

## Reproductive Health

Delaware Profile 2012-2018

The data brief provides an overview of reproductive health among women of childbearing ages 15 to 44 years of age in Delaware. It uses the Behavior Risk Factor Surveillance System and Pregnancy Risk Assessment Monitoring System to assess progress in Delaware's efforts on reproductive health activities and strategies. As per the WHO's definition, "reproductive health... implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so...Implicit in this are the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant" [1].

### Overview

According to the CDC, one of the cornerstones of reproductive health is safe motherhood, which begins "before conception with proper nutrition and a healthy lifestyle and continues with appropriate prenatal care and the prevention and treatment of complications when possible" [2]. One in two women of reproductive age report at least one risk factor, such as smoking or obesity, that negatively impact future pregnancies [3].

The American College of Obstetrics and Gynecology (ACOG) in 2005, the Centers for Disease Control and Prevention (CDC) in 2006, and the American Academy of Family Physicians (AAFP) in 2007 recommended that physicians incorporate reproductive life plans into primary care for women of reproductive age, and that, based on a woman's individual goals, she receive personalized contraception and/or preconception care [4]. One of the priority areas of reproductive health is to increase the percentage of pregnancies that are intended [2] as "births that follow unintended



### Importance

#### Key findings

- As per the BRFSS results, between 2017 and 2018, there was about seven-percentage point increase in use of moderately effective methods of contraception (14.7% to 21.4%) in Delaware. Approximately 12,436 women at risk for unintended pregnancy indicated using moderately effective methods in 2018, as compared to 8,435 women in 2017.
- As per the PRAMS results, in Delaware, during 2012 to 2018, there was a 17% increase in the percent of Delaware women with a recent live birth indicating that their pregnancy as "wanted then or sooner" and during the same time-frame, there was approximately 29% decrease in the percent of women indicating that their pregnancy as "wanted later or unwanted."
- Among Delaware women who had a live birth, there was a 107% increase in reversible methods of contraception during 2012-2018. There was an 89% increase in intrauterine devices and 162.5% increase in use of contraceptive implants.

# REPRODUCTIVE HEALTH

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Available at:

[https://dethrives.com/wp-content/uploads/2020/08/Data\\_Brief\\_Reproductive\\_Health\\_PB\\_reviewed\\_team1.pdf](https://dethrives.com/wp-content/uploads/2020/08/Data_Brief_Reproductive_Health_PB_reviewed_team1.pdf)

# Outline

- Reproductive Health Initiatives in Delaware
- Live birth trends in Delaware
- Behavior Risk Factor Surveillance System (BRFSS)
- Pregnancy Risk Assessment Monitoring System (PRAMS)
- Conclusion – opportunities and challenges

# Reproductive Health Initiatives

**January 2015**

Largest birthing hospital offers immediate postpartum LARCs

**May 2015**

Division of Public Health funding to Title X to stock LARCs

**October 2015**

Division of Public Health participates in ASTHO contraceptive learning collaborative (Cohort 2)

**February 2016**

Upstream USA provides provider and staff trainings and technical assistance for LARCs

**May 2017**

All Methods Free Campaign "Be your own baby"

**March 2019**

End of Upstream training

**February 2015**

IPP carve out through DE Medicaid fee-for-service reimbursement of LARC devices via the Medicaid pharmacy benefit for child-related services.

**September 2015**

CMS MIHI Grant for developing performance measures for contraceptive measures

**January 2016**

Governor Jack Markell announces DE-CAN public private partnership for contraceptives

**July 2016**

Division of Public Health repurposes State Funds to Stock LARCs State Pharmacy and Title X

