UCI Program in Public Health

Panel on Local Reproductive Health Landscape

Dobbs Effect on Training & Care in Academics

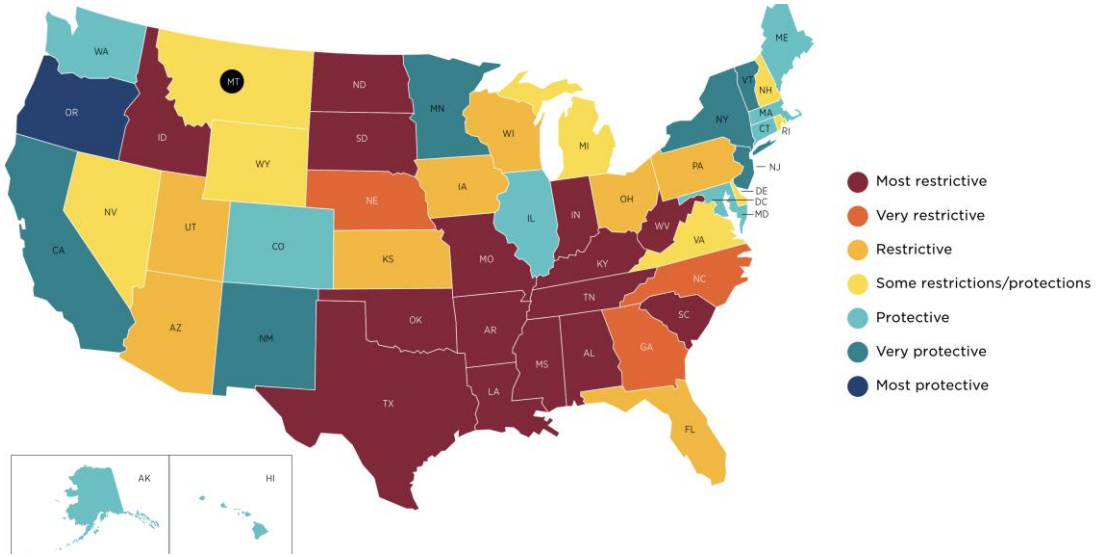
- Tabetha Harken, MD, MPH
- Professor of Obstetrics & Gynecology
- Division Director Complex Family Planning
- Ryan Residency Training Director

UCI Program in Public Health

Impact on training and care in academics

Locally

Nationally



Lay of the Land Pre-Dobbs

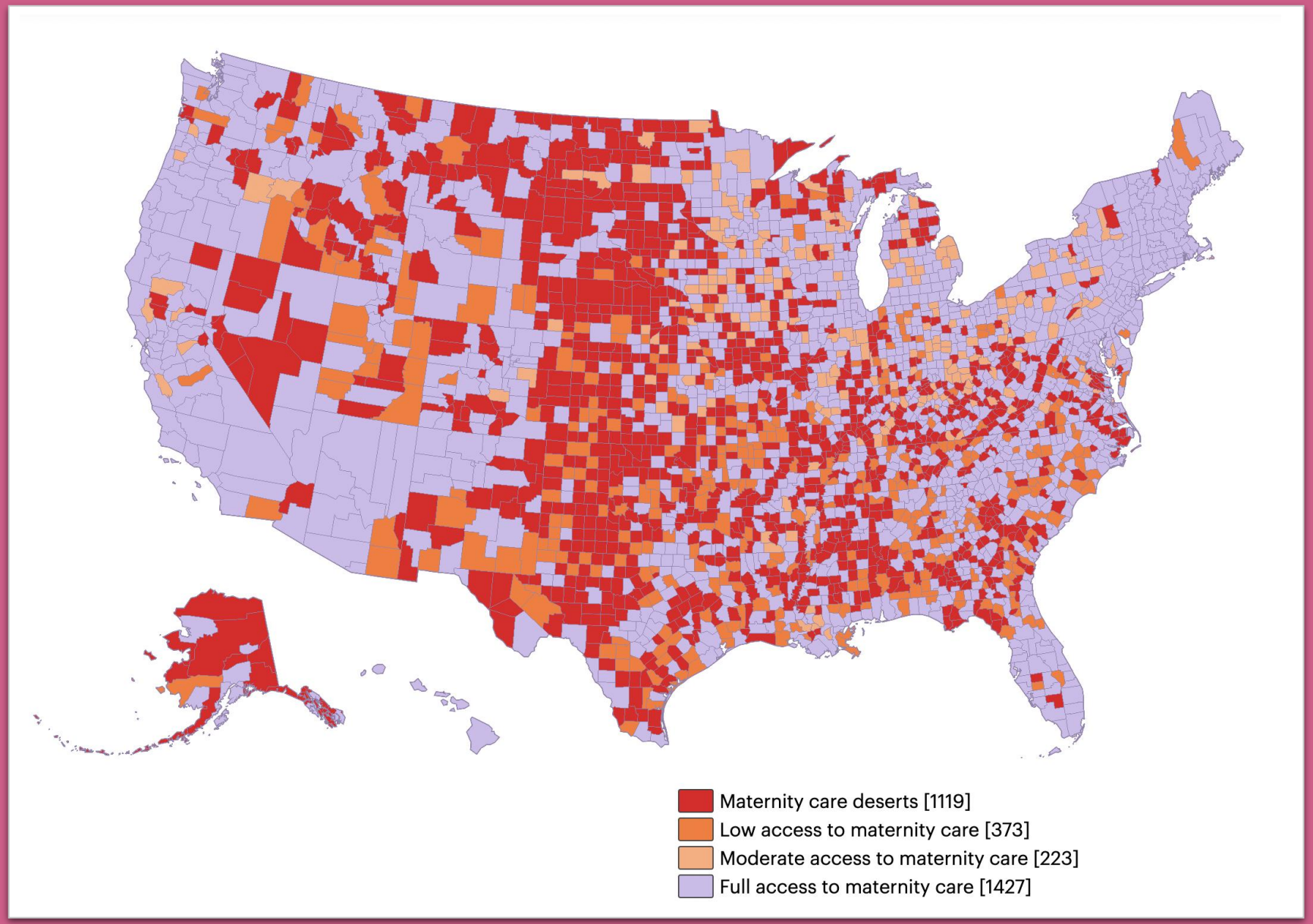
- Field of obstetrics-gynecology was already experiencing shortages
- Long hours, unpredictable calls, and prolonged call shifts
- Lower pay and higher malpractice insurance fees compared with other specialties

- COVID

- **High Burnout**

Workforce shortages

- 2.2 million women live in maternity deserts
- 4.7 million more live in areas with limited access



