

Background

- On June 24, 2022, *Dobbs v. Jackson* terminated the longstanding federal constitutional right to abortion established by *Roe v. Wade* in 1973
- Abortion-related care was immediately impacted and there was concern for downstream effects to other areas of reproductive care, namely IVF¹⁻⁸
- "Personhood" laws threaten interruption to IVF services and uncertainty for the future of ART^{4,5}
- Residency and fellowship often coincide with typical childbearing years. As such, some may participate in elective fertility preservation
- There is little to no data regarding how recent legislative changes have affected medical trainees' plans to pursue fertility preservation

Objectives

Compare rates of residents and fellows who plan to pursue fertility preservation in states with restrictive vs. non-restrictive abortion access

Materials & Methods

- Anonymous online survey of residents and fellows in the United States distributed to 1,000 randomly selected programs
- Multiple choice questions addressing demographic characteristics and perspectives surrounding elective fertility preservation during training
- States with restrictive legislation: AL, AR, AZ, FL, GA, ID, KY, LA, MS, MO, MT, NE, NC, ND, OH, OK, SC, SD, TN, TX, WV, WI¹¹
- East South Central & West South-Central contain only restrictive states, therefore were classified as "strict" regions
- Middle Atlantic, New England, and Pacific do not contain any states with restrictive laws, therefore were "not strict" regions
- Regions containing both restrictive and non-restrictive states were excluded from analysis



Figure 1. Geographic regions as designated by the AAMC, subclassified by abortion legislation

Results

- 306 respondents from 29 different specialties
- Most were White (n=178), heterosexual (n=273), and cisgender women (n=248)
- 113 respondents included in analysis: 30 from strict regions and 83 from non-strict regions
- 20% (n=23/113) of all respondents were interested in fertility preservation during training. No significant difference (p=0.44) between strict (n=7/30) and non-strict regions (n=16/83)
- Substantial amount in both groups that were undecided about fertility preservation (n=9/30 vs n=36/83)

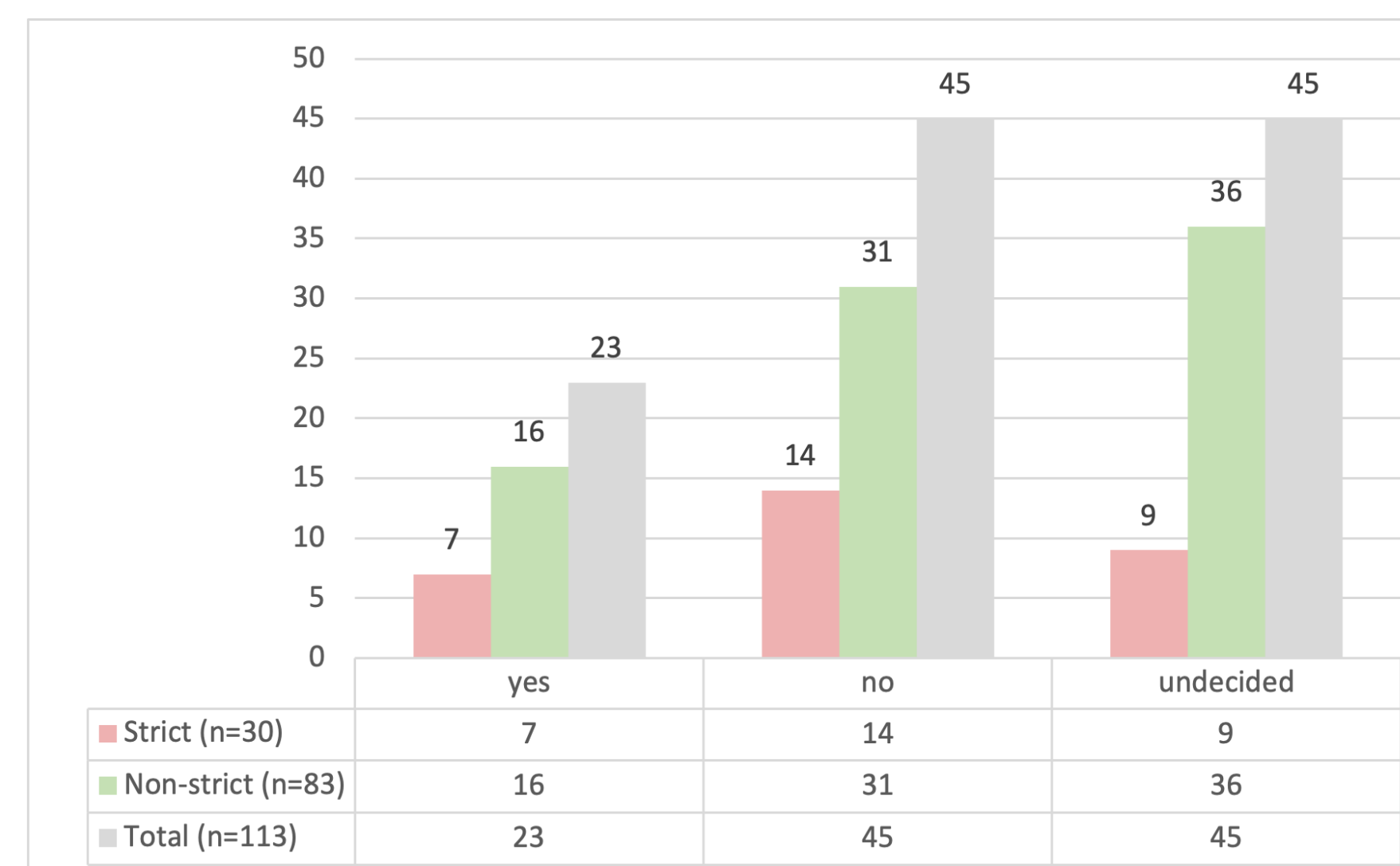


Figure 2. Interest in fertility preservation by region type

Conclusions

- Restriction to abortion access and threats to assisted reproductive technology may increase barriers to fertility preservation for residents and fellows
- Despite concerns for ART access in states with restrictive legislation, trainee interest in pursuing fertility preservation appears similar

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