THE EUROPEAN SOCIETY OF MEDICINE
Medical Research Archives, Volume 13 Issue 4

RESEARCH ARTICLE

Impact of the Dobbs Decision on Obstetrics and Gynecology Residency Applications – an Exploratory Survey

Alissa M. Conklin MD[1], Victoria Rone MD[2], Diana Arrocha BS[3], Nicole P. Scott MD[1], Jeffrey F. Peipert MD[1], Anthony L. Shanks MD, MEd[1]

[1] Indiana University Department of Obstetrics and Gynecology, Indianapolis, IN, United States
[2] University of Cincinnati Department of Obstetrics and Gynecology, Cincinnati, OH, United States
[3] Indiana University School of Medicine, Indianapolis, IN, United States

OPEN ACCESS

PUBLISHED
30 April 2025

CITATION
Conklin, AM., Rone, V., et al., 2025. Impact of the Dobbs Decision on Obstetrics and Gynecology Residency Applications – an Exploratory Survey. Medical Research Archives, [online] 13(4).
https://doi.org/10.18103/mra.v13i4.6376

DOI
https://doi.org/10.18103/mra.v13i4.6376

ISSN
2375-1924

ABSTRACT

Objective: To evaluate the early impact of the *Dobbs v. Jackson Women's Health Organization* decision on Obstetrics and Gynecology (OBGYN) residency applications by analyzing changes in applicant behavior, including application numbers and signal allocation, based on abortion law categories, program prestige, geographic region, and the availability of family planning fellowships.

Study Design: This cross-sectional survey assessed 61 medium-to-large OBGYN residency programs to examine application trends before and after the *Dobbs* decision. Data were collected on residency applications for the 2021–2022 and 2022–2023 application cycles, the number of gold and silver signals received in the 2022 Electronic Residency Application Service (ERAS) cycle, program prestige (US News & World Report and Doximity rankings), geographic region (Center for Disease Control and Prevention (CDC)-defined), and the presence of a family planning fellowship or Ryan Program affiliation. Descriptive statistics, paired t-tests, and analysis of variance (ANOVA) were used to analyze differences in application numbers and signal allocation.

Results: Across all abortion law categories, applications declined from the 2021–2022 to the 2022–2023 cycle (mean: 895.9 vs. 856.7, $p = 0.02$), with the largest decrease in states with abortion restrictions (-7.58%). Programs in states with abortion protections received significantly more gold ($p = 0.04$) and silver signals ($p < 0.001$) than those in restrictive states. Programs offering family planning fellowships and those affiliated with the Ryan Program also received more signals ($p < 0.05$).

Conclusion: Programs in abortion-restrictive states received fewer applications and signals, suggesting applicants prioritize abortion training access. These trends may impact the geographic distribution of OBGYNs and reproductive healthcare availability.

Implications: Declining applications to restrictive states may exacerbate maternity care shortages. Further research is needed to assess long-term effects on workforce retention and training.

Keywords: abortion, *Dobbs*, Supreme Court, residency applications, training, signals

Introduction

On June 24, 2022, the United States Supreme Court released its decision in *Dobbs v. Jackson Women's Health Organization*, overturning the constitutional right to an abortion and placing abortion regulation under state jurisdiction.[1] This decision marked a historic shift in reproductive healthcare policy, reshaping medical training, clinical care, and physician workforce distribution. Since then, many states have implemented varying degrees of abortion restrictions, severely limiting not only access to abortion care but also the ability of future physicians to be adequately trained in reproductive healthcare. The decision's impact on residency programs is particularly concerning in states with restrictive abortion laws, where compliance with training mandates is increasingly challenging.

Abortion training has long been a critical component of obstetrics and gynecology (OBGYN) residency education, integrating both clinical and didactic instruction. The Accreditation Council for Graduate Medical Education (ACGME) mandates that all OBGYN residents have access to abortion training as part of their planned curriculum.[2] Before the *Dobbs* decision, nearly half (49%) of U.S. OBGYN residency programs incorporated routine abortion training. However, after the ruling, 14% of these programs lost the ability to provide such training due to state restrictions, reducing overall availability to 42%.[3] While this decline may seem modest, its effects are disproportionately concentrated in restrictive states.