Maternity Care Deserts 2020

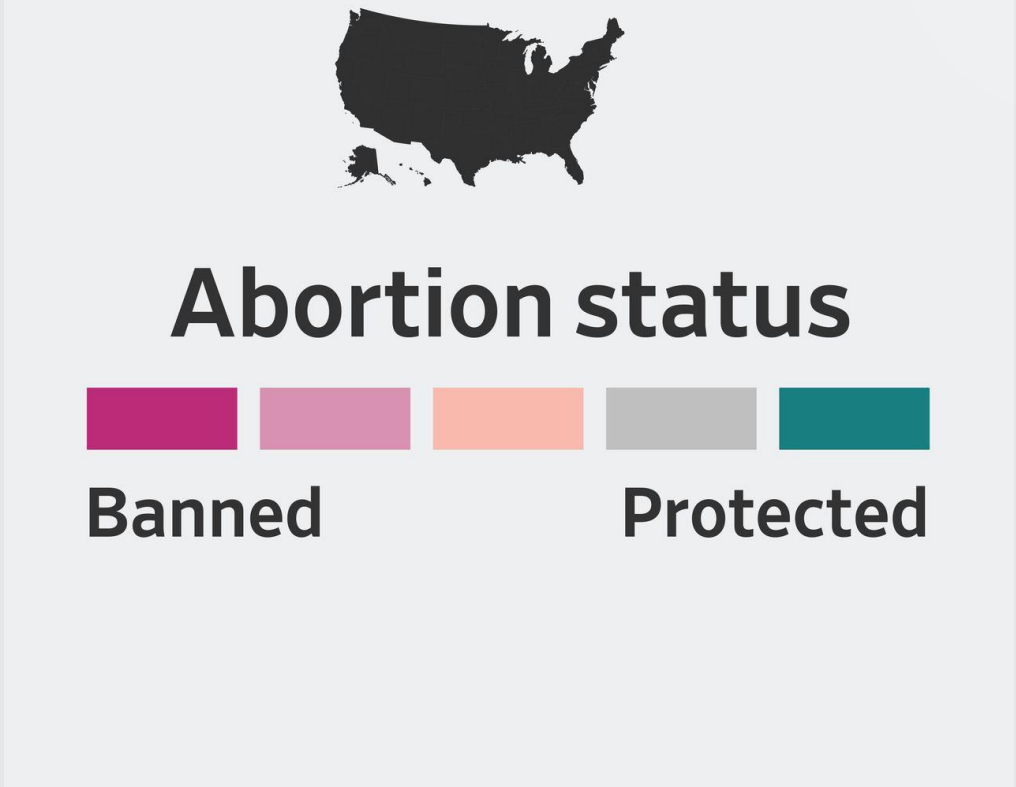
Source: U.S. Health Resources and Services Administration (HRSA), Area Health Resources Files, 2021

Those who are left

Have more patients to care for and are primed for burnout

Then Dobbs hit

- Invades the Patient- Provider relationship
- Interferes with the ability to provide evidence-based care
- Risks legal punishment



Abortions are often life-saving interventions

When is a mom sick enough to merit an abortion

21 weeker with eclampsia

10 weeker with cardiomyopathy coded with D&C

18 weeker with brain tumor needing chemo

23 weeker with HELLP and platelets of 20

15 weeker with placenta percreta

5 weeker with large fibroids and hgb of 7

Cornual ectopic oversown and ruptured and presented with hemoperitoneum

16 weeker with partial molar pregnancy

17 weeker with cervical ectopic pregnancy

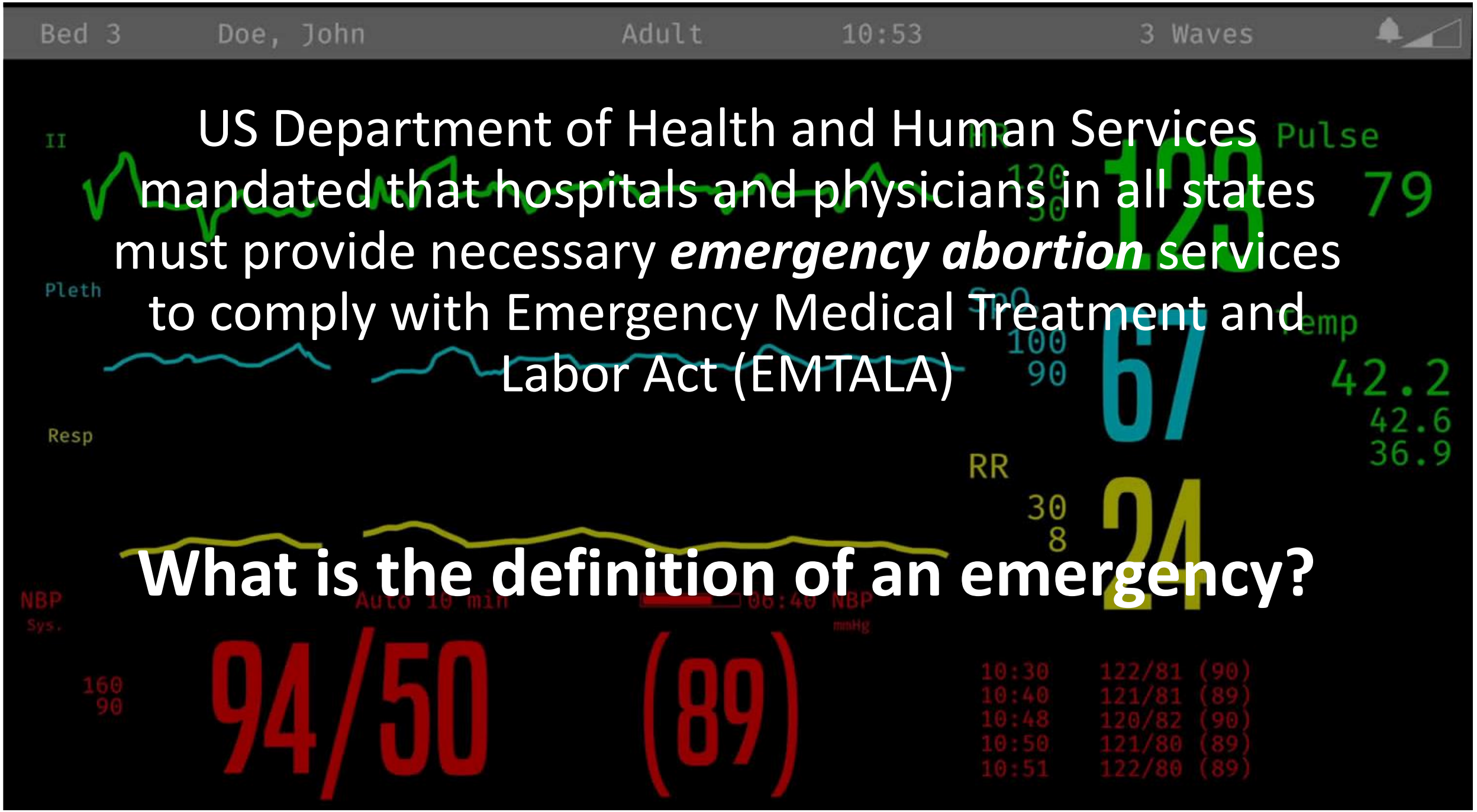
21weeker with Lupus and pulmonary hemorrhage

