

# Women's Groups in the BSU: Reducing unplanned pregnancies and empowering a high risk population

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## Background

In the United States, 45% of pregnancies are unplanned, with large disparities amongst women who are unmarried, have poor social support, are racial minorities, and have mental illness.<sup>1</sup> Women with mental illness are 5x more likely to experience unplanned pregnancy due to a greater probability of using contraceptive methods of low effectiveness.<sup>2</sup> However, women's reproductive health and family planning is generally not addressed in mental health and addiction treatment services, despite lower rates of effective contraception use, higher rates of unplanned pregnancy, adverse pregnancy outcomes, postpartum depression, comorbid substance use, teenage pregnancy, and foster care and child protective services involvement.<sup>3,4,5,6,7,8,9</sup>

Contraception counseling has historically been poor in this population, with 62% of surveyed resident physicians disagreeing that they had adequate knowledge or training to provide contraception education to patients with persistent mental illness.<sup>8</sup> Family planning options are often not realistic or only include drastic, permanent methods such as tubal ligation. Better contraceptive counseling could allow these women to find a method that better suits their lifestyles in regard to effectiveness, reversibility, and ease of use.

## Quality Improvement Project

Our proposal is to start weekly women's groups focusing on contraception at our BSU (Behavioral Science Unit). Groups would last approximately one hour and be ran by the psychiatry resident rotating on the BSU. Female patients currently admitted to the BSU would be encouraged to participate.

Contraception education will be given using the table below, and with the aid of a training script. Project leader will give initial training to the first resident conducting groups. Thereafter, each resident would provide the training, table, and script to subsequent residents so this could be a self-sustaining, continuous quality improvement project.

## Risks & Benefits

**Privacy considerations:** Participants will be asked to sign a waiver agreeing that anything shared by other participants is confidential amongst the group. See attached for privacy waiver. Risks include breach of privacy if a participant does not honor the waiver.

Benefits include women being better informed and equipped to make decisions regarding their reproductive health. From my research project at the BSU last year, amongst 95 surveyed women, 57% had unplanned pregnancies brought to term and 33% had children out of their custody at some point. Therapeutic benefit would be gained from discussing life experiences and psychiatric issues stemming from unplanned pregnancies, contraception use, and child custody battles.

Table 1: Responses from survey assessing possible barriers to contraception use.

Current contraception (n=95)	Number	Percentage
None	41	43.2%
Condoms, Withdrawal, Plan B	4	4.2%
Pill, Patch, Ring, Depot	17	17.9%
IUD, Nexplanon	9	9.5%
Surgical Sterilization	24	25.3%
<b>Sexually active in last year (n=68)*</b>		
Yes	49	72.1%
No	19	27.5%
<b>Sexual preference (n=68)</b>		
Straight	49	72.1%
Bisexual	18	26.5%
Gay	1	1.5%
Neither	1	1.5%
<b>Substance use (n=68)</b>		
Alcohol	11	15.7%
Benzodiazepines	1	1.4%
Cannabis	13	18.6%
Cocaine	6	8.6%
Heroin	11	15.7%
Methamphetamine	22	31.4%
Prescription opioids	4	5.7%
<b>Transportation (n=68)**</b>		
Myself	41	60.3%
Friends/Family	20	29.4%
Medicaid Taxi (Medicab)	12	17.6%

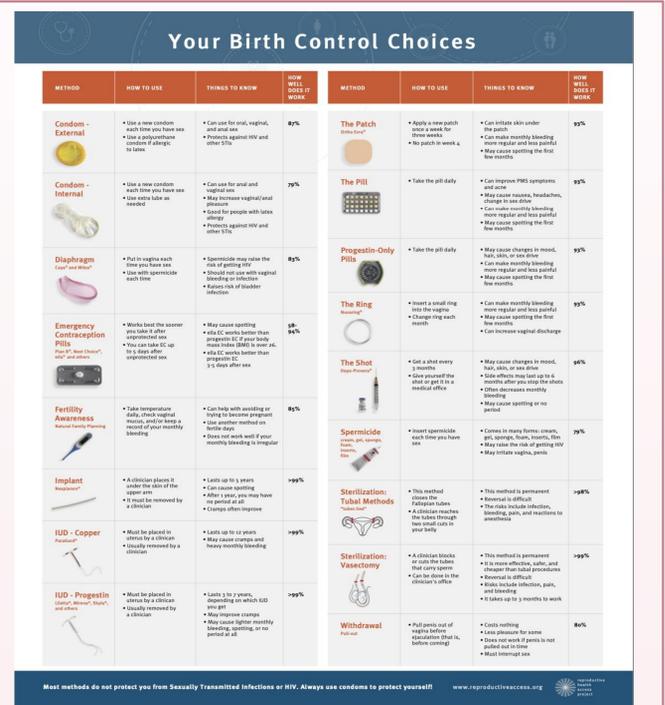
\*The following questions (sexual activity and preference, substance use, transportation) were only assessed on surveys 27-95 (n=68)  
\*\*Patients were able to select more than one transportation method.

## Group Structure

First 10-15 minutes: Contraception education, reviewing table below ([reproductiveaccess.org](http://reproductiveaccess.org)) and following training script.

