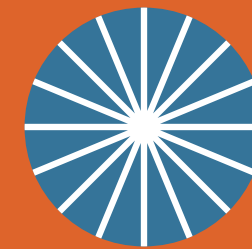


annual report 2014
reproductive health access project



training and supporting primary care clinicians
to make reproductive health care
accessible to everyone

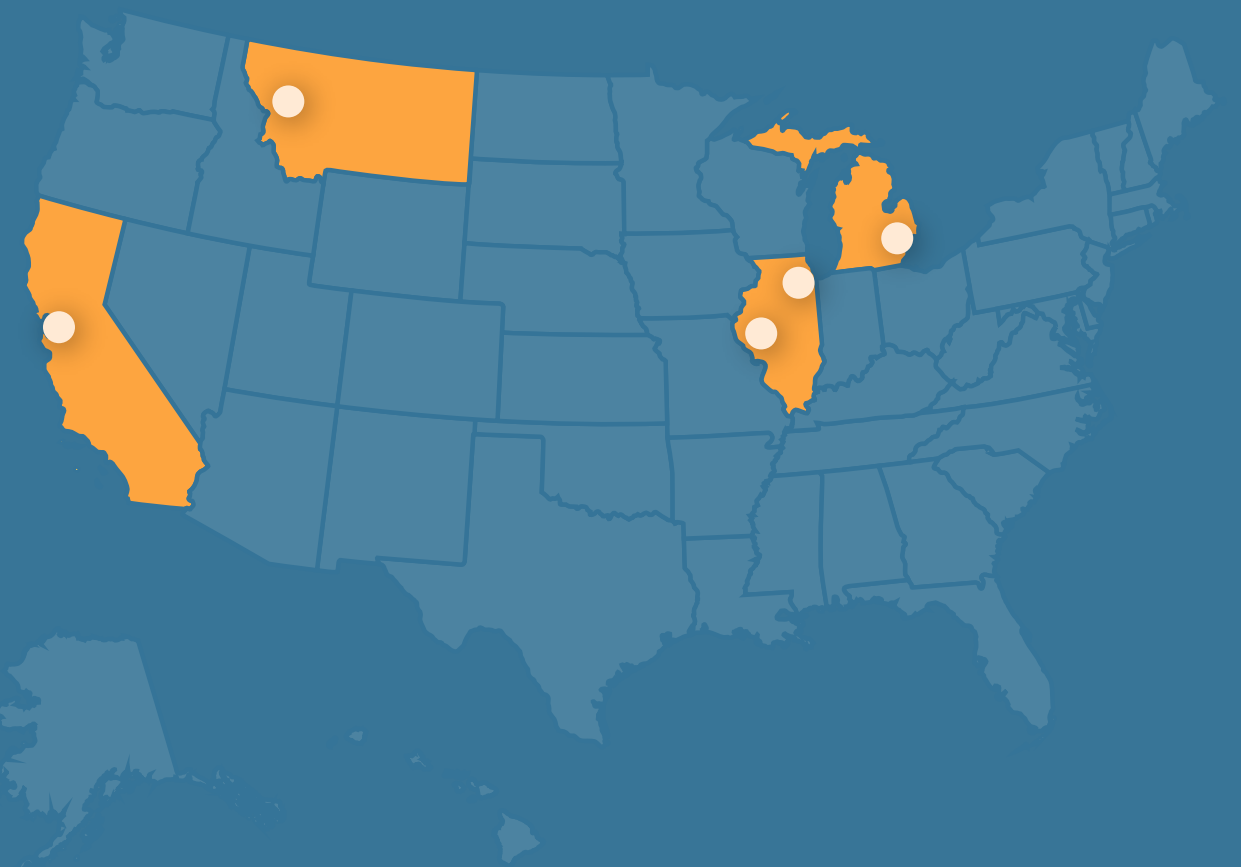
Miscarriage Care Initiative

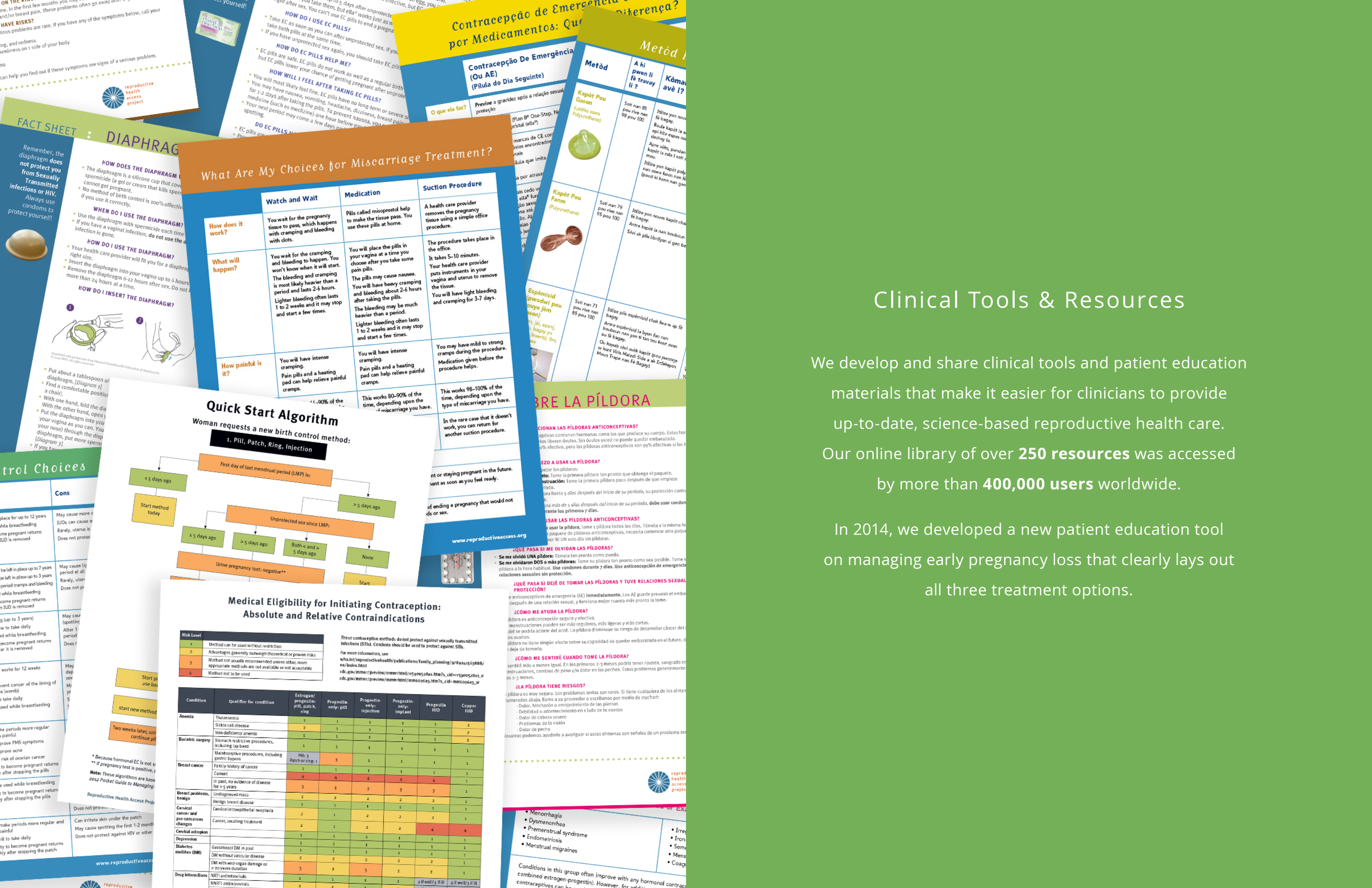


1 in 5 pregnancies ends in miscarriage.

The Miscarriage Care Initiative integrates comprehensive management of early pregnancy loss into community health centers and family medicine residency programs.

This year, we launched the program with five partner organizations in Oakland, CA, Chicago, IL, Springfield, IL, Detroit, MI, and Missoula, MT.