21 weeker with twin PPROM and sepsis

Law & Medicine

- Nonmedical language and undefined terminology in many restrictive laws further confuses and results in delays in the management of high risk pregnancies
- Violation of criminal laws is not covered by malpractice insurance

Bauer C, Jackson A. J Grad Med Educ, Jun 2023



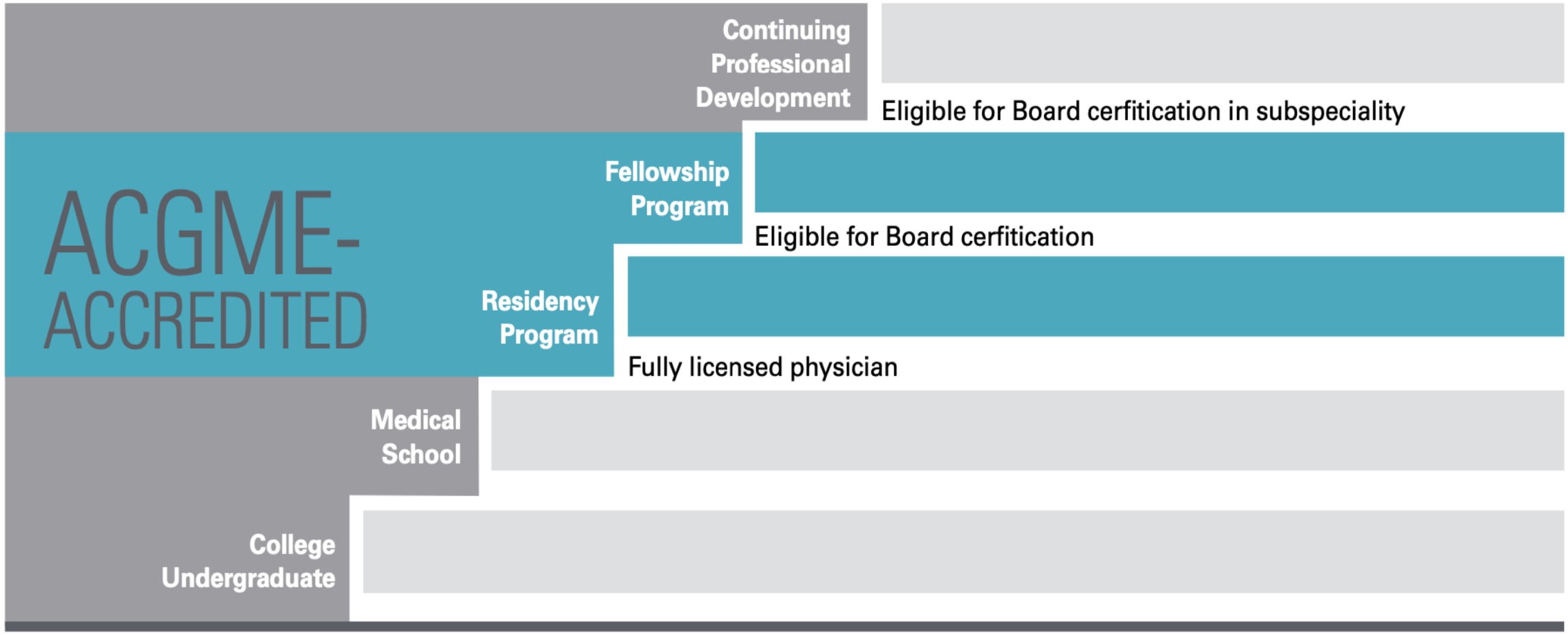
US Department of Health and Human Services mandated that hospitals and physicians in all states must provide necessary ***emergency abortion*** services to comply with Emergency Medical Treatment and Labor Act (EMTALA)

What is the definition of an emergency?

“What if I lost my license? What would happen to our kids if I went to jail? What about my guilt if I didn’t help a sick patient to my fullest ability? It was a nightmare.”

-Kylie Cooper, MFM

Pipeline to practice:
The steps to becoming a doctor



Impact of Dobbs on Medical School education

Accrediting bodies for medical schools do not set specific requirements to teach abortion and contraception

States may influence curricula

University of Idaho counseled faculty to “avoid language that could be seen as promoting abortion”

Morin A, Finocchio L, Fox A, Manat Health. Oct 2022

Survey of medical students

- 58% of respondents said they are unlikely to apply to a residency program located in a state with abortion restrictions.
- Students across all specialties are influenced by state abortion laws

Traub A, Aaron B. Obstetrics and gynecology May 2023

Conscientious Objection

No flipside increase in antichoice applicants

More medical school and residency applicants than training slots

- States with bans may still fill
- The bans may affect the ***quality*** of trainees it attracts

ACGME Program Requirements for Graduate Medical Education in Obstetrics and Gynecology
Summary and Impact of Interim Requirement Revisions

Requirement #: **IV.C.7.- IV.C.7.e).(3)**

Requirement Revision (significant change only):

IV.C.7. Family Planning

IV.C.7.a) ~~Programs must provide training or access to training in the provision of abortions, and this must be part of the planned curriculum.~~ Programs must provide didactic activities and clinical experience in comprehensive family planning. (Core)

IV.C.7.b) Residents must have didactic activities and clinical experience in all forms of contraception. ~~Residents who have a religious or moral objection may opt out and must not be required to participate in training in or performing induced abortions.~~ (Core) [Moved to IV.C.7.e).(1)]

IV.C.7.c) ~~Programs must ensure residents' clinical experience includes involvement~~ Residents must be involved in educating patients on the surgical and medical therapeutic ~~options~~ methods related to the provision of abortions. (Core)

IV.C.7.d) Residents must participate in the management of complications of abortions. (Core)

OB/GYN Resident education

- Programs in states where abortion is illegal must still train their residents - often in alternative states
- No plan for financial or logistical support
- Can existing programs accommodate the increased volume of trainees

Financial burden and capacity constraints for out-of-state completion of abortion training

Risk of accreditation loss

Decreased capacity of OB/GYN residency programs nationally

Suboptimal training experience for residents

Morin A, Finocchio L, Fox A, Manat Health. Oct 2022

Impact of Dobbs on Women's Health

- 42% of OB/GYN residents are in programs where abortion is illegal or soon to be illegal
- In less than 10 years, 5,000 new OB/GYNs will graduate and enter the workforce without training in abortion

Maternity care deserts + Abortion Knowledge deserts

Often overlap

Morin A, Finocchio L, Fox A, Manat Health. Oct 2022

Doctors are also patients sometimes

- 86% of OB/GYN residents and fellows are Female
- Are they willing to train in states where they can not get services themselves?

