

# Barriers and Facilitators to Family Planning Access in A Family Medicine Resident Clinic

Qiuying Huang, DO; Susan Hughes, MS; Iris Price, MA; Arlin Venturina, MD  
UCSF Fresno Family and Community Medicine, Fresno, CA

## Background

- In 2011, 45% of all pregnancies in the U.S. were unintended. In 2010 48% of all pregnancies in California were unintended
- Women with unintended pregnancies are more likely to get inadequate/delayed prenatal care; smoke; drink; use drugs during pregnancy; less likely to breastfeed.
- Family planning consultations are often overlooked in male patients

## Objective

This study investigated the perceived barriers to family planning at the Family Medicine Resident Clinic at the Ambulatory Care Center (ACC) by both patients and providers

## Methods

- Anonymous qualitative survey of providers regarding their frequency of practice, comfort level, and adequacy in family planning
- Anonymous paper surveys of patients regarding their experience with and desire to have family planning consults with their providers
- 401 patient charts in August 2017 reviewed in patients ages 18-49 seen in the last 2 years regarding consults, pregnancy, and contraceptives
- Logistic regression analysis

## Demographics

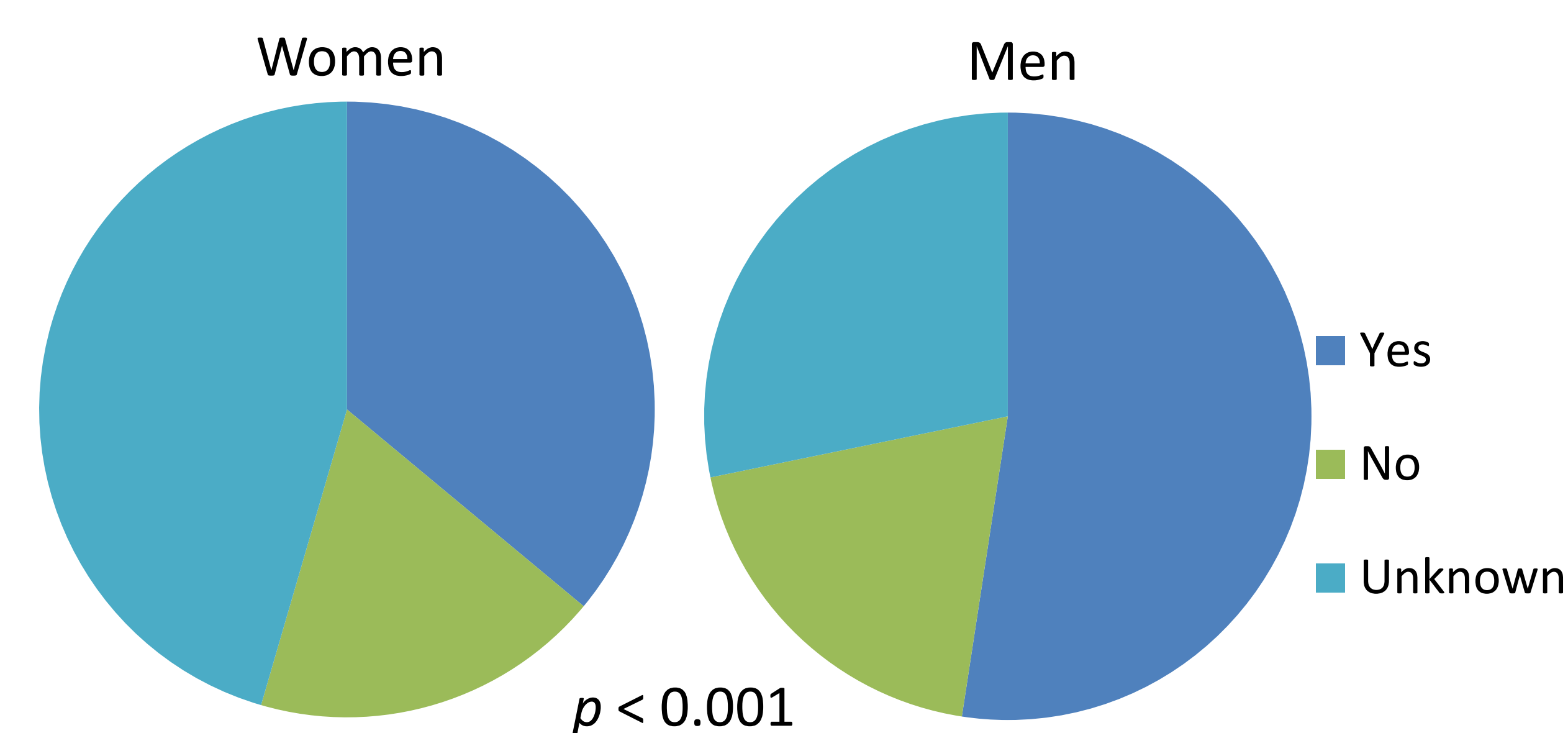
### Patient survey demographics

Variables	n = 88
Age (years, average)	33.3
Race/Ethnicity	
White	17%
Hispanic/Latino	69%
Black or African American	8%
Asian	5%
Native American	1%
Gender	
Female	92%
Male	8%

