

# Contraceptive Counseling during the COVID-19 Pandemic (2020) at Choose Well Participating Clinical Partners in South Carolina

Center for Applied Research and Evaluation  
in Women's Health at ETSU

## BACKGROUND

Women in rural areas have less access to healthcare, including contraceptive services, than women in urban areas. This is particularly concerning for women who live in states that are predominantly rural, such as South Carolina (SC).

Telehealth can lessen barriers faced by women living in rural areas and increase access to contraceptive services. In SC, publicly funded family planning services fulfilled only twenty-nine percent of the need for contraceptive services, which suggests an unmet need, especially for women in rural counties.

Comprehensive contraceptive services include both contraceptive counseling and access to the full range of contraceptive methods. Having trained staff to provide contraceptive counseling is an important component of access to these services. The safety-net clinic system includes health department family planning clinics, Federally Qualified Health Centers (FQHCs), and non-profit organizations that use state and federal funds to provide services for patients regardless of their ability to pay. Safety-net clinics rely on funding sources from Medicaid, Title X, and the Health Services Resource Administration (HRSA). Funding may have an influence on the services available at safety-net clinics.

The Choose Well Initiative, launched by the non-profit organization New Morning ([newmorning.org](http://newmorning.org)), aims to expand access to contraceptive services and to reduce unintended pregnancy in SC. The initiative launched in 2017 and continues into 2022. Participating clinics and hospitals received funding and support for various types of administrative and clinical trainings, including training for contraceptive counseling. The aim of this issue brief is to examine access to contraceptive counseling across three sectors (hospitals, health departments, and FQHCs) that provided contraceptive counseling and partnered with Choose Well during the COVID-19 pandemic (2020).

## Methods

### Statement about data collection

In January–August 2021, staff at Choose Well participating clinical partners were asked about their experiences with Choose Well in 2020, including perceptions about access to contraceptive counseling and facilitators and barriers to contraceptive counseling. Interviews were conducted over the phone, audio recorded with permission, and transcribed. Transcripts were coded with a rapid coding methodology whereby responses were summarized within a matrix. Findings from each sectors' perceptions of contraceptive counseling are presented.

## HOSPITALS

Most respondents from Choose Well participating hospitals indicated that, in 2020, contraceptive counseling had improved. This was due to many different factors, including new nurses getting trained, the ongoing improvement in the quality of contraceptive counseling, expanding counseling to the outpatient setting, and having OB navigators, staff specifically for contraceptive counseling and contraceptive care. A few individuals noted that contraceptive counseling remained consistent, as births were not impacted by COVID-19.

*“Probably improved. I think that there’s more awareness at our outpatient site....we have a nurse there doing contraceptive counseling. I think we’re making better use of that, and we have expanded from one of our outpatient sites to an additional outpatient site with our two nurse navigators.” (Rural)*

*“I would think it’s improved just because we get the knowledge out there... Probably the majority of our education is here in the hospital... A lot of it is word of mouth and it’s teaching our patients when they are here, and hopefully getting to some of them prenatally before they arrive.” (Urban)*

*“...Access to counseling may have become easier during COVID because there was more telehealth and insurances becoming willing to pay for the telehealth visits.” (Urban)*

## HEALTH DEPARTMENTS

The majority of health department interviewees indicated that access to contraceptive counseling services declined during 2020. Interviewees primarily cited a decline in access due to the pandemic such as a lack of staff capacity, clinic closures, or not having policies in place to support telehealth service provision. Health departments were tasked with responding to the COVID-19 pandemic during 2020, including contact tracing, testing, and vaccine distribution.

*“[Lack of] staff availability, and clinic closure due to COVID.” (Rural)*

*“Lack of availability. We don't have enough staff to do all the things [the health department] needs us to be doing. Family planning got put to the side.” (Urban)*



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# FQHCS

According to staff at Choose Well participating FQHCs, access to contraceptive counseling stayed the same or increased during 2020, largely due to staffing, marketing, and advertising, and an increase in referrals. Several interviewees indicated that having staff dedicated to counseling patients or to training other staff and an increase in buy-in among staff led to an increase in access. Increased access was also perceived via having more referrals come to the clinic, or to having marketing and advertising for the services at the clinic.

*“I would actually say that has somewhat stayed the same but slightly increased because we actually ended up with more patients doing virtual visits because some patients brought their siblings in on the visit just to hear the counseling part of it so that they were aware of their options and not just step to one type of birth control because that’s just what was offered in their area, because that’s what their family members chose or their friends chose. **We were able to well educate a lot more people this year in the availability of the [IUDs and Implants] because people weren’t traveling; they were home.** The fact that, like I said, they were home and that we offered the virtual visits through FaceTime as well as we did televisits as well with our patients to provide the counseling.”*  
*(Urban)*

*“I would say it stayed the same even though there was a decline in the number of patients. **The access was still there.**”* (Urban)

*“It’s still a conversation that the nurse and afterward the provider is going to talk with them about it. **Counseling is ongoing.** I think it’s always been the same with that, so that stayed the same.”* (Rural)

## CONCLUSION

At Choose Well participating hospitals and FQHCs in South Carolina, access to contraceptive counseling during the COVID-19 pandemic (2020) largely stayed the same or increased. Several components of the Choose Well Initiative were facilitators to access such as marketing, advertising, and having designated staff to provide and coordinate counseling. Additionally, telehealth was a facilitator to access. Health departments in SC largely saw a decrease in access due to competing priorities, as the statewide agency responded to the COVID-19 pandemic.