Federally Qualified Health centers

- Federally funded nonprofit health centers
- Serve medically underserved populations
- Subsidized services
- Most trainees work in these clinics
- Integral to education and care

I certainly would like to prevent, if I could legally, anybody having an abortion, a rich woman, a middle-class woman, or a poor woman. Unfortunately, the only vehicle available is the...Medicaid bill.

Federally Qualified Health centers: The Hyde Amendment

- 1977 Bans federal Medicaid funding for abortion except
  - results from rape or incest
  - endangers the life of the woman.

Hyde & Federally Qualified Health Centers (FQHC's)

- Perfect venue for providing family planning care
- Complicated and difficult to implement

What has been the impact locally?

- No massive changes
- Trainees and Patients from out of state
- Dobbs Galvanized –
  - the anti-choice physicians and staff
  - the pro-choice physicians and staff
- Demoralized and repelled some for OB/GYN
- Invigorated and attracted others

Dobbs vs. Jackson Women's Health Organization
Impact on Providers and Patients

Janet Jacobson, MD MS (she/her)

Senior Vice President of Clinical Services

Planned Parenthood of Orange and San Bernardino Counties

Assistant Clinical Professor, University of California Irvine

Planned Parenthood®
Orange and San Bernardino Counties

Disclosures

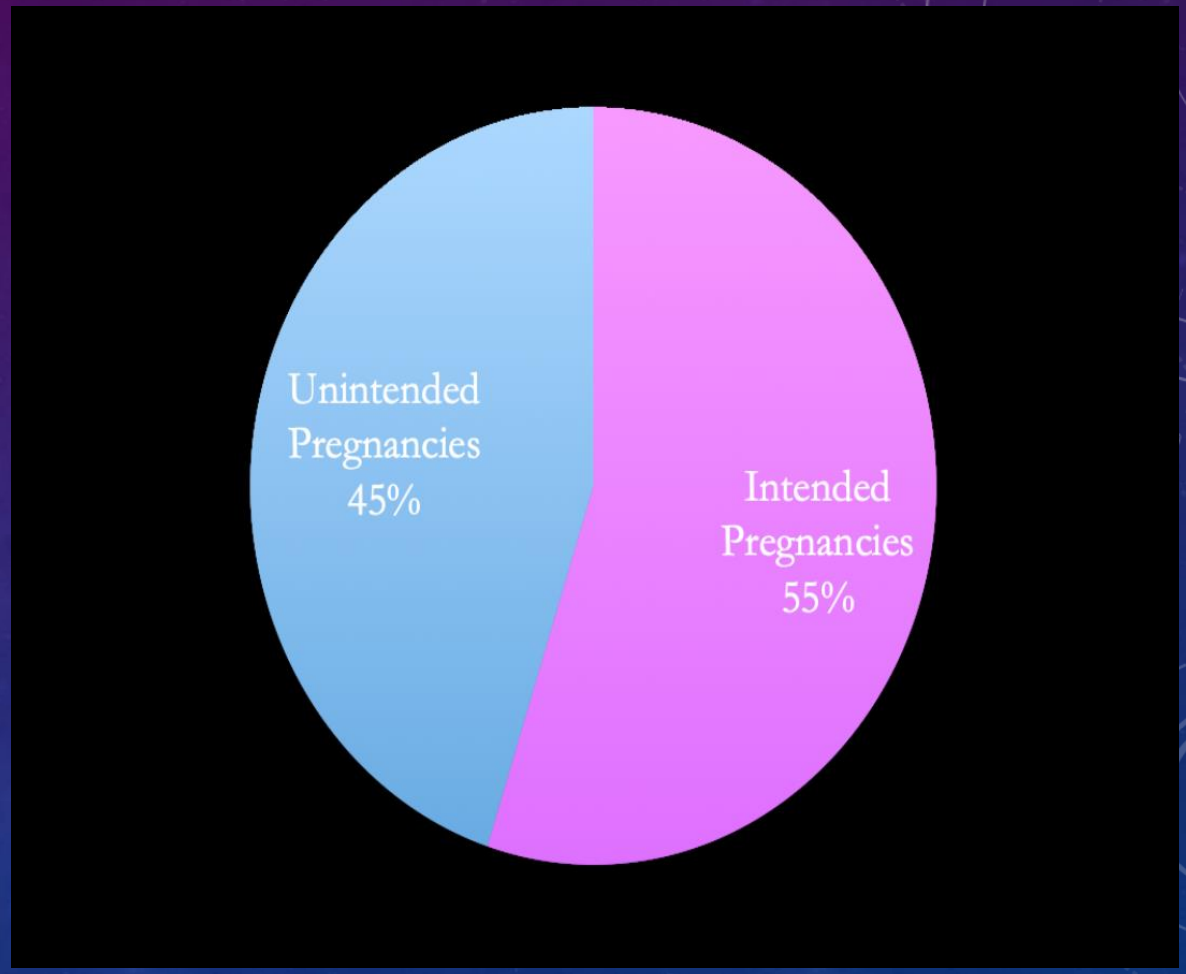
- **I will be using the term “women” to include all people with a uterus including transmen and non-binary people**
- **Off label use of medications**

