Brittany: Hello and welcome to ultrasounds, a podcast by OBGYN delivered. I'm Brittany.

Rachel: And I'm Rachel. And today we have brought back Dr. Charisse Loder to talk to us about reproductive justice. Check out our last episode with Dr. Loder about abortion care if you missed it, and if you did miss it just to refresh Dr. Loder is a clinical assistant professor of OB GYN at the University of Michigan Medical School and the Director of Clinical Family Planning Services and the Program Director of the Fellowship in Complex Family Planning. She's a graduate of Cornell University and received her MD from the Pennsylvania State College of Medicine in 2011. She did residency in OBGYN at the University of Rochester in 2015 and a fellowship in family planning at the University of Michigan in 2017. Her clinical interests include miscarriage management, complex contraception, and sterilization. She's also interested in reproductive justice and medical education. Thank you for joining us again, Dr. Loder.

Dr. Loder: Thanks for having me back.

B: Well, for today we have some questions to kind of address some topics in reproductive justice. So to get started, how do you conceptualize reproductive justice?

L: Yeah. So reproductive justice is a framework that was first concept conceptualized by women of color advocates in the 1990s. One thing that was going on at the time was the pro-choice movement, which was focused on abortion rights. But women of color advocates realized that they had other needs for their reproductive health and their families, and so they described the framework as the right to not have a child, but also the right to have a child and to raise children in safe and sustainable environments. And so that framework really encompasses fertility care, gender affirming care, environmental justice, food and housing and safety. And it really, I think, describes a reproductive lifespan instead of being focused on just the pro-choice movement.

B: Great. Thank you for walking us through that history. Next, we wanted to ask you if you have any examples from your clinical or research work about how reproductive justice or injustice might play out for our patients?

Great question. And because you mentioned history, I am going to jump a little bit into historical injustices because I do think they're important and they do relate to how we provide care to. Some of the most egregious reproductive injustices occurred in the 1900s to the mid early 1900s to the mid 1900s around coercive sterilization. Many eugenics programs led to coercive sterilization of people who were low income people of color, people who were considered disabled, both men and women were sterilized at this time by physicians. While there are many protections to ensure that this doesn't happen again, this is still in our history and it affects patients, their families, and how they approach care, particularly OBGYN care. Today, so it's not uncommon that patients show signs of being unsure about things like contraception or sterilization, and they that they might cite, you know, something their mom or their grandmother told them about being, you know, having concern around a contraceptive device or a contraceptive method. I do think today in our clinical care, they're more subtle ways that healthcare professionals perpetuate injustices. One of those ways is through their own biases coming into a counseling conversation with the patient. And one thing that I always think about is, you know a provider bias towards the most effective form of birth control, such as an IUD or implant. And we know from research that patients can feel pressured to choose a method like a long acting reversible. Contraceptive method, like an IUD or implant, because their provider really talked it up, or really, you know, pushed it during the visit. I think it's important for us all to examine our own biases and think

about how they could contribute to injustice. Yes. And I think it's really important for people to practice patient centered care and understand that patients know what's best for them and what's best for their bodies and to let the decision about what contraceptive method they want to choose be their own decision. And not one that they were pressured into.

My pathway to understanding the definition of reproductive injustice and being passionate about reproductive justice in my work was founded and realizing that I was perpetuating injustice through pressuring patients to choose contraceptive methods in my residency program, I was taught that IUD's and implants were the best, and that all of our patients should get them first. And I found myself talking with the patient. At her prenatal appointment, we were talking about what postpartum contraceptive method she was going to. Choose this patient was a low income patient of color with a high risk pregnancy and all of my other residency colleagues had counseled her. Every single prenatal visit about her postpartum contraceptive plan. And so when I reconciled her. She said. You know, I was considering the contraceptive implant postpartum, but I feel unsure about that. I feel like you're pressuring me and I don't think I want it anymore. And I really appreciate the fact that a patient spoke up about how she was feeling and also called out what I was doing that I I didn't even realize what my counseling technique was doing to my patient. It really made me reflect on my training and my biases and what I could do to combat injustice in the future, and I think all of us can think about situations that didn't go out as planned in talking with patients or counseling patients. But I hope not as many people. You know, have those situations be one of, you know, perpetuating injustice. Like my own.

R: Thank you for sharing that. So besides what you shared already, are there other things that you wish future OBGYNs understood about reproductive justice?

L: There still is a misconception that reproductive justice is just about abortion or contraception, and I know that I myself have even focused on those topics and describe. Yeah, but I do. Think it's important for, for OBGYN specifically to understand that it's about a lot of different types of care and that no matter how they feel about contraception or abortion, many people might support fertility care or support safe and healthy parenting. And I find that most OBGYN's and most physicians can be advocates for reproductive justice. I think each OBGYN needs to determine what their advocacy venue is going to be. I started out really by advocating in the clinic, you know, in the office with my patient and didn't really expand my advocacy, you know, until the last year or two. Since the Dobbs decision. Many clinicians feel comfortable in the clinic and feel comfortable advocating for patients needs or wants or desires. But other people, other physicians and other providers might feel more comfortable giving an interview about injustice or about provider bias, or advocating at the state level or federal level. And I think any every OBGYN needs to think about what their comfort level is, but also think about how they can commit to combating. Reproductive injustice.

R: Yeah, definitely. And you gave some great examples there, but is there anything else that you think OBGYNs can do to help their patients realize reproductive justice in their lives?

L: I think the best thing a provider can do is understand their patient population, but also understand their patients at the individual level because it's really through those. Conversations that you realize what disparities, inequalities or injustices are going on for your individual patient, but also your population. And so that's where you learn that, you know, there might not be as many resources at home to parent and take care of, you know, one's own family. That's where you learn that providers in a certain health system may be pressuring patients to choose something or decide to do something. So I

think listening and being open to learning. People's experiences and even being open to reexamining one's own belief system are really important for any provider wanting to approach care with the reproductive justice lens.

R: Awesome. That's super helpful. And as we wrap up our episode today, we wanted to plug a good resource to learn more about this topic called the RJ Med Ed Project, which is a library of reproductive justice resources curated by a multidisciplinary team at the University of Michigan, including Dr. Louder. And we will include a link. In our podcast. Notes, but thank you so much again for sharing your perspective and knowledge with us Dr. Loder. And it was also really helpful to hear your personal experiences and how you've kind of reflected. On your clinical? Practice and I hope you know that's. Something that I do as I. You know, become a clinician and further in my career and something that I think is really important for us all to think about as we become physicians.

L: Thank you so much for having me. And for elevating this topic, as I hope that all learners understand reproductive justice a little bit better and then make adjustments in their own practice.

R: Yeah, absolutely. And to our audience, thank you for tuning in. Subscribe to ultrasounds wherever you get your podcast for more high yield topic reviews and recent news, you can follow us on Instagram or Twitter at OBGYN_delivered and find more topic review outlines and free question banks at our website, www.objoannedeliver.com. And always remember we put in the labor so you can deliver.