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Milwaukee Alliance for Sexual Health

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Issue Paper Topic: Access to Emergency Contraception

This paper discusses the under-use of emergency contraception, and therefore, the under-utilization of its potential to prevent unintended pregnancy. Health care system problems contributing to the lack of awareness and under-utilization of emergency contraception are addressed. Other issues addressed in this paper include the unintended pregnancy prevention potential of emergency contraception, and the importance of dual protection as a context for the availability of contraception.

Problem Description:

Emergency contraception is backup contraception, to be taken as soon as possible following a contraceptive failure (or no contraception) to prevent an unintended pregnancy.

Timely use of emergency backup contraception has significant unintended pregnancy prevention potential. However, emergency backup contraception is significantly under used. Several health care system problems contribute to the under-utilization of emergency contraception:

- 1) Insufficient evidence-based understanding about emergency contraception among health care professionals. As a consequence, provider-initiated discussions with patients about and encouragement to consider the use of emergency contraception do not routinely occur.
- 2) Lack of awareness and understanding about emergency contraception among reproductive-age women.
- 3) Insufficient access to emergency contraception.

Access to emergency backup contraception should *also* provide access on-going primary contraceptive methods and methods to reduce the risk of sexually transmitted diseases (i.e., dual protection). This approach has tremendous potential to reduce the risk of sexually transmitted infections as well as prevent unintended pregnancy.

Background

Incidence of Unintended Pregnancy

The incidence of unintended pregnancy is very high. The consequences and costs of unintended pregnancy are enormous, and have a disproportionately high burden on young and low income women (and couples). One of the birth control methods with the highest unintended pregnancy prevention potential, emergency contraception, lacks widespread awareness among women and couples, lacks full understanding among health care professionals, and is not readily available or convenient to obtain. Lack of awareness of and access to emergency contraception is a serious hinderance to public health efforts to reduce unintended pregnancy in general, and adolescent pregnancy specifically.

-- FOR DISCUSSION ONLY --
DRAFT DATE: AUGUST 15, 2006

Almost half (49.2%) of all pregnancies in the United States are unintended. Unintended pregnancies are those reported to "have been either unwanted (i.e., occurring when no children, or no more children, were desired), or mistimed (i.e., occurring earlier than desired)."¹ Unintended pregnancy is highest among younger women (78% ages 15-19; 58.5% ages 20-24; 39.7% ages 25-29), and lower income women (61.4% <100% poverty; 53.2% 100-199%).²

A very high number of women and families in Milwaukee experience unintended and unplanned pregnancies. **In the City of Milwaukee, 62% of all pregnancies were reported as unplanned in the latest Prenatal Care Survey.** 39% of all statewide births were reported as *unplanned*.³ **Unplanned birth is higher among women with Medical Assistance** as the payment source for their prenatal care: 77% reported as unplanned.³ In 2002, Medicaid was the source of payment for 8,433 births in Milwaukee County: **57.3% of all Milwaukee County births** compared to 28% of all births statewide.⁴

Unplanned birth is higher among women under age 18 (88%), and ages 20-24 (57%).² The City of Milwaukee had 2,021 teen births in 2002: 18.7% of all Milwaukee City births compared to 9.5% statewide (6,534). City of Milwaukee teen were 31% of all births to teens in Wisconsin in 2002.⁵ In 2004, Milwaukee has 1,869 teen births: 17% of all births. Milwaukee teen births were 30.7% of all births to teens in Wisconsin.⁶

Consequences of Unintended Pregnancy

Unintended pregnancy has significant social and economic consequences: for communities, individuals, and families. **Women and families that experience the highest proportion of unintended pregnancy are also the most vulnerable to its consequences.** The Institute of Medicine's report, *The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families*, thoroughly documents the scope and consequences of unintended pregnancy. These include insufficient participation in prenatal care, and increased risks such as smoking and drinking during pregnancy, which lead to low birth weight babies, higher infant mortality, and poor child development and health. Only 64% of teen mothers graduate or earn a GED within 2 years;⁷ only 30% complete high school by age 30.⁸

The Milwaukee Metropolitan community, and women and families themselves, experience a very high burden with the consequences of unintended pregnancy. In 2002, Medicaid was the source of payment for 57.3% of all Milwaukee County births (8,433) most of which were unintended and unplanned. A new freshman at Milwaukee Public schools during the 1996-97 school year had a 24% chance of dropping out in the next four years. Pregnancy is one of the main reasons identified for dropping out of school.⁹ Research suggests that preventing teenage pregnancy would increase high school completion by 40%.⁷

