
Effective Contraceptive Use Among Women At Risk of Unintended Pregnancy, 2010-2013

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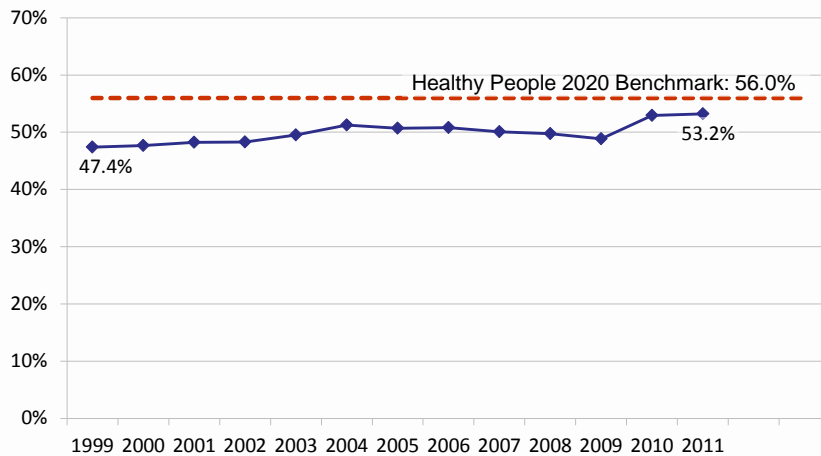
PUBLIC HEALTH DIVISION
Center for Prevention & Health Promotion

Family Planning As A Public Health Issue

- The average American woman who wants two children will spend **5 years** pregnant, postpartum or trying to become pregnant, and **30 years** trying to avoid pregnancy.
- Health consequences associated with unintended pregnancy:
 - **Moms** delay initiating prenatal care; less likely to breastfeed; increased risk of depression; increased risk of physical violence during pregnancy
 - **Babies** are more likely to be born with low birth weight; more likely to experience poor mental and physical health during childhood; lower educational attainment and more behavioral issues during teen years
- Students who have an unintended pregnancy (both male and female, high school and college) are less likely to graduate.

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Proportion of Pregnancies That Are Intended



Data sources: Oregon PRAMS, Center for Health Statistics, Guttmacher Institute



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“At Risk of Unintended Pregnancy”

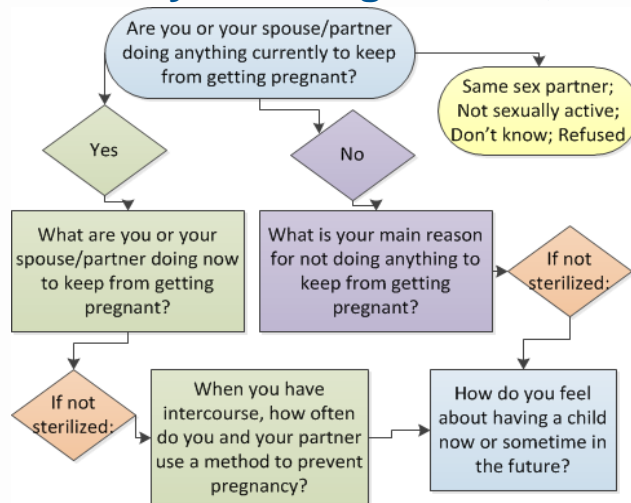
Three criteria:

1. Has an intact uterus
 - Has not had a hysterectomy
2. Sexually active with a male partner
3. Not currently pregnant or seeking pregnancy



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BRFSS Family Planning Module, 2010-13



BRFSS Family Planning Module, 2010-13

- Women at risk of unintended pregnancy, age 18-44:
 - Women who are doing something to prevent pregnancy
 - Women who are not doing something to prevent pregnancy
 - Exclude same-sex partner
 - Exclude currently abstinent
 - Exclude seeking pregnancy
 - Exclude hysterectomy
 - Exclude if refused/didn't know any question
- Total sample size = 1,626