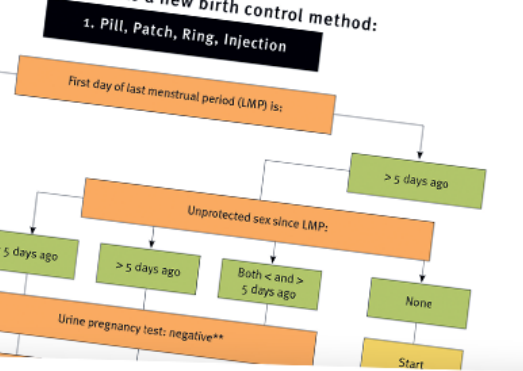
Clinical Tools & Resources

We develop and share clinical tools and patient education materials that make it easier for clinicians to provide up-to-date, science-based reproductive health care. Our online library of over 250 resources was accessed by more than 400,000 users worldwide. In 2014, we developed a new patient education tool on managing early pregnancy loss that clearly lays out all three treatment options.

What Are My Choices for Miscarriage Treatment?

	Watch and Wait	Medication	Suction Procedure
How does it work?	You wait for the pregnancy tissue to pass, which happens with cramping and bleeding with clots.	Pills called misoprostol help to make the tissue pass. You use these pills at home.	A health care provider removes the pregnancy tissue using a simple office procedure.
What will happen?	You wait for the cramping and bleeding to happen. You won't know when it will start. The bleeding and cramping is most likely heavier than a period and lasts 2-6 hours. Lighter bleeding often lasts 1 to 2 weeks and it may stop and start a few times.	You will place the pills in your vagina at a time you choose after you take some pain pills. The pills may cause nausea. You will have heavy cramping and bleeding about 2-6 hours after taking the pills. The bleeding may be much heavier than a period. Lighter bleeding often lasts 1 to 2 weeks and it may stop and start a few times.	The procedure takes place in the office. It takes 5-10 minutes. Your health care provider puts instruments in your vagina and uterus to remove the tissue. You will have light bleeding and cramping for 3-7 days.
How painful is it?	You will have intense cramping. Pain pills and a heating pad can help relieve painful cramps.	You will have intense cramping. Pain pills and a heating pad can help relieve painful cramps.	You may have mild to strong cramps during the procedure. Medication given before the procedure helps.
Effectiveness	This works 80-90% of the time, depending upon the type of miscarriage you have.	This works 80-90% of the time, depending upon the type of miscarriage you have.	This works 98-100% of the time, depending upon the type of miscarriage you have.
Other		In the rare case that it doesn't work, you can return for another suction procedure.	

Quick Start Algorithm



Medical Eligibility for Initiating Contraception: Absolute and Relative Contraindications

Risk Level	Method
1	Method can be used without restriction
2	Advantages generally outweigh theoretical or proven risks
3	Method not usually recommended unless other, more appropriate methods are not available or not acceptable
4	Method not to be used

Condition	Qualifier for condition	Estrogen/ progestin: pill, patch, ring	Progestin-only pill	Progestin-only injection	Progestin-only implant	Progestin IUD	Copper IUD
Anemia	Thalassemia	1	1	1	1	1	2
	Sickle cell disease	2	1	1	1	1	2
Bariatric surgery	Stomach restrictive procedures, including lap band	1	1	1	1	1	2
	Malabsorptive procedures, including gastric bypass	1	3	1	1	1	1
Breast cancer	Family history of cancer	1	1	1	1	1	1
	Current	4	4	4	4	4	1
Breast problems, benign	Undiagnosed mass	2	2	2	2	2	1
	Benign breast disease	1	1	1	1	1	1
Cervical cancer and pre-cancerous changes	Cervical intraepithelial neoplasia	2	1	2	2	2	1
	Cancer, awaiting treatment	4	1	2	2	4	4
Cervical ectropion		1	1	1	1	1	1
Depression		1	1	1	1	1	1
Diabetes mellitus (DM)	Gestational DM in past	1	1	1	1	1	1
	DM without vascular disease	2	2	2	2	2	1
	DM with end-organ damage or > 20 years duration	3	2	3	2	2	1
Drug interactions	NRTI antiretrovirals	1	1	1	1	2 if with 3 if ill	2 if with 3 if ill
	NNRTI antiretrovirals	2	2	1	1	2 if with 3 if ill	2 if with 3 if ill

FACT SHEET: DIAPHRAGM

Remember, the diaphragm does not protect you from Sexually Transmitted Infections or HIV. Always use condoms to protect yourself!

