Anesthetic Perspectives and Practices Toward Procedural Abortion: A Survey of SOAP Members

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- Background & Hypothesis
  - Anesthesia professionals provide anesthesia for procedural abortion.[1,2]
  - Little is known about the extent to which anesthesia professionals participate in abortion-related care or their reasons for non-participation.[3-6]
  - **Hypothesis**: There is a variation in practice patterns among SOAP members toward the provision of care for procedural abortion.
  - Understanding current practice and perspectives should help guide:
    - Educational programing
    - Research
    - Patient care

References
1. O'Connell et al. *Contraception*. 2008; 78:492 | 2. White et al. *Contraception*. 2018; 98:95 | 3. Reeves et al. *Int J Obstet Anesth*. 2022; 49:103239
4. Reeves et al. *Contraception*, 2023; 124:110058 | 5. Koganti et al. *Anesthesiology*, 2024; 141:849 | 6. Van Norman et al. *Anesthesiol Clin*. 2024; 42:539

Study Design and Methods

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- IRB-approved, SOAP-sponsored, anonymous web-based cross-sectional survey (Qualtrics) study, April/May 2025
- **Primary aim:** Determine the attitudes and perspectives of SOAP members related to their anesthesia practices for various abortion and abortion-related procedures.
- Inclusion criteria: SOAP member, anesthesiologist/CRNA/AA, completed training, currently practicing anesthesia, primarily practicing in the US.
- Procedures evaluated:
  - Procedural abortion: D&C, D&E, etc.
    - Not included in the definition of procedural abortion: medication abortion, ectopic, IUFD, miscarriage, pre-viable PPROM
  - Also: ectopic pregnancy, labor epidural analgesia for induction termination, anesthesia for feticidal injection, anesthesia for complications of abortions such as post-abortion hemorrhage and sepsis
- **Secondary aim:** Evaluate reasons for non-participation.

Results

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- The survey response rate was **19%** (159/856)

Table: Provision/supervision of anesthesia care for reproductive health procedures by SOAP members (total respondents = 159).

Procedure	Provide and/or supervise anesthesia, N (%)	Do not provide and/or supervise anesthesia, N (%)	I don't know/Left blank, N (%)
First trimester (<13 weeks gestation) procedural abortion	102 (64.2)	44 (27.7)	13 (8.2)
Second trimester (13-24 weeks gestation) procedural abortion	107 (67.3)	36 (22.6)	16 (10.1)
Third trimester (>24 weeks gestation) procedural abortion	48 (30.2)	91 (57.2)	20 (12.6)
Abortion for fetal anomalies/abnormal genetics	110 (69.2)	36 (22.6)	13 (8.2)
Labor epidural for induction termination	115 (72.3)	31 (19.5)	13 (8.2)
Feticidal injection procedure	38 (23.9)	98 (61.6)	23 (14.5)
Surgical management of ectopic pregnancy	140 (88.1)	8 (5.0)	11 (6.9)
Procedure for post-abortion complications such as hemorrhage or infection	136 (85.5)	9 (5.7)	14 (8.8)

Table 2: Summary of reasons for declining to provide/supervise anesthesia care for procedural abortion by gestational age.

	First trimester (<13 weeks) (N = 44)	Second trimester (13-24 weeks) (N = 36)	Third trimester (>24 weeks) (N = 91)
Reason(s) for answering "No" to providing/supervising anesthesia for procedural abortion*	**N (%)**	**N (%)**	**N (%)**
Current or impending local (state) legal restrictions	12 (27)	12 (33)	37 (41)
I personally oppose abortion at this gestational age	8 (18)	9 (25)	15 (16)
The practice (or institution) where I work has a policy against performing this procedure	13 (30)	13 (36)	22 (24)
Concerns about personal legal liability	2 (5)	2 (6)	7 (8)
Concerns about physical safety, social exposure or web-based targeting	1 (2)	1 (3)	2 (2)
Other colleagues provide anesthesia care for this procedure	8 (18)	4 (11)	2 (2)
This service is provided in locations nearby	8 (18)	6 (17)	7 (8)
I don't know	1 (2)	1 (4)	10 (11)
Other (please explain)	6 (14)	3 (8)	16 (18)
Total reasons:	59	51	118

* Respondents were allowed to pick more than one reason.

Conclusion and Discussion

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- Despite a low survey response rate, we observed that most respondents participated in procedural abortion and many abortion-related procedures.
- Concern about legal liability was not a prominent reason for not participating in anesthesia care for abortion related procedures.
- These findings can inform targeted education initiatives, workforce planning, and institutional guidance to ensure safe, equitable access to anesthesia care for abortion and abortion-related interventions.

Questions?