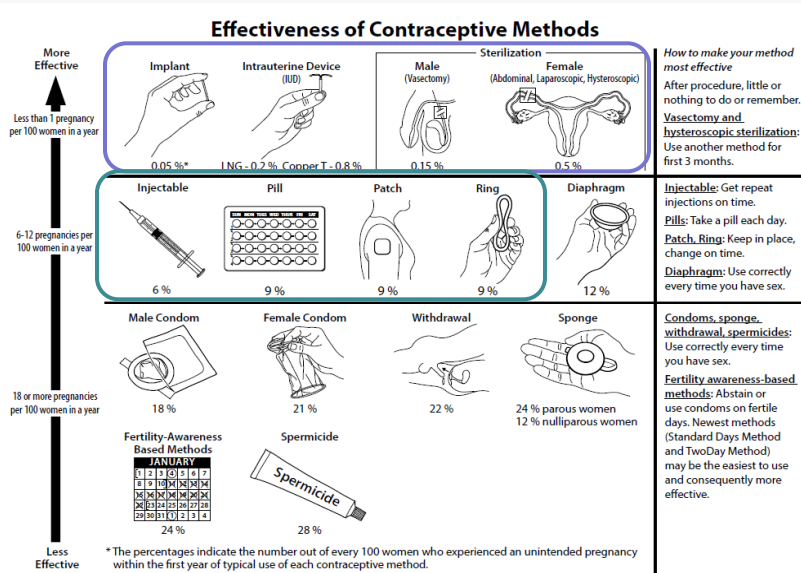
BRFSS Family Planning Module, 2010-13

Women At Risk of Unintended Pregnancy

Total sample size	1,626
Characteristic	Weighted %
18-29 years of age	41.3%
30-44 years of age	58.6%
Hispanic	14.0%
Asian, non-Hispanic	2.8%
Black or African American, NH	1.0%
Amer. Indian or Alaska Native, NH	1.7%
White, non-Hispanic	77.0%
Any Disability	18.4%
< High School Diploma	11.3%



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U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

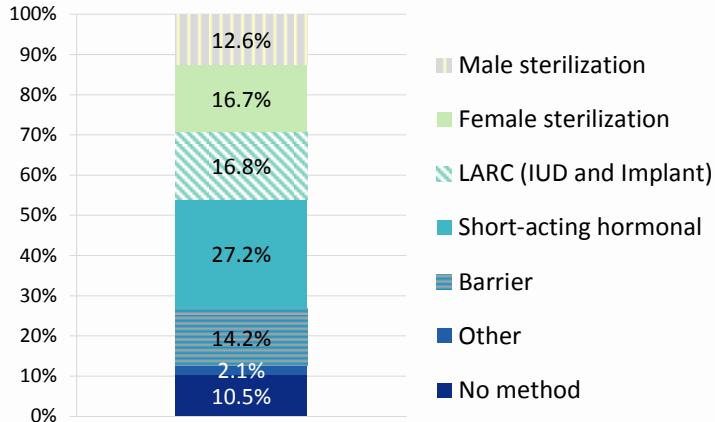
CONDOMS SHOULD ALWAYS BE USED TO REDUCE THE RISK OF SEXUALLY TRANSMITTED INFECTIONS.

Other Methods of Contraception
 Lactational Amenorrhea Method: LAM is a highly effective, temporary method of contraception.
 Emergency Contraception: Emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy.

Adapted from WHO's Family Planning: A Global Handbook for Providers (2001) and Trussell et al (2011).

