

Eliminating health disparities in unintended pregnancy with long-acting reversible contraception (LARC)

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Unintended pregnancy and teen pregnancy continue to be significant public health challenges in the United States, and are listed among the priorities of Healthy People 2020.¹ Approximately half of all pregnancies in the United States are unintended,² and approximately half of those end in abortion, resulting in 1.2 million abortions per year.³ The risk of experiencing a pregnancy before age 20 years has fallen from 4 in 10 in the 1990s to the current rate of 3 in 10, but continues to be high relative to other developed countries.⁴

There is significant disparity in the rates of teen and unintended pregnancy by race/ethnicity, education, and income level. Figure 1 displays changes in teen birth rates over the past 2 decades,

Significant public health disparities exist surrounding teen and unplanned pregnancy in the United States. Women of color and those with lower education and socioeconomic status are at much greater risk of unplanned pregnancy and the resulting adverse outcomes. Unplanned pregnancies reduce educational and career opportunities and may contribute to socioeconomic deprivation and widening income disparities. Long-acting reversible contraception (LARC), including intrauterine devices and implants, offer the opportunity to change the default from drifting into parenthood to planned conception. LARC methods are forgettable; once placed, they offer highly effective, long-term pregnancy prevention. Increasing evidence in the medical literature demonstrates the population benefits of use of these methods. However, barriers to more widespread use of LARC methods persist and include educational, access, and cost barriers. With increasing insurance coverage under the Affordable Care Act and more widespread, no-cost coverage of methods, more and more women are choosing intrauterine devices and the contraceptive implant. Increasing the use of highly effective contraceptive methods may provide one solution to the persistent problem of the health disparities of unplanned and teen pregnancies in the United States and improve women's and children's health.

Key words: implants, intrauterine devices, long-acting reversible contraception, unplanned pregnancy, women's health

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stratified by race/ethnicity. Black and Latina teenagers are more than twice as likely as white teenagers to experience a pregnancy, with half of black and Latina teens becoming pregnant before age 20. Half of teen mothers do not receive a high school diploma by age 22, perpetuating a cycle of lower educational attainment and poverty.⁵ The unintended pregnancy rate is 5 times higher in poor women compared with their wealthier counterparts and almost 5 times higher in women with less than a high school degree compared with college graduates.²

Unintended, teen, and rapid repeat pregnancies have substantial negative health and socioeconomic impacts on women and their families. These outcomes include higher rates of maternal depression, intimate partner violence, and low-birthweight infants and lower rates of breast-feeding. Long-term developmental outcomes include poorer behavioral, mental, and physical health for the children. In addition, lower educational attainment for the

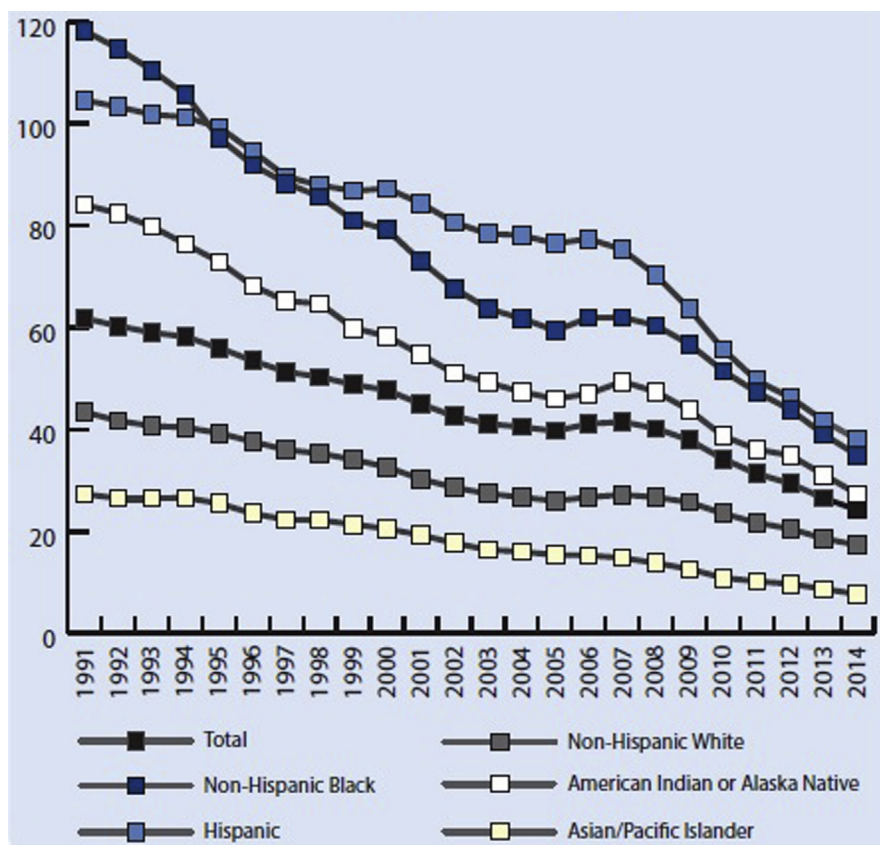
mothers, fathers, and their children lead to higher rates of poverty and the need for federal aid.⁶⁻⁹ There is evidence that unintended pregnancies and births are increasing in poorer and less educated women, a very concerning trend, given the societal costs associated with these births.¹⁰

