



reproductive
health
access
project

ROOTED IN CARE
HOW RHAP SHOWED
UP THIS YEAR
2025

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RHAP HIGHLIGHTS OF THE YEAR



A Year of Care, Community, and Collective Power

At RHAP, our mission is simple and steadfast:

We mobilize, train, and support clinicians to make sexual and reproductive health care accessible to everyone.

We support clinicians in providing and expanding access to compassionate, comprehensive, and accessible sexual and reproductive health care to everyone, everywhere.

This year, RHAP showed again that when clinicians are supported, care expands. Across the country, we brought clinicians together to learn, practice, reflect, and lead with values rooted in reproductive justice, dignity, and trust. From hands-on clinical training to movement-building partnerships, our work centered what matters most: patients, providers, and community.

In a moment defined by political uncertainty and growing barriers to care, RHAP remained grounded in a core belief:

Primary care is powerful. Community is essential. And clinicians deserve support, not isolation.

What This Year Revealed:

- Clinicians are eager for practical, values-aligned training
- Learning is most powerful when it happens in community
- Reproductive health care thrives when it is trauma-informed, culturally responsive, and patient-centered
- Support, mentorship, and shared strategy can turn barriers into momentum

Why These Highlights Matter:

The stories, data, and moments that follow represent more than programs or events. They reflect:

- Practices changed
- Confidence built
- Networks strengthened
- Access expanded

Each highlight is a testament to what's possible when clinicians are resourced, trusted, and connected and when reproductive health care is grounded in justice and collective care.

Looking Ahead:

As we look forward, RHAP remains committed to meeting this moment with clarity, courage, and care continuing to support clinicians who show up every day for their patients and communities.

What follows is a snapshot of a year shaped by **connection, courage, and collective power.**

RHAP's work this year reached across states, disciplines, and care settings supporting providers at every stage of their journey, from students and residents to experienced clinicians leading change in their communities.

WHY RHAP. WHY NOW.

REPRODUCTIVE HEALTH CARE IS AT A CROSSROADS.

Across the country, clinicians are navigating a rapidly shifting landscape marked by political uncertainty, misinformation, and widening gaps in access. At the same time, patients continue to seek care that is respectful, informed, and rooted in trust. In this moment, the need for practical training, community, and clarity has never been greater.

That's where RHAP comes in.

Why RHAP

RHAP exists to ensure clinicians are not alone in providing reproductive health care. For decades, we've supported providers with:

- Hands-on, evidence-based clinical training
- Open-access tools and patient education resources
- Local communities of practice that provide community, education, advocacy, and leadership development to build clinician power and create change

We meet clinicians where they are across primary care, community health, academic settings, and beyond, expanding access in the places where patients already are.

Why Now

Today's challenges demand more than information they demand infrastructure, relationships, and trust.

Clinicians are asking for:

- Clear guidance in an evolving legal landscape
- Support navigating difficult conversations with patients and colleagues and health system leaders
- Teaching and advocacy skills that reflect the real-world needs of diverse communities
- Space to learn, practice, and lead together

RHAP responds by creating spaces for training and leadership development to build clinicians' power and resiliency to respond to these challenges.

What Makes This Moment Powerful

Even in the face of barriers, clinicians are stepping forward with courage, care, and commitment. This year's work shows that:

- When clinicians are supported, practice changes
- When learning happens in community, confidence grows
- When care is rooted in justice, access expands

RHAP's role is to help turn commitment into action and action into sustainable, compassionate care.

**THE WORK AHEAD IS URGENT AND
FULL OF POSSIBILITY.**

Because clinicians deserve support

BECAUSE REPRODUCTIVE HEALTH CARE IS ESSENTIAL

SPOTLIGHT ON A CLUSTER

NEW MEXICO ABORTION PROVIDER NETWORK (APN)



Launched in 2024, the New Mexico Abortion Provider Network (APN) grew out of the New Mexico Cluster to strengthen abortion care across the state.

APN connects reproductive health care providers committed to delivering culturally congruent, trauma-informed, and high-quality care for their communities.

APN functions as a trusted professional home bringing together abortion providers, clinic staff, and community advocates to reduce isolation, share knowledge, and build collective power.

Supported by two project managers and two clinician leaders, APN convenes in-person and virtual gatherings, develops shared resources, and builds strong relationships with:

- Policy advocates
- Abortion funds
- Practical support organizations
- Clinics and providers across New Mexico



2025 APN IN-PERSON GATHERING: COMMUNITY IN ACTION



APN hosted a vibrant two-day gathering focused on care across borders, clinical skill-building, and movement alignment.