For 2000, the Annie M. Casey Foundation ranked Milwaukee the 45th highest among the nation's 50 largest cities in terms of the *percentage of births to teens*: 19.1% of all births were to teens in Milwaukee. Milwaukee was ranked the 48th highest for the percentage of *births among teens with a previous birth*: 29.2% of teen births had a previous birth. Milwaukee was ranked the 41st highest for the percentage of births to *mothers with less than 12 years education*: 35% has less than 12 years education.¹⁰ For 2003, Milwaukee was ranked 44th, 41st, 39th respectively.¹¹ Medicaid is the source of payment for approximately 85% of all of teen births.¹² The impact of teen pregnancy on families and children, and on the community, is documented in the recent report, "If Truth Be Told".¹³

**-- FOR DISCUSSION ONLY --
DRAFT DATE: AUGUST 15, 2006**

Strategies to Prevent Unintended Pregnancy

Several strategies were identified in the Institute of Medicine report to reduce unintended pregnancy: 1) improve knowledge about contraception and reproductive health; 2) increase access to contraception; 3) explicitly address feelings, attitudes, and motivation play in using contraception and avoiding unintended pregnancy; 4) develop and scrupulously evaluate local programs to reduce unintended pregnancy; and 5) answer important questions about how best to organize contraceptive services. Use of more effective methods of contraception, and more effective use of existing methods, is crucial to reducing the burden of unintended pregnancies. Improved access to emergency contraception (and accurate and complete information) will allow women to make informed and voluntary decisions, and enter pregnancy under circumstances conducive to infant health and the responsibilities of parenting.¹⁴

Efficacy of Emergency Contraception

Emergency Contraception (EC) is very effective in preventing unintended pregnancy following unprotected sex. EC contains the same hormone as in regular birth control pills. EC – not to be confused with “the abortion pill” (Mifepristone or RU- 486) – will not affect an established pregnancy. In 1997, the Commissioner of Food and Drugs concluded that use of EC is “safe and effective”, and stated there was no evidence EC will have an “adverse effect on an established pregnancy”.¹⁵ The most recent review of published literature including the effectiveness of EC, it’s mechanism, and recommendations for patient access is presented in the ACOG Practice Bulletin on Emergency Contraception, released December, 2005.

When taken within 72 hours after unprotected sex, EC is highly effective in preventing a pregnancy from occurring (see Table 1). In fact, unintended pregnancy *without* EC is over 16 times more likely compared to EC taken within 12 hours of mid-cycle unprotected intercourse. One in 12 women are likely to become pregnant without EC compared to 1 in 200 with timely EC.¹⁶ Thus, timely access to emergency contraception is crucial to maximizing EC’s effectiveness, and prior awareness of EC availability is essential to effect timely action following an incident.

Table 1: The Effectiveness of Emergency Contraception (EC)

Time to Progestin EC	Likelihood of Pregnancy	Unintended Pregnancies Prevented	Effectiveness at Preventing Pregnancy
No EC	80 per 1000 women	0	0
EC < 24 hours	4 per 1000 women	76 per 1000 women	76/80 = 95%
EC 24 – 48 hours	12 per 1000 women	68 per 1000 women	68/80 = 85%
EC 48 – 72 hours	34 per 1000 women	46 per 1000 women	46/80 = 58%
Overall EC <72 hours	11 per 1000 women	69 per 1000 women	69/80 = 86%

Data Source: Randomized Controlled Trial of Levonorgestrel Versus The Yuzpe Regimen of Combined Oral Contraceptives for Emergency Contraception. Lancet 1998; 352:428.

**-- FOR DISCUSSION ONLY --
DRAFT DATE: AUGUST 15, 2006**

Using the same data source as above, the timing and efficacy of emergency contraception intervention and the chances of unintended pregnancy were calculated and portrayed in Table 2.¹⁷ When progestin only EC is taken within 24 hours following unprotected intercourse, the chance of unintended pregnancy is calculated as 1 in 250. This is in contrast with the chance of pregnancy of 1 in 12 with *no* intervention.

