

## Delaware Addresses High Unintended Pregnancy Rate Through a Public-Private Partnership and Comprehensive Birth Control Initiative

*The Delaware Division of Public Health teamed up with a nonprofit to create an innovative initiative focused on increasing same-day access to birth control, including long-acting reversible contraception.*

Delaware has one of the [highest unintended pregnancy rates](#) in the nation at 62 per 1,000 among 15- to 44-year-olds, which contributes to the state's high [infant mortality rate](#) and [repeat teen births](#). Additionally, [Medicaid pays for 48 percent of all Delaware births](#), driving up economic costs for the state. To address these issues, the Delaware Division of Public Health (DE DPH) partnered with Upstream USA, a nonprofit that helps train health centers and connect women with contraception. Through their public-private collaboration, they created the [Delaware CAN \(Contraceptive Access Now\)](#) initiative, a comprehensive, statewide project designed to reduce unintended pregnancies.

DE CAN promotes a range of contraceptive options, including [long-acting reversible contraception \(LARC\)](#) options, which are highly effective and include non-hormonal copper intrauterine devices (IUDs), hormonal IUDs, and single-rod hormonal implants. Through this initiative, Delaware and Upstream plan to train nearly all public and private health centers and hospitals across the state to promote LARC. DE CAN's goals include improving the unintended pregnancy rate, birth outcomes, and contraception use, as well as promoting same-day access to birth control at low or no cost and saving Medicaid expenditures.

- Delaware has one of the highest unintended pregnancy rates among 15- to 44-year-olds in the nation.
- Medicaid pays for 48 percent of all Delaware births.

The primary DE CAN partners are DE DPH, Upstream, the Delaware Division of Medicaid and Medical Assistance (DMMA), and the [Delaware Healthy Mother and Infant Consortium \(DHMIC\)](#), a governor-appointed body focused on reducing infant mortality and improving the health of the state's infants and women of childbearing age.

### Steps Taken:

- DE DPH representatives met with Gov. Jack Markell and other state leaders to present data that illustrated how the state's unintended pregnancy rate was impacting public health and make the case that increasing women's access to LARC would improve perinatal health outcomes and decrease Medicaid costs.
- Seeing the public health and economic benefits of promoting effective birth control, Markell engaged Upstream to discuss opportunities to address the state's unintended pregnancy rate, and encouraged Upstream to focus on statewide efforts in Delaware.
- Prior to its partnership with Delaware, Upstream helped health centers in other states increase access to contraception, which made it well-equipped to provide expertise to Delaware on a statewide project.

