PREMATURITY COLLABORATIVE POLICY WORKGROUP

June 18, 2019
4:00-5:00 PM ET
GENERAL HOUSEKEEPING

Please note the following:

All participants will be muted on entry

To speak to the group, remember to unmute yourself:

1. If you are connected through the computer audio, click the mic in the lower left hand corner of your screen to unmute and mute.
2. If you are connected through the phone press *6 to unmute and mute

Be sure to mute yourself when you are not speaking

Please do not place call on hold

Use the chat box, if you would like a moderator to call on you or share your comments with the group
AGENDA FOR TODAY’S MEETING

Welcome – Andrea Kane, Vice President Policy & Strategic Partnerships, Power to Decide

Overview of Contraception and Its Importance for Women and Healthy Birth Outcomes
  • Clinical Perspective - Dr. Michelle Owens, MD, University of Mississippi Medical Center
  • Research-based Perspective – Dr. Sarah Benatar, PhD, Principal Research Associate and Brigitte Courtot, MPH, Sr. Research Associate, Urban Institute
  • Policy Perspective - Tara Mancini, MA, Sr. Manager of Public Policy – Power to Decide

Closing Business
  • Upcoming meetings
  • Call to Action
  • Next meeting on July 23rd 4-5pm ET/ 1-2pm PT

Adjourn
CONTRACEPTIVE ACCESS: LIBERTY AND JUSTICE FOR ALL...OR IS IT?

Michelle Y. Owens, MD
Professor, Maternal Fetal Medicine
University of Mississippi Medical Center
OVERVIEW

• Contraception – “A Public Health Achievement”

• US unintended pregnancy rate
  • Disparities
  • Termination
  • Cost
ACOG’S POSITION: CHOICES

• “Women’s right to decide whether to have children, to determine the number and spacing of their children, and to have the information, education, and access to health services to make those choices.”

• “Access to comprehensive contraceptive care and contraceptive methods as an integral component of women’s health care and is committed to encouraging and upholding policies and actions that ensure the availability of affordable and accessible contraceptive care and contraceptive methods.”

Comm. Opin 815 Jan 2017
CONTRACEPTION: MORE THAN JUST BIRTH PREVENTION

• Improved maternal health
• Decreased preterm birth rate, SGA
• Decreases abortion rate
• Improved maternal educational and financial opportunities
• Lower maternal and infant mortality
BARRIERS:

- Education/Knowledge gaps
  - Patients
  - Clinicians
- Restrictive Legislation
- Financial
  - Insured – payments, reimbursements, coverage gaps
  - Under/uninsured
MISSISSIPPI DEVELOPMENTS

• Converge

• Patient-Centered communications
EQUITY IN ACTION: MOVING FROM THEORY TO PRACTICE

Registration will close this Friday, June 20th!
http://www.cvent.com/d/f6qd6k

*Use link in the chat box to register

or

Please reach out at the collaborative@marchofdimes.org with questions!
COLLABORATIVE SURVEY

As we move forward with building our results framework, we want to expand and grow our cross-sector relationships to drive impact further and faster. Help us assess our cross-sectorial spread currently and measure our progress as we engage in further outreach and engagement.

Please complete this short survey: (link is also provided in the chat box)

https://www.surveymonkey.com/r/7JQN7X2

THANK YOU!
### COLLABORATIVE MEETING SCHEDULE *(all times are EST)*

<table>
<thead>
<tr>
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<th>Jan</th>
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<td>18</td>
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<td>19</td>
<td>17</td>
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</tbody>
</table>

If you are interested in attending the full Collaborative or specific workgroup meetings please email us at collaborative@marchofdimes.org to receive the registration link and specific meeting information. This calendar is subject to change.
In the chat box, you will see a link to a brief post-meeting survey that will take you less than 5 minutes to complete. Your feedback is very important to us. Thank you for participating!

The link for the survey is: [http://marchofdimes.org/workgroup](http://marchofdimes.org/workgroup)

Click on the Chat icon in your toolbox to access the survey link.
ADJOURN
Prematurity Collaborative Policy Workgroup Meeting on Contraception

June 18, 2019
Urban’s Work On Contraceptive Access

Strong Start for Mothers and Newborns Evaluation of Enhanced Prenatal Care
• Pregnancy Intention
• Contraceptive Counseling
• Postpartum Contraception Policies, Practices, Uptake

Beyond Birth Control
• Contraception Knowledge and Behavior
• Motivations to Avoid Unintended Pregnancy
• Socioeconomic and Health Outcomes Associated with Contraceptive Access

Reproductive Health Access and Monitoring
• How has the ACA Increased Access to Reproductive Health Care
• Proposed Threats and Potential Opportunities
Strong Start for Mothers and Newborns

