



Original research article

Counseling and referrals for women with unplanned pregnancies at publicly funded family planning organizations in Texas☆☆☆

Kari White^{a,*}, Katelin Adams^a, Kristine Hopkins^b^a Department of Health Care Organization and Policy, School of Public Health, University of Alabama at Birmingham, 1720 2nd Ave South RPHB 320, Birmingham, AL, 35294^b Population Research Center and the Department of Sociology, University of Texas at Austin, 305 E. 23rd Street, Stop G1800, Austin, TX, 78712

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ABSTRACT

Objectives: To compare pregnancy options counseling and referral practices at state- and Title X-funded family planning organizations in Texas after enforcement of a policy restricting abortion referrals for providers participating in state-funded programs, which differed from Title X guidelines to provide referrals for services upon request.

Study design: Between November 2014 and February 2015, we conducted in-depth interviews with administrators at publicly funded family planning organizations in Texas about how they integrated primary care and family planning services, including pregnancy options counseling and referrals for unplanned pregnancies. We conducted a thematic analysis of transcripts related to organizations' pregnancy options counseling and referral practices, and compared themes across organizations that did and did not receive Title X funding.

Results: Of the 37 organizations with transcript segments on options counseling and referrals, 15 received Title X and 22 relied on state funding only. All Title X-funded organizations but only nine state-funded organizations reported offering pregnancy options counseling. Respondents at state-only-funded organizations often described directing pregnant women exclusively to prenatal care. Regardless of funding source, most organizations provided women a list of agencies offering abortion, adoption and prenatal care. However, some respondents expressed concern that providing other information about abortion would threaten their state funding. In contrast, respondents indicated staff would make appointments for prenatal care, assist with Medicaid applications and, in some instances, directly connect women with adoption-related services.

Conclusions: Pregnancy options counseling varied by organizations' funding guidelines. Additionally, abortion referrals were less common than referrals for other pregnancy-related care.

Implications: Programmatic guidelines restricting information on abortion counseling and referrals may adversely affect care for pregnant women at publicly funded family planning organizations.

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1. Introduction

In June 2018, the United States Office of Population Affairs proposed new guidelines for the Title X family planning program that would prohibit organizations from receiving funds if they perform or refer patients for abortion [1]. Providers at these organizations also are not required to include information about abortion when counseling women experiencing unplanned pregnancies. Title X supports services for contraception and screening for sexually transmitted infections and

reproductive cancers at a network of nearly 4000 clinics nationwide [2], but the program never paid for abortion services. The proposed rule also reverses long-standing guidelines requiring Title X-funded organizations to provide non-directive counseling about parenting, abortion, and adoption and, if requested, referrals to organizations that provide these services. This runs contrary to national medical associations' guidelines that providers offer pregnant women unbiased options counseling and refer them to appropriate sources of care [3–6]. A similar policy was passed in 1988, but never fully implemented, and Congress finally suspended the policy in 1993 [7]. Therefore, limited information exists on how the proposed federal guidelines might affect US provider practices.

In 2013, Texas began enforcing a requirement that organizations and providers receiving state family planning funds must not “provide or promote elective abortions,” which included facilitating a woman's access to care by making an appointment [8]. The rules did not prohibit participating providers from offering factual information and non-directive counseling, upon request, or from giving a woman contact or

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* Corresponding author. Tel.: +1 205 934 6713; fax: +1 205 934 3347.

E-mail address: kariwhite@uab.edu (K. White).

other relevant information about an abortion provider. The state began enforcing this policy at a time when approximately half of Texas' abortion facilities closed following implementation of a restrictive abortion law [9].

In this study, we explore organizations' protocols for providing pregnancy options counseling and referrals in Texas after the requirement was enforced. We compare organizations that offered family planning using Title X funds and those relying only on state programs, and therefore were subject to different guidelines, to assess the ways in which counseling and referral practices differed. The Texas case points to the potential implications that a national policy may have on pregnant women's access to information about their options and available services if publicly funded family planning providers are prohibited from offering them evidence-based care.

