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If you move your **cursor** to the **bottom** of **your screen** you will see a **menu**.



This menu allows you to **control**:

- **Raise Hand**
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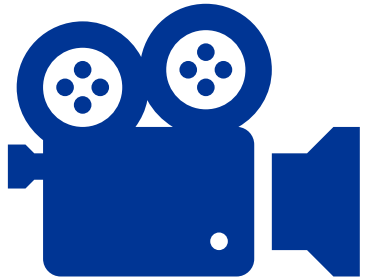


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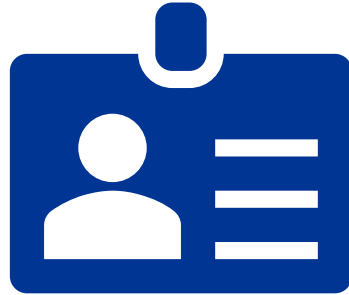
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Pose questions in the chat to **all participants**



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- Everyone on every Program Evaluation and Research Unit (PERU) webinar is **valued**. Everyone has an expectation of **mutual, positive regard** for everyone else that respects the **diversity** of everyone on the webinar.
- We operate from a **strength-based, empathetic, and supportive** framework – with the people we serve, and with each other on PERU webinars.
- We encourage the use of **affirming language** that is not discriminatory or stigmatizing.
- We treat others as **they** would like to be treated and, therefore, avoid argumentative, disruptive, and/or aggressive language.



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- We strive to: **listen** to each person, avoid interrupting others, and seek to **understand** each other through the Learning Network as we work toward the highest quality services for Centers of Excellence (COE) clients.
- Information presented in Learning Network sessions has been vetted. We recognize that people have different opinions, and those **diverse perspectives** are welcomed and valued. Questions and comments should be framed as **constructive feedback**.
- The Learning Network format is **not conducive to debate**. If something happens that concerns you, please send a chat during the session to the panelists and we will attempt to make room to address it either during the session or by scheduling time outside of the session to process and understand it. Alternatively, you can reach out offline to your PERU point of contact.



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# Pregnancy and Family Planning

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# Learning Objectives

**By the end of this session, trainees should be able to do the following:**

- Define **unintended pregnancy** as comprised of mistimed, ambivalent, and unwanted pregnancies and the **potential for stigma** associated with use of the term.
- Define the term **'contraceptive need'** and know how to screen for contraceptive need as it pertains to helping people achieve their **desired family planning** goals.
- Describe the main forms of **contraception**, their effectiveness with perfect and typical use, and reasons why contraceptive desire and use do not always match.
- Identify **tools** to help people achieve their **desired family planning** goals.



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# Person-Centered Family Planning Support for People with Substance Use Disorders

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JEFFERSON COLLEGE OF NURSING

THOMAS JEFFERSON UNIVERSITY

# Jefferson Center for Maternal Addiction Treatment, Education and Research (MATER)



**Jefferson**

Thomas Jefferson University  
HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

# Over 5 decades of serving pregnant & parenting women and their families...

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## Treatment

Outpatient & Intensive  
Outpatient (*Family Center*);  
350 women/year

Residential (*My Sister's  
Place*); 40-50 women/year



## Education

Public and professionals,  
within and outside of  
Jefferson



## Research

Basic, clinical, translational,  
and epidemiological



80-90% of pregnancies among **people with SUD** are “unintended”

At that time, ~50% of pregnancies in the **general population** were “unintended”

But what does “**unintended pregnancy**” mean?

## Unintended Pregnancy and SUD

What does  
“unintended  
pregnancy”  
mean?

MISTIMED (EARLIER THAN  
WANTED)

UNWANTED

AMBIVALENT

# Unintended Pregnancy

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More likely among  
people experiencing  
poverty

Conflation of  
unintended pregnancy  
as being associated  
with birth and  
childhood outcomes



# Reproductive Justice

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Right to have a child and choose the conditions for a child to be born

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Right to not have a child and choose the conditions to not have a child

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Right to parent in safe, supportive environments

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Contraception is one way to help choose when to or not to have a child.

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# Who may benefit from contraception?

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People with a **contraceptive need**

Intending to **avoid** pregnancy

**Sexually active** with a person in a way that can cause pregnancy

Any other reason a person identifies as **desiring contraception**

# Screening for Contraceptive Need - One Key Question

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“Would you like to become pregnant in the next year?”

