

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.¹ Women with mental illness are 5x more likely to experience unplanned pregnancy due to a greater probability of using contraceptive methods of low effectiveness.² 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.^{3,4,5,6,7,8,9}

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.⁸ 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%
Sexually active in last year (n=68)*		
Yes	49	72.1%
No	19	27.5%
Sexual preference (n=68)		
Straight	49	72.1%
Bisexual	18	26.5%
Gay	1	1.5%
Neither	1	1.5%
Substance use (n=68)		
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%
Transportation (n=68)**		
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) 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?



The infographic 'Your Birth Control Choices' provides a comprehensive overview of various contraceptive methods. It is organized into two columns, each with a 'METHOD', 'HOW TO USE', 'THINGS TO KNOW', and 'HOW WELL DOES IT WORK' section. The methods listed include Condoms (External and Internal), Diaphragm, Emergency Contraception Pills, Fertility Awareness, Implant, IUD - Copper, IUD - Progestin, The Patch, The Pill, Progestin-Only Pill, The Ring, The Shot, Spermicide, Sterilization: Tubal Methods, Sterilization: Vasectomy, and Withdrawal. Each method is accompanied by a small icon and a brief description of its use and effectiveness. A disclaimer at the bottom states: 'Most methods do not protect you from Sexually Transmitted Infections or HIV. Always use condoms to protect yourself!'.

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

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