Preventing Unintended Pregnancy: Eight Years of Effort at KP San Diego

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Introduction

Of our Kaiser Permanente (KP) San Diego members, 1391 had pregnancy termination in 2003. In addition, about 1700 (32%) of births to mothers who were KP members in San Diego in 2003 were the results of mistimed or unwanted pregnancies. Couples have difficulty consistently using effective contraception, and a busy health maintenance organization is challenged by the need to consistently provide excellent contraceptive education, counseling, and services to a very large at-risk population. Highly effective contraceptive methods are available, and providers of contraceptive care, together with their patients, have the tools available to dramatically reduce unintended pregnancy.

Formation and Activities of a Multidisciplinary Task Force

In the past eight years, KP in the San Diego area has focused on this problem in adults and teens through use of a task force (sponsored by the Quality Resource Management Department) for prevention of unintended pregnancy. Membership in the task force includes a physician, midlevel practitioner, and nurse supervisor from each of three departments: primary care, pediatrics, and obstetrics/gynecology. The Member Health Education, Social Service, Pharmacy, Quality Resource Management, and Health Appraisal departments also are represented. Since 1996, the group has met quarterly with two goals: to identify areas for improvement and to implement changes designed to improve contraceptive services.

The frequency of unintended pregnancy has been monitored by evaluating abortion rates. More recently—since 1999—unintended births also have been monitored through responses to the prenatal questionnaire. Since 1996, a goal of the task force has been to decrease the abortion rate by 5% per year. In 1999, the task force goal added the goal of decreasing unintended births by 5% per year.

In the past eight years, the task force has identified many areas for improvement. These problem areas have been addressed either through education or by improving contraceptive services. A few important examples are described here.

Contraceptive education has been a major focus: The task force has used medical office chart reviews to identify and highlight opportunities for improving contraceptive care and to educate providers and staff. The first chart review (in 1996) evaluated inreach opportunities. The medical office charts of women who had had an abortion were reviewed. Ninety-three percent of these women had a medical office visit in the obstetrics/gynecology, primary care, or pediatrics department in the year preceding the abortion. However, contraception was noted in less than 50% of these visits.

These findings were shared with all involved provider groups. Another observation was that abortion was likely to be repetitive. A third of the patients were having their first abortion as KP members. A third were having their second abortion, and a third were having their third through eighth pregnancy termination. With this information—that two thirds of abortions were done in women who had already had an abortion—a new standard was established: All patients who receive a referral for an outside contracted abortion also receive a follow-up appointment for contraceptive counseling with a midlevel practitioner in the obstetrics/gynecology department. A substantial decline in repeat abortion has been noted since this program was instituted.

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The Emergency Contraception Demonstration Project

An emergency contraception demonstration project was undertaken in the San Diego area in 1997.[1] This

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Table 1. Rates of abortion and live birth among women at risk aged 14-44 years in the KP San Diego Medical Service Area

		Abortions		Live births	
Year	Number of women at risk	Total number [a]	Number per 1000 women	Total number [b]	Number per 1000 women
1994	88,802	1772	20.0	4688	52.8
1995	87,007	1673	19.2	4297	49.4
1996	92,248	1603	17.4	4682	50.8
1997	103,734	1584	15.3	5533	53.3
1998	115,806	1665	14.4	5830	50.3
1999	115,478	1680	14.5	6092	52.8
2000	112,896	1617	14.3	5915	52.4
2001	111,645	1585	14.2	5494	49.2
2002	110,826	1477	13.3	5298	47.8
2003	109,805	1391	12.7	5251	47.8

[a] Includes self-pay federal employees.

[b] Includes 904 live births at Palomar in 1999, 880 live births in 2000, 810 live births in 2001, 799 live births in 2002, and 780 live births in 2003. These births are not in Perinatal Services System (PSS).

Table 2. Rates of abortion and live birth among women at risk aged 14-44 years in other KP Medical Service Areas

		Abortions		Live births	
Year	Number of women at risk	Total number [a]	Number per 1000 women	Total number [b]	Number per 1000 women
1994	441,529	11,269	25.5	24,693	55.9
1995	432,466	10,913	25.2	23,663	54.7
1996	455,152	10,614	23.3	24,304	53.4
1997	500,050	11,185	22.4	27,157	54.3
1998	556,011	11,003	19.8	29,580	53.2
1999	557,760	10,383	18.6	30,008	53.8
2000	559,480	10,009	17.9	30,650	54.8
2001	573,486	10,245	17.9	29,547	51.5
2002	593,718	9824	16.5	29,771	50.1
2003	594,195	9102	15.3	29,635	49.9

[a] Does not include self-pay federal employees. Does not include abortions that occurred in expansion areas.

