

Objectives:

- To deepen understanding of reproductive justice (RJ) and how RJ principles can be applied to practice in our health centers and organizations
- To deepen understanding of historic wrongs such as reproductive oppression and unethical contraceptive research in order to inform an ethical and patient-centered model for family planning care and service delivery
- To explore patient-centered contraception counseling and care and how this approach can improve outcomes



SisterSong Definition of RJ:

“SisterSong defines Reproductive Justice as the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.”



<https://www.sistersong.net/reproductive-justice>

- Decide if and when they want to have a baby and the conditions under which they will give birth.
- Raise their child/children in safe environments with the necessary social support without fear of violence from individuals or the government.
- Plan their families through safe access to abortion and contraception.
- Express sexuality without oppression.



Understanding Reproductive Health, Rights, and Justice:

Reproductive Rights

What is Reproductive Oppression?

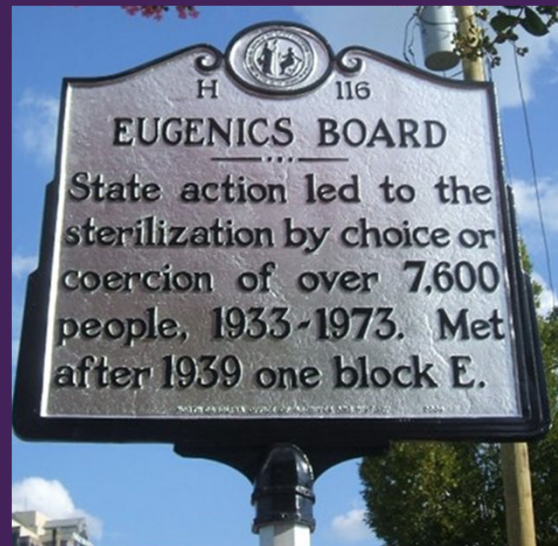
Reproductive oppression is the control and exploitation of people through our bodies, sexuality, labor, and reproduction.

The regulation of individuals thus becomes a powerful strategic pathway to controlling entire communities. It involves systems of oppression that are based on race, ability, class, gender, sexuality, age, health, interaction with the criminal justice system, and immigration status.

Modified from Forward Together

Historical Examples of Reproductive Oppression:

- Rape and forced breeding of enslaved Black women
- Sterilization abuse of Native American, Black, Puerto Rican, and Mexican American women
- Experimentation on low income women and women of color for birth control research
- Forced removal of children (boarding schools, foster care)
- Family welfare cap laws



Recent Examples of Reproductive Oppression:

- Attacks on the title X program and propagation of abstinence only programs
- Pharmacist refusal
- Targeted Regulation of Abortion Providers (TRAP) laws
- Hyde amendment
- Immigrant rights and access to abortion
- Sterilization of incarcerated women
- Medicaid sterilization requirements
- Availability and access to assisted reproductive technologies
- LARC-first approach to contraception counseling & care



Baltimore's History with Norplant

New York Times:

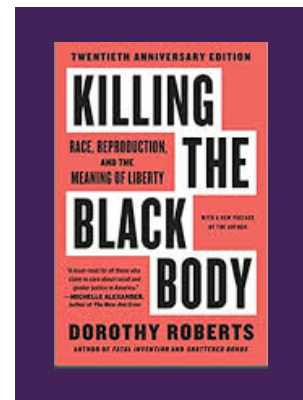
Plan for Wider Use Of Norplant by Girls Dividing Baltimore

Published: February 11, 1993

Baltimore Sun:

Bold Attack on Teen-Age Pregnancy : Baltimore offers the Norplant contraceptive--in an effort to reduce unwanted pregnancies

December 07, 1992



LARC Statement of Principles:



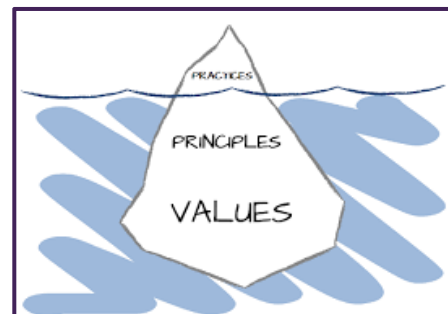
“We commit to ensuring that people are provided comprehensive, scientifically accurate information about the full range of contraceptive options in a medically ethical and culturally competent manner in order to ensure that each person is supported in identifying the method that best meets their needs.”

“The current enthusiasm for LARCs should not distract from the ongoing need to support other policies and programs that address the full scope of healthy sexuality.”

www.tinyurl.com/LARCprinciples

LARC Principles in Practice:

- Ensure patients have access to all methods
- Ensure scheduling templates allow for ready access to appointments for LARC insertion AND removal
- Ensure fees for removal and managing complications are not a barrier to care
- Ensure that you have the capacity to manage or a good referral source for difficult removals (IUD no strings, deep implants, etc.)
- Ensure that you do not have any goals or targets for LARC insertions (both formal and informal)



RJ Principles in Practice:

- Consider special populations:
 - Incarcerated people
 - Undocumented people
 - People with substance use disorders
 - Residents of mental health facilities
 - People with disabilities
 - Youth in detention or foster care
- Report and analyze patient satisfaction and other quality measures by race & ethnicity and other special populations.
 - Complications
 - Continuation

“Reproductive decisions are made within a social context - including inequities of wealth and power...”

- Killing the Black Body

Poll #2:

In the last 12 months, have you reported on and analyzed patient satisfaction data by race/ethnicity at your organization/ health center?

