



The Importance of Pregnancy Planning in Areas with Active Zika Transmission

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CDC's 2016 Zika Virus Response

Post ZAP Summit Webinar

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2:00-3:00 PM (EST)

Pregnancy Planning and Access to Contraception

- Primary strategy to reduce Zika-related pregnancy complications is to prevent pregnancy in women who want to delay or avoid pregnancy.
- Healthcare providers should
 - Discuss prevention of unintended pregnancy with women and couples who live in areas with local Zika transmission and who want to delay or avoid becoming pregnant
 - Provide information about birth control methods that best meet their needs (including long-acting reversible contraceptives)

CDC Recommendations

Morbidity and Mortality Weekly Report

Update: Interim Guidance for Health Care Providers Caring for Women of Reproductive Age with Possible Zika Virus Exposure — United States, 2016

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On March 25, 2016, this report was posted as an MMWR Early Release on the MMWR website (<http://www.cdc.gov/mmwr>).


CDC has updated its interim guidance for U.S. health care providers caring for women of reproductive age with possible Zika virus exposure (1) to include recommendations on coun-

partners (3,5,7–10). Based on data from a previous outbreak, most persons infected with Zika virus are asymptomatic (11). Signs and symptoms, when present, are typically mild, with the most common being acute onset of fever, macular or papular rash, arthralgia, and conjunctivitis (11).

CDC Recommendations: Couples Interested in Conceiving

	Women	Men
Travelers		
Zika virus disease	Wait at least 8 weeks after symptom onset	Wait at least 6 months after symptom onset
No Zika virus disease	Wait at least 8 weeks after last date of exposure	Wait at least 8 weeks after last date of exposure
Living in an area with Zika		
Zika virus disease	Wait at least 8 weeks after symptom onset	Wait at least 6 months after symptom onset
No Zika virus disease	Talk with healthcare provider	Talk with healthcare provider

Considerations for Couples Interested in Conceiving Living in an Area With Active Zika Virus Transmission

- Reproductive life plan
 - Environmental risk of exposure
 - Personal measures to prevent mosquito bites
 - Personal measures to prevent sexual transmission
 - Education about Zika virus infection during pregnancy
 - Risks and benefits of pregnancy at this time
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Clinical Tool

PRECONCEPTION COUNSELING

For Women and Men Living in Areas with Ongoing Spread of Zika Virus Who Are Interested in Conceiving



This guide describes recommendations for counseling women and men living in areas with Zika who want to become pregnant and have not experienced clinical illness consistent with Zika virus disease. This material includes recommendations from CDC's updated guidance¹, key questions to ask patients, and sample scripts for discussing recommendations and preconception issues. Because a lot of content is outlined for discussion, questions are included throughout the sample script to make sure patients understand what they are being told.

Recommendation	Key Issue	Questions to Ask	Sample Script
Assess pregnancy intentions	Introduce importance of pregnancy planning	<i>Have you been thinking about having a baby?</i> <i>Would you like to become pregnant in the next year?</i> <i>Are you currently using any form of birth control?</i>	If you are thinking of having a baby, I would like to help you have a healthy and safe pregnancy. With the Zika virus outbreak, planning pregnancy is more important than ever. Preparing and planning for a healthy pregnancy means getting as healthy as you can before becoming pregnant, and also taking the time now to learn about how best to care for yourself during pregnancy.
Assess risk of Zika virus exposure	Environment	<i>Do you have air conditioning in your home? At work?</i> <i>Do you have window and door screens in your home? At work?</i> <i>Do you have a bed net? Would you consider using one?</i> <i>Do you live in an area with a lot of mosquitoes?</i>	The best way to prevent Zika is to prevent mosquito bites. To protect yourself at home and work, use air conditioning if possible. Install window and door screens and repair any holes to help keep mosquitoes outside. Sleep under a bed net, if air conditioning or screened rooms are not available. Since you live in an area where Zika is spreading, you are at risk of getting Zika. It is important that we discuss the timing of your pregnancy, and ways to prevent infection when you are pregnant. Knowledge check: What are some ways to protect yourself at home and work?

