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CONTRACEPTION UTILIZATION AMONG WOMEN AND GIRLS AT-RISK FOR PREGNANCY IN GEORGIA MEDICAID

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BACKGROUND

Contraception allows women and couples to have healthier pregnancies, appropriately time pregnancies, and ensure adequate spacing between births.¹ Long-acting reversible contraceptive methods are the most effective reversible contraceptives and have an excellent safety record.² Approximately two-thirds of reproductive aged women at-risk for unintended pregnancy in the United States report using contraceptives consistently, while 18% report inconsistent use and the remaining 14% report nonuse or long gaps between use. The small proportion of women who use contraceptives inconsistently or not at all, account for 95% of unintended pregnancies.³ Multiple barriers prevent women from obtaining contraceptives or using them effectively and consistently.⁴ Increasing women's access to contraceptives ultimately would promote the health and wellbeing of women of reproductive age, decrease the number of low birth weight and pre-term babies, as well as decrease the costs of unintended pregnancy faced by the Georgia Medicaid program, which financed 54% of all births in the state in 2014.⁵

DATA AND METHODS

We used specifications from the Centers for Medicare and Medicaid Services (CMS) Maternal and Infant Health Initiative's contraceptive utilization measures and administrative claims data from the Georgia Medicaid program to identify women and girls who were at-risk for pregnancy in 2014 and determined the proportion using most or moderately effective forms of contraception. Women at-risk for pregnancy were defined as females between the ages of 14 and 44, receiving Medicaid for at least 11 months of the study year, and fecund. Any member with an indication of pregnancy during the study year was excluded from this analysis.

Per CMS definitions, the most effective forms of contraception include long-acting reversible contraceptives (i.e. contraceptive implant or IUD) and female sterilization. Moderately effective forms of contraception include contraceptive injection, oral pills, patch, vaginal ring, and diaphragms.

We performed descriptive analyses on our sample of women and girls who were at-risk for pregnancy, including their use of most or moderately effective forms of contraception. We conducted further analysis on the at-risk group by determining the proportion with subsequent signs of pregnancy in 2015. Finally, we began an exploration of potential barriers to contraceptive utilization by determining whether significant differences exist in proximity to obstetrics and gynecology (ob/gyn) providers who could render long-acting reversible contraceptives.

PARTICIPANTS

Descriptive Analysis and Contraceptive Utilization

An estimated 213,020 women or girls were at-risk for pregnancy in 2014 in Georgia, with an average age of 26 years. The majority of the at-risk population were African American (53%) and resided in urban areas (34%). Of the 213,020 women at-risk for pregnancy, 34% (71,909) adopted or continued use of effective contraception.

Indications of Pregnancy

18,031 (8%) of the 213,020 women and girls at-risk for pregnancy in 2014 had an indication of pregnancy in 2015. Of the 18,031 women and girls with an indication of pregnancy in 2015, approximately 65% did not use effective contraception (11,749) in the previous year, while approximately 35% did use effective contraception (6,282).

Geo Access Analysis

At-risk urban members who were using a most or moderately effective form of contraception travelled on average 5.6 miles to closest ob/gyn, while those not using a most or moderately effective form of contraception travelled on average 5 miles.

At-risk rural members who were using a most or moderately effective form of contraception and those who were not doing so travelled on average 11 miles to closest ob/gyn.

Table 1: Contraception Utilization for Georgia Medicaid Members At-Risk for Pregnancy in 2014

	Frequency (Percent)
Total At-Risk Members	213,020
At-Risk Members Using Effective Contraception	71,909 (34%)
At-Risk Members with Pregnancy in 2015	18,031 (8%)
With Contraception in 2014	6,282
Without Contraception in 2014	11,749

Table 2: Proximity to Closest OBGYN Provider for Georgia Medicaid Members At-Risk for Pregnancy in 2014

DCH Region	Average Distance to the Closest Provider (miles)			
	Urban		Rural	
	With Contraception	Without Contraception	With Contraception	Without Contraception
1	8.3	7.9	16.0	14.8
2	8.3	7.7	8.5	8.7
3	3.2	3.2	-	-
4	6.8	6.5	4.5	5.1
5	8.5	8.6	15.9	15.3
6	6.5	6.4	9.8	9.7
7	10.9	9.8	25.0	23.8
8	4.4	4.3	8.6	9.4
9	-	-	14.8	15.2
10	3.7	3.9	7.4	7.8
11	7.1	7.0	7.3	7.3
12	5.3	5.4	12.8	12.1
Overall	5.6	5.0	11.1	11.0

CONCLUSION

There are significant opportunities to encourage increased utilization of most or moderately effective forms of contraception as well as a need to ensure that contraception is used properly in order to avoid unintended pregnancy. Additional research is needed to understand which factors aid in choices to use effective contraception, since research here suggests that proximity to the closest ob/gyn provider does not explain the choice made by women and girls at risk for pregnancy.

REFERENCES

- ¹Guttmacher Institute. (2011). *Testimony to the Committee on Preventive Services for Women: The Preventive Benefit of Contraceptive Services and Supplies*. Retrieved from <http://www.guttmacher.org/pubs/CPSW-testimony.pdf>.
- ²Obstet Gynecol. (2016). Clinical challenges of long-acting reversible contraceptive methods. Committee Opinion No. 672. American College of Obstetricians and Gynecologists. 128:e69-77.
- ³Guttmacher Institute. (2015b). *Unintended Pregnancy in the United States*. Retrieved from <https://www.guttmacher.org/pubs/FB-Unintended-Pregnancy-US.html#13>.
- ⁴Obstet Gynecol. (2015). Access to contraception. Committee Opinion No. 615. American College of Obstetricians and Gynecologists. 125:250-5
- ⁵Kaiser Family Foundation (2014). *Birth Financed by Medicaid*. Retrieved from <https://www.kff.org/medicaid/state-indicator/births-financed-by-medicaid>.

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