The public health cost of births resulting from unintended pregnancies in 2006 was estimated to be \$11 billion in maternity and infant care alone, not accounting for the costs of abortion care, additional care required due to poorer perinatal outcomes, lost productivity, and government benefits.¹¹ Contraception has been shown to be a highly cost-effective public health measure, with every \$1 in public funding for family planning saving taxpayers \$3.74 in pregnancy-related costs alone.

Additionally, the most effective methods of contraception, intrauterine devices (IUDs) and subdermal contraceptive implants (long-acting reversible contraceptive [LARC] methods: see Table 1), are among the most cost-effective

FIGURE

Teen birth rate (per 1000 girls aged 15–19 y), 1991–2014, by race/ethnicity



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methods; in one analysis, LARC methods were more cost effective than the use of short-acting methods or no method, with savings of more than \$7 for each \$1 spent.^{12,13} This benefit is seen because LARC methods are able to overcome the estimated 53% of annual costs of unintended pregnancy that are due to imperfect contraceptive adherence.¹⁴

Unintended pregnancy most often occurs due to nonuse, including gaps in use, or inconsistent or incorrect use of contraception. The most commonly used reversible contraceptive methods are the oral contraceptive pill and the male condom,¹⁵ which have typical-use annual failure rates of 9% and 18%, respectively. Failures with pills are 2-fold greater in women younger than 21 years of age compared with older women,

significantly contributing to the risk of teen pregnancy.^{16,17}

Significant disparities by race, income, and education also exist for the consistent use of reversible methods. Black, low-income women, women with less than a college education, and Medicaid-insured women are more likely to experience both gaps in their contraceptive use and method failures.^{18–20} The reasons behind these disparities are multifactorial, but point to the need for increased access to contraceptive methods that decrease or eliminate gaps and method failures.

By removing user dependency, IUDs and implants are associated with annual failure rates of 0.2–0.8% (IUDs) and 0.05% (implants).^{16,17} They also have high continuation rates that are

unaffected by race or socioeconomic factors.^{21,22} The use of LARC methods is increasing across all contraceptive users, from 8.5% in 2009 to 11.6% in 2012, indicating improving acceptability.²³ This trend is important, given that more widespread use of the most effective methods of contraception is one potential solution to reduce the rates of unintended and teen pregnancy in the United States.

Long-acting reversible contraception

IUDs and implants utilize one-time placement with long periods of efficacy; these methods are highly effective because they are not user dependent (see Table 1). They are forgettable and their continuous use eliminates gaps in contraceptive coverage, which are common with methods requiring frequent dosing. LARC methods are ideal for women at high risk of unintended pregnancy, such as adolescents, and all women who desire highly effective methods. In addition, they do not contain estrogen and therefore have few contraindications, making them ideal for use in women with medical conditions.

Intrauterine devices (IUDs)

There are currently several hormonal IUDs and one nonhormonal IUD available in the United States, and multiple other types are available internationally. The most commonly used hormonal IUD is the 52 mg levonorgestrel-releasing intrauterine system (LNG-IUS), which is Food and Drug Administration (FDA) approved for up to 5 years of use.²⁴ A newer 52 mg LNG-IUS was recently FDA approved for up to 3 years of use and is a lower-cost alternative for organizations that qualify for 340B pricing and for uninsured women. A lower dose (13.5 mg) levonorgestrel-releasing IUD with a smaller frame is FDA approved and effective for up to 3 years. This smaller hormonal IUD was originally marketed for nulliparous women; however, the 52 mg LNG-IUS has also been shown to be safe and acceptable in this population, with high continuation rates.²⁵ The Copper T380A IUD, the nonhormonal IUD, contains copper

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