



Reproductive Health Care for Homeless Patients: Summary of Recommended Practice Adaptations

Health Care for the Homeless Clinicians' Network

DIAGNOSIS & EVALUATION

History

- **Living conditions** Ask where patient lives; assess for residential stability, access to food and water.
- **Sexual history** Ask about sexual identity, orientation, behaviors, number of partners, pregnancies, and sexually transmitted diseases.
- **Desire for contraception** Assess patient's need and desire for contraceptive services. Ask about history of contraceptive use.
- **Desire for Pregnancy** Assess patient's plan for future pregnancies.
- **Substance abuse/ mental health** Assess patient's ability to take pills daily or remember to return for follow-up.
- **Medical history** Elicit history of ongoing medical problems, or prior history of significant conditions such as hypertension, liver disease, or thromboembolic events.
- **Contraceptive history** If patient has a history of IVDU, assess exposure to hepatitis C and tailor physical evaluation and laboratory evaluation toward assessing liver function status (albumin, prothrombin time, and bilirubin).
- **Smoking history** Weigh risk factors for using estrogen-containing methods with risk of pregnancy.
- **Medications** Ask female patient about medications she may be taking which may require careful regulation if taken in conjunction with birth control pills.
- **Immunizations** Ask whether patient has been vaccinated against measles-mumps-rubella (MMR) and hepatitis. All persons engaging in high-risk sexual behaviors may be at risk for hepatitis A and B and should be vaccinated as necessary.
- **Menstrual history** If history of irregular cycles, obtain additional information such as relationship to weight gain or loss, substance use, and galactorrhea.
- **Spiritual/ cultural history** Ask about spiritual and cultural beliefs, values and practices of patient and partner affecting their use of contraception.
- **Domestic/ interpersonal violence** Ask explicitly about history of physical/sexual abuse.
- **Insurance status/ resources** Assess patient's ability to pay for various contraceptive methods.

Physical examination

- **May be postponed** Communicate willingness to initiate contraception without a physical exam. Include a blood pressure evaluation even if the pelvic examination has been deferred.
- **Sexual abuse** Be sensitive to concerns, fears and safety needs of patient with a history of sexual abuse. Understand the paradigm of traumatic experience. Respect patient's physical space; ask permission to touch and to perform each exam.
- **Genital exam** recommended as part of reproductive health care for males and females. Provider should be extremely sensitive to patient with a history of sexual abuse.
- **Oral Health Care** Oral health care should be coordinated among prenatal and oral health care providers. Delay in necessary treatment could result in significant risk to the mother and indirectly to the fetus.
- **Nonjudgmental attitude** Make every effort to convey openness to patient decisions regarding sexual behavior, desire to use contraception, and plans regarding present or future childbearing.

Diagnostic tests

- **STD screening** Concurrently assess for and treat sexually transmitted diseases. Test for gonorrhea, chlamydia, syphilis, HIV (following local regulations regarding patient consent), hepatitis B antigen, trichomonas, bacterial vaginosis, and monilia. Don't neglect possibility of infection of multiple orifices in men and women, considering sexual practices. For patients with a history of Hepatitis C or chronic Hepatitis B infections, include CBC with differentials, liver function and bilirubin testing.
- **Pregnancy test** urine pregnancy test (UCG)
- **Routine health care maintenance** For female: annual Pap smear with reflex HPV testing beginning within three years of sexual debut **or** at age 21 or older. Mammogram if indicated. For male: periodic testicular self-examination and instruction and clinician examination as appropriate; discussion on prostate cancer screening.
- **Tests for other concurrent conditions** Anemia screening if at risk, urinalysis if symptomatic.

PLAN & MANAGEMENT

Education, Self-Management

- **Hygiene** Assist client with how to keep clean, given limited access to bathing facilities, menstrual hygiene items, and/or clean underwear.
- **Contraceptive methods** Describe each method in a way that is understandable to patient. Give simple instructions for contraceptive method selected. Ask if there is any barrier to complying with the plan of care and if anything about it is unclear.
- **Side effects** During every visit reinforce education about medication/ contraceptive side effects.
- **STD protection** Explain that many contraceptives (including birth control pills) do not protect against sexually transmitted diseases. Recommend condom use even with other contraceptive method.
- **Risk reduction** Counsel at-risk clients to adopt safer sexual behaviors. Use interactive counseling that focuses on preventing unwanted pregnancy and transmission of disease.
- **Smoking cessation** Use opportunity to encourage smoking cessation; assess readiness to change.
- **Partner education** If possible, include partner in discussion of contraceptive alternatives.
- **Preconception counseling** Discuss nutrition, mental health and substance abuse. Explain risks of pregnancy to patient and fetus related to alcohol, drug, and nicotine use. Encourage folate-containing vitamin supplements. Educate client desiring pregnancy about advantages of and contraindications to breast feeding.
- **Health care maintenance** Encourage regular breast/testicular self-exam.
- **Storage/expiration of condoms, birth control pills** Educate patient about proper storage of condoms and birth control pills.
- **Co-existing medical conditions** Educate patient about possible effects of pregnancy on chronic medical conditions.

