

## Appendix 1. Survey Questions

Are you a resident graduating spring/summer 2023?

- a. Yes
- b. No (if they select no, will not be able to continue)
2. What is your age in years? \_\_\_\_\_
3. Which of the following best describes your gender identity (choose all the apply)
  - a. Woman/female
  - b. Man/male
  - c. Gender expansive (e.g. trans, nonbinary, gender-queer)
  - d. Self describe (will open to a open ended box)
  - e. I prefer not to answer
4. Which of the following best describes your race/ethnicity? (choose all that apply)
  - a. African American or Black
  - b. American Indian or Alaskan Native
  - c. Asian
  - d. Hispanic or Latina
  - e. Native Hawaiian or Pacific Islander
  - f. White
  - g. Other
  - h. I don't know
  - i. I prefer not to answer
5. Which best describes your relationship status?
  - a. Married
  - b. Not married, but living together or in a committed relationship
  - c. Actively dating, but NOT in a committed relationship
  - d. Divorced/Separated
  - e. Single, not in a relationship
  - f. Widowed
  - g. Other
  - h. I prefer not to answer
6. Program at which you will soon be graduating residency (drop down with list of all 109 Ryan programs)
7. At this time, what type of practice or fellowship are you planning on practicing in after residency?
  - a. Academic generalist
  - b. Private practice generalist
  - c. Maternal fetal medicine fellowship (MFM)
  - d. Gynecologic oncology fellowship (GYN ONC)
  - e. Urogynecology fellowship (FPMRS)
  - f. Minimally invasive gynecologic surgery fellowship (MIGS)
  - g. Reproductive endocrinology and infertility fellowship (REI)
  - h. Complex family planning fellowship (CFP)
  - i. Pediatric and adolescent gynecology fellowship (PAG)
  - j. Addiction medicine fellowship
  - k. Other (includes open ended for writing)
  - l. Undecided I prefer not to answer
8. Did the Dobbs v Jackson Women's Health Organization decision, and the resulting overturn of Roe v Wade in June 2022, change what type of practice or fellowship you would like to practice in?
  - a. Yes (if selected opens to question 9)

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- b. No
  - c. Not certain
  - d. I prefer not to answer
9. Prior to the *Dobbs v Jackson Women's Health Organization* decision, what type of practice or fellowship were you planning on practicing in?
- a. Academic generalist
  - b. Private practice generalist
  - c. Maternal fetal medicine fellowship (MFM)
  - d. Gynecologic oncology fellowship (GYN ONC)
  - e. Urogynecology fellowship (FPMRS)
  - f. Minimally invasive gynecologic surgery fellowship (MIGS)
  - g. Reproductive endocrinology and infertility fellowship (REI)
  - h. Complex family planning fellowship (CFP)
  - i. Pediatric and adolescent gynecology fellowship (PAG)
  - j. Addiction medicine fellowship
  - k. Other (includes open ended for writing)
  - l. Undecided I prefer not to answer
10. At this time, what state are you planning on primarily practicing in after residency? If you are unsure please select the state that you would like to practice in?
- a. List of states to select from, and also "I don't know," and "I prefer not to answer."
11. Did the *Dobbs v Jackson Women's Health Organization* decision, and the resulting overturn of *Roe v Wade* in June 2022, change what state you are planning on practicing in?
- a. Yes (if this is selected, question 12 appears)
  - b. No
  - c. I prefer not to answer
12. Prior to the *Dobbs v Jackson Women's Health Organization* decision, what state was your most preferred to practice after residency? If you were unsure please select the state you would have like to practice in.
- a. List of states to select from, and also "I don't know," and "I prefer not to answer."
13. At this time, do you plan to perform abortion care in your future practice?
- a. Yes, I plan on performing abortion care in my future practice
  - b. Yes, I plan on performing abortion care in my future practice, however, only for specific situations (rape/incest/maternal compromise/fetal anomaly, etc)
  - c. No, I would want to, but state-level, health system or practice-type restrictions prohibit me from doing so.
  - d. No, I do not plan on performing abortions as it is not a part of my future area of expertise (i.e Uro-gyn, etc)
  - e. No, I do want to perform abortions
  - f. Other (open ended box appears)
  - g. I prefer not to answer
14. Did the *Dobbs v Jackson Women's Health Organization* decision, and the resulting overturn of *Roe v Wade* in June 2022, change your plans to provide abortion care in your future practice?
- a. Yes (if yes is selected, question 15 appears)
  - b. No
  - c. I prefer not to answer
15. Prior to the *Dobbs v Jackson Women's Health Organization* decision, did you plan to perform abortion care in your future practice?

