Are You Kidding Me: Not Any Reduction in Unintended Pregnancy?

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Montana Nurses Association
Helena, MT – April 22-24, 2014

Learning Objectives

At the end of this presentation, the participant will be able to:

- Explain the remaining barriers to contraceptive success.
- Discuss ways to counsel women on currently available methods.
- Analyze the shortcomings and problems that the image of contraception contributes to unintended pregnancies.

Importance of Family Planning

- Family Planning (COCs and condoms) recognized by CDC as one of top 10 most important to public health achievements of the 20th century!
- Family Planning has potential to contribute to each of the 8 Millennium Development Goals

Millennium Developmental Goals UN

- Eradicate extreme poverty and hunger
- Achieve universal primary education
- Promote gender equality and empower women
- Reduce child mortality
- Improve maternal health
- Combat HIV/AIDS, malaria and other diseases
- Ensure environmental sustainability
- Develop a global partnership for development

What About Next Round of International Goals?

- Only 3 of the new goals have anything to do with health
- All the health goals relate to chronic disease
- Contraception isn’t even indirectly mentioned

Conflict of Interest Disclosure

Anita L. Nelson, MD

Grants/ Research
Bayer, Merck, Pfizer, Teva

Honoraria/ Speakers Bureau
Activas, Bayer, Merck, Pfizer, Teva

Consultant/ Advisory Board
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Contraception and Health

- Increasing contraceptive use in developing countries in past 20 years
  - Reduced maternal deaths by 40%
  - When numbers of women increased
- In just past 11 years alone
  - Contraception reduced maternal mortality ratio (MMR) by 26%
- Could decrease MMR by another 30%
  - If current unmet contraceptive needs were met


US vs. the World

- Melinda Gate’s investment in contraception and her passion
  - Inspiring in the international arena
  - Effective
    - Bringing contraception to developing countries where 99% of maternal deaths occur will have the biggest returns
  - Very little impact in US
- The US is really our responsibility
  - Our fault? (often by inaction)

Real Hope: From CHOICE Study but . . .

- Providing no-cost contraception with focused counselling
  - Significantly reduced abortion rates, repeat abortions and teenage birth rates
- ACA will provide free coverage of all methods of birth control
  - Are we done then?
- System issues: Confidentiality? Access to LARCs?


Future Challenges: The Medical Home Will Be Crowded

- Providers will be easily overwhelmed with large numbers of patients with serious medical problems
  - Family planning may not seem important
    - No incentives (no ACA standards to reduce unplanned pregnancy)
- Providers may not be able to offer top tier methods and referrals out may be difficult
- Family planning centers collapsed into primary care may lose their advocacy power

How Much Do Women Value Their Contraception?

- New professional enthusiasm for over-the-counter oral contraceptives hopefully will be seen as endorsement of their safety.
- Recent survey revealed 62.2% of women support OTC pill availability
  - Obtaining refills
  - Starting pills
- Highest amount willing and able to pay per cycle
  - Mean = $20.75
  - < 1/3 willing to pay over $20


What percentages of US pregnancies are planned and prepared for?

A. 20%
B. 37%
C. 51%
D. Unknown
The Devil is in the Definitions
- What do you mean “Intended pregnancy” is not the same as “Planned Pregnancy”?
- The definition of intended pregnancy is one that is *not unintended*
- The only pregnancies that are counted as unintended as those that the woman terminates and those she goes on record saying she did not want to have at the time of conception.
  - All the rest are intended

US Report Card
- 49% unintended pregnancy rate constant for a decade
  - Since before IUDs, implants were introduced
- Maternal mortality highest in 20 years
  - More high risk women conceiving
- Additional 34,000 near misses occur each year
  - No statistics on planned and prepared pregnancies
  - No coverage for preconceptional care
  - No coverage for contraception at delivery except South Carolina, Colorado, . . .