**June 2017**

FQHC carve out from DE Medicaid

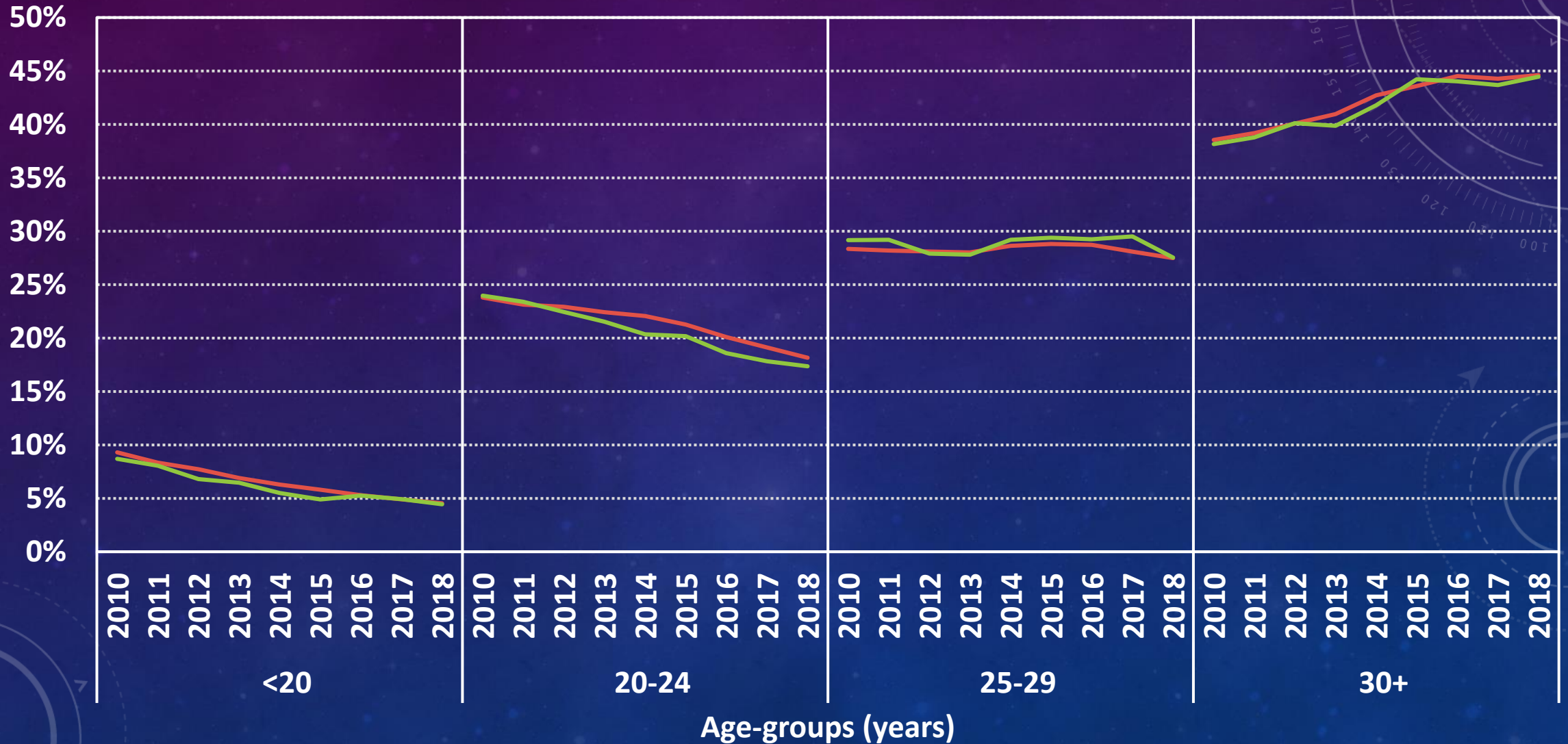
**March 2020**

DE-CAN Initiative (i.e. end of technical assistance)

Notes: Light purple represents 2012-2015 "pre-intervention" time-period and dark purple 2016 and later the "post-intervention" time-period. Long acting reversible contraceptives (LARCs) include contraceptive implants such as Implanon® and Nexplanon® and intrauterine devices (IUDs) such as Paragard®.

# Live birth trends in Delaware

— U.S. — Delaware



# Behavior Risk Factor Surveillance System (BRFSS)

- BRFSS, initiated by CDC in 1984, is a coordinated collection of state health surveys conducted by the 50 U.S. states, the District of Columbia, and three U.S. territories. Largest ongoing multi-mode (mail, landline phone, and cell phone) survey in the world.
- State health departments use in-house interviewers or contract with telephone call centers or universities to administer the BRFSS surveys continuously through the year. The states use a standardized core questionnaire, optional modules, and state-added questions.