<https://powertodecide.org/>

## Yes

- Support pre-pregnancy planning
- Folic acid supplements
- Assess genetic and substance use situation
- Address social situations
- Other ACOG recommendations
- Make it simple!

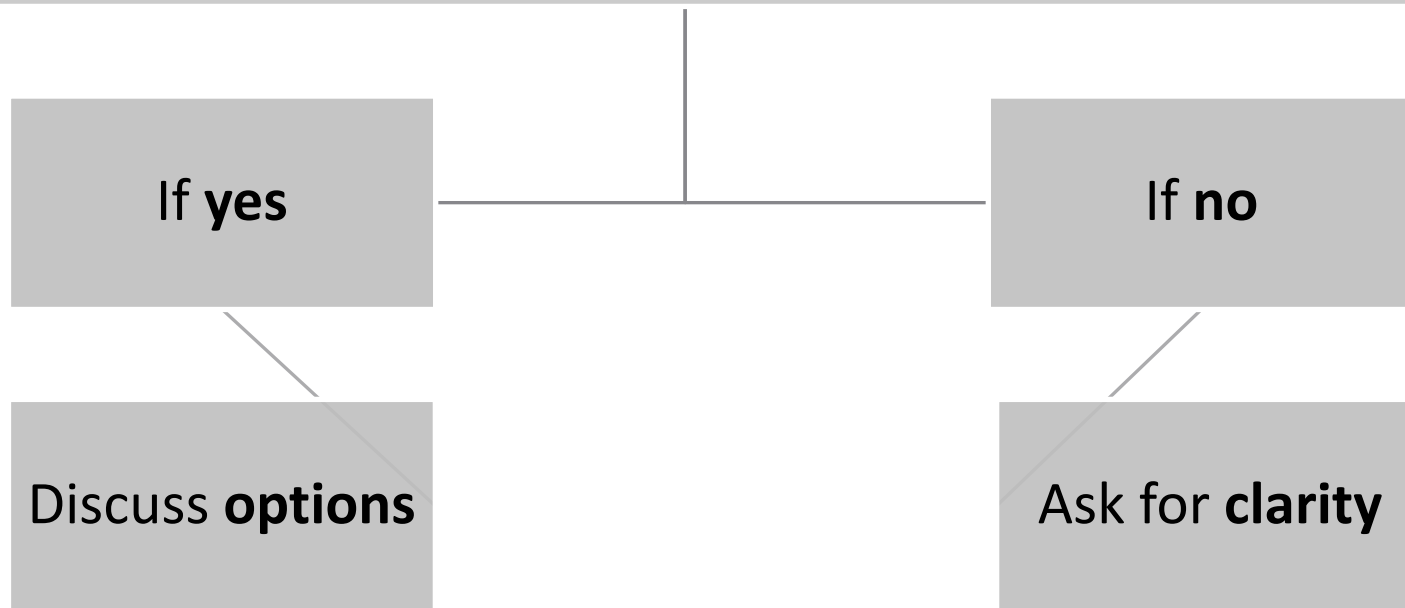
## No

- Assess sexual activity, contraceptive use
- Assess desire for contraception
- Provide information on all forms, if desired
- Provide desired method and support with method switching or discontinuation
- Make it simple!

# Screening for Contraceptive Need – Self-Identified Need for Contraception (SINC)

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We ask everyone about their reproductive health needs. **Do you want to talk about contraception or pregnancy prevention during your visit today?**



# Contraceptive Use & SUDs

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Many people who can become pregnant and have SUDs have a contraceptive need

