Beyond the Pill: Challenges with Unintended Pregnancy in California

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Objectives

• Describe the scope of pregnancy intentions in California

• Describe the effectiveness of focusing on pregnancy prevention and its linkage to future pregnancy outcomes among women of reproductive age

• Describe the use of an evidence-informed framework and public health strategies for providing individualized and responsive clinical care and case management services
What is the Role of Public Health?

**ASSESSMENT**
- WIGO: What is going on?
- Surveillance Data
- Context

**OPPORTUNITY**
- Preventive Services
- Life Course (Timing)

**STRATEGY**
- Standardization
- Care Quality
- Responsiveness

Timeline ➤ Timing ➤ Environment ➤ Generations ➤ Equity
Words Matter: Definition

• Unplanned vs Unintended
  – Used interchangeably, but distinct concepts
  – Planning versus Desire

• Mistimed/Unwanted/Unsure*
  – I wanted to become pregnant later
  – I did not want to become pregnant ever
  – I am not sure what I wanted*
WIGO?

• The average woman is fertile for 39 years and spends 3 decades trying to avoid an unintended pregnancy
• About half (48%) of pregnancies in California each year are unintended
• By age 45, more than half of all American women will have experienced an unintended pregnancy

Sources:
Cost

• 64% of births resulting from unintended pregnancies were publicly funded in California

• Federal and State governments spent $1.8 billion on unintended pregnancy
  – $1.1 billion federal
  – $690 million state

• Total public costs for unintended pregnancy $222 per woman age 15-44 in California

Sources:
Why does Intention Matter?

We Currently Intervene Too Late

<table>
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<tr>
<th>Weeks gestation from LMP</th>
<th>Critical Periods of Development</th>
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<td>Most susceptible time for major malformation</td>
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- Central Nervous System
- Heart
- Arms
- Eyes
- Legs
- Teeth
- Palate
- External Genitalia
- Ear

Missed Period
Mean Entry into Prenatal Care
California Women’s Health Status Before Conception

Almost half of women weighed too much at conception.

Source: California Department of Public Health, Maternal, Child and Adolescent Health Program, Maternal and Infant Health Assessment, 2013-2014. Data are weighted to reflect the population of women delivering a live birth in the survey year.
Risks and Impact

Risk Factors
- Young age
- Low Education Level
- Access to contraception
- Social norms about contraception use
- Single/Cohabitating
- Chronic Medical Condition
- History of Substance Abuse
- Exposure to Violence and Trauma

Pregnancy Sequelae
- Late Prenatal Care initiation
- Preterm delivery
- Small for gestational age
- Perinatal mood disorders

Postpartum Sequelae
- Short Birth Spacing
- Lower Breastfeeding initiation and duration
- Subsequent unintended pregnancy
- Postpartum Mood disorders
- Worsening Chronic Medical Conditions
- Infant Mortality

Sources:
Xaverius PK, Tenkku LE, Salas J. Differences between women at higher and lower risk for an unintended pregnancy. Womens Health Issues. 2009
Racial/Ethnic Inequities in Unintended Pregnancies

Almost 1/3 of live births in CA result from mistimed or unwanted pregnancies.

Percent of mothers in California with a recent live birth by race/ethnicity, 2013-2014

Data Source: Maternal and Infant Health Assessment Survey
Percent of mothers in California with a recent live birth by Prenatal Health Insurance, 2013-2014

Data Source: Maternal and Infant Health Assessment Survey
Mistimed or Unwanted Pregnancy by Parity

Percent of mothers in California with a recent live birth by Total Live Births, 2013-2014
Data Source: Maternal and Infant Health Assessment Survey
Social Determinants of Risk Factors for Unintended Pregnancy

- Historical Trauma: Intergenerational risk factors for unhealthy/unstable relationships, home environment, cultural, racism

- Institutional Racism:
  - School Funding by Neighborhood Tax
  - School Criminalization/Prison Pipeline
  - Disparities in Sexual Health Education
  - Disparities in Health Care Provision

By Malcolm Gladwell
By Michelle Alexander

Images used with permission Fuzzy Gerdes and End New Jim Crow Network Campaign to End Mass Incarceration
The New Framework: Reproductive Justice

• Speaks to the shortcomings of “Choice”
• Intersectionality – race, class gender and sexual identity oppressions are integrative
• Human rights framework for women
• Three arms of activism to fight reproductive oppression:
  – Service delivery model
  – Legal
  – Movement-building
Reproductive Justice Principles

• Every woman has the human right to...
  – Have children (and determine when and the conditions under which she gives birth)
  – Not have children (and exercise options for preventing or ending pregnancy)
  – Parent the children she has with necessary supports in safe environments and healthy communities without fear of violence from individuals or the government
Policy Opportunity

Preventive Services for Women

• 8 services provided with no-cost sharing including:
  – Contraceptive methods and counseling for all FDA approved methods
  – Annual Well-Woman visits

• California 2016
  – Pharmacists can prescribe contraception

Life Course: The Timing Opportunity

- **TIMELINE:** Today’s experiences and exposures influence tomorrow’s health
- **TIMING:** Health pathways are particularly affected during critical or sensitive periods
- **ENVIRONMENT:** The broader community environment strongly affects the capacity to be healthy
- **GENERATIONS:** Health is shaped by human context across lifetimes and generations
- **EQUITY:** Inequality in health reflects more than genetics and personal choice
What Now?

