

# PREGNANCY AND FAMILY PLANNING CHOICES OF BIRTHING PEOPLE WHO USE SUBSTANCES (BPWUS) IN THE PARENT CHILD ASSISTANCE PROGRAM (PCAP)



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## INTRODUCTION

The Parent-Child Assistance Program (PCAP) is a three-year, trauma-informed intervention that provides support, advocacy, and service connection to birthing people who use substances (BPWUS). Accessible information on contraceptive choice has been shown to help prevent unintended pregnancy and promote safer sexual relationships. Family planning increases BPWUS' sense of independence and autonomy resulting in better outcomes for the individual and children. This study aims to better describe services and barriers that may impact engagement in family planning.

## METHODOLOGY

This retrospective, observational study of PCAP clients and will describe engagement in family planning at multiple time points (time of conception, program intake, 12 months, and 24 months) and potentially relevant factors including access to medical coverage, health insurance, family planning services, and housing situation. Data were extracted from the Addiction Severity Index and the Biannual report recorded on each PCAP client.

## RESULTS/FINDINGS

Of 59 PCAP clients, around the time of conception for their most recent pregnancy, seven were regularly using birth control (11%). Upon intake to PCAP, 41% of participants were pregnant, 25% were not regularly using contraceptives, and 34% were regularly using contraception (includes abstinence). This increases slightly at 12 months (37%), and 24 months (41%). Clients with health insurance coverage are almost twice as likely to be using contraceptives (69%, compared to 36%).

Key Indicators

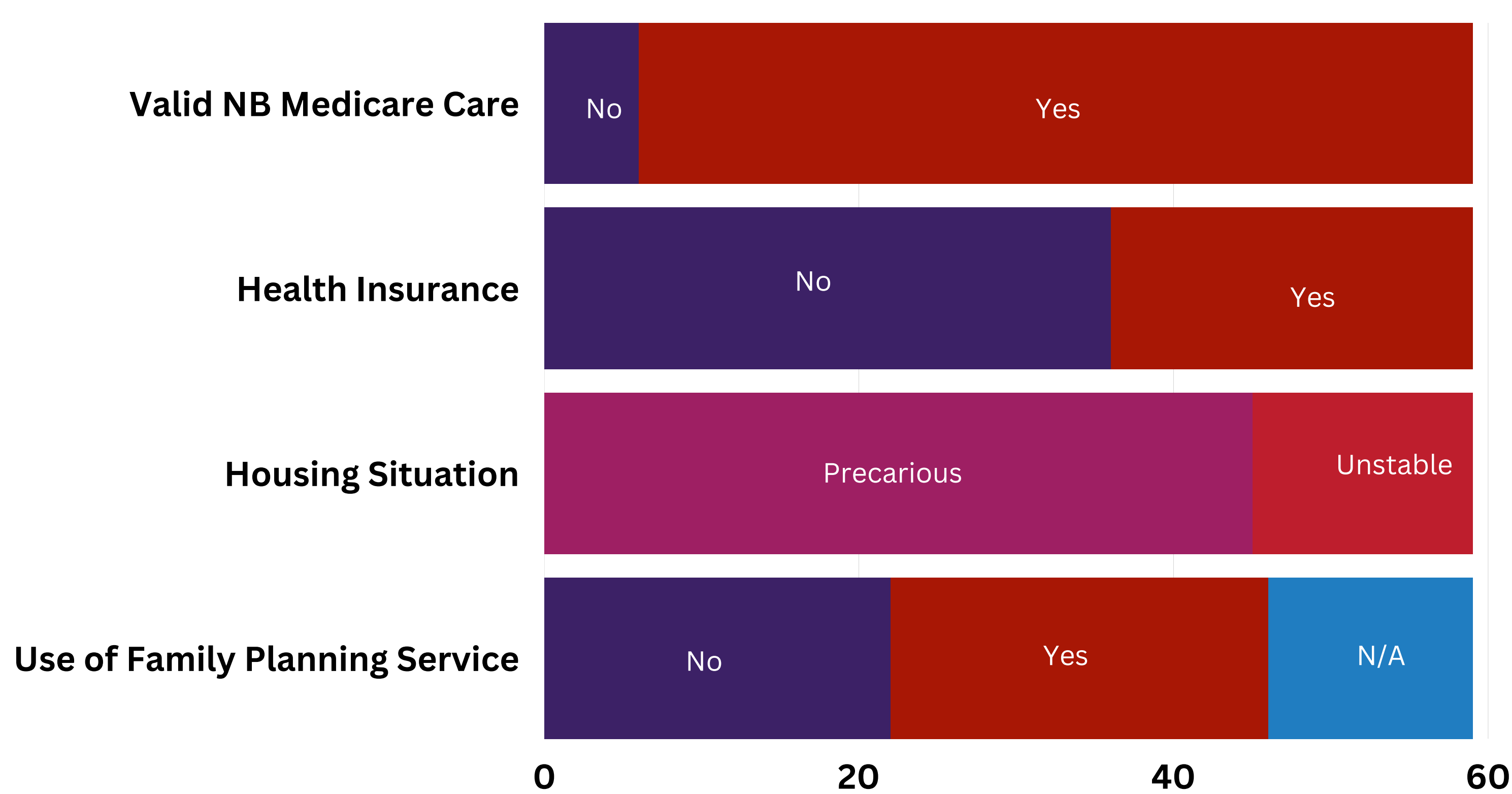


Figure 1. Key Indicators. Graph depicting possible barriers to access of family planning methods. This includes healthcare access through Medicare, access to private health insurance that includes a drug plan, access to a family planning service at time of intake and the housing situation of the person, which can directly impact their ability to secure and maintain consistent contraception methods.

