Continuing Medical Education Commercial Disclosure

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Rights, Respect, Responsibility: Reframing Adolescent Sexual and Reproductive Health through a Reproductive Justice Lens

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Definitions

Reproductive Health
- Reproductive processes
- Disease, disorder, condition focused

Reproductive Rights
- Rights and freedoms
- Historically focused on protecting the legal right to access reproductive health services

Reproductive Justice
- Reproductive rights and social justice
- Human rights framework
<table>
<thead>
<tr>
<th></th>
<th>Reproductive Health (RH)</th>
<th>Reproductive Rights (RR)</th>
<th>Reproductive Justice (RJ)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Strategy</strong></td>
<td>Service delivery, Research</td>
<td>Advocacy, Litigation</td>
<td>Organizing, Movement Building</td>
</tr>
<tr>
<td><strong>Primary Actors</strong></td>
<td>Medical Providers, Public Health Professionals, Researchers</td>
<td>Policy analysts, Lawyers, Elected Officials &amp; Staff</td>
<td>Organizers</td>
</tr>
<tr>
<td><strong>Organizations:</strong></td>
<td>ANSIRH, Guttmacher Institute, NAF</td>
<td>ACLU, CRR, NARAL</td>
<td>Forward Together, NLIRH, SisterSong</td>
</tr>
</tbody>
</table>

Credit: Aimee Thorne Thomp sen, A4Y
Let’s Go Back

“Ahistorical care is (part of) how we get to a place of mistreatment and inadequate care.”

– Dr. Joia Crear-Perry, The Birth Equity Collaborative
Historical Reproductive Injustices

- Reproduction in Bondage
  - Capitalist orientation to reproduction
  - Forced breeding
  - Sexual exploitation
  - Restricted autonomy
  - Dissolution of family
Historical Reproductive Injustices

• The Eugenics Movement
  • Designed to increase births among the “fittest” and limit births among the “unfit”
  • Active program in the US, beginning in the 1800s
  • Specifically targeted some groups over others
Historical Reproductive Injustices

• Mississippi Appendectomy
  • Phrase made popular by Fannie Lou Hamer
  • Began in the 1920s and continued through the 1970s
  • Poor, black women were sterilized through tubal ligations and hysterectomies without their knowledge or consent
  • Not just Mississippi
Historical Reproductive Injustices

• Forced sterilization of Native Women
  • Between 1970-1976
  • US government and Indian Health Service Program
  • Included women under 21 years old
  • Estimated that 25-50% of Native women had been sterilized without their consent
Historical Reproductive Injustices

• Birth Control Trials in Puerto Rico
  • 1950s
  • High dose birth control pills tested
  • Targeted poor, uneducated women
  • No informed consent
  • Disregard for side effects
Historical Reproductive Injustices

• Norplant
  • Intentionally marketed to low income women, young people and women of color
  • Policy shifts from “increasing availability” to mandated insertion
  • Tied to governmental benefit programs and penal sentencing

“The myth that inner-city teens would be miraculously lifted out of poverty if they would only stop having babies is one of the cruelest hoaxes of our time.” - Dorothy Roberts
Recent

• Criminalization of Pregnancy & Outcomes
  • Drug use during pregnancy
  • Fetal demise/infant death
  • Suspected self managed abortion
  • Intersection of reproductive health and the carceral system
Recent

• Contraceptive Coercion
  • Barabara Harris (Anaheim, CA)-formerly Children Requiring a Carking Kommunity (CRACK)
• LARC Promotion
• Barriers and benchmarks
• Birth control as a panacea
Recent

- Sterilization Abuse
  - California Department of Corrections and Rehabilitation
  - Informed consent
  - Patient autonomy
Founding Mothers Of Reproductive Justice

Concept and framework that links reproductive rights and social justice

- Toni M. Bond
- Rev. Alma Crawford
- Evelyn S. Field
- Terri James
- Bisola Maringay
- Cassandra McConnell
- Cynthia Newbille
- Loretta J. Ross
- Elizabeth Terry
- “Abel” Mabel Thomas
- Winnette P. Willis
- Kim Youngblood
Reproductive Justice

• Deeply grounded in a Human Rights Framework
• Focuses on the social, political and economic inequalities that contribute to infringements of reproductive rights
• Draws attention to the importance of changing structural inequalities that impact women’s reproductive health and their ability to control their reproductive lives
• Emphasizes the intersectionality of women’s experience and the impact this has on their reproductive health
Intersectionality

“It is the synthesis of these oppressions that creates the conditions of our lives”

- Combahee River Collective’s, A Black Feminist Statement

Kimberle Crenshaw
THE RIGHT TO HAVE A CHILD, THE RIGHT TO NOT HAVE A CHILD, THE RIGHT TO PARENT MY OWN CHILD.

THIS IS REPRODUCTIVE JUSTICE!

