Unintended Pregnancy and Abortion Data

Legislative Report

In response to LD 1512

Submitted by the Department of Health and Human Services

January 4, 2006

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Governor

Maine Department of Health and Human Services

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January 4, 2006

Joint Standing Committee on Judiciary
100 State House Station
Augusta, ME 04333-0100

Re: LD 1512, Resolve, Directing the Bureau of Health To Study Additional Information about Abortions

Dear Senator Hobbins, Representative Pelletier-Simpson, and Members of the Committee:

During the first regular session of the 122st Legislature, the Department of Health and Human Services was assigned responsibility to respond to LD 1512 which resolves that the Maine Center for Disease Control and Prevention (Maine CDC) "shall study additional data that could be collected within existing resources that would be helpful in implementing statewide policies to further reduce the number of unintended pregnancies and abortions." Enclosed is the Maine CDC report to the Joint Standing Committee regarding the utility and feasibility of additional data collection, as well as recommendations for other actions that may further reduce unintended pregnancies and abortions.

Thank you for the opportunity to provide information about unintended pregnancy and abortion data to your committee.

Sincerely,

Dora Anne Mills

Dora Anne Mills, MD, MPH
Director
Maine Center for Disease Control and Prevention

LD 1512 resolves that Maine Center for Disease Control and Prevention (Maine CDC) "shall study additional data that could be collected within existing resources that would be helpful in implementing statewide policies to further reduce the number of unintended pregnancies and abortions."

Unintended pregnancy in Maine:

- 33.5% of births in Maine are unintended. However, for women less than 20 years of age, the percent of births that are unintended rises to 77.6%. (Maine PRAMS 2003 data)
- Maine has one of the lowest teenage pregnancy rates in the county and this rate declined faster than any other state in the 1990's. (Maine Vital Records, National Center for Health Statistics)
- Maine has one of the highest rates of birth control use for women 18 and over who are at risk of becoming pregnant. (88%) (MMWR, Nov 18, 2005, "Contraceptive Use United States and Territories, Behavioral Risk Factor Surveillance System 2002")
- 33% of women who are not using birth control indicated that they were trying to become pregnant. (MMWR, Nov 18, 2005, "Contraceptive Use United States and Territories, Behavioral Risk Factor Surveillance System 2002")
- 54% of women with unintended pregnancies had used a birth control method in the month preceding conception. This can be attributed to the incorrect use of methods. (Alan Guttmacher Institute)
- The availability of Emergency Contraception accounts for as much as 43% of the decline in abortions nationally from 1994 – 2000. (Alan Guttmacher Institute) **Increased availability of EC in Maine through the pharmacy collaborative practice bill will assist in reducing this further**.

Abortion in Maine

- **Maine does well in reporting abortions, and follows national standards.** Three states do not collect the data, and at least 8 do not meet the same standards as Maine. (MMWR, Nov 25, 2005, "Abortion Surveillance, United States 2002")
- Currently, Maine collects data on residence, age, race, ethnicity, marital status, educational attainment, number of previous live births, type of procedure, and weeks of gestation. (Maine Vital Records)
- 95% of the information required is fully completed and on time. (Maine Vital Records)
- Over 99% of abortions report a gestational age and 99% report the age of the woman. (Maine Vital Records)
- **The number of abortions in Maine has been cut in half over the past 15 years** (from about 4700 in 1988 to 2250 in 2003). Maine's overall abortion rate is about half the national average. (Maine Vital Records, MMWR, Nov 25, 2005)
- Almost half of abortions are received by young adult women (18-24) (Maine Vital Records)
- Teen abortion rates have fallen by 54% (from 23 per 1000 aged 15-19 in 1988 to 10 per 1000 in 2002). **Less than 200 minors received abortions in 2003.** (Maine Vital Records)
- Less than 90 minors do not have parental consent in this decision. Of those whose parents are not involved, most have involved another adult family member to fill the requirements of current Maine law. (Family Planning Association of Maine data)
- When a family member is not involved, a trained professional is. Anecdotal reports indicate that in these cases, the minor has often had conversations with family members, but the

required forms had not been completed. The formality of this documentation is difficult when a family is dealing with an emotional decision. Other reasons that family may not be involved include sexual assault, incest, rape, and family discord. Minor may by "kicked out" of the house if a pregnancy is revealed. (Information provided by the Family Planning Association of Maine)

State and national data already tells us that:

- **Low cost, accessible, and effective family planning methods are the most important factor in reducing abortion**. Maine's support for these services has remained steady over the last 10 years, despite increasing health care costs. In State FY 1996, $1,680,684 was spent on family planning services, adolescent pregnancy prevention projects and adolescent pregnancy and parenting services. In 2006, the amount allocated to these programs was $1,698,617.
- In Maine, an estimated 152,170 women are in need of contraceptive services and supplies. Of these, 78,700 women—including 22,630 teenagers—are in need of publicly supported contraceptive services. Only two thirds of these receive such services. (Women in Need study)
- The lowest cost birth control methods are more susceptible to human error than higher cost methods such as Depo-Provera.
- The FPA has quality assurance initiatives in place to improve counseling and use of all birth control methods. Over 90% of clients receiving a comprehensive exam also have contraceptive counseling documented in their charts in 2005.