Table 2: Emergency Contraception: Efficacy and Timeliness of Intervention

EC Following Unprotected Intercourse: Hours	Progestin Only Pills (Levonorgestrel)				Combination Pills (Yuzpe Regimen)			
	<24	24-48	48-72	< 72	<24	24-48	48-72	< 72
Unintended Pregnancies Prevented	95%	85%	58%	85%	77%	36%	31%	57%
Chance of Unintended Pregnancy	1 in 250	1 in 83	1 in 37	1 in 91	1 in 50	1 in 24	1 in 21	1 in 31
<i>Chance of Pregnancy among Women having Mid-Cycle Unprotected Intercourse without Emergency Contraception: 1 in 12</i>								

Data Source: Randomized Controlled Trial of Levonorgestrel Versus The Yuzpe Regimen of Combined Oral Contraceptives for Emergency Contraception. Lancet 1998; 352:428

These data have important implications for provider practices and access to emergency contraception. **Using EC with 12-24 hours is essential for maximum prevention potential.** For many women, availability of emergency contraception *prior to* actual need, either a prescription or actual supplies, may be the only practical way to ensure use within 24 hours. These data support the Wisconsin Family Planning Program's new standard of care for the availability of emergency contraception *in advance* of actual urgent need, also referred to as advance provision. (See "*Division of Public Health Family Planning Program Requirements*" below).

Awareness of Emergency Contraception

Unfortunately, information, services and support to "help individuals achieve their reproductive health intentions" remain inadequate. A recent Kaiser Family Foundation survey finds that even in California, a state that has enacted policies to make access to emergency contraception easier, actual knowledge and use is still quite low. The survey cited "Four in ten of women ages 18-44, did not know that emergency contraception is available in the U.S.¹⁸ Low awareness and barriers to access have led to lack of use. The vast majority of women have not heard of EC even though it had been available for many years, and only one in ten OB/GYNs discuss EC with their patients as part of routine contraceptive counseling. Almost half of U.S. college health centers do not provide EC. Only 20% of female sexual assault survivors treated at hospital emergency rooms are provided with EC.¹⁹

The lack of patient awareness, the lack of patient-physician discussion, and the lack physician understanding about emergency contraception was part of the rationale for ACOG's "Ask Me" campaign initiated in May, 2006. This initiative encourages OB/GYNs to discuss emergency

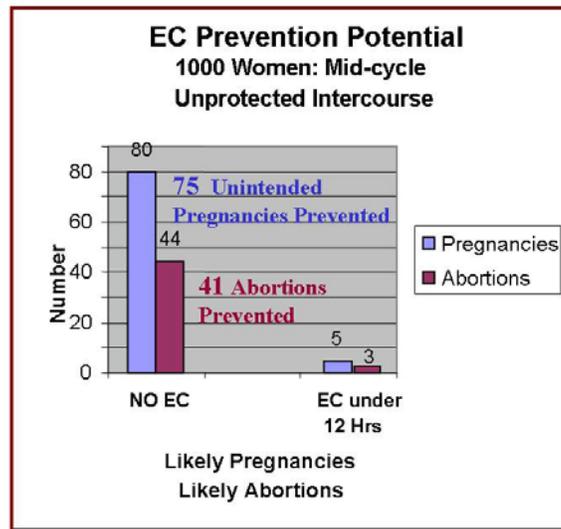
**-- FOR DISCUSSION ONLY --
DRAFT DATE: AUGUST 15, 2006**

contraception with patients, and to offer prescriptions for emergency contraception in advance of actual need.²⁰

Prevention Potential of Emergency Contraception

Almost half (47.7%) of all women are estimated to have had at least 1 unplanned pregnancy (not including miscarriages).²¹ Approximately 54% of all unintended pregnancies are ended by abortion.²² In the year 2000, approximately 100,000 unintended pregnancies, including an estimated 51,000 abortions, were prevented through the use of emergency contraception.²³ Thus, **every 100 unintended pregnancies prevented by EC will likely result in 51 fewer abortions performed.** The potential of emergency contraception to prevent abortions is portrayed in Table 3.²⁴ Among 1,000 women (not intending to become pregnant), 75 unintended pregnancies would likely occur. Of these 80 pregnancies, 44 would likely end in abortion. If EC were used within 12 hours of intercourse, 75 unintended pregnancies and 41 abortions would likely be prevented.

