

The importance of access to comprehensive reproductive health care, including abortion: a statement from women's health professional organizations



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Despite legalization of abortion, the last decade has seen unprecedented legislative attacks on reproductive health and rights. In 2017, 19 states adopted 63 new restrictions on abortion rights, service provision, and patient access.¹ In response, the Fellowship in Family Planning—a 2-year fellowship program that provides subspecialist training in research, teaching, and clinical practice in complex abortion and contraception—has convened obstetrics and gynecology academic leadership organizations to discuss barriers and threats to reproductive health care access in the United States for the past 5 years.

The organizations include: the American Congress of Obstetricians and Gynecologists (ACOG), the American Gynecological and Obstetrical Society (AGOS), the American Society for Reproductive Medicine (ASRM), the Association of Professors of Gynecology and Obstetrics (APGO), the Council on Resident Education in Obstetrics and Gynecology (CREOG), the Council of University Chairs of Obstetrics and Gynecology (CUCOG), the North

Barriers to women's reproductive health care access, particularly for termination of pregnancy, are increasing at the local, regional, and national levels through numerous institutional, legislative, and regulatory restrictions. Lack of access to reproductive health care has negative consequences for women's health. Twelve women's health care organizations affirm their support for access to comprehensive reproductive health care, including abortion.

Key words: abortion, access, legislative restrictions, professional organizations, reproductive health care

American Society for Pediatric and Adolescent Gynecology (NASPAG), the Society for Adolescent Health and Medicine (SAHM), the Society for Academic Specialists in General Obstetrics and Gynecology (SASGOG), the Society of Family Planning (SFP), the Society of Gynecologic Oncology (SGO), and the Society for Maternal-Fetal Medicine (SMFM).

Each of our premier professional organizations focuses on specific aspects of physician training and women's health, but we are united in our commitment to evidence-based, high-quality reproductive health care for all women. We embrace the full spectrum of care including infertility, oncology, maternity, contraception, and abortion care, and recognize that access to safe and legal abortion is integral to women's and adolescents' health.² Accordingly, as leaders of our societies we feel compelled—just as 100 obstetrics and gynecology professors did in 1972³ and in 2013⁴—to affirm our academic and professional responsibilities.

Threats to reproductive health care range from institutional barriers to state and federal government restrictions.^{1,5–9} They impact women and adolescents as well as families and communities across the United States.

Further, disparities in reproductive health care access result in unacceptable health inequities among low-income women, women of color, and young people.^{10–12} Equal access to full-spectrum reproductive health care prevents morbidity and mortality, empowers women and adolescents to make the reproductive decisions that are best for them and their futures, and supports the advancement of women in society.^{13,14}

In this commentary, we affirm our commitment to safe and legal abortion. A recent report from the National Academies of Sciences, Engineering, and Medicine confirmed the safety and effectiveness of abortion, and underlined concerns that nonevidence-based laws and regulations interfere with the quality of care and abortion access, particularly affecting underserved women.¹⁵ The majority of reproductive-aged women live in states with abortion restrictions contrary to scientific evidence.^{16,17} Antiabortion activism is pervasive, creating stigma and fear of violence toward patients and physicians. A host of local, regional, and national legal and regulatory restrictions interfere with the reproductive decisions of women and girls, and obstruct evidence-based medical practice. For example, reducing

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gestational age limits for terminating a pregnancy forces women to continue pregnancies, including those complicated by lethal fetal anomalies.¹⁸ Mandated scripts for counseling require physicians to provide inaccurate information to their patients.¹⁹ Parental notification and consent requirements with burdensome judicial bypass procedures often result in termination at a later gestational age and endanger adolescents who face violence at home.^{20–22} This environment forces physicians to choose between honoring their professional ethics to provide the best care for their patients and complying with regulations that may harm their patients, risking their personal and professional careers if they do not.

Access to safe abortion hinges on the availability of sufficient numbers of trained physicians and providers willing and able to offer abortion care.²³ The attack on reproductive health training is therefore particularly damaging to abortion access. Some institutions prohibit employees not only from providing abortion, but also from counseling or referring for abortion services.⁷ For example, certain hospital mergers with religious entities prohibit provision of and training in contraception and abortion care.^{5,7} Insufficient numbers of trained faculty at residency programs and medical schools limit the establishment of an adequate future workforce. Additionally, opt-in (instead of opt-out) abortion training places a burden on the trainee to develop an adequate clinical experience.²³

In countries where abortion is illegal or inaccessible, numbers of abortions do not decline; women resort to unsafe abortion, experiencing a range of complications and death.¹⁴ Barriers to abortion care also delay or prevent women from obtaining desired health care, drive up the cost of care, and increase the risk of women remaining in poverty and staying tethered to abusive partners.

We are committed to reducing barriers to abortion access. The above-listed professional organizations are dedicated to providing the best medical care for patients without legislative or regulatory interference based on personal or

religious beliefs. All groups acknowledge the primacy of the patient-physician relationship and that high-quality patient care cannot occur in a setting of legislative interference.

We are compelled to speak on behalf of the women we serve and our physician community. Subspecialty and other women's health organizations are dedicated to responsible, evidence-based, and compassionate medical practice. Each is uniquely affected; the boards of these organizations have contributed the following commentaries, submitted by representative officers ([Appendix](#)).

