Why are Midwest Access Project's training programs needed?

Reproductive rights —having the legal ability to decide whether and when to have children— are one critical component to people's socioeconomic well-being and overall health. Realizing the benefits of legal rights to reproductive services requires access to those health services. Many logically understand "access" to be achieved when a community has an abortion or family planning clinic nearby. That is only one part of the equation. Access requires resources, unbiased all-options information, and strong community supports.

Access also requires that everyone's providers – OB/GYNS, family medicine doctors, school-based nurses and midwives are trained in full scope, patient-centered reproductive health care. While most assume that healthcare professionals received training in reproductive health, patients would be shocked to learn that many of these providers are not competent or do not provide a range of repro health services to their patients, including all options contraception and pregnancy counseling, LARC insertion, miscarriage management, and abortion care.[1] *Access to reproductive health care requires many things: the presence of health care facilities AND trained providers within them are two critical components.*

Unfortunately, a shortage of trained providers is one of the greatest barriers people face in accessing high quality reproductive health services today,[2] and its causes are rooted in institutional, legal, and cultural opposition to reproductive health services and training.

Lack of Training: Most medical and nursing training programs in the country do not provide adequate education in reproductive health.[3] Some are restricted by conservative state laws or cultural norms, while many are housed in religiously affiliated hospitals that adhere to faith-based prohibitions against reproductive health training and procedures. This is especially true in the Midwest; according to a 2015 review of the national Electronic Residency Application Service, more than 40% of obstetrics/gynecology and family medicine residencies in Illinois were housed in Catholic or other religiously restrictive hospitals. As a result, fewer clinicians are trained to be abortion providers, fewer clinical support staff can or will provide comprehensive pregnancy options counseling, and gaps in preventative services widen as numbers of clinicians continue to dwindle.

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[1] For example, 97% of ob-gyns encountered patients seeking abortion care in 2011, while only 14% performed abortions. Stulberg, Debra B. Dude et al. Abortion Provision Among Practicing Obstetrician Gynecologists. Obstetrics & Gynecology. 2011;118(3):609-614

[2] The Guttmacher Institute. An Overview of Abortion Laws. State Policies in Brief. June 2012.

[3] For example, less than 10% of family medicine residency programs offer routine training in first trimester abortion. Herbitter, Cara et al. Family Planning Training in US Family Medicine Residencies. Family Medicine. 2011;43(8):574-581. A 2012 study cited numerous clinical reproductive health training barriers for nurses, including a lack of faculty support and redirection toward generalist curriculum, declining ability of preceptors to maintain high patient loads while training, and declining numbers and funding for clinical training sites. Auerback, D., Pearson, M. et al, Nurse Practitioners and Sexual and Reproductive Health Services. 2012; 40-44. A 2017 survey of Obstetricians and gynecologists who trained at Catholic institutions felt that religion-based policies negatively affected their training experiences and the range of reproductive health services they subsequently provide in practice. Maryam Guiahi, et al, Impact of Catholic Hospital Affiliation During Obstetrics and Gynecology Residency on the Provision of Family Planning. Journal of Graduate Medical Education: August 2017, Vol. 9, No. 4, pp. 440-446.

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There has been important work to bring clinical training in abortion and family planning into some medical residency programs. "Ryan" programs fund abortion and family planning training in 90 OB GYN residencies around the nation. Of those, 16 are located in Midwestern states, 4 of which are in Illinois. There are also some abortion training programs in selected Family Medicine residency programs known as "RHEDI" programs. Of the 34 RHEDI supported programs in the US, 2 are located in the Midwest, 1 of which is in Illinois. That means that of all 248 OB GYN or Family Medicine residency programs in the Midwest, 18 of them are Ryan or RHEDI programs. Significant investment is needed to fill the gaps in medical and clinical education and reach every student, resident and clinician.

Barriers to Accessing Training: Trainees who desire comprehensive reproductive health training in these institutions must seek it independently and outside of required curricular frameworks. Education institutions rarely offer help to identify training opportunities. Also, the time window allotted by the residency programs for this training is very narrow and established months in advance, requiring applicants to plan far ahead of schedule to ensure clinical training is available to them. Many potential trainees have other commitments that prevent them from accessing reproductive health training during the small windows of time for outside training. These include clinicians whose schedules are controlled by employers or have few days off; family and child care concerns; or the inability to travel because of residency scheduling restrictions. A significant barrier that prevents many from accessing training in reproductive health is the associated costs – travel, housing, licensing fees and malpractice insurance can exceed $5,000 for a month long clinical rotation. The most profound barriers are created by the educational institutions themselves: bureaucratic delays, refusal to extend malpractice coverage, our outright rejection of reproductive health training by anti-choice staff.

Midwest Legal & Policy Restrictions Limit Training Site Options: Regional legal and policy restrictions and an aging provider population contribute to clinic closures and providers leaving the field, which heighten demand for reproductive health services and training in Illinois. Illinois is surrounded by states deemed hostile to abortion rights.[4] A May 2018 study[5] from the University of California at San Francisco found that, compared with other regions of the U.S., the Midwest had the fewest number of abortion clinics based on the population of women of childbearing age. Within the region, availability of abortion providers differed drastically. For example, Illinois had about two dozen clinics, roughly one for every 120,135 women of reproductive age. Whereas in neighboring Wisconsin, researchers found three facilities providing abortions, about one for every 423,590 women, according to data collected in early 2017. In 2017, 5,528 people traveled to Illinois from other states to receive abortions, up from 4,543 in 2016. Fewer clinics in the Midwest increases patient volume for Illinois clinics and limits the sites available for clinical training.

[4] E. Nash, Guttmacher Institute, Laws in Effect as of August 15, 2019.
[5] Identifying National Availability of Abortion Care and Distance From Major US Cities: Systematic Online Search J Med Internet Res, v.20(5); 2018 May, PMC5972217