Clinicians in Abortion Care

Historical Organizational Support of APCs in Abortion Care

These statements and resolutions adopted by professional organizations show a timeline of support for the increased role of appropriately trained Midwives, Nurse Practitioners (NPs), and Physician Associates (PAs) in abortion care. For further information, contact ciac@nationalabortionfederation.org.

American Academy of Physician Assistants (AAPA) [1]

Policy Adopted by the AAPA House of Delegates, May 1992:

"The AAPA affirms a patient's right of access to any legal, medical treatment or procedure made with the advice and guidance of their health care provider and performed in a licensed hospital or appropriate medical facility."

"The AAPA supports the free exchange of information between the patient and provider and opposes intrusion into the provider/patient relationship through restrictive informed consent laws, biased patient education or information, or restrictive government requirements of medical facilities." [2]

"The AAPA opposes attempts to restrict the availability of reproductive health care." [3]

Deposition Statement in Defense of a Challenge to Montana' s "Physician-only" Abortion Law (Doe v. Esch), 1993:

"The AAPA is committed to the principle that a physician assistant should be allowed to perform any medical task, including abortion, delegated by a physician under whose supervision the task will be performed."

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Strategies for Expanding Abortion Access: The Role of Physician Assistants, Nurse Practitioners, and Nurse-Midwives in Providing Abortions, 1997:

"American Academy of Physician Assistants (AAPA) As indicated in this report, abortion services have been provided by some physician assistants for a number of years. The American Academy of Physician Assistants (AAPA) believes that PA practice should not be arbitrarily limited by political considerations, but rather should be determined by patient needs, physician delegation, and the PA's training, experience, skills, and choice. To the extent that abortion services meet these criteria, the AAPA concurs with the basic statements in this report." [1]

AAPA Statement on Supreme Court Decision on Dobbs v. Jackson Women' s Health Organization, 2022

"AAPA has serious concerns about the impact of [the Dobbs decision] intruding on the patient-PA relationship. We believe strongly in the importance of the patient-provider relationship and that this relationship functions most effectively when patients are presented with all the relevant and necessary information to make shared decisions in their care. AAPA adamantly opposes any external interference in the ability to deliver appropriate and necessary medical care." [4]

AAPA' s Guidelines for Ethical Conduct in the PA Profession, reaffirmed 2013

"Patients have a right to access the full range of reproductive healthcare services, including fertility treatments, contraception, sterilization, and abortion. PAs have an

ethical obligation to provide balanced and unbiased clinical information about reproductive healthcare." [5]

American College of Nurse-Midwives (ACNM) [6]

Approved by the Board of Directors, February 3, 1991:

"The ACNM has adopted the following positions [7]:

●That every woman has the right to make reproductive choices;

●That every woman has the right to access factual, unbiased information about reproductive choices, in order to make an informed decision; and

●That women with limited means should have access to financial resources for their reproductive choices."

In 1971, the ACNM Board of Directors approved a statement that prohibited CNMs from performing abortions. Twenty years later, in 1991, the ACNM asked its membership whether it wanted to rescind this 1971 statement prohibiting members from performing abortions. Members voted to remove the prohibition. A resolution was approved at the ACNM Annual Meeting recommending that the Board of Directors rescind this statement, thereby allowing individual CNMs to utilize the guidelines for the incorporation of new procedures into nurse-midwifery practice if he/she decides to provide abortions. The vote meant that individual CNMs now have the option to become involved in abortion service provision. [8,9]

Strategies for Expanding Abortion Access: The Role of Physician Assistants, Nurse

Practitioners, and Nurse-Midwives in Providing Abortions, 1997:

"The American College of Nurse-Midwives (ACNM) recognizes the importance of the recommendations contained in this report in terms of ensuring access to safe, humane, and individualized services. ACNM further recognizes that where state licensure permits, some of our members may seek training in this service as an advanced practice procedure which goes beyond the core competencies, and appropriate guidelines should be utilized therefore." [1]

Access to Comprehensive Sexual and Reproductive Health Care Services, Reviewed in November2023

"Every individual has the right to safe, supportive, and affirming health care in which providers demonstrate respect for human dignity. ACNM supports each person's right to self-determination, access to comprehensive health information, and active participation in all aspects of an individualized plan of care." [10]

American College of Obstetricians and Gynecologists (ACOG) [11]

Statement of ACOG Executive Board, January 1994:

"That to address the shortage of health care providers who perform abortions, the College encourages programs to train physicians and other licensed health care professionals to provide abortion services in collaborative settings."

