

Interest among Illinois family planning providers in receiving training on medication abortion provision

Lee Hasselbacher JD, Amy Moore MSc, Anthony Rodriguez-Ortiz BA, Crystal Tyler PhD MPH, Melissa Gilliam MD MPH

BACKGROUND

Patient demand for abortion services has increased as abortion clinics close and legal restrictions increase. Medication abortion can safely and effectively be offered by trained providers in an outpatient setting.¹ While medication abortion may not be the right choice for all, many value having a sense of control medication abortion offers, the less invasive nature, and the ability to complete the abortion in the privacy of their home.^{2,3}

OBJECTIVE

To examine predictors of Illinois family planning provider interest in medication abortion training.

METHODS

Study Design: We conducted a mailed survey of Illinois family planning providers and clinics between October 2019 and March 2020. Survey packets were mailed to 1,062 ob-gyns, pediatricians and family medicine physicians, as well as 616 publicly-funded clinics.

Eligibility: Providers were eligible to participate if they provided contraceptive services to women of reproductive age at least twice per week.

Primary outcome: Provider interest in training opportunities for medication abortion.

Response rates: The sample was weighted to reflect the probability of selection and the non-response rate by specialty and setting. Final response rate was 17%.

Statistical analysis: Using multivariable logistic regression, we estimated adjusted odds ratios (aORs) and 95% confidence intervals (CIs) of the association between health care provider, practice, and patient population variables, and provider interest in receiving med ab training.

Table 1. Provider, practice and patient characteristics among Illinois Family Planning Provider Survey Respondents, 2019-2020.

Characteristic	Unweighted N, Total N=251	Weighted % Total =100%
Clinical Specialty		
Ob/gyn/repro health	154	54%
Family medicine	63	30%
Pediatrics	33	16%
Urbanicity*		
Urban	104	40%
Rural	42	15%
Suburban	102	45%
Race/Ethnicity*		
Non-Hispanic White	173	70%
Non-Hispanic Black	28	10%
Asian, Hispanic, Other	48	20%
Receipt of Title X funding in the past year*		
Yes	41	12%
No	152	65%
Unsure	56	22%
Number of days of formal family planning training*		
Less than 2 days	42	18%
3 or more days	208	82%
Years Since Completion of Medical Training*		
0-14 years	102	35%
15+ years	148	65%
Proportion of patients who are racial/ethnic minorities*		
≤24%	83	37%
25-49%	60	25%
≥50%	103	36%
Healthcare role*		
Physician	183	82%
Mid-level provider (NP, PA, CNM, RN, other)	68	18%

*Models adjusted for all characteristics in table (clinical specialty added a-priori).

REFERENCES

1. Leeman L, Asaria S, Espy E, Ogburn J, Gopman S, Barnett S. Can mifepristone medication abortion be successfully integrated into medical practices that do not offer surgical abortion? *Contraception*. 2007;76:96-106.
2. Caspellato J, Merrett J, Rentschler D. Women's experience of decision-making with medication abortion. *MCN The American journal of maternal child nursing*. 2014;39(5):325-330.
3. Harvey SM, Beckman LJ, Satre SJ. Choice of and satisfaction with methods of medical and surgical abortion among U.S. clinic patients. *Family planning perspectives*. 2001;33(5):212-216.

More than half of all providers (56%) expressed interest in medication abortion training.

Factors associated with increased interest in medication abortion training included:

- o practicing in an urban setting
- o receiving fewer than three days of formal training in family planning
- o completion of medical training less than 15 years ago

CONCLUSIONS

Findings suggest considerable interest in medication abortion training among subsets of Illinois family planning providers.

Given provider interest in medication abortion training along with recent and potential FDA regulation changes to reduce barriers to mifepristone, expanding targeted training opportunities may expand access to medication abortion in Illinois.

LIMITATIONS

- Relatively small sample size and focus on Illinois providers limits generalizability.
- Survey did not ascertain whether providers already offered medication abortion services or whether providers would be willing to provide medication abortion if they were trained.

Table 2. Predictors of family planning provider interest in medication abortion training, 2019-2020

Characteristic	Reported interest in med ab training	Adjusted OR* (95% CI)
Clinical Specialty		
Ob/gyn/repro health	57.4%	1.0 (referent)
Family medicine	53.9%	0.74 (0.3-1.6)
Pediatrics	53.7%	0.63 (0.3-1.5)
Urbanicity*		
Urban	69.8%	2.41 (1.1-5.1)
Rural	39.4%	0.59 (0.2-1.6)
Suburban	49.6%	1.0 (referent)
Race/Ethnicity*		
Non-Hispanic White	49.7%	1.0 (referent)
Non-Hispanic Black	69.6%	3.04 (0.9-9.8)
Hispanic, Asian, Other	68.6%	1.64 (0.8-3.6)
Receipt of Title X funding in the past year*		
Yes	81.1%	2.58 (0.9-7.3)
No	54.4%	1.0 (referent)
Unsure	44.7%	0.51 (0.2-1.1)
Number of days of formal family planning training*		
Less than 2 days	75.5%	4.33 (1.7-10.9)
3 or more days	51.9%	1.0 (referent)
Years since completion of medical training*		
0-14 years	70.9%	2.99 (1.5-6.1)
15+ years	48.0%	1.0 (referent)
Percentage of patients who are racial/ethnic minorities*		
≤24%	47.7%	1.0 (referent)
25-49%	52.2%	0.99 (0.46-2.1)
≥50%	69.0%	0.65 (0.26-1.6)
Healthcare role*		
Physician	52.6%	1.0 (referent)
Mid-level provider (NP, PA, CNM, RN, other)	70.8%	1.42 (0.6-3.5)

*p-value <0.05; Rao-Scott χ^2 test for differences in reported interest in med ab training.