

Information on reproductive health outcomes lacking in Catholic hospitals

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As Catholic health care systems expand nationwide, little is known about the reproductive outcomes of their patients compared to patients in other settings, according to researchers at the University of Colorado Anschutz Medical Campus.

"What we were essentially looking at is how religious guidelines that restrict reproductive care at Catholic facilities impact [patient care](#)," said the study's senior author Maryam Guiahi, MD, associate professor of Obstetrics and Gynecology at the University of Colorado School of Medicine.

The study was published today in the journal *Obstetrics & Gynecology*.

Researchers identified only 27 studies that described the provision of reproductive [health](#) services at Catholic health care facilities and found just one with reported patient outcomes. At the same time, they discovered a number of restrictions to care compared to non-Catholic settings.

In 2016, 14.5 percent of U.S. hospitals were Catholic-owned, accounting for one in six acute [hospital](#) beds. And 349 of the 654 Catholic hospitals had obstetric services, accounting for more than 529,000 deliveries.

Yet providers at these facilities are expected to adhere to the Ethical and Religious Directives for Catholic Health Care Services. These directives stress the sanctity of marriage between a man and a woman, allude to the

moral imperative that intercourse involves both 'love-giving' and 'life-giving' intentions while stating that human life begins at conception, the study said.

"So according to these tenets, family planning methods cannot inhibit the 'life-giving' aspect and infertility techniques cannot inhibit the 'love-giving' aspect of the marriage or sex act," said Guiahi.

In analyzing the studies found in the review, Guiahi discovered differences in the way reproductive health services were provided in Catholic health care facilities. Often Catholic facilities limited common women's health services like contraception and sterilization.

"Patients may not know that tubal ligations or IUDs (intrauterine devices) are often restricted," she said. "When it comes to birth control, sometimes they are only offered pills, which have a 9 percent typical failure rate over a year and certain facilities may only offer natural family planning as a contraceptive method."

She noted that in many of these facilities, reproductive health care is acceptable solely to treat other medical conditions.

The review found that in most studies participants were primarily physicians and emergency department staff. Some of them reported that Catholic facilities either don't provide or are less likely to provide family-planning methods than non-Catholic facilities. One survey showed that 54.9 percent of Catholic hospitals do not dispense emergency contraception in any cases compared to 42.2 percent of non-Catholic hospitals.

"Some Catholic institution representatives reported there were policies in place that prohibited discussion of emergency contraception with rape victims," the study said. One [national survey](#) showed that less than 2

percent of Catholic-affiliated obstetrics and gynecology clinics offered abortion.

But some studies revealed that reproductive services were not completely prohibited in these settings. A 1975 study reported 60 percent of Catholic hospitals offered some form of contraception, most commonly instruction in the rhythm method. A study done between 2014-2016, found 95 percent of Catholic hospitals offered appointments for [birth control](#) and many were willing to provide IUDs or tubal ligation appointments.

"As many facilities do not always adhere to the directives, it is unclear to health care consumers how Catholic affiliation might impact the reproductive services they are offered," said Guiahi.

Overall, she said, most studies examined showed limited provision of reproductive health care services, reflecting adherence to the religious directives governing Catholic hospitals.

"We need to understand how institutional restrictions affect patient outcomes," Guiahi said. "We need to know that when women are denied tubal ligation, what percent of them get pregnant again. How are minorities and transgender patients affected when religion plays a role in their health care? These are all questions that require further exploration."

Provided by CU Anschutz Medical Campus

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