Committee Opinion: Abortion Training and Education, 2014

"The American College of Obstetricians and Gynecologists (the College) supports women's access to safe abortion care, which hinges upon the availability of sufficient

numbers of trained abortion providers. To increase the availability of trained abortion providers, the College makes the following recommendations:

●Expand the trained pool of non-obstetrician–gynecologist abortion providers, such as family physicians and advanced practice clinicians (APCs),

●by integrating first-trimester abortion training into family medicine and APC training programs

●opposing restrictions that limit abortion provision to physicians only or obstetrician–gynecologists only" [12]

American Medical Women's Association (**AMWA**) [13]

Position Statement on Abortion and Access to Comprehensive Reproductive Health Services, November 1999:

"AMWA will work to increase the number of abortion providers by supporting initiatives to improve and increase training for medical students, residents, and physicians in the full range of abortion procedures and to add adequately trained Nurse-Midwives, Nurse Practitioners, and Physician Assistants to the pool of potential abortion providers."

American Public Health Association (**APHA**) [14]

Resolution 9117, 1991 [15]*:*

"Urges medical, nursing and public health schools, residency training programs, and midwifery and physician assistant programs to develop and incorporate materials on

the medical need, procedures and technology, as well as the history and public health aspects of abortion into current curricula."

Resolution 9917, 1997 [16]*:*

1. "Supports the provision of first trimester surgical and medical abortion by appropriately trained NPs, CNMs, and PAs;
2. "Supports efforts to overcome legal and regulatory obstacles which limit the participation of the NPs, CNMs, and PAs in abortion;
3. "Encourages NP, midwifery, and PA education and training programs to provide didactic and clinical training in abortion services, such as options counseling and pre- and post-abortion care, and in abortion techniques, for those who desire such training;
4. "Urges the inclusion of NPs, CNMs, and PAs in the labeling of medical abortion pharmaceuticals; and
5. "Urges health professionals to educate themselves, their colleagues, and the public about the skills of NPs, CNMs, and PAs and their competence to provide abortions."

Provision of Abortion Care by Advanced Practice Nurses and Physician Assistants, 2011

"APHA recommends—

1. "The provision of medication and aspiration abortion by appropriately trained and competent NPs, CNMs, and PAs;
2. "That all health professionals educate themselves, their colleagues, and the public about the value of NPs, CNMs, and PAs and their capacity to increase access to safe abortions;

3. "Collaboration and coalition building among state health professional organizations, regulators, legislators, and advocates to address barriers to NPs,
CNMs, and PAs as qualified primary care clinicians and safe providers of abortion services;
4. "The adoption of the World Health Organization's core competencies in sexual and reproductive health by public health and primary care professional educators, which integrates peri-abortion care competencies within a broader framework of public and primary health care services;
5. "Collaboration among medical and nursing educators to provide didactic and clinical training in core reproductive health services, such as unintended pregnancy options counseling, care coordination and pre- and postabortion care, and in abortion techniques, for those who elect training;
6. "That all health care professionals apply the bioethical principles of respect, autonomy, beneficence, and fairness in order to advance reproductive justice, eliminate health disparities, and improve access to abortion services." 17

Association of Physician Assistants in Obstetrics and Gynecology (**APAOG**) [18]

Statement of the Association of Physician Assistants in Obstetrics and Gynecology, September 9, 1997:

"In 1992, the Board of Directors of the Association of Physician Assistants in Obstetrics and Gynecology (APAOG) voted to support the policies of the American Academy of Physician Assistants (AAPA) regarding reproductive health."

International Confederation of Midwives (ICM) [19]

Position Statement, 2002:

"The International Confederation of Midwives believes that a woman, who has had an abortion, whether spontaneous or induced, is entitled to receive midwifery care. In keeping with this belief, the midwife should:

●Consider such care to be within the role of the midwife

●Provide any immediate care necessary following abortion

●Appropriately refer the woman for any further treatment that may be required and that is beyond the scope of midwifery practice

●Provide the woman (and where appropriate her family) with education concerning the woman's future health, including family planning

●Recognize the emotional, psychological and social support which may be needed by the woman and respond appropriately.