In response to these legal changes, the Accreditation Council for Graduate Medical Education (ACGME) has implemented alternative pathways to help residents meet training requirements, including lowered case log minimums, out-of-state rotations, and simulations. Updates to the Council on Resident Education in Obstetrics and Gynecology (CREOG) curriculum have further emphasized the importance of comprehensive abortion education.[4]

However, the American Board of Obstetrics and Gynecology (ABOG) has reported that residents in restrictive states continue to struggle with case list requirements, leaving them less prepared in critical areas of family planning. These training barriers may significantly impact residency applicants' decisions, as recent data suggest that medical trainees are increasingly prioritizing access to abortion care when selecting programs.[5] The decline in applications to programs in restrictive states could have long-term consequences for maternal healthcare access, exacerbating physician shortages in regions already facing limited reproductive healthcare services.

Considering these developments, access to abortion training and care remains uncertain for both patients and trainees. Additionally, the 2022 implementation of a signal system in the Electronic Residency Application Service (ERAS) introduced new insights into residency program preferences. In this system, applicants could assign up to 3 gold signals to programs of highest interest and up to 15 silver signals to programs of very high interest. This novel feature provides a valuable measure of applicant preferences, offering insight into how program selection behaviors may be shifting in response to abortion law changes.

The purpose of this study is to evaluate the early impact of the *Dobbs* decision on OBGYN residency applications by examining changes in applicants' use of signals. We hypothesize that residency programs will show significant changes in applications and signal allocation based on abortion law categories, program prestige, geographic region, and the availability of fellowship opportunities. Specifically, we expect programs in states with abortion bans to receive fewer applications and signals, while Ryan programs, programs in states with protective laws, and programs with family planning fellowships will receive increased interest and signal allocation.[6-8]

Methods

STUDY DESIGN AND PARTICIPANTS

This was an exploratory cross-sectional survey of medium to large OBGYN residency programs (greater than 6 residents per year) in the United States and was Institutional Review Board (IRB) exempt. This residency size was selected for more homogeneity and the data was collected October and November of 2022. Eligible programs were identified through the American Medical Association's (AMA) Fellowship and Residency Electronic Interactive Database (FREIDA), and their characteristics were enhanced with publicly available data on geographic location, prestige rankings (US News & World Report), and Ryan program affiliation.[9]

DATA COLLECTION AND VARIABLES

A survey instrument was designed to capture residency application numbers from the year preceding and following the Dobbs decision (2021-2022 and 2022-2023), presence of a Complex Family Planning Fellowship, and the number of gold and silver signals received in the 2022 ERAS cycle. Additional data included program prestige rankings, geographic region (CDC-defined), and Ryan program status. Application numbers were adjusted for residency spots to ensure comparability across programs of different sizes. In addition to determining the overall number of applications received per program, the number of applications per intern position was determined. Program directors and program assistants of the qualifying programs were then emailed the surveys. A total of three emails were sent to each qualifying program with the link to the survey.

Program prestige was determined using rankings from the US News & World Report and the 2023–2024 Doximity residency program rankings, with groupings based on Top 25, 26–50, and 51+ or not ranked categories.[10-12] These groupings were chosen to explore whether applicants prioritize highly ranked programs, which are often associated with advanced resources, or favor mid-tier and lower-tier programs in states with abortion protections. Geographic regions were categorized using CDC-defined groupings for both broad regions (Northeast, Midwest, South, West) and smaller divisions (e.g., Middle Atlantic, East North Central).[13] This dual approach aimed to assess whether broader regional trends or finer geographic divisions had a greater influence on application numbers and signal distribution. These geographic groupings were chosen

because state-level abortion laws and related healthcare policies often align with broader regional political and healthcare trends, which could influence residency application patterns.

To evaluate the impact of abortion legislation, programs were stratified into protective, restrictive, or mixed states based on the Guttmacher Institute's classifications of abortion laws.[14] This stratification allowed for analysis of application and signal trends relative to the legislative landscape. Additionally, Ryan program affiliation was included as an indicator of a program's commitment to abortion training, as the program is specifically designed to advance complex family planning education. To ensure comparability across programs of different sizes, application numbers were adjusted for the number of available residency spots.

STATISTICAL ANALYSIS

Statistical analysis was conducted using R version 4.4.0. Descriptive statistics, paired t-tests, and ANOVA were used to evaluate differences in application numbers and signal allocation across abortion law categories, geographic regions/divisions, prestige groups, and Ryan program status. Post-hoc analyses were performed where significant differences were identified. To account for potential confounders, such as program prestige and geographic variability, data were stratified by these variables in sub-analyses. Results were presented with mean, standard deviation, and 95% confidence intervals.