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- a. Yes, I plan on performing abortion care in my future practice
  - b. Yes, I plan on performing abortion care in my future practice, however, only for specific situations (rape/incest/maternal compromise/fetal anomaly, etc)
  - c. No, I would want to, but state-level, health system or practice-type restrictions prohibit me from doing so.
  - d. No, I do not plan on performing abortions as it is not a part of my future area of expertise (i.e Uro-gyn, etc)
  - e. No, I do want to perform abortions
  - f. Other (open ended box appears)
  - g. I prefer not to answer
16. On a scale of 1 to 5, how strongly did your abortion provision plans impact your choice of field (i.e type of practice or fellowship choice)? (Likert scale 1, not strongly at all to 5, very strongly)
17. On a scale of 1 to 5, how strongly did your abortion provision plans impact your choice of state to work or rank fellowship in? (Likert scale 1, not strongly at all to 5, very strongly)
18. Which statement best describes your stance on abortion and its legality?
- a. Abortion should be legal in all cases
  - b. Abortion should be legal with restrictions for gestational age
  - c. Abortion should be legal only for cases of rape/incest/maternal risk
  - d. Abortion should be illegal
  - e. Other (make open box appear)
  - f. I prefer not to answer
19. On a scale of 1 to 5, how strongly did your stance on abortion impact your choice of field (i.e. type of practice or fellowship choice)? (Likert scale 1, not strongly at all to 5, very strongly)
20. On a scale of 1 to 5, how strongly did your stance on abortion impact your choice of state to work or rank fellowship in? (Likert scale 1, not strongly at all to 5, very strongly)
21. Would you family/support system be supportive of your decision to live and work in (or highly rank for fellowship) a state that strongly protects abortion?
- a. They would be very unsupportive
  - b. They would be somewhat unsupportive
  - c. They would be neither unsupportive nor supportive
  - d. They would be somewhat supportive
  - e. They would be very supportive
  - f. Other
  - g. I prefer not to answer
22. On a scale of 1 to 5, indicate the level at which your family/support systems' support or lack of support of your decision to live and work in a state that strongly protects abortion impacted your choice of state to work or rank fellowship in. (Likert scale 1, not strongly at all to 5, very strongly)
23. What best describes your plans for pregnancy (your personal pregnancy or your partner's pregnancy)?
- a. Never plan to become pregnant
  - b. Currently pregnant
  - c. Currently trying to become pregnant
  - d. Plan to become pregnant in 1-2 years
  - e. Plan to become pregnant in 3-5 years
  - f. Plan to become pregnant in 5-10 years
  - g. Undecided
  - h. Other
  - i. I prefer not to answer

24. On a scale of 1 to 5, how strongly do your pregnancy plans impact your choice of state to work or rank fellowship in? . (Likert scale 1, not strongly at all to 5, very strongly)
25. On a scale of 1 to 5, how strongly does your ability to personally receive an abortion (or for your partner to receive an abortion) impact your choice of state to work or rank fellowship in? (Likert scale 1, not strongly at all to 5, very strongly)
26. What statement best describes your desire to advocate for or against abortion access for patient?
  - a. I want to strongly advocate AGAINST abortion
  - b. I want to somewhat advocate AGAINST abortion access for patients
  - c. I do not want to advocate against or for abortion access for patients
  - d. I want to somewhat advocate FOR abortion access for patients
  - e. I want to strongly advocate FOR abortion access for patients
  - f. Other
  - g. I prefer not to answer
27. On a scale of 1 to 5, how strongly does your desire to advocate for or against access for patients impact your choice of state to work or rank fellowship in? ? (Likert scale 1, not strongly at all to 5, very strongly)
28. Please describe how the Dobbs v Jackson Women's Health Organization decision has impacted your professional plans. (Large open ended response box)

**Appendix 2. Thematic Analysis of Prompt: “Please describe how the *Dobbs v Jackson Women’s Health Organization* decision impacted your professional plans.” 183/349 (52.8%) left a response.**