US Challenges
- Appalling mistruths in letters to editors go unanswered
- Sex education stripped from the curriculum or gutted of any scientific accuracy
  - Don’t need to teach contraception to teach reproduction facts
- Women are given FDA, lawyer-written lists of risks of contraception. Nowhere are women told of risks of pregnancy
- Pregnancy is a medical condition – not a magical experience where the laws of health are suspended

Reality Check 2014: How Many of You Know
- Hospitals where women cannot get tubal sterilization?
- Pharmacies that will not dispense EC?
- Pharmacies that lock up male condoms?
- Pharmacies that refuse to carry any contraception?
- Providers who will not prescribe IUDs because they are abortifacients?
- Legislators eager to defund contraception and even outlaw it?

Even If IOM Recommendations Implemented, Contraceptive Continuation Rates May Still Be Disappointing
- 44% of women relying on male condoms had unprotected intercourse at least once in prior 14 days
  - 39% used EC
- At 3 months, percent of women with uninterrupted use:
  - Oral contraceptives: 45.4%
  - Patches: 36.1%
  - Of women starting DMPA, 35% never return for a second injection
  - 75% of IUD users continue for at least 1 year vs. < 30 of CCO users
What’s Going On Here?

- Women often have to fail a 2nd tier method to be approved to get the most effective methods
- Fears about safety of IUDs being flared by lawyers (websites: BadDrug.com)
  - No woman has died from an IUD since its reintroduction in 1988
- Abortions must be performed only in hospital-like settings
- BUT: Home births are being encouraged!!

Why Do These Problems Persist?

- No concept that pregnancy is something a woman should prepare for
- High rates of ambivalence
- Under-appreciation of the health risks of pregnancy
- Over-estimation of risks of contraception


Information From Focus Groups

- The concept of “planned pregnancy” is not meaningful to many women
- Religious beliefs and frameworks help people accept and, perhaps, rationalize unintended pregnancy
- Planning for pregnancy is a stressful concept because of possible disappointment
- Previous unprotected intercourse without conception implied infertility


Women With Unintended Pregnancy: Reasons for Unprotected Intercourse

- 33% thought they could not get pregnant at that time
- 10% thought they or partner were sterile
- 30% ambivalent
- 22% partner did not want to use contraceptives
- 16% side effects
- 10% access problems
- 18% other


Women's Knowledge of Pregnancy Risks

- Survey of 248 English speaking women
  - 13.7% correctly identified all the listed health risks of pregnancy
  - 30% did not know VTE risk rise in pregnancy
  - 49% know risks of VTE, DM and HTN rise in pregnancy
  - 76% rated pill more hazardous than pregnancy


Reproductive Life Plans

- 250 English speaking women asked about their pregnancy plans
  - Virtually the only women who answered rapidly were seeking pregnancy or had completed family
  - All other women – slow, hesitant, vague answers
- When asked if women should plan for pregnancy, virtually all said “yes”
  - Only 22% mentioned anything about health or medical preparation for pregnancy.
Health Literacy Challenges

- Ability of patient to obtain, process and understand basic health information and services needed to make appropriate health decisions
- Written literacy needed to navigate US healthcare system: 9th grade
- 90 million Americans are below that level
- Screening questions must be asked to identify at risk patients


How We Hear Numbers

- Studies show format needed to convey risk information can inflate interpretation of risk and compromise decision making
- In prenatal patients, the severity of the outcome influences decision more than the quantitative information provided
- Change of 1 in X that child will be affected by Y
- Authorities suggest adding "This risk is above average"
- People tend to overvalue small probabilities and undervalue very high probabilities


Redefining the Issue

Let’s Admit That

- Unwanted pregnancy is a disease that
  - Kills women
  - Orphans children
  - Causes maternal diabetes, hypertension, stroke, heart attack, renal failure, paralysis, gallbladder disease, liver disease, cancer, incontinence, weight gain, permanent skin discoloration, tooth loss, bone loss, hemorrhoids, and stretches your-you-know-what
  - Causes sickly babies

- Unwanted pregnancy is also a disease that causes sicker babies
“The mind-set that invites a couple to use contraception is an anti-child mind-set. So when a baby is conceived accidentally, the couple already have this negative attitude toward the child. Therefore, seeking an abortion is a natural outcome. We oppose all forms of contraception.”