4000 YEARS FOR CHOICE
The Right to Have a Child

- Social expectations about motherhood that rely on middle-class ideals
- Birthing Justice/Equity
- Infertility / Assisted Reproductive Technologies
- Maternal mortality
The Right **Not** to Have a Child

- Poor people make poor choices
- Hyde Amendment (1977)
- Medicaid Sterilization policies
- Contraceptive coverage/coercion
- Scapegoating of WOC
The Right to Parent the Children You Have

- Community & government sanctioned violence
- Environmental pollution
- Food deserts & swamps

*Being black is both criminal act and an existential risk.*

- Loretta Ross)
Reproductive Justice

• The human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities. –SisterSong

• Reproductive Justice exists when all people have the social, political and economic power and resources to make healthy decisions about our gender, bodies, sexuality and families for our selves and our communities. –Forward Together (ACRJ)
Access to Care

- Access
- Consent
- Confidentiality
- Parental Involvement
Beyond Access

Societal, Historical, Cultural

Patients

Provider

Systems

Pregnancy

Abortion

Contraception
Why This Matters....
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Incorporating Reproductive Justice into Clinical Care

Tonya Katcher, MD, MPH

SAHM Annual Meeting 2019
Washington, DC
• Young people have the right to honest sexual health information and confidential, consensual sexual health services.
Reproductive justice in clinical care

<table>
<thead>
<tr>
<th>Overarching principles:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respect for the autonomy and bodily integrity of all patients, including those who are under the age of 18</td>
</tr>
</tbody>
</table>
Reproductive justice in clinical care

Overarching principles:

Patients have a right to full information about and access to all methods of birth control

The decision of which method to use (including no method) belongs to the patient and is guided by her preferences and needs
Reproductive justice in clinical care

Overarching principles:

Providers need to be aware of their own biases and agenda, so as to prevent projecting them onto their patients.
Why do we avoid bias?

• Patients resent intrusions on their reproductive autonomy
• Unlikely to continue a method they didn’t freely choose
• Engenders distrust of the medical system

Gomez & Wapman, 2017
Models of contraceptive counseling

Patient-driven

Provider-driven
Models of contraceptive counseling

Patient-driven

Provider-driven

Shared decision making
Shared decision-making

• Patient and provider work together to come to a decision that is informed by evidence and is compatible with the patient’s preference and values
## CONTRACEPTIVE COUNSELING MODEL

**A 5-Step client-centered Approach**

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Key Questions &amp; Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Identify the client's pregnancy intentions</td>
<td>- Do you want to be pregnant in the next 3 months or have a baby in the next year?</td>
</tr>
</tbody>
</table>
| 2    | Explore pregnancy intentions & birth control experiences and preferences | - What would be hard about having a baby now?  
- Why is now a good time for you to have a baby?  
- What experience have you had with birth control?  
- What is important to you in a birth control method?  
- What does your mom/boyfriend/friends think about you using birth control? |
| 3    | Assist with selection of a birth control method | - If it's ok with you, I'd like to review the birth control methods that are available to make sure you have all the information you need to make a decision that is right for you. |
| 4    | Review method use and understanding | - How are you feeling about your decision?  
- What other questions or concerns do you have?  
- Let’s develop a follow-up plan in case you experience side effects. |
| 5    | Provide birth control that same day | - You will see the clinician next who will take a medical history and make sure the method you chose is a safe option for you.  
- Would you like EC or condoms before you leave today? |

Shared decision-making

- Increased patient satisfaction with the medical visit
- Increased patient satisfaction with the contraceptive method

Dehlendorf, et al, 2017
## Shared decision-making

<table>
<thead>
<tr>
<th>LARC-first/tiered counseling</th>
<th>Shared Decision-Making</th>
</tr>
</thead>
<tbody>
<tr>
<td>Starts with IUDs and implants</td>
<td>Starts with the methods the patient is aware of first</td>
</tr>
<tr>
<td>Assumes patients want to hear about LARCs</td>
<td>Asks the patient’s permission to describe other methods</td>
</tr>
<tr>
<td>Assumes effectiveness is the patient’s main priority</td>
<td>Allows the patient to express what is most important to her</td>
</tr>
<tr>
<td>Expresses the provider’s preference for LARC methods</td>
<td>Focuses on the patient’s preferences</td>
</tr>
<tr>
<td>Patient may feel pressured to choose a LARC</td>
<td>Patient is supported in choosing the method she feels is best for her</td>
</tr>
</tbody>
</table>
LARC Statement of principles

• Drafted by the National Women’s Health Network and SisterSong Women of Color Reproductive Justice Coalition
  – SAHM is a signer

https://www.nwhn.org/larc-statement-of-principles/
LARC Statement of principles

We acknowledge the complex history of the provision of LARCs and seek to ensure that counseling is provided in a consistent and respectful manner that neither denies access nor coerces anyone into using a specific method.

https://www.nwhn.org/larc-statement-of-principles/
LARC Statement of principles

We commit to ensuring that people are provided comprehensive, scientifically accurate information about the full range of contraceptive options in a medically ethical and culturally competent manner to ensure that each person is supported in identifying the method that best meets their needs.

https://www.nwhn.org/larc-statement-of-principles/
LARC Statement of principles

The decision to obtain a LARC should be made by each person on the basis of quality counseling that helps them identify what will work best for them. No one should be pressured into using a certain method or denied access [...] for the insertion or removal of LARC devices.

https://www.nwhn.org/larc-statement-of-principles/
LARC Statement of principles

The decision to cease using a long-acting method should be made by each individual with support from their health professional without judgment or obstacles.
References


Thank you

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Tonya@advocatesforyouth.org