HOW DOES THE DIAPHRAGM WORK?
The diaphragm is a silicone cup that covers the cervix. It contains spermicide (a gel or cream that kills sperm) and cannot get pregnant.
No method of birth control is 100% effective if you use it correctly.

WHEN DO I USE THE DIAPHRAGM?
Use the diaphragm with spermicide each time you have sex. If you have a vaginal infection, do not use the diaphragm until the infection is gone.

HOW DO I USE THE DIAPHRAGM?
Your health care provider will fit you for a diaphragm that is the right size.
Insert the diaphragm into your vagina up to 6 hours before you have sex.
Remove the diaphragm 6-12 hours after sex. Do not leave it in more than 24 hours at a time.

HOW DO I INSERT THE DIAPHRAGM?

- Put about a tablespoon of spermicide on the diaphragm. [Diagram 1]
- Find a comfortable position, such as sitting on a chair.
- With one hand, fold the diaphragm over the spermicide. With the other hand, open your vagina as you can. You can use your nose to help push the diaphragm through the cervix. [Diagram 2]
- Put the diaphragm into your vagina as you can. You can use your nose to help push the diaphragm through the cervix. [Diagram 3]

HOW DO I REMOVE THE DIAPHRAGM?
After sex, reach into your vagina and pull the diaphragm out by the stem. Do not pull it out by the rim. Wash it with warm water and mild soap. Dry it and put it back in its storage container.

Advantages
• Works for up to 12 hours
• Can be used while breastfeeding
• Rarely causes irritation
• Does not protect against HIV

Disadvantages
• May cause irritation
• Rarely, uterus is tilted
• Does not protect against HIV

Other
• Can be left in place up to 7 years
• May cause light bleeding
• Rarely, uterus is tilted
• Does not protect against HIV

Contraceptive Choices

Contraceptive Method	Pros	Cons
Diaphragm	Works for up to 12 hours Can be used while breastfeeding Rarely causes irritation Does not protect against HIV	May cause irritation Rarely, uterus is tilted Does not protect against HIV
Condom	Works for up to 7 years Can be used while breastfeeding Rarely causes irritation Does not protect against HIV	May cause irritation Rarely, uterus is tilted Does not protect against HIV
Injectable	Works for up to 3 years Can be used while breastfeeding Rarely causes irritation Does not protect against HIV	May cause irritation Rarely, uterus is tilted Does not protect against HIV
Implant	Works for up to 3 years Can be used while breastfeeding Rarely causes irritation Does not protect against HIV	May cause irritation Rarely, uterus is tilted Does not protect against HIV
Pill	Works for up to 3 years Can be used while breastfeeding Rarely causes irritation Does not protect against HIV	May cause irritation Rarely, uterus is tilted Does not protect against HIV
Ring	Works for up to 3 years Can be used while breastfeeding Rarely causes irritation Does not protect against HIV	May cause irritation Rarely, uterus is tilted Does not protect against HIV
Patch	Works for up to 3 years Can be used while breastfeeding Rarely causes irritation Does not protect against HIV	May cause irritation Rarely, uterus is tilted Does not protect against HIV
IUD	Works for up to 10 years Can be used while breastfeeding Rarely causes irritation Does not protect against HIV	May cause irritation Rarely, uterus is tilted Does not protect against HIV

Contracepción De Emergencia por Medicamentos: Que Diferença?