SESSIONS INCLUDED:

- Panels with abortion funds from New Mexico and Texas
- Cross-state care coordination
- Contraceptive care for people with bigger bodies
- Contraceptive care for gender-diverse individuals
- Indigenous fertility continuance training
- A hands-on Papaya Workshop introducing the basics of uterine aspiration

FEBRUARY 2025

50+ ATTENDEES

2 DAYS OF LEARNING

The room was filled with collaboration, generosity, and shared purpose.

Partners included:

Whole Woman's Health • Southwestern Women's Options • Gallup Community Health • Tewa Women United • ACLU of New Mexico • Indigenous Women Rising • Lilith Fund • Mariposa Fund • Faith Roots • Valley Abortion Group

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This is what community-rooted abortion care looks like.

SPOTLIGHT ON A CLUSTER

SOUTHERN CALIFORNIA REPRODUCTIVE HEALTH IN PRIMARY CARE CONFERENCE



On September 27, the Southern California Cluster hosted its 7th Annual Reproductive Health in Primary Care Conference, welcoming clinicians from across the region for a free, full-day learning experience designed to empower providers to expand reproductive health services in primary care.

By the numbers

135 registrants

Participants included physicians, advanced practice providers, residents, medical students, pre-med students, and community advocates.

WHAT CLINICIANS LEARNED:

Through dynamic lectures, case discussions, and hands-on workshops, participants explored:

- Medication abortion
- Reproductive policy and legal landscape
- Bartholin cyst treatment
- Difficult IUD removals
- Vulvar biopsies
- Fertility and family building
- Storytelling at the intersection of Reproductive Justice and Disability Justice

PRACTICE-CHANGING IMPACT

83% of participants identified a specific practice change they plan to make as a result of the conference.

Percent planning to apply session outcomes to future practice:

- 95.8% – Fertility & Family Building
- 91.6% – Bartholin Cyst Treatment
- 87.5% – RJ x Disability Justice Storytelling
- 83.3% – Medication Abortion & Legal Landscape
- 79.2% – Difficult IUD Removal
- 66.7% – Paragard Update
- 41.7% – Vulvar Biopsy

“These consistent meetings are great for learning via repetition—reminding me what I need to know, what I need to get better at, and what I’ve improved over time.”

“I had never done a Jacobi ring for Bartholin placement, and after this workshop I feel completely comfortable and ready to offer this to my patients.”

MEDICATION ABORTION MENTORSHIP PROGRAM

GROWING SKILLS, CONFIDENCE, AND FUTURE LEADERS

In partnership with the Los Angeles Academy of Family Physicians, RHAP launched a Medication Abortion Mentorship Program in summer 2025 to support family medicine residents in building the skills and self-efficacy to provide medication abortion care.

Residents shared how meaningful it was to have dedicated mentorship time, with many requesting even more opportunities for connection and bonding.



Program highlights

9 residents
7 experienced family
medicine mentors

2
virtual workshops to date.
More to come in 2026!

2
Two in-person sessions
Medication Abortion Cases
Teaching Medication Abortion Cases

Led by:
Dr. C. Peony Khoo
&
Sr. Program Coordinator
Jessy Rosales

This program is already demonstrating how mentorship strengthens not only clinical skills, but advocacy, communication, and confidence and we're excited to adapt it nationally.

New & Updated Resources

CREATED WITH CLINICIANS, FOR PATIENTS & PROVIDERS

This year, RHAP developed and field-tested new patient education resources in partnership with clinicians across our community.

NEW RESOURCES INCLUDE:

Options to Manage Pain for Gynecologic Procedures

“I’ve been meaning to make something like this for years and now I don’t have to. As usual, RHAP rules.” – Family Physician

- Privacy Considerations for Abortion Care
- The Pelvic Exam: Multiple Positions for Patient-Centered Care (factsheet & poster)
- Combined Hormonal Contraception Factsheet

We also fully revamped our Toolkit for **Integrating Medication Abortion into Primary Care** a comprehensive, practical guide covering:

- Building buy-in
- Clinic operations & workflows
- Staff preparation
- Patient education
- Navigating federal restrictions
- Long-term sustainability

This infographic provides a menu of options to manage pain during gynecologic procedures in an office setting. It includes a table with columns for Method, Timing, How to Use It, and Things to Know. The methods listed are Comfort Options (or Non-Drug Treatments), NSAIDs (Non-Steroidal Anti-Inflammatory Drugs like Ibuprofen, Celecoxib, etc.) and opiates (like Naproxen, etc.), and Acetaminophen (Tylenol).