Agenda

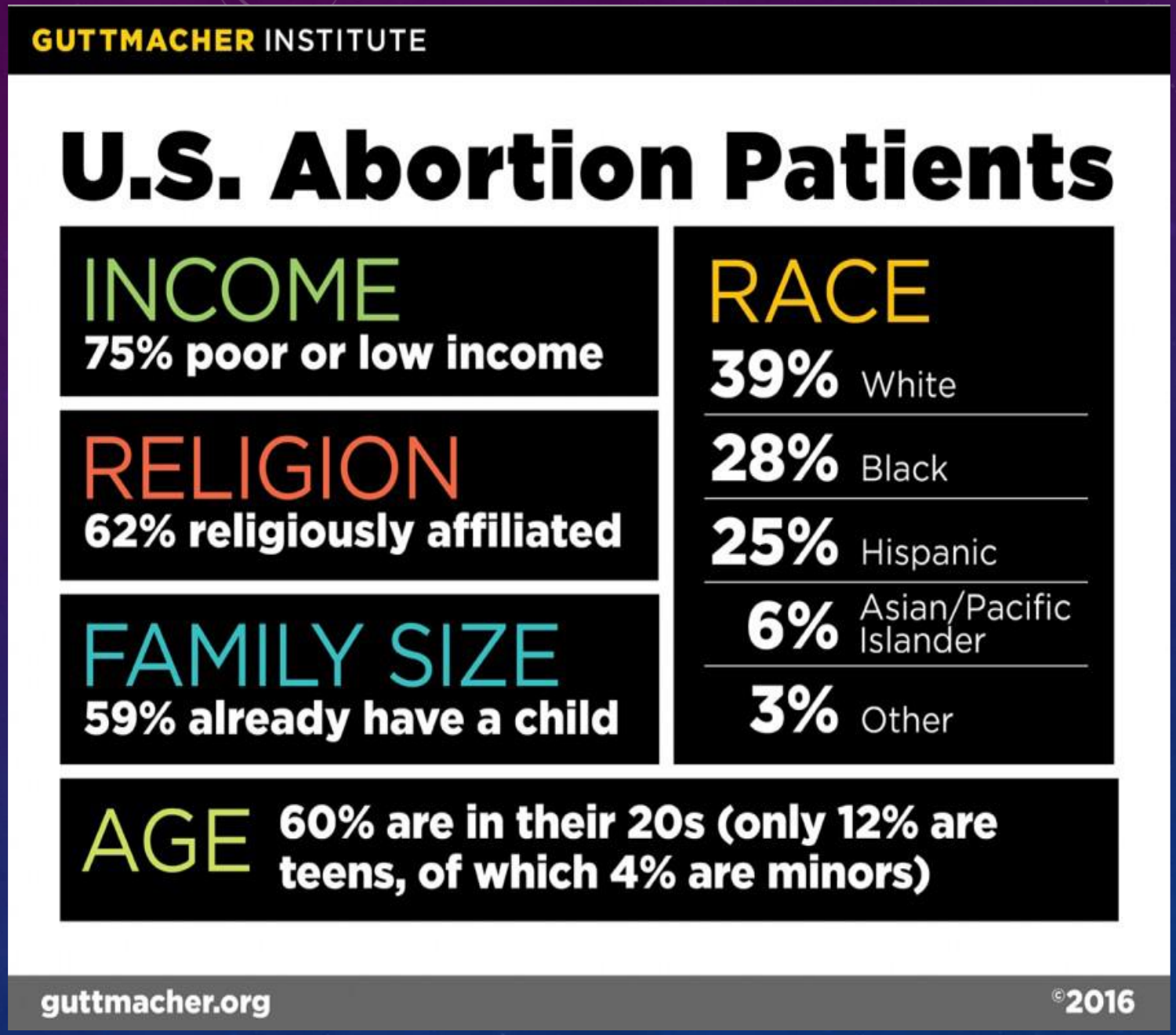
- Who are we talking about?
- What we are seeing now?
- What are patients doing?
- How is CA responding?
- How is PPOSBC responding?
  - Service Expansion
  - Resident Training Program
- What is coming next?

1 in 3 women in US will experience an unintended pregnancy

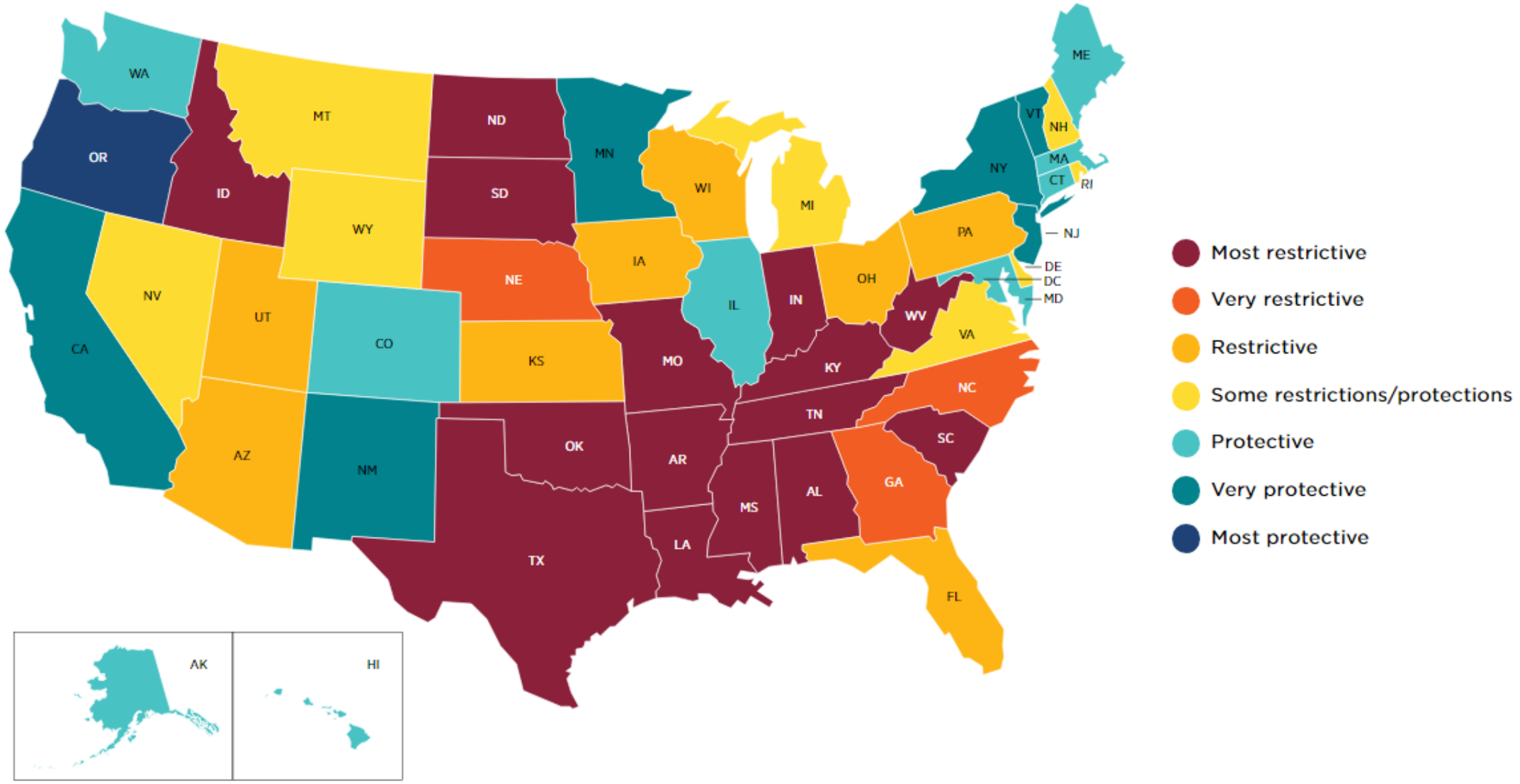
1 in 4 will have an abortion by age 45



Sonfield A, Hasstedt K. Guttmacher, 2014


GUTTMACHER INSTITUTE
U.S. Abortion Patients
INCOME
75% poor or low income
RELIGION
62% religiously affiliated
FAMILY SIZE
59% already have a child
RACE
39% White
28% Black
25% Hispanic
6% Asian/Pacific Islander
3% Other
AGE
60% are in their 20s (only 12% are teens, of which 4% are minors)
guttmacher.org
©2016

