

Appendix. Early Evidence of Post-*Dobbs* Effects on the Maternity Care Workforce

Author(s)	Date	Journal/Source	Title	Brief methods	Relevant findings
<i>Topic: Medical students and residency applicants</i>					
Simone A. Bernstein et al.	Aug. 2023	<i>Journal of General Internal Medicine</i>	“Practice Location Preferences in Response to State Abortion Restrictions Among Physicians and Trainees on Social Media”	Survey conducted via social media of medical students, international medical graduates applying to residencies in the U.S., residents/fellows, and practicing physicians in all specialties; 2,063 respondents.	Majority of respondents (82.3%) indicated they preferred to seek work or training in states that maintained abortion access, and 76.4% indicated they would not apply to work or train in states that impose legal consequences for providing abortion care.
Rebecca H. Cohen et al.	May 2024	<i>Contraception</i>	“Importance of Abortion Training to United States Obstetrics and Gynecology Residency Applicants in 2023”	Survey of residency interviewees at three ob/gyn training programs located in both protective (Colorado) and restrictive (Texas) states; 175 respondents.	Respondents indicated that access to abortion training was “essential” (33%) or “very important” (33%) when choosing programs to apply to. Reasons respondents who applied to programs in restrictive states (69%) reported doing so included “concerns about not applying to enough programs” and “geographic needs,” among other reasons. These respondents (81%) expected programs to arrange for abortion training out-of-state.
Maya M. Hammoud et al.	Feb. 2024	<i>JAMA Network Open</i>	“Trends in Obstetrics and Gynecology Residency Applications in the Year After Abortion Access Changes”	Analysis of ob/gyn 2019–2023 residency application data from the Association of American Medical Colleges Electronic Residency Application Service (AAMC ERAS) by state abortion ban status.	There was a small but statistically significant decrease in the number of ob/gyn residency applicants to states with abortion bans between the 2022 and 2023 application cycles. The number of “program signals” sent (for applicants to indicate favored programs) did not vary by state abortion ban status.
Alison Huffstetler, Grace Walter, and Kendal Orgera	Aug. 2023	<i>American Family Physician</i>	“Family Medicine Residency Applications Declined More Precipitously in States with Abortion Restrictions”	Analysis of family medicine 2021–2023 residency application data from AAMC ERAS by state abortion ban status.	Data for the 2023 application cycle showed an overall decrease (3%) in family medicine residency applicants compared with the prior cycle. In states with abortion bans, there was a 7.4% decrease in the number of applicants, compared with a 4.0% decrease in states with gestational limits, and a 3.6% decrease in states with no abortion bans.
Kellen Mermin-Bunnell et al.	Dec. 2023	<i>Journal of Medical Ethics</i>	“Abortion Restrictions and Medical Residency Applications”	Survey of third- and fourth-year medical students through social media and direct outreach to medical schools; 494 respondents.	Most respondents (76.9%) indicated that changes in abortion access would “likely” or “very likely” influence their choices regarding the location/state of residency programs to apply to. Respondents also indicated they were “very unlikely” (31%) or “unlikely” (26.9%) to apply to states with abortion restrictions.

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Kendal Orgera, Hasan Mahmood, and Atul Grover	April 2023	AAMC Research and Action Institute, <i>Data Snapshot</i>	“Training Location Preferences of U.S. Medical School Graduates Post <i>Dobbs v. Jackson Women’s Health</i>”	Analysis of 2019–2023 residency application data from AAMC ERAS by state abortion ban status; focused on U.S. M.D. medical school graduate applicants (excludes D.O. and international medical graduate applicants).	The number of M.D. residency applicants decreased 1.8% overall during the 2023 application cycle compared to the prior cycle; the number of applicants to states with abortion bans decreased by 3%. There was an overall 5.2% decrease in M.D. applicants to ob/gyn programs across all states. The decrease in M.D. applicants to ob/gyn programs was greatest in states with abortion bans (10.5%) and lowest in states with legal abortion (5.3%).
Kendal Orgera and Atul Grover	May 2024	AAMC Research and Action Institute, <i>Data Snapshot</i>	“States with Abortion Bans See Continued Decrease in U.S. M.D. Senior Residency Applicants”	Analysis of 2019–2024 residency application data from AAMC ERAS by state abortion ban status; focused on U.S. M.D. medical school graduate applicants (excludes D.O. and international medical graduate applicants).	Data from the 2024 application cycle showed an overall 0.4% decrease in U.S. M.D. applicants from the prior cycle; there was a 4.2% decrease in applicants to states with abortion bans, compared with a 0.6% decrease in states where abortion remained legal. There was an overall small increase (0.6%) in the number of U.S. M.D. applicants to ob/gyn programs across all states, an 0.4% increase in states with legal abortion, but a 6.7% decrease in ob/gyn applicants to states with abortion bans.
<i>Topic: Residency programs and physicians-in-training¹</i>					
Cara L. Grimes et al.	June 2023	<i>Journal of Graduate Medical Education</i>	“Anticipated Impact of <i>Dobbs v. Jackson Women’s Health Organization</i> on Training of Residents in Obstetrics and Gynecology: A Qualitative Analysis”	Qualitative analysis of focus group transcripts about the anticipated impacts of <i>Dobbs</i> on ob/gyn training; 26 participants, including ob/gyn leaders, physicians, and trainees.	Themes included concerns about trainees achieving skills competency, being unable to provide comprehensive reproductive health care, challenges in selecting residency location, training inequities across states (restricted vs. unrestricted), barriers to out-of-state and alternative abortion training, practicing “law-based” vs. evidence-based medicine, morality/ethics, and uncertainty about the future.
Kate V. Meriwether et al.	July 2024	<i>Journal of Women’s Health</i>	“Trainee Perspectives Regarding the Effect of the <i>Dobbs v. Jackson Women’s Health Organization</i> Supreme Court Decision on Obstetrics and Gynecology Training”	Survey of ob/gyn residents and fellows concerning possible effects of <i>Dobbs</i> on training; 469 respondents.	Main outcome was uncertainty about achieving educational milestones established by the Accreditation Council for Graduate Medical Education (ACGME) that are potentially affected by <i>Dobbs</i> (not only abortion care); uncertainty was greater among residents/fellows in states with abortion restrictions (adjusted OR = 2.71) or pending restrictions (adjusted OR = 3.94) than in unrestricted states.