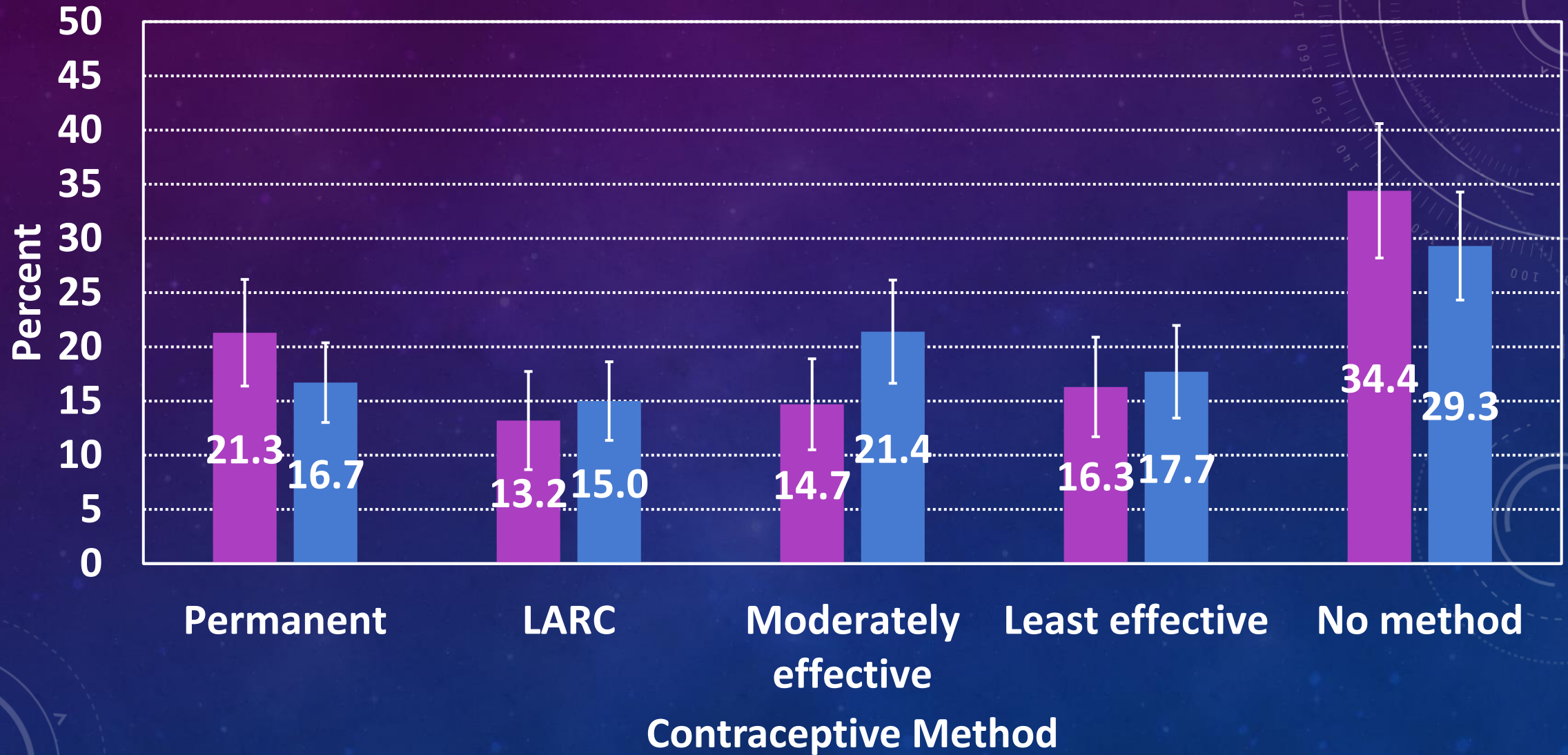
# BRFSS OPTIONAL MODULE

Eligible women (i.e., 18-49 years of age, who did not have an hysterectomy, who is not pregnant) are asked “*What did you or your partner do the last time you had sex to keep you from getting pregnant?*” with response options:

**1) female sterilization; 2) male sterilization; 3) contraceptive implant (i.e., Nexplanon, Implanon, etc.); 4) Levonorgestrel (LNG) or contraceptive implant (e.g. Mirena); 5) copper-bearing IUD (e.g. Paragard); 6) IUD unknown type; 7) shots (e.g. Depo-Provera); 8) birth control pills, any kind; 9) contraceptive patch; 10) contraceptive ring;**  
11) male condoms; 12) diaphragm, cervical cap, sponge; 13) female condoms; 14) not having sex at certain times (rhythm or natural family planning); 15) withdrawal; 16) foam, jelly, film, or cream; 17) emergency contraception (morning after pill); 18) other method; 19) don't know/not sure; 20) refused.

# Results

■ 2017 ■ 2018



# Pregnancy Risk Assessment Monitoring System (PRAMS)

- PRAMS is administered by the CDC and operates through cooperative agreements between CDC and states that are awarded competitive grants. PRAMS is a dual-mode survey that uses telephone and hard copy (via U.S. mail) and comprises a stratified random sample of women from the birth certificate records who had a recent live birth.
- The Delaware PRAMS was established in 2006 and has continually collected data on a variety of topics of women's experiences before, during, and after pregnancy.



# Pregnancy Risk Assessment Monitoring System (PRAMS)

PRAMS data contains pregnancy intentions as well as contraceptive methods. For instance, for pregnancy intentions, respondents are asked, *“Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant?”* with response choices:

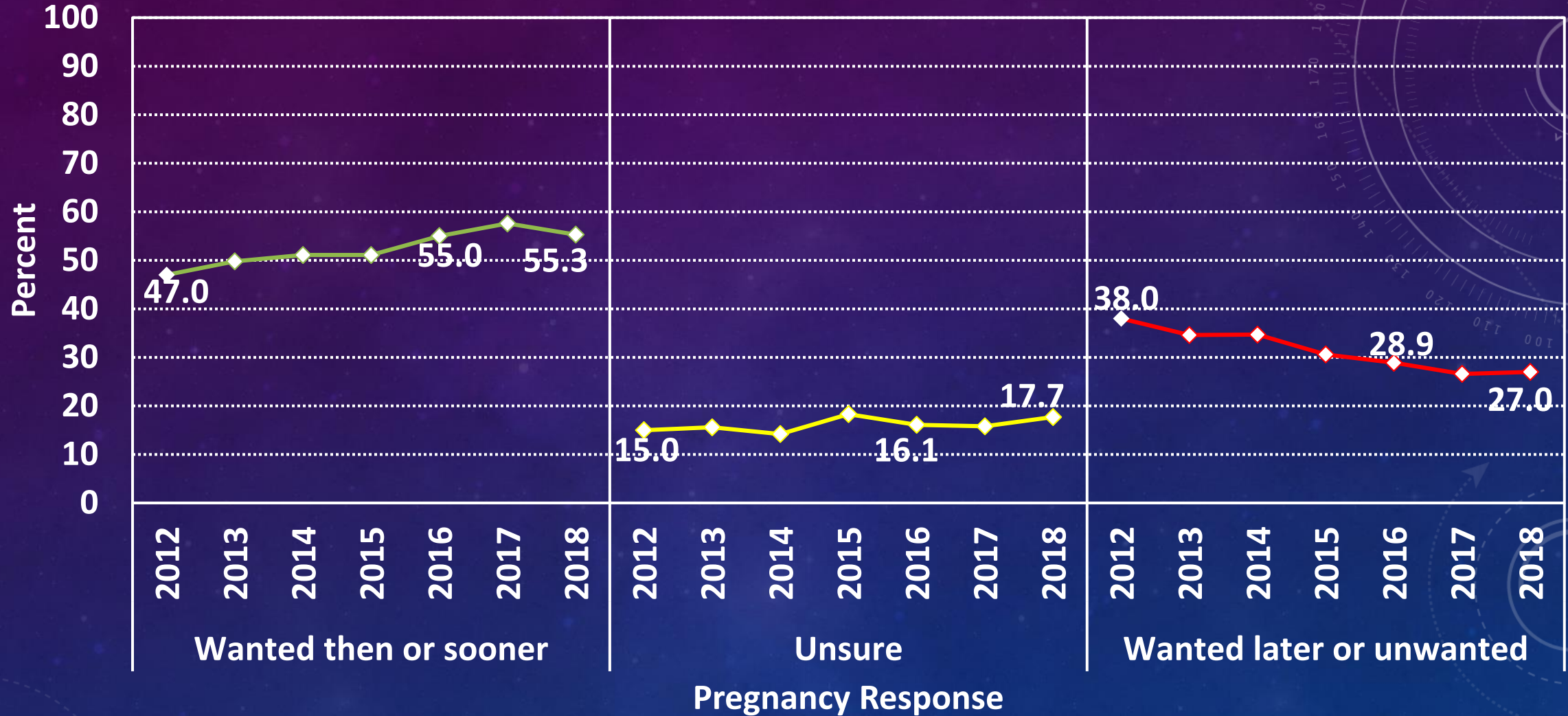
- 1) I wanted to be pregnant later;*
- 2) I wanted to be pregnant sooner;*
- 3) I wanted to be pregnant then;*
- 4) I didn't want to be pregnant then or at any time in the future;*
- 5) I wasn't sure what I wanted.*

# Postpartum Contraceptive Use

Respondents are asked, “*Are you or your husband or partner doing anything now to keep from getting pregnant?*” with response options yes and no. If a respondent indicates “yes” then the woman is prompted to answer, “*what kind of birth control are you or your husband or partner using now to keep from getting pregnant?*” Response choices include:

- 1) *Tubes tied or blocked (female sterilization, Essure<sup>®</sup>, Adiana<sup>®</sup>);*
- 2) *Vasectomy (male sterilization);*
- 3) ***Birth control pills;***
- 4) *Condoms;*
- 5) ***Injection (Depo-Provera<sup>®</sup>);***
- 6) ***Contraceptive implant (Implanon<sup>®</sup>);***
- 7) ***Contraceptive patch (OrthoEvra<sup>®</sup>) or vaginal ring (NuvaRing<sup>®</sup>);***
- 8) ***intrauterine device (IUD) such as (Mirena<sup>®</sup> or ParaGard<sup>®</sup>);***
- 9) *Natural family planning (including rhythm method);*
- 10) *withdrawal;*
- 11) *not having sex;*
- 12) *other method.*