Metòd	A ki pwen li fè travay li?	Kòmman avè l?
Kapòt Pou Gason (Latèks oswa Polyurethane)	Soti nan 85 pou rive nan 98 pou 100	Jitize yon nouvo fe bagay. Roula kapòt la sou epji kòm espas nan dochay la. Aprè sikis, parante kapòt la rale l sot li mou. Jitize yon kapòt pou nan oswa fante nan fe (pouid ki korr nan gan
Kapòt Pou Fann (Polyurethane)	Soti nan 79 pou rive nan 95 pou 100	Jitize yon nouvo kapòt chak fe bagay. Antre kapòt la nan boubouren Sivi ak plis librityan si gen be
Espèmizid (pwodwi pou ouye jèmanson)	Soti nan 71 pou rive nan 85 pou 100	Jitize plis espèmizid chak fe a w ap fè bagay. Antre espèmizid la byen fan nan boubouren nan yon ti tan tou kour avan ou fè bagay. Ou kapab sivi avèk kapòt (nou pwoteje w kont VHS Makedi Sidè a ak Enflekasyon Mous Trape nan fe Bagay).

¿CÓMO SE USAN LAS PÍLDORAS?

¿CÓMO SE USAN LAS PÍLDORAS?
Las píldoras anticonceptivas contienen hormonas como las que produce su cuerpo. Estas hormonas liberan óvulos. Sin óvulos usted no puede quedar embarazada. Las píldoras anticonceptivas son 99% efectivas si las tomas correctamente.
¿CÓMO SE USAN LAS PÍLDORAS?
Tome una píldora todos los días. Tómela a la misma hora todos los días. Si olvidó una píldora, tome una píldora tan pronto como sea posible. Tome la siguiente píldora a la hora habitual. Use condones durante 7 días. Use anticoncepción de emergencia si no usó condones durante los primeros 7 días.

¿CÓMO ME AYUDA LA PÍLDORA?

La píldora es anticoncepción segura y efectiva. Las píldoras anticonceptivas pueden ser más regulares, más ligeras y más cortas. La píldora disminuye su riesgo de desarrollar cáncer del cuello del útero y de tener migrañas. La píldora también puede ayudar a prevenir el embarazo no deseado.
¿CÓMO ME SENTIRÉ CUANDO TOMO LA PÍLDORA?
Sentirá más o menos igual. En los primeros 2-3 meses podría tener náusea, sangrado entre períodos o cambios de peso y/o dolor en los pechos. Estos problemas generalmente mejoran después de 2-3 meses.

Condition	Menorrhagia	Dysmenorrhea	Premenstrual syndrome	Endometriosis	Menstrual migraines
Menorrhagia	1	1	1	1	1
Dysmenorrhea	1	1	1	1	1
Premenstrual syndrome	1	1	1	1	1
Endometriosis	1	1	1	1	1
Menstrual migraines	1	1	1	1	1

Hands-on Reproductive Health Training Center

The IUD and contraceptive implant are the most effective reversible contraception available. Inserting and removing the IUD and contraceptive implant requires special training.

While these procedures are relatively easy to learn, hands-on training is nearly nonexistent for community-based clinicians.

In September the Reproductive Health Access Project, in partnership with the New York City Department of Health, launched an innovative program that provides hands-on IUD and contraceptive implant insertion and removal training for community-based primary care providers.





