

“We just want to be heard”:
Reproductive aspirations & barriers to care for women experiencing homelessness with substance use disorders

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BACKGROUND

Women & families are the fastest growing population of unstably housed individuals in the US, and women experiencing homeless (WEH) face unique barriers to realizing their reproductive goals.

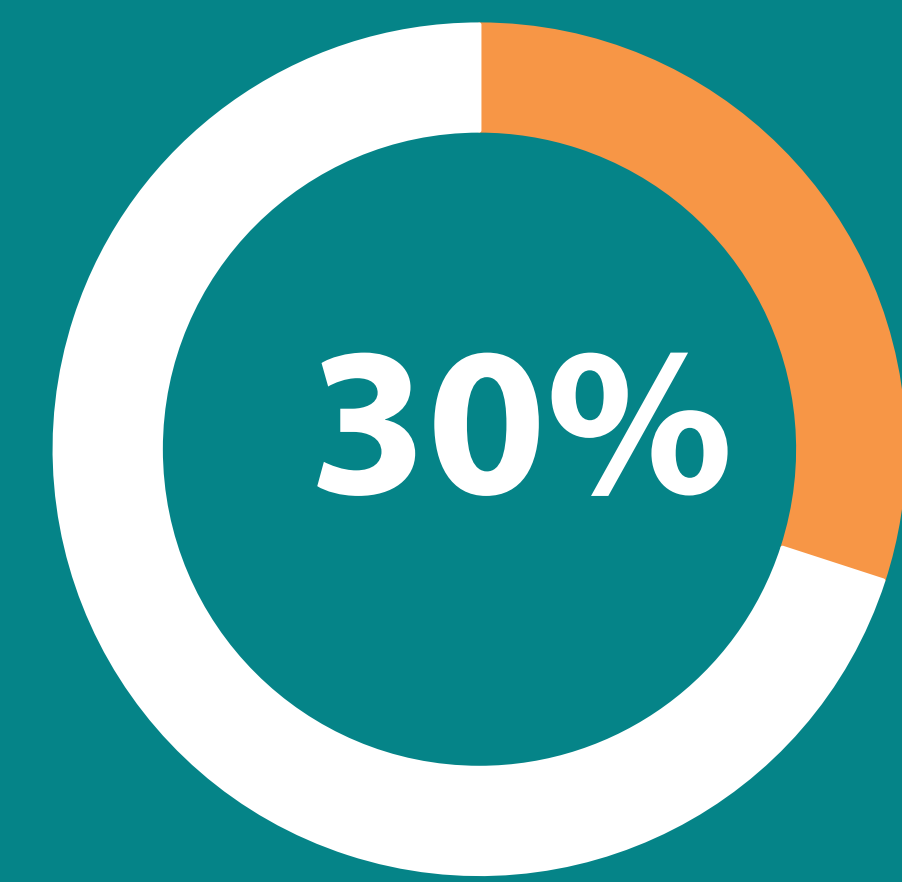
METHODS

- Participants included: 1) SF-based WEH recruited from methadone clinics and homeless encampments, and 2) healthcare providers serving WEH
- A 38-item reproductive aspirations survey was administered to WEH
- A subset of WEH were invited to a semi-structured interview
- Healthcare providers were invited to complete interviews & focus groups
- Analysis: Survey data - descriptive statistics; interviews - coded using a mixed inductive/deductive approach

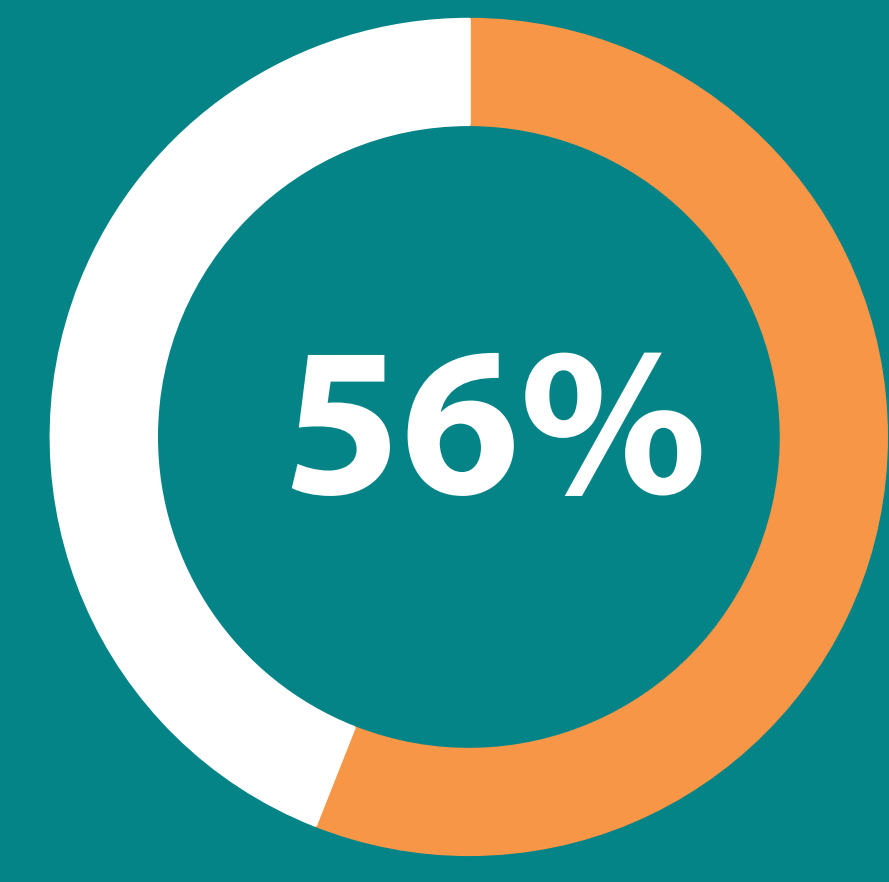
DISCUSSION

- WEH face intersecting & compounding barriers to accessing reproductive health services.
- Improving access will require creative solutions to create low-barrier services and system-wide training to create person-centered, trauma-informed, respectful care environments.