Method	Timing	How to Use It	Things to Know
Comfort Options (or Non-Drug Treatments)	Before, during, and after the procedure.	These options can help distract you to lower pain and anxiety.	There are a lot of non-medical options that might lower pain and anxiety before, during, and after the procedure: <ul style="list-style-type: none">• Have a support person• Listen to music• Watch a video• Wear warm socks• Bring a fuzzy blanket• Use a heating pack• Use a TENS Unit• Practice emotional freedom tapping techniques • Stay well fed and hydrated before the procedure. <ul style="list-style-type: none">• Make (or ask for) small talk• Ask about aromatherapy, acupuncture, or acupressure• Practice deep breathing• Listen to a meditation app (free apps like Insight Timer, Plum Village)• Practice self-hypnosis
NSAIDs (Non-Steroidal Anti-Inflammatory Drugs like Ibuprofen, Celecoxib, etc.) and opiates (like Naproxen, etc.)	Before and after the procedure. Some options may be available during the procedure.	Take 30-60 mins before the procedure. Ask your clinician what dose you should take. If you decide to take NSAIDs before your procedure, let your clinician know.	NSAIDs after the procedure can help with pain and bleeding. They are widely used, over-the-counter, and do not cost much. They can upset the stomach, so you should take the pills with food and water. NSAIDs may not be an option for everybody. Read the package insert and talk to your clinician.
Acetaminophen (Tylenol)	Before the procedure.	Take 30-60 mins before the procedure according to the instructions on the package.	This is widely used, over-the-counter, and does not cost much. Acetaminophen may not be as effective as NSAIDs in treating pain related to gynecological procedures. It may not be an option if you have liver problems. You can also use this after the procedure to help with pain. Acetaminophen works better with other pain management options.

Reproductive Health Access Project / October 2023 www.reproductiveaccess.org

This infographic features a central blue box with the title "Integrating Medication Abortion into Primary Care" and a subtitle "A Toolkit for Clinicians, Advocates, and Health Systems". It includes the logo for the Reproductive Health Access Project and contact information for the organization.

Integrating Medication Abortion into Primary Care

A Toolkit for Clinicians, Advocates, and Health Systems

reproductive health access project www.reproductiveaccess.org @reproductiveaccess

Each chapter includes worksheets to support real-world implementation.

Translation & Accessibility

FROM JUNE 1, 2024 - MAY 31, 2025
RHAP TRANSLATED RESOURCES INTO 8 LANGUAGES:

These efforts were made possible through partnerships with health departments, community health centers, and international collaborators, expanding access far beyond English-only care.

36 resources translated into Spanish
Chinese (Traditional & Simplified)
French
Arabic
Amharic
Haitian Creole
Hindi

Animations & Digital Education

Over the past two years, RHAP created 7 animated videos in partnership with clinicians and community organizations on topics including:

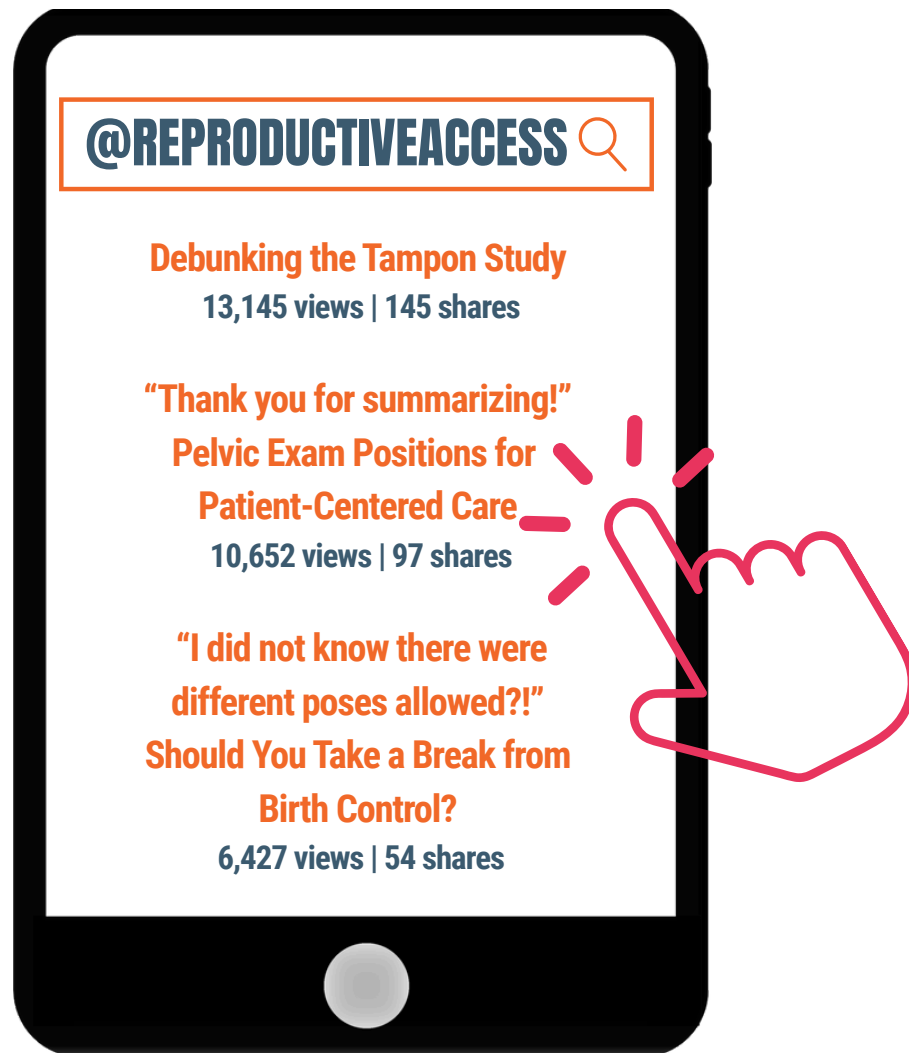
- Telehealth medication abortion
- Emergency contraception
- Self-managed abortion
- Pap smears
- Opill
- Hormonal birth control & bleeding

