Insurance expansion and intrauterine device training in obstetrics and gynecology

**OBJECTIVE:** Access to effective contraception is a critical component of sexual and reproductive healthcare. Specifically, long-acting, reversible contraception (LARC) use has increased over the last 2 decades. By 2016, 42 states and Washington, DC, adopted Medicaid expansion through the Affordable Care Act or expanded family planning coverage, allowing increased access to LARC. Contraceptive knowledge and LARC insertion training are required for the completion of an obstetrics and gynecology (Ob/Gyn) residency. Our study aimed to determine whether Medicaid expansion was associated with increased intrauterine device (IUD) placement training for Ob/Gyn residents.

**STUDY DESIGN:** During the 2016 Council on Resident Education in Obstetrics and Gynecology examination, residents completed an optional anonymous survey that contained demographic and training program questions including the estimated number of IUDs placed (categorized as 0, 1–10, 11–25, 26–50, or >50) and whether residents had immediate postpartum (IPP) IUD training (yes or no question). Responses were grouped according to the insurance expansion status of the respondent’s state as (1) 42 expansion states or (2) 8 nonexpansion states. A subgroup analysis included states with policy guidelines for IPP LARC as of January 1, 2016, as 17 expansion states and 1 nonexpansion state. University-based and community programs were compared based on findings from a previous analysis. Competence with IUD placement was defined as ≥11 placements. Because no specific threshold has been established for competence, we also performed a sensitivity analysis using a threshold of ≥26 placements. In addition to examining the full cohort, we compared postgraduate year 4 (PGY4) residents only. Data analyses were performed using Stata version 16.1 (StataCorp LLC, College Station, TX) and using 2-tailed, chi-square tests to determine significance with alpha=.05. The institutional review board at Tufts Medical Center approved this research.

**RESULTS:** The analysis included 3798 residents from expansion states and 489 from nonexpansion states. The response rate was 85% (4287 of 5055), roughly equally distributed by residency year overall and by expansion status. Two-thirds were trained in a university-based program. Residents in expansion states were significantly more likely to have placed ≥11 IUDs than residents in nonexpansion states (P=.030) (Table). This finding was driven by university-based programs (P<.001) with the proportion from community programs who have placed ≥11 IUDs not showing statistical significance (P=.937). The results were consistent when using a threshold of 26 IUD placements and after restricting the analysis to PGY4 respondents. More residents in expansion states who reported ≥11 IUD placements were trained in police programs (P=.030) (Table). Residents reporting IPP IUD training were more likely to have been trained in university programs (P<.001) (Table).

**TABLE**

| Resident intrauterine device placement and training by program type and insurance expansion (N = 4287) |
|---|---|---|---|
| IUD placement in training | Medicaid or family planning expansions (n = 3798), n (%) | No expansion (n = 489), n (%) | P value |
| Residents reporting ≥11 IUDs placed | | | |
| All programs (n=4287) | 2381 (63) | 282 (58) | .030 |
| Community programs (n = 1484) | 701 (51) | 61 (52) | .937 |
| University programs (n = 2803) | 1680 (69) | 221 (60) | <.001 |
| Residents reporting IPP IUD training (yes or no question) | | | |
| All programs (n=4287) | 1615 (43) | 130 (27) | <.001 |
| Community programs (n = 1484) | 251 (19) | 17 (15) | .290 |
| University programs (n = 2803) | 1364 (56) | 113 (31) | <.001 |
| States with published IPP reimbursement policy (n=1089) | 991 (59) | 98 (28) | <.001 |

P values were based on 2-tailed chi-square tests.
IPP, immediate postpartum; IUD, intrauterine device.

reported completing IPP IUD placement training than residents in nonexpansion states ($P<0.001$). Residents within university programs in expansion states reported more IPP IUD training than those in nonexpansion states ($P<0.001$). In states with a reimbursement policy for IPP IUD placement, more residents in expansion states reported completing IPP IUD training than those in nonexpansion states ($P<0.001$).

**CONCLUSION:** The findings from this study expand on a previous analysis noting lower rates of LARC training in community-based vs academic programs. State policies may contribute to the variation in the amount of LARC training that residents receive. IPP LARC training occurred more frequently in states with insurance expansions regardless of published policies for reimbursement. A strength of this study was the 85% response rate among all residency program locations, sizes, and types. A limitation was our focus on number of IUD placements as a marker for proficiency in addition to the limited number of demographic questions and survey questions allowed in the survey. Although many factors contribute to differences in LARC training across the United States, state and federal policy may affect physician education and training.

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Caitlin Dane, MD, MPH  
Department of Obstetrics and Gynecology  
Tufts Medical Center  
Boston, MA

Janis L. Breeze, MPH  
Clinical and Translational Science Institute  
Tufts Medical Center  
Boston, MA

Eve Espey, MD, MPH  
Department of Obstetrics and Gynecology  
University of New Mexico  
Albuquerque, NM

Nikki Zite, MD, MPH  
Department of Obstetrics and Gynecology  
University of Tennessee Graduate School of Medicine  
Knoxville, TN

Tony Ogburn, MD  
Department of Obstetrics and Gynecology  
University of Texas Rio Grande Valley  
Harlingen, TX

Megan L. Evans, MD, MPH  
Department of Obstetrics and Gynecology  
Tufts Medical Center  
800 Washington St.  
Boston, MA 02111  
mevans2@tuftsmedicalcenter.org

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**Medication or surgical abortion? An exploratory study of patient decision making on a popular social media platform**

**OBJECTIVE:** Most abortions take place in the first trimester when both medication and surgical abortions are options. Several investigations document people’s modality decisions, with patient preference often driving decision making in the absence of medical contraindications. Online anonymity may make the internet appealing for those seeking abortion information. Most research on decision making regarding the method of abortion relies on surveys or interviews of abortion clinic patients; although valuable, these data may exclude deliberations before clinic visits, and exclude the