

Initiative to provide contraceptive education and increase the rate of Long-Acting Reversible Contraceptive use among women who receive psychiatric or addiction services at Arnot Ogden Medical Center

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Background

Why is contraception especially important for women with psychiatric disorders?

1. Prevalence of mental illness is higher among women (22.3%) than men (15.1%) and young adults age 18-25 have the highest prevalence. These stats highlight the frequency of psychiatric disorders during the reproductive years in women
2. In the US, 45% of pregnancies are unplanned. Large disparities in the rate of unintended pregnancy exist, with higher rates among women who are unmarried, have poor social support, are members of racial/ethnic minority groups, and have mental illness
3. Unintended pregnancy is associated with new episodes of psychiatric disorders. Women with current or past depressive symptoms have a 5X higher risk of unintended pregnancies, due to less effective contraception
4. Psychiatric symptoms and the cognitive impairment and instability that result may make consistent, correct contraceptive use unlikely
5. Poor quality of contraceptive counseling is associated with decreased comfort level in physicians providing care: 62% of resident doctors disagreed or strongly disagreed that they had proper training in prescribing contraceptives and providing family planning resources for patients with severe and persistent mental illness
6. Women with substance abuse had babies who were 6x more likely to require intensive care, with a 3.8x increased likelihood of low birth weight
7. Unintended pregnancies pose significant risks for women with poorly controlled mental illness:
 - o Major changes in interpersonal relationships, abilities to have a job, and financial strain
 - o Effective pharmacotherapy may be discontinued
 - o Physiology of pregnancy may alter plasma concentrations and alter efficacy of medications
8. Parents with a serious mental illness are approximately 8x more likely to have CPS contact and 26x more likely to have a change in living arrangements compared to parents without a serious mental illness

Objective

This is a prospective, observational cohort study designed to assess the effectiveness of a system designed to refer females receiving psychiatric or addiction services at Arnot Ogden Medical Center for contraception services.

Methods and Interventions

Participants:

- Cohort subjects will be all adult females (ages 18 to 50) with reproductive capability who are receiving psychiatric or addiction services at Arnot Ogden Medical Center and who are not pregnant, and are not currently using contraception.

Inclusion Criteria:

- Women ages 18-50 who are being discharged from the New Dawn and the BSU and who have reproductive capability, are not pregnant, and are not currently using contraceptives.
- Patient must give consent to have her information tracked in terms of her follow-up status at Eastside Primary Care
- As the survey is our screening tool, all women of reproductive age will receive the survey.

Exclusion Criteria:

- Lack of reproductive capability and inability or lack of desire to give consent.

Interventions:

- During the discharge process from the addiction rehabilitation unit (New Dawn) and Behavioral Services Unit (BSU) of Arnot Ogden Medical Center, female patients between the ages of 18 and who provide consent will be administered a survey (Figure 1) by case managers and nurses.
- The survey will assess a patient's current use of contraception or lack thereof; their desire to learn more about contraception; the presence of risk factors for unplanned pregnancy; and the presence of potential barriers to receiving contraception.
- Training on the administration of the survey along with a script will be provided to those individuals administering it.
- Any patient who has reproductive capability and is not currently using contraceptives, and who expresses a desire to be referred for contraceptive services, will be offered an appointment at the gynecology clinic at Eastside Primary Care.
- Thirty days after discharge, the investigators will contact Eastside Primary Care and assess whether: a) the patient kept her follow-up appointment; and b) whether LARC was initiated.

Figure 1: Contraception survey to be administered to women ages 18-50 on discharge from Behavioral Science Unit or New Dawn Rehabilitation Center

MRN:	
What do you currently use for contraception, if anything?	
What prevents you from using or changing contraception currently, if anything?	(On a scale of 1-5, the factor that plays the biggest role is 5, and the least role is 1)
1. Nothing - I have contraception	1 2 3 4 5
2. Difficulties with transportation	1 2 3 4 5
3. It is against my values	1 2 3 4 5
4. I had undesired side effects	1 2 3 4 5
5. Someone I know had undesired side effects	1 2 3 4 5
6. No one has talked to me about contraception	1 2 3 4 5
7. I am worried about costs and insurance coverage	1 2 3 4 5
Do you regularly use any of the following substances? (alcohol, weed, meth, ice, heroin, crack, cocaine, oxycodone, or anything else)	Yes No
Have you had any unplanned pregnancies or abortions?	Yes No
Do you have any children who are not in your custody?	Yes No
Are you able to come to appointments at Eastside Primary Clinic (connected to this building)?	Yes No
Are you interested in changing your contraception or learning more about different options?	Yes No

If the patient answers yes to the last question, please make a referral in eCW to the Gynecology Clinic at Eastside Primary Care.

Outcome Measures

- **Primary:**
 - o The primary outcome measure will be the percentage of patients who are given a referral for contraception at Eastside Primary Care who keep their initial appointment
- **Secondary:**
 - o Secondary outcome measures include the percentage of subjects who keep their appointment who receive LARC, and the barriers to receiving contraception services self-identified by subjects.

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