

Center *for* Mississippi
Health Policy

CHART BOOK:

AN ANALYSIS OF
UNINTENDED PREGNANCY
IN MISSISSIPPI

May 2018

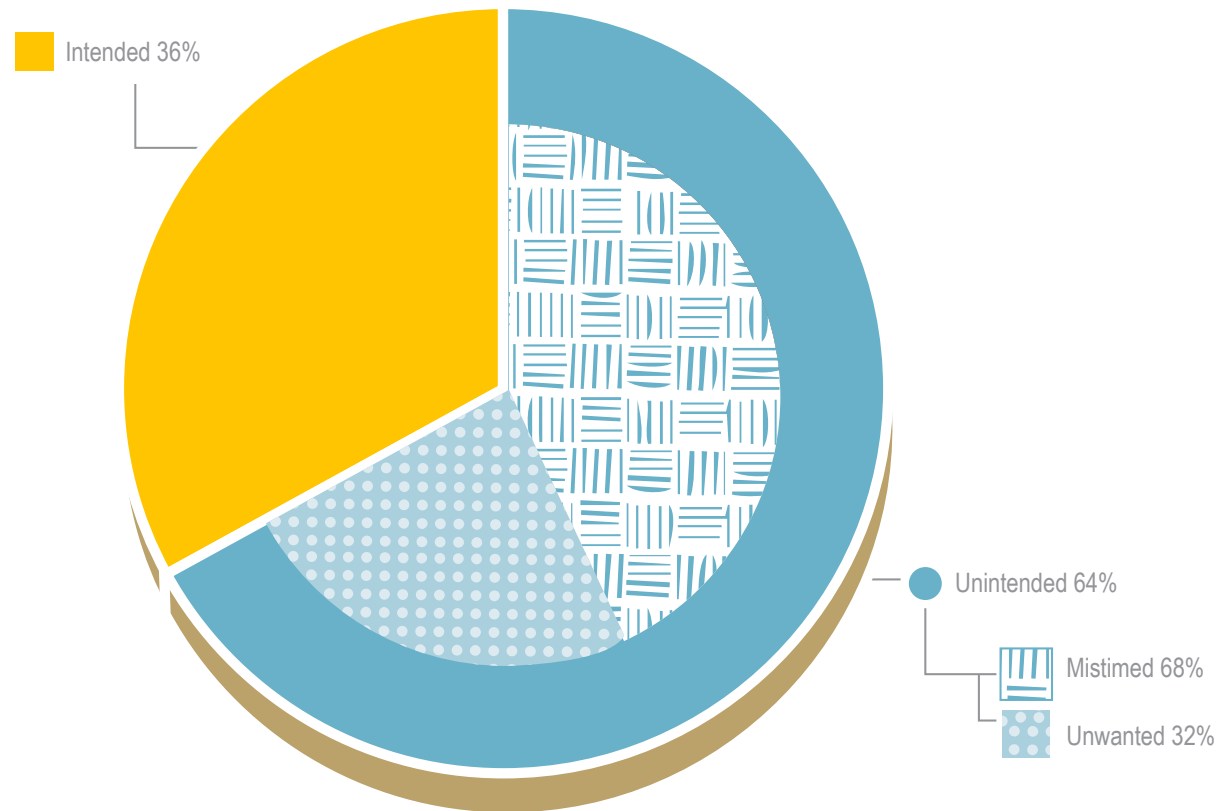
Pregnancy Risk Assessment Monitoring System (PRAMS)

The Pregnancy Risk Assessment Monitoring System, or PRAMS, is an annual survey of women who have been identified as having recently given birth (within two to six months). The Centers for Disease Control and Prevention (CDC) fund and support the state-agency facilitated survey to gather information on various aspects of family planning, maternal and child health, and health behaviors. These data is used by government entities and various stakeholders to develop public health interventions and programming that support the growth of healthy families.

While the survey is conducted every year, limitations in some years' sample size preclude public reporting of the data for Mississippi. The last year of complete data publicly reported through the CDC was in 2009. Analysis and data reporting carried out by the Center for Mississippi Health Policy in this chartbook and its companion issue brief, *Preventing Unintended Pregnancy in Mississippi*, are based on the combined survey results of interviews conducted from 2009 through 2011. Whole numbers reported reflect the calculated weighted frequencies statistically calculated to be representative of all recent mothers who gave birth in Mississippi during the period that the surveys reflect.

Source: Mississippi State Department of Health, Data and Statistics; Pregnancy Risk Assessment Monitoring Systems (PRAMS) 2009-2011

Pregnancy Intention as Reported by New Mississippi Mothers, 2009-2011



In 2011, 45% of pregnancies in the United States were unintended. Mississippi's percentage of unintended pregnancy was far higher at 56%.

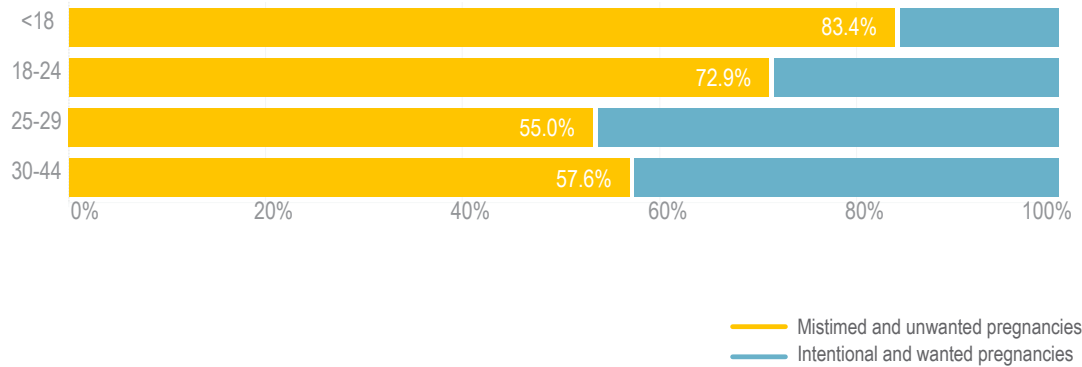
Pregnancy intention is tracked by state and federal public health agencies through annual surveys of women 15-44 who have recently delivered babies. Women respond to questions regarding family planning, pregnancy intention, and desired pregnancy timing.

From 2009-2011 36% of new mothers surveyed in Mississippi reported becoming pregnant intentionally at the time they wanted to be pregnant. Of the women who experienced unintentional pregnancies, 32% responded that they did not want to become pregnant at any time, and the remaining 68% wanted to become pregnant, but at a later time.

Note: 11% of all pregnancies from 2009-2011 were reported by mothers as being wanted sooner than they occurred. Analysis of pregnancy intention in this chartbook does not include those pregnancies as they are not considered mistimed, unwanted, or intended at the time they occurred.

