

The use of LARCs in vulnerable patients and those experiencing homelessness

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Disclosure of interest

- I have no conflicts of interest to disclose.





Melissa

- 29y year old woman I first met in a women's refuge escaping a DV relationship.
- 5 children, youngest child 11mo, 3 months pregnant
- Had presented to GP requesting IUD, referred to tertiary hospital, placed on a wait list and was pregnant by the time she go given an appointment.
- Congenital kidney disease, multiple UTIs during pregnancy needing hospital admission

Overview

The use of LARCs can benefit women experiencing homelessness.

- Why LARCs are important in this population
- Barriers
- How can we overcome these barriers as individuals and collectively.

Why is LARC access important?

- In a homeless population Chronic multi-morbidity is the norm
 - Drug and alcohol-70%
 - Mental Health- 50%
 - Physical Health- 50% at least 1 chronic
25% acute
 - Trauma History 20-80%
- All of these things are complicated by pregnancy.
- Women who experience homelessness during pregnancy experience high rates of adverse pregnancy outcomes.

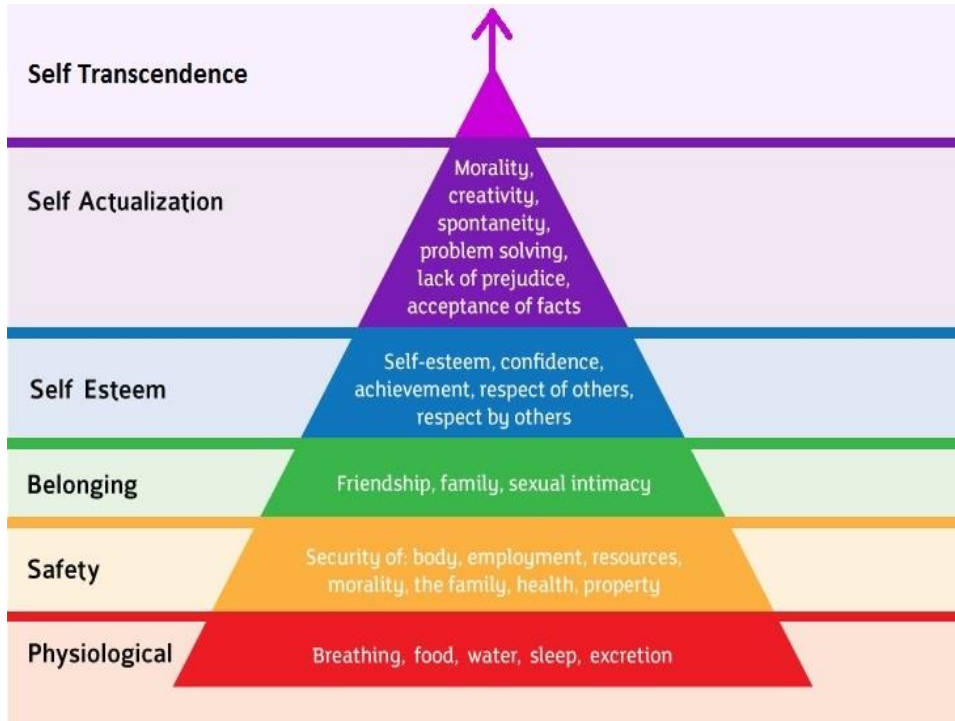
Why is LARC access important?

- Unintended pregnancy occurs disproportionately in poor and low-income women
- Unintended pregnancy can be particularly burdensome for homeless women as it can negatively influence a woman's ability to move out of homelessness.



Special considerations in this population

- High rates of DV and reproductive coercion
- Practical difficulty of menstruating on street
- Unexpected returning fertility after amenorrhea. (Eg coming off high dose opioids, post rehab)
- Common to see ambivalence about becoming pregnant, low perceived fecundity and a lack of agency
- Healthcare, and specifically contraception, isn't a priority in a subculture that is pre-occupied with basic survival.



Access Barriers to healthcare and contraception

- Cost.
- Being contactable
- Keeping appointments
- Medication security
- Hypervigilance and paranoia may make attending appointments too anxiety provoking (highly traumatised population)
- Use of LARCs can overcome some of these barriers.

Barriers to LARC use

- Lack of knowledge of what is available (low literacy, little access to internet)
- Misconceptions about LARCs
- Initial cost of insertion
- Waiting times

Overcoming barriers

- Trauma-informed approach in contraceptive counseling,. High rates of trauma and many patients are survivors of sexual abuse and sexual violence.
- Addressing misconceptions
- Not making assumptions about access to information and literacy. Pictorial visual aids.

- **Homeless Healthcare**

Not-for profit charity aiming to advance and promote health of homeless and marginalised people
Free Service



Homeless Healthcare Services

- Mobile doctor clinics
 - Women's refuges
 - Drug and alcohol rehab
 - Transitional accommodation
 - Adult Drop in centers
 - Youth centers
- Street health (nurse outreach)
- After hours services supporting rehoused people
- Hospital in-reach
- Transitions clinic (Set up as a regular GP clinic)

References

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- [Cutts DB1, Coleman S, Black MM, Chilton MM, Cook JT, de Cuba SE, Heeren TC, Meyers A, Sandel M, Casey PH, Frank DA. Homelessness during pregnancy: a unique, time-dependent risk factor of birth outcomes. Matern Child Health J. 2015 Jun;19\(6\):1276-83. https://www.ncbi.nlm.nih.gov/pubmed/25404405](#)

Thank you for listening



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