Table 3: Emergency Contraception: Prevention Potential



Emergency Contraception Supplies Available Prior to Actual Need

A study published in American Journal of Obstetrics/Gynecology reported that half of the women studied reported at least one incident of unprotected intercourse.²⁵ A recent initiative in North Carolina identified the most frequent reasons for requesting EC as: 1) contraceptive failure (condom breaking (43%), and missed oral contraceptive pill (6%)), and 2) lack of contraceptive use at that episode of intercourse (42%).²⁶ EC was used as an emergency method and was not relied upon as a primary method of contraception; only 16% of users received more than one prescription. Women receiving an advance prescription of emergency contraception (APEC) were 6 times more likely to use it. A randomized controlled trial evaluated advance provision of emergency contraception and direct pharmacy access to EC against the control of clinic access to EC. Women in the advance provision group were 2 times more likely to use emergency contraception compared to clinic access, i.e., the need to contact or return to a clinic to obtain emergency contraception when needed²⁷.

-- FOR DISCUSSION ONLY --
DRAFT DATE: AUGUST 15, 2006

Policy Statements on Access to Emergency Contraception

Professional medical associations, including the American Medical Women's Association, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists have identified access to emergency contraception as an essential part of effective and successful contraception for women and couples.²⁸ The ACOG Practice Bulletin, Clinical Management Guidelines for Obstetrician-Gynecologists for Emergency Contraception, specifically encourages members to discuss and offer emergency contraception in advance of need.²⁹ A 2003 policy statement from the American Public Health Association estimates half of unintended pregnancies could be avoided with increased EC information and timely access.³⁰ The American Academy of Pediatrics has published a policy statement on increased access to emergency contraception for adolescents and young adults.³¹

Wisconsin Medicaid Family Planning Waiver

The Wisconsin Medicaid Family Planning Waiver (FPW), a special limited benefit Medicaid program for contraceptive and related-reproductive health care, is now available for low-income and un/under-insured women ages 15-44. It extends eligibility to women ages 15-44 and below 185% of the federal poverty level for contraceptive services and supplies, and related reproductive health care.³²

The Wisconsin FPW provides the opportunity for women low-income women at risk of unintended pregnancy (and who would be more vulnerable to the consequences of unintended pregnancy) to have access to affordable contraceptive and dual protection supplies, including emergency contraception. A description of the Wisconsin FPW and its role in expanding access to contraceptive services and supplies, including emergency contraception, is described in a recent article published in the Wisconsin Medical Journal³³.

Approximately 53,710 low income women (ages 15-44 and below 185% poverty) in Milwaukee County are estimated at risk of unintended pregnancy and in need of services: this is 23% of the total estimated need for Wisconsin³⁴. Approximately 42,859 women in Milwaukee County are estimated to be eligible for the FPW. As of June 30, 2006, 8,899 Milwaukee residents were enrolled in the FPW: this is approximately 21% of the women estimated eligible in Milwaukee County.³⁵

In 2005, 1,834 women enrolled in the Wisconsin FPW received emergency contraception supplies (on an emergency basis or in advance of actual need) through Milwaukee Medicaid providers. This number is much smaller than the total number of Milwaukee women enrolled in the FPW (8,674), and illustrates the low utilization of emergency contraception – *even when cost has been eliminated as a barrier*. Through June 30, 2006, 3,361 women enrolled in the FPW had received emergency contraceptive supplies through Milwaukee area health care providers. Although an increase, this number is still much smaller than the total number of Milwaukee residents enrolled (8,899).³⁶

Significant progress remains to inform eligible women of services and supplies available under the FPW, and to provide the opportunity for enrollment and participation. Among women enrolled in the FPW, considerable progress remains to increase emergency contraceptive use.

Division of Public Health Family Planning Program Requirements

The Wisconsin Family Planning Program has established the following priorities to improve access, convenience, and affordability of family planning services and supplies:

-- FOR DISCUSSION ONLY --
DRAFT DATE: AUGUST 15, 2006

- **Increased access to emergency (back-up) contraception:** particularly in advance of actual urgent need.
- **Dual protection:** simultaneous decisions about a method to reduce the risk of STD/STI as well as to protect from unintended pregnancy.
- Medicaid family planning **waiver outreach, eligibility screening, and enrollment.**
- **Increased access** (client convenience) to contraceptive supplies, including hormonal contraception without unnecessary delays and provided in advance of physical examinations and other reproductive health care when needed for immediate access.