THE LAY OF THE LAND: US Abortion Policies and Access Post-Roe



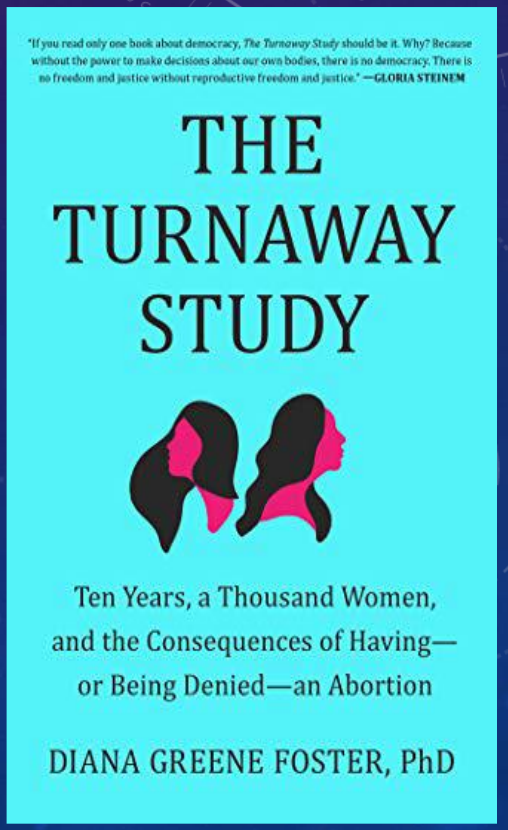
https://states.guttmacher.org/policies/ on 9.25.23

Banning and Criminalizing abortion

- **Does not decrease the demand**
- **Disproportionately affects poor people and POC**
- **Increases maternal morbidity and mortality**
- **Continues cycle of poverty**

The Cost of not having access to abortion

- **4x greater risk of living below FPL**
- **Less likely to have full time employment for the next 2.5 years**
- **More likely to stay with abusive partners**
- **No difference in mental health outcomes**



AJOG American Journal of Obstetrics & Gynecology

RESEARCH LETTER | ARTICLES IN PRESS

PDF [156 KB] Figures

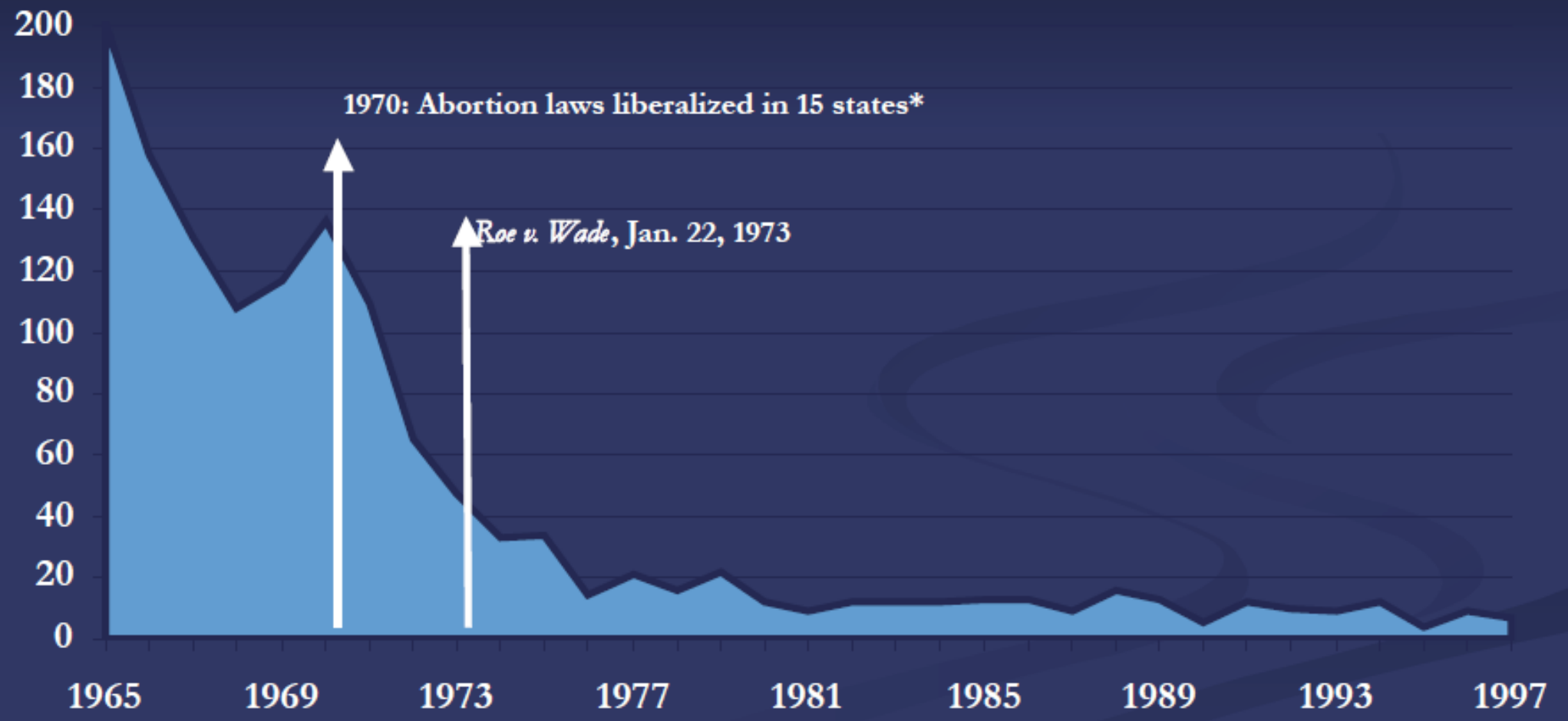
Maternal morbidity and fetal outcomes among pregnant women at 22 weeks' gestation or less with complications in 2 Texas hospitals after legislation on abortion