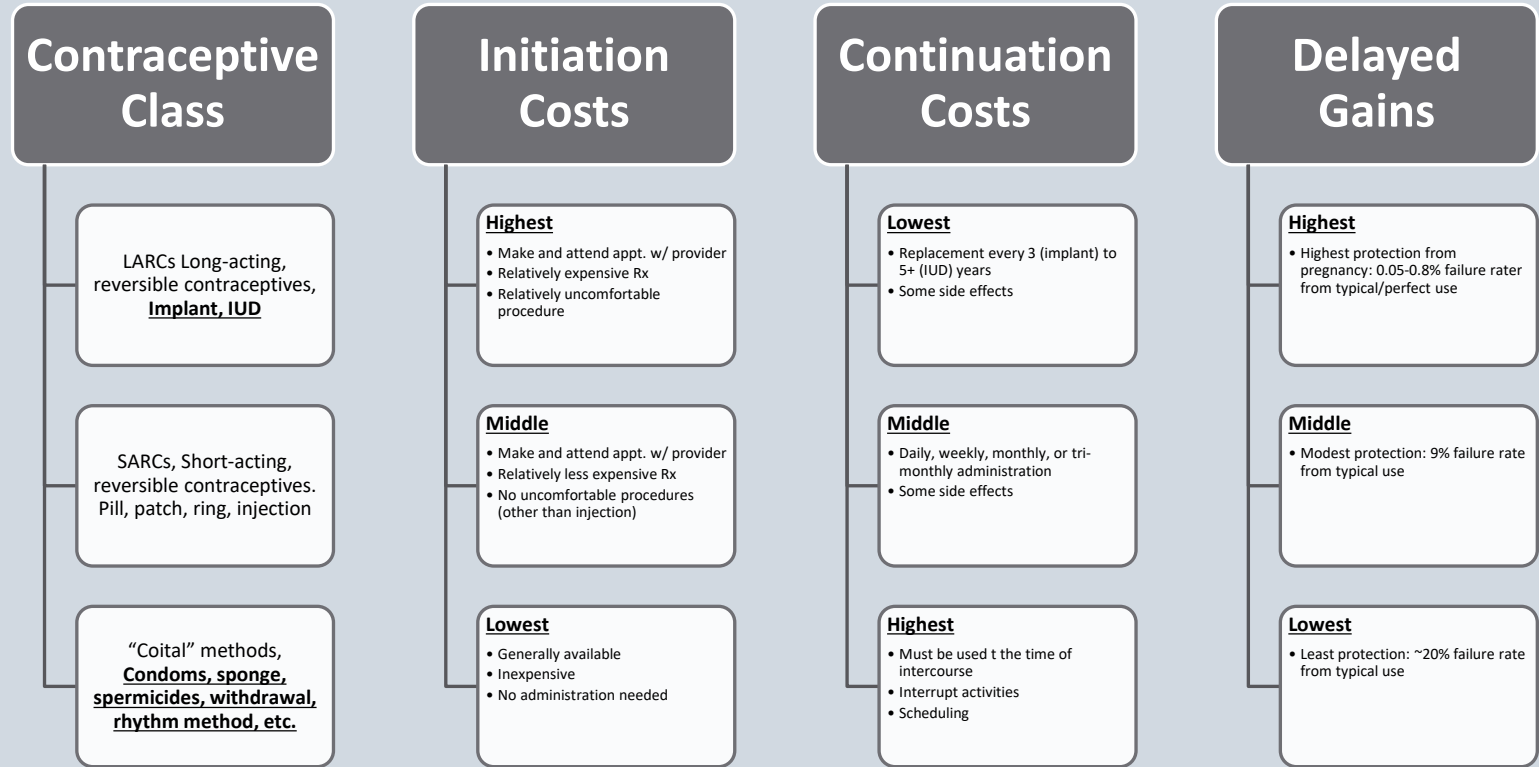
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>60% rely on condoms, <10% use most effective methods (IUD, implant) (Terplan, Hand, et al., 2015)