Judie Brown
President, American Life League


Boom and Bust Patterns

- Women today do not have personal experience with maternal mortality and uncontrolled fertility as they did in the 1950s
- New methods introduced, used and attacked as soon as become popular and profitable
- Media frenzy over any bad news about contraception
- Lawsuits keep old issues in news for years
- Politicalization of family planning

Consequences

- Risks of contraception are never measured against the risks of pregnancy
- Women can not possibly make informed decisions
- Women are overly concerned about risks of contraception

Evolution of Conservative Opposition to Family Planning

- Republicans initially supported family planning
  - Nixon signed the legislation creating Title X
  - Deliberate move to split the Democratic Party
- Later conservative think tanks and foundations were funded to develop effective strategy
  - New vocabulary developed that completely changed the image of family planning
  - Star of this campaign: “pro-life”
Don’t Underestimate The Power of Images

- Often we analytical types believe that the facts (should) speak for themselves
  - We spend our time gathering those facts
- We feel guilty (dirty) trying to manipulate or influence people using commercial approaches
  - We counsel; we educate
- But are we effective? Are our customers really rational? Are we creating a vacuum?

What Does He See? The Sports Car of His Dreams

What Does He Feel? Just Look at that Body Language!

What Does He Feel When He Drives It Off the Lot?

- Powerful:
  - The extra noise the engine makes draws attention to him
  - The outrageous price and the atrocious gas mileage demonstrate that he can afford it
- In control
  - An enormous engine throb beneath him awaiting his commands
- Happy and fulfilled as a man:
  - He is alone in the sleek car - there is no extra space
What Would He Feel if Family Planners Had Named It?

- Being rational, factual folks, we would never have named that vehicle a sports car
- He obviously is not an athlete
- We would name it for what it really is a Rapidly Accelerating Loud Car
- And we would refer to it economically by its abbreviation RALC
- Maybe we would be surprised it did not sell

Why Do I Say That?

- Because we had an opportunity to inspire women with an amazing set of new contraceptive options that were
  - Extraordinarily effective
  - Incomparably safe
  - Extremely convenient
  - Highly cost-effective
- What did we call them?

LARC

- What does that mean to a woman who does not have a decoder ring?
- Nothing at all -- with that spelling
- What about LARK?
  - Now that’s a sweet song bird

LARC: How does that resonate with women who do have a decoder ring?

<table>
<thead>
<tr>
<th>Long Acting</th>
<th>Usually good, but some women may not want really long term contraception</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reversible</td>
<td>Definitely not a feature women who have completed their families want. They want that door closed. Slammed shut. Never to be thought about again.</td>
</tr>
<tr>
<td>Contraception</td>
<td>Whatever that means….</td>
</tr>
</tbody>
</table>

How Do We Want A Woman to Feel When She Uses Using a Top Tier Method?

- Confident
  - She has chosen a top-tier method
- In control
  - She can decide when to time her pregnancy
- Proud
  - She made an excellent, modern choice
- Happy
  - Her method is most convenient
- Relieved

How Is a Woman Using a LARC Apt to Feel After Our Counselling?

- WORRIED
  - Worried about things that will happen to her while she uses it
    - Bleeding problems, acne, weight gain, pain, bruising, cramping, uterine perforation or migration, decreased libido, vaginal discharge, product failure, pregnancy complications, loss of fertility, infection, scary. . . .
  - Worried about things that will happen to her when she tries to get it removed
How Does that Look Like?

Impact of Inappropriate Warning
Nocebo or Noise?

- In original OC trials for menstrual irregularity, counseling women about OC side effects increased their incidence in placebo users.
- “Because Level 1 evidence documents no important increase in nonspecific side effects with oral contraceptives, counseling about these side effects or including those in package labeling is unwarranted and probably unethical.”


Let’s Consider Our Other Words

- Birth control
  - Interestingly, Malcolm X suggested term be replaced by Family Planning to remove image of control for minorities
- Contraceptive implants
- Contraceptive vaginal rings
- All are technically correct terms and help us communicate with each other
  - What do they do for our customers?

Who Are our Customers?

