upstream USA

Contraception Access

A Key Lever for Transforming Maternal Health

Contraception is broadly recognized as one of the most important public health innovations of the 20th century. The ability to control when and whether one becomes pregnant is not only a fundamental human right, but also a key driver of maternal health. Yet American women struggle to access the full-range of contraceptive options–at the same time that they are faced with a much greater risk for maternal mortality compared to women in other developed nations.

In fact, maternal health in the United States is only getting worse. The latest data from the U.S. Centers for Disease Control and Prevention (CDC) show that 1,205 women died of maternal causes in 2021, a 40% increase from the previous year. The maternal mortality rate for American women is 32.9 deaths per 100,000 births, a rate that is at least 10 times higher than the estimated rates of some other high-income countries. What's worse is that 84% of maternal deaths in the U.S. are thought to be preventable, according to a CDC analysis of state-level data.

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Improving maternal health outcomes will not be solved by a silver bullet. It requires multiple approaches to ensure equitable health care access, filling the gaps in prenatal and postnatal care, and reducing racial bias and inequality that makes pregnancy and especially birth more deadly for Black women. But there is one key lever for achieving both of these goals that's often overlooked in the discussion: improving access to the full range of contraceptive options.

Empowering Patients to Plan Their Futures

Unplanned pregnancies in the U.S. are at an all-time low, yet they still represent more than 40 percent of pregnancies. The data show again and again that unintended pregnancies are associated with an increased risk of negative health consequences for both mom and/or baby.

40%+ of pregnancies in the U.S. are unplanned

A 2023 analysis of 36 studies published in JAMA found that unintended pregnancy is linked to significantly higher odds of prenatal and postpartum depression–a leading cause of maternal mortality. The CDC reports that depression incidence may be as much as twice as high among women with unplanned pregnancies, compared to women with planned pregnancies. Unintended pregnancy has also been linked to a higher risk of interpersonal violence, preterm birth, and low infant birth weight.

Prenatal and preconception care are important for identifying maternal health risks early on. Women experiencing an unintended pregnancy are less likely to know they are pregnant, and therefore they are often in their 2nd trimester or later before starting prenatal care, compared to women with planned pregnancies. One CDC analysis found they may be as much as twice as likely to miss out on prenatal care in the first trimester.

Birth spacing is also an important factor. Short intervals between births (less than 18 months), which account for more than one in three pregnancies, according to one study, are correlated to increased maternal health risks, including anemia, uterine rupture, placenta previa, and placental abruption. A disproportionate share of short interval pregnancies are unintended, and short interval spacing is more than twice as likely among pregnancies that were unintended

ONE in THREE

pregnancies are short interval births

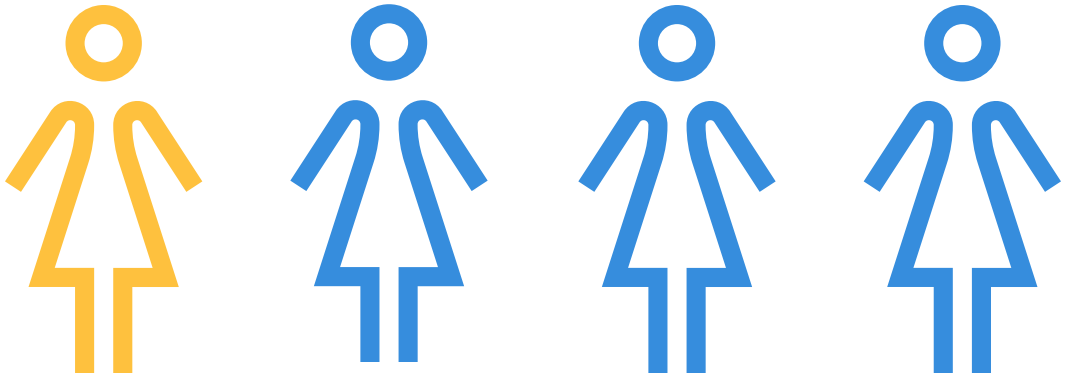
Contraception has a clear role to play in improving outcomes for all of the above. When women are able to plan their pregnancies, they tend to be in better health going into their pregnancy, and more likely to engage in crucial prenatal care, both of which are known factors influencing maternal mortality and maternal health.

Solving Barriers to Contraceptive Care Access

Despite the fact that there are 18 different FDA-approved contraception categories on the market today—representing 100s of highly effective birth control options, from the implant to the ring to the pill— access to high-quality contraceptive care continues to be inconsistent.

Access to a full range of options is important for a number of reasons. Birth control is not a one-size-fits-all solution; there is no single "right" method for everyone. Offering the full range of options and providing adequate, patient-centered counseling has been shown to empower women trying to avoid pregnancy to find a method they can use consistently and correctly over time.

The biggest problem is that an estimated 19 million American women aged 13-44 live in a "contraceptive desert." This means they live in a county where the number of health centers or providers offering the full range of methods is not adequate to meet the needs of women who qualify for publicly funded contraception. An estimated 1.2 million American women live in a county without a single health center or provider who offers the full range of options. People with low incomes and people of color are more likely to live in a contraceptive desert.



Roughly 1 in 4 women say they're not using their method of choice

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Roughly 1 in 4 women say they're not using their method of choice, and another 30% say they are not getting enough information about their options before making a choice, suggesting a gap in the quality of counseling.

Despite health care providers best efforts to provide the highest quality care, there are a number of barriers to improving these metrics. For example, one of the best opportunities we have to improve access is by making immediate postpartum family planning a routine part of childbirth care. The American College of Obstetricians and Gynecologists recommends counseling pregnant women about the option to have an IUD placed immediately following childbirth, among other methods safe in lactation. However, many hospitals are discouraged from offering the full range of safe contraceptive methods to postpartum patients due to inadequate reimbursements that make it challenging for hospitals to afford the upfront costs needed to keep a steady supply on hand, which ultimately impacts patient access.

Likewise, it is very difficult for providers, whether they're a federally qualified health center (FQHC) or a private practice, to offer the most effective forms of birth control (IUDs and implants) because they are expensive to stock and are treated as a pharmacy benefit. Both of these issues make it so the patient must make two visits–once to get the prescription and once to have the device inserted–and often they have to make it to the pharmacy to pick up their device. It is no wonder that, at least according to one study, up to 50% of patients don't return for their fitting appointment.

Despite the challenges, there are many opportunities. One of the most promising is equipping the primary care provider with the knowledge and tools to successfully provide comprehensive counseling and the full range of contraceptive options. Already primary care providers are an important point of contact: One recent study found that women were nearly twice as likely to report having a general checkup in the past 12 months compared to having a gynecological exam (79% vs 42%), and that roughly half of those checkups were provided by primary care practitioners. Yet not enough primary care providers prescribe the full range of contraceptive options. While 50% prescribe the pill, patch, ring, or shot, only 16% provide IUDs and just 14% provide the implant.

By simply treating contraceptive care as a part of primary care, we can create more opportunities for screening for pregnancy intention and improve access to contraception.

The burden of improving maternal health sits on all of our shoulders. It's going to require myriad solutions across many healthcare specialties and settings. But recognizing the important role of contraception, and the role primary care providers can play in prescribing and counseling about pregnancy prevention, is one way to move the needle that shouldn't be overlooked.

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