2. Methods

In a qualitative study of publicly funded family planning providers in Texas, we explored how organizations implemented or expanded family planning services after the state reorganized its family planning programs and recruited primary care organizations into the provider network following the exclusion of Planned Parenthood [10]. Fully state-funded and administered family planning programs included the Expanded Primary Health Care program that aimed to integrate family planning and primary care services, the fee-for-service Texas Women's Health Program and the state's Family Planning program. Some organizations received Title X funding, which was administered by an independent non-profit association. For this study, we sampled 20 of the 29 Title X-funded organizations and 34 of the 52 state-funded organizations, 10 of which also received Title X. We included at least two organizations in each of Texas' eight health service regions and up to nine organizations in larger metropolitan areas.

Between November 2014 and February 2015, two authors (K.W. and K.H.) conducted semi-structured interviews in-person or by phone with staff, primarily administrators, but also medical directors, directors of clinical services, and clinicians familiar with the organizations' family planning program [10]. Interviews lasted approximately one hour and were audio-recorded and transcribed. Participants gave their verbal consent and did not receive compensation. The institutional review boards at the University of Texas at Austin and the University of Alabama at Birmingham approved the study.

This analysis focuses on organizations' protocols and practices for counseling women experiencing unplanned pregnancies about their options and referrals for services. Specifically, we analyzed transcripts for respondents' answers to the question, "If a woman coming to your organization has an unintended pregnancy, what counseling is available to her?" The interviewers also asked about referrals made to other organizations. Owing to respondents' time constraints, the interviewers did not ask these questions of two organizations.

We conducted a thematic analysis of the transcripts. Two authors (K.W. and K.A.) developed a codebook based on prior literature [11–13] and themes that emerged in the data. After independently coding the transcripts, they met to compare coding consistency and reach consensus. Next, they organized codes into main themes related to organizations' counseling and referral practices. Finally, given differences in Title X and state guidelines for abortion referrals, they compared practices between organizations that received or did not receive Title X funding.

3. Results

Of the 44 organizations sampled, respondents from 39 (89%) completed the interview. Transcripts from 37 organizations included segments related to pregnancy options counseling and referrals and were analyzed. The sample included 15 organizations that received Title X funding and 22 that did not (Table 1). Compared to Title X-funded

organizations, a larger proportion of state-only-funded organizations were federally qualified health centers (FQHCs) and first-time family planning contractors - organizations that had not received Title X or state grants for contraceptive services prior to 2013. The majority of organizations received funding from at least one state family planning program and, therefore, were required to follow state abortion referral guidelines. Approximately half of Title X-funded organizations and nearly three-quarters of state-only-funded agencies had at least one open abortion facility in their health service region.

3.1. Counseling practices

Respondents from all Title X-funded organizations explicitly mentioned providing options counseling as required by Title X. When clients had a pregnancy test, staff first would proactively explore women's feelings about the results. A women's health services director described the practice at her community health clinics as follows, "With every pregnancy, I mean it is options counseling. First question if you are here for a pregnancy test, 'If this is positive, have you already thought of what you are going to do with this pregnancy?'" Respondents discussed tailoring the information offered to women's needs. For example, a director at a public health department stated, "We provide adoption, abortion, prenatal care information to whoever. And some women come in and say, 'I'm having this baby. I don't want to hear about anything else.' So the patient guides it a lot of times." An executive director at a family planning organization echoed this sentiment saying, "It just depends on the feel that we're getting from her. If she's not sure, she gets information on all of it." In addition to program requirements, respondents noted the importance of honoring women's choices about their pregnancy. An administrator at a Title X- and state-funded FQHC described the training he provided the organization's clinicians by emphasizing that "it is expected for [providers] to [do] what the patient is comfortable with and discuss those alternatives with them... You have to allow that patient to make well-informed decisions."

Only nine of 22 state-only-funded organizations discussed options counseling. Administrators at these organizations described similar practices, as reflected in the following statement, "It would just be counseling as far as what they were interested in [and] what they wanted to do. I am pro-patient. It is just ... their choice." However, at other state-only-funded organizations, respondents often directed women exclusively to prenatal care following a positive pregnancy test. For

Table 1
Texas family planning organization characteristics, by funding source (N=37).