Family Planning Findings
Family Planning Measures from Evaluation’s Participant-Level Data

From program **Intake Form:**
- Participants with unplanned pregnancies: 71%
- Unplanned pregnancies among multiparous women with short inter-pregnancy intervals: 77%

From **Postpartum Survey:**
- Participants who report receiving postpartum family planning counseling: 80%
- Participants who report using contraception: 69%
## Family Planning Choices in Strong Start

<table>
<thead>
<tr>
<th>Method for Women Using a Form of Family Planning</th>
<th>By Model (%)</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Birth Center</td>
<td>Group Care</td>
<td>Mat Care Home</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>Did not specify method</td>
<td>4.39</td>
<td>3.12</td>
<td>2.34</td>
<td>2.96</td>
<td></td>
</tr>
<tr>
<td>Spermicide or withdrawal</td>
<td>1.96</td>
<td>1.02</td>
<td>1.76</td>
<td>1.66</td>
<td></td>
</tr>
<tr>
<td>Natural family planning methods (i.e., Rhythm Method)</td>
<td>13.59</td>
<td>2.73</td>
<td>2.81</td>
<td>5.23</td>
<td></td>
</tr>
<tr>
<td>Barrier methods (condoms)</td>
<td>27.43</td>
<td>22.70</td>
<td>12.19</td>
<td>17.72</td>
<td></td>
</tr>
<tr>
<td>Renewable hormonal methods (i.e., oral contraceptives, Depo Provera)</td>
<td>14.14</td>
<td>26.69</td>
<td>36.95</td>
<td>29.76</td>
<td></td>
</tr>
<tr>
<td>LARCs (IUDs or Implants)</td>
<td>13.20</td>
<td>22.55</td>
<td>22.58</td>
<td>20.45</td>
<td></td>
</tr>
<tr>
<td>Sterilization (vasectomy, tubal ligation)</td>
<td>7.37</td>
<td>13.30</td>
<td>13.76</td>
<td>12.22</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>17.93</td>
<td>7.89</td>
<td>7.60</td>
<td>10.00</td>
<td></td>
</tr>
</tbody>
</table>
Postpartum FP Barriers: Provider and Program-Related

- Disconnect between prenatal and postpartum education
- Provider-focused, directive education
- Providers are not adopting new evidence-based practice
Postpartum FP Barriers: Participant-Level Issues

- Transportation to appointments
- Childcare for appointments
- Loss of Medicaid eligibility
- Lack of interest in information
- Cultural taboos
Conclusions and Implications: Improving Postpartum Family Planning

- “Early and often” discussions
- Consistency between prenatal and postpartum information
- Consistency of information among providers
- Shared decision making rather than directed counsel
- Availability of full range of methods
- Availability of immediate postpartum LARC
- Evidence-based practice
- Mitigating transportation and childcare barriers
- Ongoing health coverage
Beyond Birth Control & Reproductive Health Care Access and Monitoring
Beyond Birth Control and Reproductive Health Access/Monitoring

- Survey of Family Planning and Women’s Lives
  - Fielded in 2016 and 2018

- Follow-up Interviews with Survey Participants

- Analysis of Secondary Data
  - NSFG
  - CPS/ACS

- Focus Groups and Key Informant Interviews
Birth Control is Transformative: Women Share their Experiences with Contraceptive Access

Rebecca Peters, Sarah Benatar, Brigette Courtot and Sophia Yin
Birth Control Benefit F/U Interviews: What We Learned

*How do people make decisions about birth control, and how do they say it has impacted their lives?*

- Interviewees used a variety of birth control methods.
  - Top three: IUD, pill, only condoms (some condoms in combination with other methods)
- Interviewees chose birth control method based on provider recommendation, peer recommendation, and personal experiences & preferences
  - Many interviewees had tried multiple methods before finding their preferred method
- Some reported they had faced cost barriers in accessing birth control, or didn’t use a certain method because of perceived cost
  - “I wanted the IUD but thought it’d be expensive. Because of that I didn’t even really consider it. But I was inconsistent using the pill which is how I got pregnant.”
Birth Control Benefit F/U Interviews Cont.

- Some were concerned about losing access to birth control in the near future
  - Worried about changes to ACA (or of aging out of a parent’s coverage)
  - Worried about the political environment

- All but four interviewees characterized birth control as “very important”; allowed women to pursue academic & professional goals; financial & economic stability
  - "Birth control is transformative. I have freedom that I never would’ve had if I couldn’t have sex without getting pregnant."
  - "I was in an abusive relationship for four years and if I’d had a child with him, I would not have been able to get out. So the fact that I was consistently able to take the pill when I was with him was very good because he didn’t always use condoms, even when I wanted him to. I am so thankful that the pill allowed me to be safe, to some degree"
Focus Groups: Capturing Women’s Voices
Focus Group Findings

What Motivates Women to Avoid Unintended Pregnancies

• Financial instability, physical and mental health risks, relationship considerations, career/education goals.

