Reducing Ethno-racial Disparities in Unintended Pregnancy Rates: Provider Perspective

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ABSTRACT

- Introduction: While teen pregnancy continues to garner the most attention, unintended pregnancy (UIP) among women between the ages of 20-29 is more prevalent and is poorly understood. UIPs are also more prevalent among Black and Latina women from low-income communities. There are several significant implications associated with unintended pregnancy. In order to understand the causes of disparities in unintended pregnancy rates among Black and Latina women from low-socioeconomic areas, we must first understand the sociocultural meanings and norms regarding pregnancy.
- Methods: This study explored thoughts and beliefs about unintended pregnancy and the sociocultural factors identified as contributors to those beliefs, from the perspective of healthcare providers. Several healthcare providers that service women from underserved communities were interviewed.
- Results: Thematic analysis was employed to assess the findings. Healthcare providers reported healthcare policy, access to healthcare services, social and relational pressures as areas that contribute to disparities in UIP rates among Black and Latina women.
- Conclusions: There is a need for a new dialogue concerning public health’s current approach to family planning. These beliefs may not be relevant among all cultural groups. Study findings suggest the need for a greater understanding of the multiple factors that shape the meaning of unintended pregnancy among minorities. In addition, the role of the healthcare provider in UIP dialogue and prevention must be clarified. In office protocols that address UIP and resources that direct women to appropriate social services and counseling must be developed.

BACKGROUND

- Unintended pregnancies are pregnancies that are mistimed, unplanned or unwanted at the time of conception.
- Nearly 50% of pregnancies in the U. S. are unintended.
- In 2011 Georgia had 73% of black and 54% of Latina women report their pregnancy as unintended compared to 43% of white women.
- In addition, 68% of women with annual incomes below $25,000 reported having an unintended pregnancy.
- In 2011, the unintended pregnancy rate was highest among women aged 20–29.
- Negative maternal and child health outcomes associated with unintended pregnancy and unintended births.

OBJECTIVES

- To understand healthcare providers role in:
  - Responding to the needs of women with unplanned pregnancies.
  - What they believe contributes to high rates and disparities among low income ethnic/racial minority women.
  - The factors that help or hinder their efforts to provide effective information and services.

METHODS

- Sample: Recruitment of Family Medicine and Obstetric & Gynecology healthcare providers through email communication.
- Several healthcare providers were interviewed.
- Instrument: A self-compiled questionnaire. Questions were generated based on study goals and research aims.
- Questionnaires were either completed independently using an online form submission or during an in-person interview.
- Data Analysis: Thematic qualitative analysis was performed to access the questionnaire responses.

FINDINGS

The following are common themes gathered from the healthcare providers:
- No correlation between living in the community you serve and attitudes or opinions regarding factors that contribute to UIPs.
- No standard in office protocols available to address UIPs.
- However, Family Medicine healthcare providers were more likely to say there were protocols in place to address UIPs.
- Among both groups of healthcare providers: Healthcare policy: Access to reproductive healthcare and contraceptive education and tools should be made available to all women.
- Eliminate barriers that reduce access to medical services.
- Address the social and relational pressure (family, partner, friends) associated with UIPs.

RESULTS

- There are standard protocols in place to address UIPs: Family Medicine
- There are standard protocols in place to address UIPs: OB/GYN

FUTURE RECOMMENDATIONS

- Implement protocols on how to address patients who experience an UIP.
- Encourage trans-disciplinary approach to medicine. Provide access within the office to social services representatives and counseling services for women.
- Early education should be available to all women regarding their reproductive rights, options and availability to contraception and family planning service.
- Healthcare providers’ must work together with community leaders, and elected officials to advocate for policies that protect citizens right to quality, affordable, and equitable healthcare.
- Increased community collaboration with residents within underserved communities to improve patient-physician trust, interactions and to promote cultural humility.