Preventive Reproductive Health: An Overview of Priorities

Kim Swartz, Division of Maternal and Child Health
Alignment with MCH Strategic Objectives and Healthy People 2020

- Increase percent of pregnancies that are planned
- Increase percent of women who had a health care provider talk to them about ways to have a healthy pregnancy
- Improve the rate of screening, response and referral related to domestic violence, especially in the home visiting context; includes screening for reproductive coercion
Alignment with MCH Strategic Objectives and Healthy People 2020

- Increase % of youth who used contraception at most recent sexual intercourse, and to
- Increase % of youth who receive education on sexually transmitted diseases
Efforts to support these objectives

- Title X Family Planning Services
  - Planned Parenthood of Northern New England

- PREP
  - Teen pregnancy prevention, adolescent sexual health, healthy relationships
    - Youth serving community based organizations
    - Reducing the Risk Curriculum

- CDC/ Sexual Violence Prevention
  - Network Against Domestic and Sexual Violence
    - Pilots with Umbrella and SACT
    - Emphasis on primary prevention

Vermont Department of Health
Rationale

- Unintended pregnancy
  - Mistimed or unwanted
  - 50.3% of pregnancies were planned (PRAMS and Vital Statistics, 2012)
    - Healthy Vermonters 2020 goal is 65%
  - According to the Behavioral Risk Factor Surveillance System (BRFSS, 2012 & 2013), 40% of Vermont women ever had a health care provider talk with them about ways to prepare for a healthy pregnancy and baby
    - MCH Strategic Plan goal, of women who want a child in next year, 75%
Key efforts

- Reproductive Health Workgroup
  - Partners: PPNNE, VCHIP, UVMMC, OBs, residents, family practice, Medicaid
  - Focus on identifying and addressing barriers to long acting reversible contraception (LARC)
    - Addressing barriers to post partum insertion
    - Health care provider knowledge
    - Health care consumer knowledge
    - Community provider knowledge
    - Provider needs assessment survey and training through Vermont Child Health Improvement Project (VCHIP)
One-half of pregnancies in the United States are unintended, and the unintended pregnancy rate is a key public health indicator.

Mistimed, unplanned, or unwanted pregnancies are associated with an increased risk of poor health outcomes for mothers and babies, including poorer preconception health, delayed access to prenatal care, preterm birth and low birth weight, reduced birth spacing, and negative physical and mental health effects.
Unintended Pregnancy

- 74% of unplanned births are publicly funded in VT
- VT spends $30 million per year on unintended pregnancies
- Pregnancy and delivery services yield highest potentially avoidable costs

Figure 4. Percent of Pregnancies to Vermont Resident Women in 2012**^ That Were Intended, by Age

![Bar chart showing the percent of pregnancies intended by age group in Vermont in 2012.](chart)

- **< 20 yrs**: 19.0%
- **20-24 yrs**: 32.6%
- **25-34 yrs**: 60.4%
- **35+ yrs**: 59.2%
- **Total**: 50.3%

^ The PRAMS question on pregnancy intention changed in 2012, so 2012 data is not directly comparable to previous years.

*preliminary
Pregnancy, birth and abortion rates for teens, 15-19 years old

Figure 1. Pregnancy, birth and abortion rates for teenagers 15-19 years: United States

Vermont Department of Health
Teen Birth and Pregnancy Rates - Country comparison

**Teen Birth Rate (per 1,000 Females 15-19)**

- **Switzerland**: 4.3
- **Japan**: 5.1
- **Netherlands**: 5.2
- **Sweden**: 5.9
- **Denmark**: 6.0
- **Italy (2005)**: 6.8
- **Finland**: 8.6
- **Norway**: 9.3
- **Germany**: 9.8
- **France**: 10.2
- **Greece**: 12.0
- **Spain**: 13.6
- **Canada (2007)**: 14.1
- **Portugal**: 15.9
- **Australia**: 17.1
- **United Kingdom**: 26.7
- **United States**: 41.5

**VT 2012 Rate**: 16.3

**US 2012 Rate**: 29.4
<table>
<thead>
<tr>
<th>Age Group</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teens 15-17</td>
<td>7.4, 12.2</td>
<td>4.9, 9.3</td>
<td>5.5, 8.9</td>
</tr>
<tr>
<td>Teens 18-19</td>
<td>25.8, 34.7</td>
<td>24.7, 35</td>
<td>22.8, 32.1</td>
</tr>
</tbody>
</table>
The Importance of Prevention

Infant
- Prematurity
- Infant mortality
- Increased likelihood of abuse
- Future teen pregnancy

Teen Mom
- Low educational attainment
- Unemployment
- Poverty
- Risk for repeat pregnancy

Klein, JD and the Committee on Adolescence, 2006
Why are teen pregnancy rates declining?

14% due to Decrease in Sexual Activity

86% due to Increase in Contraceptive Use

Santelli et al; AJPH, 2007
Declines in Adolescent Pregnancy and Unmet Need for Contraception

- Majority of decline attributable to increased contraceptive use among adolescents
- Among adolescents who become pregnant, about half due to contraceptive failure
  - Failure of method
  - Failure to use correctly and consistently

Santelli, Persp Sex Reprod Health, 2006;38:106
### Youth Risk Behavior Survey (YRBS) Data

#### High School Students 15-19

<table>
<thead>
<tr>
<th>YRBS Question</th>
<th>VT 2015</th>
<th>US 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>% students ever had sex</td>
<td>41%</td>
<td>47%</td>
</tr>
<tr>
<td>(2013 43%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% students who used a condom at last sex</td>
<td>58%</td>
<td>59%</td>
</tr>
<tr>
<td>(2013 62%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% students who used prescription birth control at last sex</td>
<td>47%</td>
<td>19%</td>
</tr>
<tr>
<td>(2013 44%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% students who used BOTH a condom and prescription birth control at last sex</td>
<td>19%</td>
<td>9%</td>
</tr>
<tr>
<td>(2013 18%)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 2015 Vermont YRBS Data . High School Students 15-19