Emergency contraception (in advance of actual need), and dual protection are new standards of care within the Wisconsin Family Planning Program. These standards of care translate into the following clinic practices.

All family planning patients should be routinely offered and highly encouraged to have condoms *and* emergency (backup) contraception on hand – in advance of need – *in addition* to any other method of contraception.

All new contraceptive patients, *all* patients with negative pregnancy test results (when pregnancy is *not* intended), and *all* patients at risk of, tested, or diagnosed with an STD, should *routinely* be provided with a supply of emergency contraception as well as condoms.

Patients should leave clinic visits with supplies for emergency contraception (rather than only a prescription), and an adequate supply of condoms.

Arrangements should be established for convenient and timely re-supply of emergency contraception and condoms, including delivery by mail.

All contraceptive patients should be routinely screened for Medicaid Family Planning Waiver eligibility, receive information about services and benefits, and be provided the opportunity to be enrolled.

Context for Recommendations to Increase Awareness and Access to Emergency Contraception
It is important to understand several of the core values and principles that *must* form the context for increasing awareness of and access to emergency contraception. Core values in the field of family planning shape the context for recommendations presented in this paper.

A **fundamental family planning value** is that women and couples have a right to:

- 1) accurate and reliable information to make informed choices about family planning (reproduction and child spacing) guided by their *own* personal beliefs and values; and
- 2) access to information, supplies and services to achieve their family planning/reproductive health decisions and intentions.³⁷

Table 4 identifies **information considered to be essential** for persons who are (or may become) sexually active.³⁸ This context is essential for the recommendations presented below.

-- FOR DISCUSSION ONLY --
DRAFT DATE: AUGUST 15, 2006

Table 4: Core Knowledge Areas Essential to Prevent Unintended Pregnancy and STIs/STDs

- 1) Sexual activity (including sexual intercourse and other forms of sexual intimacy) has risks: unintended pregnancy and sexually transmitted infections or diseases (STI/STDs).
- 2) Delaying or postponing sexual activity has positive benefits for adolescents, and prevents unintended pregnancy and STI/STDs.
- 3) Voluntary and consensual sexual activity is a choice. It may not be a deliberate decision and planned in advance, but it is a choice. *If* someone is not completely comfortable with sexual activity, they do not have to continue.
- 4) *When* someone is sexually active, it is important to make deliberate decisions to reduce the likelihood of unintended pregnancy and STI/STDs.
- 5) *When* someone is sexually active *and* does not choose dual protection, the odds are that either (or both) an unintended pregnancy or a STI/STD will occur.
- 6) "Dual protection" helps reduce the likelihood of unintended pregnancy and STD/STIs. Dual protection is a method of contraception to help prevent unintended pregnancy *and* a method to reduce the risk of STD/STI.
- 7) *If* someone has unplanned, unprotected (or inadequately protected) intercourse (consensual or not), taking Emergency Contraception (EC) *as soon as possible (preferably within 12-24 hours)* will significantly reduce the likelihood of an unintended pregnancy.

Another principle essential for any effort to increase access to emergency contraception is dual protection. Any decision about contraception should also include an informed consideration and decision about STDs – and vice versa. Therefore, recommendations presented below to increase awareness and access to emergency contraception are inseparable from dual protection promotion.

Dual protection is summarized by Willard Cates, MD: "Decisions about contraceptives should reflect both the need to prevent STDs and the need to prevent unplanned pregnancies."³⁹ A USAID workgroup addressed dual protection in this way: "Individuals and couples have the right to enjoy healthy sexual lives free of unplanned pregnancy and sexually transmitted infections (STIs), including HIV. Dual protection, one means through which this goal can be achieved, is defined as simultaneous protection from both pregnancy and HIV/STIs."⁴⁰

The World Health Organization developed the following medical eligibility criteria for contraceptive services: "Anyone with a risk factor for STIs should use dual protection: condoms to protect against STIs/HIV in combination with another effective method to protect against pregnancy."⁴¹

CDC's *Sexually Transmitted Diseases Treatment Guidelines, 2006*, reinforce (and promote) the relationship between emergency contraception and control and STD treatment/prevention.

"Providers who manage persons at risk for STDs should counsel women concerning the option for EC, if indicated, and provide it in a timely fashion if desired by the woman."⁴²

-- FOR DISCUSSION ONLY --
DRAFT DATE: AUGUST 15, 2006

Simultaneous intervention to increase access to emergency contraception, as part of dual protection, is an important public health strategy. The need for simultaneous intervention is essential to reduce the risk of unintended pregnancy and STDs.