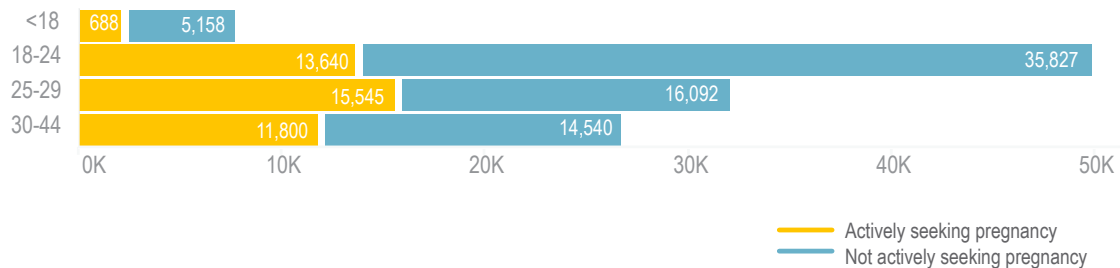
Source: Pregnancy Risk Assessment Monitoring System PRAMS Data. (2009-2011).

Distribution of New Mississippi Mothers by Age Group and Pregnancy Intention, 2009-2011



Teenagers and women under 24 report the highest rates of unintended pregnancy.

Number of Respondents by Age Group and Pregnancy Seeking Status at the time of Last Pregnancy, 2009-2011



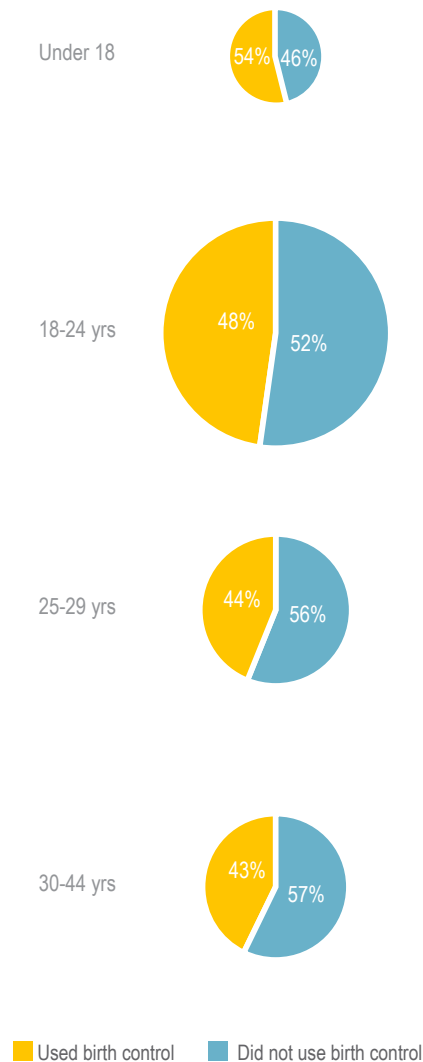
Mississippi women who gave birth during 2009-2011 were asked if, before their most recent birth, they were actively trying to become pregnant.

- Approximately 72,000 women who were not actively seeking pregnancy became pregnant.*
- More than half of these pregnancies occurred to women under 24.
- Over half of pregnancies among mothers of all ages occurred to women who were not actively seeking to have a child.

*Numbers shown in this chart are weighted frequencies calculated to reflect the wider burden on unintended pregnancies among Mississippi women of childbearing age.

Source: Pregnancy Risk Assessment Monitoring System PRAMS Data. (2009-2011).

Birth Control Use Among Women Who Recently Experienced Unintended Pregnancies, 2009-2011

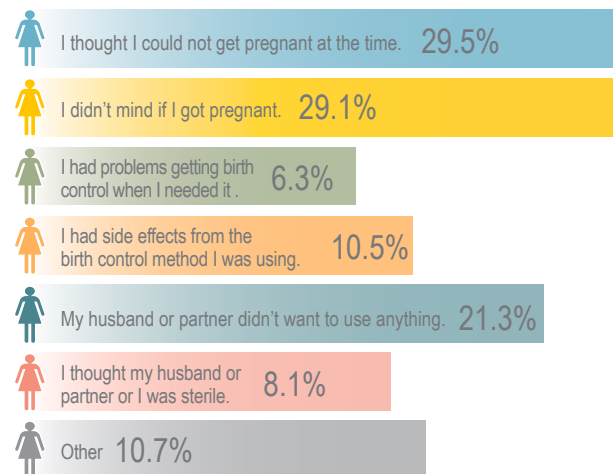


Recent mothers who indicated that they were not actively seeking pregnancy at the time that they became pregnant with an unintended pregnancy were asked about birth control and preventive measures.

Slightly more than 54% of women who recently experienced an unintended pregnancy reported that they were not taking measures to avoid pregnancy despite being sexually active. The remaining 45% report becoming pregnant despite taking measures to avoid pregnancy. This suggests inconsistent use of birth control or reliance of less effective birth control methods.

Among those reporting use of birth control or other preventive measure, women under 18 report highest use of birth control at 54%. Among women 18-24, who as a group experience the highest overall birth rates and unintended birth rates, less than half report using birth control. Older women in the 25-29 year old group and 30-44 year old group, report even lower use of birth control despite being sexually active and not actively seeking pregnancy.

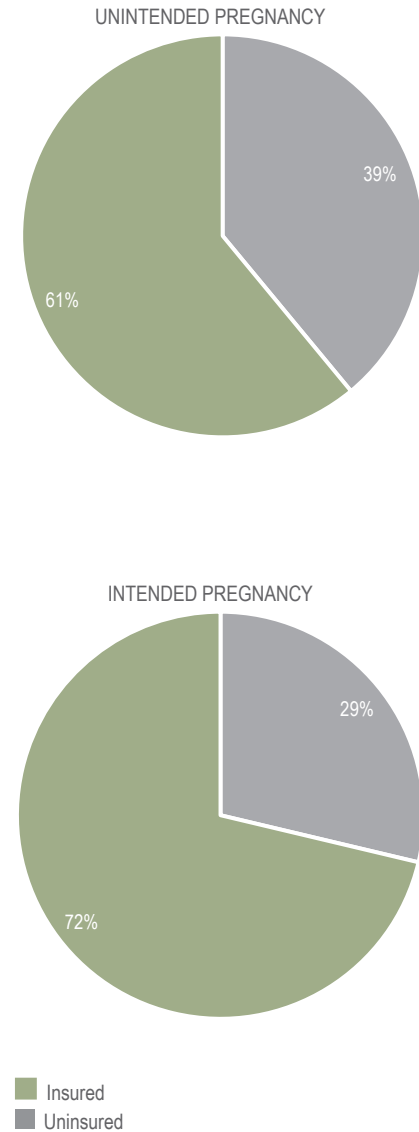
When asked why they did not use a preventive measure to avoid pregnancy, among several reasons offered, the most common response (29.5% among women who responded) was that they did not believe they could become pregnant at the time.



