

P013

ABORTION TRAINING PREFERENCES OF APPLICANTS TO OBSTETRICS AND GYNECOLOGY RESIDENCY PROGRAMS

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Objectives: To assess obstetrics and gynecology (Ob-Gyn) residency applicant preferences for abortion training, perspectives on restrictive abortion legislation, and how they influence applicant decisions regarding residency program choice.

Methods: We surveyed US medical school applicants who applied to Rush University's Ob-Gyn residency program during the 2021–2022 application cycle. Included in the survey were demographic questions, including prior exposure to abortion in medical schools, awareness of current abortion restrictions, and questions on preferences for abortion training at an Ob-Gyn residency program. We asked if they had concerns about abortion restrictions, if this changed how they ranked a residency program and if they felt abortion restrictions will impact their training as an Ob-Gyn. Surveys were completed using RedCap and responses were anonymous.

Results: Of 930 applicants surveyed, 195 responded (21% response rate) who were predominantly cisgender females (92%), White (64%), and had received some education in abortion care (74%). Almost all (87%) planned to participate in abortion care, with 96% stating abortion training was a desirable trait for a program and 95% stating a program would be undesirable if it did not offer abortion training. Almost all respondents (91%) agreed that abortion training is an essential component of Ob-Gyn residency and this influenced how they rank a residency program. Only 16% of applicants agreed that they were comfortable practicing in a state that restricted abortion training.

Conclusions: Preferences for abortion training strongly influenced applicants' decisions regarding Ob-Gyn residency programs during the 2022 Match. Further changes to the legality of abortion at the state level are likely to impact future residency application trends.

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P014

EVALUATING ABORTION CASH-PAY AVAILABILITY DURING THE EARLY COVID-19 PANDEMIC: DATA FROM A NATIONWIDE SURVEY OF ABORTION PROVIDERS

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Objectives: Pregnant people seeking abortion may require access to cash-pay services, and little is known about cash-pay availability for abortion services among US abortion clinics. We examined differences in cash-pay options between hospital-affiliated clinics and non-hospital-affiliated clinics (independent or Planned Parenthood clinics).

Methods: We analyzed data from the second phase of a longitudinal nationwide survey of abortion providers conducted by the Society of Family Planning (collected May–July 2020). We compared cash-pay options for medication abortion, first-trimester surgical/procedural abortion, and dilation and evacuation offered by hospital-affiliated and non-hospital-affiliated clinics.

Results: Sixty-two clinics completed the survey (31 hospital-affiliated and 31 non-hospital-affiliated). We found that 85% of all clinics offered a cash-pay option for medication abortion, 86% for first-trimester abortion, and 78% for dilation and evacuation. We found that hospital-affiliated clinics were significantly less likely to report serving out-of-state patients ($p < 0.01$), first-trimester surgical/procedural abortion (75% vs. 97%, $p = 0.02$), and dilation and evacuation (62% vs. 100%, $p < 0.01$).

Conclusions: Though a majority of all clinics surveyed offered cash-pay options for abortion, hospital-affiliated clinics were less likely to offer cash-pay options for abortion procedures. Given concerns regarding future abortion access, it will be important to expand availability of cash-pay options for abortion in all settings. From our data, hospital-affiliated clinics have the most room to improve on this front.

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P015

ACCULTURATIVE PROCESSES IN THE GENERATION AND EVOLUTION OF FAMILY PLANNING STIGMA: LESSONS FROM THE LOS ANGELES FILIPINX/A/O FAMILY PLANNING STUDY

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Objectives: Filipinx people in the US experience adverse reproductive health outcomes, possibly potentiated by cultural stigmas around family planning and legal restrictions on family planning in the Philippines that limit care seeking. Few researchers have explored intergenerational transmission of family planning stigma or how exposure to new cultures may modify beliefs. We explored enculturation to Filipinx sexual norms; attitudes, knowledge, and experiences with sex, abortion, and contraception; and the influence of acculturation on family planning perspectives among Filipinx women residing in Los Angeles.

Methods: We conducted a community-based, qualitative, cross-sectional study. A five-person community advisory team guided study design, recruitment, and analysis. Participants completed a demographic survey, a validated Filipinx-American acculturation scale, and a virtual in-depth interview. Interviews were thematically analyzed.

Results: We interviewed 33 women (aged 19–50); 36% had lived in the Philippines >1 year. All respondents were raised in Christian religions (88% Catholic); 45% still practiced their childhood religion. All participants were highly acculturated. Themes included (1) parental authority and *tsismis* (gossip) as mechanisms to generate/reinforce sexual norms; (2) liberalizing sociopolitical and personal experiences altering family planning beliefs; and (3) engagement in family planning as part of a larger decolonizing/unlearning process. Participants desired factual, interactive, and possibly anonymous sources of comprehensive sex education and Filipinx community group partnerships to facilitate related intergenerational discussions.

Conclusions: Though Filipinx women in Los Angeles internalize cultural stigma surrounding sex and family planning services, some evolve from their initial anti-family planning beliefs. Factors that expand perspectives beyond childhood/cultural teachings toward support for family planning include political exposure, experiences of trusted acquaintances, and objective sex education.

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P016

EXPERIENCES OF SELF-MANAGED ABORTION IN INDIANA: FINANCIAL BARRIERS TO CLINICAL CARE AND A NEED FOR INFORMATION ON SELF-MANAGED MEDICATION ABORTION

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Objectives: We aimed to understand Indiana residents' experiences and preferences regarding self-managed abortion in a highly restrictive state.

Methods: Between June 2021 and April 2022, we recruited pregnant people who lived in Indiana and were considering abortion through Google advertisements, online posts, abortion clinics, and abortion funds. Respondents completed a self-administered online survey at baseline and a second survey one month later. We analyzed reported self-managed abortion experiences at baseline and endline, and characteristics of those who self-managed an abortion.

Results: Among 370 baseline respondents, 66 (18%) reported a preference for self-managed medication abortion over clinical care, while 33 (9%) participants reported an actual attempt to self-manage an abortion for the current pregnancy, and an additional four (1%) were in the process of self-managing. Most who self-managed identified as White (58%), 33% as Black, and 6% as Asian; and were aged 16–37, with pregnancies from 4 to 13 weeks' gestation. Sixteen (49%) respondents used herbs, six (18%) used misoprostol and/or mifepristone, six (18%) used other medications, two (6%) took emergency contraception after confirming the pregnancy, and 12 (37%) used other methods (eg, caffeine, physical exertion). At endline, 13 (3%) respondents reported ending their pregnancy using self-managed medication abortion. The most common reason given for self-managing an abortion was the inability to pay for clinical care.

Conclusions: Indiana residents need financial support to access clinical abortion care when that is their preference, and need information on safe, effective methods of self-managed medication abortion as an option, particularly in light of anticipated further restrictions on abortion access in the coming year.

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P017

EXPERIENCES OF INDIANA RESIDENTS WHO TRAVELED OUT OF STATE TO OBTAIN ABORTION CARE: THE ROLE OF ABORTION FUNDS IN RESTRICTIVE STATES

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