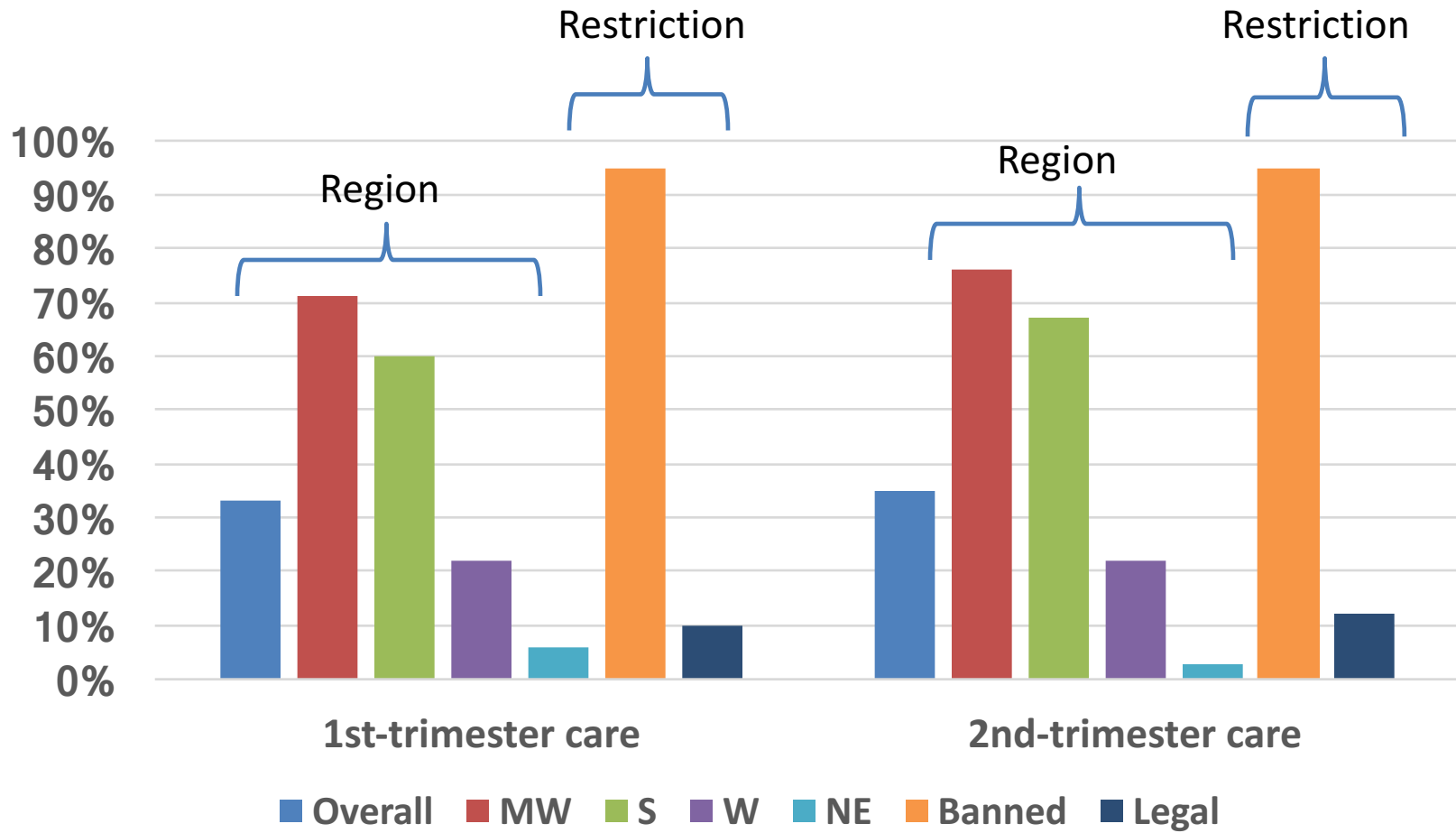
- Faculty surveyed annually about training
 - 2021 included questions about care limitations and integration of specific services
 - 92 qualifying programs
- We compared limitations and services by US census region and projected abortion restriction status - banned v. legal



