



Original research article

Estimating abortion provision and abortion referrals among United States obstetrician-gynecologists in private practice^{☆,☆☆}

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Abstract

Objective: The objective was to examine the provision of abortion by obstetrician-gynecologists in private practice in the United States (U.S.) and their willingness to provide referrals for abortion services.

Study design: We conducted a cross-sectional national survey of 1961 U.S. obstetrician-gynecologists to estimate the frequency with which abortions and referrals for abortion care were provided in private practice settings. Key measures included whether respondents had provided any abortions in 2013 or 2014, type of abortions provided and willingness to provide abortion referrals. Facility location by region was the only measured correlate of abortion provision.

Results: We received a total of 988 surveys for a response rate of 65%. Sixty-seven (7%) obstetrician-gynecologists reported providing at least one abortion in 2013 or 2014, though this result ranged from 4% ($n=23$) to 13% ($n=44$) of obstetrician-gynecologists depending on survey response type. Among physicians practicing in the Northeast and West, 14% and 10%, respectively ($n=24$ in each region) were abortion providers compared to 4% ($n=9$) and 3% ($n=10$) of physicians in the Midwest and South, respectively. Twenty-three (42%) providers indicated only performing surgical abortions, 14 (25%) indicated only medication abortions, and 18 (33%) reported providing both. Among respondents who did not provide abortions, just over half ($n=415$, 54%) indicated that they referred patients to a facility or practice where they could obtain an abortion, but 271 (35%) said they would not provide a referral.

Conclusions: Only a small proportion of all obstetrician-gynecologists in private practice settings provide abortions. Among nonproviders, a substantial minority do not offer abortion referrals.

Implications: Particularly in geographic areas with few abortion providers, continued efforts are needed to equip medical professionals with information and training to make direct referrals.

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Keywords: Abortion; Service provision; Referrals; Private practice; OB/GYNs

1. Introduction

In 2014, 926,190 abortions were performed in the United States (U.S.); the overwhelming majority, 95%, of these procedures were provided in outpatient clinics [1]. Physicians in private practice were estimated to have provided only 1% of these abortions, though they accounted for 15% of known

abortion providers [1]. However, many physicians who provide abortions in a private practice setting do not advertise their services and may not be captured in large surveys used to estimate U.S. abortion incidence. For example, the Guttmacher Institute's Abortion Provider Census (APC) provides the most comprehensive abortion counts for the U.S.; yet, information from a national sample of obstetrician-gynecologists in 1992 estimated that as much as 3% of abortions in that year were not captured in APC because they occurred in private practices [2]. The increased use of medication abortion, which occurred following FDA approval of mifepristone in 2000, could have further increased the undercount of abortions if substantial numbers of obstetrician-gynecologists (and other physicians) began providing them.

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Published data suggest that 14% of obstetrician-gynecologists provided abortions in 2008, and this estimate may be increasing [3,4]. Obstetrician-gynecologists in private practice may be the first point of contact for some women who have an unintended pregnancy, particularly those with private health insurance. Even when physicians do not provide abortions, they can serve as a resource by connecting patients to care.

This study examines the provision of abortion among obstetrician-gynecologists in private practice. Additionally, we examine their willingness to provide referrals for abortion services and explore regional variation in these patterns.

2. Materials and methods

2.1. Study design and procedures

This observational study uses data from a national survey of U.S. obstetrician-gynecologists to estimate the frequency with which abortions and referrals for abortion care are provided in private practice settings. The survey was a supplement to the Guttmacher Institute's 2015 APC [1], which surveys all facilities known to provide abortion care. The 2015 APC replicated Henshaw's 1994 methodology to estimate the number of abortion-providing obstetrician-gynecologists and abortions missed by the most recent APC [2]. We used the American Medical Association's (AMA's) Physician Masterfile, which included 42,700 AMA member and nonmember obstetrician-gynecologists. We obtained a random sample of 2000 physicians who identified their specialty as obstetrics and gynecology and provided a phone number to the AMA; the latter was necessary so that we could conduct phone follow-up. Email addresses were not provided with the Masterfile. Notably, 49% of all obstetrician-gynecologists in the Masterfile did not provide a phone number, and our strategy assumed that these physicians did not differ from those who did with regard to abortion provision.

The study sample was restricted to actively practicing obstetrician-gynecologists who worked in private practice, which we defined as facilities that were not obviously affiliated with a larger health care entity and had names suggesting that they were physician owned. Physicians who were clinic based, retired or deceased, or did not provide accurate contact information were excluded from the sample. Prior to mailing the survey, 29 physicians were identified as clinic based and removed from the sample. Ten physicians from the sample were in private practice, but they were already surveyed in the APC. These physicians were not resurveyed; instead, their data were based on information provided in the APC.

We mailed the survey to the 1961 remaining physicians and followed with another mailing to nonrespondents after 4 weeks. A team of four trained research assistants conducted up to three rounds of phone follow-up with remaining

nonrespondents between February and May 2016. Information obtained during phone follow-up was often provided by office staff rather than the physician as surveyors were seldom, if ever, connected to the physician via phone.

2.2. Survey instrument

The survey instrument adapted items from the 2015 APC questionnaire and was evaluated by clinical experts for accuracy and clarity. The survey was offered only in English and included 13 questions. An introduction to the survey included its purpose and reminded respondents that participation was voluntary. Respondents were asked to provide information only on their individual practice at the facility the survey was mailed to. The study procedures were approved through expedited review by the Guttmacher Institute's federally registered institutional review board.

2.3. Measures

The key measures examined in this study include abortion provision, referral practices and region of facility. Abortion provision was measured using the survey question: "Did you provide any abortion at this office between January 1, 2013, and December 31, 2014?" Those who responded positively were subsequently asked "How many abortions (including surgical and medical) did **you** provide in this office in 2013 and 2014?" To understand type of abortion provision, the survey then asked: "What types of abortion procedures did you provide at this office in 2013 and 2014" with response categories including (1) ONLY surgical abortions, (2) ONLY early medical abortions and (3) BOTH surgical and early medical abortions.

All respondents were asked "Are there other physicians who provide abortions at this office?" in order to identify facilities that provided abortions, even if not by the respondent physician.

To assess referral practices, survey respondents were asked: "If a patient requests an abortion, do you ever refer them to a facility or practice where they can obtain an abortion?" Response categories were (1) Yes, (2) No and (3) It depends on the circumstances. Those who reported "Yes" were identified as making direct referrals. Those who reported "No" were asked to identify their reason(s) from a preset list, indicated in Table 1. Respondents who selected the reason "I refer patients to alternative information sources (e.g., the Planned Parenthood website)" were identified as making indirect referrals.

Finally, a measure of facility region was constructed using census categorizations based on the state in which the practice was located [5]. This was the only provider characteristic collected on the survey.

2.4. Analysis

We report the frequency with which respondents reported providing abortions and type of procedures performed. We also examine the prevalence of abortion referrals among

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