Current data sources on unintended pregnancies and abortions

As indicated above, the State already collects a fair amount of data related to unintended pregnancy and abortion and meets national standards for the later. To determine the need for additional data, it was decided that a review of current data was the necessary first step. In addition, identifying these data sources may allow us to ascertain the best place to gather additional data if necessary.

Few resources have been available in the past ten years for an extensive review of unintended pregnancy and the factors leading to it. The last comprehensive report on unintended pregnancy focused on teens and was done in 1996. Therefore, although numerous data exists, minimal analysis of the data has occurred. It is important to note that even if additional data collection may be possible within existing resources, the capacity to analyze and disseminate that data is still limited. Several steps have been taken by the Maine CDC to increase the on-going use of data including efforts to increase Maternal and Child Health epidemiology capacity, and the recruitment of Master degree candidates as interns to develop a teen pregnancy surveillance system. Nevertheless resources for these efforts continue to be limited and are highly dependent on federal funding.

The following sources of data on unintended pregnancy/abortion have been identified:

Maine only data:

Note: Many sources of Maine data have limitations due to low numbers. With only 2250 abortions annually, detailed analyses are constrained by statistical uncertainties and confidentiality concerns.

Parents Matter Data

- One time survey of parents with teens regarding conversations about sexuality. This one time survey was done with federal funding to assist in the development of a media campaign whose goals were to increase abstinence among teens and increase parental communication between parents and teens regarding sexuality and abstinence. The requirements regarding the source of this funding changed in 2005, and Maine did not re-apply for these funds.

Emergency Contraception (EC) Hotline information

- Information on the use of the EC hotline. This hotline completed follow-up interviews on approximately 25% of their callers. This provided some information on young women who were seeking prescriptions for EC, including their age, insurance coverage, previous visits to a family planning clinic, completed referrals to family planning and whether a pregnancy was avoided. 98% of those interviewed stated that they had avoided an unintended pregnancy. Due to the Collaborative Practice for Emergency Contraception Act passed in 2003 that makes EC available directly through participating pharmacies, this hotline will be phased out over the next year.

Maine Health Care Claims Data Bank

- This new data source provides information on public and private insurance claims. This data source may provide additional information on family planning and related services that are paid for by insurance. However, it does not include data on uninsured people, on individuals who elect to self pay due to lack of prescription drug coverage, high deductibles, or concerns regarding confidentiality (such as minors).
- In addition, many abortions are not paid for through insurance, and therefore claims relating to abortions would be incomplete and of questionable use.
- No data has yet been used for the purpose of looking at pregnancy prevention.

Family Planning data

- The State obtains data on family planning visits as part of grant requirements. This includes demographic data such as age and income, and information on what services are provided. As part of the management of the State's grant to the Family Planning Association of Maine, quality assurance activities and performance measurement gives data on the total numbers served, the numbers of adolescents and low-income women served, the number of clients returning for annual exams, birth control continuation rates, the level of reproductive health counseling, as well as HIV/STD counseling.

Maine and national data:

Vital Records

- Birth certificates
- Abortion records (follows national standards)

PRAMS (the Pregnancy Risk Assessment Monitoring System)

- This is a written survey, mailed with follow-up to a sample of women who have recently given birth.
- Includes questions on "intendedness" of the birth (whether the mother intended to become pregnant when she did).
- Also includes health care coverage and other demographics.
- In Maine, this survey is of limited use for age, geographic and other differences due to small numbers.

BRFSS (the Behavioral Risk Factor Surveillance System)

- This is a telephone survey to non-institutional adults (over 18) and asked a broad variety of heath questions.
- Family planning data (1998, 2002)
- Some pregnancy intendedness data (1998 only)
- Health care coverage and other demographics
- Information about condom use and number of sexual partners.
- A 2005 Mortality, Morbidity and Weekly Report from the national Centers for Disease Control and Prevention presents analysis of family planning data by state

Alan Guttmacher Institute

- Provides analyses of state policies regarding teen pregnancy and reproductive health.

YRBS (Youth Risk Behavior Survey)

- Asks teen about sexual behavior, birth control and whether they have talked to their parents about sex (The latter question has no national comparison data.) Current interdepartmental efforts will combine this data source with other student health surveys administered in schools, with the possibility of providing additional sub-state data on sexual behaviors.