### Chart review demographics

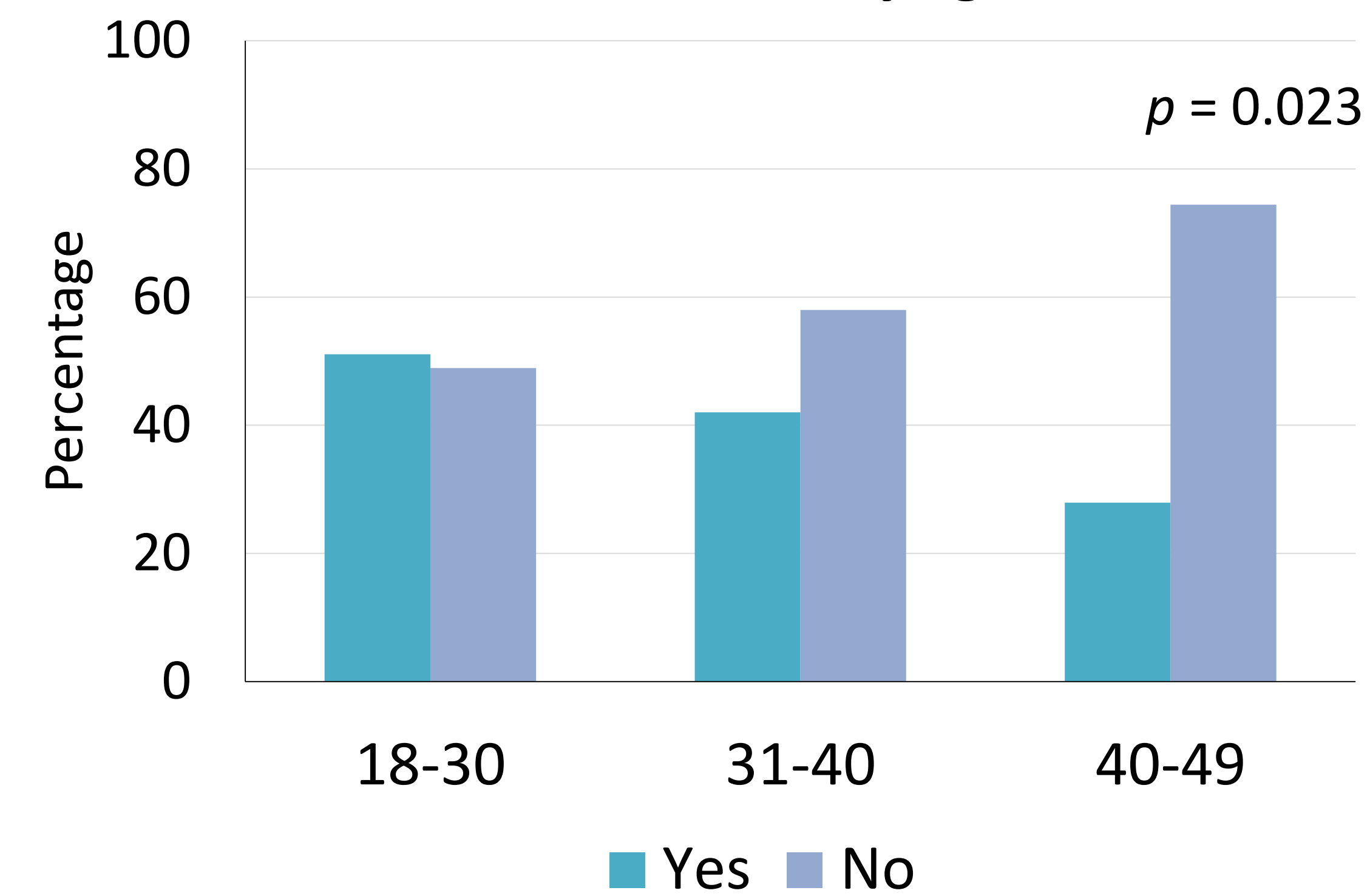
Variables	n = 346
Age (years, average)	36.5
Race/Ethnicity	
White	21%
Hispanic/Latino	66%
Black or African American	6%
Asian	6%
Native American	1%
Gender	
Female	64%
Male	36%

