

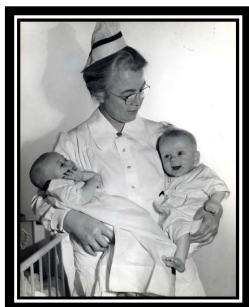


Practitioner's Guide to Helping Patients through Ambivalence in Pregnancy

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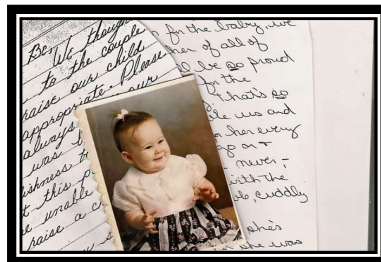
Overview of Spence-Chapin



EARLY 1900's—SPENCE & CHAPIN NURSERIES ARE FOUNDED



1946 – AFRICAN-AMERICAN PROGRAM INCREASES RECRUITMENT FOR AA ADOPTIVE PARENTS; AAPAC, RACHEL ROBINSON JOINS BOARD OF DIRECTORS



1962 – 5 YEAR DEMONSTRATION PROJECT TO FIND PERMANENT FOSTER HOMES FOR BABIES LANGUISHING IN NYC HOSPITALS

1973 –INTERNATIONAL ADOPTION PROGRAMS BEGIN WITH KOREA



1995 – SPECIAL NEEDS ADOPTION PROGRAM IS FOUNDED

2013 – MODERN FAMILY CENTER IS FOUNDED

What is the need?

- ▶ A survey of primary care physicians published in the July/August 2017 issue of **Family Medicine** showed:

“the need to support fuller integration of options counseling and abortion referrals in primary care, particularly through institutional and professional society guidelines and training opportunities to impart skills and highlight the professional obligation to provide non-directive information and support to women with unintended pregnancy.”

Article:

https://scholar.harvard.edu/files/elizabeth_janiak/files/familymedicinevol49issue7holt527-4.pdf

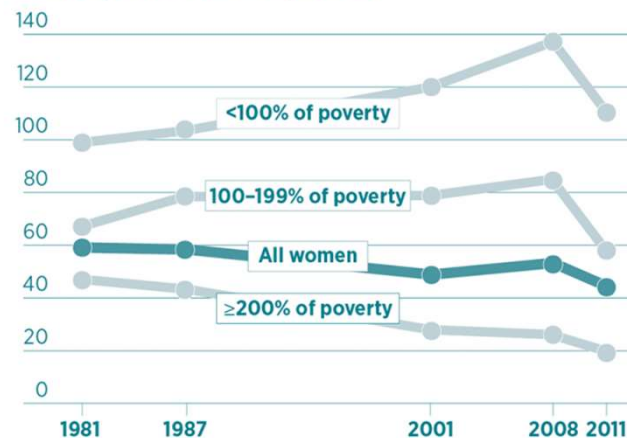
What is the need?

- ▶ In 2011, nearly half (45%, or 2.8 million) of the 6.1 million pregnancies in the United States were unintended, according to the Guttmacher Institute. Unintended pregnancy rates are highest among low-income women (i.e., women with incomes less than 200% of the federal poverty level), women aged 18–24, cohabiting women and women of color

UNINTENDED PREGNANCY RATES

Unintended pregnancy is increasingly concentrated among low-income women.

Rate (no. per 1,000 women aged 15–44)



www.guttmacher.org

What is the need?

- ▶ Other factors that make it hard for women to access unbiased options counseling
 - ▶ Political climate
 - ▶ Healthcare mergers and restructuring
 - ▶ Lack of social workers in prenatal care settings

Does your current practice allow you to explore your patient's feelings about their pregnancy?

- ▶ What does your current work culture and organizational structure look like and does it help or hinder these conversations?
- ▶ How many patients do you see a day and how much time can you spend with them?
- ▶ Whose job is it to ask a woman about her feelings around this pregnancy?
- ▶ Do you ask tough questions?
- ▶ Do you have privacy in these sessions?
- ▶ Are you equipped with the right language to ask these questions in a non-judgmental way?
- ▶ Do you have an assessment tool to gather information?
- ▶ Is there a language or cultural barrier?

