Contraceptive choices in women experiencing homelessness

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currently on maternity leave
Women, contraception, pregnancy and homelessness
So what?
What we did
What next?
What do you want/what do you do?
How can we work together to enable women to become pregnant when the time is right for them?
Women experiencing homelessness:

- 40% are women (shelter)
- ‘hidden’ from services and literature
- less welfare support, esp if no dependents
- vulnerable- high rates of domestic violence
- Increasing numbers (Fitzpatrick 2019)
Pregnancy

- Rate higher than the general population
- Less likely to terminate pregnancy
- Increased adverse outcome, especially if sleeping rough
- Only small proportion have their children in their care
- Complex reasons for becoming pregnant - Most unintended – what choice? unwanted?
Edinburgh Access Practice

- Primary care service (GP practice) supporting people experiencing homelessness
- Dedicated women’s clinic, including midwife
- Advice and access to contraception all clinics
- Gold standard all women asked on registration
Our study

- 184 female patients using our service
- Anonymised
- keyword search
  - reproductive history, contraceptive method, and pregnancies/children
Results

- **Pregnancy**
  - 109 (59%) had at least one child in the past
  - 233 children mentioned in the medical records, 179 (77%) of whom in care system
  - 8 women who had 45 children, none of whom were in their care
## Results

**Table 1. Contraceptive choices in women experiencing homelessness**

<table>
<thead>
<tr>
<th>Current contraception</th>
<th>Total using this method N</th>
<th>Total using as main method N(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IUD/IUS</td>
<td>8</td>
<td>8 (4.6)</td>
</tr>
<tr>
<td>Implant</td>
<td>33</td>
<td>33 (19)</td>
</tr>
<tr>
<td>Progestogen only injection</td>
<td>8</td>
<td>8 (4.6)</td>
</tr>
<tr>
<td>OCP</td>
<td>12</td>
<td>12 (6.9)</td>
</tr>
<tr>
<td>Condoms</td>
<td>25</td>
<td>14 (8.0)</td>
</tr>
<tr>
<td>Hysterectomised/ female sterilisation</td>
<td>6</td>
<td>6 (3.4)</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>1</td>
<td>1 (0.6)</td>
</tr>
<tr>
<td>Not sexually active</td>
<td>26</td>
<td>26 (14.9)</td>
</tr>
<tr>
<td>Predominantly using no contraception despite being sexually active</td>
<td>32*</td>
<td>32 (18.4)</td>
</tr>
<tr>
<td>No record of contraception choice</td>
<td>34</td>
<td>34 (19.5)</td>
</tr>
<tr>
<td>Total</td>
<td>185</td>
<td>174 (100)</td>
</tr>
</tbody>
</table>

Table 1: Current contraception choices as recorded in electronic record. (IUD=Intra-uterine device, IUS= intrauterine system, OCP=oral contraceptive pill)

*2 of these women were pregnant and 3 same sex partner.
Results

- Contraception
  - 76 (44%) had a record of using some form of contraception
  - 49 (28%) women chose IUD/S or implant as primary choice. 6/49 (15%) out of date
  - Long-acting reversible contraception (LARC)- implant most common 33 (19%), progesterone only injectable 8 (5%) and IUD/IUS 8 (5%)
  - 34 (20%) no record of choice, 140 (80%) had.
    - 125 (72%), conversation took place at registration or in the first 3 months
Discussion

- LARC use is high compared with the general population in Scotland 1:4 vs 1:20, but of most effective, more than 1 in 10 out of date
- Implant most common choice
- 9 in ten of those using most effective LARC were using it effectively
- Condom use low
- OCP use low
- One in five no contraception despite being sexually active
- Consequences of pregnancy often tragic- do women know this?
  - Children in care, risk of repeated pregnancies
Discussion

- Contraceptive choices whilst homeless are not straightforward
Limitations

- This study NOT true reflection of contraceptive choices amongst all women experiencing homelessness
- Some data may be missing
Implications

- Paucity of research – both quant and qual
- Primary care may be a useful setting to both enable and empower women to make appropriate contraceptive choices
- Competing priorities in both primary care and complexities of homelessness make this challenging
  - routine questioning, increased time?
  - Rolling this practice out to primary care nationwide?
  - what constitutes ‘an informed choice’, how to discuss this sensitively without coercion
Conclusions

- First study looking at contraceptive choices in women accessing a dedicated primary care service for homeless women.
- LARC use comparatively high, in keeping with previous studies although 1/10 of most effective out of date.
- Despite specialist setting, still failing to meet the contraceptive needs of homeless women - just under half of women using contraception.
- Greater attention to women’s contraceptive needs could empower women to become pregnant when the time is right for them.
How do you feel?

- How often have you been asked about your own contraception? If you remember, how does this make you feel?
- How would you like to be asked about contraception?
- When?
- By whom?
- How often?
- How would you feel about this information being passed on to others?
What do you do?

- Do you ask about contraception routinely in the people that you currently work with?
- Should you?
- Who’s role is this?
- How comfortable do you feel about asking about this?
- If you do, how do you usually do this and what sort of responses do you get?
What next?

- The consequences of an unintended pregnancy in homelessness can be tragic yet the reasons for becoming pregnant may be complicated
- We must avoid stigmatising people who do become pregnant whilst experiencing homelessness
- We must try and avoid coercion from clinicians/people asking about contraception
- How can we all work together to enable women experiencing homelessness to become pregnant when the time is right for them?
Thank you

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