Women Want More and Better Sex Education

• Value comprehensive and accurate information, disappointed by messages they receive (often judgmental), key messengers, strategic service offerings.

Women Seek Options, Ease of Access and Value Information When Choosing a Contraceptive Method

• Often have to try multiple methods, get information from MDs, web, family/friends.
Knowledge Gaps and Misinformation about Birth Control Methods Persist in 2016

Adele Shartzer, Brigette Courtot, Stacey McMorrow, Sarah Benatar, and Genevieve M. Kenney
Methods

• Awareness of specific birth control methods
  • Have women heard a lot, some, only a little, or nothing at all about each method?

• Perceptions of the effectiveness of each birth control method
  • Do women think the method is very, somewhat, or not very effective at preventing pregnancy?

• Perceptions of the safety of the birth control method for the health of most users
  • Do women think the method is very safe, somewhat safe, somewhat unsafe, or very unsafe?
## Awareness of Birth Control Methods among Women Ages 18 to 44, 2016

<table>
<thead>
<tr>
<th>Method</th>
<th>Heard a lot</th>
<th>Heard some</th>
<th>Heard a little</th>
<th>Heard nothing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency contraception</td>
<td>52%</td>
<td>32%</td>
<td>11%</td>
<td>4%</td>
</tr>
<tr>
<td>Rhythm method</td>
<td>35%</td>
<td>28%</td>
<td>19%</td>
<td>17%</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>63%</td>
<td>25%</td>
<td>7%</td>
<td>4%</td>
</tr>
<tr>
<td>Other barrier methods</td>
<td>35%</td>
<td>33%</td>
<td>22%</td>
<td>10%</td>
</tr>
<tr>
<td>Condoms</td>
<td>90%</td>
<td>8%</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>Ring</td>
<td>39%</td>
<td>34%</td>
<td>20%</td>
<td>6%</td>
</tr>
<tr>
<td>Patch</td>
<td>40%</td>
<td>32%</td>
<td>20%</td>
<td>8%</td>
</tr>
<tr>
<td>Pill</td>
<td>86%</td>
<td>11%</td>
<td>0%</td>
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<tr>
<td>Shot</td>
<td>48%</td>
<td>33%</td>
<td>12%</td>
<td>7%</td>
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<tr>
<td>IUD</td>
<td>55%</td>
<td>25%</td>
<td>11%</td>
<td>9%</td>
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<tr>
<td>Implant</td>
<td>34%</td>
<td>25%</td>
<td>20%</td>
<td>20%</td>
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<tr>
<td>Sterilization</td>
<td>48%</td>
<td>35%</td>
<td>15%</td>
<td>3%</td>
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</tbody>
</table>

*Source: Survey of Family Planning and Women’s Lives, January and February 2016.*
### Perceptions of Effectiveness of Birth Control Methods among Women Ages 18 to 44, 2016

<table>
<thead>
<tr>
<th>Method</th>
<th>Very effective</th>
<th>Somewhat effective</th>
<th>Not very effective</th>
<th>Don't know effectiveness</th>
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</thead>
<tbody>
<tr>
<td>Emergency contraception</td>
<td>29%</td>
<td>40%</td>
<td>7%</td>
<td>23%</td>
</tr>
<tr>
<td>Rhythm method</td>
<td>7%</td>
<td>30%</td>
<td>36%</td>
<td>26%</td>
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<tr>
<td>Withdrawal</td>
<td>7%</td>
<td>22%</td>
<td>63%</td>
<td>9%</td>
</tr>
<tr>
<td>Other barrier methods</td>
<td>9%</td>
<td>47%</td>
<td>16%</td>
<td>28%</td>
</tr>
<tr>
<td>Condoms</td>
<td>26%</td>
<td>64%</td>
<td>7%</td>
<td>2%</td>
</tr>
<tr>
<td>Ring</td>
<td>24%</td>
<td>38%</td>
<td>7%</td>
<td>30%</td>
</tr>
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<td>Patch</td>
<td>25%</td>
<td>42%</td>
<td>7%</td>
<td>25%</td>
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<td>Pill</td>
<td>42%</td>
<td>48%</td>
<td>6%</td>
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<td>Shot</td>
<td>45%</td>
<td>30%</td>
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<td>20%</td>
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<td>IUD</td>
<td>47%</td>
<td>31%</td>
<td>3%</td>
<td>19%</td>
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<tr>
<td>Implant</td>
<td>37%</td>
<td>28%</td>
<td>3%</td>
<td>32%</td>
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<td>Sterilization</td>
<td>77%</td>
<td>12%</td>
<td>1%</td>
<td>9%</td>
</tr>
</tbody>
</table>

**Source:** Survey of Family Planning and Women’s Lives, January and February 2016.

**Urban Institute**
What we Found

• Women are most familiar with methods that have been available for longer and are easier to obtain, but are less reliable when it comes to preventing unintended pregnancy.

