EXPLAINED: Abortion Research & Policy
The Effect of Faith-Based Hospitals on Women’s Health Care

Learning Objectives: By the end of the session, learners will be able to:

- Describe how Catholic hospitals limit access to comprehensive reproductive healthcare

Video Lecture:

Suggested Readings:

Lesson Plan in a Flipped Classroom Setting

EXPLAINED: Faith-Based Hospitals

Using a flipped classroom model, this lesson plan will use the video lecture and additional resources to provide learners with an engaging learning environment. Here’s how to use this course in a “flipped-classroom” at your own institution.

Teaching Points

- 10 out of 25 of the largest hospital systems in US are faith-based.
- 70% of faith-based hospitals in the US are Catholic.
- Care at these hospitals is not paid for through church dollars, but rather Medicare, Medicaid, other federal money, and private insurance.
- Catholic doctrine dictates care at these hospitals regardless of the faith of the patients or health care providers.
- Catholic hospitals prohibit abortions and impact care for the management of miscarriage, potentially endangering women’s lives.
- They also limit other reproductive health services that are important to women such as: tubal ligation, vasectomy, birth control, and infertility treatment.

Time Required

Total Time of Video Lectures: 10 minutes
Estimated Independent Prep Time Required by Learner: 30 minutes
Total Estimated Time Required for In-Classroom Activity: 30 minutes

Materials Required and Instructor Preparation

- Learners will need internet access with enough bandwidth to view streaming videos.
- The instructor should print copies of the small group activity quiz (page 3) included in this packet.

Activity

2
Independent Preparation (conducted by learner before in-classroom activity)

- Learners should independently view the video lecture.
- Learners may be assigned any of the relevant readings (determined by instructor’s desired learner work-load) as outlined in the “Suggested Readings” section on page 1.

In-Classroom Activity (Small Group Activity)

- Divide the classroom into small groups and distribute the small group activity quiz (page 3-4).
- Instruct learners spend 15 minutes and work together to answer the questions provided.
- At the end of this activity, convene the class. Present the questions on the quiz and have learners share their answers.
- Write the correct answers on the board for the class to see. Collect each handout from learners.
  - The instructor can reference the answer sheet on page 5.
EXPLAINED: Faith-Based Small Group Activity

In your group, answer the following questions referencing the video lecture assigned before class. Be prepared to turn in this handout at the end of class.

Questions

1. List at least three other reproductive healthcare services that are restricted in Catholic hospitals in addition to abortion:
   I. 
   II. 
   III. 

2. Which is NOT an example of how healthcare is paid for at Catholic-based hospitals:
   a. Medicaid
   b. Medicare
   c. Church funds
   d. Private insurance

3. Even though ____ in ____ women in the US will experience a miscarriage, in a Catholic hospital a doctor must demonstrate _________ to the woman during her miscarriage to be able to intervene on behalf of her life or health.
   o 3; 5; absence of harm
   o 2; 3; evidence of health
   o 1; 4; evidence of harm
   o 1; 2; absence of health
4. Interviews done with ob-gyns in Catholic hospitals showed that the highest frequency of conflicts were around:
   a. Tubal ligations post-partum
   b. Contraception post-partum
   c. Vasectomy
   d. Infertility treatments
Open-Ended Question:

Describe potential impacts that the presence of religious-based hospitals, such as those following restrictive Catholic directives, have on women’s reproductive healthcare access in the US.
Questions and Answers

EXPLAINED: Faith-Based Quiz Answer Sheet

Questions

1. List at least three other reproductive healthcare services that are restricted in catholic hospitals in addition to abortion:
   I. Tubal ligations
   II. Contraception
   III. Vasectomy
   IV. Infertility treatments

2. Which is NOT an example of how healthcare is paid for at Catholic-based hospitals:
   a. Medicaid
   b. Medicare
   c. Church funds
   d. Private insurance

3. Even though ____ in ____ women of reproductive age in the US will experience a miscarriage, only after a doctor can provide ________ to the woman during her miscarriage would a doctor in a Catholic hospital be able to intervene on behalf of the woman’s life.
   - 3; 5; absence of harm
   - 2; 3; evidence of health
   - 1; 4; evidence of harm
   - 1; 2; absence of health
4. Interviews done with ob-gyns in Catholic hospitals showed that the highest frequency of conflicts were around:

   a. Tubal ligations post-partum
   b. Contraception post-partum
   c. Vasectomy
   d. Infertility treatments

Open-ended question:

Describe potential impacts that the presence of religious-based hospitals, such as restrictive Catholic ones and their directives, have on women’s reproductive healthcare access in the US.

A woman’s life can be put at risk while awaiting care for an impending miscarriage. Unlike standard of care in which physicians intervene to prevent infection or other health problems from developing while a miscarriage is underway, they must wait for evidence of harm, such as a high fever, to be present before they can terminate a pregnancy to preserve the health and life of women.

Women who cannot access birth control are more likely to experience an unintended pregnancy leading to unwanted births or abortions.

Women desiring postpartum tubal ligation are denied this wanted procedure in Catholic hospitals. This denial is particularly egregious when the patient delivers via C-Section. In a non-Catholic Hospital, tubal ligation can be accomplished via the existing incisions. When denied this service at the time of Cesarean delivery, women must undergo a separate surgery with additional anesthesia and additional incision and recovery time. Additionally, they are at risk of unintended pregnancy while they await their tubal ligation.