

BARRIERS AND ACCESS TO CONTRACEPTION AND ABORTION SERVICES FOR MARGINALISED AND HOMELESS POPULATIONS



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OVERVIEW

AN INTEGRATED APPROACH IS NEEDED IN PROVIDING EFFECTIVE CONTRACEPTION AND ABORTION ACCESS TO PATIENTS EXPERIENCING HOMELESSNESS.

- Homeless Healthcare
- Case study
- Homelessness and reproductive health
- Barriers
- Enablers





- Not for profit charity, primary health service
- Transitions clinic (GP clinic)
- 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



CASE STUDY

“SARAH”



30 year-old woman

6 weeks pregnant



Reproductive history

G20 P2 M16 T1
recurrent miscarriages,
bicornate uterus
OCP
Current partner casual



Mental health

Complex PTSD
Intimate partner violence
Childhood sexual abuse
Depression/anxiety
Borderline PD
Polysubstance abuse



Physical health

Asthma,
chronic pelvic pain.



Social history

2 children in care of the state
Unstable accommodation
No family support
No agency supports



SARAH'S PREGNANCY JOURNEY

6/40 Seen at a drop-in-center

- Abdominal pain, pregnancy established
- Possible ectopic so referred for admission to maternity hospital, transferred to general hospital

8/40 seen again at our clinic

- Hyperemesis gravidum
- Wishing to continue the pregnancy
- Disclosed previous reproductive coercion
- Child protection agency requests information

10/40 seen again at our clinic

- Become homeless again
- Requests referral for funded termination



GENERAL AND REPRODUCTIVE HEALTH

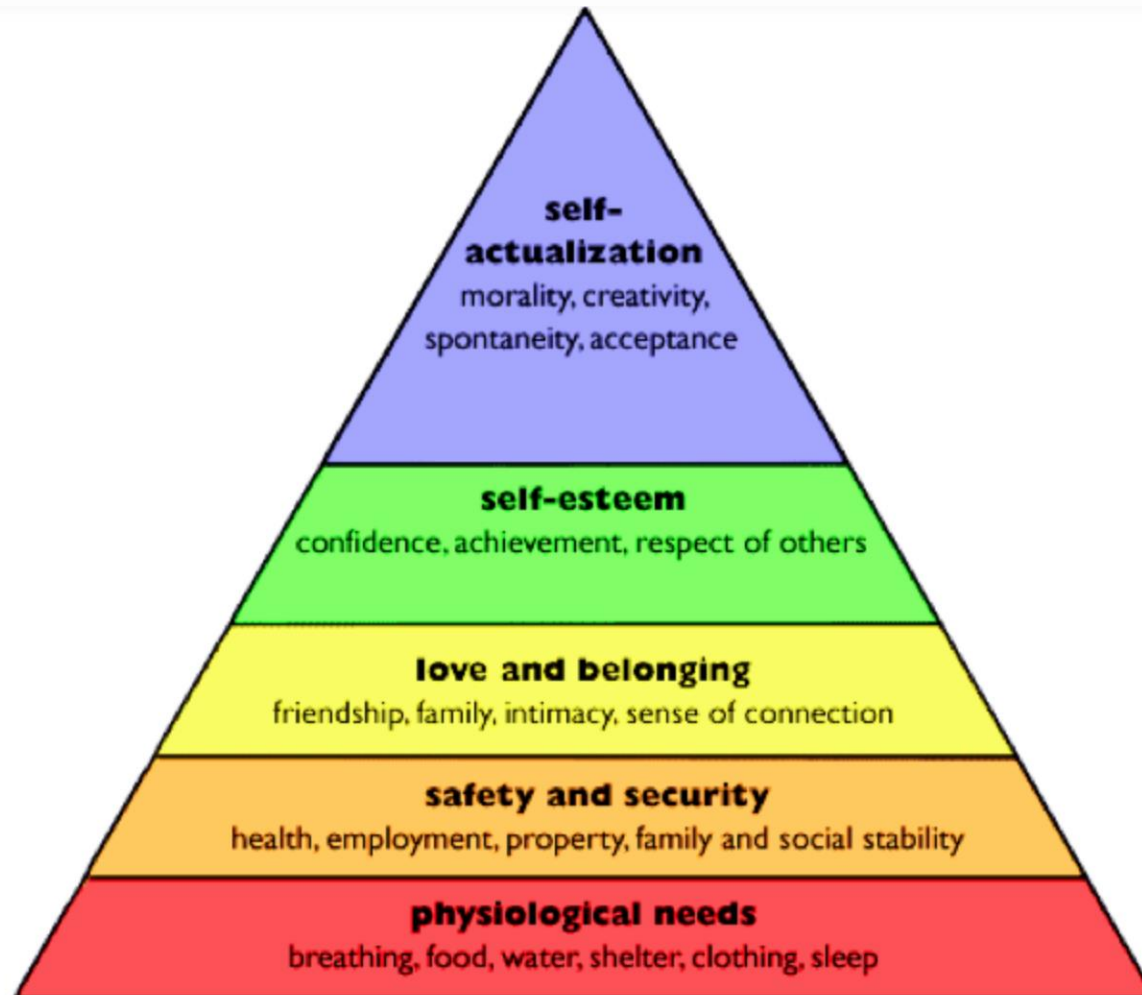
- In a homeless population Chronic multi-morbidity is the norm
 - Drug and alcohol 70%
 - Mental Health 50%
 - Chronic health problems 50%
 - Acute health problems 25%
 - Trauma History 20-80%