Understanding Ambivalence in Pregnancy

► Reasons why women and couples are ambivalent

- Unprepared emotionally and financially
- Fearing negative reactions from family, friends and others; stigma of unwed mother
- Already parenting one or more child with limited support
- No family support, lack of social support
- Lack of support from the biological father of the baby; unhealthy or unsafe relationship/unknown/abandoned
- Pregnancy a result of rape, domestic violence, incest
- Wants to focus on other goals (school, career, other ambitions)
- Recent trauma, loss
- Substance abuse
- Chronic physical or mental illness
- Prior involvement with CPS, fear of CPS
- Immigration concerns

Planned Pregnancy Vs. Unplanned Pregnancy

– Behavioral signs

- ▶ Early awareness of pregnancy/excitement
 - ▶ Early engagement in prenatal care
 - ▶ Planning with a partner
 - ▶ Sharing with family and friends
 - ▶ Purchasing baby items, setting up a baby room, etc.
- ▶ Late awareness of pregnancy/denial
 - ▶ Late, inconsistent, or no prenatal care
 - ▶ No partner support
 - ▶ Hiding pregnancy from others (sometimes even close family and those they live with)
 - ▶ Not preparing baby supplies or planning for baby

How to Identify Ambivalence in Pregnancy: Emotional and Behavioral Signs

- ▶ Shock, guilt, shame, embarrassment, anxiety, depression
- ▶ Wearing baggy or ill-fitting clothing
- ▶ Not showing off pregnancy, possibly trying to hide her belly
- ▶ Socially isolated, isn't going out much
- ▶ No eye contact, detached, not engaged, appears to want to leave
- ▶ Won't ask questions, gives short answers
- ▶ Slumping, slouching or withdrawn
- ▶ Not sleeping or eating
- ▶ Tearful or nervous laughter, odd or inappropriate behaviors

What is Options Counseling and Why Do We Use It?

- ▶ A type of supportive counseling that helps people identify and explore all possible options and choices from an unbiased and non-judgmental stance.
- ▶ It provides an effective tool to help a client make a well thought out decision in an organized way, during a period of crisis. And it addresses both practical and emotional concerns.

Understanding Our Own Biases

- ▶ We all have our own personal values and beliefs around pregnancy and parenting (based on our race/ethnicity, culture, age, religion, personal parenting philosophy or goals, etc). As a helping professional, it's important to acknowledge our own biases and establish appropriate boundaries so that our personal beliefs do not get in the way of providing non-directive information and support to our patients/clients.
- ▶ Role Play Scenario

Option: Parenting with Support

- ▶ Explore family and social supports
- ▶ Connect to local resources, including: baby supplies, concrete resources, newborn home visiting programs like Nurse Family Partnership, parenting classes, support groups or other services as requested.



Option: Abortion

- ▶ Provide referrals for safe and legal abortion care
- ▶ Understand the laws around abortion and where clients can go to get the services they need.
- ▶ Spence-Chapin's preferred providers:



