

# Unanticipated consequences of Catholic hospital restrictions on postpartum patients

Jessica Chen MD1, Zarina Wong BA2, Angel Boulware BA2, Lee Thompson BA3, Ashley McHugh BA2, Debra Stulberg MD2, Lee Hasselbacher JD3

1. Department of OB/GYN, Hospital of the University of Pennsylvania 2. Department of Family Medicine, The University of Chicago 3. Ci3, The University of Chicago

## Background

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

## 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

#### Results

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

1 Thiel de Bocanegra H, Chang R, Howell M, et al. Interpregnancy intervals: impact of postpartum contraceptive effectiveness and coverage. Am J Obstet Gynecol 2014;210:311.e1-8.

2 Gipson JD, Koening MA, Hindin MJ. The effects of unintended pregnancy on infant and child health and parental health: A review of the literature. Stud Fam Plan. 2008;39:18-38.

3 Kaye J, Amiri B, Melling L, Dalven J. Healthcare Denied: Patients and physicians speak out about Catholic hospitals and the threat to women's health and lives. American Civil Liberties Union. 2016;24.

4 Catholic Church., & Catholic Church. (2001). Ethical and religious directives for Catholic health care services. Washington. D.C: United States Conference of Catholic Bishops.

### 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