CDC’s Efforts to Reduce Unintended Pregnancy

Lisa Romero, DrPH, MPH
Health Scientist

Foundation For The Carolinas
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Overview

- Describe the burden of teen pregnancy in the United States
- Describe why teen pregnancy is a Winnable Battle
- Describe the Teen Pregnancy Winnable Battle priority areas
- Describe LARC as Strategy to Prevent Unintended Pregnancy
- Describe 6/18 Initiative to Prevent Unintended Pregnancy
Teen Pregnancy

Every day 682 teens ages 15-19 give birth in the U.S.¹

1 in 4 teen girls will become pregnant before age 20

614,000 teen pregnancies every year²

Teen births in the U.S. are 9 times higher than in most other developed countries³

Teen Childbearing Costs U.S. Taxpayers

$9.4 billion every year⁴


Teen pregnancy, induced abortion, and birth rates, United States, 2000–2014

Progress in Teen Pregnancy Prevention

Major decrease in teen births between 2007-2014

-42% drop between 2007 and 2014

Birth rate (per 1,000)
Teen birth rates lowest in Northeast, upper Midwest, upper Northwest, and highest in South, 2013
Teen Pregnancy is a Public Health Problem

**Teen Mother**
- Lower educational attainment
- Lower earnings

**Pregnancy**
- Preterm birth
- Low birthweight infant
- Infant death

**Child**
- Abuse and neglect
- Early development problems
- Sons: Incarceration
- Daughters: Teen pregnancy

The Cost of Teen Births

While the reduction in the teen birth rate has contributed to significant savings, the cost of teen births is still high

- Reduction (2008-2010) of $1.5B due to decreased programmatic costs associated with each participant in publicly funded programs
- Increased costs for health care, foster care, incarceration, and lost tax revenue

“Teen pregnancy and childbirth continue existing cycles of social, economic and educational disadvantages in our nation’s communities. This is why CDC has identified Teen Pregnancy Prevention as a *Winnable Battle* for public health programs. Together with our partners, we can reduce teen pregnancy and childbirth rates in this country.”

– Thomas R. Frieden, MD, MPH
Director, Centers for Disease Control and Prevention
Administrator, Agency for Toxic Substances and Disease Registry
CDC’s Winnable Battles

Healthcare-Associated Infections

HIV

Motor Vehicle Injuries

Nutrition, Physical Activity, Obesity and Food Safety

Teen Pregnancy

Tobacco

www.cdc.gov/winnablebattles
www.cdc.gov/teenpregnancy
Clinical Interventions
Long-lasting Protective Interventions
Changing the Context to make individual’s default decisions healthier
Socio-economic Factors

Counseling and Education

Smallest impact
Largest impact

Teen Pregnancy and the Health Impact Pyramid

Factors that Affect Health

- **Sexual health education**
- **Strengthen effective clinical interventions**
- **Promote long-lasting preventive interventions (LARC)**
- **Improve the context to encourage healthy decisions: Access to contraception, parent–child communication, social norms**
- **Address socioeconomic factors: Improve educational achievement, promote PYD, reduce poverty, decrease disparities**

Teen Pregnancy Winnable Battle: Priority Areas

1. Support community-wide, multi-component approaches to teen pregnancy prevention
2. Strengthen effective clinical interventions and promote the use of highly effective contraceptive methods
3. Explore the impact of the consequences and costs of teen pregnancy
4. Support systems change approaches
5. Expand the analytic agenda
• Support community-wide, multi-component approaches to teen pregnancy prevention

2010-2015: Partnership CDC & OAH

- Majority African American & Latino teens aged 15–19 years
- Over 19,000 youth served by EBIs in 2014
- Over 50,650 youth served by clinic partners in 2013
  - Significant increases in hormonal contraceptive (24%) and LARC (80%) use among adolescent clients

2015-2020: New projects

- Working with Publicly Funded Health Centers to Reduce Teen Pregnancy among Youth from Vulnerable Populations
- Effectiveness of Teen Pregnancy Prevention Programs Designed Specifically for Young Males (with OAH)
Strengthen effective clinical interventions and promote the use of highly effective contraceptive methods

- **Quality Family Planning (QFP) Recommendations**
  - Define what services should be offered in a family planning visit, & describe how to do so.
    - Guidance on quality contraceptive counseling and providing confidential services

- **US Medical Eligibility Criteria**
  - Guidelines on which contraceptive methods can be used safely by women with certain characteristics and medical conditions.
    - Teens can safely use all methods of contraception, including implants & IUDs

- **US Selected Practice Recommendations**
  - Guidance for health care providers on common, yet complex issues in management of contraception.
    - Guidance around “Quick Start” and which exams and tests needed before
Teen childbearing is associated with a wide range of health, educational, social and economic consequences to the mother and child.