Results

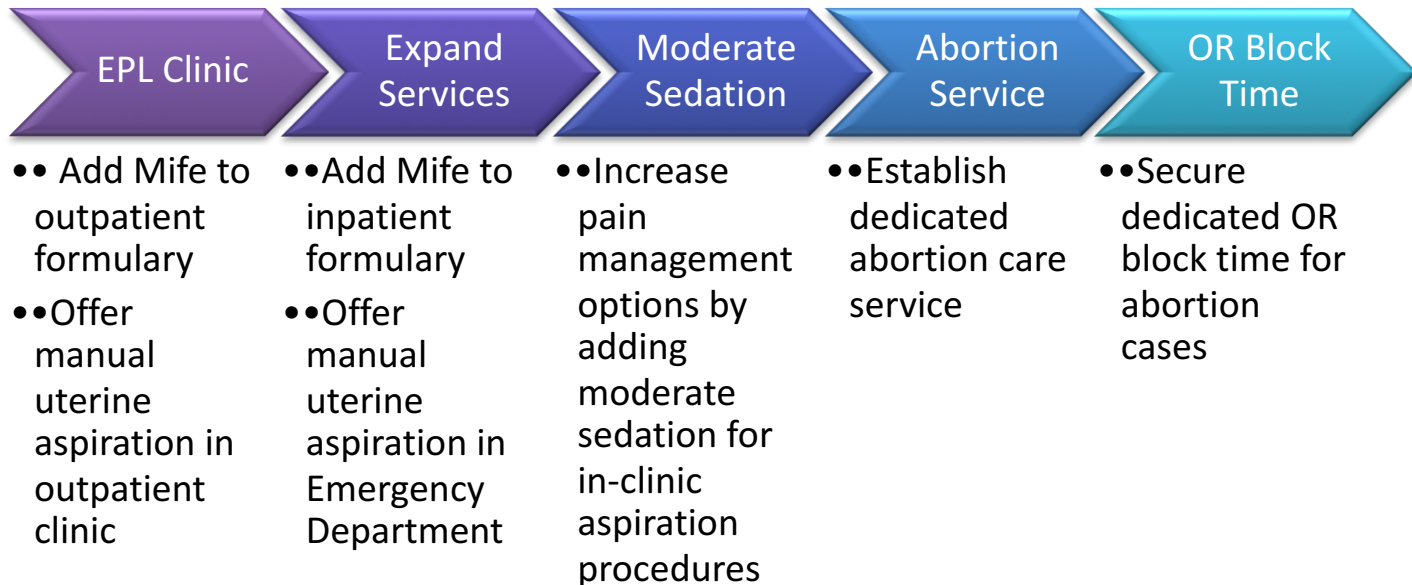
- 83 (90%) responded
 - 22 (27%) in states expected to ban abortion
 - 22% in West, 20% in Midwest, 18% in South, 37% in Northeast, and 3% in Canada
 - Non-respondents: 5 West, 3 South, 1 Midwest