Reproductive Health Care and Advocacy Fellowship

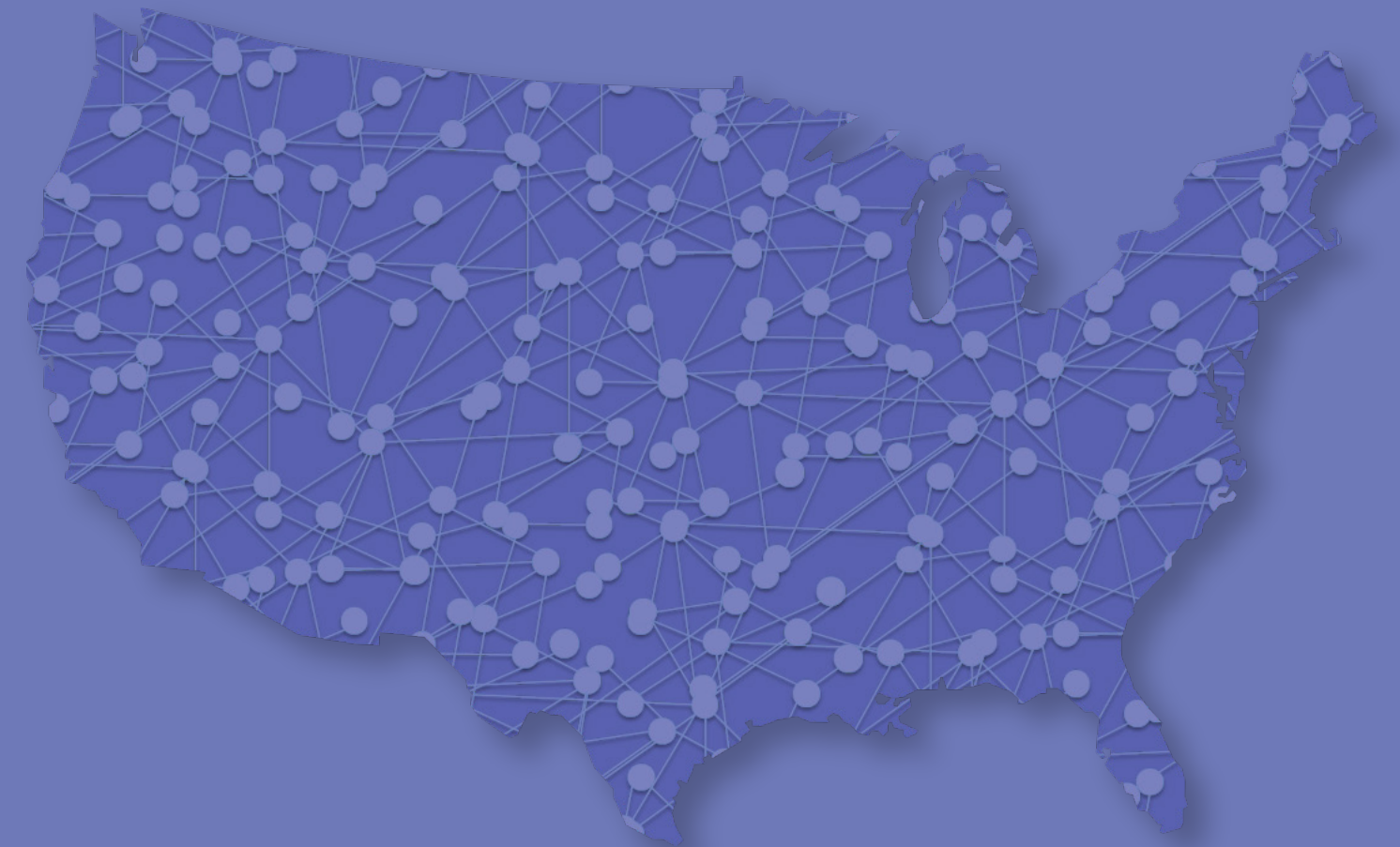
4 out of 5 people in the U.S. receive their health care from primary care providers. Yet, fewer than 6% of family medicine residency programs provide comprehensive reproductive health training.

The **Reproductive Health Care and Advocacy Fellowship** is a year-long clinical fellowship that develops clinical leaders who will promote, provide, and teach abortion, contraception, and miscarriage care. This year, three more family physicians received a year of intensive reproductive health and advocacy training, bringing the total number of fellows we have trained to 16!


Building a national community of prochoice clinicians and allies

In 2014 we evaluated, restructured, and strengthened the **Reproductive Health Access Network**. We opened the network up to all pro-choice primary care clinicians and expanded our focus to include contraception and miscarriage as well as abortion. We now have more than **600 clinicians in 36 states and Washington, D.C.** working together nationally and regionally to expand access to full-spectrum reproductive health care.

Moving forward, we will be supporting Network members to come together locally to address barriers to abortion, contraception, and miscarriage care.



I PLEDGE TO
VOTE
NOVEMBER 4th

#GtV 2014
MIDTERM
elections

Get Out the Vote #GOTV

There was a lot at stake for women and reproductive health in the 2014 mid-term election, including **critical state ballot initiatives in Colorado, Illinois, North Dakota, Oregon, and Tennessee.**

RHAP launched **Get Out the Vote #GOTV**, an online voter registration and education campaign, to raise awareness of the impact the elections have on access to reproductive health care. In September **Buzz Off, Lucille** helped us host a night of comedy and activism in Brooklyn as part of **Lady Parts Justice's V to Shining V** campaign.