[Link to Preconception Counseling Clinical Tool](#)

Recommendations for Couples Interested in Conceiving Living in an Area With Active Zika Virus Transmission

- If couples decide to attempt conception:
 - Prevent mosquito bites through
 - Use of EPA-registered insect repellent during pregnancy
 - Wearing long-sleeves/pants
 - Removing standing water,
 - Staying in rooms with screens on windows/doors
 - Staying and sleeping in air-conditioned rooms or under bed nets
 - After successful conception, prevent sexual transmission through correct and consistent use of condoms or abstaining from sex for duration of pregnancy

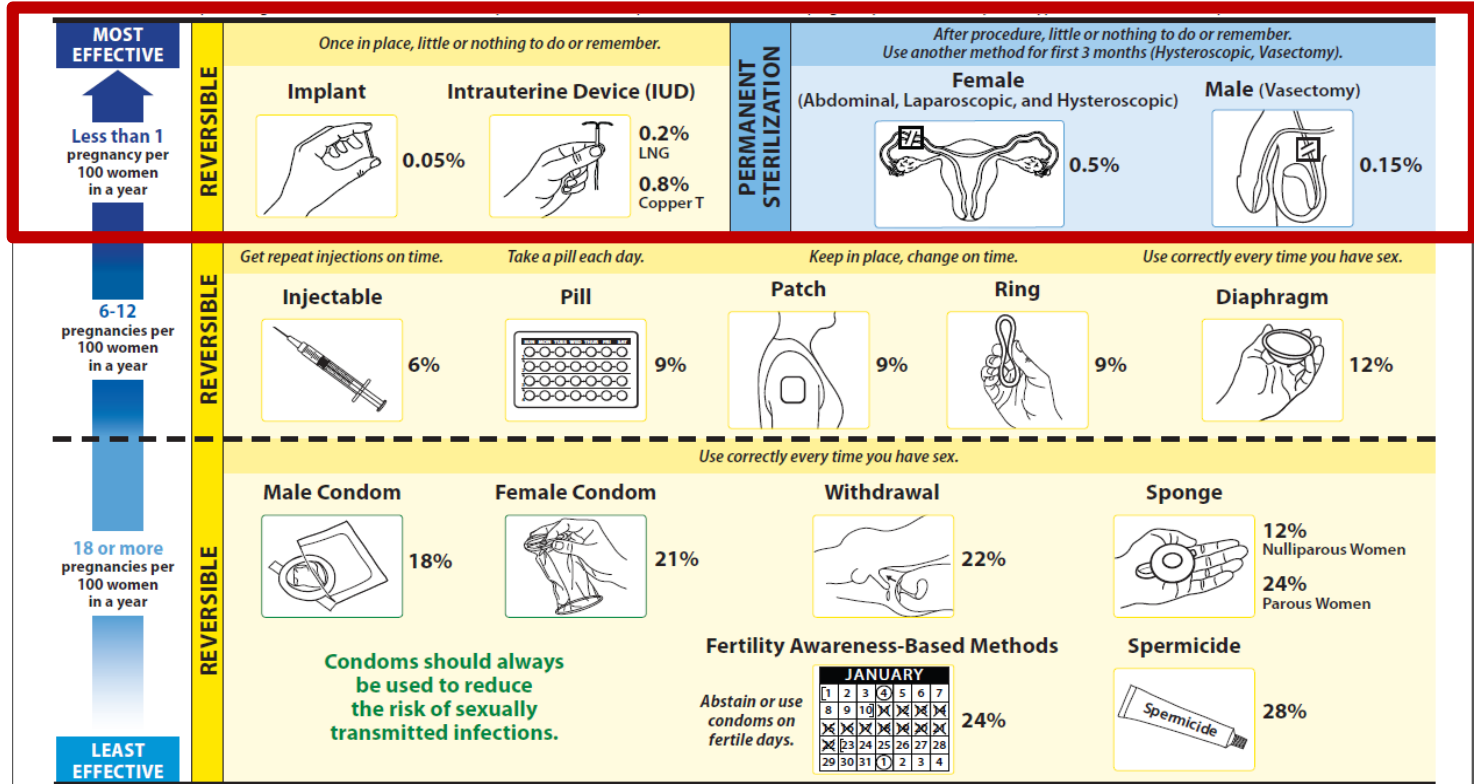
Recommendations for Couples Interested in Conceiving Living in an Area With Active Zika Transmission & recent Zika disease

