# Politics v. Applicants: Effects of the *Roe v. Wade* Overturn on Prospective MFM Fellowship Applicants

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## ABSTRACT

**OBJECTIVE:** To assess how the overturn of *Roe v. Wade* affected decisions of Maternal-Fetal Medicine (MFM) fellowship applicants.

**METHODS:** This is a cross-sectional survey distributed to MFM fellowship applicants in the 2024 Match appointment cycle. The dual primary outcome was whether the overturn of *Roe v. Wade* affected the number and geographic distribution of MFM programs to which the applicants planned to apply and applicants' desire to receive dilation and evacuation (D&E) training during fellowship.

**RESULTS:** A total of 167 individuals applied to MFM fellowships in the 2024 Match appointment cycle. Thirty-seven applicants (22%) responded to our survey. Most identified as women (84%) and White (73%). While most participants planned to apply to the same number of programs (65%), 68% of participants planned to apply to fewer programs in abortion-restrictive states. Most participants (89%) were interested in receiving D&E training during fellowship.

**CONCLUSION:** These findings highlight the need for further assessment of how abortion restrictions impact MFM fellowship application, training, and practice.


**KEYWORDS**: Abortion; *Roe v. Wade*; Reproductive justice; Reproductive rights; MFM

## INTRODUCTION

Since the 2022 overturn of *Roe v. Wade* by the *Dobbs* decision, 21 US states either entirely ban or severely restrict abortion to earlier gestations (categorized hereafter as abortion-restrictive states). In order to continue providing reproductive healthcare in abortion-restrictive states, clinicians are forced to navigate these new laws while facing threats to their medical license, felony charges, or even prison sentences. This has led to an exodus of reproductive healthcare providers from abortion-restricted states and growing numbers and size of maternity-care deserts.[1]

These new restrictions changed not only clinical practice but medical education. Abortion bans created a dearth of abortion training opportunities for residencies and fellowships located within restricted states. As a result, residency applications to abortion-restrictive states declined 10.5% after the overturn of *Roe v. Wade* compared to the year prior.[2,3] Given roughly half of Graduate Medical Education graduates typically practice in the state where they trained,[4] the trends in obstetrics and gynecology (OB-GYN) residency preferences may affect the number of abortion providers in vulnerable regions for years to come.

Though the majority of abortions are performed during the first trimester by OB-GYNs, family medicine practitioners and advanced practice clinicians, Maternal Fetal Medicine (MFM) subspecialists have the unique ability to provide abortions for their patients with complex pregnancy complications that tend to occur beyond early gestational age restrictions (previable pre-labor rupture of membranes, fetal genetic and anatomic anomalies, complications of monochorionic twin pregnancies, critical maternal illness, etc.).[5] This requires advanced surgical skills in the form of dilation and evacuation (D&E) training that is typically obtained during OB-GYN residency or subsequent fellowships. While the initial impact of this legislative change on OB-GYN residency applications has been explored, the potential association between the overturn of *Roe v. Wade* and MFM fellowship application patterns remains unknown. We aimed to assess the extent to which the overturn of *Roe v. Wade* is associated with the application decisions of future MFM fellows.

## MATERIALS AND METHODS

We distributed a cross-sectional survey to prospective MFM fellowship candidates applying for the Match cycle conducted in 2023 for appointments beginning in 2024. Based on data reported by the National Resident Matching Program, we aimed to collect survey responses from the 167 individuals who applied to MFM fellowship in the 2024 Match appointment year cycle.[6] Basic participant demographic data was collected with each survey response. We sent the survey link to US OB-GYN residency program directors to distribute to those planning to apply into MFM for the 2024 appointment year (typically physicians completing postgraduate year 3 or postgraduate year 4 of residency training). Additionally, we circulated the survey electronically to all Society for Maternal Fetal Medicine members in March 2023. The dual primary outcome of this study was changes