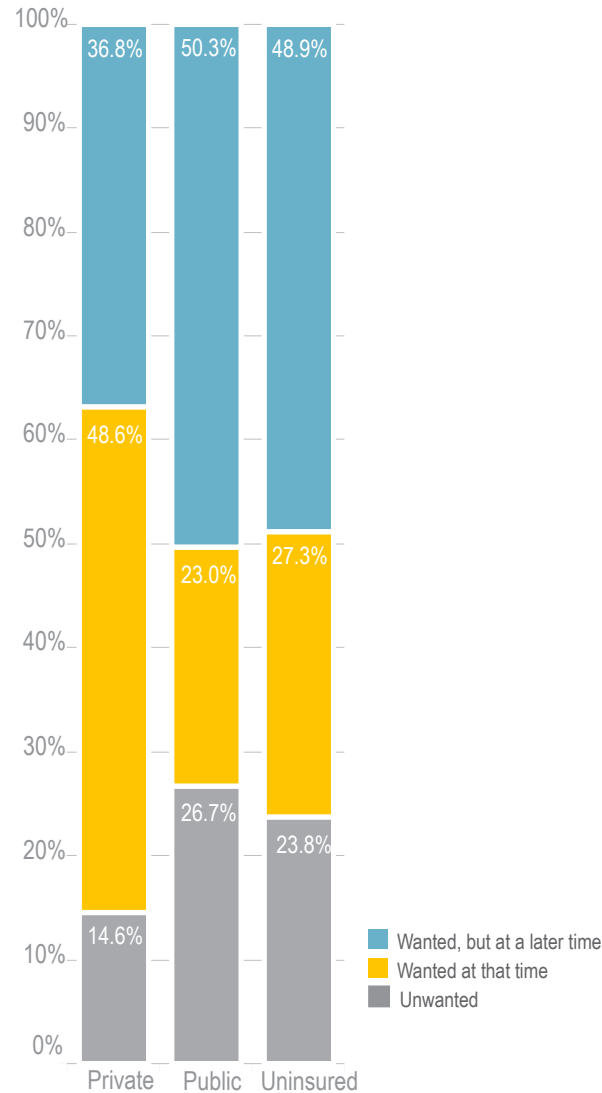
Source: Pregnancy Risk Assessment Monitoring System PRAMS Data. (2009-2011).

Reported Pregnancy Intention Status by Insurance Coverage Type Before Pregnancy and After Delivery, 2009-2011

COVERAGE BEFORE PREGNANCY



COVERAGE AT DELIVERY



The majority of unintended pregnancies in Mississippi are mistimed. Mistimed and unwanted pregnancies occur among women in all insurance coverage groups.

Sixty-six percent of recent mothers reported having insurance coverage one month prior to becoming pregnant. Women covered prior to pregnancy report lower percentages of unintended pregnancy than women uninsured prior to pregnancy.

New mothers with private insurance coverage at time of delivery report fewer mistimed and unwanted pregnancies, while half of publicly insured women reported that their recent pregnancy was mistimed. More than one-quarter of pregnancies among publicly insured women are reported as unwanted.

Mississippi Medicaid is the primary public source of insurance for low-income women during pregnancy, delivery, and 60 days after delivery.

Women relying on public insurance at delivery are 1.5 times more likely to describe their pregnancy as unintended than privately insured women, and they are almost 2 times as likely to report not wanting their recent pregnancy.

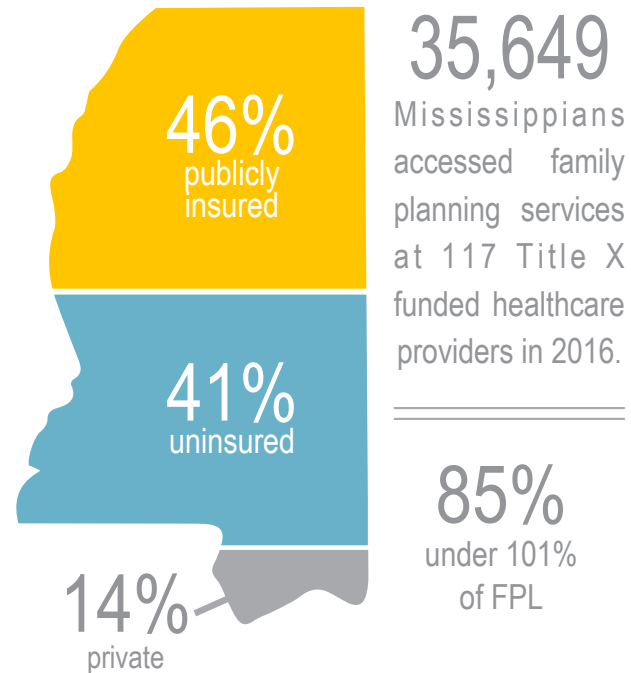
Source: Pregnancy Risk Assessment Monitoring System PRAMS Data. (2009-2011).

Title X

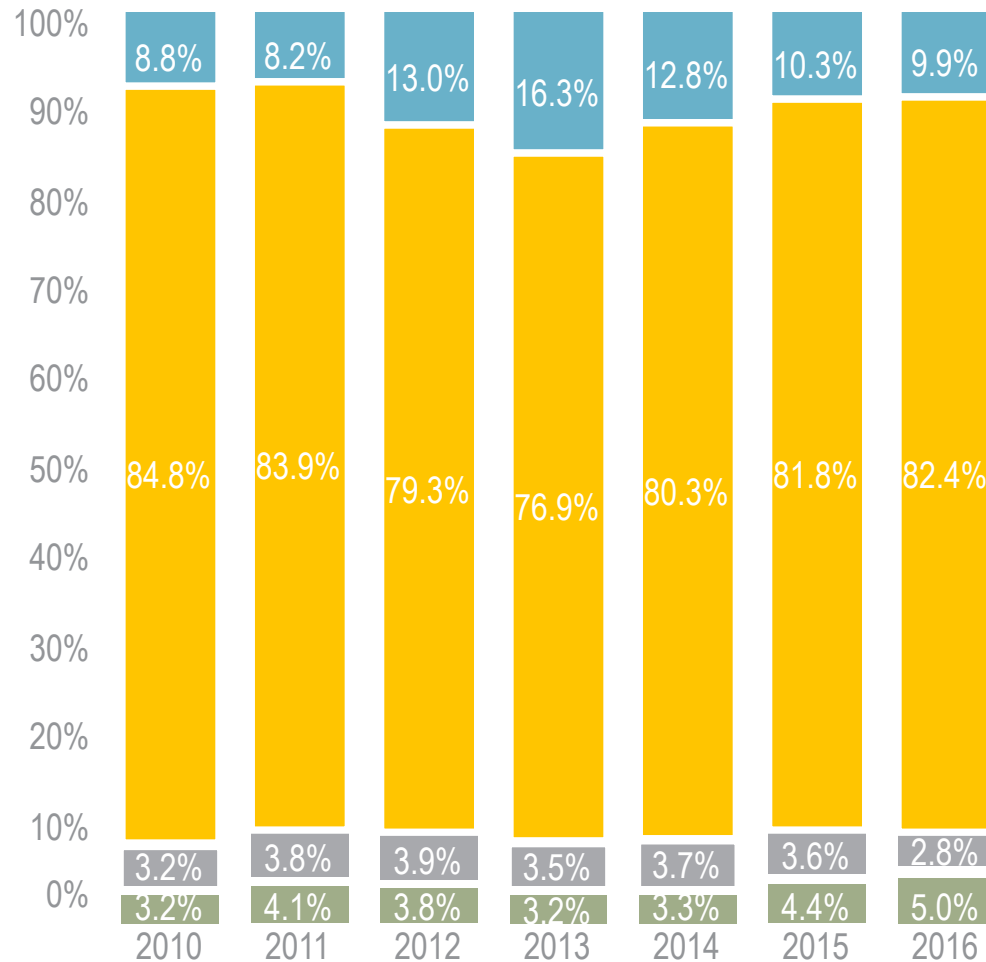
The Title X National Family Planning Program is administered by the U.S. Department of Health and Human Services and supports the delivery of family planning and reproductive health services including contraceptive education and counseling, preventive screenings, sexually transmitted disease testing, referral and prevention education, and pregnancy diagnosis and counseling. Title X funds are granted to state-level applicants and their subgrantees at public health departments and community health centers. Title X funded services are available to all men and women who need them, with priority given to persons from low-income families.