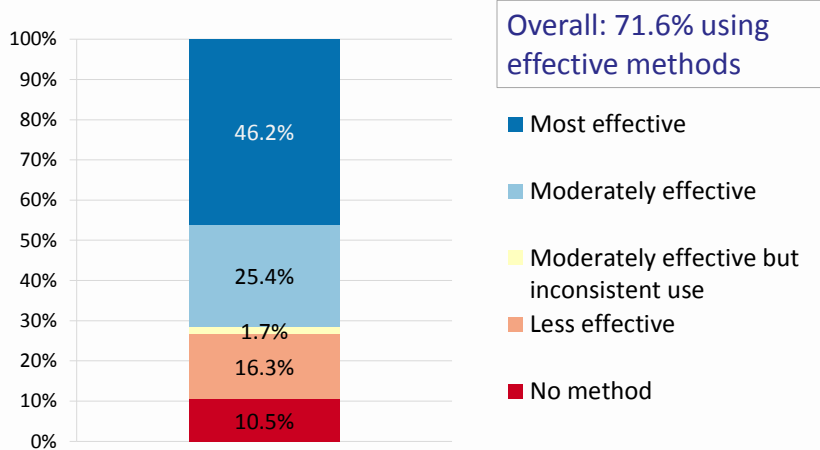
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Women At Risk of Unintended Pregnancy: Use of Contraceptive Methods



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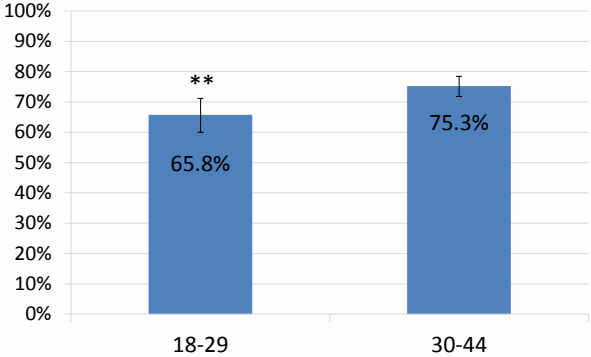
Women At Risk of Unintended Pregnancy: Use of Effective Contraception



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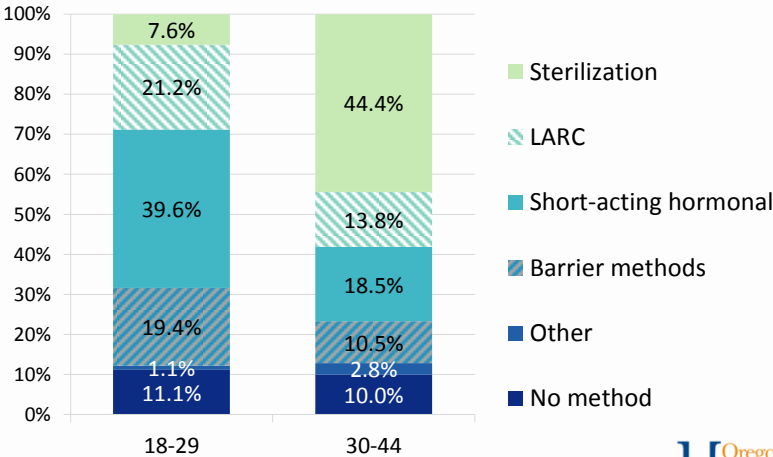
Women At Risk of Unintended Pregnancy: Use of Effective Contraception, By Age

- 18-29 year olds: 65.8% (60.0-71.2%) using effective methods
- 30-44 year olds: 75.3% (71.8-78.4%) using effective methods
- $X^2=17.4, p=0.003$



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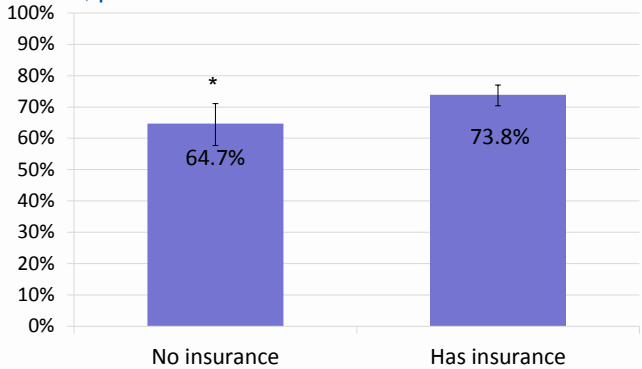
Women At Risk of Unintended Pregnancy: Use of Contraceptive Methods, By Age