Theme	N= number of responses per theme	Exemplary quotes
Will not/would not like to live in restrictive state	90	First, despite my convictions that states that restrict abortion still need fierce advocates to fight for pregnant people, I don't have enough fight left in me to stay in a state that does not support my work as a physician. I cannot see myself ever moving back to a state that restricts abortions as extensively as [abortion restricted state] does. Additionally, it has motivated me to continue to provide abortions throughout my career even as I pursue fellowship in something else. I need to keep contributing to this important work, even as I leave a place in such great need.
		It has limited the area in which I feel comfortable seeking a job next year even further. I had personal limitations based on family/support system and my own beliefs/identities but the Dobbs decision has created even more limitations on where I want to practice. That is based on my desire to practice abortion-care, to advocate for abortions, and to live in a place where I have a large community of people who feel similarly.
Did not rank/ranked lower for fellowship	36	When ranking my MFM fellowships, it was very important to me that I ended up in states that would allow me to offer my patients all of their options about their pregnancy, especially that I will be practicing in a field that will encounter many fetal anomalies and circumstances where abortion may be the best option for my patients. I actually ranked the states that did not allow me to practice my D&E skills and my counseling skills last.
		Years prior to Dobbs, I knew I wanted to be a gyn oncologist. I was applying and interviewing to fellowship right after the Dobbs decision. The Dobbs decision impacted which interviews I accepted and how I ranked programs because I knew I did not want to practice in a state with abortion restrictions. I did not want to have the additional abortion restrictions on top of all the difficulties of taking care of patients (e.g. young pregnant patient with cervical cancer). Women's healthcare is challenging and frustrating as is, and I think my burnout would become unbearable if I were not able to provide the care that my patient wants.

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		I was already planning on pursuing REI fellowship and not planning to perform abortions, but I did not apply to programs in states where abortion was not legal and I did not rank programs based on changes in laws during my interviews
Personal/spousal reproductive discomfort	14	I was always planning to apply to urogynecology fellowship but the Dobbs v. Jackson decision impacted what states I would want to live in (i.e., do not want to be a pregnant patient in a state where I cannot access reasonable medical care). My partner is in the Midwest so unfortunately, I had to move to [abortion restrictive state] regardless of their stance on abortion, however, I did decide not to transfer my embryos from [abortion protective state] to [abortion restricted state] because I worry that strict abortion laws can then turn into personhood laws.
		My immediate professional plans have not been affected in any way as I intended to remain in [abortion protective state] for fellowship training and early attending years. However, it has definitely affected where I will seek to settle my family as part of my 5-10 year plan. I will choose to establish my personal and professional life in a state with more liberal laws re: reproductive health for patients.
Can't go home	14	I will be a first-year family planning fellow next year. As someone who wants to provide abortion care in the Southeast and having my community and family support in the Southeast, the Dobbs v JWHA decision had a major impact on where I sought fellowship, and I think will have a big impact on my early career. I want to advocate for abortion care in more hostile environments, however I want to gain experience and expertise in the field first. I worry that I can only do that in the first years of my career if I practice in a state that protects abortion care to later gestational ages.
		I grew up and trained in medicine and public health in a very restrictive state, [abortion restricted state]. I then got the opportunity to train in a very protective state, [abortion protective state], which has confirmed my desire to be able to provide abortion care for all women. Personally, considering a move back to be closer to my family is off the table, as I would be terrified to attempt to conceive in a state with a 6 week abortion ban. I have a job as an academic generalist, which hasn't changed due to the Reproductive Health Act passed in [abortion protective state] in response to the Dobbs decision.
		I had a few states in mind for practicing, and most of them have liberal stances on abortion care. However, I cannot practice in my home state because of how restrictive it is, so I cannot be near family.

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More motivated to advocate	35	I did not originally plan to stay in the same state as my residency for work. There are other reasons for me to do so as well, but part of the decision was made based on my perception of the need for strong advocacy in my future state of practice. It is the most vulnerable state in the local region with regards to abortion protections and statewide advocacy is needed. The Dobbs decision and resulting legal restrictions makes me not want to practice in a state where I could potentially be criminalized for doing what I think is medically appropriate.
		It has not affected my personal career or living plans but it has motivated me to try to protect abortion access as much as I am able including advocacy and moonlighting if able.
		This decision made me only more enthusiastic to pursue specialized training in Complex Family Planning fellowship. I want to ensure that I can continue providing safe, evidence-based care to all my patients, including abortion care. I have become an even louder advocate for abortion access in restrictive states especially in [abortion restrictive state] where I am currently completing my residency training.
More motivated to provide abortions	47	It has fueled the fire of my plans to work in abortion care, at Planned Parenthood, and to be an advocate as much as possible for women everywhere desiring abortions
		It has encouraged me even more to be able to provide abortion care for my patients. I chose my future practice/hospital because of its ability for me to provide abortion care on a daily basis.
		I was always wanting to contribute to abortion care in some way, but now I feel a sense of responsibility for the future of women's access to care. I feel more strongly now that I would go out of my way to workplaces that need providers such as fly ins or moonlighting.