- If one or both members of the couple have Zika virus disease:
 - Recommend waiting to attempt conception
 - For **at least 8 weeks for women** who have Zika virus disease
 - For **at least 6 months for men** who have Zika virus disease

Recommendations for Couples Interested in Conceiving Living in an Area With Active Zika Transmission & Waiting to Conceive

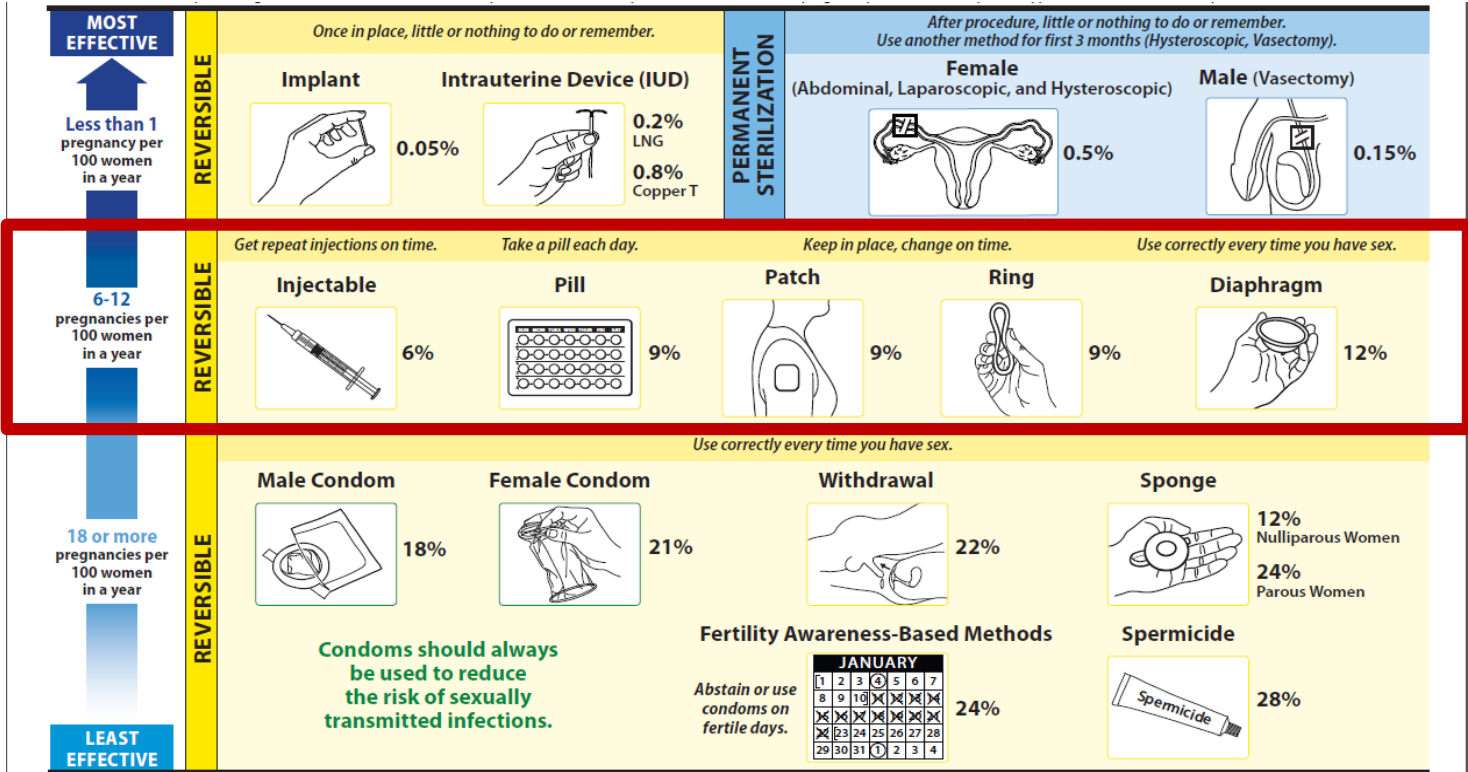
- If couples decide to wait to conceive, healthcare providers should discuss
 - Strategies to prevent unintended pregnancy
 - Use of the most effective contraceptive methods that can be used correctly and consistently
 - Role of correct and consistent use of condoms in reducing the risk for sexually transmitted infections, including Zika