State-level grantees compile statistics regarding utilization of the various Title X funded services in family planning encounters and the demographics of the family planning users including age, sex, income, and insurance coverage.

Source: Title X Family Planning Annual Report: 2016 National Summary. (2017).



Distribution of Women 15-44 Served at Title X-Funded Sites by Effectiveness of Methods of Contraception by Year, 2010-2016



■ Less Effective Methods ■ Moderately Effective Methods ■ Most Effective Permanent Methods ■ Most Effective Reversible Methods

Family planning methods (birth control) are often grouped by effectiveness: most effective permanent, most effective reversible, moderately effective, and less effective.

Moderately effective methods like the oral contraceptive pill and Depo Provera injections are the most used family planning methods among women served at Mississippi's Title X-funded clinics.

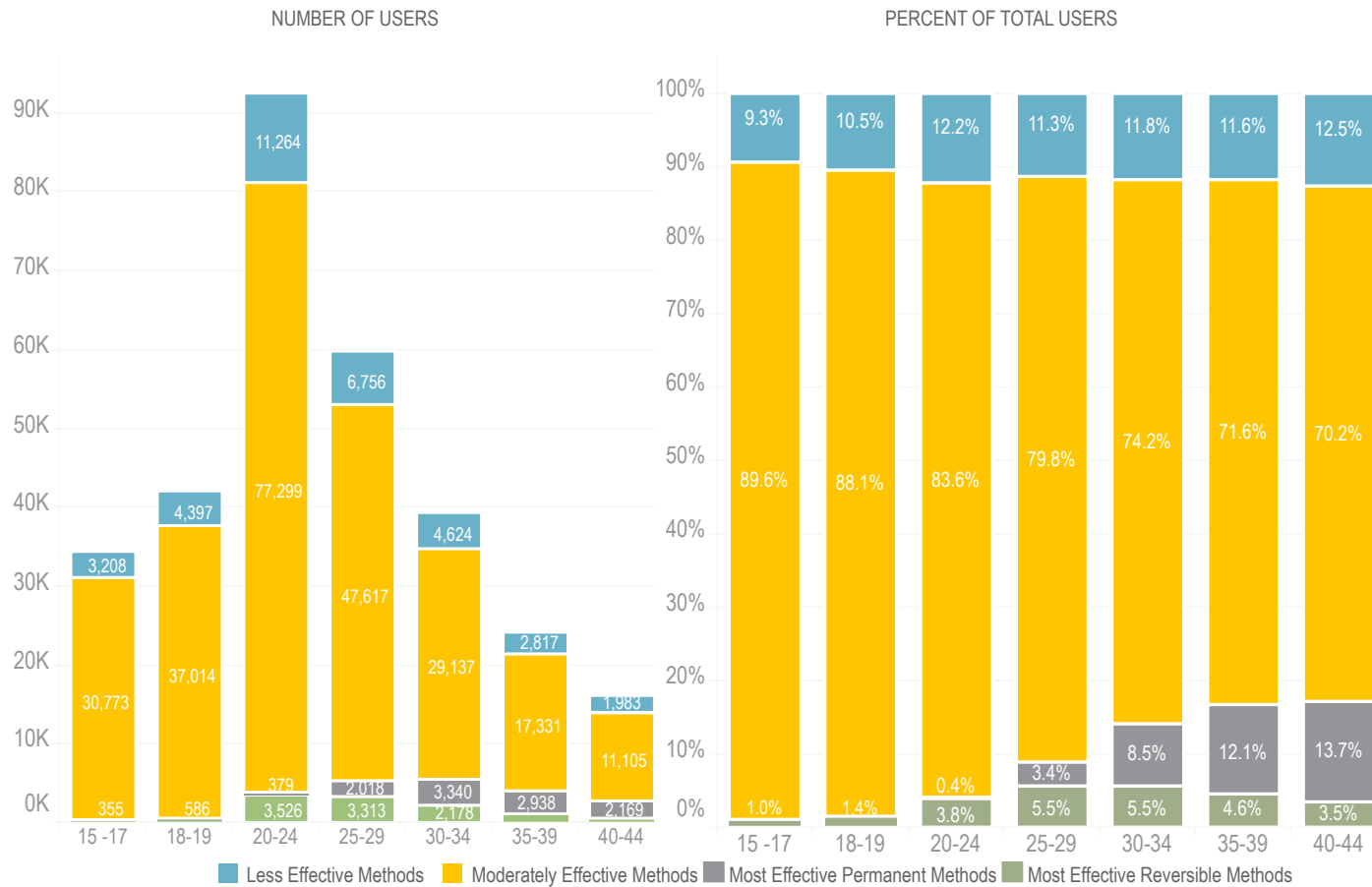
Since 2010, utilization of the most effective reversible methods (e.g. IUDs, implants) has climbed almost two full percentage points to five percent of all family planning users in 2016.

Use of less effective methods (e.g. condoms) among women relying on publicly funded family planning has increased one percentage point, but climbed as high as 16.3 percent of all women 15-44 accessing publicly funded services in 2013.

*For a more detailed description of these methods, see page 18 of this chartbook.

Source: Mississippi State Department of Health reports to Title X program. (2010-2016).

Distribution of Women 15-44 Served at Title X Sites by Effectiveness of Contraceptive Method and Age Group, 2010-2016



Source: Mississippi State Department of Health reports to Title X program. (2010-2016).

More than 80 percent of all women who seek publicly funded family planning services rely on moderately effective methods of birth control.

