Pregnancy, Birth and Contraceptive Use Among Delaware Medicaid Women with Disabilities

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Background

Delaware Contraceptive Access Now (Del-CAN)

A Delaware intervention which aims to (1) reduce unintended pregnancies, (2) reduce Medicaid costs for unintended pregnancies, and (3) support policy development that enables contraceptive access to all women who desire it.

Five year Evaluation Project (2016 – 2021)

Researchers at the University of Maryland, College Park (UMD) are partnering with colleagues at the University of Delaware, Newark (UD), and with key Delaware stakeholders, on a systematic, mixed-methods evaluation of the Del-CAN intervention.

Baseline

The Del-CAN intervention was launched in 2017. One focus in Year 1 of the evaluation is to provide a baseline profile of pregnancy and contraceptive use, especially for women covered by Medicaid. In 2011, 40.8% of all births in Delaware were estimated to be unintended. In comparison, 71.3% of births to Medicaid clients were reported as unintended.

Women with Disabilities

Nationally, 11% of women of reproductive age (18-44) are estimated to have a disability. Of this group, an estimated 11% become pregnant. This population faces unique challenges in pregnancy, preceded by issues with both access to and use of contraceptives. Knowledge about contraception-related behaviors of women with disabilities is lacking, especially at the state level.

Objective

To examine differences in the areas below for a) women with disabilities on Medicaid (Supplemental Security Income (SSI)) and b) women with intellectual and developmental disabilities (IDD) on Medicaid, compared to their counterparts without disabilities.

- Pregnancy, birth
- Prescribed contraceptive use
- Oral contraceptive
- Long Acting Reversible Contraceptive (LARC) (implants and intrauterine devices (IUDs))

To provide a baseline profile for comparison in following years, which will allow for evaluation of the impact of the Del-CAN initiative on reproductive care for women with disabilities.

Data Source

- Delaware Medicaid medical and prescription claims data for 2013

Study Sample

- Delawarean women of reproductive age (15-44) who were enrolled in Medicaid for all 12 months of 2013, N=48,572.

Methods

Women in population who were in the SSI disability aid category (SSI), N=1,178. The SSI disability category covers individuals who have medical conditions that affect their ability to engage in work activity.

Women in population who were diagnosed with intellectual and developmental disabilities (IDD), N=612. IDD includes: down syndrome/trisomy/autosomal deletions, other genetic conditions, cerebral palsy, autism and Mild, moderate, and unspecified ID.

Women with SSI were identified using the eligibility aid category.

Women with IDD were identified using the AUCD study algorithm examining ICD-9-CM codes1. Prescription contraceptive use was identified using Healthcare Effectiveness Data and Information Set (HEDIS).

Statistical Analysis

- Dependent variables
  - Pregnancy and birth-related claims
  - Prescription contraceptive use
  - Long Acting Reversible Contraceptive use (LARC)

- Logistic regression analysis - models were run with and without controlling for age.

- Chi-square goodness of fit test

- A significance level of .05 and 95% confidence intervals (CI) were used.

Major Findings

- Delaware Medicaid women without disabilities had a higher proportion of pregnancies, births, and contraceptive use than Delaware Medicaid women with disabilities (either SSI or IDD) (Table 1).

- The percentage of women with IDD using any prescribed contraceptive compared to women without disabilities (19% vs. 21%) is not significantly different.

- Women with SSI had significantly lower odds of pregnancy, a birth, or use a form of prescribed contraceptive compared with women without disabilities (Table 2).

- Women with IDD had even lower odds of pregnancy or birth than women with SSI.

Discussion & Future Directions

- Pregnancy, births, and contraceptive use among women with disabilities need to be measured to appropriately address their reproductive health care needs.

- The 2013 baseline information shows that women with SSI or IDD have a very low rate of LARC use.

- The impact of other variables (for example, county and race) on the dependent variables will be examined in future studies.

- As the DEL-CAN initiatives progresses, the use of contraceptives, especially LARC, will be measured among the population with disabilities to gauge the impact of the Del-CAN intervention.

“While little information is available, it is widely thought that people with disabilities have significant unmet needs. Adolescents and adults with disabilities are more likely to be excluded from sex education programs. A national study in the United States showed that women with functional limitations were less likely to be asked about contraceptive use during visits to general practitioners.” (World Health Organization, 2011. Word Report on Disability, p. 61)

Table 1. Birth, pregnancy, contraceptive use, Medicaid woman, 15-44, continuously eligible, 2013

<table>
<thead>
<tr>
<th>Measure</th>
<th>Non-Disabled (Reference)</th>
<th>SSI</th>
<th>IDD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy</td>
<td>8%</td>
<td>2.21%*</td>
<td>suppressed</td>
</tr>
<tr>
<td>Birth</td>
<td>7%</td>
<td>1.78%*</td>
<td>suppressed</td>
</tr>
<tr>
<td>Any Contraceptive</td>
<td>13%</td>
<td>13.5%*</td>
<td>19%</td>
</tr>
<tr>
<td>Oral Contraceptive</td>
<td>13%</td>
<td>8.91%*</td>
<td>12%</td>
</tr>
<tr>
<td>Long Acting Reversible Contraceptive</td>
<td>4%</td>
<td>1.44%*</td>
<td>suppressed</td>
</tr>
</tbody>
</table>

Table 2. Age adjusted odds ratios, Medicaid women, 15-44, continuously eligible, 2013

<table>
<thead>
<tr>
<th>Measure</th>
<th>Non-Disabled (Reference)</th>
<th>SSI</th>
<th>IDD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy</td>
<td>.3 (.2 - .4)*</td>
<td>.06 (.02 - .2)*</td>
<td></td>
</tr>
<tr>
<td>Birth</td>
<td>.3 (.2 - .4)*</td>
<td>.07 (.02 - .2)*</td>
<td></td>
</tr>
<tr>
<td>Any Contraceptive</td>
<td>.6 (.4 - .9)*</td>
<td>1.0 (.8 - 1.2)</td>
<td></td>
</tr>
<tr>
<td>Oral Contraceptive</td>
<td>.7 (.6 - .8)*</td>
<td>1.7 (.7 - 1.1)</td>
<td></td>
</tr>
<tr>
<td>Long Acting Reversible Contraceptive</td>
<td>.4 (.2 - .6)*</td>
<td>1 (.1 - .6)*</td>
<td></td>
</tr>
</tbody>
</table>

*p <= .05

ACKNOWLEDGMENTS:

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