1. Yes
2. No
3. We don't have access to patient satisfaction data by race/ethnicity

Applying RJ Principles: Case #1

Your center/organization is approached by a potential funder who wants to give you a sizeable grant to provide IUDs and implants for free to teen moms as well as people who have recently received counseling for child abuse or neglect.

1. What are some ways that this program does not align with RJ principles?
2. What could be done to make this program more patient- and RJ-centered?
3. Will your organization proceed with the grant?

Applying RJ Principles: Case #2

A US nonprofit organization, Project Prevention, offers cash incentives to women and men with substance use disorders to use long-term or permanent birth control. Project Prevention targets people in treatment centers and pays them to receive depo, LARC, or sterilization. They require providers to sign a form confirming administration/insertion of the method.

A provider contacts you after seeing a patient for contraception care which included an IUD insertion. After the insertion, the patient asks the provider to sign the form so that they can receive the incentive payment from Project Prevention.



1. What are some ways that this program does not align with RJ principles?
2. What should your organization's policy be on signing these forms?

Applying RJ Principles: Case #3

A local prison system contacted your organization to discuss a proposal for a contract. They would like your providers to come into the system's healthcare center to train their providers to insert IUDs and implants for incarcerated individuals.

1. What are some ways that this program does not align with RJ principles?
2. What could be done to make this program more patient- and Reproductive Justice-centered?
3. Will your organization proceed with the contract?

Patient-Centered Approaches to Contraception Counseling



Patient-Centered Care:

“Patient-centered care is care that is respectful of and responsive to individual patient preferences, needs, and values.”

- Institute of Medicine

Communication is Key:

Quality, patient-centered interpersonal communication is central to patient-centered care

- Fosters positive, respectful, therapeutic relationships that enable patients to express needs and preferences

Interpersonal communication affects health care outcomes including:

- Patient satisfaction
- Use of prevention care
- Medication adherence

Doyle- *BMJ*, 2013
Dehlendorf- *AJOG*, 2016
Harper- Patient Ed, Counsel 2010

How Do People Think About Pregnancy?

- **Intentions:** Timing-based ideas about if/when to get pregnant or have a child
- **Plans:** Decisions about when to get pregnant and formulations of actions
- **Desires:** Strength of inclination to get pregnant or avoid pregnancy
- **Feelings:** Emotional orientations towards pregnancy

Plans ≠ Intentions ≠ Desires ≠ Feelings

Concerns with Directive Counseling Approaches:

Assuming people should want to use certain methods:

- Ignores variability in preferences, including around importance of avoiding unintended pregnancy
- Does not prioritize autonomy and the context of the person's life

Pressure to use a specific method can be counterproductive:

- Perceived pressure increases mistrust and method discontinuation

Directive Counseling & Provider Bias:

- **28% of Black women** reported being pressured to start one type of method when they preferred another
- People living with low incomes **more likely** to report being advised to limit their childbearing than were middle-class white women
- Black women were **more likely** than white women to report being pressured by a provider to use contraception
- **67% of Black women** reported race-based discrimination when receiving family planning care

Downing- Am J Public Health, 2007
Becker, Perspect Sex Reprod Health, 2008
Thorburn- Women Health, 2005

Directive Counseling & Provider Bias:

Are women of color counseled differently about the IUD?

- RCT using videos of standardized patients presenting for contraceptive advice
- Providers more likely to recommend IUD to low-income women of color compared to low-income white women
- No racial/ethnic difference in recommendations among high-income women

Dehlendorf- Am J Obstet Gynecol, 2010

Informed Decision Making:

“ A collaborative process that allows patients and their providers to make health care decisions together, taking into account the best scientific evidence available, as well as the patient’s values and preferences... This process provides patients with the support they need to make the best individualized care decisions.”

- Informed Medical Decisions Foundation

Patient-Centered Decision-Making in Family Planning:

- Best method for an individual depends on their preferences:
 - Effectiveness
 - Common side effects
 - Frequency of using method
 - Initiate/stop
 - Medical concerns
 - Return to fertility
 - Confidentiality
- Consistent with many people’s preferences for counseling
- Increases satisfaction with the decision-making process



Dehlendorf- Contraception, 2013

Five Key Points for Informed Decision-Making in Contraceptive Counseling:

- Build rapport and establish trust with the patient
- Elicit and inquire about the patient's contraceptive preferences, without assuming that efficacy is of primary importance
- Provide the scaffolding for decision-making by providing evidence-based information including risks, benefits, and side-effects for contraceptive methods that best align with patients' stated preferences
- Facilitate the selection of a contraceptive method that fits with the patient's preferences
- Ensure the patient understands that, if they are dissatisfied with their choice, their decision can be revisited, and make appropriate plans for follow-up.

Innovating Education in Reproductive Health

Final Thoughts...

- It is critical to understand the historic wrongs of reproductive oppression and unethical contraceptive experimentation in order to not repeat them
- We must work to implement Reproductive Justice principles into our practice of family planning care
- We must treat each patient as a unique individual with their own preferences and needs in order to provide patient-centered care

Resources and Further Reading:

Killing the Black Body by Dorothy Roberts

Medical Apartheid by Harriet Washington

Reproductive Justice: An Introduction by Loretta Ross & Rickie Solinger

Radical Reproductive Justice by Loretta Ross, et al

“La Operacion”- documentary about sterilization in Puerto Rico

SisterSong: SisterSong.net

Forward Together: ForwardTogether.org

Black Women’s Reproductive Justice: blackrj.org

National Latina Institute for Reproductive Justice: latinainstitute.org

National Asian Pacific American Women’s Forum: napawf.org



Thank
you!