midwest access project

Filling the Gaps ~ Training Providers in Reproductive Health

The Need for Midwest Access Project's Programs

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] Inconsistent curricula, limited time on topics, or content presented through lecture only are a few concerns. Some are restricted by institutional policy or 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

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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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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.

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. 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 sometimes created by the educational institutions themselves: bureaucratic delays, refusal to extend malpractice coverage, or outright rejection of reproductive health training by anti-choice staff.

Nationwide Legal & Policy Restrictions Limit Training Site Options: State abortion bans, anti-choice harassing litigation, and regulatory restrictions all contribute to clinic closures, lower patient volumes, reduced or eliminated clinic services, and reduced training opportunities. For example, in a recent study of 286 accredited obstetrics and gynecology residency programs with current residents, 128 (44.8%) are in states certain or likely to ban abortion if *Roe v Wade* is overturned. Therefore, of 6,007 current obstetrics and gynecology residents, 2,638 (43.9%) are certain or likely to lack access to in-state abortion training.[4]

[4] Vinekar, Kavita MD, MPH; Karlapudi, Aishwarya BS; Nathan, Lauren MD; Turk, Jema K. PhD, MPA; Rible, Radhika MD, MSc; Steinauer, Jody MD, PhD Projected Implications of Overturning Roe v Wade on Abortion Training in U.S. Obstetrics and Gynecology Residency Programs, Obstetrics & Gynecology: April 27, 2022 - Volume - Issue - 10.1097/AOG.0000000000004832 doi: 10.1097/AOG.0000000000004832

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These conditions also cause higher patient volume in states like Illinois that protect abortion care access, which can in turn reduce training opportunities. Illinois is surrounded by states deemed hostile to abortion rights.[5] According to the most recent data from the Illinois Department of Public Health, 7,534 nonresidents received abortions in Illinois in 2019, compared with 5,528 in 2017 and 4,543 in 2016. A May 2018 study[6] 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.

Need for Training and Education in Telehealth: While telehealth care models emerged over the last decade as a promising strategy to broaden access to health care, few could have predicted the seismic shift to remote healthcare caused by the COVID-19 pandemic. And telehealth delivered, filling gaps between healthcare professionals and patients' homes – with 79 million Americans in rural and urban areas living in federally designated primary care Health Professional Shortage Areas,[7] telehealth offers the most promising strategy to expand access to care for unserved or underserved patient communities.

As Guttmacher Institute notes, "[i]nnovative telemedicine programs in states like Arkansas and South Carolina are helping connect pregnant patients with obstetrical and neonatal specialists, in coordination with their local health care providers. Examples from the maternal health arena demonstrate the potential of telehealth to expand access to a wide range of sexual and reproductive health care, including abortion care." Guttmacher reports on several innovative models around the country that are effectively delivering reproductive health care to underserved communities.[8]

As the telehealth industry continues to expand to meet surging demand, and hostility to reproductive health grows, training healthcare professionals in telehealth skills and experience has never been more urgent. The availability of telehealth training programs for providers has become a crucial factor in the success of telehealth during the COVID-19 pandemic.

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[5] E. Nash, Guttmacher Institute, Laws in Effect as of August 15, 2019.
[6] 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
[7] Bureau of Health Workforce, Health Resources and Services Administration, U.S. Department of Health and Human Services (HHS), Designated health professional shortage areas statistics: First quarter of fiscal year 2019 designated HPSA quarterly summary, 2018
[8] M. Donovan, Guttmacher Institute, Improving Access to Abortion Via Telehealth, 2019.