Introduction
In a climate of increasing restrictions on abortion care, one strategy to improve access is opt-in training for providers in low-access settings. The Midwest Access Project (MAP) offers elective reproductive health training experiences for students, residents, and practicing clinicians. We surveyed MAP alumni to identify their current practice characteristics and predictors of reproductive health service provision.

Methods
- Online survey, April 2016 (60% response rate)
- Inclusion: received individual clinical training through MAP during the years 2007-2015 (n = 136)
- Included in analysis: residents, fellows, practicing attendings, and advance practice clinicians (n = 56)
- Excluded from analysis: still in school, not in practice, or reproductive health is outside scope of practice
- Primary outcome: current provision of any abortion
- Secondary outcomes: provision of other reproductive health services, barriers to provision, practice location, and the effects of the MAP training program

Results
- 50% provide some form of abortion
  - Family medicine or internal medicine: 39%
  - Ob-gyn: 85% (p = 0.004)
- 100% provide pregnancy options counseling and full scope contraception
- 88% provide outpatient miscarriage management
- The majority of participants practice in the Midwest
- 29% reported they are the sole provider of some reproductive health services for their practice or community (among attendings and APCs)
- 92% of participants who worked for a Catholic-affiliated hospital reported that the religious affiliation affected their ability to provide reproductive health services

Conclusion
Opt-in training is a promising strategy to develop providers of comprehensive reproductive health care.

Provision of abortion and other reproductive health services among former trainees of the Midwest Access Project opt-in training program
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Geographic distribution of MAP alumni *

% of MAP alumni who provide abortion services

<table>
<thead>
<tr>
<th>Service</th>
<th>Provision</th>
</tr>
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<tbody>
<tr>
<td>Any abortion</td>
<td>50%</td>
</tr>
<tr>
<td>Medication</td>
<td>46%</td>
</tr>
<tr>
<td>1st trimester</td>
<td>41%</td>
</tr>
<tr>
<td>2nd trimester</td>
<td>28%</td>
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</tbody>
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Barriers to providing reproductive health services?

- Strong anti-abortion culture in community: 23%
- State laws/regulations: 26%
- Family expressed concern, or you're worried about your...: 40%
- Do not have adequate skills: 35%
- Administrative/staff/colleague resistance: 54%

Illustrative quotes from MAP alumni

"I knew going into medicine that I wanted to be an abortion provider, that is why I sought out a rotation with MAP as clinical experience in reproductive health wasn't included in my medical school training."

"My experience with MAP led me directly to choose a career in reproductive health and as an abortion provider."

"I am the sole provider of abortions 12-16 weeks at my regional abortion clinic and MVA for miscarriage management in my primary family medicine clinic."

"My training with MAP solidified my decision to become an abortion provider and to be a reproductive justice champion and advocate. If it wasn't for the training and connections I made through MAP I never would have become so involved in the reproductive health world!"