Contraceptive Pearls

99% of U.S. women will use some form of contraception.

No one method is right for everyone.

The **Contraceptive Pearls**, our monthly clinical e-publication, provides more than 2,600 clinicians across the country and around the world with monthly online clinical education designed to improve and expand access to contraception.

Risk of
Pregnancy
Following
EC Use

Dual
Method
Protection

Comprehensive
Contraceptive
Counseling

Clinician
Question:
Depo
Injection

Emergency
Contraception
Awareness

The
non-contraceptive
benefits of
hormonal
contraceptives

Locating
Intrauterine
Devices with
Missing
Strings

Contraception
and
Bariatric
Surgery

Contraception
After 40

The
low-dose
progestin
IUD

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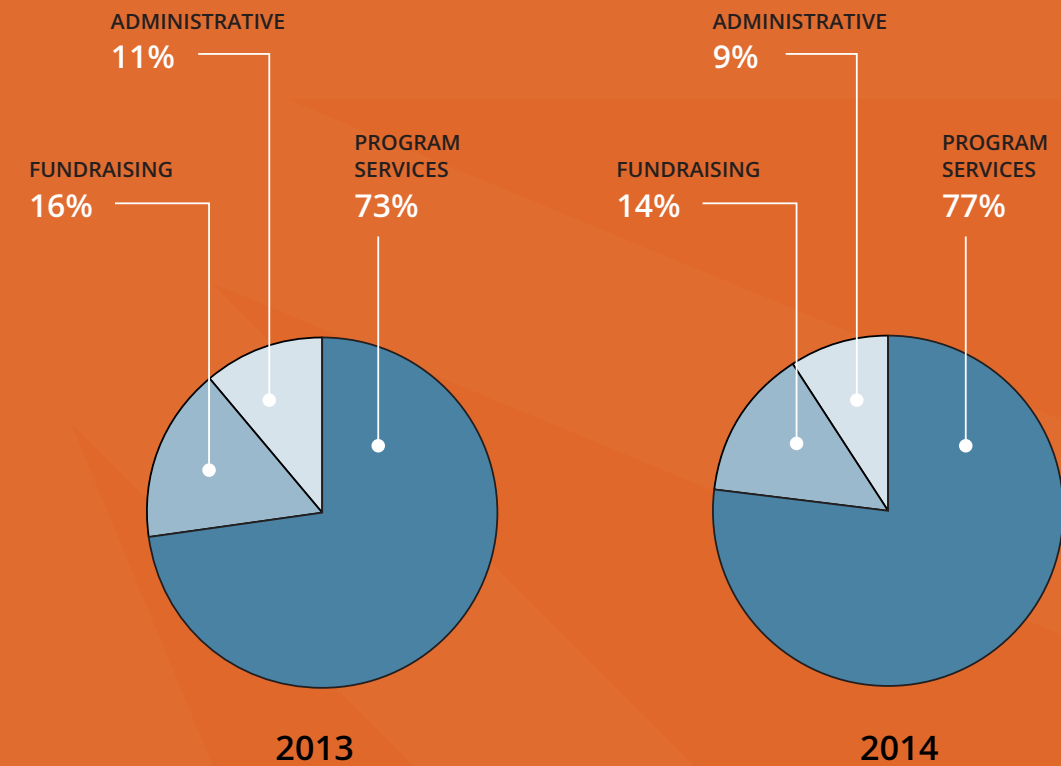
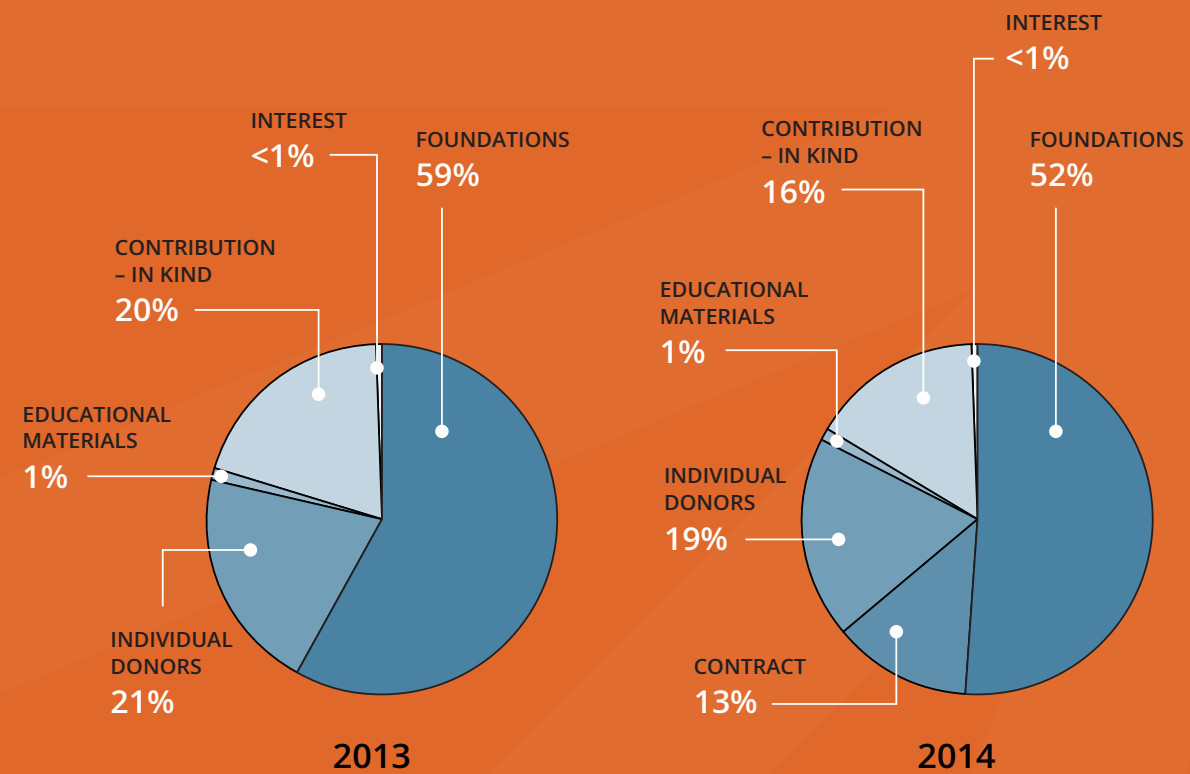
Prentice Fund