Medications

- **Dispense on site** If possible, instead of giving patient a prescription or referring elsewhere. Recommend contraceptive methods that are easiest to use.
- **Injections** Consider injectable contraception if patient cannot adhere to daily regimen.
- **Birth control pills** Determine number of pill packs to prescribe at one time based on patient's access to medications and ability to adhere to prescribed regimen.
- **Transdermal methods** offer the advantage of convenience for some homeless clients. Consider patient's occupation when prescribing contraceptive patches.
- **Female condom** Easy to use and as effective as the male condom, this method may offer homeless clients another alternative for birth control.
- **IUD** Intrauterine Devices provide a contraception option for women unable to use hormonal options in the presence of an elevated liver function status. WHO guidelines should be followed.
- **Implanon** is an easy method of long term birth control which can be inserted in a clinic or medical van.
- **NuvaRing** The NuvaRing is a one month method of birth control that is inserted vaginally and remains for the month.
- **Emergency contraception** Emergency contraception available under the brand name, Plan B, can be administered up to five days after unprotected intercourse to prevent pregnancy. Plan B or alternate method of emergency contraception should be offered to women with a history of rape or unprotected intercourse within the last five days.
- **Initiation of contraception** After discussion of contraceptive alternatives, patient may wish to sign consent and begin contraceptive method immediately.
- **Vitamins** Prescribe folate supplement to all women of childbearing age. Recommend calcium supplement.
- **Contraindications** Estrogen-containing methods are not recommended for women 35 years of age or older who smoke. IUDs are contraindicated for women with high STD risk.
- **Anti-seizure medication** Careful regulation of anti-seizure medication required if taken in conjunction with birth control pills. IUD should be considered as a safe contraceptive option for women taking anti-seizure medications if all other contraindications are absent.

Associated problems, complications

- **Pregnancy** Counsel patient on medical and personal risks of pregnancy. Help patient to understand risks of pregnancy related to irregular menses, drug and alcohol abuse.
- **Housing problems** Recognize that lack of housing may be even more of a problem once client becomes pregnant.
- **PTSD** Recognize that many homeless women and men are survivors of physical/sexual assault, with associated risks of psychological trauma and sexually transmitted disease.
- **Financial barriers** Limited resources for medications and lack of affordable health insurance for impoverished adults unaccompanied by children may present barriers to reproductive health care for both women and men.
- **Lack of safe storage place** Store contraceptive devices and medications for patient and provide ready access to them.

Follow-up

- **Frequent follow-up** is recommended to deal with any side effects of prescribed contraceptive method.
- **Reminders** Appointment cards are useful to remind patient when to return to clinic for next prescription or injection.
- **Positive reinforcement** Thank patient for showing up, even if late, and for any attempt to follow plan of care.
- **Contact information** Re-confirm at every visit where patient is staying, address, phone number, cell phone, emergency contact number(s) where message can be left, case manager's name (if seen in clinic), clinic numbers (if seen in shelter).
- **Drop-in policy** Encourage appointments but allow walk-ins, to promote better follow-up care and increase access to reproductive health services.
- **Educate staff, co-workers** to increase their knowledge of contraceptive options and comfort level with homeless patients.
- **Nursing Protocols** clinics should consider the establishment of protocols that allow nursing staff to administer walk in quick start and emergency contraception prior to a provider visit.

What Is Homelessness?

A *homeless person* is ...

an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facility, abandoned building or vehicle; or in any other unstable or non-permanent situation. An individual may be considered to be homeless if that person is 'doubled up,' a term that refers to a situation where individuals are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members. In addition, previously homeless individuals who are to be released from a prison or a hospital may be considered homeless if they do not have a stable housing situation to which they can return. Recognition of the instability of an individual's living arrangement is critical to the definition of homelessness.

Principles of Practice: A Clinical Resource Guide for Health Care for the Homeless Programs,
Bureau of Primary Health Care/HRSA/HHS, March 1999; PAL 99-12.

Excerpts from *Adapting Your Practice: Treatment & Recommendations for Homeless Patients with HIV/AIDS* (2008)
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These and other recommended clinical practice adaptations are available at www.nhchc.org/practiceadaptations.html