Anjali Nambiar, MD • Shivani Patel, MD • Patricia Santiago-Munoz, MD • Catherine Y. Spong, MD • David B. Nelson, MD

Published: July 04, 2022 • DOI: https://doi.org/10.1016/j.ajog.2022.06.060

https://pubmed.ncbi.nlm.nih.gov/35803323/

Number of abortion-related deaths



NCHS 1965-67; 1968-71, 1972-85; Elam-Evans 1999; MMWR 2002; AGI

Medication Abortion

- **Highly effective, very safe regimens available**
- **Mifepristone now under attack**
  - **US Supreme Court**
- **May help mitigate loss of access**

https://www.wsj.com/video/series/daniela-hernandez/medical-abortions-the-science-behind-how-abortion-pills-work/4F6E5767-B022-4B33-9276-A66E76EB5197

PLAN C

FAQ | Support & Resources | Get Involved | About Plan C | Find Pills | Donate | EN | ES

A safe, at-home abortion is here.

Plan C provides up-to-date information on how people in the U.S. are accessing at-home abortion pill options online.

Find Abortion Pills →

ABORTION ON DEMAND

AidAccess

ineedana.com

We're here to help you understand how to get an abortion.

Hey Jane

ABORTION ON OUR OWN TERMS

choix

JUST THE PILL

M+A HOTLINE

If you need support to self-manage your miscarriage or abortion, call or text:

The Miscarriage and Abortion Hotline

1-833-246-2632

What else are patients doing?

- **Traveling for abortions**
  - **Delay in care**
  - **Driving all night**
  - **Leaving family/job/school**
  - **Arriving with no money, food, clothes**
- **Continuing undesired pregnancy**

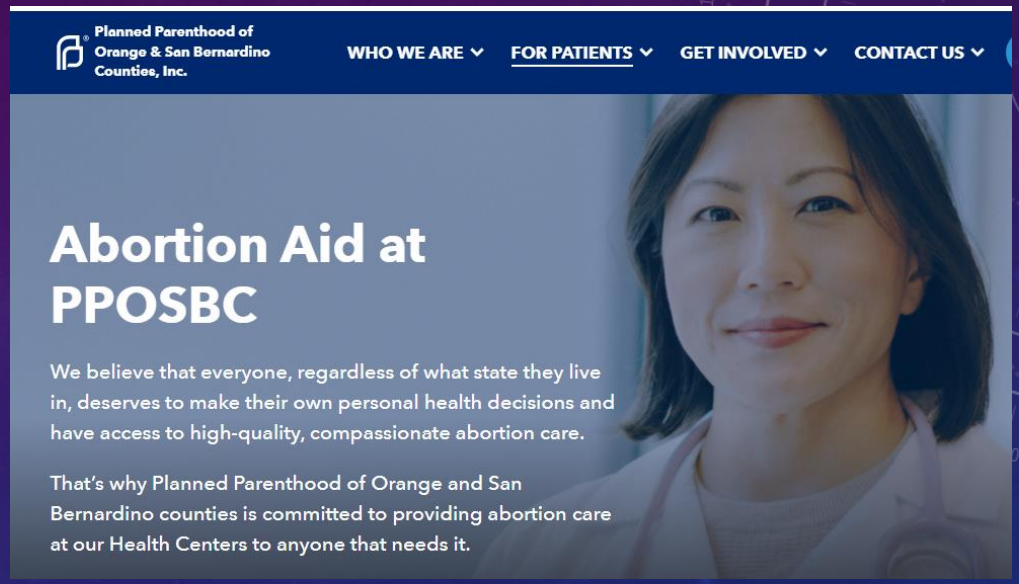
California Response

- CA FAB Report December 2021
  - 45 policy recommendations
  - 17 bills signed by Gov. Newsom
  - $200 million in state budget
- CA FAB Addendum December 2022
  - 11 bills signed
  - Ongoing $$ support
- CA Prop 1 2022