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Women At Risk of Unintended Pregnancy: Use of Effective Contraception, By Insurance Coverage Status

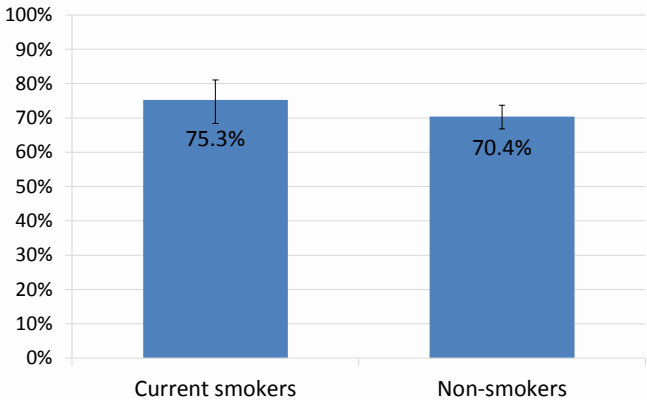
- No insurance: 64.7% (57.7-71.1%) using effective methods
- Has insurance: 73.8% (70.4-77.0%) using effective methods
- $X^2=6.2$, $p=0.01$



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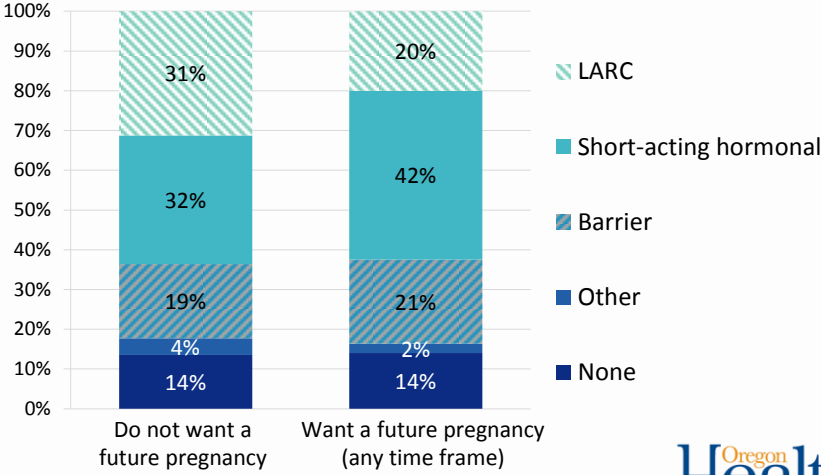
Women At Risk of Unintended Pregnancy: Use of Effective Contraception, by Smoking Status

- 21% of women at risk of unintended pregnancy are current smokers
- No difference in use of effective contraceptive methods



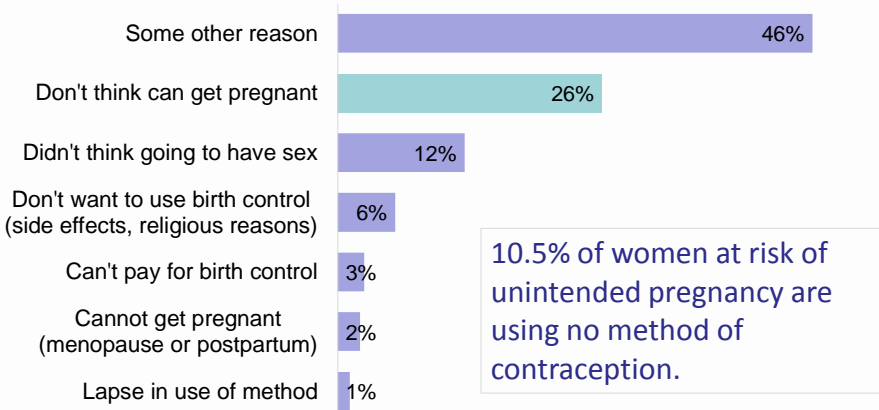
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Women At Risk of Unintended Pregnancy: Use of Contraceptive Methods, by Future Pregnancy Intentions



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Women At Risk of Unintended Pregnancy: Reasons For Non-Use of Contraception



10.5% of women at risk of unintended pregnancy are using no method of contraception.