Results

SURVEY RESPONSE AND PROGRAM CHARACTERISTICS

Of the 61 eligible medium-to-large OBGYN residency programs surveyed, 17 programs completed the survey (27.8% response rate). These programs were distributed across 14 states, encompassing various geographic regions and abortion law categories. Among the responding programs, 35% were located in states with abortion protections, 35% in states with abortion restrictions, and 30% in states with some restrictions/some protections. Additionally, 76% of the programs had a Ryan program affiliation, and 53% offered a family planning fellowship. Program prestige varied, with 35% ranked in the Top 25, 30% in the 26–50 range, and 35% ranked 51+ or unranked based on US News & World Report and Doximity rankings.

CHANGES IN RESIDENCY APPLICATIONS

Residency application numbers declined across all abortion law categories between 2021-2022 and 2022-2023, with an overall mean decrease from 895.9 (SD = 198.5) to 856.7 (SD = 194.5), a statistically significant reduction ($p = 0.02$). Programs in states with abortion restrictions experienced the largest decline in application numbers (mean percentage change = -7.58%), compared to states with protections (-3.92%) and some protections/some restrictions (-0.72%). However, these differences were not statistically significant when analyzed using one-way ANOVA ($p = 0.27$).

When applications were normalized per residency spot, states with restrictions (R) had the lowest average applications per spot in 2022-2023 (mean = 84.6, SD = 21), followed by states with protections (P) (mean = 97, SD = 26.1) and states with a mix of restrictions and protections (R/P) (mean = 125.9, SD = 37.2). While the differences were not statistically significant ($p = 0.08$), the trend suggests a potential association between state abortion policies and applicant interest in residency programs.

DISTRIBUTION OF SIGNALS

Programs in states with abortion protections received significantly more gold and silver signals compared to programs in restrictive or mixed states. The mean number of gold signals was 64.6 (SD = 24) for programs in protective states, 43 (SD = 18.9) for programs in mixed states, and 31.3 (SD = 14.9) for programs in restrictive states ($p = 0.04$). Post-hoc analysis revealed a significant difference between protective and restrictive states ($p = 0.03$). Similarly, silver signals were significantly lower in restrictive states (R) (mean = 133.3, SD = 23.2) compared to states with protections (P) (mean = 221.2, SD = 40.6) and those with a mix of restrictions and protections (R/P) (mean = 226.4, SD = 40.9; $p < 0.001$). Post-hoc analysis confirmed that the difference between restrictive states and both other groups was statistically significant ($p = 0.002$ for R vs. P; $p = 0.001$ for R vs. R/P). These findings indicate that applicants are significantly more likely to signal interest in programs located in states with abortion protections or mixed policies compared to those in restrictive states.

IMPACT OF FAMILY PLANNING FELLOWSHIPS

Programs offering a family planning fellowship received more gold (mean = 56.9, SD = 22.5) and silver signals (mean = 216, SD = 45.6) compared to those without fellowships (gold: mean = 30.6, SD = 13.7; silver: mean = 156.3, SD = 51.7). These differences were statistically significant ($p = 0.02$ for gold, $p = 0.03$ for silver).

REGIONAL AND PRESTIGE-BASED ANALYSES

Analysis by geographic region showed that programs in the Northeast and Middle Atlantic had the highest number of applications and signals, followed by the Midwest, South, and West. The largest declines in applications were observed in the East North Central and Midwest regions, while Middle Atlantic programs remained stable. Despite these trends, regional differences were not statistically significant for total application numbers ($p > 0.05$). When grouped by program prestige, programs ranked 1–25 received the highest number of applications, followed by 26–50 and 50+ programs. However, application declines were observed across all ranking groups, with no statistically significant differences in percentage change in applications ($p = 0.76$). Similarly, while Top 25 programs had the highest overall application numbers, there was no significant difference in total applications between prestige groups ($p = 0.5$ for applications per residency spot).

SUMMARY

Overall, programs in states with abortion protections, those offering family planning fellowships, and those with Ryan program affiliations were associated with higher signal allocation. While application numbers declined across all categories following the Dobbs decision, the most substantial reductions were observed in states with abortion restrictions.

Discussion

This study explores the early impact of the *Dobbs* decision on OBGYN residency applications, highlighting significant

trends in applicant behavior based on abortion law categories, program prestige, geographic region, and the availability of family planning fellowships. Our findings indicate that while overall applications to OBGYN programs declined between 2021-2022 and 2022-2023 cycle, the decline was most pronounced in states with abortion restrictions or bans. Programs in states with abortion protections not only received more applications but were also allocated significantly more gold and silver signals, underscoring the role of abortion training availability in residency selection.

