Expanding Abortion Training: Interest, Experience and Comfort in Abortion Care Among Family Medicine, Emergency Medicine, Internal Medicine and Pediatrics Residents

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ABSTRACT

BACKGROUND: Primary care and emergency medicine physicians may encounter patients who are seeking abortions, require miscarriage management or post-abortion care. Yet, little is known about their respective abortion training.

OBJECTIVE: We aimed to elucidate the interest and experience in abortion care among non-obstetrics/gynecology (OBGYN) residents.

METHODS: We conducted a cross-sectional survey of residents in family medicine, emergency medicine, internal medicine and pediatrics at a single academic institution in 2023–2024, evaluating interest and experience in abortion provision. Descriptive statistics were used for categorical variables, and comparisons were made via chi-square testing.

RESULTS: 104 out of 297 residents completed the survey (26 family medicine; 22 emergency medicine; 36 internal medicine; 20 pediatrics; 35% response rate). The majority (94%) thought abortion should be legal in all or most cases, and 90% were interested in learning more about abortion provision. A majority were interested in being trained to provide medication abortions (87%), counsel on pregnancy options (94%), manage abortion complications (95%) and learn more about abortion policies (92%). A majority thought their patients would be interested in accessing abortion care in their primary care offices (88%) or the emergency room (86%). Despite significant interest, experience in abortion care was minimal; the majority reported never prescribing medications (71%) or performing manual vacuum aspirations (88%) for abortion or miscarriage management.

CONCLUSIONS: While interest in abortion provision is high among residents in specialties beyond OBGYN, experience is limited. This represents an opportunity for expanded education and training in abortion care among these specialties.

KEYWORDS: abortion; medical education; primary care; emergency medicine; pregnancy

INTRODUCTION

The overturning of *Roe v. Wade* with the *Dobbs v. Jackson* decision changed the landscape of abortion provision overnight in the United States (US). It not only raised significant concerns about patient access to abortion and reproductive health care more generally, but also has significant implications on medical training. Concerns have arisen that trainees in the wake of *Dobbs* will lack experience in abortion provision and the surrounding services including comprehensive options counseling and referrals, evaluating complications related to abortion and helping care for people who have self-managed their abortions.[1]

While these changes impact trainees in obstetrics and gynecology (OBGYN), trainees in primary care fields such as family medicine, internal medicine and pediatrics, and emergency medicine are affected as well. These specialties also encounter patients seeking abortions, requiring miscarriage management or presenting for care after abortions.[1,2] In fact, early pregnancy loss accounts for an estimated 900,000 emergency room visits annually in the US,[3] and in most places, emergency medicine physicians evaluate all pregnancy complications under 20 weeks gestational age. Similarly, primary care physicians may be the first provider patients see in early pregnancy and many family medicine physicians provide reproductive and obstetrical care.

There are growing calls for providers outside of OBGYN to be trained in early pregnancy care and abortion to help facilitate appropriate care in the changing landscape post-*Roe*.[1,2] Since *Dobbs* was decided in June 2022, the American Academy of Family Physicians,[5] the American Academy of Pediatrics,[6] the American College of Emergency Physicians,[7] and the American College of Physicians[8] have all issued policy statements supporting the right to abortion as part of reproductive health care. Additionally, a growing number of scholarly articles have urged physicians in internal medicine, emergency medicine, family medicine and pediatrics to be involved in not only the advocacy efforts surrounding abortion access,[4] but also to incorporate abortion care and family planning services more broadly into their scope of practice.[9-16]

This will likely necessitate expanded training in abortion care among these specialties. Yet, little is known about the training that specialties outside of OBGYN receive in early pregnancy care and abortion, and how interested those

specialties are in caring for these patients. Given the lack of literature on this topic, we aimed to elucidate the interest, comfort level and experience in abortion care among non-OBGYN residents at one academic institution in the Northeast. We hypothesized that most respondents would have little experience in abortion care, but most would be interested in learning more about abortion provision.

METHODS

We conducted a cross-sectional survey of all Brown University affiliated residents in family medicine (FM), emergency medicine (EM), internal medicine (IM) and pediatrics (PEDS). This included seven respondents in a dual IM/PEDS residency, who were grouped with the IM residents for subgroup data analysis. Of note, the FM program is a RHEDI (Reproductive Health Education in Family Medicine) program which offers integrated abortion training to their residents.[17] Additionally, all FM and EM residents rotate through Women and Infants Hospital emergency room, which specializes in OBGYN care including exposure to management of spontaneous abortions and post-abortion care.