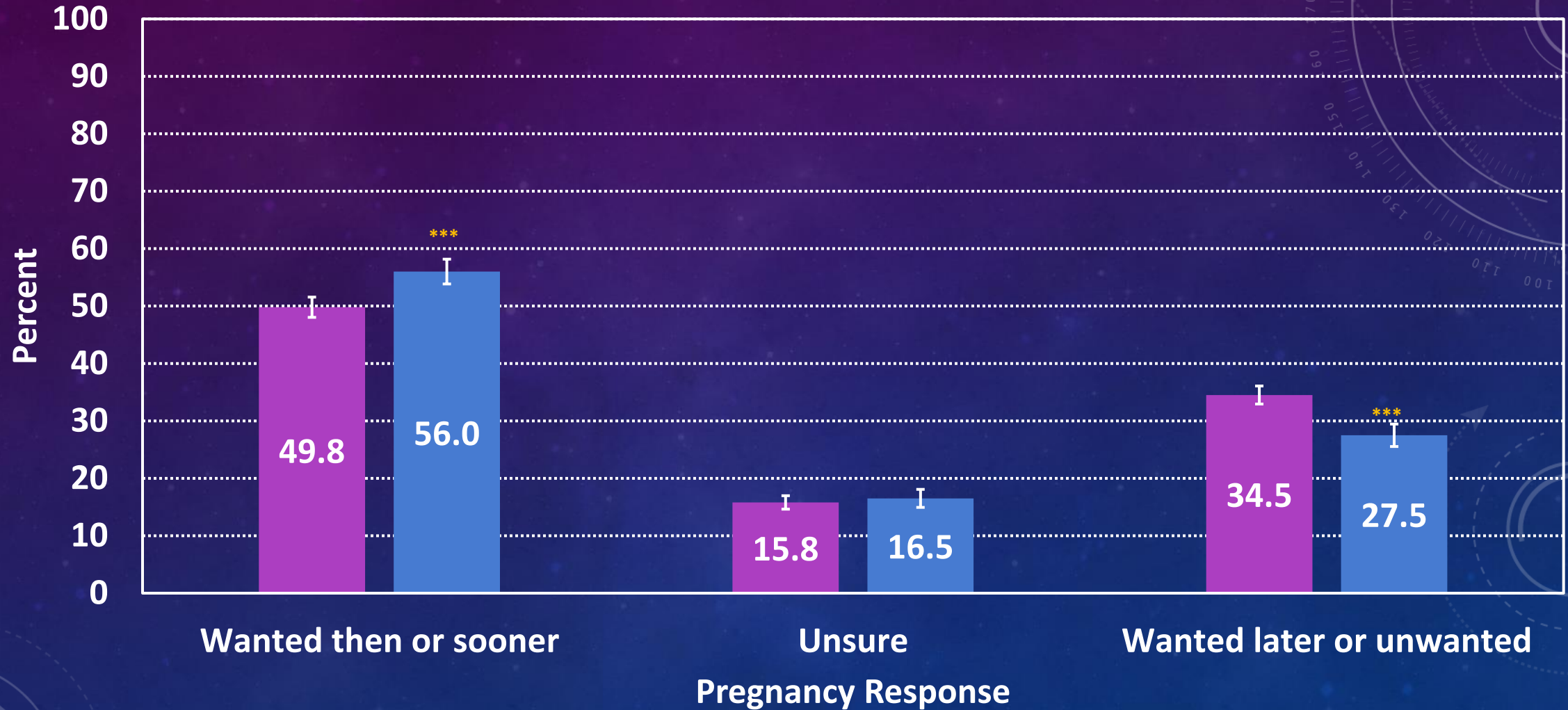
# Results



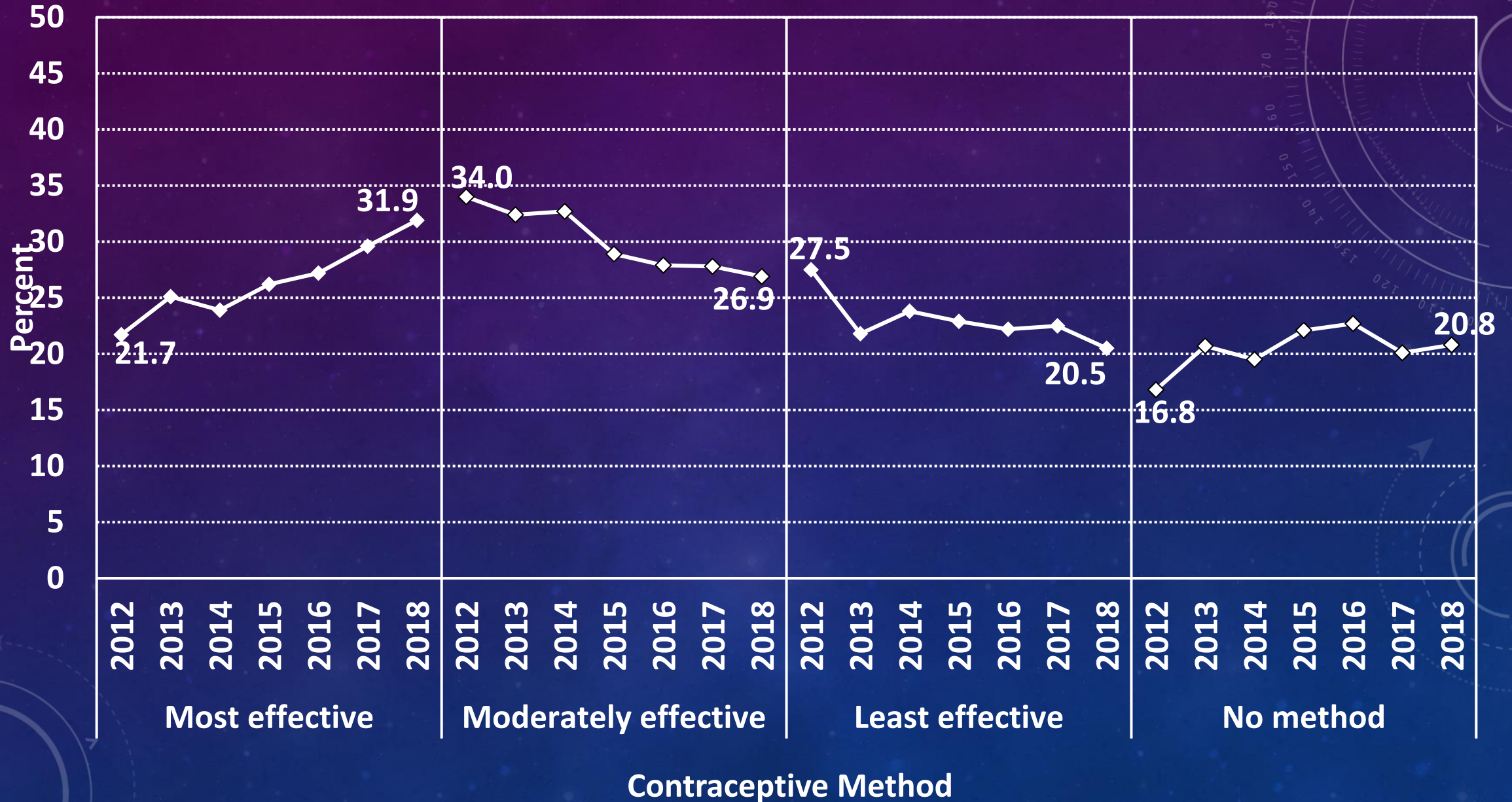
Notes: Items 2 and 3 indicate “wanted then or sooner”; items 1 and 4 indicate “wanted later or unwanted” and item 5 is “unsure.” Percent are weighted with 95% confidence intervals (95% CI not shown) using recreated weights for combined years of data accounting complex survey design.

