reproductive health access project

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The Reproductive Health Access Project (RHAP) is dedicated to expanding access to high-quality, comprehensive reproductive health services in primary care settings.

IN THIS ISSUE

PAPAYA WORKSHOPS

The Reproductive Health Access Project has been offering Papaya Workshops to provide medical students, residents and community providers an opportunity to get a feel for manual vacuum aspiration. The papaya's shape and consistency make it a perfect uterine model. Workshop participants are taught the no-touch sterile technique and everyone has a chance to practice on several papayas. Working with papayas allows the participants to familiarize themselves with the instruments and perfect their technique while demystifying the procedure. This fall Cori Blum and Debra Stulberg, family medicine colleagues from the Midwest Access Project, and the Abortion Provider Expansion Project co-sponsored two papaya workshops: one for medical students at the Midwest Regional Conference of Medical Students for Choice and another for residents and physicians from the Minneapolis/St. Paul area. On the east coast, RHAP's Linda Prine led a similar workshop at the Medical Students for Choice Northeast Regional Conference and in a session for residents and faculty at the Lawrence, Massachusetts family medicine residency program. She will also be leading a workshop at the National Medical Students for Choice meeting in March. For more information on using the papaya as a uterine model or to set up a papaya workshop email **info@reproductiveaccess.org**

FAMILY MEDICINE REPRODUCTIVE HEALTH NETWORK

FAMILY MEDICINE REPRODUCTIVE HEALTH NETWORK

Each year about 50 to 100 family medicine residents graduate who are fully trained to provide abortion care. But very few newly trained physicians are able to integrate early abortion services into their practices. Barriers include obtaining malpractice insurance, ensuring reimbursement for early abortion procedures, allaying staff and administrators' concerns and purchasing needed equipment and medications.

This fall, in Danvers Massachusetts, we launched the Family Medicine Reproductive Health Network (FMRHN), a network of family physician reproductive health advocates, faculty in residency program and/or trainers at abortion clinics, to mentor new family physicians in integrating early abortion services into their practices. Recently initial surveys to potential members of this network were emailed; contact us if you are interested in joining the network and haven't yet gotten a survey. The FMRHN will hold its first national conference this spring in conjunction with the Society of Teachers of Family Medicine annual meeting in Chicago, Illinois. For more information email **info@reproductiveaccess.org**

Linda Prine
Medical Director
RHAP

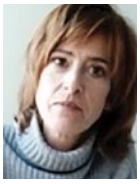
NOTES FROM THE FIELD

Here is an excerpt from a posting Linda Prine, RHAP's Medical Director, contributed to a listserv she moderates.

December 2004

I had a really tough session with a couple last week who came in for an abortion, but were very ambivalent. To make it even harder, I had a resident observing me because he wanted to learn how to do medical abortions and options counseling. The couple were in their early 30's, had good jobs and a good relationship. However, their relationship was pretty new, and they didn't feel ready to jump into having children when this pregnancy accidentally happened to them. On the other hand, they both felt really awful about making a decision to have an abortion, when they really could have managed to care for a child, and thought that their relationship was probably headed to where they would want to do this in another year or two. I mostly just listened as they took turns explaining all of this to me. They really wanted me to give an opinion, and I was trying to be neutral and hear them out. Finally I ended up saying that I thought they were going through a very conscientious process, to try to figure out when they could be prepared to be the best parents that they could be. I said that was a process that was really important, and that the world would be a better place if all people took parenting so seriously. I told them I had seen relationships fall apart when couples chose to have an abortion, and relationships fall apart when couples chose to have a child. I observed that this was usually when the two people were not on the same page over the decision. They did seem to be very much on the same wavelength, I told them, so I thought there was a good chance they would weather this crisis and become closer as a result of sharing and supporting each other through it. They were holding hands and getting a little choked up over all of this, so it was really sort of sweet. I left the room to let them look over the patient information sheets and talk alone. When I came back they

FOCUS ON A PROVIDER
Virginia Reath, RPA, MPH



Virginia Reath is a Physician's Assistant, committed feminist, a reproductive health pioneer and a founding member of our organization. In addition to her private practice, sheís hosted a call-in radio show on womenís health and provided reproductive health education workshops to women of all ages. In 2000 the New York Civil Liberties Union honored Virginia for her activism in reproductive and sexual rights.