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Next Steps:

- Coordinated Care Organization incentive metric in 2015
 - Technical Advisory Workgroup setting specifications for administrative claims and clinical data
- National efforts
 - CDC/OPA metrics seeking endorsement from NCQA
 - CMCS Maternal and Infant Health Initiative
- Oregon BRFSS 2014-15:
 - Switch from “are you doing anything currently to prevent pregnancy” to “did you do anything the last time you had sex to prevent pregnancy?”
 - New reasons for non-use

Thank you! Questions?



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<http://healthoregon.org/rh>

<http://ccare.oregon.gov>



<http://facebook.com/OregonCCare>

Acknowledgments:

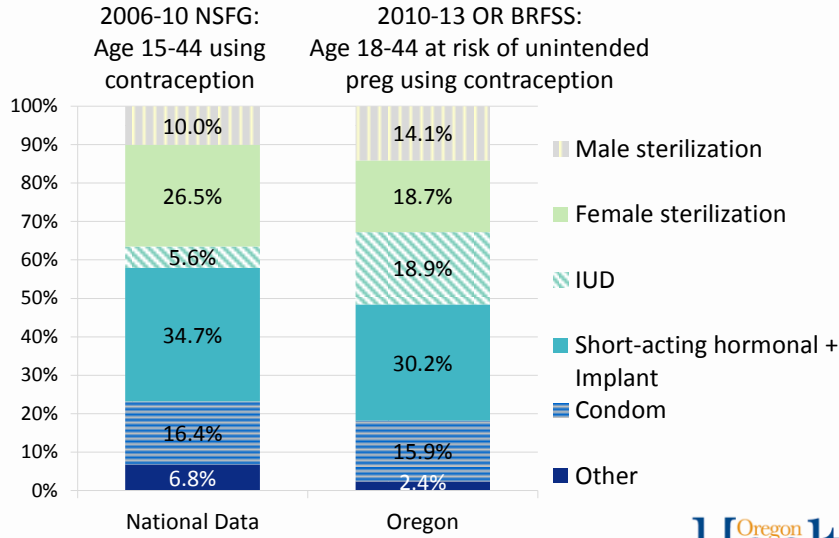
Connie Clark

Helene Rimberg

Kathy Pickle

Clyde Dent

Comparison with National Data

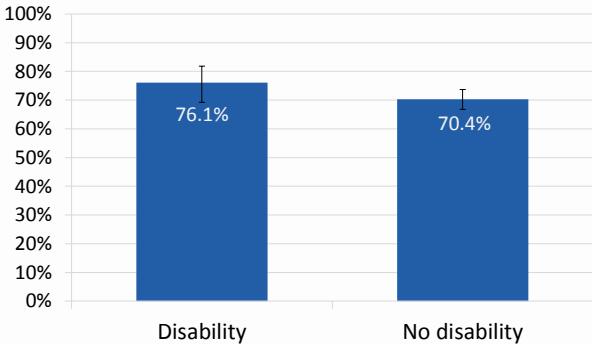


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Women At Risk of Unintended Pregnancy: Use of Effective Contraception, by Disability Status

“Are you limited in any way in any activities because of physical, mental, or emotional disabilities?”

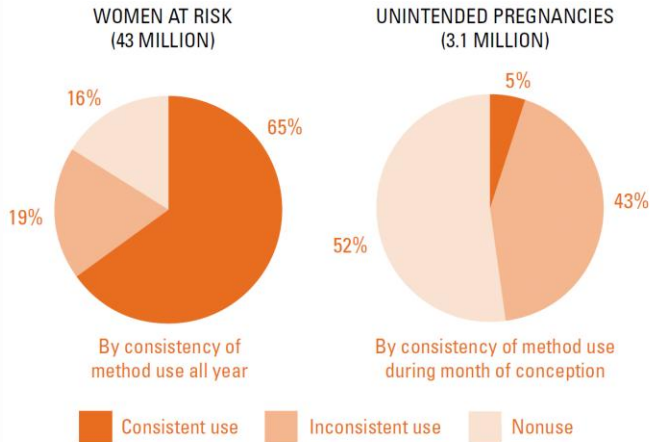
18.6% of women at risk of unintended pregnancy have a self-identified disability. **No difference** in use of effective contraceptive methods.