- Our patients
- Their friends and families
- Jane and John Q. public
- The Media
- Teachers and school boards
- Legislators and judges

What Would an Extraterrestrial Ask…

- Why are the most effective methods used the least by Earth women?
- Why are women so worried about the safety of contraception?
- Why do couples take sexual risks?
- Why is sex used to sell so many other unrelated products in the US, but never used to sell contraception in this country?
A Different Perspective On The Challenges of Contraception and Compliance

Women of reproductive age = 600 million
Number of acts of intercourse = 39 trillion
Ejaculations per second = 12,000
Sperm per ejaculate = 60 million
Total worldwide sperm release = 720 trillion sperm per second
Do We Really Know Our Patients?

- Do we know why they choose the methods they choose?
- Do we know why some women don’t use any contraception when they say they don’t want to become pregnant?
- Do we know why women do not use more effective methods? Why they abandon them?
- Do we know what would motivate them to be more successful contraceptors?

Where Do We Start?

- Let’s ask women to start PLANNING
- PCHHC National Initiative updated 2012
  - **Goal 1**: To improve the knowledge, attitudes and behaviors of men and women related to preconception health.
  - **Goal 2**: To create health equity and eliminate disparities in adverse maternal, fetal, and infant outcomes.
  - **Goal 3**: To assure that all U.S. women of childbearing age receive preconception care services – screening, health promotion, and interventions – that will enable them to achieve high levels of wellness, minimize risks, and enter any pregnancy they may have in optimal health.
  - **Goal 4**: To reduce risks among women who have had prior adverse maternal, fetal, or infant outcome through interventions in the postpartum/interconception period.

http://www.cdc.gov/preconception/article.html

Gabby Preconception Care System

- Online interactive animated character (Gabby)
  - Provides preconception risk assessment and counselling
- Women with risk factors counselled using CDC materials
- Packaged treatment strategies emerging
- Preconception part of well women care
  - That will insure it gets adequate attention (ALN)


Where Do We Start?

- Let’s put FAMILY back into Family Planning
  - We are the good guys helping women prepare for pregnancy to get healthy babies
  - We are the good guys helping women and their partners avoid pregnancy until they are ready to be a family
  - We are the good guys helping families stay okay by letting parents effectively choose how many children they want


Closing Education Gaps…Again… For Patients and Politicians

- Reproductive anatomy
  - Where does the ring go?
  - Where is intrauterine?
  - How can something in my arm take care of problems “down there”?
- Reproductive function
  - When is a woman fertile?
- Conception is not immediate
- Post-fertilization is not abortion
What Do We Want to Say?

- Let’s shift from “natural” to “healthy”
- Just because something is natural does not mean it is good for you
- Uncontrolled fertility is a health problem
- Unite all fertility disorders under one roof
  - Infertility for those desiring pregnancy but unable to achieve it spontaneously
  - Undesired fertility for those able to conceive but not desiring pregnancy now

Make the Most of Every Opportunity

- Provide contraceptive counselling when prescribing teratogenic drug
- 26% of women surveyed had been prescribed potential teratogenic
- 40% of them did not receive any counselling about medication–induced birth defects or their need to contracept

What Do We Need?

- New imagery
  - New definitions
  - New words
- New energy
- New fears of backwards motion, lost ground
  - Our daughters will not have the tools we had
- A focused center coordinating all our efforts
  - Funded by deep pockets
  - Perhaps with all of us contributing

New Terminology for Research Pregnancy Classification

- Eliminate old terms:
  - Intended pregnancy
  - Unintended pregnancy
- Use 3 terms to classify pregnancies:
  - Prepared for pregnancies
  - Accepted pregnancies
  - Unwanted pregnancies

What Else Can We Do?

- Use words we know
  - “Top tier contraception”
  - “Unwanted pregnancy”
  - “Healthy”
- Invent new terms
  - Not4Upreg
  - Pre-parent
  - Sex-up
- Harness the power of social marketing
- Let people have fun with contraception
- Gates Foundation Grand Challenge

We Need Help

- Can not count on pharmaceutical companies
  - They are shackled by the FDA
  - They contribute to problem:
    - “Fair balance” risks started with no benefits
- Can not count on media
  - Unless we can uncover a conspiracy...
- Have not been able to count on effective messaging from professional groups