



Abortion training experiences among newly graduated Ob/Gyn residents

Courtney Bangert Jackson, PhD
Angel Foster, DPhil, MD, AM
Samantha Charm

Poster presented at the National Abortion Federation Meeting
April 2008

Introduction, Including Purpose or Objectives: Abortion is one of the most common surgical procedures performed in the US; half of all pregnancies are unintended and approximately half of those pregnancies are electively terminated. Despite the tremendous need for abortion care, there is a growing shortage of abortion providers. This study attempts to understand the reasons why the newest generation of Ob/Gyns made the decision to train or not train in abortion care during their residencies.

Data-Collection Methods: Qualitative interviews were conducted with 36 physicians who completed Ob/Gyn residency in 2007. Our purposive sample was selected using snowball sampling. We intentionally selected participants who trained in abortion care, as well as those who did not train. Our study included physicians who trained in programs offering routine training as well as those in programs with elective training, along with those with no training in abortion care. We sought out participation from those who trained in programs that are part of the Uniformed Armed Services and with a Family Planning Fellowship. Participants trained in multiple regions in the country, including all five CREOG regions.

Summary of Results: Residents discussed a wide range of reasons for participating in abortion training. Some were highly motivated to seek out abortion training and interviewed at and ranked residencies based abortion training availability. Others did not consider abortion as a factor in their selection but trained because it was part of the routine requirements of their program. As expected, some who did not participate in abortion training discussed religious beliefs as an important reason for not training. However, others discussed interest in abortion training but revealed that they would have trained if training had been incorporated as a regular part of their program. Attitudes towards abortion are complex and dynamic. Some study participants described shifts in their beliefs about abortion since starting medical school. In addition, even a few participants who identified as “pro-life” described their position on abortion in a more nuanced manner. Many attributed experiences in residency (whether they trained in abortion care or not) as impacting their attitudes about abortion.

Conclusion: Having abortion care available as part of the regular curriculum in residency programs makes it easier for residents to participate in training. Exposure to abortion care during their residency may impact new physicians’ attitudes in ways that better equip them to respond to the needs of women with unintended pregnancies.