Effective efforts to prevent unintended pregnancy
The Clinical Opportunity

• **Know Your Numbers**
  - Do you discuss desire/timing of future pregnancies and postpartum contraception during prenatal care?
  - What percent of the women for whom you provide prenatal care receive a postpartum exam by 6-8 weeks after giving birth?
  - Are these rates the same for the various subpopulations in your practice (first time mothers, women with other children, geographic region, race/ethnicity)?

• **Use Your Numbers to Make a Plan**
  - What specific strategies could you use (within your organization or with providers) to increase contraception counseling and utilization of the postpartum visit?
Increasing Postpartum Visit Attendance

Some suggestions for increasing postpartum visit attendance:

• Market postpartum visit like we market early and continuous prenatal care
  – Make appointment for the postpartum visit before discharge from hospital
  – Call each new mother 1-2 weeks after delivery to check on status and to remind of visit
  – Engage CHVP (other HV programs), BIH, AFLP, WIC, Text4Baby and other outreach activities

• Provide outreach to all women who fail to make an appointment or miss it (engage partners, social/community enablers)

Adapted from the Before and Beyond CE Module “In Between Time: Interconceptional Health Care starting with the Postpartum Visit”. http://beforeandbeyond.org/modules
Counseling Rates are Low

Women reporting that their provider asked about future pregnancy plans during their most recent routine healthcare visit, by race/ethnicity and age, 2009-2010

Less than half of the women were asked whether they wanted to become pregnant in the future during their most recent routine healthcare visit.

California Women's Health Survey data from 2009-2010 were analyzed for the 2,807 non-pregnant women aged 18-44 years who reported a routine visit in the past two years, to determine whether health care providers had talked about the following preconception health topics during their most recent routine visit: diet or exercise, pregnancy plans, smoking, dental care, and folic acid use.
Reproductive Life Planning (RLP)

- A set of personal goals about having (or not having) children and a plan
- Planning helps men and women think about how they want to live their lives
- Based on personal values and resources: Not prescriptive
- Preventive
- Holistically Focused – many settings
- Relevant to goals beyond reproduction

Care Quality and Coordination

One Key Question ®

• Encourages providers to routinely ask women about their reproductive health needs

• **Would you like to become pregnant in the next year?**

• Settings to implement
  – Well Woman Care
  – Prenatal Care
  – Hospital Discharge
  – Postpartum Visit
One Key Question® Resources

- [www.onekeyquestion.org](http://www.onekeyquestion.org)
  - Provider Education & Tools
  - Patient Educational Materials

Ask Yourself OKQ

Would you like to become pregnant in the next year?

¿Le gustaría quedar embarazada el próximo año?

Click to watch the Patient Video on One Key Question(R) in

[English](#) or [Spanish](#)
Health Literacy

• Only 12 percent of U.S. adults had proficient health literacy
• Over a third of U.S. adults—77 million people—would have difficulty with common health tasks:
  – Following directions on a prescription drug label
  – Interpret numbers to make a health care decision
  – Familiarity with medical terms and how their bodies work
• Use lay language and terms and frequently ask for understanding
• Start Early: Young people think about what it means to be a parent and are interested in the discussion

  “Adults always tell us WHAT to do. You told us why. I’m more motivated to act when I know why.”

--High School Student in an evaluation form for the March of Dimes Preconception Health Reproductive Life Planning Curriculum
What is Participant Engagement/Motivational Interviewing?

“A collaborative, person-centered form of guiding to elicit and strengthen motivation for change.”

- Dr. Sylvie Naar-King

“Motivational interviewing is a collaborative conversation style for strengthening a person’s own motivation and commitment to change.”

- William R. Miller
What is Participant Engagement/Motivational Interviewing?

- Participant Engagement/Motivational Interviewing:
  - Collaborative conversation to learn about and strengthen an individual’s motivation for changing behavior (attitudes/beliefs)
  - Help individuals sort through any thoughts, ideas, uncertainties, and mixed feelings they may have about making change
  - Effective in promoting behavioral change
Principles of Engagement

- Work with the participants
- Learning from the participants
  - Participant is the expert
  - What does the participant want to know/do?
- Autonomy
  - Participant will make the decision
Stages of Change

- Precontemplation (unaware of the problem)
- Contemplation (aware of the problem and of the desired behavior change)
- Preparation (intends to take action)
- Action (practices the desired behavior)
- Maintenance (works to sustain the behavior change)

The Stages of Behavior Change

Sources: Grimley 1997 (75) and Prochaska 1992 (148)
Engagement Strategies

- Participant-Centered
  - Build Relationship
- Reflective Listening
- Open Ended Questions
  - More Involvement
  - Ownership
  - Commitment to the Process
Engagement Techniques

- Empathetic/Reflective Listening
  - Other-directed
  - Non-defensive
  - Imagine others’ perspective
  - Desire to receive and understand the other

- Abandon your impulse to:
  - Give advice
  - Solve the problem
  - Be the expert

“Reflective listening is the key to this work.”
Engagement Communication

- Less dogmatic
  - Participant-centered
    - Get them interested!
  - Avoid: you must, you shouldn’t, never

- Use Simple Language

- Be Consistent

- Be a reliable source of information so they can make the best choices for themselves
Benefits of Participant Engagement

• Everyone benefits
• Infant may have less risks
• Families may be more engaged in your program/intervention
• Programs may achieve higher levels of quality
• Communities may provide stronger supports to the next generation
How do we improve health?

- Clinical Interventions
- Individual Counseling & Group Education
- Protective interventions
- Changing the context
- Socioeconomic Factors

Smallest Impact

Largest Impact
For more information on Preconception Health, please visit: www.everywomancalifornia.org

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