Conducting women's groups on the inpatient unit: Empowering a high risk population in preventing unplanned pregnancies

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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, and 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

Weekly women's groups on the inpatient psychiatry unit were led by psychiatry residents who were trained and provided a script. All female patients currently admitted to the BSU are encouraged to participate, regardless of age. Groups focused on structured contraception education followed by an open-discussion format.

Data collected included the percentage of women with history of contraception use, child protective service involvement, unplanned pregnancies, abortions, and percentage of women who found the group helpful. Special care was taken to discuss contraception as a tool for empowering women to make their own decisions about their contraceptive needs.

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.

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?

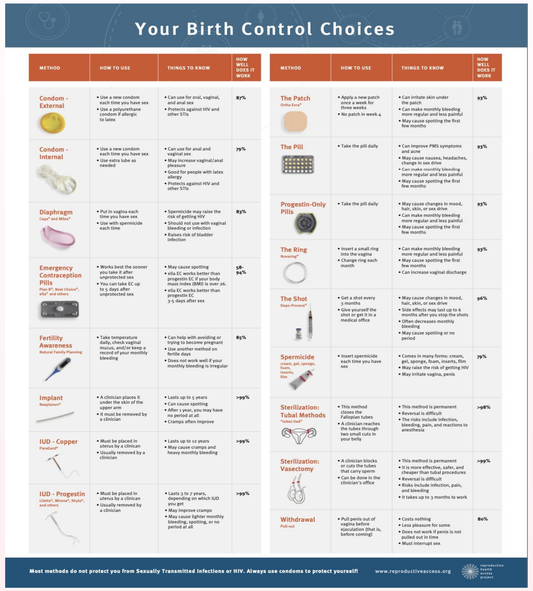

Table 1: Responses from survey assessing possible barriers to contraception use.

	Number	Percentage
Current contraception (n=95)		
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.

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 Actvity
- 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%

Results

- 13 sessions conducted thus far, with ongoing groups
- Attendance among women in the inpatient unit was 42%
- Of the 32 patients who participated,
  - 100% found the group beneficial and responded they would share information they learned with women outside the group
  - 26.4% self-identified as using contraception
  - 50% had unplanned pregnancy
  - 23.6% have had an abortion
  - 26.4% have had child protective services involvement.

Dissemination of contraceptive information in these women's groups effectively led women to consider options that were available to them and seek contraceptive methods that were appropriate to their situation. Women reported they gained a better understanding of the medical, emotional, and financial implications of unplanned pregnancies. The groups were conducted in an open-discussion format that allowed women to participate in shared experiences; in many cases, the discussions were therapeutic. Many patients requested further groups to discuss issues women face, such as domestic violence and experiences as a mother.

For additional information, please contact
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