ACOG

The American Congress of Obstetricians and Gynecologists (ACOG) is dedicated to the advancement of women's health care through continuing medical education, practice, research, and advocacy. We are committed to ensuring access to the full spectrum of evidence-based quality reproductive health care, including abortion, for all women. ACOG opposes any unnecessary regulations or restrictions that serve to delay or prevent care.^{2,23–26}

AGOS

The American Gynecological and Obstetrical Society is committed to advancing the health of women by providing dedicated leadership and promoting excellence in research, education, and medical practice, across all disciplines of obstetrics, gynecology, and women's health. We support access to high-quality, affordable care for all women and support the full spectrum of our patients' reproductive health care needs, including abortion.

APGO

The Association of Professors of Gynecology and Obstetrics (APGO) promotes excellence in women's health care by providing optimal resources and support to educators who inspire, instruct, develop, and empower women's health care providers to improve the quality of life for all women. APGO supports comprehensive reproductive health access, including abortion, for all women and believes all medical students should

be educated in the full array of reproductive options to effectively care for and counsel patients, as stated in the 10th edition of our Medical Student Education Objectives.²⁷

ASRM

The American Society for Reproductive Medicine (ASRM) is dedicated to the advancement of the science and practice of reproductive care. That can only be achieved when patients have access to the full range of reproductive medical services—including abortion, when physicians and other health care providers are trained to provide those services, and when investigators are allowed to pursue research that will improve them. Accordingly, ASRM is committed to reducing the scientific, educational, economic, or political barriers that stand between patients and the outstanding reproductive care they deserve.

CREOG

The Council on Resident Education in Obstetrics and Gynecology (CREOG), along with the CREOG Education Committee, is committed to ensuring that obstetrics and gynecology residents in the United States have a comprehensive education in women's health by providing resources to support residency education. These resources include the 11th edition of Learning Objectives in obstetrics and gynecology, utilized by the majority of residency programs in the United States, which address clinical skills including comprehensive contraceptive care, management of surgical/medical abortion, and advocacy skills.²⁸ The CREOG surgical skills curriculum has training modules on technical skills training for intrauterine device insertion and surgical evacuation of the uterus. The CREOG advocacy curriculum provides instruction in advocacy initiatives for their patients and themselves as specialist providers of care for women.

CUCOG

The Council of University Chairs of Obstetrics and Gynecology strongly supports the provision of clinical services including contraception and abortion care. The organization supports the

funding and conduct of family planning research and the Accreditation Council for Graduate Medical Education requirement for abortion training in residency programs to ensure this important clinical service is nationally available and accessible. The public health impact of access to abortion is clear; it reduces maternal morbidity and mortality and improves women's health. Obstetrics and gynecology department chairs were most of the signatories of the "100 professors" article;^{3,4} as an organization, we remain committed to comprehensive reproductive health care.

NASPAG

The North American Society for Pediatric and Adolescent Gynecology (NASPAG) is dedicated to providing multidisciplinary leadership in education, research, and gynecologic care to improve the reproductive health of youth. The society advocates for the reproductive well-being of children and adolescents and the provision of unrestricted, unbiased, and evidence-based services. NASPAG supports the right of reproductive choice, which includes unrestricted access to comprehensive and confidential reproductive health and family planning services, including abortion.

SAHM

Founded in 1968, the Society for Adolescent Health and Medicine (SAHM) is a multidisciplinary organization committed to improving the physical and psychosocial health and well-being of all adolescents and young adults through advocacy, clinical care, health promotion, health service delivery, professional development, and research. SAHM members are advocates for health policy issues—including abortion—that affect the lives of adolescents. Through its ongoing efforts, SAHM is committed to ensuring the highest standards of care for adolescents and young adults; creating greater awareness of the health issues affecting this special population among health and other professionals, policy makers, and youth-serving organizations; and helping parents understand the health

care needs of their adolescents and young adults.

SASGOG

The Society for Academic Specialists in General Obstetrics and Gynecology (SASGOG) seeks to enhance women's health by supporting its members who provide, and teach others to provide, comprehensive women's health care. SASGOG promotes faculty scholarship, residency training, and medical student education that fosters excellence in both research and the provision of the full scope of reproductive health care including contraception, options counseling, and abortion services.

SFP

The Society of Family Planning (SFP) and the SFP Research Fund (the society) believe all people should have access to evidence-based family planning care, including abortion and contraception care. The society provides grants to scholars conducting impactful family planning research and supports the development and leadership of scholars and academic clinicians working to address barriers to evidence-based abortion and contraception practice. The society also co-produces an annual conference that advances science, sparks connections among scholars, and provides tools and training to empower clinicians to offer care based on the best available evidence. Additionally, the society's clinical practice guidelines address best practices for providing care, giving clinicians the information to provide their patients high-quality abortion, and contraception care.

SGO

The Society of Gynecologic Oncology is committed to promoting excellence in the care of women at risk for or affected by gynecologic cancer through advocacy, education, research, and interdisciplinary collaboration. Our vision is to eradicate gynecologic cancers. We support access to high-quality, affordable care for all women with, or at risk for, gynecologic cancer. This includes the full spectrum of our patients' reproductive health care needs, including abortion.

SMFM

The Society for Maternal-Fetal Medicine (SMFM) supports a woman's right to access the full spectrum of reproductive health services, including pregnancy termination. Reproductive health decisions are best made by an informed woman in consultation with her health care provider. SMFM opposes legislation and policies that limit a woman's ability to access abortion. The society also opposes policies that compromise the sanctity of the patient-provider relationship by limiting a health care provider's ability to counsel women and/or provide medically appropriate treatment.

We urge our colleagues to educate policy makers about the dire consequences of limited reproductive health care access and to continue, in their clinical practices, teaching, and interactions with colleagues, to uphold professional and ethical standards. In the face of increasing attacks on evidence-based care, the women's health care community must remain dedicated to promoting the health, well-being, safety, and privacy of our patients. ■

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