What is this study about? For many Hispanic immigrant women, the first contact with the US healthcare system is likely a visit for reproductive healthcare. There is significant research associating acculturation status and outcomes of healthcare. The stresses associated with acculturation to an immigrant life can increase the risk of poor health and low quality of life. Several studies have indicated that adherence to traditional values as well as social support networks may serve as buffers to the stressors of immigration and may encourage positive outcomes. There is insufficient literature to determine if this relationship extends to family-planning beliefs and outcomes. The purpose of this study was to describe family-planning patterns of Hispanic women and determine if these patterns are related to acculturation level.

How was this study done? This descriptive, correlational study was completed using a convenience sample of 376 Hispanic women who accessed prenatal clinics in a teaching hospital in the Southwest. The Acculturation Rating Scale for Mexican Americans—II (ARSMA II) was used to assess acculturation. Data were collected from the medical record regarding family-planning compliance at 2 weeks, 3 months, and 1 year postbirth. Measures of association and linear regression were used to determine significant associations in the data.

What were the results of the study? Nearly 75% of the women in the study returned for at least one postpartum or family-planning visit within one year after birth. Number of pregnancies, generation in the United States, and acculturation were all significantly related to family-planning visits in the first year after a birth. Having more prenatal visits before the birth was positively correlated with return for family-planning visits. Most of the women preferred reversible family-planning methods; only 9% of the women in the study chose tubal ligation as a family-planning method.

What additional questions might I have? Is it possible the mothers who did not return used other family-planning resources available to them? Were factors omitted because of the retrospective nature of the study?

How can I use this study? Nurses working in maternal-child health settings are in a unique position to affect health choices made by Hispanic women. An assessment of acculturation level, combined with knowledge of the obstetric history of the Hispanic woman, can help guide the nurses’ counseling regarding family-planning choices. The importance of prenatal visits in informing mothers and influencing family-planning choices is reinforced by this study.


Fertility Awareness Methods

Fertility awareness methods, also known as natural family planning, are based on an understanding of the changes that occur throughout a woman’s ovulatory cycle. All these methods require periods of abstinence and recording of certain events throughout the cycle; cooperation of the partners is important.

On the one hand, fertility awareness methods are free, safe, and acceptable to many whose religious beliefs prohibit other methods; they provide an increased awareness of the body; they involve no artificial substances or devices; they encourage a couple to communicate about sexual activity and family planning; and they are useful in helping a couple plan a pregnancy.

On the other hand, these methods require extensive initial counseling to be used effectively; they may interfere with sexual spontaneity; they require the couple to maintain records for several cycles before beginning to use them; they may be difficult or impossible for certain groups of women to use including those with irregular cycles, women who are breastfeeding, and perimenopausal women; and, although theoretically they should be very reliable, in practice they may not be as reliable in preventing pregnancy as other methods.

Calendar Method

The calendar, or rhythm, method is based on the assumptions that ovulation tends to occur 14 days (plus or minus 2 days) before the start of the next menstrual period, that sperm are viable for up to 5 days, and that the ovum is viable for about 24 hours. To use this method, the woman must record her menstrual cycles for 6 to 8 months to identify the shortest and longest cycles. The first day of menstruation is the first day of the cycle. The fertile phase is calculated from 18 days before the end of the shortest recorded cycle through 11 days from the end of the longest recorded cycle. For example, if a woman’s cycle lasts from 24 to 28 days, the fertile phase would be calculated as day 6 through day 17. Once this information is obtained, the woman can identify the fertile phase.