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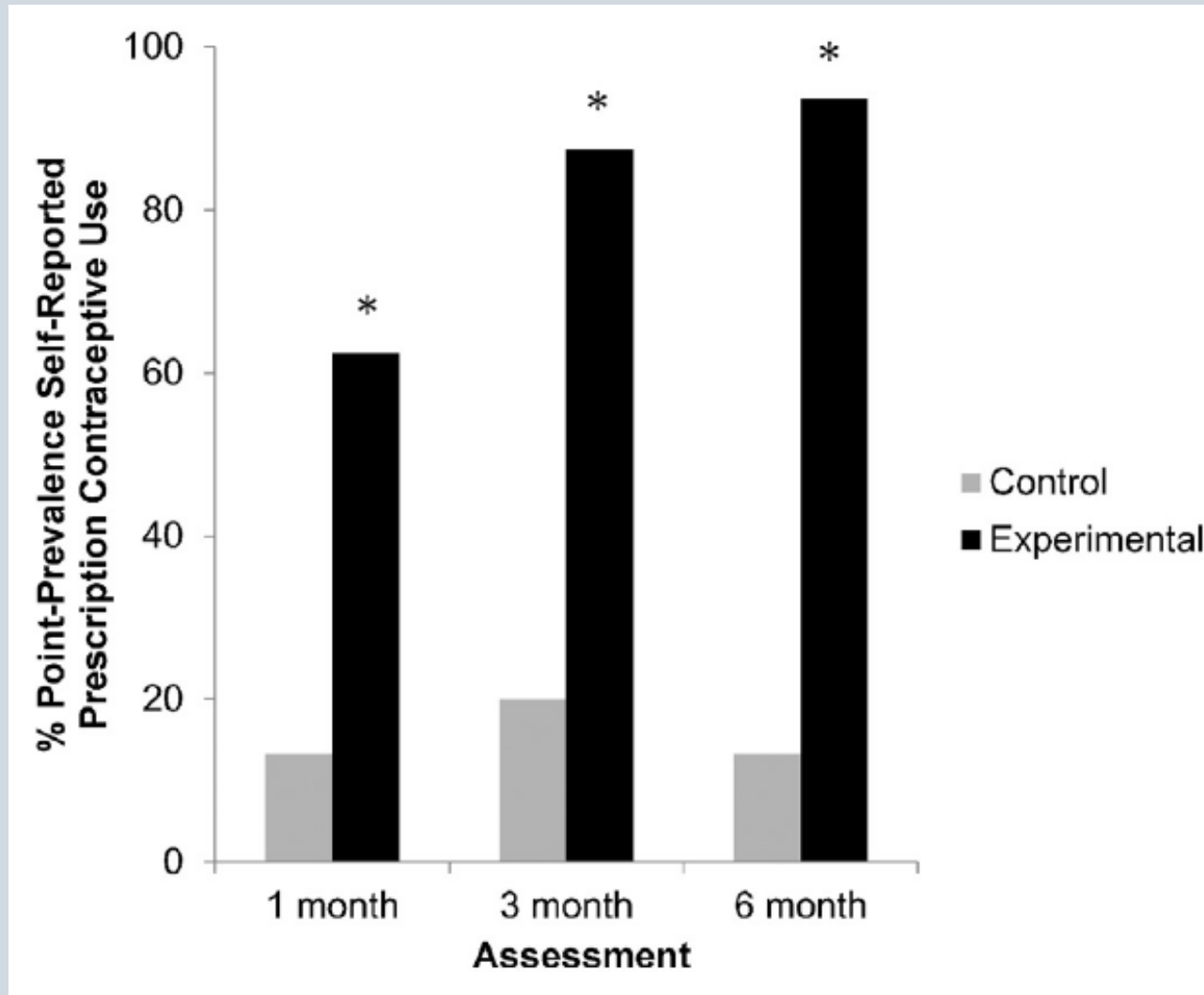
Most have used prescription contraception in the past, have adequate knowledge of methods

# Types of Contraception



# Using behavioral economic theory to increase use of effective contraceptives among opioid-maintained women at risk of unintended pregnancy

- UCC (n = 15): Received information about contraceptive methods, a supply of condoms, a dose of Plan B, and referral to local contraceptive providers
- CMP: (n = 16): Received all of the above, plus:
  - WHO contraception initiation protocol at their first visit
    - 1) No physical exam,
    - 2) structured counseling to select a method,
    - 3) provision of the method,
    - 4) option to initiate immediately rather than wait for next menstrual period
  - Voucher-based incentives contingent on attendance at 13 follow-up visits over the next 6 months.
    - Vouchers began at \$15, increasing by \$2.50 (\$450 max earnings)
    - Weekly for 2 months, bi-weekly for 2 months, monthly for 2 months