# Results

■ 2012-2015 ■ 2016-2018

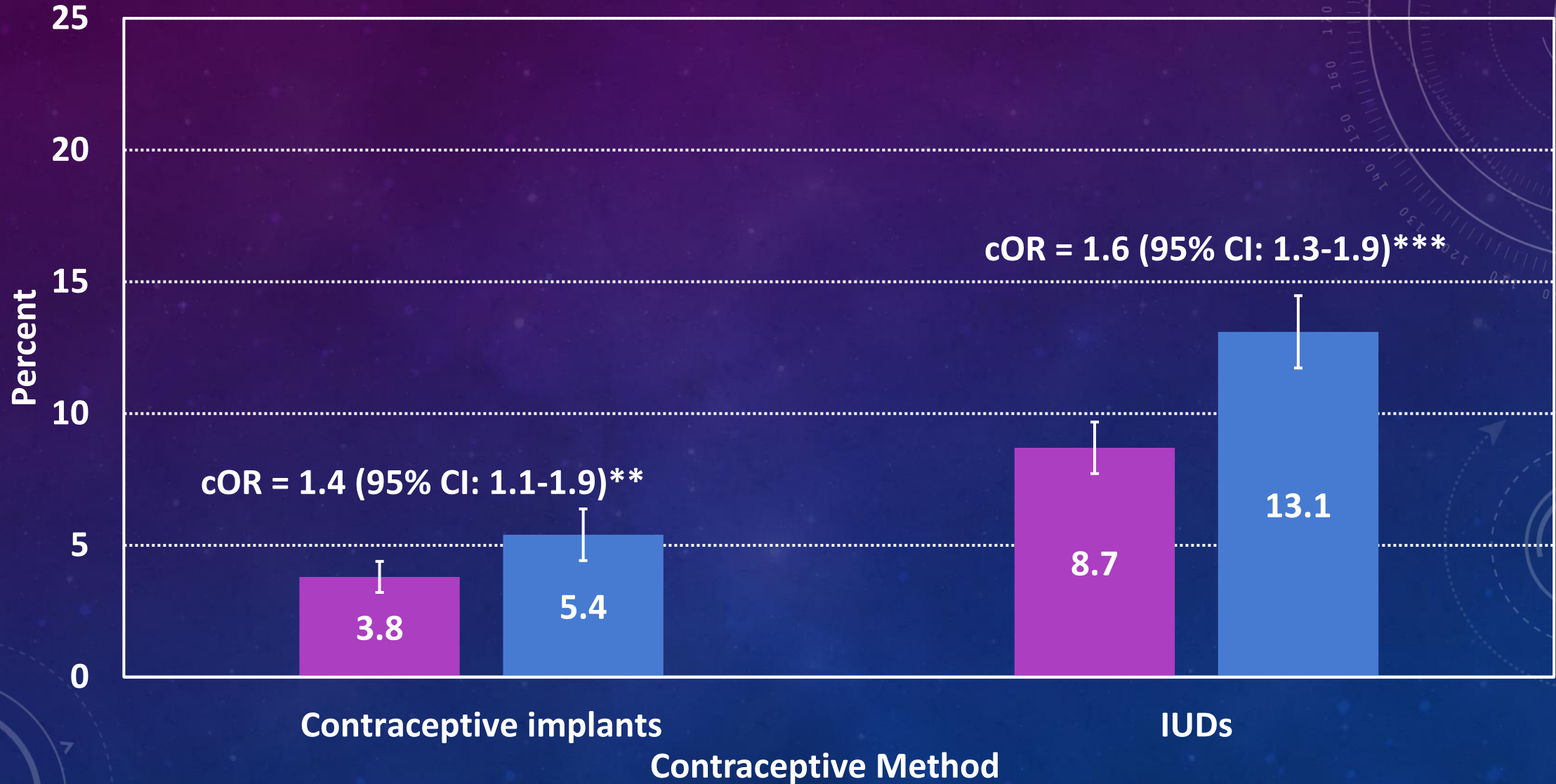


# Results



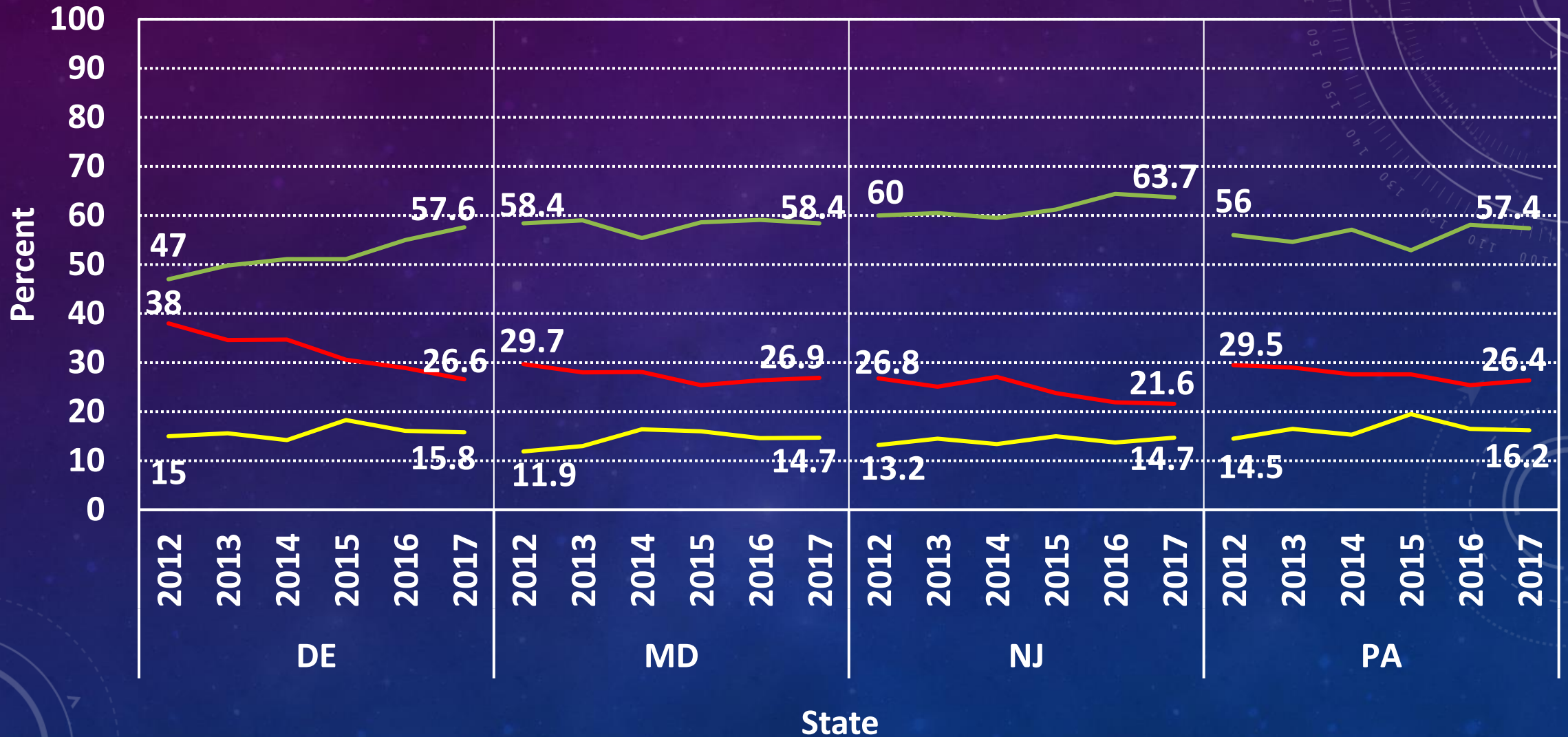
# Results

■ 2012-2015 ■ 2016-2018

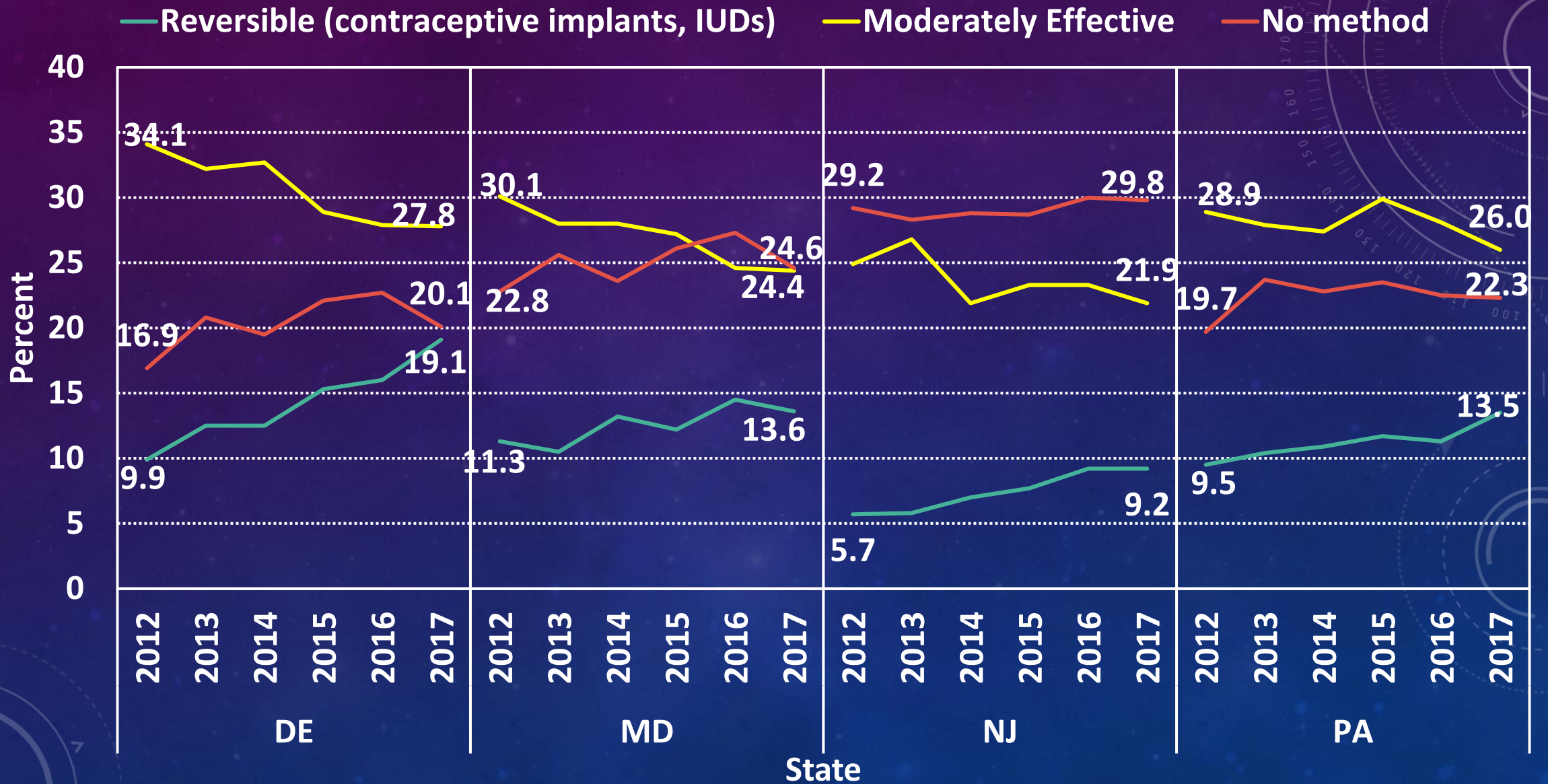


# Results

— Wanted then or sooner    
 — Unsure    
 — Wanted later or unwanted



# Results





# Conclusion

- Results from this data brief suggests that Delaware's reproductive health activities and strategies have led to increased use of most effective methods of contraceptives particularly with regards to long acting reversible contraceptives (i.e., contraceptive implants and IUDs).
- In addition, there seems to be some evidence in changes with regards pregnancy responses among women who had a recent live birth. However, there are noticeable differences with regards to age, race and ethnicity, education, Medicaid status, and county of residence and it is critical to minimize these differences in order to sustain larger gains at the population level.