- Women who experience homelessness have
 - High rates of STIs
 - High rates of unintended pregnancies
 - High rates of adverse pregnancy outcomes
 - High rates of intimate partner violence

- Healthcare, and specifically contraception, isn't a priority in a subculture that is pre-occupied with basic survival.



MASLOW'S HIERARCHY OF NEEDS





ABORTION AND HOMELES SNESS

Complex relationship
between abortion
choices and
homelessness

- Pregnancy as a cause of homelessness
- Involvement of child protection services
- Later presentation



ACCESS BARRIERS TO ABORTION AND CONTRACEPTION

Practical barriers

- Practical barriers
 - Cost
 - Being contactable
 - Keeping appointments
 - Medication security
 - Health literacy
 - Medical termination location

Intangible barriers

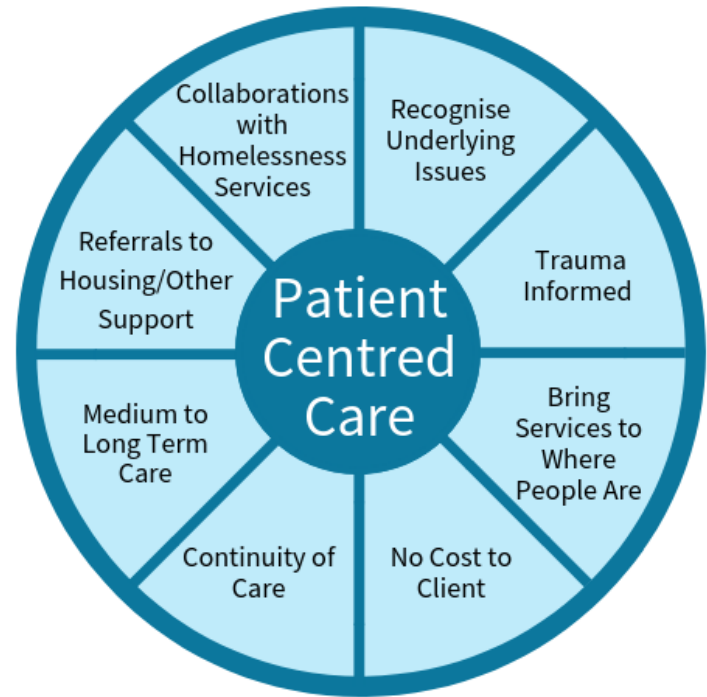
- Complex health needs
- Reproductive coercion
- Hypervigilance and paranoia may make attending appointments too anxiety provoking
- Stigmatisation felt by women attending mainstream healthcare services
- Lack of trust of medications and the healthcare system

Barriers not due to lack of existing services, but rather related to barriers in accessing the services that do exist.



OVERCOMING BARRIERS...MOVING FORWARD

- Flexible service provision
- Trauma-informed care
- Supportive services
- Continuity of care



- Addressing misconceptions and assumptions: our own and patient's



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QUESTIONS?



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