The existing literature shows conflicting results, it is difficult to draw conclusions:
- Teen pregnancy as the cause of substantial consequences for both the teen mother and the child.
- Teen mother’s socioeconomic status and other independent risk factors precede the pregnancy.

Team of CDC staff have:
- Reviewed over 10,000 abstract results generated by the search criteria utilized by the CDC librarian.
- Retrieved over 800 articles with regard to consequences of teen birth.
- Currently applying inclusion criteria to the 800 retrieved articles.

Explore the impact of the consequences and costs of teen pregnancy.
- Provide information to states and other stakeholders.
  - Communicate with state and local governments and agencies on teen pregnancy/birth data policy, and prevention efforts.

- Remove barriers related to LARC payment strategies for Medicaid and private insurers.
  - Develop payment strategies to address the cost and administrative/logistical barriers to LARC payment.
  - Identify the needs of states through learning community to improve the capacity of states to successfully implement LARC.

- Integrate Quality Family Planning into Primary Care
  - Work with NACHC to strengthen the delivery of family planning services in the community health center (CHC) context.

- Partner with other systems (i.e., schools, insurance industry)
  - Explore ways to address challenges of adolescents’ ability to receive confidential services.
Expand the analytic agenda

- **Vital records and NSFG**
  - Document the prevalence, disparities, predictors and trends in teen pregnancy, births, sexual risk behavior and use of reproductive health services by adolescents.

- **PRAMS**
  - Highlight prevalence, disparities, and trends in contraceptive use and other characteristics of teen mothers, predictors of repeat teen pregnancy, consequences of teen pregnancy, and preconception health.

- **Conduct intervention research**
  - Contraceptive counseling for HIV-positive adolescents.
  - Counseling to encourage dual protection among adolescents.
  - The mobile phone app for teen pregnancy prevention.
Priority Strategy FY16

• Increase access and utilization of LARC by addressing the cost, administrative, and logistical barriers to LARC reimbursement.
Why Focus on LARC as Strategy to Prevent Unintended Pregnancy?
Unintended pregnancies:

- Annually, 45% of 6.1 million pregnancies
- Highest among:
  - Teens and young adults (18-24 years)
  - Racial/ethnic minorities
  - Lower education and income
- Increased risk for poor maternal and infant outcomes
- Increased morbidity in women with chronic medical conditions


Champaloux, Steven W. PhD, MPH; Teipfer, Naomi K. MD, MPH; Curtis, Kathryn M. PhD; Zapata, Lauren B. PhD; Whiteman, Maura K. PhD; Marchbanks, Polly A. PhD; Jamieson, Denise J. MD, MPH. Contraceptive Use Among Women With Medical Conditions in a Nationwide Privately Insured Population. Obstet Gynecol. 2015 Dec;126(6):1151-9. doi: 10.1097/AOG.0000000000001134
Use of LARC Women of Reproductive Age

- Long-Acting Reversible Contraception (LARC)
  - Intrauterine devices (IUDs) and implants
  - Most effective type of reversible birth control in preventing unintended pregnancy
    - <1% of LARC users become pregnant
  - Safe, requires no effort after insertion, and can prevent pregnancy for 3-10 years
- Nationally, use of LARC is low (7.2%)
- Barriers to LARC use
  - Patient: awareness, access, and cost
  - Provider: reimbursement, training, acquisition & stocking costs, and awareness about the safety of LARC

Few Teens Use the Most Effective Types of Birth Control

- About 43% of teens ages 15 to 19 have ever had sex
- More than 4 in 5 (86%) used birth control at last sex
- Less than 5% of teens used the most effective types
- Most teens use birth control pills and condoms
  - When not used consistently and correctly are less effective for pregnancy prevention
How Effective Is LARC At Preventing Pregnancy?

How effective is LARC at preventing pregnancy compared to other birth control commonly used by teens?

