

Barriers to contraception access

Literature Review

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### **Barriers to contraception access**

The American College of Obstetricians and Gynecologists (2015) supports women to have the right to determine whether to have children and to decide how many children they want to have and how to space them out. Women must have access to contraceptive services and reproductive health care, to be able to execute these rights (The American College of Obstetricians and Gynecologists, 2015). However, there are numerous barriers for women to be able to choose the contraception of their choice and to be able to use it to prevent unwanted pregnancies safely. Trends of high numbers for unwanted pregnancies can be seen, especially among teens and women from lower socio-economic groups (Dumas, Terrell, & Gustafson, 2018). This literature review analyzes the barriers to using contraception that women face. Two of the most significant obstacles are the lack of knowledge and the high cost of contraception (Janiak, Clark, Bartz, Langer, & Gottlieb, 2018). There are programs across the world that continuously work on improving women's access to contraception to lower the numbers of abortions and to provide a better quality of life for the mother and the baby.

### **Barriers and Pathways to Providing Long-Acting Reversible Contraceptives in Massachusetts Community Health Centers: A Qualitative Exploration.**

This article considers the barriers in the timely placement of long-acting reversible contraceptive (LARC) methods. The report analyzes various aspects that may delay or prevent care from women seeking contraception. Several clinics in Massachusetts were included in the study. The researchers organized educational meetings with questions to the staff about changing care for patients who want a LARC method placed. The team gave feedback on some of the barriers. A conclusion was made that the placement of the devices should take fewer visits and

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should be more affordable. The staff should also receive additional training on patient education about the contraceptive (Janiak, Clark, Bartz, Langer, & Gottlieb, 2018).

### **Key Points**

The main points discussed were the affordability of the contraceptives, providing further education to patients, and placing the contraceptive in fewer visits (Janiak, Clark, Bartz, Langer, & Gottlieb, 2018). Data suggests the effectiveness of comprehensive sexuality education to young people that includes training on various forms of contraception, mechanism of use, and safety. This extensive education positively influences the age of first sexual contact, the number of sexual partners and engaging in risky behaviors, among young people (The American College of Obstetrician and Gynecologists, 2015).

### **Assumptions**

The article suggests that shorter wait for contraception and fewer visits will make patients more compliant and will increase the number of people to have LARC placed. The current placement time may take anywhere from seven days up to three months, and it usually takes multiple visits. Additionally, reducing the cost for the contraceptives and providing LARC to all patients regardless of their health insurance, is believed to increase the use. Lastly, the researchers believe that extensive education for the staff will increase the awareness of different contraception and will make it easier for patients to choose LARC method (Janiak, Clark, Bartz, Langer, & Gottlieb, 2018). The barriers to obtaining a LARC are likely to cause more unintended pregnancies and consequential abortions. Currently, 49% of all pregnancies in the United States

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are not planned, and the rates of abortion are higher than most other developed countries (The American College of Obstetrician and Gynecologists, 2015).

### **Deficit/Conclusion**

In conclusion, ensuring access to LARC methods has been identified as a priority for healthcare experts and public health professionals. Healthcare professionals in the study agree that primary care providers should be trained to provide education on LARC methods to patients to decrease the placement time of the contraceptive. This study, however, does not consider all clinics across the state or the country, and therefore more research is needed on improving access to contraceptive methods to all women (Janiak, Clark, Bartz, Langer, & Gottlieb, 2018).

### **Pharmacists expand access to reproductive healthcare: PEARL study protocol.**

This article focuses on making hormonal contraception (HC) more available to all women thanks to enabling pharmacists to prescribe HC. In 2016, Oregon was the first state to implement the law of pharmacists being able to screen women and prescribe appropriate HC. This study will use a retrospective analysis using medical claims data to evaluate the effectiveness of the new policy, as well as a clinical cohort study of 500 women currently on HC, prescribed by a pharmacist (Rodriguez, Darney, Edelman, Yee, Anderson, & McConnell, 2019). The goal of this study is to provide higher quality contraception than what is available over-the-counter for women of all ages and all socio-economic backgrounds.

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### **Key Points**

The American College of Obstetricians and Gynecologists believes that standard medical practices may deter women from obtaining a contraceptive. The College states that there is no known medical benefit to having a routine pelvic examination in order to receive a prescription for a contraceptive and that these practices may hinder the initiation of contraception. Another barrier could be that certain types of contraception require multiple medical appointments, and not all insurance plans cover these costs (The American College of Obstetrician and Gynecologists, 2015). Providing pharmacists with additional training for screening and safe prescription of HC is believed to encourage more women to be able to start using HC and therefore decrease the risk of unwanted pregnancies (Rodriguez, Darney, Edelman, Yee, Anderson, & McConnell, 2019).