8 These animations help translate clinical knowledge into accessible, patient-centered education and have strengthened partnerships nationwide.



Educational Social Media Highlights

RHAP'S CLINICIAN-LED SOCIAL MEDIA CONTINUED TO MEET PEOPLE WHERE THEY ARE:



Expanding Medication Abortion Access on College Campuses

In 2025, RHAP expanded its reach into college health spaces that drove engagement and expanded access nationwide:

- First-ever presence at the American College Health Association Annual Meeting (**1,500+ attendees**)
- National and virtual presentations on increasing abortion access on campuses
- Codeveloped Expanding Medication Abortion on College Campuses: An Advocate's Guide
- Webinars in partnership with ACHA and the American Society for Emergency Contraception

Fellowship



Providers consistently shared how meaningful it was to learn in community, especially during times of uncertainty.

Across RHAP's Fellowship (2007–2025):

- 95.4% met core SRH competencies
- 100% engaged in SRH teaching or advocacy
- 82% currently provide medication abortion

Technical Assistance



From 2024-2025, RHAP supported:

- 67 sites across 19 states with medication abortion and early pregnancy loss care implementation
- 38 sites through virtual learning collaboratives
- 29 sites through consultations and targeted support

Sharing Expertise



RHAP STAFF SHARED RESEARCH AND EXPERTISE AT NATIONAL FORUMS, INCLUDING:

- Society of Family Planning Annual Meetings
- Plenary talks on medication abortion in high-stakes environments
- Research forecasting maternal health impacts of abortion bans
- Webinars on expanding reproductive health in primary care