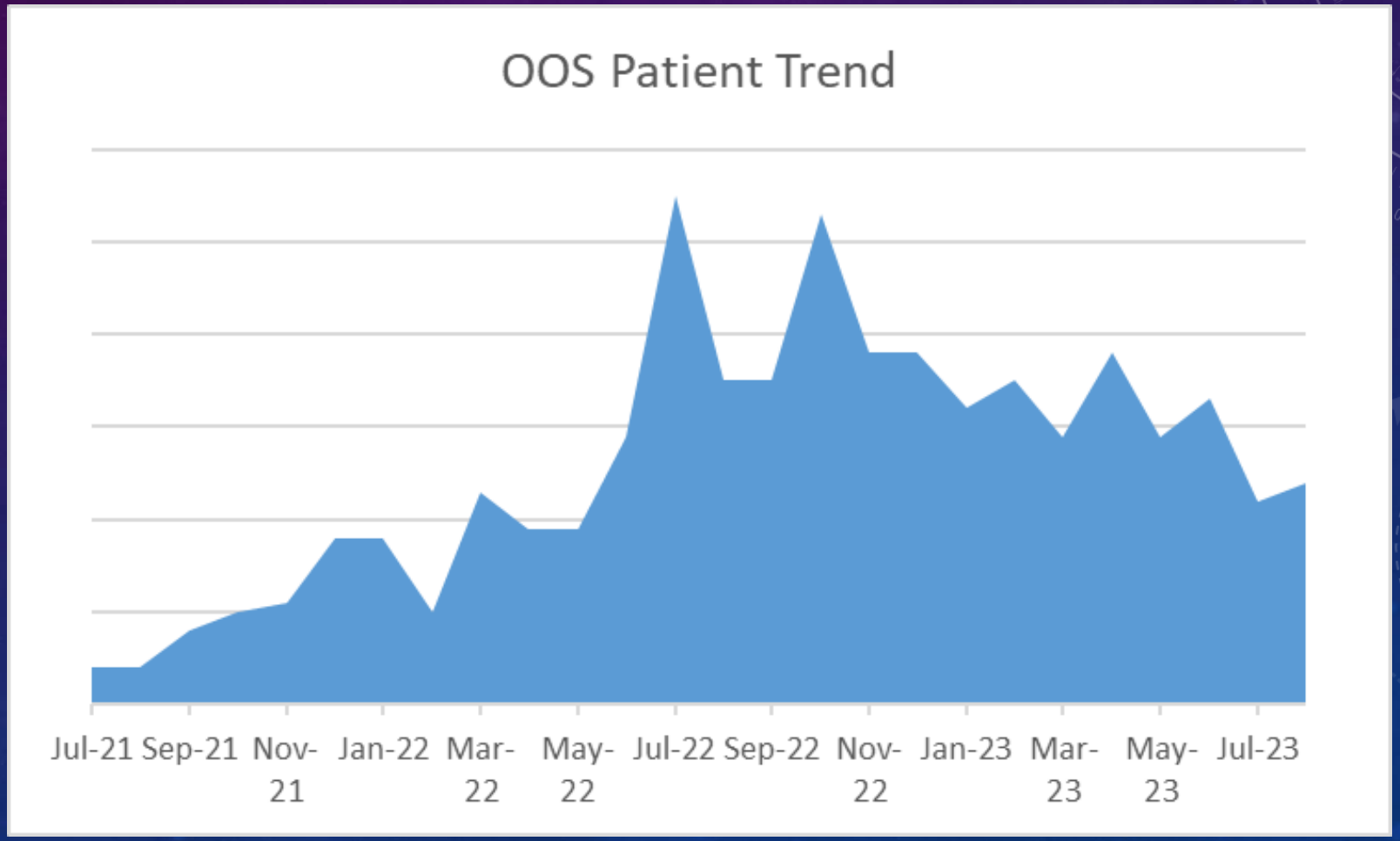
https://abortion.ca.gov/

PPOSBC Response

- **Expand Access**
  - **Patient Navigators**
  - **Website/Funding**
  - **Expanded hours**
  - **Increased gestational age limit**
  - **Modified medication abortion protocol**



Out of State Patient Volume



PPOSBC Response

- **Resident Training Agreements**
  - **UCI OB/GYN (existing)**
  - **UT Rio Grande Valley OB/GYN (new)**
  - **UT HSC San Antonio OB/GYN (new)**
  - **ARMC OB/GYN (new)**
  - **UCI Family Medicine (New)**

What is coming next?

- **US Supreme Court Decision on Mifepristone**
- **November 2024 Elections**
- **Maintain access in California**
  - **Legislation**
  - **Policies**
  - **Training**

Protect Access

- **EC/Contraception**
- **SMA support**
- **Advocate**
- **Plan your vote**

UCI Program in Public Health

Abortion Later in Pregnancy

Jennefer Russo, MD, MPH
Chief Medical Officer, DuPont Clinic

Objectives

Use the term “abortion later in pregnancy” rather than biased terms

Statistics are difficult to obtain, being a minority of abortion doesn’t make it less critical for access

Change in life circumstances as a reason for seeking abortion

Rapidly changing landscape and political climate has real impacts

Terminology

Terminology

- Terminology around abortion in the third trimester is often biased by political rhetoric.
- ACOG recommends using “abortion later in pregnancy”.
- “~~Late term~~” refers to pregnancies between 41 and 42 weeks and is not used in abortion literature- **please discourage use of this term** as it was created by the anti-abortion movement to stigmatize abortion.

Demographics

Demographics

- According to CDC- 1.3% of abortions performed >21 weeks
- CDC does not provide more specific information about abortion >24 weeks
- US: 20 facilities provide abortion >24 weeks
- For patients who desire termination >28 weeks, only 3 US providers

Kortsmit, K., Nguyen, A. T., Mandel, M. G., Clark, E., Hollier, L. M., Rodenhizer, J., & Whiteman, M. K. (2022). Abortion Surveillance - United States, 2020. MMWR. Surveillance Summaries, 71(10), 1–27. https://doi.org/10.15585/mmwr.ss7110a1

ANSIRH Abortion Facility Database, personal communication, July 18, 2023.

Demographics

Foster 2013

- Compared patients receiving abortions at or after 20 weeks (N=272) to those receiving first-trimester abortions (N=169)
- More likely to be younger and less likely to be married or employed.
- Most patients (94%) receiving abortion at or after 20 weeks reported their abortion care was delayed by something, ***most commonly a financial, medical, social, or geographic barrier.***

Foster, D. G., & Kimport, K. (2013). Who Seeks Abortions at or After 20 Weeks? Perspectives on Sexual and Reproductive Health, 45(4), 210–218. https://doi.org/10.1363/4521013

Demographics

Jones 2017

- distance from abortion provider: subjects living >50 miles from an abortion clinic were more likely to pursue second-trimester abortion than those living within 25 miles

McCarthy 2018

- active drug use and using an estimation of last LMP, rather than knowing last LMP with certainty

Jones, R. K., & Jerman, J. (2017). Characteristics and Circumstances of U.S. Women Who Obtain Very Early and Second-Trimester Abortions. PloS One, 12(1.
McCarthy, M., Upadhyay, U., Biggs, M. A., Anthony, R., Holl, J., & Roberts, S. C. (2018). Predictors of timing of pregnancy discovery. *Contraception (Stoneham)*, *97*(4), 303–308.

Demographics

One study of 272 women who had obtained an abortion at or after 20 weeks gestation found that most fit into the following five categories:

- those experiencing domestic or intimate partner violence;
- those who were young and nulliparous;
- those who were already parents and raising children alone;
- those who were experiencing depression or substance use disorders;
- and those who had had pregnancy ambivalence and later experienced barriers to abortion care

Foster, D. G., & Kimport, K. (2013). Who Seeks Abortions at or After 20 Weeks? Perspectives on Sexual and Reproductive Health, 45(4), 210–218. https://doi.org/10.1363/4521013

Indications

Why?

Changing life circumstances that affect a person's ability to parent:

- new fetal diagnosis
- new personal health diagnosis
- new health or other concern of their partner or other close family members and intended support system
- changes to financial security
- changes to the political environment
- or other variations in circumstance which are often out of the pregnant person's control

Kimport, K. (2022). Is third-trimester abortion exceptional? Two pathways to abortion after 24 weeks of pregnancy in the United States. Perspectives on Sexual and Reproductive Health, 54(2), 38–45. https://doi.org/10.1363/psrh.12190

Why?

- Received new information that made them no longer want to continue the pregnancy
  - e.g. finding out about fetal anomalies, finding out that they were pregnant when they had previously thought they were not, or finding out they themselves had a health problem due to pregnancy.
- Faced significant barriers to a long-desired abortion which led to significant delay between making the choice to have an abortion and the abortion procedure
  - e.g. challenges funding the procedure, stigmatization, and finding an appropriate provider

Kimport, K. (2022). Is third-trimester abortion exceptional? Two pathways to abortion after 24 weeks of pregnancy in the United States. Perspectives on Sexual and Reproductive Health, 54(2), 38–45. https://doi.org/10.1363/psrh.12190

Changing Landscape