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Title

Family Physicians' Provision of Long Acting Reversible Contraception and Associations with State Level Abortion Regulations

Priority 1 (Research Category)

Women's health

Presenters

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Abstract

Context

Reproductive choice encompasses choosing a preferred method of contraception. Since *Roe v. Wade* was overturned, many states have restricted reproductive rights. Many Family Physicians (FPs) prescribe contraception but, fewer offer long-acting reversible contraception (LARC) services including intrauterine devices (IUD) and the contraceptive implant.

Objective

To determine FP LARC provision by state level abortion restrictions.

Study Design and Analysis

Cross-sectional retrospective. Bivariate and logistic regression models tested for associations between FPs' provision of LARC and state level abortion regulations, controlling for demographic and practice characteristics.

Dataset

We used the American Board of Family Medicine National Graduate Survey (NGS) and Continuing Certification Questionnaire (CCQ) from 2016 to 2022. The NGS is administered to FPs 3 years after residency graduation and CCQ is required for continuing certification examination registration. Data on state abortion restrictions were obtained from the Guttmacher Institute and were collapsed into 3 groups: restrictive, neutral, and protective.

Population Studied

26,446 early career FPs (NGS) and 17,866 mid to late career FPs (CCQ) in the US.

Intervention/Instrument

n/a

Outcome Measures

Performing IUD insertions or implant insertion / removal.

Results

43% of the NGS cohort provide IUD and 44.8% provide the implant, while 22.6% of CCQ cohort provide IUD and 16.1% provide the implant. In bivariate analyses, more FPs provided LARC in protective states. This association remained significant in multivariate, logistic regression models. In both the NGS and CCQ, FPs practicing in protective (NGS: OR 1.58; CCQ: OR 1.56) and neutral states (NGS: OR 1.54; CCQ: OR 1.44) had higher odds of providing IUD insertion / removal compared to restrictive states. In the NGS, FPs practicing in protective (OR 1.39) and neutral (OR 1.50) states had higher odds of providing the implant compared to restrictive states. In the CCQ, only FPs in protective (OR 1.38) states had higher odds of providing the implant.

Conclusions

Increasingly restrictive abortion laws throughout the U.S. highlight the need for accessible LARC methods, however FPs in states with restrictive abortion policies have lower odds of performing IUD and the contraceptive implant. Our findings support training FPs in comprehensive contraception care.