BY THE NUMBERS

1.4K DAILY WEBSITE USERS

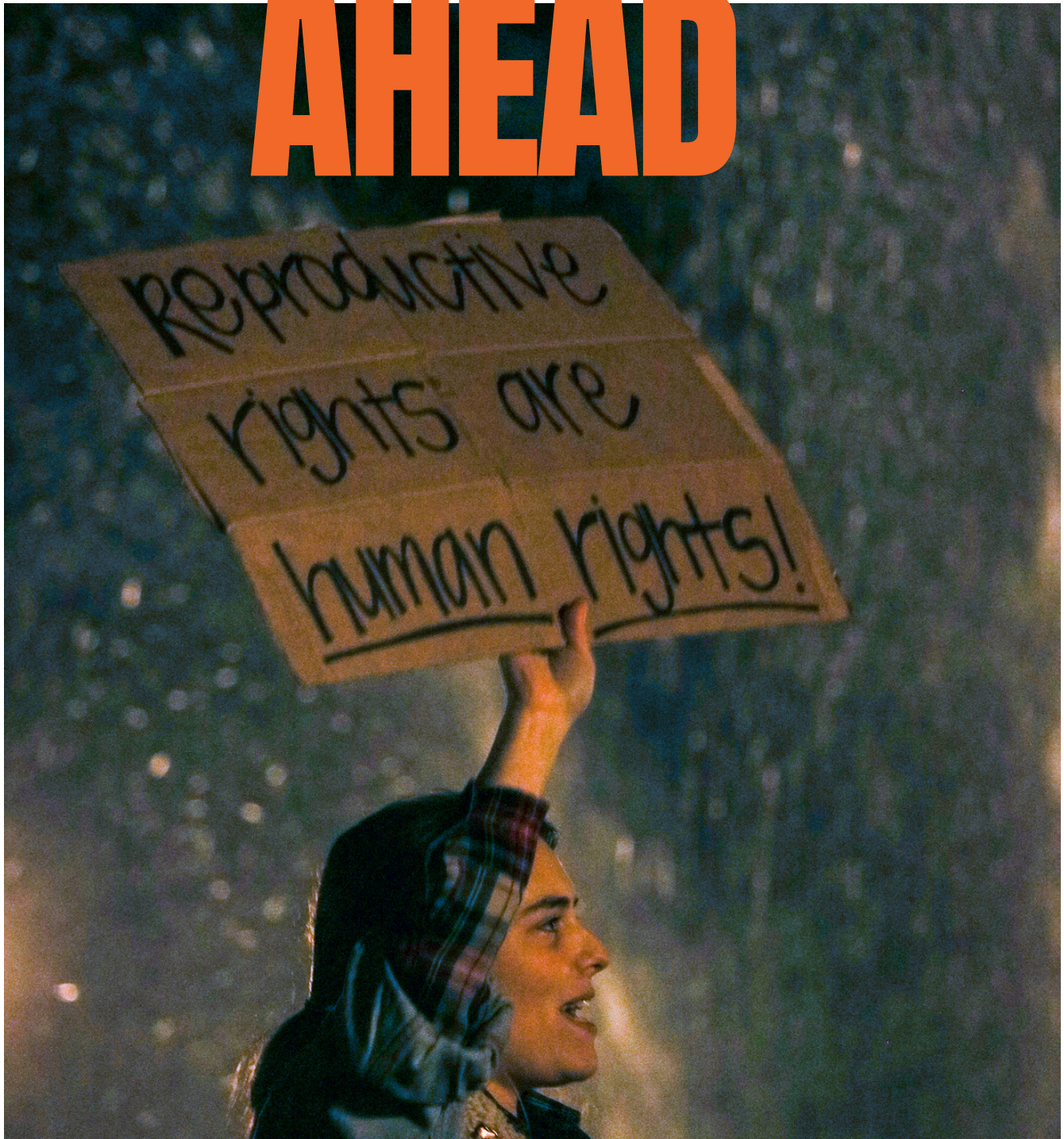
245,000 RESOURCE DOWNLOADS YEAR-TO-DATE

8,000+ OF CLINICIANS, EDUCATORS, AND ADVOCATES SUPPORTED NATIONWIDE

LOOKING AHEAD



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This year's work reflects what RHAP does best:

Support clinicians, center justice, and expand access together.

We move forward with gratitude, momentum, and deep belief in the power of community-rooted care.



Thank you for supporting
**Reproductive Health
Access Project**



GOAL

\$200,000.00

Amount Raised

\$94,280.16

For 20 years, RHAP has worked to make abortion, contraception, and miscarriage care a natural part of primary care accessible to everyone, in every community.

As we mark this milestone, we're looking ahead. With your support, we can plant new seeds, deepen our roots, and grow this work even further training clinicians, protecting local access, and strengthening care where it's needed most.

Your gift fuels:

- Hands-on, justice-rooted clinician training
- Open-access tools and patient education resources
- Communities of practice that reduce isolation and build power

Together, we can ensure reproductive health care remains compassionate, comprehensive, and close to home for the next generation and beyond.

Thank you for joining us!

GIVE TODAY



reproductiveaccess.org/donate/

ACKNOWLEDGEMENTS

This work is only possible because of you.

To the clinicians who show up for patients every day with skill, compassion, and courage thank you.
To the educators, mentors, and cluster leaders who create spaces for learning and connection thank you.

To the advocates, partners, and community organizations who walk alongside us thank you. Your commitment to reproductive health care rooted in justice, dignity, and trust is what brings RHAP's mission to life. Whether you joined a training, shared a resource, mentored a colleague, hosted a gathering, or pushed for change in your community, you are part of this collective impact. We are deeply grateful to the patients who trust clinicians with their care, and to the communities who continue to lead, challenge, and inspire this work.

As we look ahead, we carry forward the relationships, lessons, and momentum built together this year with gratitude for what we've accomplished and hope for what's still possible.

**WE THANK YOU
FOR YOUR CONTINUED SUPPORT IN
OUR PROGRAMS**