### Contraception use by gender

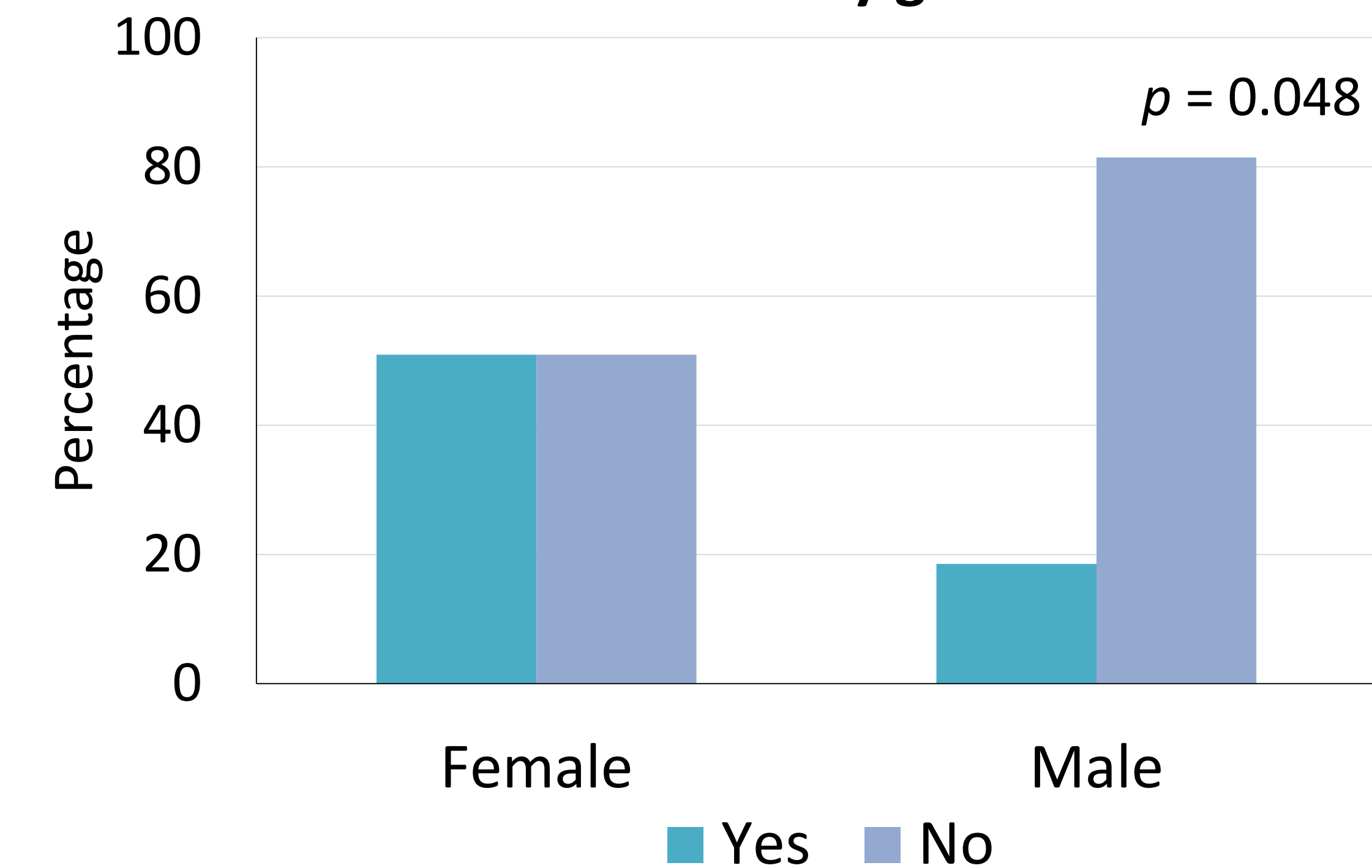


## Results

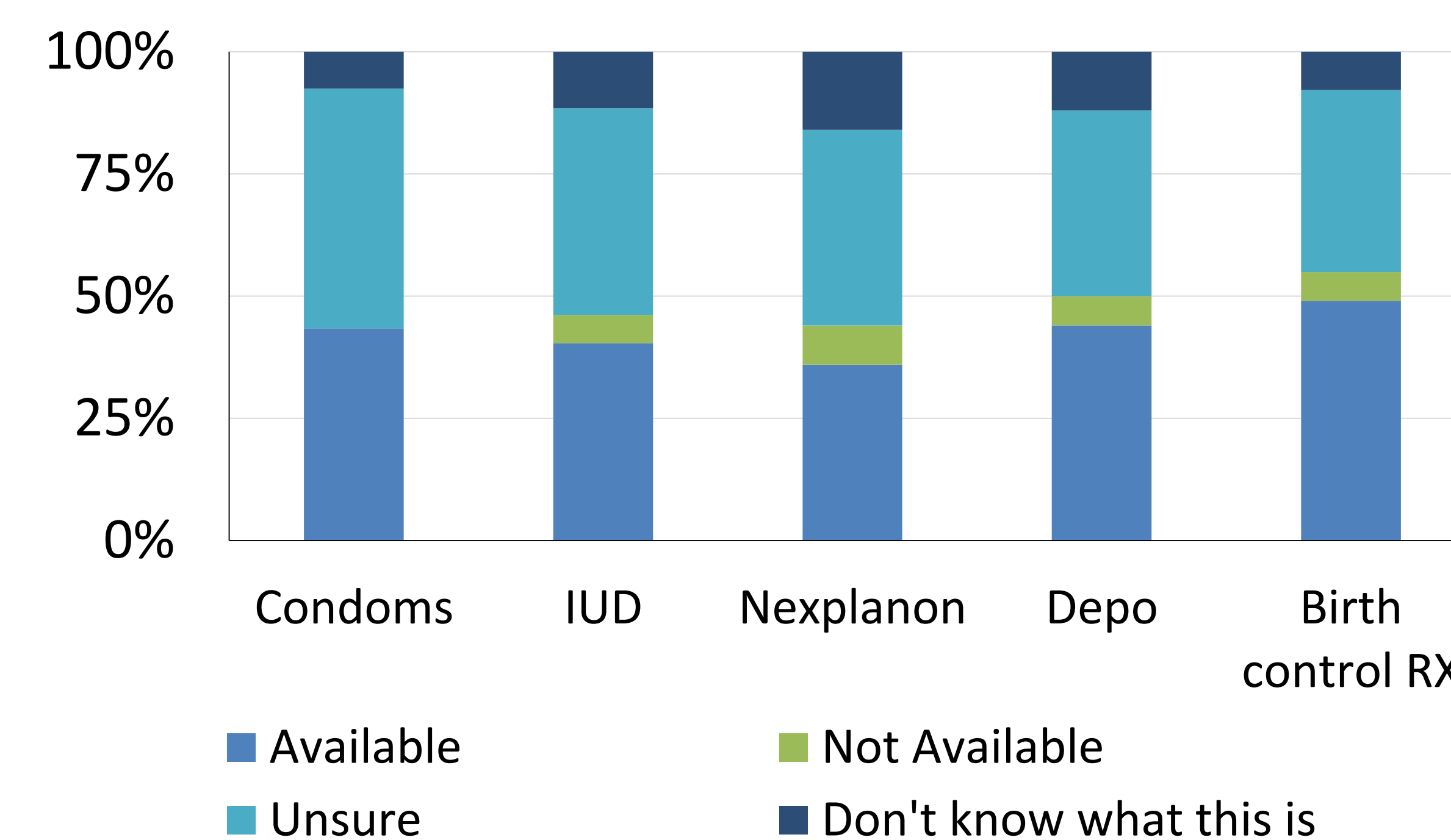
### Consultation by age



### Consultation by gender



### Knowledge of available birth control options



## Provider survey results

- Discussed family planning once a year or only when a patient brings it up
- 88% of the providers do not discuss family planning with male patients:
  - do not think about it for male patients
  - lack of time
- Most providers placed a long acting reversible contraceptive (i.e., IUD or Nexplanon) once every 3 months to once a year

## Discussion/Limitations

- Rare documented cases of unintended pregnancies soon after a clinic visit in which family planning was not discussed or requests for contraceptive were not satisfied
- Consultation happens significantly less in male patients
- Patients ages 40-49 were less likely to receive a consultation
- Patient knowledge is lacking regarding the contraception services available at the clinic
- Per chart review, abortion does not distinguish between miscarriage vs. threatened abortion
- Not all patients were consistently seen by the same providers
- Knowledge of contraception services available at the ACC is lacking among patients

## Conclusions

- Practice can be improved by:
  - Training more providers to place LARCs
  - Setting up reminders on Healthcare Maintenance tab
  - Using a waiting room survey regarding family planning needs
  - Do not forget the male patients!