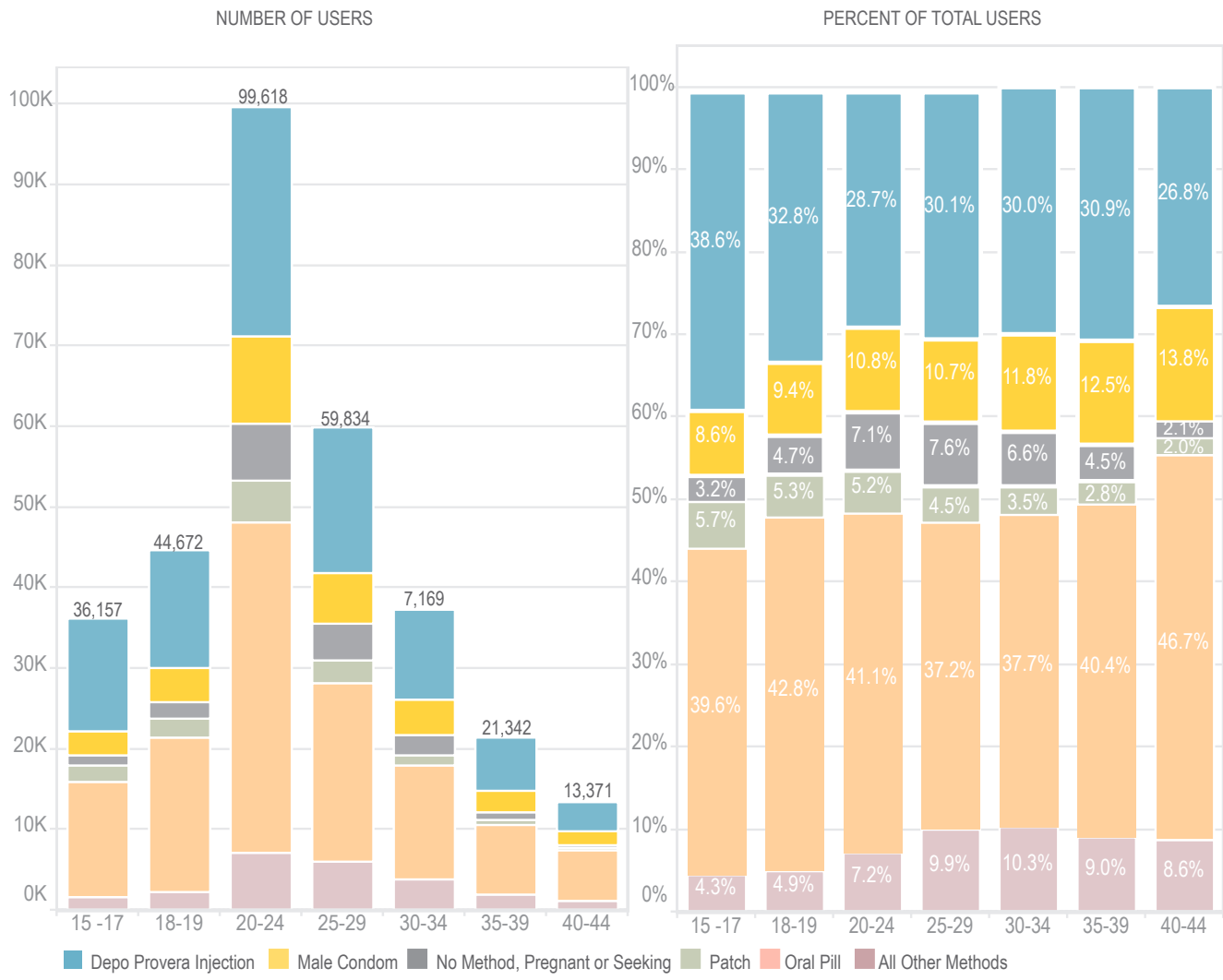
Fewer women under age 20 use the most effective *reversible* methods than older women.

Historically, women 20-24 years experience the highest number of births annually (see page 19); eighty-four percent of this age group relies on moderately effective methods while only 12 percent use the most effective reversible methods.

Women over 30 use the most effective *reversible* methods more than younger women even as they also turn to the most effective *permanent* methods in higher numbers.*

*Not shown are the most effective *permanent* methods (sterilization) for ages 15-17 and 18-19 due to no or extremely few cases. Sterilization is primarily sought out by older women starting in mid- to late 20s.

Top Five Family Planning Methods Used by Women 15-44 Served at Title X Funded Sites, 2010-2016



By number of users, the Oral Contraceptive Pill is the most commonly used family planning method of women 15-44 seeking services in Title X funded sites in Mississippi.

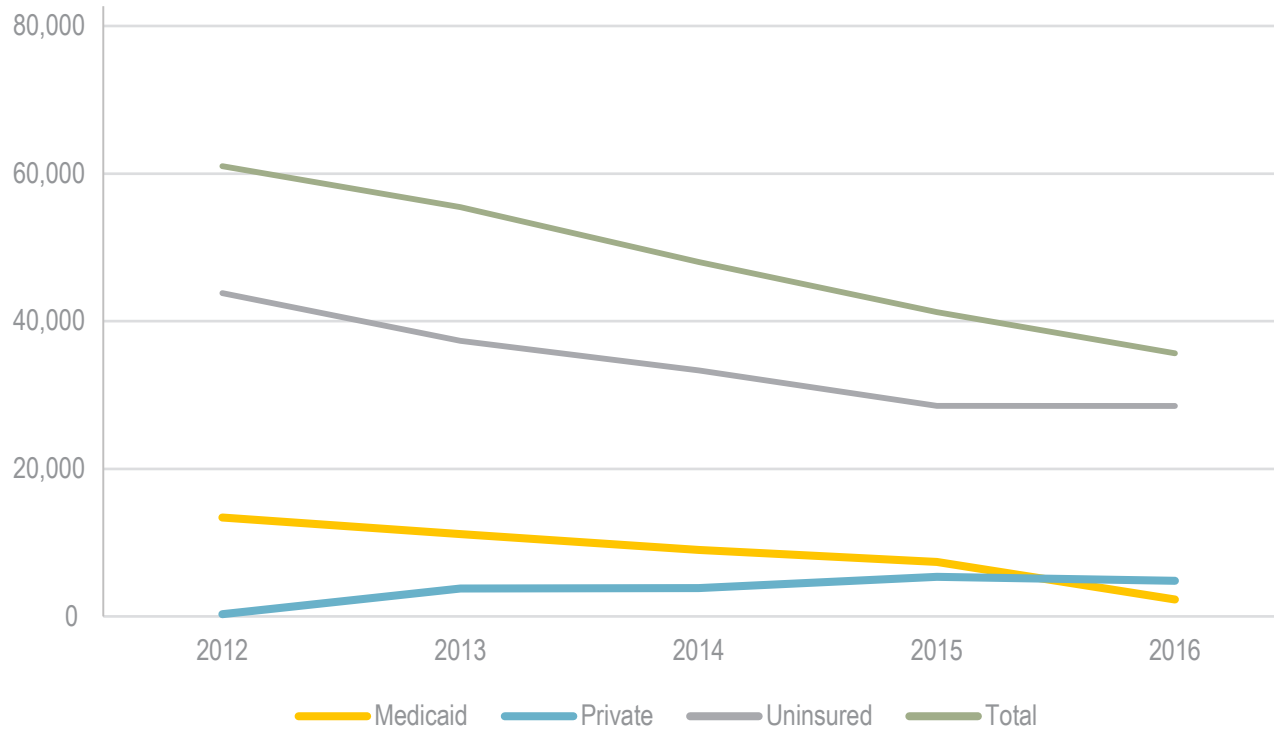
More than 125,000 12-month prescriptions were dispensed from 2010-2016. Three-month Depo Provera injections are the second most commonly used method.

Both the Pill and Depo Provera shots, as well as the Patch, are moderately effective methods which require consistent use. Male condoms are considered to be among the less effective methods of birth control.

None of the five most commonly used methods among women relying on publicly funded birth control is considered to be a most effective method.

Source: Mississippi State Department of Health reports to Title X program. (2010-2016).

Number of Family Planning Users at Mississippi Title X Funded Sites, 2010-2016



Source: Mississippi Department of Health and Title X Family Planning Annual Report: 2016 National Summary. (2017).

Family planning users of all insurance coverage status may access the services at Title X funded sites, although Title X funds are prioritized for uninsured and low-income individuals.