The signal system appears to provide a more precise measure of applicant interest than application numbers alone. According to Association of American Medical Colleges' (AAMC) 2024 ERAS statistics, approximately 10% of programs receive between 20% and 27% of all gold and silver signals respectively, yet little is known about the specific characteristics that make these programs more attractive.[15] This paper offers insight to potential factors influencing applicant preferences. While applications declined across all states, gold and silver signal distribution revealed a clear preference for programs in states with abortion protections and those demonstrating a strong commitment to abortion training. This suggests that applicants, particularly those prioritizing comprehensive reproductive healthcare education, are signaling stronger interest in programs that can guarantee such training. This aligns with prior research demonstrating that medical students are increasingly considering access to abortion care in their residency choices.[5,16]

Additionally, programs affiliated with the Ryan Program received more signals, further supporting the idea that applicants actively seek training environments with established abortion education. Given that many Ryan-affiliated programs also offer a family planning fellowship, this reinforces the perception that applicants prefer programs with robust reproductive health training. These trends may have long-term implications for workforce distribution, as residents who train in states with greater access to abortion care may be more likely to remain in those regions to practice.[3,17]

Our study also considered program prestige and geographic region. While highly ranked programs received more applications overall, geographic analysis showed that programs in the Northeast and Middle Atlantic received the most applications, followed by the Midwest, South, and West. This may reflect a combination of factors, including regional political climates, healthcare policies, and broader residency selection preferences.

The *Dobbs* decision has also raised concerns about the long-term pipeline of OBGYN physicians, particularly in states with restrictive abortion laws. A recent survey found that 67% of medical trainees at Indiana University School of Medicine reported they were less likely to remain in Indiana post-*Dobbs*, highlighting the potential for worsening physician shortages in states with abortion bans.[18] Given that many of these states already face maternity care shortages,[19,20] declining residency applications could further strain access to reproductive healthcare.

Limitations and Future Directions

This study has several limitations. The response rate was 27.8%, which may introduce selection bias and limit generalizability. However, the distribution of responding programs across abortion law categories suggests a representative sample. Additionally, our study only included medium-to-large residency programs, potentially excluding perspectives from smaller, rural, or community-based programs. Future research should explore how abortion restrictions impact smaller residency programs and whether these trends persist in future application cycles.

Further studies should also examine how changes in abortion laws influence not only application trends but also the clinical training experience of OBGYN residents. Longitudinal research is needed to assess whether graduates from states with restrictive abortion laws feel adequately prepared in abortion care and whether these restrictions influence their future practice locations.

Additionally, research has shown that physicians are significantly more likely to practice in the state where they complete their residency training. According to data from the AAMC, a substantial proportion of physicians remain in their training states following graduation, reinforcing the importance of residency location in workforce distribution.[21] Given the declining number of applications to programs in restrictive states, this trend raises concerns about long-term workforce shortages in these regions, particularly in obstetrics and gynecology. While this study has focused on OBGYN residents, the impact of abortion-related restrictions on residency training may extend beyond this specialty. Disciplines such as emergency medicine, maternal-fetal medicine, and family medicine, which often involve aspects of reproductive healthcare, may also experience shifts in applicant preferences and workforce distribution. Future research should examine how these legal and policy changes influence residency selection, training opportunities, and workforce retention across multiple specialties.

Conclusion

Our findings suggest that *Dobbs*-related abortion restrictions are influencing residency applicant preferences, with programs in abortion-protective states and those offering family planning fellowships receiving more signals of interest. These results underscore the importance of abortion training access in OBGYN residency selection and raise concerns about potential physician shortages in states with restrictive abortion laws. Ongoing monitoring of these trends is essential to understanding the evolving landscape of OBGYN training and workforce distribution in the post-*Dobbs* era.

Acknowledgements: The authors have no additional people to add in acknowledgements.

Declarations of Interest: None.

Competing Interests Statement: The authors have no competing interests to declare.