Public Health Goals

Inadequate access to emergency contraception is a serious and relevant public health problem recognized in the 2010 U.S. and Wisconsin public health plans. The national family planning health goal in *Healthy People 2010* is to: "Improve pregnancy planning and spacing and prevent unintended pregnancy." Objective 9.5 specifically addresses EC: "Increase the proportion of health care providers who provide emergency contraception".⁴³ *Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of Wisconsin - the Wisconsin State Health Plan*⁴⁴ identifies unintended pregnancy and high-risk sexual behavior among Wisconsin's most important health priorities.⁴⁵

Significant need exists for increased access to accurate and adequate information EC-related information to ensure informed choices and decisions, and timely and convenient access to EC services and supplies. This need will remain even if EC is designated as an over-the-counter medication. This paper proposes recommendations in the 2003 APHA Policy Statement for increased public education about EC, and the reduction or elimination of barriers to access.

Recommendations to Increase Awareness and Access

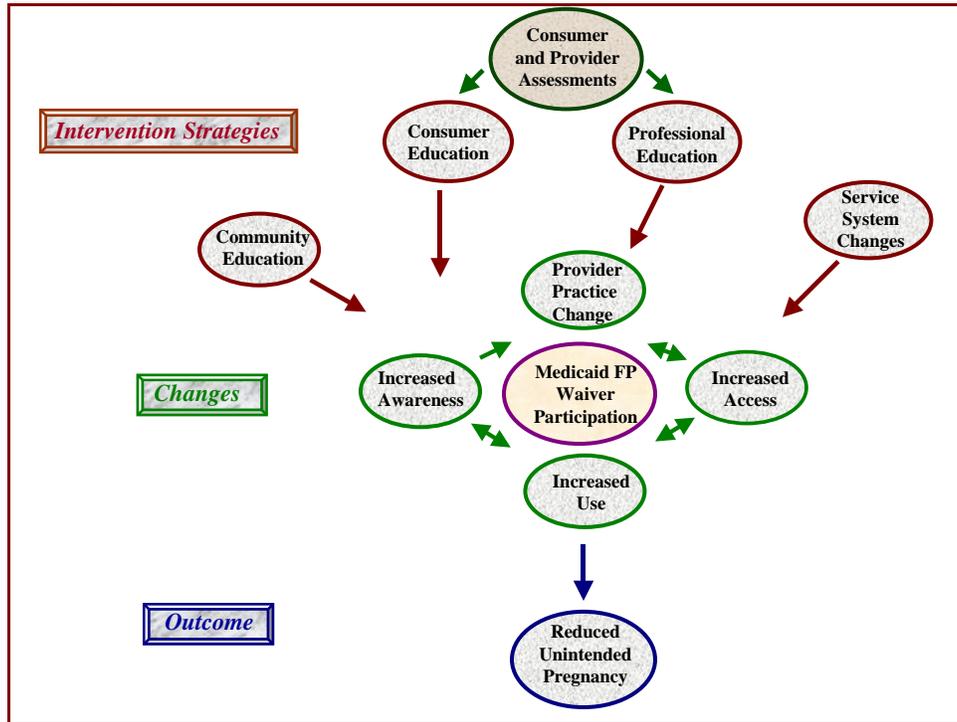
Unintended pregnancy and sexually transmitted diseases are at level at which other problems would be recognized and engaged as an epidemic. Unintended pregnancy is so prevalent that it appears to be accepted as a normal pattern. This prompted the Institute to call for a new norm: that "all pregnancies should be intended – that is, they should be consciously and clearly desired at the time of conception"⁴⁶..... In another report, the Institute of Medicine labeled the prevalence of sexually transmitted diseases as the "silent epidemic."⁴⁷

The recent report, "If truth be told: teen pregnancy, public health and the cycle of poverty"⁴⁸, heightened awareness on the prevalence and consequences of teen pregnancy to Milwaukee. Interventions with demonstrated prevention potential exist. Now is the time to engage community health care providers and take specific actions to begin to reduce these twin epidemics. Current practices for delivery of information and services are not sufficient.

The approaches recommended below, illustrated in Table 5, outline a framework for action: a coordinated, community-based effort to significantly increase access to and use of emergency contraception and dual protection to prevent unintended pregnancy and sexually transmitted diseases.