	Title X funding (n=15)	State funding only (n=22)
	n (%)	n (%)
Type of organization		
Federally Qualified Health Center	4 (27)	11 (50)
Public health department/hospital district	4 (27)	6 (27)
Women's health organization ^a	6 (40)	3 (14)
Other	1 (6)	2 (9)
Organizational experience with family planning programs		
Established contractor	14 (94)	13 (59)
First-time contractor	1 (6)	9 (41)
Other family planning program funding ^b		
Texas Women's Health Program	14 (93)	21 (95)
Expanded Primary Health Care Program	6 (40)	22 (100)
State Family Planning Program	0 (0)	12 (54)
At least one open abortion facility in organization's health service region		
Yes	8 (53)	16 (73)
No	7 (47)	6 (27)

^a Women's health organizations include specialized family planning providers and maternal-child health centers.

^b Percentages exceed 100% because organizations could report receiving funding from more than one program.

example, a program administrator explained that pregnancy testing was routine at their community public health clinics and provided “an opportunity to get [women] into care either way, negative or positive.” She went on to say that their new patient navigator system included “prenatal education messages ... that are succinct and to the key points for those women who may not want to be pregnant, but are and need to start thinking about their health and their unborn.” In describing protocols for scheduling same-day “welcome visits” for pregnant women, an FQHC administrator similarly explained, “the same thing would happen” for women with unplanned pregnancies, assuming they would initiate prenatal care. Although few respondents reflected on women’s preferences for care, a director of a community health clinic network stated their clients consistently chose to parent, “If they get pregnant, they’re going to say, ‘I’m going to have the baby.’ They do not opt for abortion.”

3.2. Abortion referrals

Organizations’ abortion referral practices were largely similar across funding source. Most respondents explained that staff provided women with a list that included the names and locations of prenatal care, abortion services, and adoption resources. However, they often made clear that their practice did not constitute an abortion referral, and at times even repeated state programmatic language that they do not provide or “promote” abortion. For example, a director at a Title X- and state-funded public health department recounted, “We provide a referral list but we don’t in any way offer, suggest or do anything at that point. You know, of course, as a state and federal fund recipient, no abortions are performed here or are referred.” An administrator at a state-funded FQHC similarly described her organization’s approach to and concerns about providing women with a list of abortion services, “There’s a very fine line about how involved we can get with an abortion, because [the state] can actually take our funding away... After the counseling we ask them, ‘Are you sure this is what you want?’ Then we give [women] a list... [and] ... say, ‘Here’s your list. You decide.’ It’s very tricky and we have to be careful.” In several of these conversations, respondents further added that their community was “very anti-abortion.”

Very few respondents gave specific information about abortion services. Some of those who did advised women that not all facilities offered medication and surgical abortion, and others suggested that women call to inquire about the cost of the procedure and funding available to help them cover their expenses. These respondents noted that the limited number of local facilities made it challenging to provide information.

Title X-funded organizations reported receiving monthly updates from the grant administrator about abortion-providing facilities that remained open following implementation of Texas’ restrictive abortion law, and administrators appreciated the information, “so that if somebody does come in, we at least know where to refer them to.” In contrast, state-only-funded agencies were less aware of recent facility closures or the nearest cities to which they could direct women considering abortion. Several state-only-funded organizations also did not provide women with facility contact information, but rather instructed them to look in the phone book, search online or “call your local Planned Parenthood.” For example, a public health department nurse manager, who was unaware that a West Texas abortion facility had closed, stated, “The best thing that we can do is tell them to go to the phone book ... because they have to go out of town to [West Texas] or to [Dallas/Ft. Worth] ... because nobody in [this city] will do them.” Two respondents mentioned inappropriate referrals to pregnancy resource centers, as a public health department director explained, “we do not provide any ... here’s an abortion clinic or here is a non-abortion clinic. Either look on the internet, [or] here’s [the] pregnancy help center if you have any more questions.”

3.3. Prenatal care and adoption referrals

Regardless of funding source, respondents described offering women direct referrals for prenatal care and facilitating their access to

related services. Staff at organizations that offered prenatal care onsite noted that they would make women appointments or, in the words of a women’s health nurse practitioner at a state-only-funded organization, “If she wants to see us for prenatal care, we will do a new OB [visit] right then.” Respondents from agencies that did not offer prenatal care would refer women to area providers, and some mentioned that they would connect women with other resources. For example, a director at a state-only-funded public health department noted that a nurse, “links them immediately with resources, links them with WIC, and gives them their Medicaid paperwork if they qualify for that ... [and] we will schedule an appointment.”