A survey was created based on assessing three domains within abortion and early pregnancy care—interest, experience and comfort level. Comfort level and interest were assessed using 4-point Likert scales, from very comfortable to very uncomfortable and from very interested to not at all interested. Experience was assessed by asking respondents to quantify the approximate number of times they had encountered various clinical situations. We also elicited perspectives on abortion care legality and access. The survey was face validity tested with five residents at other institutions in the aforementioned specialties before being deployed; these results were not included in the analysis.

Eligible residents were emailed three invitations to participate, from December 2023 to January 2024. This allowed all respondents to have completed at least five months of residency. This voluntary, anonymous survey was administered by REDCap and approved by the Care New England Institutional Review Board (#1990346). Descriptive statistics were used for categorical variables, and comparisons were made via chi-square testing with significance set at $p < 0.05$.

RESULTS

Response rate and sample characteristics

One hundred and four out of 297 residents emailed completed the survey (35% response rate). This included 26 FM, 22 EM, 36 IM and 20 PEDS residents with 54, 42, 31, 20% response rates respectively. Respondents were representative of all postgraduate years (PGY), with 25% PGY1s, 35% PGY2s, 34% PGY3s, 6% PGY4s (for applicable specialties) and 1% unspecified. The majority of residents thought abortion should be legal in all (74%) or most (20%) cases, with the minority selecting that abortion should be legal only in select cases (2%), illegal (1%) or preferring not to answer (3%) [**Table 1**].

Table 1. Demographic Characteristics of Respondents

Characteristics	Respondents (n = 104)
Specialty	
Family medicine (FM)	26 (25%)
Emergency Medicine (EM)	22 (21%)
Internal Medicine* (IM)	36 (35%)
Pediatrics (PEDS)	20 (19%)
Postgraduate Year (PGY)	
PGY1	26 (25%)
PGY2	36 (35%)
PGY3	35 (34%)
PGY4	6 (6%)
Unspecified	1 (1%)
Personal opinion on abortion:	
Abortion should be legal in…	
All cases	77 (74%)
Most cases	21 (20%)
Only select cases	2 (2%)
Illegal	1 (1%)
Prefer not to answer	3 (3%)

* Includes residents in combined medicine-pediatrics residency program
Study conducted at Brown University Affiliated residency programs (2023).

Interest in Abortion Care

The majority of all respondents (90%) were very or somewhat interested in learning more about abortion provision. Additionally, the majority of residents thought their patients would be very or somewhat interested in accessing abortion care in their primary care offices (96% for FM, 89% for IM, 79% for PEDS) or in the emergency room (86% for EM) [**Figure 1**]. There were no significant differences by specialty as to how interested respondents thought patients would be in accessing abortion care in their location of work.

Specifically, residents were most interested in learning more about pregnancy options counseling (very 74%,

Figure 1. Interest in abortion care among 104 residents in Family Medicine (FM), Emergency Medicine (EM), Internal Medicine (IM) and pediatrics (PEDS) at Brown University affiliated programs (2023).

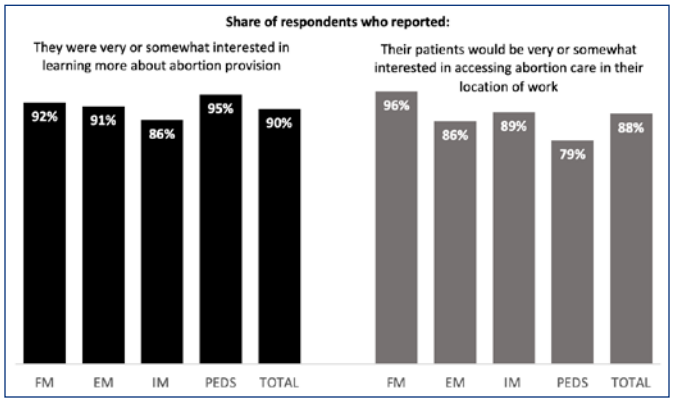

Table 2. Interest in abortion care among family medicine, emergency medicine, internal medicine and pediatrics residents

