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Creinin, Mitchell D

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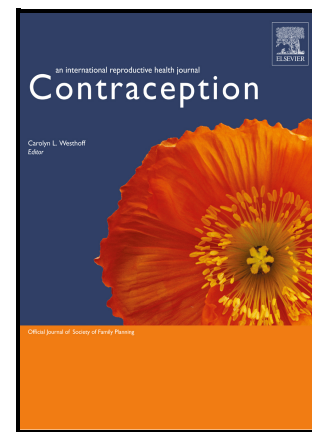
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Mitchell D. Creinin



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Letter to the Editor

Data interpretation of changes in abortion volume of graduating obstetrics and gynecology residents

Mitchell D. Creinin

University of California, Davis

Sacramento, CA USA

Contact: Mitchell D. Creinin, mdcreinin@health.ucdavis.edu, 916-734-6670

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Conflicts of Interest: none

Dear Editor,

While I was excited to read the results of the study “Abortion volume reported by graduating residents in obstetrics and gynecology training programs” by Pershad et al [1], I was disappointed with the presentation of the results. The authors report a statistically significant decrease in the average number of abortion per U.S. graduating obstetrics and gynecology resident declined from 46.1 in 2009-2010 to 43.9 in 2023-2024 based on Accreditation Council for Graduate Medical Education (ACGME) case logs. Although statistically significant, this number does not represent a clinically important change, as an average of 2.2 less procedures over a 4-year residency is unlikely to represent a meaningful impact on training to competency. Over the 15-year period, the mean ranged from a low of 43.3 ± 31.1 to a high of 46.7 ± 31.0 .

I would interpret these findings to demonstrate that despite an increasing number of programs during the 15-year analysis, the variable change from year to year does not demonstrate a meaningful change in the average number of procedures per resident. I would also interpret the data as unlikely to be normally distributed given the wide standard deviations each year, meaning that averages are not necessarily an accurate representation of changes from year to year, a limitation not mentioned in the Discussion. Unfortunately, since the data are reported in aggregate, it is not possible to calculate medians or evaluate changes accurately.

I applaud Pershad et al for working with what data is available to bring more attention to this topic. It is important that actual numbers be followed over time and would encourage individual programs and ACGME to work together to gain a clearer understanding of this important issue to truly understand what is happening with abortion training across the country. Knowing how many residents report zero procedures is important; while these

outcomes could represent underreporting as described by Pershad et al, they could also represent program-specific policies or personal choice. Most importantly, we need to understand the proportion of residents that are receiving a meaningfully low level of training, such as those that were less than one standard deviation below the mean or below the 25th percentile per year.

Mitchell D. Creinin, MD
Distinguished Professor
Director, Complex Family Planning Fellowship
University of California, Davis
Sacramento, CA

Reference

- [1]. Pershad A, Wilkinson A, Kimble T. Abortion volume reported by graduating residents in obstetrics and gynecology training programs. *Contraception*. 2026;162:111483. doi: 10.1016/j.contraception.2026.111483

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