- Markell announced the initiative in his January 2016 State of the State address, [saying](#): “Research shows that most unplanned pregnancies occur because women are using a method of contraception that isn’t very effective for them. There are new methods that are much more effective than the pill—methods preferred by OB-GYNs and endorsed by the Centers for Disease Control—but here in Delaware our healthcare system doesn’t make it easy to choose these new methods. That’s why I’m announcing that the state is launching a partnership with the national nonprofit Upstream USA to train our healthcare providers so that all Delaware women can conveniently access the full range of contraceptive options, including the most effective ones, IUDs and implants, at low or no-cost.”
- As part of the initiative, Upstream provides Delaware health centers with customized training and technical assistance. Each site is assigned a quality improvement (QI) officer who works with the facility for two months to tailor a training program to the facility’s unique needs. Once the QI officer creates the program, both clinical and support staff at the site undergo 10 hours of training. This can include: hands-on training on LARC device insertion using a simulator, helping sites provide birth control counseling to patients, teaching sites on appropriate coding and billing procedures so they’re optimizing their payment opportunities, and emphasizing the importance of documenting device placement.
- To increase LARC access, the state reallocated funding to cover the cost of devices for uninsured women, and has used some of those funds to purchase a stockpile of LARC devices for healthcare providers, which will give them a head start as they set up systems to buy more devices through third-party insurance providers.
- To guide the initiative’s planning and implementation, the DE CAN partners created a workgroup as well as an advisory committee, which falls under DHMIC.
- The workgroup is responsible for enlisting healthcare sites to receive Upstream’s training and technical assistance, identifying and resolving barriers to providing same-day access to birth control, and sharing best practices for supporting the initiative’s goals. Its membership includes the primary DE CAN partners, a variety of healthcare providers (e.g., OB/GYNs, women’s health practitioners, and Title X and family planning clinicians), adolescent health specialists, federally qualified health centers, and the March of Dimes, and it meets monthly.
- The advisory committee’s role is to guide and support the workgroup on big-picture issues, such as coverage and reimbursement and increasing LARC awareness. It is comprised of workgroup representatives, [DHMIC’s Education and Prevention Committee](#), providers, and the primary DE CAN partners. The advisory committee meets quarterly.
- On the policy side, DE CAN works to eliminate barriers to contraception and build project sustainability. For example, in March 2015, the state mandated that all Medicaid programs must cover the cost of LARC devices and insertion immediately postpartum (IPP).
- DMMA also implemented a fee-for-service reimbursement for LARC under which providers can receive a bundled rate that allows them to charge for their own costs, which acts as a financial incentive for IPP placement.
- These Medicaid changes have been vital to promoting IPP LARC at the Christiana Care Health System (CCHS), a birthing hospital with which DE CAN partnered in March 2015. CCHS is currently the only hospital in the state to provide IPP LARC. As part of DE CAN’s work, it underwent an Upstream training and is leveraging the new Medicaid policies.
- CCHS has also implemented its own policies and protocols to increase access to IPP LARC. These include: making IPP LARC consent forms available on the postpartum floor, establishing

exclusion criteria (e.g., LARC cannot be placed IPP if there are any signs of infection), and stocking LARC devices in an automated dispensing cabinet on the postpartum floor.

- Although it's still early, the DE CAN team considers evaluation an essential part of the initiative, and has already begun implementing an evaluation process. For example, all participating sites have to provide 12 months of baseline data on their [method mix](#) before they receive Upstream's training. After the training, the sites must provide monthly data to DE CAN.
- The evaluation will ultimately review the project's training, awareness campaign, cost savings, and policy changes. It will run for a total of four years, covering the initiative's two-year duration and two additional years to examine its longer-term outcomes.
- In June 2016, DE CAN held a public launch to introduce the initiative's evaluator to key stakeholders, including the governor, public health, Medicaid, research and evaluation epidemiologists, and clinicians.

## Future Steps:

- Led by Upstream, DE CAN is currently conducting marketing research to develop a public awareness campaign that will launch in early 2017. The campaign will engage women ages 19-29 to increase their awareness of low and no-cost birth control and its availability in the state, and encourage them to discuss birth control options with their healthcare providers.

## Results:

- From February through September 2016, Upstream trained more than 75 provider sites with more than 800 staff.
- From March 2015 to May 2016, CCHS placed 141 IUDs and 130 implants IPP.
- A majority of CCHS physicians, nurses, midwives, and residents have reported that they are "very happy" with the initiative, and all patients reported that they are "very happy" to have the option.

## Lessons Learned:

- Establish a workgroup and advisory group. You need a group that is dedicated to doing the daily, hands-on work, and a separate group that can focus on overarching work.
- Take a team approach that emphasizes frequent communication. The stronger, broader your team, the more likely you are to succeed.
- Find and nurture champions at all levels. Having the governor's support has been essential to strengthening DE CAN. On the hospital side, a clinical champion can connect with pharmacies and Medicaid to help implement your initiative.

## For more information:

Ellen Pliska, MHS, CPH  
Director, Family and Child Health  
ASTHO  
Email: [epliska@astho.org](mailto:epliska@astho.org)

Leah Woodall, MPA  
Chief, Family Health Systems Section  
Delaware Division of Public Health  
Email: [leah.woodall@state.de.us](mailto:leah.woodall@state.de.us)