[b] Includes births at Bakersfield between 1994 and 2003. These births were not in PSS except those marked below.

1994: 923
1995: 840
1996: 935
1997: 1086 (all in PSS)
1998: 1336 (all in PSS)
1999: 1399 (256 births in PSS)
2000: 1275
2001: 1235
2002: 1272
2003: 1160

Other non-SD contracting hospitals (not in PSS):
2000: 712 live births at Antelope Valley Hospital; 652 live births at Irvine Medical Center
2001: 759 live births at Antelope Valley Hospital; 607 live births at Irvine Medical Center
2002: 825 live births at Antelope Valley Hospital; 711 live births at Irvine Medical Center
2003: 903 live births at Antelope Valley Hospital; 788 live births at Irvine Medical Center
Pre-2000 numbers of live births are not available.

project was a joint undertaking of the KP Southern California Region and the Pacific Institute, a not-for-profit organization whose mission is to advance women's health. The project was funded by a consortium of external foundations. Project participants at KP included Diana Petitti, MD, MPH; David Preskill, MD; Debbie Postlethwaite, RNP, MPH; and Howard Switzkey. Project participants at the Pacific Health Institute were Marie Harvey, MD; and Linda Beckman, MD. The project paid for Ms Postlethwaite to work full-time in San Diego on developing a structured program of education and training for personnel in the primary care and obstetrics/gynecology departments. The project established protocols to make emergency contraception readily available to our Health Plan members. The broadening of contraceptive services has resulted in fewer unintended pregnancies. Information on abortion rates at KP San Diego and in the rest of the KP Southern California Region that are included in this article were first calculated as part of the project.

Women at risk for unintended pregnancy frequently present asking for a pregnancy test. When appropriate, contraceptive counseling at the time of pregnancy testing has great value. The San Diego program has followed the lead of Richard Boise, MD, and Ximena Borquez, MD, from KP Antioch, who have popularized this counseling in the KP Northern California Region.[2]

Recent Improvement of Member Contraceptive Benefit

The Kaiser Foundation Health Plan in California recently improved the contraceptive benefit to KP members by making available injectable and implantable contraception, IUDs, and emergency contraceptives for all members without including a pharmacy copay. This benefit change took effect in January 2002 and was expected to substantially reduce the number of unintended pregnancies by ensuring that several highly effective contraceptive methods became more readily available. This contraceptive benefit is probably a major contributor to the rapid decline in the rate of abortions reported throughout the entire KP Southern California Region in 2002 and 2003.

In response to this Health Plan benefit change, a current focus of the San Diego task force is to evaluate our experience with IUDs and to promote their appropriate use. The IUD is a highly effective, reversible contraceptive method which is underused in the United States. Increasing appropriate use of IUDs would substantially decrease the number of unintended pregnancies.

Conclusion

These projects are a few of the many important activities the task force has been involved in during the past eight years. Contraceptive services have improved, and rates of unintended pregnancy have decreased. The initial goal (set in 1996) was to decrease the rate of abortion by 5% per year, and averaged results for the past eight years show that this goal has been met (Tables 1,2). A decrease in the rate of unintended births recorded at KP San Diego—from 40% (in 1999) to 30% (in 2004)—has also been observed. Thus, the second goal, added in 1999, to decrease the rate of unintended births by 5% per year—also has been met. For comparison, the abortion rate nationally for women aged 15 to 44 years decreased from 21 abortions per 1000 women (in 1996)[3] to 16 per 1000 women (in 2001, the most recent year for which data are available).[3]

Unintended pregnancy affects many of our members and their families. Persistent, focused attention to this problem has been associated with a large decrease in the number of unintended births and abortions. ❖

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Pictures and Words

Things don't fall apart.
Things hold.
Lines connect in thin ways that last and
last and lives become generations made out of
pictures and words just kept.

— Lucille Clifton, b 1936, Poet Laureate for the State of Maryland