<table>
<thead>
<tr>
<th>YRBS Question</th>
<th>VT 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary method of pregnancy prevention in students who had sex in the <strong>last 3 months:</strong></td>
<td></td>
</tr>
<tr>
<td>birth control pills</td>
<td>35%</td>
</tr>
<tr>
<td></td>
<td>(2013 35%)</td>
</tr>
<tr>
<td>shot, patch, ring</td>
<td>6%</td>
</tr>
<tr>
<td></td>
<td>(2013 6%)</td>
</tr>
<tr>
<td>iud, implant</td>
<td>6%</td>
</tr>
<tr>
<td></td>
<td>(2013 3%)</td>
</tr>
</tbody>
</table>
Long acting reversible contraceptives (LARC)

- Long-acting reversible contraception (LARC) methods include the intrauterine device and the birth control implant.
- Both methods are highly effective in preventing pregnancy, last for several years, and are easy to use.
- Increasing LARC use by removing barriers is an important strategy to improve pregnancy planning.
## Effectiveness of Contraceptive Methods

<table>
<thead>
<tr>
<th>Extremely effective</th>
<th>Very effective</th>
<th>Moderately effective</th>
<th>Effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevents pregnancy &gt;99% of the time</td>
<td>Prevents pregnancy 91-99% of the time</td>
<td>Prevents pregnancy 81-90% of the time</td>
<td>Prevents pregnancy up to 80% of the time</td>
</tr>
</tbody>
</table>

- **Sterilization**
  - LARCS
  - Implant
  - IUDs

- **Injection**
  - Ring
  - Patch
  - Pill
  - Diaphragm

- **Condoms**
- **Withdrawal**
- **Sponge**

- **Fertility Awareness**
- **Spermicide**
Tiered Counseling by Effectiveness

HOW WELL DOES BIRTH CONTROL WORK?

Really, really well
- The Implant (Nexplanon)
  - Works, hassle-free, for up to... 3 years
- IUD (Dysila)
  - 3 years
- IUD (Mirena)
  - 5 years
- IUD (ParaGard)
  - 12 years
- Sterilization, for men and women
  - Forever

O.K.
- The Pill
  - For it to work best, use it...
  - Every Single Day
- The Patch
  - Every week
- The Ring
  - Every month
- The Shot (Depo-Provera)
  - Every 3 months

Not as well
- Pulling Out
- Fertility Awareness
- Diaphragm
- Condoms, for men or women

What is your chance of getting pregnant?
- Less than 1 in 100 women
- 6-9 in 100 women, depending on method
- 12-24 in 100 women, depending on method

FYI, without birth control, over 90 in 100 young women get pregnant in a year.
Another reason Long Acting is appealing...

An American woman’s age at first sex has changed little over time, but...

**she is now getting married and having children later**

<table>
<thead>
<tr>
<th>Mary</th>
<th>Born: 1945</th>
<th>Age: 69</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age at First sex</td>
<td>19.2</td>
<td></td>
</tr>
<tr>
<td>First contraceptive method use</td>
<td>20.2</td>
<td></td>
</tr>
<tr>
<td>First marriage</td>
<td>20.7</td>
<td></td>
</tr>
<tr>
<td>First birth</td>
<td>22.9</td>
<td></td>
</tr>
</tbody>
</table>

**3.7 YRS**

Gap between first sex and first birth

<table>
<thead>
<tr>
<th>Jennifer</th>
<th>Born: 1982</th>
<th>Age: 32</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age at First sex</td>
<td>17.3</td>
<td></td>
</tr>
<tr>
<td>First contraceptive method use</td>
<td>17.5</td>
<td></td>
</tr>
<tr>
<td>First marriage</td>
<td>26.5</td>
<td></td>
</tr>
<tr>
<td>First birth</td>
<td>27</td>
<td></td>
</tr>
</tbody>
</table>

**9.7 YRS**

Today, the typical American man experiences a 13-year gap between having sex for the first time and having his first child.

<table>
<thead>
<tr>
<th>Michael</th>
<th>Born: 1980</th>
<th>Age: 34</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age at First sex</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>First cohabiting union: 23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First child: 30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First marriage: 30</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

He needs a range of services to stay healthy and help prevent unplanned pregnancies.
LARC is Easy to Use

5 years of birth control vs. 1,820 pills
LARCs are 99% Effective

LARCs are Safe

<table>
<thead>
<tr>
<th>AAP</th>
<th>CMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACOG</td>
<td>HHS</td>
</tr>
<tr>
<td>CDC</td>
<td>CHIP</td>
</tr>
<tr>
<td>WHO</td>
<td>FDA</td>
</tr>
</tbody>
</table>
Resources

- Contraception:
  - Bedsider
  - Method Match tool by the Association of Reproductive Health Professionals
  - Your birth control choices~ fact sheet from the Reproductive Health Access Project
Resources

- www.beforeandbeyond.org
- www.bedsider.org
- www.beyondthepill.ucsf.edu
- www.onekeyquestion.org
- www.ahrp.org/methodmatch
- ACOG LARC initiative
- AAP Recommendations on LARC for adolescents
Resources


- The Contraceptive Choice Project:
  - New England Journal of Medicine
Resources~ Articles

- What Is Behind the Declines in Teen Pregnancy Rates
- American Teens’ Sexual and Reproductive Health
- Preventing Pregnancies in Younger Teens
For more information contact Kim Swartz
Director of Preventive Reproductive Health
Vermont Department of Health

kimberly.swartz@vermont.gov