References:

1. Supreme Court of the United States. *Dobbs v. Jackson Women's Health Organization, 19-1392*. June 24, 2022. Accessed March 12, 2025. https://www.supremecourt.gov/opinions/21pdf/19-1392_6j37.pdf
2. Accreditation Council for Graduate Medical Education. *ACGME Program Requirements for Graduate Medical Education in Obstetrics and Gynecology*. 2023. Accessed March 12, 2025. https://www.acgme.org/globalassets/pfassets/programrequirements/220_obstetricsandgynecology_2023.pdf
3. Vinekar K, Karlapudi A, Bauer CC, et al. Abortion training in US obstetrics and gynecology residency programs in a post-Dobbs era. *Contraception*. 2024;130:110291. doi:10.1016/j.contraception.2023.110291
4. Council on Resident Education in Obstetrics and Gynecology (CREOG). *CREOG Educational Objectives: Core Curriculum in Obstetrics and Gynecology, 12th Edition*. American College of Obstetricians and Gynecologists; 2020. Accessed March 12, 2025. https://acnm-acog-ipe.org/wp-content/uploads/2021/08/CREOG-Educational-Objectives-12th-Edition-Secured-2020.pdf
5. Hammoud MM, Morgan HK, George K, et al. Trends in obstetrics and gynecology residency applications in the year after abortion access changes. *JAMA Netw Open*. 2024;7(2):e2355017. doi:10.1001/jamanetworkopen.2023.55017
6. Landy U, Turk JK, Simonson K, Koenemann K, Steinauer J. Twenty Years of the Ryan Residency Training Program in Abortion and Family Planning. *Contraception*. 2021;103(5):305-309. doi:10.1016/j.contraception.2020.12.009
7. Steinauer JE, Turk JK, Fulton MC, Simonson KH, Landy U. The benefits of family planning training: a 10-year review of the Ryan Residency Training Program. *Contraception*. 2013;88(2):275-280. doi:10.1016/j.contraception.2013.02.006
8. American College of Obstetricians and Gynecologists (ACOG). *Abortion Training and Education in a Post-Dobbs Landscape*. 2025. Accessed March 12, 2025. https://www.acog.org/clinical-information/policy-and-position-statements/position-statements/2025/abortion-training-and-education-in-a-post-dobbs-landscape
9. American Medical Association. *FREIDA AMA Residency & Fellowship Programs Database*. 2022. Accessed July 8, 2023. https://freida.ama-assn.org
10. U.S. News & World Report. *Best Hospitals for Gynecology*. Accessed March 12, 2025. https://health.usnews.com/best-hospitals/rankings/gynecology
11. U.S. News & World Report. *Best Medical Schools: Research Rankings*. Accessed March 12, 2025. https://www.usnews.com/best-graduate-schools/top-medical-schools/research-rankings
12. Doximity. *Obstetrics & Gynecology Residency Program Rankings*. Accessed March 12, 2025. https://www.doximity.com/residency/programs
13. Centers for Disease Control and Prevention (CDC). *Geographic Region: Sources and Definitions*. Accessed March 12, 2025. https://www.cdc.gov/nchs/hus/sources-definitions/geographic-region.htm
14. Guttmacher Institute. *Interactive Map: US Abortion Policies and Access After Roe*. 2023. Accessed July 8, 2023. https://states.guttmacher.org/policies/
15. Association of American Medical Colleges. *ERAS Statistics: 2024 Program Signals, Specialty 10% Signal Rate*. Accessed March 4, 2025. https://www.aamc.org/data-reports/data/eras-statistics-data
16. Mermin-Bunnell K, Traub AM, Wang K, Aaron B, King LP, Kawwass J. Abortion restrictions and medical residency applications. *J Med Ethics*. 2023. doi:10.1136/jme-2023-109190
17. Beasley AD, Olatunde A, Cahill EP, Shaw KA. New gaps and urgent needs in graduate medical education and training in abortion. *Acad Med*. 2023;98(4):436-439. doi:10.1097/ACM.0000000000005154
18. Hulsman L, Bradley PK, Caldwell A, et al. Impact of the *Dobbs v. Jackson Women's Health Organization* decision on retention of Indiana medical students for residency. *Am J Obstet Gynecol MFM*. 2023;5(11):101164. doi:10.1016/j.ajogmf.2023.101164
19. March of Dimes. *Maternity Care Deserts Report*. 2022. Accessed July 8, 2023. https://www.marchofdimes.org/maternity-care-deserts-report
20. Indiana Department of Health. *Maternal Mortality Review Committee*. 2022. Accessed July 8, 2023. https://www.in.gov/health/frp/fatality-review/maternal-mortality-review-committee/
21. Association of American Medical Colleges. *Table C4: Physician Retention in State of Residency Training, GME Last Completed 2021*. Accessed March 12, 2025. https://www.aamc.org/data-reports/students-residents/data/report-residents/2021/table-c4-physician-retention-state-residency-training-last-completed-gme