

Evaluating the acceptability of reproductive life planning for incarcerated women in Los Angeles County

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Complex Family Planning Fellowship Research

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Background: Over 200,000 women are incarcerated in the United States, and 94% are of reproductive age. While over 80% of women in jail report a lifetime history of unintended pregnancy, ambivalence and indifference are common attitudes toward pregnancy. The Centers for Disease Control has recommended incorporation of Reproductive Life Planning (RLP) into all health visits, but comprehensive reproductive care has not been widely implemented for the United States incarcerated population. RLP aims to reduce unintended pregnancies by enhancing knowledge and increasing utilization of highly effective contraceptive methods while improving birth outcomes through preconception education. No data has been reported on the effect of RLP on pregnancy desire. With a high proportion having a history of unintended pregnancy, incarcerated women are a unique group that would benefit from RLP. They represent an ideal population considering the high prevalence of ambivalent and indifferent pregnancy attitudes.

Primary Objective: To evaluate whether initiation of a RLP intervention reduces pregnancy ambivalence and/or indifference among women in a Los Angeles County jail.

Secondary Objectives:

To identify characteristics associated with pregnancy ambivalence and indifference.

To identify pregnancy desire and feelings toward pregnancy as factors in RLP development and initiation.

Methods: The RLP intervention will take place at a LA County Sheriff's Department correctional facility housing approximately 2,300 women. Advertising will be through the jail's educational bureau. Each intervention, a one-hour small group discussion with ten to fifteen participants, will be led by a family planning specialist and will address the topics of reproductive planning, preconception counseling, and contraception. Before the intervention, a 25-question survey will be administered to the participants. Our primary outcome, pregnancy ambivalence and indifference, will be determined by responses to statements recorded on a 7-point Likert scale:

I want to be pregnant right now (or when I get out of jail).

I do not want to be pregnant right now (or when I get out of jail).

Immediately following the RLP intervention and after release from jail, surveys again will be administered. Participants will be offered the opportunity to follow up with a physician to implement their plans. We plan to enroll 150 women, providing 80% power at a 5% significance level to show an 8% decrease in the primary outcome.

Anticipated Results: We anticipate a reduction in the proportion of women in jail with pregnancy ambivalence or indifference following a RLP intervention. We hope to demonstrate that RLP is an acceptable intervention to improve reproductive care in a jailed population.

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