Respondents who were very or somewhat interested in learning more about:	Total n = 104	FM n = 26	EM n = 22	IM n = 36	PEDS n = 20	p-value
Abortion provision	**94 (90%)**	24 (92%)	20 (91%)	31 (86%)	19 (95%)	0.709
How to counsel patients on pregnancy options	**98 (94%)**	25 (96%)	22 (100%)	31 (86%)	20 (100%)	0.187
Becoming trained in prescribing medication abortions	**90 (87%)**	25 (96%)	21 (96%)	28 (78%)	16 (80%)	0.060
Becoming trained in manual vacuum aspiration	**51 (49%)**	22 (85%)	11 (50%)	14 (39%)	4 (20%)	<0.001
How to identify and manage complications arising from an abortion	**99 (95%)**	24 (92%)	22 (100%)	35 (97%)	18 (90%)	0.277
Self-managed abortions	**87 (93%)**	24 (92%)	21 (96%)	28 (78%)	14 (70%)	0.050
State and federal policies regarding abortion	**95 (91%)**	24 (92%)	20 (91%)	31 (86%)	20 (100%)	0.193

FM = family medicine. EM = emergency medicine. IM = internal medicine. PEDS = pediatrics.
Study conducted at Brown University Affiliated residency programs (2023).

somewhat 20%), how to identify and manage complications from an abortion (very 74%, somewhat 21%) and becoming trained in prescribing medication abortions (very 60%, somewhat 27%). There was also significant interest in learning more about self-managed abortions (very 51%, somewhat 33%) and state and federal policies regarding abortion (very 57%, somewhat 35%). Fewer residents (49%) were interested in being trained in performing manual vacuum aspirations, with the exception of FM where most residents were interested in this training (very 62%, somewhat 23%) [**Table 2**].

Some significant differences were found between the various medical subspecialties. Respondents in family medicine were more likely than those in internal medicine and pediatrics to be very or somewhat interested in being trained in manual vacuum aspiration (FM 85%, EM 50%, IM 39%, PEDS 20%, p <0.001). However, there were no significant differences by specialty regarding how interested respondents were in learning more about abortion provision in general, being trained in medication abortion, options counseling, identifying and managing abortion complications and abortion policy [**Table 2**].

Experience and Comfort Level

Experience taking care of patients in early pregnancy was limited among the sampled residents. During medical training, the majority of respondents reported they had never prescribed medications for a termination of pregnancy or miscarriage management (71%), nor performed a manual vacuum aspiration for any indication (88%). Most had never cared for a patient who disclosed a self-managed abortion (77%), and the majority reported five or fewer experiences caring for patients seeking an abortion or unsure of how they wanted to proceed with their pregnancy (76%) or patients with potential complications after an abortion (91%).

Most reported receiving training in abortion care and miscarriage management through medical school didactics (69%), with fewer receiving any training in residency didactics (40%) or standard clinical rotations during residency (39%). Some (8%) reported no exposure to this training at all.

While all specialties had limited experience in abortion care, family medicine respondents were more likely than all other specialties to report having ever prescribed medications for abortion or miscarriage management (FM 77%, EM 18%, IM 14%, PEDS 5%, p <0.001). Respondents in family medicine were also significantly more likely than those in internal medicine and pediatrics to have ever performed a manual vacuum aspiration (FM 35%, EM 9%, IM 3%, PEDS 5%, p 0.002) or cared for a patient with potential complications from an abortion (FM 81%, EM 77%, IM 31%, PEDS 20%, p <0.001) [**Table 3**].

Assessment of subjective comfort level revealed that a

Table 3. Experience in abortion and early pregnancy care among family medicine, emergency medicine, internal medicine and pediatrics residents

Respondents who had *ever:*	Total n = 104	FM n = 26	EM n = 22	IM n = 36	PEDS n = 20	p-value
Cared for a patient seeking an abortion or unsure of how they want to proceed with their pregnancy	**76 (73%)**	25 (96%)	17 (77%)	21 (58%)	13 (65%)	0.003
Cared for a patient with potential complications after an abortion	**53 (51%)**	21 (81%)	17 (77%)	11 (31%)	4 (20%)	<0.001
Cared for a patient who disclosed a self-managed abortion	**24 (23%)**	11 (42%)	7 (32%)	6 (17%)	0 (0%)	n/a
Prescribed medications for an abortion (either for a miscarriage or termination)	**30 (29%)**	20 (77%)	4 (18%)	5 (14%)	1 (5%)	<0.001
Performed a manual vacuum aspiration	**13 (13%)**	9 (35%)	2 (9%)	1 (3%)	1 (5%)	0.002