Note: the CDC periodically reports analyses of Vital Records, PRAMS, BRFSS and YRBS state and national data in the Mortality and Morbidity Weekly Report (MMWR).

National only data: Given that we are limited to existing resources, it is important to look beyond Maine's borders for what is known nationally. The Maine data can be compared to corresponding national data (above) to assist in the extrapolation of this additional national data. For example, the age distribution for abortions in Maine is similar to the national pattern, with young adults receiving the most abortions. National data also has stronger statistical power, since it does not face the same limitations related to small numbers.

The National Family Growth Survey

- This is a national telephone survey on reproductive health and family planning issues.
- There is no Maine specific data.

Women in Need Report (Alan Guttmacher Institute)

- Provides information on the unmet need for family planning services.

Since half of all unintended pregnancies end in abortion, reducing unintended pregnancy has a significant impact on abortion rates as well. Both nationally and in Maine, the majority of the public has supported legalized abortion, while wanting to be sure it is a last resort. In addition, reducing unintended pregnancy also reduces unintended births, which are associated with higher risk behaviors of mother and families, such as smoking, violence, and delayed prenatal care, and poorer birth outcomes, such as low-birth weight. As noted in the Nov 25, 2005 MMWR report, contraceptive use is the most important determinant of unintended pregnancy. Although only 8% of Maine women at risk for unintended pregnancy do not use birth control, (MMWR, Nov 25, 2005), they account for approximately half of the unintended pregnancies. The other half of unintended pregnancies can be attributed to inconsistent or incorrect use of contraception. (Alan Guttmacher Institute). Accessible and effective contraception and family planning services are a key to reducing both abortion and unintended pregnancies.

Risky sexual behavior, including the absence or inconsistent use of birth control often occurs with other risk behaviors, such as substance abuse, tobacco use, and unhealthy and violent relationships. For example, 25% of high school students said that they had consumed alcohol or taken other drugs before the last time they had sexual intercourse. There are growing concerns about the young adult population (ages 18-24) in a number of areas, yet this is a population that currently receives limited services and supports. The Maine Youth Suicide Prevention Program, the Office of Substance Abuse, the HIV/STD program, the Partnership for a Tobacco-free Maine and others have identified young adults as a priority population. The needs of this population extend far beyond unintended pregnancy and abortion and these issues cannot be addressed in isolation.

As shown by the data earlier in this report, Maine has seen substantial success in teen pregnancy prevention in the past 20 years, and is a national leader. As noted in a 1996 CDC report, these achievements are the result of a sustained commitment to family planning services, as well as comprehensive family life education. Nevertheless, in order to see further reductions, this support should be examined and renewed. Despite efforts to leverage public funding for pregnancy prevention with private insurance reimbursement, accessibility of both family planning services and family life education cannot be expanded without a continued public commitment.

In addition, the effectiveness of contraception for those who use it may be increased through policies that encourage longer-term methods that are less susceptible to inconsistent use and user error. Thirty percent (30%) of Maine women and 56% of young adult Maine women (aged 18-24) use oral contraception, but this method is more susceptible to incorrect use than other hormonal methods. However, methods that have less possibility of user error such as injectable contraception are more expensive.

None of these approaches to reducing unintended pregnancy require additional data collection. More attention can be paid in Maine to the existing data in order to determine disparities in access to services, including in rural and urban areas, for racial and ethnic minorities, and for young adults. Maine has data sources that can help direct program resources more efficiently, but these data need to be analyzed in more depth and apply such analyses to program planning, implementation and evaluation.

Recommendations

The Maine CDC recommends the following:

- Given the various existing data resources, the limited resources should first be focused on more analysis of these data. The Maine CDC has once again applied for an intern to make further progress on a surveillance system for teen pregnancy. Although a more thorough analysis may be possible were additional resources available, some steps to improve our knowledge of unintended pregnancy and abortion may be possible with existing resources. These include:
  - Gathering and updating information to be included as part of a teen and unintended pregnancy surveillance system.
  - Continuing efforts to increase sub-state level data on teen sexual activity.
- Since family planning and family life education resources have not kept up with increasing medical costs and salaries, but have been shown to reduce abortions and teen pregnancy, it is important to ensure that these resources are not reduced further or diverted to additional data collection and analysis efforts.
- The success Maine has made through efforts and attention on teen pregnancy should be expanded to include unintended pregnancies in young adults (ages 18 - 24). Such efforts might also include other health issues that disproportionately affect young adults, including lack of health insurance, smoking, suicide, sexually transmitted diseases, and substance abuse. A comprehensive plan to reach this population and address the health needs of young adults may be needed.