Health care providers and other key community stakeholders need to identify specific, effective interventions and action steps within this framework, *and* to commit to action. Implementation should build upon the existing community service resources and partnerships, and develop an expanded system of services with the capacity to provide information and supplies to women at risk of unintended pregnancy.

Table 5: Framework for Increasing Awareness and Access to Emergency Contraception and Dual Protection



Framework for Action

Increase awareness of and understanding about emergency contraception among potential users.

- Assess consumer knowledge and practices within the community relating to emergency contraception and dual protection as a basis for intervention.
- Provide consumer and community education using social marketing principles to initiate change in provider and consumer behavior for increased utilization of emergency contraception and dual protection.
 - Use of the Emergency Contraception/Family Planning Waiver Response Line to increase understanding about EC and dual protection.
 - Coordinate EC and dual protection education with existing initiatives and programs, such as “No Condom, No Way”.⁴⁹
- Ensure community access to other essential reproductive health information and messages.

Increase availability of affordable and convenient emergency contraception supplies in conjunction with dual protection.

- Initiate system changes to increase convenient and timely access to contraception and dual protection information and supplies.

-- FOR DISCUSSION ONLY --
DRAFT DATE: AUGUST 15, 2006

Provision of EC and dual protection services should also ensure a convenient source of continuing contraceptive and dual protection supplies, enrollment opportunities into the FPW, assistance in obtaining a “reproductive health care home”, and connections with other needed community resources. New models of services delivery will be necessary, and can be supported through existing DPH contracts.

- Increase visibility and use of the EC/FPW Response Line by community health care providers.
- Establish new limited service community-based “micro” clinics.
- Establish community-based entry-points for reproductive health care including enrollment opportunities into the FPW, partnerships with the EC/FPW response Line (for provision of supplies), and assistance with appointments for reproductive health medical services.
- Incorporate the provision of contraceptive services into the delivery of sexually transmitted disease services. Ensure that STD clients eligible for the FP Waiver have an opportunity to enroll at the same office visit, obtain emergency contraception and dual protection supplies, a primary method of contraception, and an appointment for a follow-up reproductive health examination.
- Integrate emergency contraception and dual protection access with existing community initiatives, including No Condom, No Way.
- Maximize use of publicly-supported family planning clinics to increase access.
- Engage other projects supported through Division of Public Health contracts to increase awareness and access.

Increase awareness about the Wisconsin FPW, and increase access points for enrollment.

Individuals most vulnerable to unintended pregnancy include those at low income, uninsured/under-insured, and adolescents. The Wisconsin Medicaid Family Planning Waiver is available to provide contraceptive and related reproductive health care services including emergency contraception. This provides the financial capacity for health care providers to continue to provide EC services and supplies, dual protection intervention, and other reproductive health services to women in the Milwaukee County.

- Establish community-based entry-points for reproductive health care including enrollment opportunities into the FPW, partnerships with the EC/FPW response Line (for provision of supplies), and assistance with appointments for reproductive health medical services.
- Engage community health providers to actively provide information about the FPW to their clients, and to directly enroll eligible clients through Presumptive Eligibility.

-- FOR DISCUSSION ONLY --
DRAFT DATE: AUGUST 15, 2006

Encourage community health care providers to adopt current evidence-based professional practice recommendations, such as those of the American College of Obstetricians and Gynecologists (ACOG)⁵⁰, the American Medical Women's Association (AMWA)⁵¹, and the American Academy of Pediatrics⁵², in private medical and public health clinic settings.

These practices include increased interaction between health care providers and their patients regarding emergency contraception, and advance provision of emergency contraception. These practices also include provision of dual protection (information and supplies) as a standard practice.

- Assess community provider knowledge and practices relating to emergency contraception and dual protection.
- Assess the availability and access to emergency contraception through health care providers in communities with high prevalence of STDs and unintended pregnancy: identify providers through which emergency contraception is available, and how it can be obtained.
- Provide/promote professional education and in-services to encourage adoption of new practices.
 - Engage local professional groups, such as ACOG and AAP, to promote the adoption of their professional association recommended practices.

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Endnotes

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-- FOR DISCUSSION ONLY --
DRAFT DATE: AUGUST 15, 2006

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-- FOR DISCUSSION ONLY --
DRAFT DATE: AUGUST 15, 2006

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