FM = family medicine. EM = emergency medicine. IM = internal medicine. PEDS = pediatrics.
Study conducted at Brown University Affiliated residency programs (2023).
P-value not calculated if value was 0%

Table 4. Comfort level in abortion and early pregnancy care among family medicine, emergency medicine, internal medicine and pediatrics residents

Respondents who feel very or somewhat comfortable:	Total n = 104	FM n = 26	EM n = 22	IM n = 36	PEDS n = 20	p-value
Determining a patient's gestational age	**64 (62%)**	24 (92%)	17 (77%)	16 (44%)	7 (35%)	<0.001
Confirming an intrauterine pregnancy	**62 (60%)**	24 (92%)	19 (86%)	16 (44%)	3 (15%)	<0.001
Providing options counseling	**65 (63%)**	22 (85%)	13 (59%)	19 (53%)	11 (55%)	0.058
Performing a pelvic exam if clinically indicated	**67 (64%)**	23 (89%)	21 (96%)	14 (39%)	9 (45%)	<0.001
Knowing where to refer patients for an abortion	**56 (54%)**	19 (73%)	11 (50%)	15 (42%)	11 (55%)	0.104
Explaining the differences between medication and procedural abortions	**70 (67%)**	25 (96%)	15 (68%)	19 (53%)	11 (55%)	0.002
Explaining the risks of abortion versus the risks of continuing a pregnancy	**53 (51%)**	23 (89%)	9 (41%)	14 (39%)	7 (35%)	0.104
Prescribing medication for an abortion	**39 (38%)**	20 (77%)	4 (18%)	13 (36%)	2 (10%)	<0.001
Performing a manual vacuum aspiration	**0 (0%)**	0 (0%)	0 (0%)	0 (0%)	0 (0%)	n/a
Assessing for retained products of conception	**22 (21%)**	10 (39%)	12 (55%)	0 (0%)	0 (0%)	n/a
Assessing bleeding after an abortion	**28 (27%)**	16 (62%)	10 (46%)	2 (6%)	0 (0%)	<0.001
Assessing for signs of infection after an abortion	**60 (58%)**	21 (81%)	18 (82%)	15 (42%)	6 (30%)	<0.001
Caring for a patient who reports a self- managed abortion … from a clinical perspective	**25 (24%)**	11 (42%)	7 (33%)	7 (19%)	0 (0%)	n/a
… from a legal perspective	**54 (52%)**	15 (58%)	16 (76%)	16 (44%)	7 (35%)	0.038

Comparison group excluded if value was 0% and did not calculate p-value if more than one value was 0. Study conducted at Brown University Affiliated residency programs (2023).
FM = family medicine. EM = emergency medicine. IM = internal medicine. PEDS = pediatrics.

minority of respondents felt very comfortable with basic skills like performing a pelvic exam (33%), determining gestational age (22%), confirming an intrauterine pregnancy (21%), providing options counseling (24%), explaining the differences between medication and procedural abortions (23%) and knowing where to refer for an abortion (19%). Even fewer felt very comfortable assessing for complications after an abortion like retained products (7%), bleeding (7%) and infection (18%). Few respondents (12%) felt very comfortable prescribing medications for an abortion and no one (0%) felt very or somewhat comfortable performing manual vacuum aspirations.

Family medicine respondents were more likely than those in internal medicine and pediatrics to report they were very or somewhat comfortable with determining gestational age (FM 92%, EM 77%, IM 44%, PEDS 35%, p <0.001), confirming an intrauterine pregnancy (FM 92%, EM 86%, IM 44%, PEDS 15%, p <0.001), performing pelvic exams (FM 89%, EM 96%, IM 39%, PEDS 45%, p <0.001), assessing for bleeding (FM 62%, EM 46%, IM 6%, PEDS 0%, p <0.001) and assessing for infection after an abortion (FM 81%, EM 82%, IM 42%, PEDS 30%, p <0.001) [**Table 4**].

