## GYNECOLOGY

# Abortion training in US obstetrics and gynecology residency programs



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# **Background**

Nearly 15 years ago, 51% of US obstetrics and gynecology residency training program directors reported that abortion training was routine, 39% reported training was optional, and 10% did not have training. The status of abortion training now is unknown.

#### **Objective**

We sought to determine the current status of abortion training in obstetrics and gynecology residency programs.

# **Study Design**

Through surveying program directors of US obstetrics and gynecology residency training programs, we conducted a cross-sectional study on the availability and characteristics of abortion training. Training was defined as routine if included in residents' schedules with individuals permitted to opt out, optional as not in the residents' schedules but available for individuals to arrange, and available. **Findings** compared between types of programs using bivariate analyses.

#### **Results**

In all, 190 residency program directors (79%) responded. A total of 64% reported routine training with dedicated time, 31% optional, and 5% not available. Routine, scheduled training was correlated with higher median numbers of uterine evacuation procedures. While the majority believed their graduates to be competent in first-trimester aspiration (71%), medication abortion (66%), and induction termination (67%), only 22% thought graduates were competent in dilation and evacuation. Abortion procedures varied by clinical indication, with some programs limiting cases to pregnancy complication, fetal anomaly, or demise (Table).

#### Conclusion

Abortion training in obstetrics and gynecology residency training programs has increased since 2004, yet many programs graduate residents without sufficient training to provide abortions for any indication, as well as dilation and evacuation. Professional training standards and support for family planning training have coincided with improved training, but there are still barriers to understand and overcome.

#### **Author and article information**

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ariables	Total, n = 190	Routine, $n = 121$	Optional, $n = 59$	None, $n = 10$	<i>P</i> valu
S region of residency program					7 7414
Northeast <sup>a</sup>	57 (30)	40 (33)	16 (28)	1 (10)	.26
South <sup>b</sup>	57 (30)	29 (24)	23 (40)	5 (50)	.04
Midwest <sup>c</sup>	44 (23)	26 (22)	15 (26)	2 (20)	.80
West <sup>d</sup>	31 (16)	25 (21)	4 (7)	2 (20)	.06
aith affiliation of residency program	. , ,		· · · · · · · · · · · · · · · · · · ·	· , ,	
Nonreligious, vs religiously affiliated programs	161 (86)	106 (90)	47 (81)	8 (80)	.30
terine evacuation procedures dedication abortion	. ,	. ,		· , ,	
Residents receive some training	188 (99)	120 (99)	58 (98)	10 (100)	.82
For all indications	122 (64)	101 (83)	20 (34)	1 (10)	.00
Only for pregnancy complications or pregnancy loss	48 (25)	14 (12)	29 (49)	5 (50)	.00
Only for pregnancy loss	18 (9)	5 (4.1)	9 (15)	4 (40)	.00
No. done, mean (median)	20 (13.5)	21.3 (15)	16.7 (10)	24.4 (15)	.36
Proportion of directors who report all residents are competent at graduation	120 (66)	78 (67)	34 (60)	8 (80)	.38
irst-trimester aspiration abortion					
Residents receive some training	177 (93)	114 (94)	53 (90)	10 (100)	.37
For all indications	118 (62)	98 (81)	20 (34)	0 (0)	.00
Only for pregnancy complications or pregnancy loss	40 (21)	11 (9.1)	23 (39)	6 (60)	.00
Only for pregnancy loss	19 (10)	5 (4.1)	10 (17)	4 (40)	.00
No. done, mean (median)	29.2 (35)	41.3 (30)	22.0 (20)	28.9 (35)	.00
Proportion of directors who report all residents are competent at graduation	124 (71)	78 (70)	38 (73)	8 (80)	.74
econd-trimester dilation and evacuation					
Residents receive some training	171 (90)	115 (95)	47 (80)	9 (90)	.01
For all indications	95 (50)	83 (69)	12 (20.3)	0 (0)	.00
Only for pregnancy complications or fetal demise	63 (33)	29 (24)	29 (49)	5 (50)	.00
Only for fetal demise	13 (7)	3 (2.5)	6 (10)	4 (40)	.00
No. done, mean (median)	11.2 (5)	13.9 (10)	5.6 (4)	5.3 (2)	.00
Proportion of directors who report all residents are competent at graduation:					
To 17 6/7 wk	36 (22)	24 (22)	11 (23)	1 (11)	.71
To 19 6/7 wk	9 (6)	9 (8.4)	0 (0)	0 (0)	.86
To 21 6/7 wk	1 (1)	1 (0.9)	0 (0)	0 (0)	.78

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## US obstetrics and gynecology residency program characteristics, by status of integrated abortion training (continued)

Variables	Total, n = 190	Routine, $n = 121$	$\begin{array}{l} \text{Optional,} \\ \text{n} = 59 \end{array}$	$\begin{array}{l} \text{None,} \\ \text{n} = \text{10} \end{array}$	<i>P</i> value
Second-trimester induction termination					
Residents receive some training	185 (97)	118 (98)	57 (97)	10 (100)	.81
For all indications	61 (32)	56 (46)	5 (8.5)	0 (0)	.00
Only for pregnancy complications or fetal demise	104 (55)	53 (44)	45 (76)	6 (60)	.00
Only for fetal demise	20 (11)	9 (7.4)	7 (12)	4 (40)	.01
No. done, mean (median)	16.2 (10)	18.3 (10)	11.8 (10)	12.6 (10)	.05
Proportion of directors who report all residents are competent at graduation	110 (67)	70 (65)	31 (65)	9 (90)	.27
Obstetrics and gynecology review committee training requirements					
Report that they meet review committee requirement for abortion training	158 (90)	113 (97)	41 (84)	4 (40)	.00
Had been cited by review committee for not meeting requirement	7 (4)	0 (0)	6 (10)	1 (10)	.02

Values are n (%) unless otherwise specified.

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<sup>&</sup>lt;sup>a</sup> Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont, New Jersey, New York, Pennsylvania; <sup>b</sup> Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, District of Columbia, West Virginia, Alabama, Kentucky, Mississippi, Tennessee, Arkansas, Louisiana, Oklahoma, Texas; <sup>c</sup> Illinois, Indiana, Michigan, Ohio, Wisconsin, Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota; <sup>d</sup> Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming, Alaska, California, Hawaii, Oregon, Washington.