

Recommendation:

Reproductive Health

Preventing unplanned pregnancy: local health care providers can help women plan ahead and be prepared.

Statement of the Problem:

In Forsyth County, women have a high number of unplanned pregnancies. According to the North Carolina State Center for Health Statistics, **2 out of 3 pregnancies in Forsyth County are unplanned.** This pattern crosses age, race, and economic lines.

This high percentage of unplanned pregnancies has serious negative consequences for women, for families, and for our entire community. For example, the leading cause of infant deaths in our community is premature birth. The infants that have the highest risk of dying are the ones born very premature, meaning nearly three months too early or even earlier. If a woman has issues that impact her health before she becomes pregnant (such as drinking or smoking, being significantly overweight or underweight, or enduring a violent home situation), the first five or six months of pregnancy are simply not enough time to correct those pre-existing problems before they have a negative impact on the developing baby.

Planning a pregnancy gives people time to:

- Make healthy lifestyle changes such as quitting smoking, avoiding alcohol and other drugs, taking a multivitamin with Folic Acid, and improving their eating habits.
- Lay the groundwork for a financially secure future by finishing education or professional training, finding a job or finding a better job.
- Reduce stress by strengthening relationships with their spouse or partner or trying to leave a violent situation.

These changes can help women be healthy *before becoming pregnant* - allowing them to improve their own health and increasing their chances of having a healthy baby later in life.

Helping women become pregnant **when they plan to** can save babies' lives, enhance the quality of life for families in our community, and reduce the medical costs we **all** pay.

Justification:

Not planning a pregnancy can have a negative impact on babies, families, and our entire community.

- Unplanned pregnancies are more likely to result in premature births, lower birth weights, and higher rates of infant illness and death.
- These premature babies cost more for care. The financial burden of unhealthy babies is a long-term hardship for mothers, families, and our community as a whole.
- Every \$1 in tax money spent on contraception services saves an average of \$3 in Medicaid costs for pregnancy-related health care and for medical care for newborns.

Unplanned pregnancies are often NOT caused by irresponsible or risky sexual activity.

- Nationwide, the overwhelming majority (89%) of sexually active, fertile women desiring not to become pregnant ARE using a method of birth control.

- In national surveys among women who have recently had abortions, 54% of women had been using some form of contraception when they became pregnant. Many of these women had what is called “imperfect use,” meaning they or their partner did not use birth control consistently and correctly.

Statement of the desired action(s) to be taken:

The Forsyth County Healthy Community Coalition joins with the Forsyth County Infant Mortality Reduction Coalition to recommend the following system change that will impact the standard practice of local health care providers. The recommendations address educating women and men about birth control and emergency birth control, encouraging sexually active female patients to use a reliable method of birth control, and equipping those women interested in emergency birth control with the necessary prescription for the medication.

Emergency birth control is hormonal medication (available by prescription only) that has the potential to prevent pregnancy if taken within 120 hours (5 days) of unprotected sex or sexual assault. Emergency birth control has a greater potential to be effective in preventing pregnancy if taken within 72 hours after unprotected sex. Nausea and vomiting are common side effects. Emergency birth control does not interact with other drugs and is safe for women with other health conditions to use. Some women who use this medication experience spotting or changes in the amount, duration or timing of their next menstrual cycle

Local health care providers who provide care for sexually active women should include the following items in their protocol for each annual visit:

- Educate and counsel patients about planning for pregnancy, birth control options and emergency birth control.
- Prepare patients for handling a birth control emergency. Educate and offer patients an advance prescription for emergency birth control that can be filled within one year. A patient can then have the medication on hand should they ever have an emergency arise.
- Inform patients that emergency contraception is available locally. Half of pharmacies in Forsyth County do carry emergency birth control pills in stock.

Rationale:

- The American Medical Association, the American College of Obstetricians and Gynecologists, the American Public Health Association, and the American Academy of Pediatrics all suggest that health care providers educate women and adolescents about emergency contraception as part of routine sexuality and contraceptive counseling.
- The American Medical Association, the American College of Obstetricians and Gynecologists, and the American Public Health Association encourage clinicians to offer advance prescriptions for emergency birth control as requested by their patients.

Related Work:

The practice guidelines of the American Medical Association and the American College of Obstetricians and Gynecologists encourage providers to offer sexually active women advance prescriptions for emergency contraception.

The **American Medical Association** encourages physicians and other health care professionals to:

- Play a more active role in providing education about emergency contraception by discussing it as part of their routine contraceptive counseling
- Write advance prescriptions for emergency contraception pills as requested by their patients until the pills are available over-the-counter (AMA policy H-75.985 Access to Emergency Contraception)

The **American College of Obstetricians and Gynecologists** recommends that:

- During a routine gynecological visit, physicians who wish to increase the availability and use of emergency contraception may offer patients an advance prescription.
(ACOG Practice Bulletin No 25. Emergency Oral Contraception)

“**Back Up Your Birth Control**” is a national education campaign designed to inform women about emergency contraception and encourage them to ask their providers for a prescription. “Back Up Your Birth Control” unites more than 100 national and local medical organizations and women’s health advocacy groups to increase awareness of and improve access to emergency contraception. This campaign is being coordinated by the [Reproductive Health Technologies Project](#), an independent non-profit funded by private foundations and which receives no financial support from pharmaceutical companies.

Public Health Impact:

For those people who choose to be sexually active yet do not want to become pregnant or father a child, birth control and emergency birth control should be available and accessible. All kinds of people use birth control and emergency birth control: younger and older, married and unmarried, with higher incomes and lower incomes. The policy and system changes called for here have the potential to help tens of thousands of our community residents be healthier and better prepared when they do decide to welcome a child into the world. If more pregnancies in our community were intended, we would have lower rates of infant deaths and a variety of other kinds of unhealthy births and significantly fewer births to teens.

References:

1. North Carolina State Center for Health Statistics, 2005. Includes recent mothers surveyed who responded they did not want to be pregnant plus percent of all pregnancies that were terminated through abortion.
2. Association of Maternal and Child Health Programs, 2004
3. Facts in Brief: Contraceptive Services. The Alan Guttmacher Institute, 2005
4. Facts in Brief: Contraceptive Use. The Alan Guttmacher Institute, 2005
5. RK Jones, JE Darroch, and SK Henshaw. “Contraceptive Use Among US Women Having Abortions in 2000- 2001.” *Perspectives in Sexual and Reproductive Health*, 2002, 34 (6): 294-303
6. American Medical Association policy H-75.985: Access to Emergency Contraception, 2004
7. American College of Obstetricians and Gynecologists clinical practice guidelines: Emergency Oral Contraception, 2001
8. American Public Health Association new 2003-15. Support of Public Education about Emergency Contraception and Reduction or Elimination of Barriers to Access, 2003
9. American Academy of Pediatrics clinical practice guidelines: Sexuality education for children and adolescents, 2001