### **Assumptions**

The researchers state that having a pharmacist prescribe HC may increase the number of HC users and that it will decrease the risk of unintended pregnancies (Rodriguez, Darney, Edelman, Yee, Anderson, & McConnell, 2019). A national survey found that 68% of women in the reproductive age support the idea of accessing contraception from the pharmacists, without the need for a doctor's appointment (Rodriguez, Darney, Edelman, Yee, Anderson, & McConnell, 2019). The researchers believe that because of the extended hours of pharmacist's operation and the lack of requirement for a clinical visit, the continuation rates for contraception use will increase. This approach may be highly advantageous, especially to women without insurance or in lower socio-economic groups (Rodriguez, Darney, Edelman, Yee, Anderson, & McConnell, 2019).

### **Deficit/Conclusion**

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Unintended pregnancies are currently still a significant concern in the United States that causes a lot of consequential complications and increases the public cost. Using pharmacists to prescribe HC safely is an innovative idea that may contribute to reducing unintended pregnancies thanks to higher accessibility of HC to all women (Rodriguez, Darney, Edelman, Yee, Anderson, & McConnell, 2019). There are a few limitations of this study, however. The study only focuses on the experience of one state and the health outcomes. These outcomes may vary among the states because of their insurance and other health laws. Additionally, not all states require the pharmacists to obtain additional training, which may decrease the willingness of pharmacists to participate in this program. (Rodriguez, Darney, Edelman, Yee, Anderson, & McConnell, 2019). The new policy of allowing pharmacists to prescribe HC may be highly effective but still requires more studies to be done in this area.

### **Operation PINC: Process Improvement for Non-Delayed Contraception**

The rates for unintended pregnancies among women in the military is double that of civilian women (Adams, 2017). Women in the military have access to high-quality health care with a multitude of advantages over the civilian system. Insurance preauthorization is not necessary for medical procedures of contraceptive methods, and military women have access to a variety of contraception options at no cost. Despite these advantages, women in the military face several barriers that delay the initiation of contraception and decrease the continuation of contraception. The objective of this study is the utilization of a walk-in contraceptive clinic, the satisfaction rates of the women over six months, and the cost savings (Adams, 2017).

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### **Key Points**

Although women in the military have access to high-quality healthcare at no cost, they still face barriers to receiving contraception. Many practitioners in the military are not trained to provide contraceptive services, especially the insertions of long-acting reversible contraceptives (LARC) (Adams, 2017). Public health and medical organizations in the United States have recommended LARC method as the preferred method in reproductive women of all ages (Janiak, Clark, Bartz, Langer, & Gottlieb, 2018). Women in the military that desire to have a LARC placed may have to make an appointment with a closest OB/GYN department and could wait up to 30 days for the appointment. Furthermore, military members have very little control over their daily activities and may not be able to attend their doctor's visit, which would further delay the initiation of their contraceptive and impose a risk for unintended pregnancy. Additional barriers to contraception in military women could be the lack of knowledge, and the interruption of contraceptive availability during deployments (Adams, 2017).

### **Assumptions**

The researchers believe that creating a walk-in contraceptive clinic with a same-day service would allow military women to start the contraception of their choice within an acceptable timeframe and thus decrease the risk of unintended pregnancies. The study considered 120 women that were seen at the clinic and received a LARC. The projected cost of prenatal care, including the labor and delivery cost, is around \$12,770, and the probability of women without contraception getting pregnant is 80% in a year. Considering these expenses, Operation PINC saves approximately 15 million dollars a year in preventing unintended pregnancy and helps active-duty women remain mission-ready (Adams, 2017).

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### **Deficit/Conclusion**

Providing same day contraceptive services to military women is a potentially cost-saving initiative that decreases the number of unintended pregnancies in military members and increases operation readiness. Having to wait for contraception services can significantly affect women's reproductive goals, is costly and may conflict with the military lifestyle and make women nondeployable. Operation PINC has shown to be cost-saving and save on average 17 million person-hours annually. However, this study has limitation because it only looked at one clinic in one state and only the first six months of its operation. Additionally, the studied population is transient because of the members being deployed or moving to different bases. Therefore, it is challenging to examine the exact effect of the clinic on unintended pregnancies, as it is difficult to follow up with the participants (Adams, 2017).

### **Conclusion**

This literature review considers the barriers to contraception that women currently face. Accessibility to contraception to all women could prevent many unplanned pregnancies and subsequent abortions. The cost of unintended pregnancies is very high, births from these pregnancies account for \$12.5 billion in government expenditures in 2008, according to The American College of Obstetrician and Gynecologists (2015). The most effective way to prevent unintended pregnancies and abortions and decrease health care costs is facilitating affordable access to contraceptives (The American College of Obstetrician and Gynecologists, 2015). Women in underserved populations and women in the military at most considerable risk for not receiving proper contraceptives (Adams, 2017). Community health centers and walk-in contraceptive clinics can play a critical role in diminishing the barriers for women to get contraception (Janiak, Clark, Bartz, Langer, & Gottlieb, 2018).

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Additionally, allowing pharmacists to prescribe contraceptives may also help eliminate the barriers to high-quality contraception (Rodriguez, Darney, Edelman, Yee, Anderson, & McConnell, 2019). There have been numerous initiatives to increase the accessibility to contraception, and many of them have been successful. However, unplanned pregnancies are still an alarming concern in the United States and should continue to receive appropriate attention and action from researchers, clinicians, and legislators.

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