NOTES FROM THE FIELD *(continued)*

had decided to have the medical abortion, and were both going to take off work to be together for the day of cramping and bleeding.

I explained the process to them (my resident still watching all this) and the woman paused just as she was about to swallow the pill to confirm once more that this was what they both wanted. When we had finished and they had gone, he turned to me and said, "Wow - this is really FAMILY medicine!"

BUILDING RHAP

We are proud to announce that Susan Yanow will be joining our staff as a consultant, working to help develop the Family Medicine Reproductive Health Network project. Susan was a founder and first executive director of the Abortion Access Project. Susan is a longtime colleague and was a member of our advisory board. She is an expert organizer and brings deep experience in working to integrate abortion into primary care settings.

PUBLICATIONS YOU SHOULD READ!

We want to share with you a few articles by colleagues we think are worth reading.

"Hospital Religious Affiliation and Emergency Contraceptive Prescribing Practices" (American Journal of Public Health, August 2006) summarizes a survey to assess the impact a hospital's religious affiliation has on its emergency contraception prescribing practices. Not surprisingly, practitioners in non-religiously affiliated practices reported higher EC prescribing rates than those is religiously affiliated institutions. However, both groups prescribing patterns were inadequate; many clinicians provided patients with limited contraceptive options and were not aware of advances in hormonal contraception practices.

Linda Prine and Ruth Lesnewski's recent article, "Initiating Hormonal Contraception" (American Family Physician, July 2006) provides a clear protocol for using the "Quick Start" method to initiate hormonal contraception. By using the "Quick Start" protocol, patients can begin taking contraceptive at any point in their menstrual cycle. For many providers, this represents a significant shift in way they practice. It's an important change, as it allows women to be better protected sooner, and fewer pregnancies will occur, waiting for the "Sunday after the next period."

""You can't do that 'round here": a case study of the introduction of medical abortion care at a University Medical Center" (Contraception, February 2005) by Larry Leeman and Eve Espey, our colleagues in New Mexico, outlines the political, educational, logistical challenges they overcame in integrating abortion into residency education.

"Normalizing the exceptional: incorporating the 'abortion pill' into mainstream medicine" (Social Science & Medicine, June 2003) by Carol Joffe and Tracy Weitz gives an excellent overview of the complicated process of introducing this new drug into the US.

For copies of any of these articles email **info@reproductiveaccess.org**

PROJECTS ON THE HORIZON

Free Reproductive Health Clinic: New York State has one of the most comprehensive Medicaid programs in the nation, yet systemic barriers to prevent unintended pregnancy persist - IUDs are not covered, birth control pills are dispensed one pack at a time and a prescription is still needed for Medicaid patients to obtain Emergency Contraception through their insurance. Many insurance plans, including religiously affiliated plans, fail to provide family planning benefits. While New York City provides excellent abortion services, the $350 - $800 that local providers charge for the service puts abortion care out of reach for women who lack insurance, are insured by Medicaid or have other health plans that do not cover abortion care. The New York City region is home to 12 family medicine residency programs, but only four provide any abortion training to residents. There are not enough training opportunities for NYC family medicine residents to be trained in abortion care. RHAP is working with NYC medical students, family medicine residents and local primary care providers to develop a Free Reproductive Health Clinic which would expand abortion training options for family medicine residents and provide contraceptive and abortion care to NYC's uninsured and medically underserved women.

Reproductive Health Advocacy Fellowship in Family Medicine: RHAP is proud to announce that funding has been secured to offer a family physician with one year of support to address some of the issues preventing family physicians from providing comprehensive reproductive health care. RHAP has received a generous donation from the Abortion Rights Mobilization to support this fellowship. For more information on the fellowship or to receive an application form please email **info@reproductiveaccess.org**

Support these projects with a tax-deductible donation!

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