¹ See also Simone A. Bernstein et al., [“Practice Location Preferences in Response to State Abortion Restrictions Among Physicians and Trainees on Social Media”](#) *Journal of General Internal Medicine*, Aug. 2023.

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Jema K. Turk et al.	June 2024	<i>Journal of Graduate Medical Education</i>	“I Went into This Field to Empower Other People, and I Feel Like I Failed”: Residents Experience Moral Distress Post-Dobbs”	Qualitative analysis of interview transcripts focused on experiences of moral distress among ob/gyn residents in states with abortion restrictions; 21 participants.	Themes included “inability to do the job” of a physician, leading to internalized distress and reconsideration of career choices, including where they would practice after residency; being involved in care that exacerbates existing inequities and harms patients’ trust in the medical system; and feeling determined to provide abortion care and engage in advocacy for access.
Kavita Vinekar et al.	Feb. 2024	<i>Contraception</i>	“Abortion Training in U.S. Obstetrics and Gynecology Residency Programs in a Post-Dobbs Era”	Analysis of ob/gyn residency program databases and websites to determine whether abortion training is provided pre- and post-Dobbs; 286 residency programs included.	There were 63 ob/gyn residency programs (22%) located in states with abortion bans as of December 2022, affecting 1,364 residents. Post-Dobbs, 19 programs (13.6%) lost routine in-state abortion training, affecting 574 residents. In states with legal access to abortion, 102 programs (45.7%) did not offer routine abortion training.
Alexandra L. Woodcock et al.	Nov. 2023	<i>Obstetrics & Gynecology</i>	“Effects of the Dobbs v. Jackson Women’s Health Organization Decision on Obstetrics and Gynecology Graduating Residents’ Practice Plans”	Mixed-methods survey of ob/gyn residents graduating from residency sites with Ryan Program abortion training programs; 349 respondents.	Some graduating residents (17.6%) reported that they had changed their intended practice or fellowship training location following Dobbs. Residents who had intended to practice in restrictive states before Dobbs were more likely (OR = 8.52) to report a change in intended practice location. In response to an open-ended survey question, the most common theme (90 responses) was that respondents “were not willing to live in a state with abortion restrictions.”
Alexandra Woodcock et al.	Nov. 2023	<i>Contraception</i>	“The U.S. Supreme Court Dobbs Decision’s Impact on the Future Plans of 2023 Residency Graduates at the University of Utah”	Mixed-methods survey of graduating residents at one university; 86 respondents across 19 medical specialties.	Only six residents (7%), including three ob/gyn residents, reported that they had changed their intended practice location post-Dobbs. Responses to an open-ended survey question indicated that some residents (16 responses) did not wish to live in a state with abortion restrictions, and some (12 responses) had fears regarding abortion access for themselves or a partner.

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<i>Topic: Practicing physicians²</i>					
Brittini Frederiksen et al.	June 2023	KFF	A National Survey of OB/GYNs' Experiences After Dobbs	Nationally representative survey of ob/gyns providing direct patient care in office-based settings; 569 respondents.	Selected relevant findings include that 55% of participating ob/gyns reported that <i>Dobbs</i> has reduced the likelihood of attracting new ob/gyns to the profession. Across all states, 42% of ob/gyns reported that they were somewhat or very concerned about their own legal risk related to patient care decisions concerning abortion, increasing to 61% among ob/gyns practicing in states with abortion bans.
Erika K. Sabbath et al.	Jan. 2024	<i>JAMA Network Open</i>	“U.S. Obstetrician-Gynecologists’ Perceived Impacts of Post-<i>Dobbs v Jackson State Abortion Bans</i>”	Qualitative analysis of interview transcripts focused on perceived clinical and personal impacts experienced by ob/gyns practicing in states with abortion bans; 54 participants.	Themes concerning clinical impacts included risky delays in medically necessary care, restrictions on counseling patients and referrals, plus the inability to provide care for their patients they could otherwise offer. Themes concerning personal impacts included moral distress, negative mental health effects, fears about the potential for criminal prosecution, and consideration of leaving restrictive states (11% of participants had already moved to more protective states).

Source: Kristen Kolb, [“Maternity Care Providers and Trainees Are Leaving States with Abortion Restrictions, Further Widening Gaps in Care,”](#) *To the Point* (blog), Commonwealth Fund, Oct. 22, 2024. <https://doi.org/10.26099/pds5-qf29>

² See also Simone A. Bernstein et al., [“Practice Location Preferences in Response to State Abortion Restrictions Among Physicians and Trainees on Social Media”](#) *Journal of General Internal Medicine*, Aug. 2023.