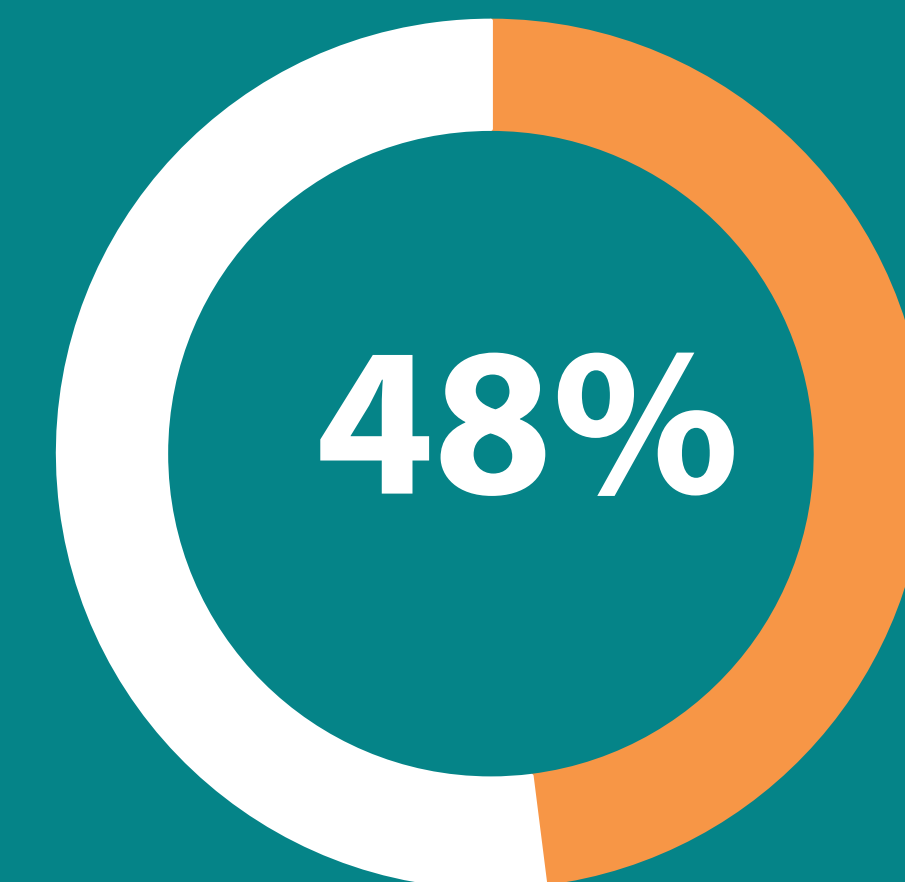
Among women experiencing homelessness...



Desired pregnancy in the next year



Would be happy to learn they were pregnant



Did not use contraception at last intercourse

Key takeaway

While WEH and providers identified similar barriers to accessing care, providers proposed solutions focused on overcoming logistical challenges while WEH emphasized the importance of transforming the healthcare environment to treat WEH with dignity and respect

RESULTS

Barriers



Providers and WEH emphasized similar barriers to accessing services, including:

- **Discrimination** in the healthcare system
- **Logistical** and **financial** challenges, including service location, transportation, and lack of insurance coverage
- Negative experiences with Child Protective Services and **fear of losing custody**
- **Delayed pregnancy discovery**, resulting in late presentation to prenatal care

Providers also described additional challenges, including

- **Complications to clinical care**, such as pain management in the setting of substance use, and challenges when creating follow-up plans
- The **low priority** seeking reproductive services in the setting of competing survival needs among WEH

“We are going through enough as it is, who knows about our situation? We know it’s tough, we are not proud of it. [Providers] in this field who deal with people like me should be trained...They are the ones who call for harm really, they are the ones that put things into our heads, and they did a lot of damage.” – WEH

“Women who are pregnant who are still using have a lot of fear of having their babies taken from them. It can be a vicious cycle because they avoid prenatal care and support because they don’t want their baby taken because they’re still using, but then the baby ends up getting taken because they didn’t get prenatal care or help to stop using.” – Provider

Solutions



- **Providers** proposed solutions focused on **overcoming logistical challenges** (co-locating services, improving hours, facilitating transportation, strengthening case management, increasing staff resources).
- **WEH** emphasized the importance of **transforming the healthcare environment** through increasing provider training, and creating spaces where WEH are **treated with dignity and respect**

“Could they just be treated like any other patients? You know these are normal people just like you and anybody else.” – WEH

ACKNOWLEDGEMENTS: This work was funded by the Society of Family Planning



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