" *Midwives' Provision of Abortion-Related Services, 2023:* "ICM affirms that a woman who seeks or requires abortion-related services is entitled to be provided with such services by midwives.

In keeping with the above midwives should:

●"Consider such care to be within the role of the midwife as defined by the laws and policies of his/her country;

●"Recognize the woman's right to decide for herself and provide information, counseling and services according to the woman's needs;

- "Refer the woman as appropriate for any further treatment that may be required and that is beyond the scope of midwifery practice;
- "Provide the woman (and where appropriate her family) with education concerning her future health, including contraception and planning for future pregnancy;
- "Recognise the emotional, psychological and social support which may be needed by the woman and respond appropriately."[20]

National Abortion Federation (NAF) [21]

In 1990, NAF and ACOG with the support of the Ford Foundation and the George Gund Foundation conducted a symposium, "Who Will Provide Abortions? Ensuring the Availability of Qualified Practitioners." The symposium report found that "appropriately trained midlevel clinicians…offer considerable promise for expanding the pool of abortion providers" and recommended training for CNMs, NPs, and PAs.

In December 1996, the National Abortion Federation (NAF), convened a national symposium to explore how physician assistants, nurse practitioners, and nurse-midwives might increase their participation in abortion service delivery. The symposium report, *Strategies for Expanding Abortion Access: The Role of Physician Assistants, Nurse Practitioners, and Nurse-Midwives in Providing Abortions* summary states: "in light of the shortage of physicians currently performing abortions, and based on the findings of the 1990 symposium on the shortage of abortion providers, those attending the symposium agree that one of the most effective ways to increase

the number of providers is to permit appropriately trained physician assistants, nurse practitioners, and certified nurse-midwives to provide first trimester abortions."

In 1999, the National Abortion Federation published an abortion-training curriculum specifically for advanced practice nurses and physician assistants: Principles of Abortion Care: A Curriculum for Physician Assistants and Advanced Practice Nurses. The approach taken in each of these efforts varied, and each included unique strengths and weaknesses in terms of their universal applicability.

In 2024, NAF's *Strategies for Creating a Wider Variety of Abortion Providers in a Post-Dobbs Environment: Recommendations from a National Summit* found that: "As identified in both the 1990 and 1996 convenings, Advanced Practice Clinicians have been and continue to be undertrained, underutilized and under-recognized not only by their professional organizations and state Nursing boards, but also by the majority of hospitals, independent abortion clinics and Planned Parenthood health centers, as clinicians who possess the transferable skills necessary in addressing the lack of access of abortion care. Equipping more Advanced Practice Clinicians with abortion care knowledge and training means that abortion care could become more accessible to patients where it is legal; less stigmatized; and that more patients in rural and high-need areas are likely to get care."

National Association of Nurse Practitioners in Women's Health (**NPWH**) [22] (**Formerly National Association of Nurse Practitioners in Reproductive Health**)

Resolution on Nurse Practitioners as Abortion Providers, October 1991

"Whereas, the purpose of the National Association of Nurse Practitioners in Reproductive Health is to 'assure quality reproductive health services which guarantee reproductive freedom and to protect and promote the delivery of these services by nurse practitioners.'; "Let it be resolved that NANPRH believes that nurse practitioners, with appropriate preparation and medical collaboration, are qualified to perform abortions."

Strategies for Expanding Abortion Access: The Role of Physician Assistants, Nurse Practitioners, and Nurse-Midwives in Providing Abortions, 1997:

"The mission of the National Association of Nurse Practitioners in Reproductive Health (NANPRH) is "to assure quality reproductive health services which guarantee reproductive freedom, and to promote and protect the delivery of these services by nurse practitioners." In keeping with its mission, NANPRH supports the delivery of abortion services by nurse practitioners who are qualified by advanced preparation and who have appropriate medical collaboration. We strongly endorse the recommendations contained in this report." [1]

Physicians for Reproductive Choice and Health (PRCH) [2][3]

Policy Statement, May 1999:

"Physicians for Reproductive Choice and Health endorses the training of physicians, nurse practitioners, certified nurse midwives and physician assistants in the provision of abortion services."

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For More Information

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