Next 20-30 minutes: Q&A session and open discussion with group facilitator asking questions below with the disclaimer that sharing any information is voluntary.

- Do you currently use any contraception method?
- What has your experience been with contraception?
- Have you had any unplanned pregnancies?
- Have you had any abortions?
- Do you have any children who are not in your custody?



**Your Birth Control Choices**

METHOD	HOW TO USE	THINGS TO KNOW	HOW WELL DOES IT WORK	METHOD	HOW TO USE	THINGS TO KNOW	HOW WELL DOES IT WORK
<b>Condom (External)</b>	• Use a new condom each time you have sex • Use a condom before you have sex	• Can use for oral, vaginal, and anal sex • Prevents pregnancy and other STIs	85%	<b>The Patch</b>	• Apply a new patch once a week for 3 weeks • No patch in week 4	• Can irritate skin under patch • May cause spotting, headache, or nausea • No patch in week 4	95%
<b>Condom (Internal)</b>	• Use a new condom each time you have sex • Use with spermicide	• Can use for oral and vaginal sex • May increase vaginal pH • Spermicide may irritate vagina • Prevents pregnancy and other STIs	79%	<b>The Pill</b>	• Take the pill daily	• Can improve PMS symptoms and acne • May cause spotting, headache, or nausea • Can cause spotting, headache, or nausea • May cause spotting the first few months	95%
<b>Diaphragm</b>	• Put in vagina each time you have sex • Use with spermicide each time	• Spermicide may irritate the vulva • Should not use with vaginal douching or infection • Return risk of bladder infection	85%	<b>Progesterin-Only Pill</b>	• Take the pill daily	• May cause changes in mood, hair, skin, or eye color • May cause spotting, headache, or nausea • May cause spotting the first few months	95%
<b>Emergency Contraception Pills (ECP)</b>	• Works best the sooner you take it after unprotected sex • You can take ECP up to 5 days after unprotected sex	• May cause spotting • ECP works better than regular birth control • ECP is not a long-term method • ECP is not a long-term method	85-95%	<b>The Ring</b>	• Insert a small ring into the vagina • Change ring each month	• Can cause changes in mood, hair, skin, or eye color • May cause spotting, headache, or nausea • May cause spotting the first few months	95%
<b>Fertility Awareness</b>	• Take temperature daily, check vaginal mucus, and/or track a record of your monthly bleeding	• Can help with timing of trying to become pregnant • Requires tracking of multiple signs • Must not work with irregular monthly bleeding	85%	<b>The Shot</b>	• Get a shot every 3 months • May cause changes in mood, hair, skin, or eye color • May cause spotting, headache, or nausea	• May cause changes in mood, hair, skin, or eye color • May cause spotting, headache, or nausea • May cause spotting the first few months	95%
<b>Implant</b>	• A clinician places it under the skin of the upper arm • It is removed by a clinician	• Lasts up to 3 years • After 3 years, you may have to get it replaced • Cramps often improve	99%	<b>Spermicide</b>	• Insert spermicide each time you have sex	• Causes irritation, itching, or burning • May irritate vagina, penis	79%
<b>IUD - Copper</b>	• Must be placed in uterus by a clinician • Usually removed by a clinician	• Lasts up to 10 years • May cause cramps and heavy monthly bleeding	99%	<b>Sterilization: Tubal Methods</b>	• This method is permanent • Reversible with difficulty • A clinician makes the incision through the abdomen • Small cuts in the abdomen	• This method is permanent • Reversible with difficulty • The risks include infection, bleeding, pain, and reactions to anesthesia	98%
<b>IUD - Progesterin</b>	• Must be placed in uterus by a clinician • Usually removed by a clinician	• Lasts up to 3-7 years • May cause lighter monthly bleeding, spotting, or no period at all	99%	<b>Sterilization: Vasectomy</b>	• A clinician blocks or cuts the tubes • Can be done in the clinic's office	• This method is permanent • Reversible with difficulty • The risks include infection, bleeding, pain, and reactions to anesthesia • It takes up to 3 months to work	99%
<b>Withdrawal</b>	• Pull penis out of vagina before ejaculation • Use with condom if possible	• Can cause pregnancy • Can cause STIs • Must interrupt sex	80%				

## Previous Data

Our initial project surveyed a total of 95 women who were admitted to the Behavioral Science Unit (BSU) and Addiction Rehabilitation Unit (ARU, or New Dawn) who were admitted from June through December 2021.

The goal of these surveys was to better understand our population's challenges and risks for unplanned pregnancy, including:

- Possible barriers to contraception
- Rates and types of contraception use
- Substance use
- Sexual Activity
- Access to transportation
- Rates of abortions
- Rates of children being removed from custody

Table 2: Adverse and unplanned outcomes (n=95)

	Number	Percentage
Abortions	18	22.2%
Unplanned pregnancy brought to term	54	57.4%
Children out of custody at any point	31	33.3%

## References

For additional information, please contact Avanti Puri, MD: [avanti.puri@arnothealth.org](mailto:avanti.puri@arnothealth.org)

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