Limitations in Abortion Care

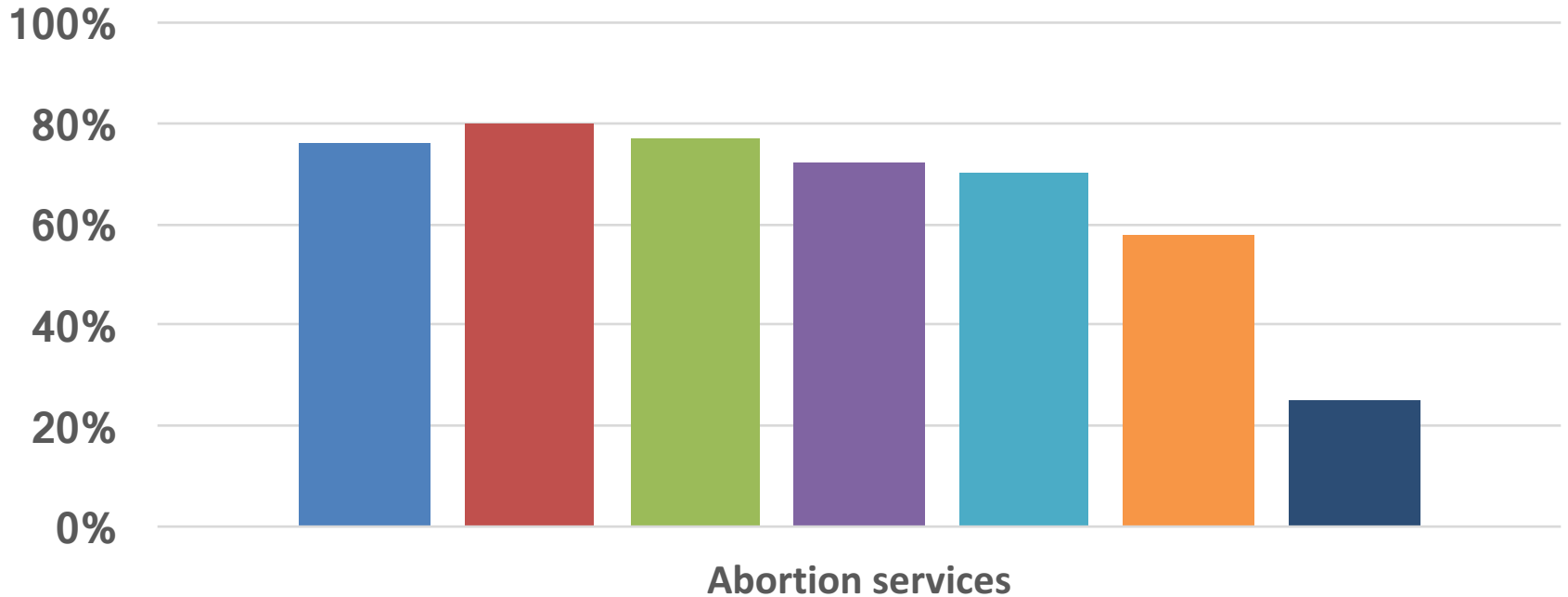


All p values <0.001

Establishment of Services



Integration of Services



■ Mifepristone inpatient

■ Mifepristone outpatient

■ Manual UA in Outpatient

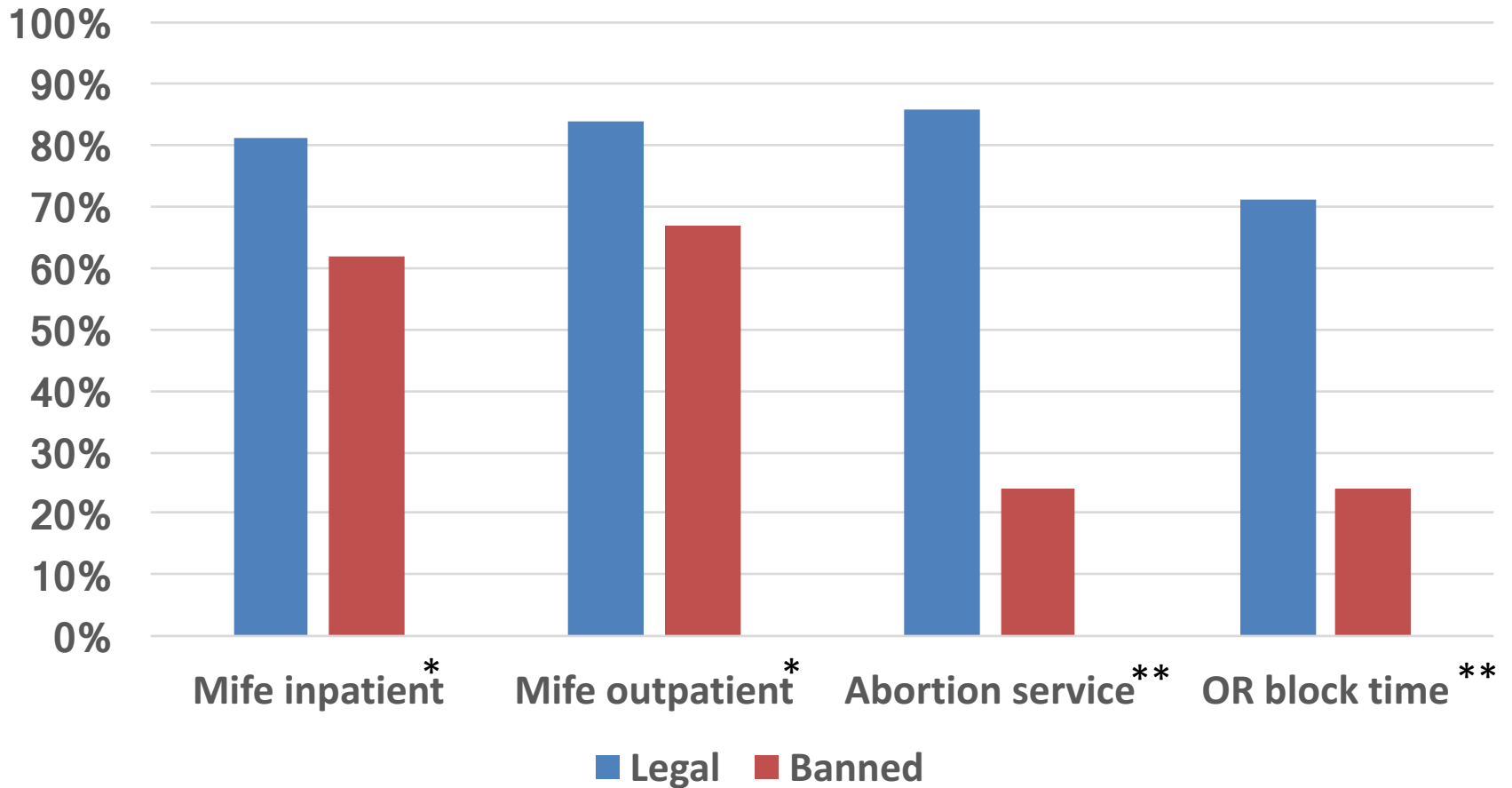
■ MUA in ED

■ Dedicated abortion service

■ Dedicated OR block time

■ Moderate sedation

Services by Restriction



*P=0.08; **p<0.001

Limitations

- All programs that have worked to integrate abortion training → limited generalizability
- Not a comprehensive review of all family planning services
- Stratified analyses based on projected policy restrictions

Conclusions

- Training programs experience challenges in integration of services
- Challenges are more likely and some services are less integrated in restrictive states
- The RP is working with programs to maintain and expand care