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Contraception Works

The two-thirds of U.S. women at risk of unintended pregnancy who practice contraception consistently and correctly account for only 5% of unintended pregnancies.



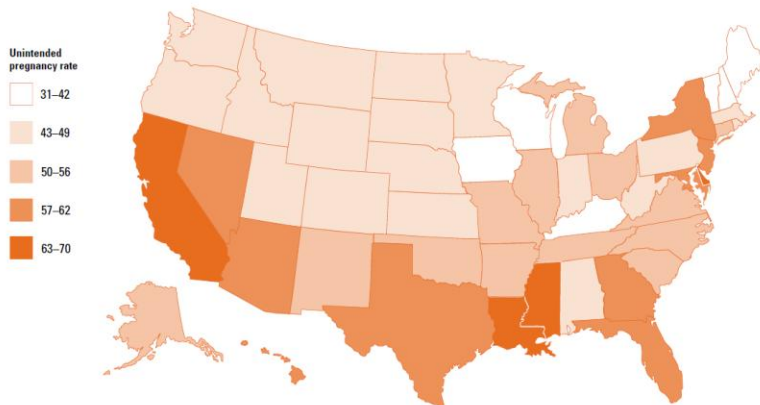
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Why is Family Planning Important?

Unintended Pregnancy Rates, by State, in 2008



*Rates for Arizona, Indiana, Kansas, Montana, Nevada, New Hampshire, North Dakota and South Dakota estimated by multiple regression.

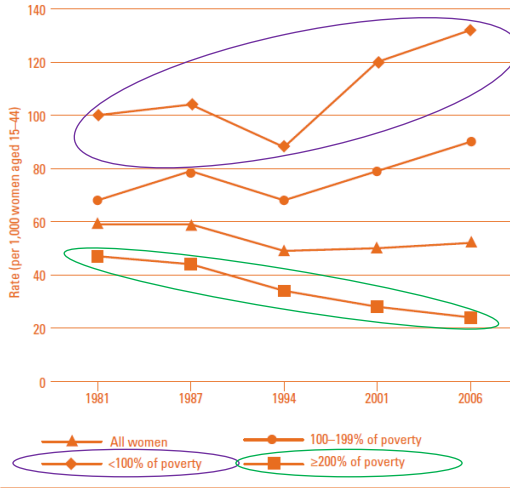
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Unintended Pregnancy Rates, 1981–2008

Unintended pregnancy has become increasingly concentrated among poor and low-income women.



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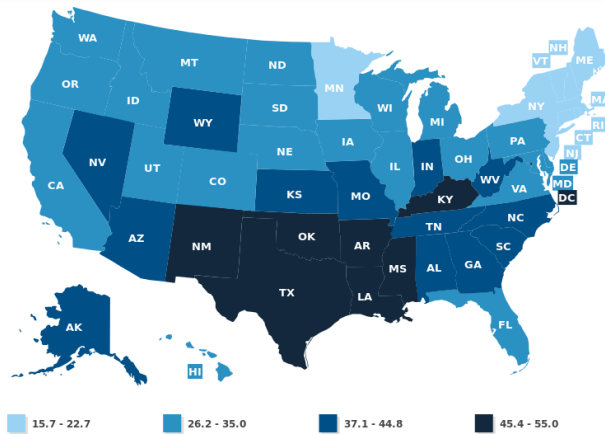
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Why is Family Planning Important?

2010 Teen Birth Rate per 1,000 pop. ages 15-19



KFF.org



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