DISCUSSION

Our study reveals significant interest among residents in a variety of primary care specialties and emergency medicine in learning more about abortion care. The majority of respondents were very or somewhat interested in learning about abortion provision in general, and specifically interested in learning to provide medication abortions. To date, there are a few studies investigating interest in abortion care among primary care and emergency medicine specialties to compare our data. A survey of 30 residents and 22 attendings from the Albert Einstein Primary Care Social Medicine Program found that almost all respondents desired training in options counseling (100%) and medication abortion (96%), yet most felt uncomfortable with the basic skill of determining gestational age for patients (68%).[18] Another study by Wolgemuth et al surveyed 121 internal medicine attendings and trainees at a large academic center in Pennsylvania and found that 67% of trainees were interested in providing medication abortions in the future.[19]

In addition to personal interest in abortion provision, surveyed residents also reported high perceived interest among their patients for accessing abortion care in their respective locations of work, either in primary care offices or emergency rooms. Winsor et al reported that 100% of primary care residents and 96% of attendings surveyed thought patients would like access to medication abortion in their clinic.[18] Additionally, a patient facing study of 90 reproductive age women in the waiting room of an urban academic internal medicine clinic found that 68% of women thought the clinic should offer medication abortion; of those who reported they were open to having an abortion, 87% reported they would be interested in receiving this care from their

primary care doctor.[20] This suggests patients may be receptive to receiving abortion care from primary care providers, however the acceptability of receiving these services in primary care offices and emergency rooms is an understudied concept worth further exploration.

Despite significant personal and perceived patient interest in expanded training in abortion care, our study found that residents in the studied specialties had little experience in the field. This conclusion falls in line with existing research. Of all specialties surveyed, family medicine traditionally has had the most training in reproductive health, and yet a national survey of US family physicians found that just 3% provide terminations,[21] and a national survey of FM program directors and chief residents found abortion training was uncommon among FM residents.[22] Reproductive health training is even less standardized in internal medicine, pediatrics and emergency medicine. A national survey of 430 adolescent medicine providers found only 32% of respondents have what was deemed "very good" knowledge of medication abortions, meaning they understood the incidence, indications, safety, efficacy and rates of complications.[23]

Lack of training in reproductive health likely poses one of the biggest challenges to trainees in primary care and emergency medicine participating in abortion provision. Wolgemuth et al found 70% of internal medicine physicians cited limited training in residency as a barrier to medication abortion provision.[19] That said, a few studies have shown that support from OBGYN colleagues and tailored educational interventions can help support providers in these specialties in expanding scope of practice regarding early pregnancy care and abortion.[24,25] Other barriers to providing abortion care among these specialties include lack of administrative and community support, restrictive state and federal laws specifically aimed at limiting scope of practice and the Emergency Medical Treatment and Active Labor Act (EMTALA), ongoing abortion stigma in workplaces and insurance challenges.[1,11,24,26,27] Realistically, therefore, there remain several barriers to providing this care.

Our study has several limitations, namely generalizability. Our study is limited by its sample size, representing residents in just one hospital system, within a state with protective abortion policies. This limits our ability to generalize to other residency programs, particularly in states with more hostile abortion policies. Our comparative statistics are also reported with caution, as our sample size lends us to less confidence in the reproducibility of our results. While our study provides important information about the interest level in abortion care among residents in internal medicine, emergency medicine, family medicine and pediatrics at our institution, we still lack nationally representative data on this topic. We also acknowledge that response bias likely increased perceived interest in abortion care among this sample, as we presume those interested in abortion were more likely to respond to our survey. While our response rate is somewhat low, it is on par with most physician surveys and we believe still provides an adequate sample for our needs assessment.[28]

While our study is small, our study provides novel evidence that trainees in multiple specialties voice interest in learning more about abortion care. This has potential implications on medical training, at several levels of learning including medical school, residency and continuing medical education. While providers in these various specialties may not ultimately provide abortions themselves, having a workforce trained and competent in supporting people as they navigate early pregnancy is important, including offering thorough options counseling, appropriate referrals and being able to assess for complications should patients present to emergency rooms or primary care offices seeking this care.[29] At our institution, these survey results will serve as a needs assessment as we embark on expanding educational opportunities in abortion training for residents in these four specialties.

CONCLUSIONS

Many residents in specialties beyond OBGYN are interested in training in abortion care, and think their patients would be interested in accessing abortion care in their primary care offices and the emergency room. At present, however, comfort level and experience in abortion provision is limited. This represents an opportunity for expanded training in abortion care among these specialties.

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Disclosures

None

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