Most Effective Family Planning Methods



Other Methods of Contraception: (1) Lactational Amenorrhea Method (LAM): is a highly effective, temporary method of contraception; and (2) Emergency Contraception: emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy. Adapted from World Health Organization (WHO) Department of Reproductive Health and Research, Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP). Knowledge for health project. Family planning: a global handbook for providers (2011 update). Baltimore, MD; Geneva, Switzerland: CCP and WHO; 2011; and Trussell J. Contraceptive failure in the United States. *Contraception* 2011;83:397-404.

Effective Family Planning Methods

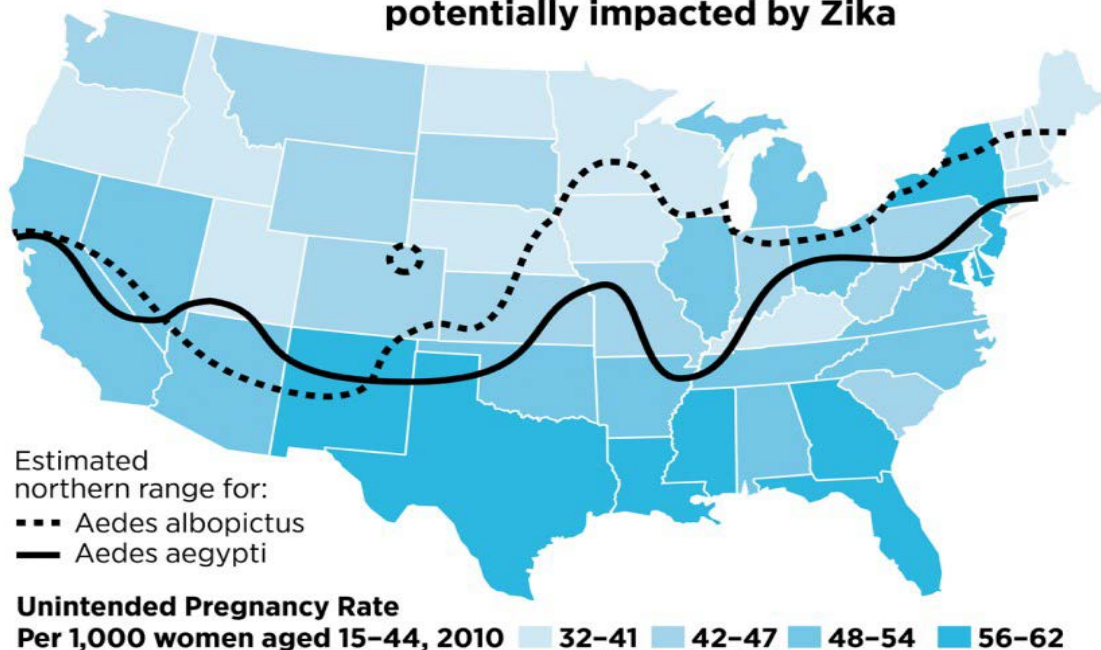


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Contraceptive Access in the US

Unintended Pregnancy in the US

Unintended pregnancy is common in many states potentially impacted by Zika



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Contraceptive Access in the United States

- 61 million women in the US between 15-44 years¹
 - 43 million are at risk for unintended pregnancy²
 - ~62% currently use a contraceptive method
 - 10.5% are currently using a LARC (IUD or implant)
 - 10% of women at risk of unintended pregnancy not currently using any contraceptive method

1. Daniels K, Daugherty J and Jones J, Current contraceptive status among women aged 15–44: United States, 2011–2013, *National Health Statistics Reports*, No. 173.