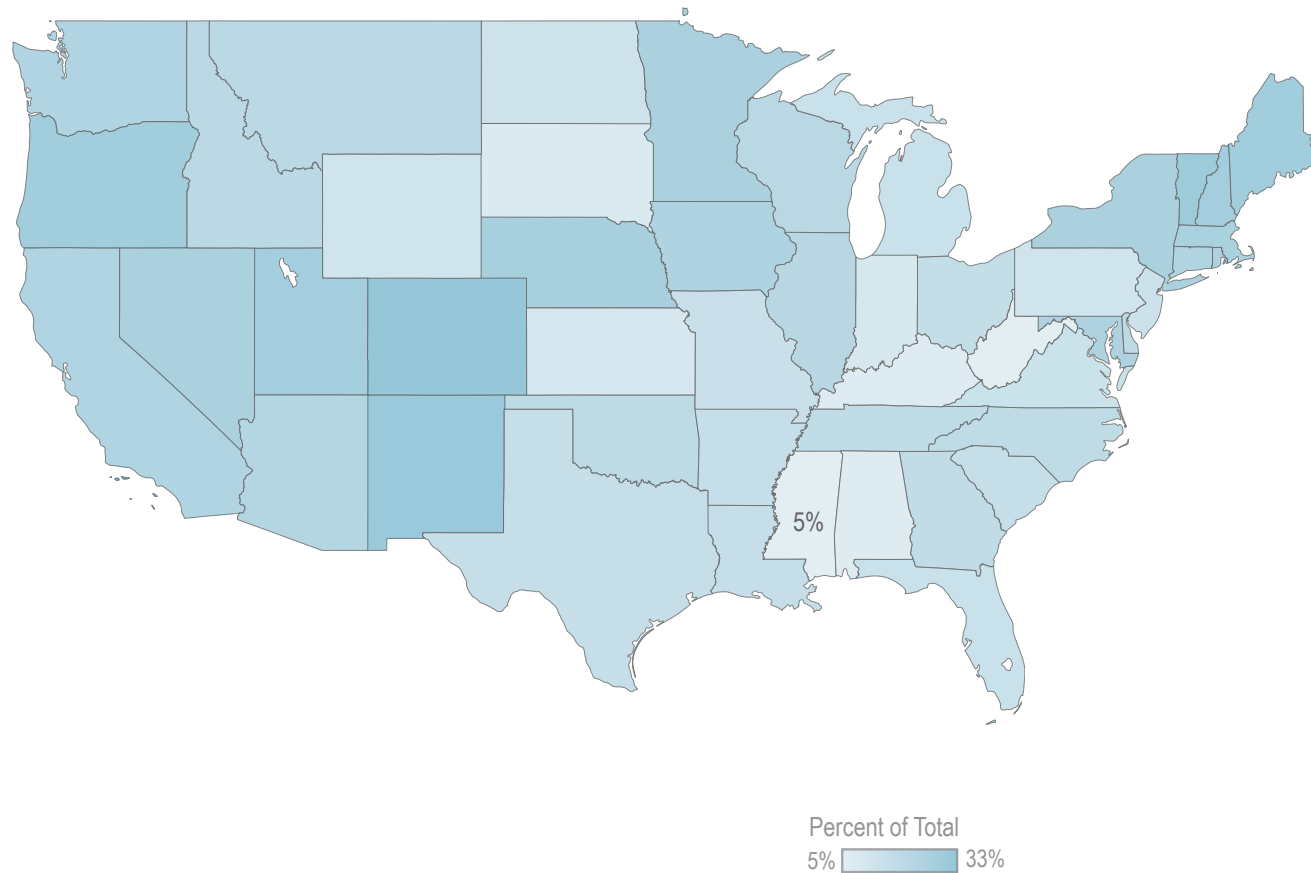
Between 2012 and 2016, family planning users at Title X sites in Mississippi decreased by 42 percent.

The number of family planning users covered by Medicaid decreased by 83 percent to just six percent of all Title X users while the number of privately insured family planning users grew to account for 13 percent of all users.

While uninsured family planning users decreased by 35 percent from 2012-2016, the uninsured continue to make up the majority of Title X users (80 percent of all users)

**Note: Uninsured and publicly covered encounters will differ from national Family Planning Annual Reports (FPAR) until 2017 due to changes in coding of payer information. The Mississippi State Department of Health provided updated numbers.*

Rate of LARC Utilization in Title X Funded Sites in Mississippi and Across the United States, 2016



Source: Title X Family Planning Annual Report. (2017).
Not shown: Alaska (32%) and Hawaii (25%).

Mississippians relying on Title X funded sites for family planning, use the most effective family planning methods at rates lower than other Southeastern states and the rest of the nation. No other state has a lower rate of LARC utilization; West Virginia also reports a 5 percent utilization of IUDs and implants in Title X funded sites. Indeed, utilization of the most effective methods has remained stagnant while the national rate has steadily increased from 6 percent in 2010 to 14 percent in 2016.

Mississippians use moderately effective methods (e.g. the Pill, Depo Provera injections) more than other methods and in higher proportions than the rest of the United States (82 percent v 45 percent in 2016).

Since 2012, reliance on less effective methods (e.g. condoms) has declined by 5 percentage points to 10 percent of Title X family planning users in Mississippi, well below the national rate of 18 percent.

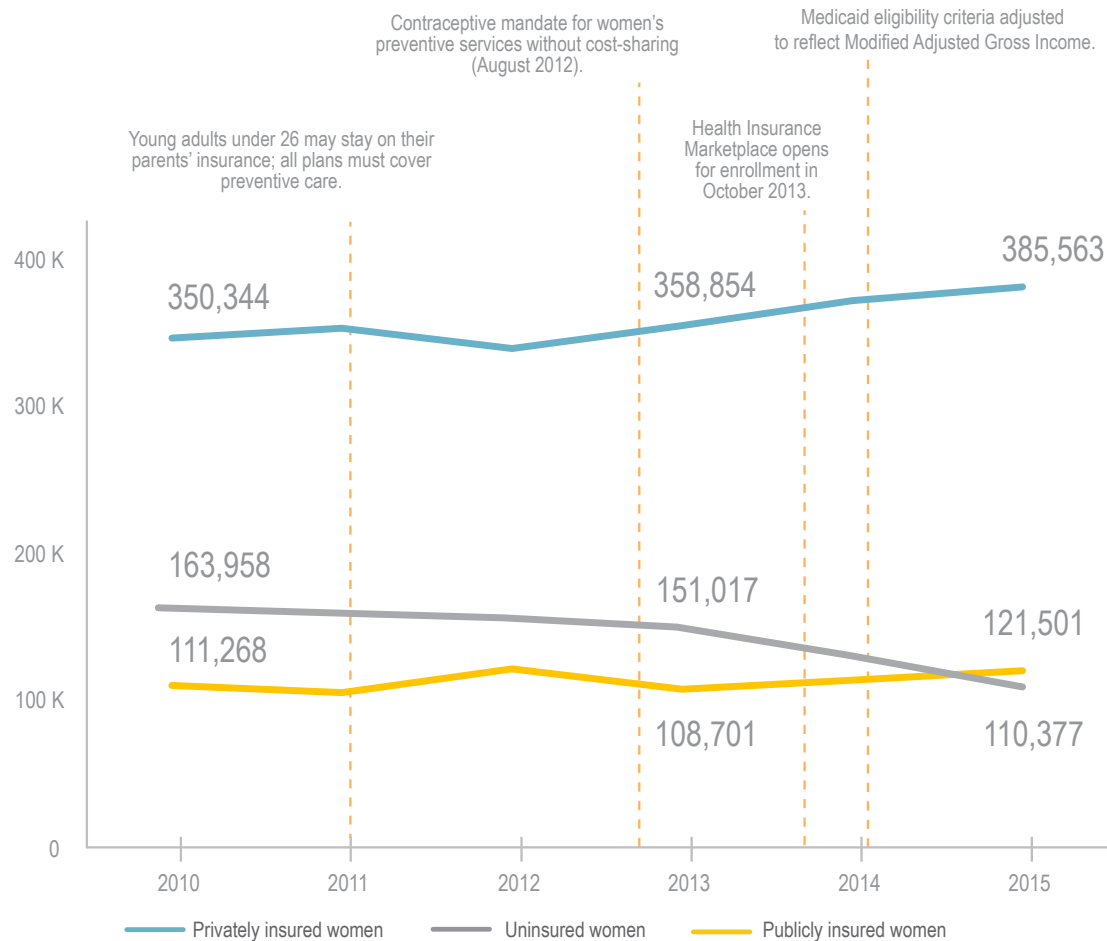
Note: Percentages reflect methods categorized as Most Effective Reversible Methods, known also as Long Acting Reversible Contraceptives (LARCs).

