Change in Medical Students’ Attitudes Towards Family Planning after a Pregnancy Options Counseling Panel
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Introduction

• Over 1/3 (38.0%) of pregnancies in the United States from 2017-2019 were unintended.¹
• Medical providers are frequently the first point-of-contact for these patients.
• Health professionals must be prepared to provide accurate counseling to patients presenting with newly diagnosed pregnancy, yet medical students receive minimal training to prepare for these conversations.²

Objective

This study evaluates the impact of integrating a pregnancy options counseling panel within pre-clinical medical education on changes in medical students’ attitudes, opinions and comfort with options counseling and abortion care.

Methods

• Second-year medical students attended a panel during their “Endocrinology and Reproductive” course with 5 experts discussing a patient vignette requiring pregnancy options counseling.
• Two 19-item surveys consisting of multiple-choice and written response questions were disseminated before and after the panel.
• Pre- and post-survey responses were linked using anonymous identifier codes.
• Two campuses were excluded from analysis due to scheduling conflicts.
• Wilcoxon signed rank and McNemar’s tests were utilized to compare pre- and post- responses with significance level α = 0.05.
• This study protocol was reviewed as exempt by the Indiana University Institutional Review Board, Protocol #13987

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Results

• N = 161 pre- and post-surveys (52.4% response rate)
• Students reported increased comfort referring a patient to an abortion provider, prescribing a medication abortion, and performing a surgical abortion compared to prior to the panel assuming they had the proper training (p<0.01, all comparisons)

Discussion

• A panel discussion on pregnancy options counseling can effectively guide students through counseling a patient with unintended pregnancy.
• After the panel, students felt more prepared to provide abortion counseling to patients newly diagnosed with uncomplicated pregnancy.
• Students felt more capable of counseling patients neutrally and without bias.

Limitations:

• Female respondents were overrepresented compared to male respondents (59.6% vs. 38.5%, respectively)
• Surveys represent a snapshot in time; changes in attitude may not translate into practice as working physicians

Conclusions

• Given the increasingly complex political and legal environment surrounding abortion-care, it is imperative that physicians remain a source of unbiased and accurate information for patients seeking pregnancy options counseling.
• Expanding preclinical medical education curriculum to include a structured educational event to learn about family planning and pregnancy options counseling will help ensure that all medical students are exposed to proper pregnancy options counseling.

References