Preventing Repeat Morbidity

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Possible avoidable maternal and fetal morbidity

- Complications of preterm deliveries
- Complications of NAS
- Complications of repeat pre-eclampsia
- Complications of short interval pregnancies
- Complications of undesired pregnancies
- Complications of pregnancies in high risk women
- Complications of pregnancies in adolescent girls

- PLANNING AND, WHEN DESIRED, AVOIDING PREGNANCY HELPS ALL OF THESE AND MORE...

Birth Control Use Among Women Not Trying to Get Pregnant/Tennessee, 2008-2013

- 57.7% of births occurred in Women not trying to get Pregnant, less than ½ were using any form of birth control.

Birth Control Method at Time of Pregnancy*
Tennessee, 2013

- Birth Control Pills: 65.6%
- Condom: 19.2%
- Birth Control Patch or Vaginal Ring: 11.2%
- Injection: 6.8%
- LARC (IUD or Implant): 3.4%
- Rhythm/Natural Family Planning: 4.2%
- Other: 6.7%

Postpartum Birth Control Method*
Tennessee, 2013

- Birth Control Pills: 32.9%
- Condoms: 14.1%
- LARC (IUD or Implant): 11.9%
- Withdrawal: 13.6%
- Injection: 12.4%
- Vasectomy: 4.2%
- Abstinence: 13.8%
- Tubal Ties: 4.2%
- Rhythm/Natural Family Planning: 4.2%
- Patch or Vaginal Ring: 3.8%
- Other: 6.7%

*Women may have reported more than one birth control method. Therefore, percentages do not sum to 100.
The problems with the 6 week post partum visit...

- 43% of women resume sex before six weeks
- Only 30-60% of women attend the six week post-partum visit

Some potential solutions...

- Have a plan in place before birth and execute it within 4 weeks
- 2-3 week post partum visits??
- Immediate PP contraceptive options

Goals and Initiatives to decrease unintended/undesired/unplanned pregnancy in Tennessee

- Avoiding repeat pregnancy in adolescents
- Decrease short interval pregnancies
- Providing contraceptive coverage to "Cover Kids" women (DONE!)
  - Permanent and reversible methods
- Reduce obstacles to contraception for women at high risk for NAS
- Increase access to Long Acting and Highly Effective Reversible Contraceptives by women desiring these methods
  - Reduce barriers to access
    - Training to decrease myths/barriers
    - Make immediately post partum insertions an option for all women desiring
    - Same day insertions

How does better access/utilization of contraceptives decrease preterm birth?

- Primary Prevention
  - Unplanned pregnancy is at higher risk of PTB
- Secondary Prevention
  - Short interval pregnancies are at increases risk of PTB
  - Delay in recognizing pregnancy delays initiation of 17 OHP
  - Planned repeat pregnancies can be healthier from the start

(we can repeat this slide for teen pregnancy, NAS, pre-eclampsia...)
Paradigm Shift.....

Conclusions...

- In order to decrease repeat morbidity we need to meet the contraceptive needs of our patients
- We can meet the contraceptive needs of our patients by improving access to all contraceptive methods
- Planned pregnancies have the opportunity to apply risk reduction therapies we know work

What can we accomplish in Tennessee?

- 17 OHP
- Baby ASA
- Improve contraceptive access/utilization

Why??

These all make sense and should be easy (?) to implement and demonstrate impact

Other states are doing these... and they work!!