American Community Survey

The American Community Survey conducted annually by the US Census Bureau and inquires about various aspects of life for Americans including occupation, education, home ownership, and health insurance coverage. Information gleaned from these surveys is used by a range of public officials and other entities to understand past trends and plan future programs and public investments.

Source: American Community Survey, United States Census Bureau. (2010-2015).

Timeline of the key national health policy actions and insurance coverage trends for women 15-44 in Mississippi, 2010-2015



The American Community Survey captures important details about health insurance coverage for Americans of all demographics.

Household responses to the survey since 2010 reflect an increase in private coverage for women in Mississippi, with a notable uptick after the passage of key legislation requiring coverage for preventive care and allowing young adults under 26 to remain on their parents' insurance.

Public insurance coverage also increased by 10% by 2015 for Mississippi women. During this period Medicaid eligibility criteria changed to reflect an updated Modified Adjusted Gross Income (MAGI) calculation.

Since 2010, the uninsurance rate for Mississippi women has declined by 32%.

Source: American Community Survey (ACS). (2017).

All Payers Claims Database

An all payers claims database includes paid healthcare claims covered by private insurance carriers such as Blue Cross and Blue Shield, as well as public carriers like Medicare, Medicaid, and TriCare.

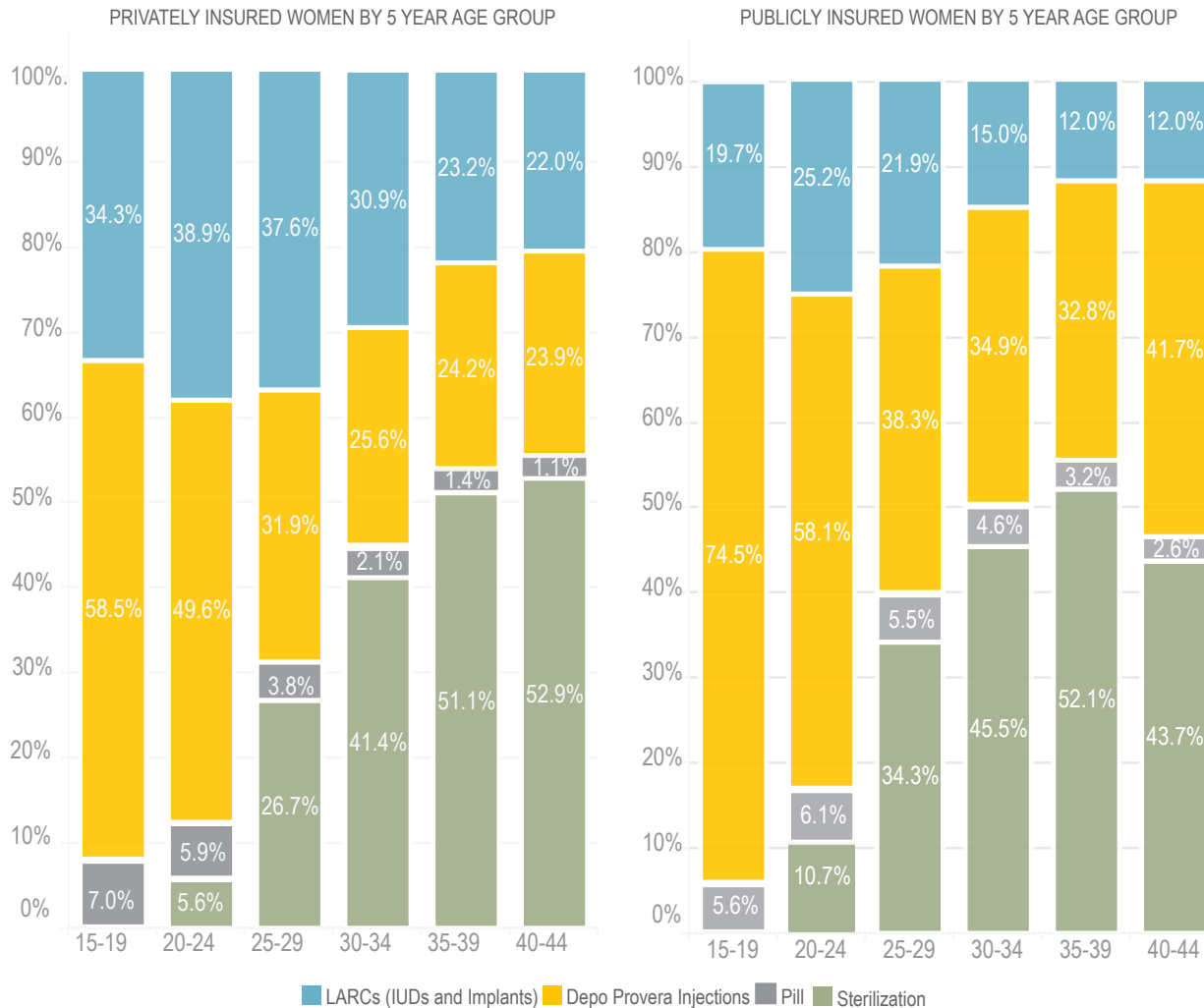
The Center for Mississippi Health Policy analyzed healthcare claims for Mississippi women 15-44 that included contraceptive management diagnosis codes associated with contraceptive counseling, prescription, insertion, removal, or injection.

It should be noted that this dataset does not include all health insurance plans in Mississippi.

The dataset was obtained from Amino, a healthcare transparency company with a national, patient de-identified database powered by 9 billion commercial and Medicare health insurance claims.

Source: Amino. An all -payer healthcare claim database. (2017).

Distribution of Users by Four Birth Control Methods and Type of Coverage for Women 15-44 in Mississippi, 2013-2016



Sample: 62,677 Medicaid-covered women and 96,625 privately insured women 15-44 with contraceptive management services in 2013-2016.
 Source: Amino All-payer healthcare claim database.