**Table 1.** Participant demographic characteristics

| | n = 37 (%) |
|---|---|
| **Age** | |
| 26–30 years | 23 (62%) |
| 31–35 years | 14 (38%) |
| **Gender** | |
| Woman | 31 (84%) |
| Man | 6 (16%) |
| Transgender woman/man/nonbinary/other/ prefer not to respond | 0 (0%) |
| **Race** | |
| American Indian/Alaska Native | 0 (0%) |
| Asian | 5 (14%) |
| Black/African American | 3 (8%) |
| Native Hawaiian or Other Pacific Islander | 0 (0%) |
| White | 27 (73%) |
| Other | 2 (5%) |
| Hispanic/Latino ethnicity | 4 (11%) |
| **Year in training** | |
| Post-graduate year 3 | 30 (81%) |
| Post-graduate year 4 | 4 (11%) |
| Other | 3 (8%) |
| **Hometown location** | |
| Northwest | 3 (8%) |
| Southwest | 5 (14%) |
| Midwest | 9 (24%) |
| Northeast | 11 (30%) |
| Southeast | 5 (14%) |
| Outside the US | 4 (11%) |
| **Residency program location** | |
| Northwest | 1 (3%) |
| Southwest | 3 (8%) |
| Midwest | 15 (42%) |
| Northeast | 13 (36%) |
| Southeast | 4 (11%) |

to the number and geographic distribution of MFM programs to which the applicants planned to apply, as well as applicants' desires to receive D&E training during MFM fellowship. To achieve these outcomes, we developed a novel survey with questions that would characterize changes in the applicants' intentions with respect to the impact of abortion restrictions on their decision-making. The survey data was anonymous; thus, we obtained a waiver of consent from our institution's IRB (WHI 23-0013).

**Table 2.** Survey questions and responses

| | n = 37 (%) |
|---|---|
| **Has the overturn of Roe affected how you are planning to apply into MFM fellowship?** | |
| Yes | 21 (57%) |
| No | 12 (32%) |
| Unsure | 4 (11%) |
| **Overall, I plan to apply to:** | |
| Fewer programs | 6 (16%) |
| More programs | 7 (19%) |
| The same number of programs | 24 (65%) |
| **When considering applying to fellowships in abortion-restrictive states, I plan to apply to:** | |
| Fewer programs | 25 (68%) |
| More programs | 1 (3%) |
| The same number of programs | 11 (30%) |
| **When considering applying to fellowships in abortion-accessible states, I plan to apply to:** | |
| Fewer programs | 1 (3%) |
| More programs | 18 (49%) |
| The same number of programs | 18 (49%) |
| **What types of abortion education/training have you received in residency (select all that apply):** | |
| Medical management of abortion | 36 (97%) |
| Manual vacuum aspiration | 37 (100%) |
| Suction dilation & curettage | 36 (97%) |
| Dilation & evaluation | 33 (89%) |
| **Are you interested in receiving dilation & evacuation training during your fellowship?** | |
| Yes | 32 (87%) |
| No | 3 (8%) |
| Undecided | 2 (5%) |

## RESULTS

Of the 167 MFM Fellowship applicants, we received a representative sample of 37 survey responses (22%). Most participants identified as women (85%), 30 years or younger (62%), and White (73%) [**Table 1**]. Each region of the US was represented with respect to participants' hometown; however, most survey participants were undergoing training in the Midwest (9) or the Northeast (11).

The overturn of *Roe v. Wade* was associated with changes in MFM fellowship applicant decisions based on survey responses [**Table 2**]. Specifically, though the majority of participants planned to apply to the same number of programs (24), 25 participants planned to apply to fewer programs located in abortion-restrictive states, and 18 participants planned to apply to more programs in abortion-accessible states. Furthermore, most participants (33) expressed interest in receiving D&E training during MFM fellowship.

## DISCUSSION AND CONCLUSIONS

These survey results highlight potential impacts that abortion restrictions can impose on future MFM fellowship applicants. While many factors may contribute to applicants' decisions on how to apply, there appear to be personal and professional motivations tied to the accessibility of abortion care. MFM fellowship applicants may disproportionately avoid seeking training in abortion-restrictive states where D&E training is limited, thus leaving programs in restricted states with fewer candidates from which to select potential fellows. Our findings suggest that MFM fellowship programs may benefit from directly addressing and securing the ability to access D&E training during MFM fellowship in order to attract more candidates.

The low survey response serves as a limitation in drawing significant conclusions and introduces the risk of selection and sampling bias. With this method of survey distribution, program directors could choose whether to circulate the survey and applicants who chose to respond to the survey may have been more committed to opinions on abortion care based on their personal values or current training. Therefore, additional larger studies are needed to further assess the impact of the *Dobbs* decision on MFM fellowship application, training, and practice. As abortion care accessibility in the US declines, these findings point to potential long-term implications for the future of reproductive health practices and the availability of clinicians capable of providing advanced abortion procedures, including MFM subspecialists. As MFM fellows are future leaders within the field, further investigation should be conducted to assess the impact of abortion restrictions on MFM fellowship graduates as they seek employment after fellowship.

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