Staff referred women considering adoption to community organizations, and this practice typically was limited to providing a list of agency names and contact information. However, a few organizations – including two that would not provide information about abortion, mentioned offering additional resources, such as information on community classes and support groups, and would “help facilitate the communication” between a woman and an adoption agency.

4. Discussion

In this study of publicly funded family planning organizations in Texas, we found that comprehensive pregnancy options counseling was more common among Title X-funded agencies than state-only-funded organizations. This difference likely is related to Title X guidelines about options counseling, as well as the fact that almost half of the state-only-funded organizations were first-time family planning contractors, which often did not follow evidence-based family planning practices [10]. The lack of comprehensive pregnancy options counseling provides additional evidence of organizations’ challenges making philosophical shifts in delivering care, which typically focused on prenatal care and ancillary services. Additionally, many state-only-funded organizations were primary care providers, and a recent national study reported that the majority of these providers do not routinely discuss parenting, abortion and adoption with women experiencing unintended pregnancies [12]. In 2016, approximately four million clients received care from Title X-funded organizations, and many rely on these organizations for pregnancy testing [2,14]. Therefore, the proposed Title X guidelines that permit but do not require providers to offer pregnancy options counseling likely would prevent numerous women from receiving unbiased information, or any information, about all their options (abortion, adoption, or parenting). Incomplete or biased information also is inconsistent with women’s desires [15].

These results also support others’ findings that most organizations provide a list of agencies that offer abortion, adoption services, and prenatal care, but that abortion referrals infrequently extend beyond giving women providers’ names and contact information [11,16]. However, unlike these studies, our interviews captured how abortion referrals differed from other pregnancy-related referrals, particularly prenatal care. While respondents in our study rarely mentioned informing women about how they might cover the cost of abortion care or locations where different abortions methods were offered, they were willing to facilitate women’s access to prenatal care. This difference may reflect that providers know less about abortion than prenatal services or do not feel comfortable discussing abortion [11,16,17]. Despite none of our respondents expressing personal views opposing abortion, their perceptions of anti-abortion sentiment in the community may have contributed to staff reluctance to provide women with more information about available services. Although data are limited on whether referrals reduce delays obtaining abortion care [13], recommendations for quality care include providing women with comprehensive information about facility locations and services, cost and funding support since women frequently report difficulty locating a provider and navigating other obstacles to care [18–21].

Our interviews further reveal the potential chilling effect that domestic and institutional policies singling out abortion and contraception

may have on providers' behavior [22–25]. Some respondents were concerned that providing any information about abortion beyond the name of a provider would threaten their state family planning funding. Other statements suggest that providers may have narrowly interpreted state policy and were not providing women with relevant information about abortion services, even though such information was permitted. Therefore, despite examples of permissible practices in the proposed Title X guidelines [1], providers may censor themselves from offering any abortion-related information.

A limitation of this study is that information about counseling and referral practices largely came from administrators, which may not reflect what is communicated in patient-provider encounters. But, these interviews offer insight into how organizations interpret guidelines and messages that leadership communicates to clinical staff. Additionally, we did not interview staff from all organizations that received Title X or state family planning funds, and there may have been more variation in practices than we identified. However, our sample included diverse providers from across the state that received the majority of family planning funds [10], and these practices likely reflect the service environment for many Texas women. Finally, many Title X-funded organizations in Texas that received state family planning funds operated in a hybrid policy environment in which options counseling was expected and contact information for abortion-specific providers could be provided, but active referrals were not permitted. Therefore, US provider practices under the proposed Title X guidelines, which are more restrictive, may differ.

Although Texas presents a unique case, this is the first study to our knowledge describing the ways in which programmatic guidelines restricting information on abortion in the US may affect care at publicly funded family planning organizations. Policies that limit information and referrals for abortion are inconsistent with women's preferences and standards set by professional medical associations. Instead, publicly funded family planning programs should guarantee that women can receive unbiased and accurate information so they can obtain timely care, regardless of their plans about their pregnancy.

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