CHOICES
WOMEN'S
MEDICAL
CENTER

SC **SPENCE-CHAPIN**
Services to Families and Children

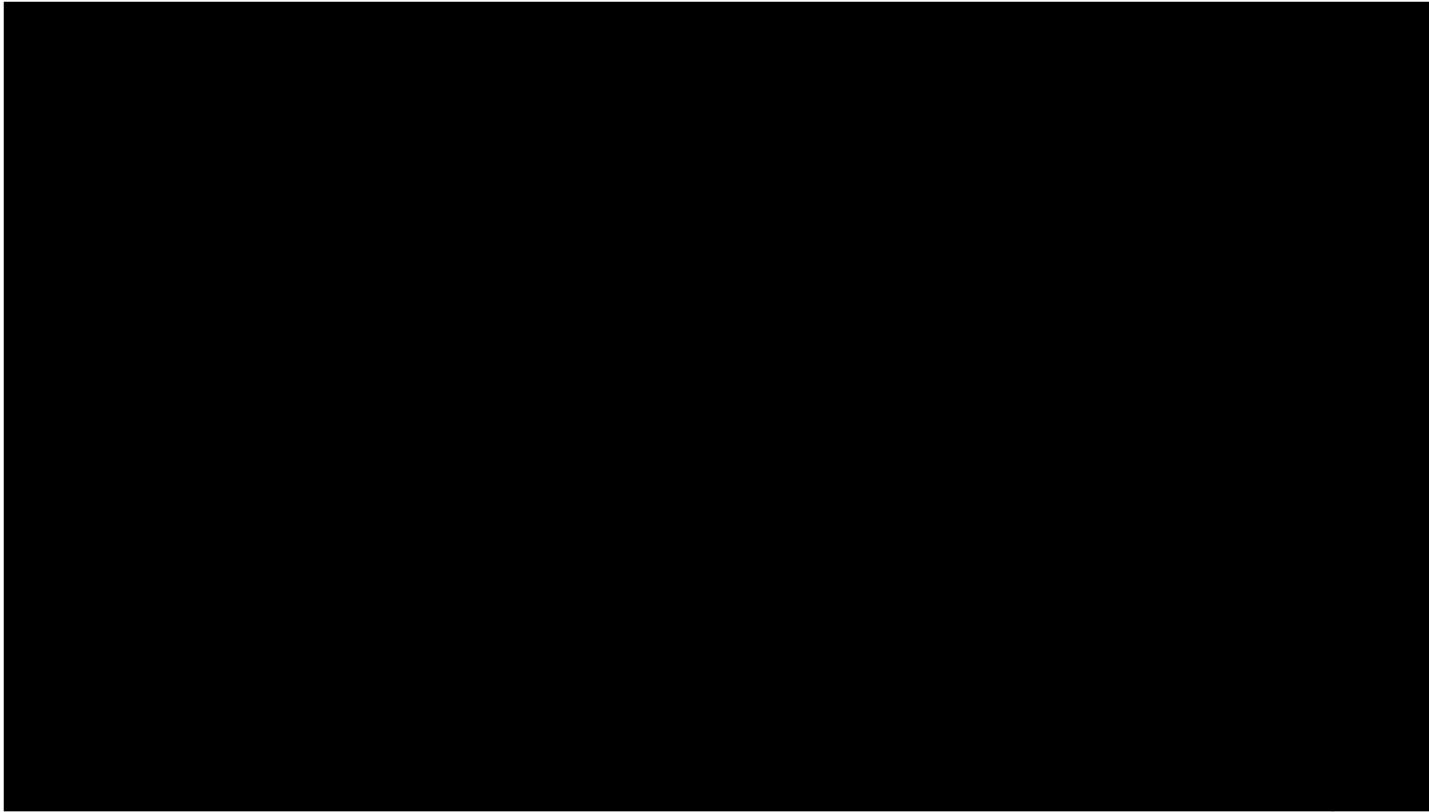
Option: Foster Care

- ▶ Child comes under the care of the child welfare agency (ACS, DSS, CPS, DCPP, etc) and they determine who cares for the child on a day-to-day basis and where the child will live (foster home, group home, etc.)
- ▶ Child may move from place to place involving various disruptions/transitions and may take a year or more to achieve permanency.
- ▶ Birth parents may lose parental rights and the right to plan an adoption through a private agency.

Option: Kinship Care

- ▶ Kinship Care is a term that describes various arrangements involving relatives taking care of a family member's child
- ▶ Typically the child welfare agency will explore kinship resources as a temporary or permanent placement if a child must be removed from their birth parent's home, and subsidies may be available for the kinship caregiver.
- ▶ We also get requests from birth parents who would like for a relative to adopt their child at birth. We make referrals for attorneys and other organizations to help with these legal arrangements.

Option: Adoption



Next Steps:

What can you do to ensure patients feel empowered to make decisions regarding their pregnancy?

- ▶ Provide options counseling and referrals at your site
or
- ▶ Connect your patient to other supports that can assist them in exploring all options and pursuing whatever path they choose.
- ▶ For options counseling and adoption planning referrals within 200 miles of NYC, call 1-800-321-LOVE (5683) Spence-Chapin **with** your client
- ▶ Outside of our service area? You can call: All-Options Talkline at 1-888-493-0092 from anywhere in the United States or Canada.

Additional Resources in New York State

Social services for pregnant women:

- ▶ <https://www.spence-chapin.org/resources>
- ▶ <https://www1.nyc.gov/nyc-resources/categories.page>
- ▶ <https://www.hitesite.org/>

Adoption Resources

- ▶ <http://www.adoptioncouncil.org/who-we-are/members>
- ▶ <https://adoptionart.org/>
- ▶ [Special Angels Adoption](#)