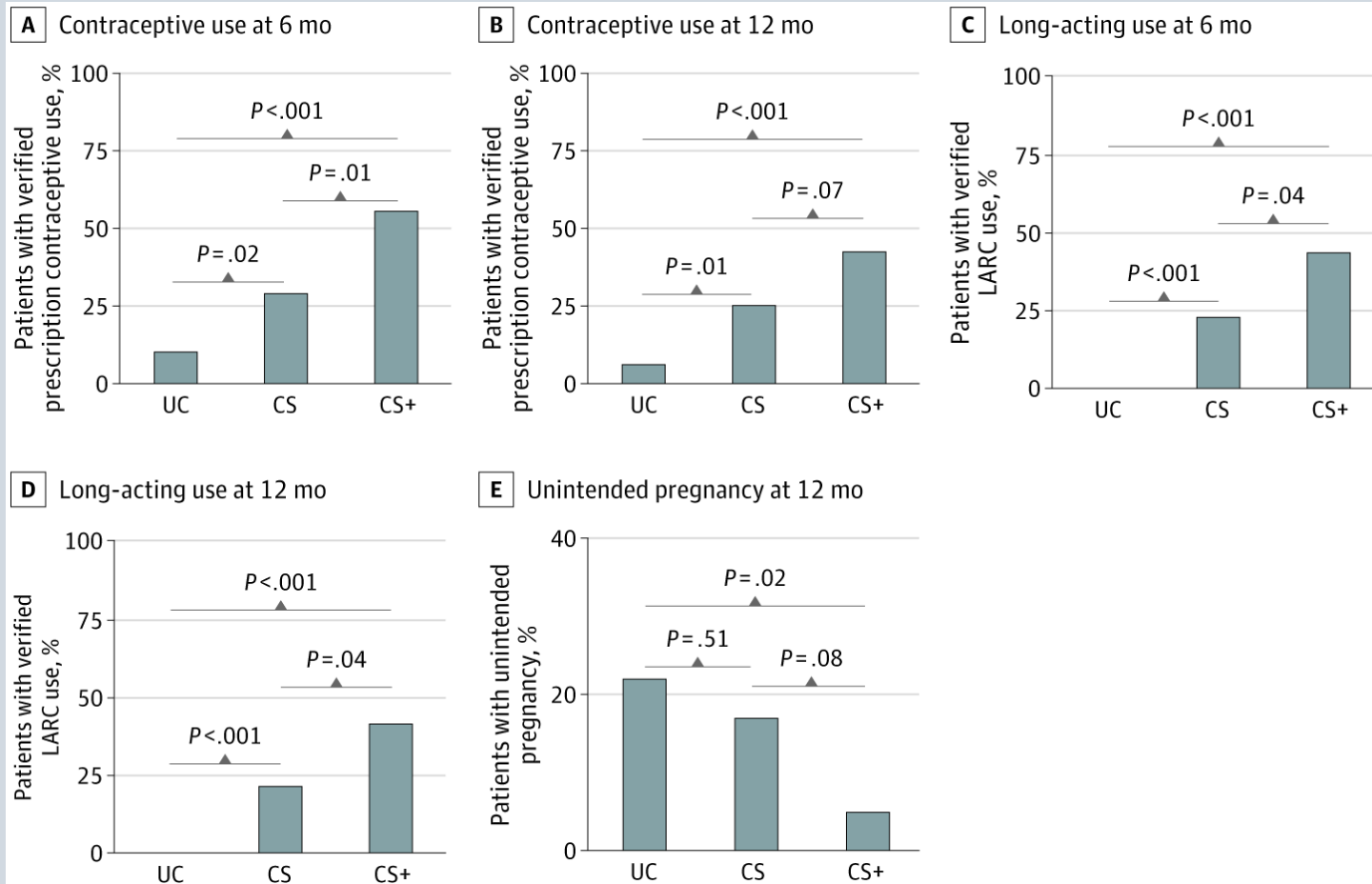


Using behavioral economic theory to increase use of effective contraceptives among opioid-maintained women at risk of unintended pregnancy

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### Results





## Efficacy and Cost-Benefit of Onsite Contraceptive Services With and Without Incentives Among Women With Opioid Use Disorder at High Risk for Unintended Pregnancy: A Randomized Clinical Trial

**Figure 2:** Percentage of Participants with Verified Prescription Contraceptive Use, Verified Long-acting Reversible Contraceptive Use, and Who Experience an Unintended Pregnancy

# Take-aways

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Unintended pregnancy is a stigmatizing term, consider how it is used

Contraception is one way to choose when to not be pregnant

Screening for who would benefit from contraception is simple

The most effective methods are the hardest to start

Co-locating contraceptive services and providing supports help people use their right to choose and use their desired contraceptive

# References

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