Financial Information

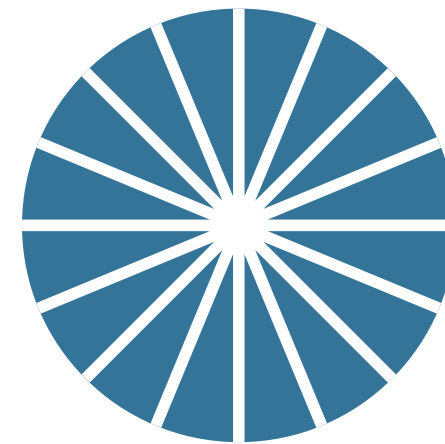
Fiscal Year: April 1 - March 31

INCOME	2013	2014
Foundations	\$230,000	\$306,500
Contract	\$0	\$75,281
Individual Donors	\$82,004	\$109,714
Education Materials	\$2,113	\$3,503
Contribution - in kind	\$77,624	\$96,578
Interest and other income	\$497	\$205
Total Income	\$392,238	\$591,781
Net assets, beginning of year	\$230,136	\$212,098
Net assets, end of year	\$212,098	\$203,586

EXPENSES	2013	2014
Program Services	\$298,449	\$462,488
Fundraising	\$66,130	\$82,803
Administrative	\$45,697	\$55,002
Total Expenses	\$410,276	\$600,293



* Percentages may not add up to 100% due to rounding.



reproductive health access project