**Implant**
- Place by health care provider
- Lasts up to 3 years

**IUD**
- Place by health care provider
- Copper IUD lasts up to 10 years
- Progestin IUD lasts 3-5 years

**Pill**
- Take at the same time each day

**Male Condoms**
- Use correctly every time you have sex

Chances of getting pregnant:
- Less than 1 out of 100 women*

Most Effective

Least Effective

Condoms should always be used along with the preferred birth control to protect against sexually transmitted diseases.

*Number of pregnancies per 100 women using the method within first year of typical use.

Use of Long-Acting Reversible Contraception (LARC) by female teens ages 15-19 seeking contraceptive services at Title X service sites (2005-2010)

THE 6|18 INITIATIVE

DIVISION OF REPRODUCTIVE HEALTH

Prevent Unintended Pregnancy

SIX WAYS TO SPEND SMARTER FOR HEALTHIER PEOPLE
1. Reimburse providers for actual cost of providing contraceptive services for women of childbearing age.
   - Screening for pregnancy intention
   - Contraception counseling
   - Insertion, removal, replacement, or reinsertion of LARC
   - Follow-up

2. Reimburse providers for the actual cost of LARC or other contraceptive devices in order to provide the full range of contraceptive methods.

3. Reimburse for immediate postpartum insertion of LARC by unbundling payment for LARC from other postpartum services.

4. Remove administrative and logistical barriers to LARC.
   - Prior authorization requirements
   - Medical management
   - High acquisition & stocking costs
51% of US births paid for by Medicaid, Children’s Health Insurance Program and Indian Health Service (2010)

$21 billion in direct medical costs

$15.7 billion saved from preventing unintended pregnancies
  - $7.09 is saved for every public dollar spent on family planning to prevent unintended pregnancy
  - 2.2 million unintended pregnancies prevented
    - 287,500 closely spaced
    - 164,190 preterm or low birth weight births

Immediate postpartum LARC placement
  - $2.5 million saved (at 24 months)
  - $3.54 saved for every dollar spent

Improved use of LARC generate health-care cost savings by reducing inconsistent contraceptive use. $288 million per year would be saved in total health-sector costs if 10% of women aged 20–29 years switched from oral contraception to LARC
Colorado Title X-funded clinics offered LARC methods to clients at no cost

Increase in LARC use (2008-2011)
- 19% increase among 15- to 24-year-olds

Decrease in fertility rates (2007-2011)
- 29% decrease among 15- to 19-year-olds
- 14% decrease among 20- to 24-year-olds

Decrease in abortion rates (2008-2011)
- 34% decrease in abortion rates among 15- to 19-year-olds
- 18% among 20- to 24-year-olds

Decrease in high-risk births (2009-2011)
- 24% decrease in high-risk births among all births

Decrease in WIC program enrollment (2007-2010)
- 23% decreased enrollment in the Women, Infants, and Children (WIC) program

The Affordable Care Act (ACA)
- The ACA increased access to LARC by requiring provision of all prescribed FDA-approved contraceptive services and supplies, without cost-sharing
- CDC’s inter-departmental policy clarified the scope of required and the permissible extent reasonable medical management under ACA

Current Federal Initiatives and Strategic Partnership
- The Centers for Medicaid and CHIP Services, Maternal and Infant Health Initiative increases the rate of postpartum visits and reduces unintended pregnancies through increased use of effective contraception
- The Center for Medicare & Medicaid Innovation identifies innovative ideas for payment & service delivery for LARC
- HHS Office of Population Affairs provides direct services to ~5 million low-income women
- HRSA’s Maternal and Child Health Bureau works with states to improve LARC access and improve birth outcomes
- HRSA’s Bureau of Primary Health Care offers contraceptive services to 23 million low-income Americans

CDC’s 6|18 Initiative
- Evidence-based payment strategies to improve health and cost outcomes

CDC’s Association of State and Territorial Health Officials (ASTHO) Learning Community on Immediate Postpartum LARC
- 13-state initiative to share strategies and best practices for implementing immediate postpartum LARC policies
Summary
How the Task Force can support strategies to reduce unintended pregnancy?

- Integrate services, programs, and strategies through community-wide efforts
- Use evidence-based guidance to improve access to contraception and the quality of services provided
- Educate providers LARC is safe and effective for teens
- Increase access to contraceptive services to low and no-income women by systems change
- Continue to ask “why” and “how” questions to improve teen pregnancy prevention efforts