Following Title X guidelines for unintended pregnancies in South Carolina

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Background

From state level data for 2008, approximately 51% of 6.6 million US pregnancies were unintended (mistimed/unwanted) and for South Carolina, the rate was 56%. Low income women have higher rates; these women often use Title X family planning services. In 2012, SC Title X served 26% of women in the state in need of publicly supported contraceptive services and supplies, compared with 22% served by such centers nationally and of the total contraceptive clients served in 2010, 93% had incomes at or below the federal poverty level, compared with 69% nationally.

Title X programs have required guidelines regarding unintended pregnancies, giving unbiased information on three options:

- adoption
- carry and parent
- termination

They also must make referrals upon request. In practice, there appears to be confusion about what providers can and cannot say in Title X programs.

Objective

To develop and evaluate a training program on the Title X guidelines, providing clear explanations and tools to help health help health providers offer full options counseling within the bounds of Title X.

Methods

Training

The training program, for health providers giving Title X services

- was client-focused
- promoted active listening
- taught ways to do options counseling
- fostered providing non-judgmental factual information

Emphasized establishing connection as a human need that underlies counseling. Introduced ACT — a simple acronym that could be used in options counseling:

Every woman must ACT when faced with an unintended pregnancy

- Adoption
- Carry and Parent
- Terminate

Participants were given:

- a one-page protocol with Title X requirements
- resource list for referrals
- list of sources for decision-making about options

Evaluation

102 participants were trained across 8 sites/regions
- Immediate post-test surveys given
- Close-ended and open-ended questions included
- A subset of 33 participants completed follow-up surveys

Results

Post-test results had 95% (N=102) of participants agreeing that training:

- was effective
- was useful
- generated enthusiasm for the topic
- appropriately handled sensitive topics

Follow-up surveys with N=33:

- 90% had increased enthusiasm for their role in serving clients
- 85% improved their ability to counsel on pregnancy options
- 95% improved their ability to counsel clients on contraception
- 85% thought it improved how the organization as a whole deals with these issues
- 98% became more comfortable in dealing with sensitive reproductive issues

Open-ended responses:

I feel able to comfortably discuss reproductive issues with patients - I'm not sure that I would have been comfortable before.

Need to not be biased in discussing pregnancy options.

[There are] three options not one.

I will listen more and understand how difficult it is to be a girl/teen.

I gained tools that nurses could/should use to make a difference with clients instead of going through the motions.

Conclusions

Trainings were warranted as several participants thought it was illegal to mention termination as an option.

There was a major shift in the way the Title X protocol is understood and implemented and the state office reworked directives to be more in line with Title X requirements.

Trainings helped the state with Title X compliance and fulfilled their grant objective of a more competent workforce.

This work was the catalyst for other extended training within and beyond this state.

References


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