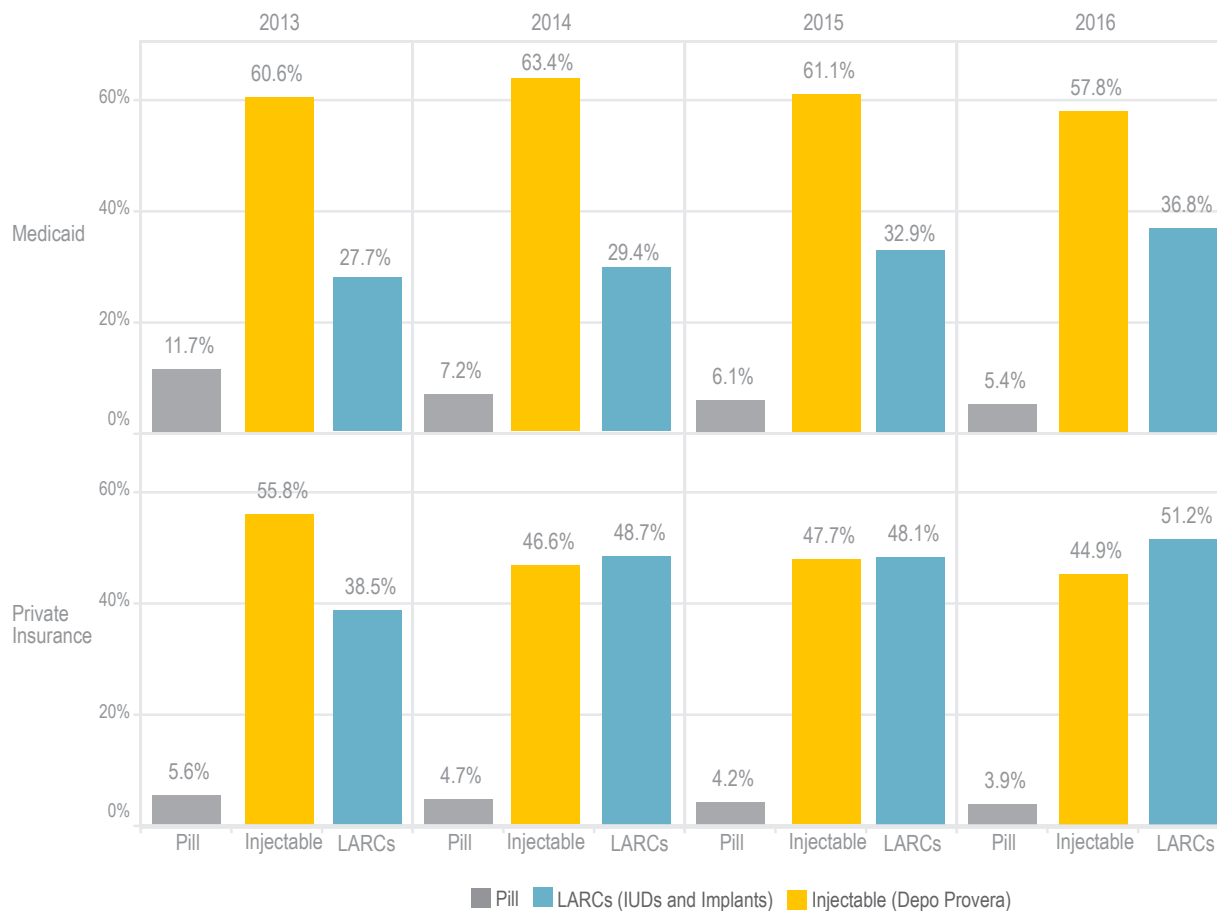
More privately insured women in all age-groups use LARCs than publicly insured women (a difference of at least 10 percentage points per age group).

Women younger than 24 of any payer group use injectable contraceptives (e.g. Depo Provera) more than any other method. A single injection can protect a user for one to three months, but requires recurring clinic visits to use consistently.

More publicly insured women under 30 opt for sterilization than privately insured women of the same age group. However, after 30, higher percentages of privately insured women begin to choose sterilization. Permanent sterilization is the top birth control method for both privately and publicly covered women over 30.

The pill is the least used of all methods by each coverage group, but sees highest use among teens and women under 30. While not high, reliance on the pill is more common among publicly insured women than privately insured women after the teen years.

Percentage of All Users for Three Popular Family Planning Methods Prescribed for Women 15-44 in Private Physician Offices by Payer and Year in Mississippi, 2013 -2016



Sample: The data presented in this chart represent a sample of 103,779 women 15-44 with contraceptive management claims in the private office setting. Source: Amino. An all-payer healthcare claim database. (2017).

Women must seek care from a physician or nurse practitioner to obtain all most and moderately effective birth control methods. This chart demonstrates differences by payer in utilization among women 15-44 seeking family planning services at private physician offices (not Title X or public health clinics).

Both coverage groups demonstrate reduced reliance over time on injectable contraception (e.g. Depo Provera, a three-month method) and the oral pill (a daily method) with a concurrent increase in utilization of LARCs (reversible, requiring little on-going maintenance).

As previously described in publicly-funded clinics, women covered by Medicaid seeking services in private physician offices use moderately effective methods of contraception more than the most effective reversible methods of contraception.

Since 2013, utilization of LARCs among privately covered women in physician offices has grown to surpass other methods. This trend toward greater utilization of LARCs is visible for publicly insured women, but is happening at a slower rate.

Glossary

Family Planning Services-Clinical or nonclinical services provided to women and men who want to avoid unintended pregnancies or achieve intended pregnancies, including lab tests, education, counseling, prescription, and device placement.

Method Effectiveness is based on the risk of unintentional pregnancy within the first year of typical use of each method.

Most Effective Permanent- Less than 1 pregnancy per 100 women in a year.

- Male Vasectomy (0.15%)
- Female Sterilization (0.5%)

Most Effective Reversible (LARCs)-Less than 1 pregnancy per 100 women in a year.

- Hormonal Implant (0.05%)
- Intrauterine Device (IUD) (0.2-0.8%)

Moderately Effective- 6-12 pregnancies per 100 women in a year.

- Hormonal Injections (Depo Provera) (6%)
- Oral Contraceptive Pill (9%)
- Patch (9%)
- Diaphragm (12%)

Less Effective-18 or more pregnancies per 100 women in a year.

- Male Condoms (18%)
- Female Condoms (21%)
- Withdrawal (22%)
- Sponge (12-24%)
- Fertility Awareness Method (FAM) (24%)
- Spermicide (28%)

Long-acting reversible contraceptives (LARCs)- birth control methods that last 1-12 years and are reversible, including hormonal implants (Norplanon) and IUDs (Mirena, Skyla, Paragard, Liletta).

Title X- A section of the United States Social Security Act that establishes funding for reproductive and sexual health services through federal grants to grantees and sub-grantees. Grantees provide family planning services to men and women 13-44 years old. (These services do not include abortion.)

Family Planning Waiver- A program of the Division of Medicaid that is 90% federally funded to offer reproductive and sexual health services to men and women who qualify based on income.

CHART BOOK

UNINTENDED PREGNANCY IN MISSISSIPPI

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