• Women generally perceived the relative effectiveness of methods accurately, but underestimated the effectiveness of LARC methods.

• Women of reproductive age still lack awareness and understanding of the effectiveness and safety of LARCs; particularly younger, minority and low-income women.

• Outreach and education is likely to help reduce some of the knowledge gaps and continue the increased use of LARCs.
Health Insurance Coverage for Women of Reproductive Age
2013-2016
Stacey McMorrow, Emily Johnston, Ruby Steedle, Tyler Thomas
Key Findings

The uninsurance rate among women of reproductive age fell from 20.3 percent in 2013 to 11.6 percent in 2016, a 43 percent decrease;

Women of all ages, family structures, races and ethnicities, citizenship status, educational attainment, employment status, and incomes gained coverage between 2013 and 2016;

Despite these gains, women of color, single mothers, noncitizens, and women with low incomes or a high school education or less still had higher rates of uninsurance in 2016;
More Information

Strong Start Related Publications

• Cross-Barnet et al. “Facilitators and Barriers to Healthy Pregnancy Spacing among Medicaid Beneficiaries: Findings from the National Strong Start Initiative.” Women’s Health Issues. Published online 1/12/18.

Urban Reproductive Health Access and Monitoring Publications:
https://www.urban.org/policy-centers/health-policy-center/projects/reproductive-health-and-access

Contact info:
- Brigette Courtot  bcourtot@urban.org
- Sarah Benatar  sbenatar@urban.org
POWER TO DECIDE

the campaign to prevent unplanned pregnancy
We work to ensure that young people have the power to decide if, when, and under what circumstances to become pregnant and have a child—no matter who they are or where they live.
Contraceptive Deserts
19.5 million women in need (of publicly funded contraception) live in contraceptive deserts.

1.6 million women in need live in counties without access to a single health center that provides the full range of methods.
<table>
<thead>
<tr>
<th>County, Utah</th>
<th>Health Centers</th>
<th>Population</th>
<th>Total women aged 13-44</th>
<th>Total women aged 13-44 in need of publicly funded contraceptive services and supplies</th>
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<tr>
<td>Iron County, Utah</td>
<td>0</td>
<td>46,163</td>
<td>11,390</td>
<td>4,700</td>
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<td>Washington County, UT</td>
<td>1</td>
<td>138,115</td>
<td>27,640</td>
<td>11,460</td>
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<td>San Juan County, UT</td>
<td>5</td>
<td>14,746</td>
<td>3,100</td>
<td>1,150</td>
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<tr>
<td>Kane County, UT</td>
<td>0</td>
<td>7,125</td>
<td>1,170</td>
<td>420</td>
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*POWER TO DECIDE*
Federal Policy Landscape: Birth Control Coverage and Access

- Threats to the Title X Family Planning Program
  - 2019 Domestic Gag Rule (in litigation)
  - 2018 Funding Opportunity Announcement (awaiting decision from appellate court)

- Contraceptive Coverage Provision
  - Final rules issued November 2018
  - Ongoing litigation

- Health Care Refusal rule
  - Final rule issued May 2019
  - Several lawsuits already filed
Contraceptive Deserts without Title X-funded centers
Without Title X, 4.3 million women in need live in counties without access to a single health center that provides the full range of methods.
State Policy

**Proactive Policies to Increase Information About and Access to Contraception**

- Coverage for an extended supply of contraception at one time
- Codifying or going beyond the ACA’s contraceptive coverage provision
- Pharmacist prescribing of contraception
- Educating college students about unplanned pregnancy
- Other Miscellaneous (funding)

**Other Policies Supporting Access to Contraception**

- Medicaid Family Planning Expansions
- Medicaid Reimbursement for Postpartum Long-Acting Reversible Contraception (LARC)
- Medicaid Expansion (full for childless adults)
Since 2013, states have passed at least 59 positive measures on contraception.
Pro-Contraception State Policies

From Sea to... ...Shining Sea
Everybody Loves Birth Control
Nearly 8 in 10 adults in the US agree that birth control is a basic part of women’s health care.
Resources and Contact

• State Policy Portal https://powertodecide.org/what-we-do/access/state-policy


• Birth Control Access Map https://powertodecide.org/what-we-do/access/access-birth-control

Contact: Tara Mancini, Senior Manager, Public Policy, Power to Decide tmancini@powertodecide.org
POWER TO DECIDE
the campaign to prevent unplanned pregnancy