


Contraceptive choices in women experiencing homelessness

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- 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 home

- 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

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

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- 49 (28%) women chose IUD/S or implant as primary choice. 6/49 (15%) out of date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 womens' 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 made 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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