



# ROUTINE ABORTION TRAINING

## BENEFITS FOR RESIDENTS, PROGRAMS, AND PATIENTS

### MEDICAL TRAINING OVERVIEW

After medical school, most doctors continue their education for three to seven years to specialize in a particular field, such as obstetrics and gynecology (ob-gyn). This postgraduate training is called residency, and doctors-in-training are called residents.

During ob-gyn residency training, which in the United States lasts four years, education is organized into concentrated training blocks called rotations where residents learn skills necessary to become obstetrician-gynecologists.

### ABORTION IS COMMON & ROUTINE TRAINING IS CRITICAL

Abortion is one of the most common reproductive health care experiences in the United States, with **one in four women\*** having an **abortion** in their lifetimes. Nearly all **obstetrician-gynecologists** have **patients who need abortion care**, making it a critical skill that they must be trained to provide.

In 1996 the Accreditation Council for Graduate Medical Education (ACGME) – the official entity that accredits medical residency programs – **mandated routine abortion training** as a core educational requirement for ob-gyn training programs. Following the 2022 Supreme Court decision in *Dobbs v Jackson Women's Health Organization*, which revoked the constitutional right to abortion, the ACGME **required programs in jurisdictions where abortion training is unlawful to arrange clinical experience in locations where it remains legal**.

To help programs meet this important training requirement, Dr. Uta Landy created the **Kenneth J. Ryan Residency Training Program in Abortion and Family Planning** in 1999. The Ryan Program works directly with ob-gyn residency programs to integrate training in abortion and contraception care (family planning) as a required rotation. All programs establish or expand abortion services in their teaching hospitals and may also create new partnerships with local or out-of-state abortion clinics to train residents.

\*These data are limited to people who identify as women. We acknowledge that people who don't identify as women also have abortions and use contraception, and we emphasize the importance of training residents to provide patient-centered family planning care for all who need it.

 I learned so much about how to counsel people in an empathetic, supportive and just way. It's a true privilege to provide abortion care and is one of the most satisfying parts of residency thus far."

First-year Ryan Program resident

 Learning about the various management methods of early pregnancy loss and contraception counseling were incredibly helpful..."

Second-year Ryan Program resident

 It was by far the best rotation of my first year of residency. Amazing teaching, wonderful hands-on experience. I enjoyed working in different settings. I feel like I received good exposure to complex contraception counseling as well as abortion services of all types."

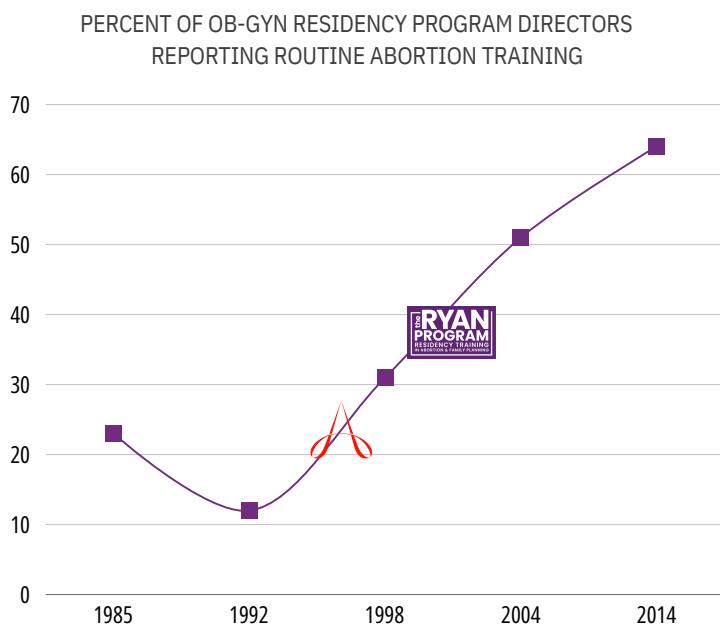
First-year Ryan Program resident

 ...I felt much more confident with my ultrasound and surgical management skills."

Second-year Ryan Program resident

Prior to the ACGME mandate, the proportion of programs reporting routine training had fallen from **23% in 1985** to **12% in 1992**. After the mandate and the creation of the Ryan Program, **routine training increased**.

However, it is still insufficient. A **2018 study** found that only 64% of ob-gyn residency program directors report routinely training their residents in abortion care.



## ROUTINE ABORTION TRAINING BENEFITS RESIDENTS

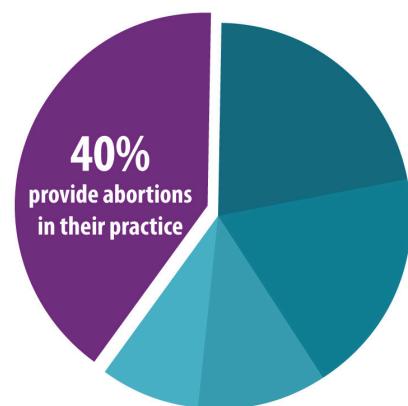
Residents at programs with routine training are more likely to be **competent in abortion care**, including 1st- trimester medication and aspiration abortion and 2nd- trimester dilation and evacuation, and in **all aspects of early pregnancy loss care**.

Routine abortion training also allows residents to develop important skills for caring for patients in other common clinical circumstances. These include counseling, contraception care, early pregnancy loss care, pain management in procedures, uterine examination, ultrasound, diagnosis and management of early pregnancy loss and fetal demise, and preventing and managing rare abortion complications.

## ROUTINE ABORTION TRAINING BENEFITS PATIENTS

Residents who receive routine abortion training are more likely to provide comprehensive reproductive health care after graduation, including **pregnancy options counseling, abortion referrals, abortion care, and comprehensive early pregnancy loss care**.

ABORTION PRACTICE OF RYAN RESIDENCY GRADUATE OB-GYN PHYSICIANS (N=464)



**60% do not provide abortion care for the following reasons:**

- Feel that abortion care is out of scope for their subspecialty (22%)
- Would provide abortion care if not restricted from doing so (19%)
- Have someone else in their practice who provides abortion care (11%)
- Choose to not provide abortion care (8%)

Nearly half (40%) of Ryan Program-trained obstetrician-gynecologists provide abortions in practice, and another **19% would** if not prohibited by their work.

## RESIDENTS WANT ROUTINE ABORTION TRAINING

Ob-gyn residents think that training is important. Residency program directors report that **82% of residents rank the family planning rotation higher** than other rotations, and Ryan-affiliated residencies report the affiliation has a **positive influence on resident recruitment**.

A **2021 study** found that 87% of ob-gyn residents with routine abortion training were satisfied with their family planning training. Only 40% of those in programs with optional training were satisfied, and 10% of residents with no training were satisfied.



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