

***Joint Announcement from Ibis Reproductive Health, the National Abortion Federation, and the Abortion Access Project***

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**ABORTION-CARE EDUCATION IS DEFICIENT IN U.S.  
HEALTH PROFESSIONAL TRAINING**

**New study shows that many nurse practitioners, physician assistants, and certified nurse-midwives are not routinely trained in first trimester abortion procedures**

**May 9, 2006**—Advanced practice clinicians (APCs)—nurse practitioners, physician assistants, and certified nurse-midwives—play an increasingly important role in the delivery of a range of health services in the United States, yet many of the programs that train these health professionals do not provide didactic or clinical education about abortion services.

The number of abortion providers has declined by 87% since 1982 and an increasing number of American women live in a county without an abortion provider. This decline is attributed in part to the lack of routine education and training opportunities for health service professionals. To examine the inclusion and extent of abortion education in APC programs and to explore ways to expand coverage, we asked program directors at 486 accredited APC programs in the U.S to provide information about the comprehensive reproductive health curriculum at their institution. The results of the study, entitled *Abortion education in nurse practitioner, physician assistant, and certified nurse-midwifery programs: A national survey*, were published in the April issue of the journal *Contraception*. The study was jointly conducted by Ibis Reproductive Health, the National Abortion Federation, and the Abortion Access Project.

**Results**

Of the programs that responded to the survey (202 overall) slightly more than half report that their programs provide didactic instruction on surgical, manual vacuum aspiration, or medication abortion, and only 21% report including at least one of these three procedures in their routine clinical curricula. Only 44 % of programs offer multifaceted didactic instruction in abortion care—defined as the inclusion of pregnancy options counseling, postabortion care, and one or more abortion procedures—and only 17% of programs offer students multifaceted clinical exposure to abortion care. In contrast, family planning and contraception receive near universal didactic coverage (96%) and significant clinical coverage (89%) and emergency contraception and pregnancy options counseling are also widely covered. Certified nurse-midwifery programs (CNM) are more likely than nurse practitioner (NP) or physician assistant (PA) programs to include didactic instruction on abortion and to incorporate emergency contraception and family planning into their clinical training. However, of the three program types, PA programs provide the highest rate of clinical training in surgical, manual vacuum aspiration, and medication abortion.

### **Reasons for non-inclusion**

Nearly half of the programs that did not offer didactic training on abortion procedures, options counseling, or postabortion care said that abortion was not a curricular priority. Other reasons cited for non-inclusion were lack of availability of clinical sites; belief that abortion is outside the scope of practice; lack of qualified faculty; and belief that state law prohibits APCs from providing abortions. Nineteen percent of NP respondents and one-third of PA respondents reported that abortion training was not included in the curriculum because it is politically charged.

### **Conclusions and suggestions**

“Given the important role of pregnancy termination in women’s health in the United States, these are striking findings,” said Dr. Angel Foster of Ibis Reproductive Health. “The high rate of unintended pregnancy in the United States necessitates that all future APCs receive comprehensive exposure to family planning and abortion. Regardless of an individual’s interest in and intention to provide abortion services as part of her or his practice, all APCs need to be knowledgeable about the full range of reproductive health options, including family planning and abortion. As integral components of women’s health care, abortion, pregnancy options counseling, and family planning merit incorporation into routine didactic and clinical APC education.”

The authors note that there are a number of challenges to integrating comprehensive abortion care into routine APC education and training, such as time constraints when determining how to integrate new or emerging information, technologies, or procedures into an already full curriculum. While cognizant of the challenges to curricular reform in general, the study demonstrates that a number of barriers to the inclusion of multifaceted abortion training in routine didactic and clinical education are specific to the issue of abortion itself; the abortion provider shortage, the ideological positioning of institutions and administrators, and uncertainty regarding the role of abortion care in APC scope and practice.

“The continued decline in the number of abortion providers and the migration of abortion services into specialty clinics has likely exacerbated this situation,” notes Mary Kate Allee of the National Abortion Federation. “Recognition of this challenge can help inform institutional, local, and national strategies to integrate abortion into routine APC training.” Proponents can develop model lectures and resources tailored to APC programs, help identify faculty and arrange guest lectures by qualified providers, and facilitate links between institutions and local providers and clinics.

Another key factor is the growing conflict between many religiously sponsored health systems and the reproductive health needs of the communities they serve. The “religious refusal” to provide comprehensive reproductive health information, counseling and services such as emergency contraception, abortion, and tubal ligation often extends to all facilities and practitioners within health system networks. Melanie Zurek of the Abortion Access Project suggests, “Perhaps framing abortion care as one aspect of early pregnancy management, in which issues such as miscarriage, abnormal pregnancy development, and ectopic pregnancy are also components, will begin to address this concern.”

**Full citation:** Foster A, Polis C, Allee M, Simmonds K, Zurek M, Brown A. Abortion education in nurse practitioner, physician assistant, and certified nurse-midwifery programs: A national survey. *Contraception* 2006;73;408-414.

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