

“Am I Going to Be in Trouble for What I’m Doing?”: Providing Contraceptive Care in Religious Health Care Systems

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INTRODUCTION

As religious health care systems grow, patients may encounter restrictions on their reproductive health care. Providers within Catholic hospitals are expected to follow the *Ethical and Religious Directives for Catholic Health Care Services (ERDs)*, which prohibit contraception, sterilization, abortion, most fertility treatments, and other services. In 2016–2018, in-depth interviews were conducted in Illinois with 28 key informants—including providers (obstetrician-gynecologists, other physicians, nurse-midwives) and nonclinical professionals (ethicists, administrators, chaplains)—who had experience in secular, Protestant or Catholic health care systems.

“ I don’t know how else to put it except that people lied all the time. You would say birth control pills were because she had irregular periods when her periods were fine. She’d be using it for contraception, but you couldn’t prescribe them. ”

- Clinician in a Catholic system

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FINDINGS

- Secular and Protestant hospital providers reported few limitations on contraceptive care.
- Providers working in Catholic systems reported multiple barriers to contraception provision, including: direct discouragement from supervisors and peers, prohibitive language in employment contracts, and lease agreements prohibiting contraception on Catholic-owned land.
- However, patient needs motivated many providers in Catholic institutions to develop and utilize contraception workarounds, such as purposeful misdiagnosis of a menstrual condition, avoiding documentation of birth control prescription, or referring to other non-Catholic facilities.
- Some providers received pressure or direct instruction to falsely document from senior staff within the institution.
- Some providers acknowledged the obstacles and costs these workarounds created for patients while others cited the ability to refer to non-restricted family planning providers to suggest that care was not significantly affected.

IMPLICATIONS

Providers working in Catholic hospitals face religious restrictions on contraception, limiting their ability to serve reproductive-age women who are often unaware of these restrictions. These practices stigmatize contraception, and these obstacles can burden patients, especially underserved populations with other social and financial barriers to access, by imposing delays and additional costs.

Read the full article here: <https://onlinelibrary.wiley.com/doi/pdf/10.1363/psrh.12125>
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