Contraception Use Across Four Timepoints

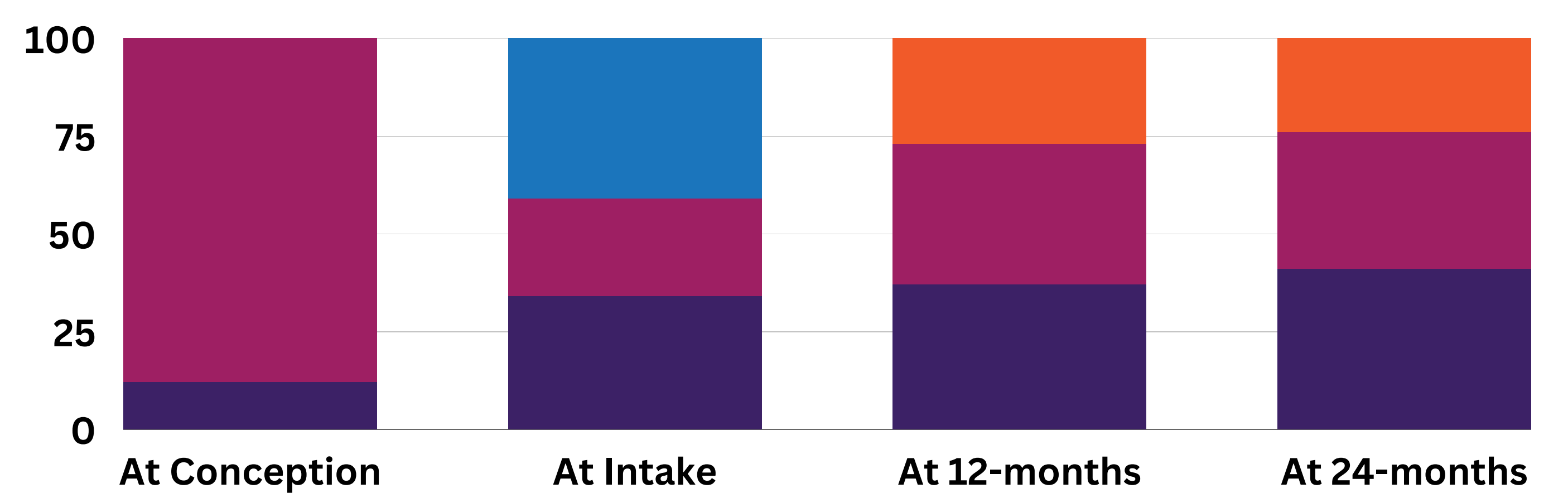


Figure 2. Contraception Use Across Four Timepoints. Descriptive data analyzed showing trends in regular contraceptive use of PCAP participants at 4 timepoints.

Contraception-Use Based on Access to Health Insurance

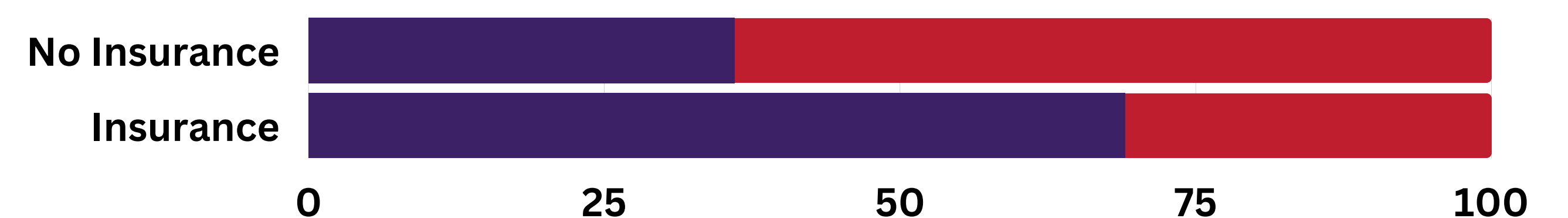



Figure 3. Contraception-Use Based on Access to Health Insurance. Graph comparing PCAP participants with and without access to private insurance and their regular use of contraception at intake.

## CONCLUSION

As most of the participants had a valid NB Medicare card, this was not as much of a barrier to contraceptive use as initially thought. However, regarding the other key indicators explored, results supported that participants with access to private insurance were more likely to consistently use some form of contraceptive. As none of the participants had access to stable housing, this factor likely remains a barrier also. Although consistent use of contraceptives increases throughout participants time spent in the program, the low prevalence of use even after a recent pregnancy and enrolment in the PCAP program indicates significant barriers still exist in terms of education and access to family planning resources for vulnerable women. This indicates the need for diverse and targeted interventions and supports that empower women to make decisions about their reproductive health. Future directions include inferential statistics on contraceptive use and its barriers as the number of participants in PCAP grows as well as follow up studies on participant contraceptive use after completion of the program.


## REFERENCES





PCAP is a unique program that provides personalized support for women/birthing people who use substances by pairing them with an Advocate for three years. Advocates work with clients to identify, set, and achieve their goals. Together, Advocates and clients connect with community resources, and navigate complex systems to build the client's personal assets and autonomy.

Parents who use substances are more likely to experience adversity and feel isolated from their communities. The impact of this directly impacts their children, and the cycle continues. PCAP is only one part of the puzzle needed to disrupt this cycle. Our families need support from every aspect of their community. In the last year, we have watched our first clients graduate from the program. We are so excited for what the future holds for them.



PCAP Team: Holly Seale, Lead PCAP Advocate; Kelly Carline, PCAP Advocate; Hallie Merry, PCAP Advocate; Also Pictured: Joanna Beckett.

## SUPPORTED BY:

