Background

- Postpartum family planning methods improve maternal and child health outcomes and increase reproductive autonomy.1-2
- Catholic hospitals comprise 30% of all Illinois hospitals.3
- Ethical and Religious Directives in Catholic hospitals restrict access to contraceptive and reproductive care.4

Specific Aims

- Examine patient and provider perspectives to identify challenges and opportunities in access to postpartum contraception in Catholic hospitals

Methods

- Recruited 43 participants (21 patients, 22 providers) who received or provided obstetric care in Illinois Catholic hospitals
- Open-ended, semi-structured interviews audio-recorded, transcribed, coded, and analyzed

Results

Thematic results revealed barriers that patients and providers experience around support, counseling, and access to postpartum contraception before, during and after delivery in a Catholic health system

When we discharged patients, they left with no contraception. Zero. Given our high rate of patients lost to follow-up, they left the hospital and that was the last time we ever saw them. [This] prevented the entire inner city population from accessing contraception. – OB/GYN at a Catholic Hospital

A lot of our patients are undocumented. They don’t have many other options, and they feel safe coming to our clinic. In our political climate they’re scared to go elsewhere and delivering at a Catholic hospital is even more harmful for our patients because they don’t have a choice. – OB/GYN at a Catholic Hospital

[After my last delivery] that I [had] actually become pregnant while on the IUD… My doctor laughed [and said], “Oh, it was meant to be.” We did not discuss contraception. I didn’t feel like my interests were in his mind. I think he just had his own agenda. I didn’t feel like he cared about me as a patient. – Patient who delivered at a Catholic Hospital

Themes across patient and provider interviews suggest the following actions to improve access:

- Increase transparency around Catholic hospital limitations in providing reproductive care
- Improve patient education in contraceptive options counseling during prenatal care
- Establish partnerships between Catholic hospitals and federally qualified health clinics and family planning clinics to facilitate transitions of care after delivery
- Leverage community resources such as doulas and home visiting programs to provide education and connect patients to care

References


Acknowledgments

- Pritzker Community Health Initiative
- Dr. Lori Freedman, Ph.D., Department of Obstetrics, Gynecology & Reproductive Sciences, University of California, San Francisco
- Alexis Cacioppo, The University of Chicago