2. Jones J, Mosher WD and Daniels K, Current contraceptive use in the United States, 2006–2010, and changes in patterns of use since 1995, *National Health Statistics Reports*, 2012, No. 60,

Contraceptive Method Choice Among US Women, 2011-2013

- Most common contraceptive methods used were
 - Pill (25.9%)
 - Female sterilization (25.1%)
 - Male condoms (15.3%)
 - Long-acting reversible contraceptives (10.3%)
 - Male sterilization (8.2%)


Unmet Contraceptive Need in the US

- 20.1 million women at risk for unintended pregnancy were in need of publicly funded contraceptive services
 - Either had an income <250% of Federal poverty level OR
 - Were <20 years of age
- Of these, 5.6 million (28%) did not have health insurance
- Publicly funded providers met approximately 42% of the need

Many US women at risk for unintended pregnancy

Resources for Health Departments

Women's Health Statistics Iowa



By the numbers

- 585,645 women aged 15-44 years (2014)¹
- 39,687 live births (2014)²
- 19.8 teen birth rate (births per 1,000 women 15-19 years old) (2014)³
- 23,000 unintended pregnancies (2010)⁴

Services for Women

Activity	Does it exist in Iowa?
Medicaid Family Pl	Yes
Waiver Includes	Yes
HHS Unintended P	Yes
6/18 Initiative	Yes
ASTHO LARC Le	Yes
CoIN Pre/Interc	Yes
CMCS MIH Initia	Yes


6/18 Initiative: CDC adoption of evidence-based interventions to reduce unintended pregnancy. For more information, see <http://www.618.org/>

CDC/ASTHO Immediate Postpartum: CDC and ASTHO state health agencies focusing on postpartum contraceptive services. For more information, see <http://www.cdc.gov/astho/>

Collaborative Improves Care: HRSA's Maternal and Child Health Bureau (MCHB) and the delivery of postpartum contraceptive services. For more information, see <http://www.mchb.hrsa.gov/improvescare/>

The Centers for Disease Control and Prevention: For more information, see <http://www.cdc.gov/>

Women's Health Statistics New York



By the numbers

- 4,045,782 women aged 15-44 years (2014)¹
- 238,773 live births (2014)²
- 16.1 teen birth rate (births per 1,000 women 15-19 years old) (2014)³
- 246,000 unintended pregnancies (2010)⁴

Services for Women

Activity	Does it exist in New York?
Medicaid Family Planning Waiver/State Plan Amendment ⁴	Yes
Waiver Includes Teens	Yes
HHS Unintended Pregnancy Activities ⁵	Yes
6/18 Initiative	No
ASTHO LARC Learning Community	Yes
CoIN Pre/Interconception Care	Yes
CMCS MIH Initiative	Yes

6/18 Initiative: CDC is partnering with health care purchasers, payers, and providers to accelerate the adoption of evidence-based prevention interventions to improve health and control health care costs. This initiative targets 6 common and costly health conditions including unintended pregnancies and 18 proven interventions. For more information, see <http://www.cdc.gov/618team/>

CDC/ASTHO Immediate Postpartum LARC Learning Community: This project works with states to assist with adoption of evidence-based prevention interventions to improve health and control health care costs. This initiative targets 6 common and costly health conditions including unintended pregnancies and 18 proven interventions. For more information, see <http://www.cdc.gov/astho/Programs/Systems/and-Child-Health/Long-Acting-Reversible-Contraception-LARC/>

Collaborative Improves Care & Innovation Network to Reduce Infant Mortality (Co-IMP) Pre/Interconception Care: HRSA's Maternal and Child Health Bureau (MCHB) is leading a national effort to reduce infant mortality, focusing on postpartum insertion following delivery. For more information, see <http://www.mchb.hrsa.gov/improvescare/>

State Women's Health Factsheets:

https://www.cdc.gov/reproductivehealth/data_stats/state-profiles.htm

Includes information on HHS Unintended Pregnancy Activities (as of 2016)

- 6/18 initiative
- ASTHO LARC Learning Community
- CoIN Pre/Interconception Care
- CMCS MIH Initiative

HHS Unintended Pregnancy Activities in States

- **6/18 initiative:** Partnership between CDC, healthcare purchasers, payers, and providers to accelerate adoption of evidence-based prevention interventions
 - Targets adoption of 18 proven interventions for 6 common and costly health conditions including unintended pregnancies.
 - For more information, see <http://www.cdc.gov/sixeighteen/>
- **CDC/ASTHO Immediate Post-partum LARC Learning Community:** Collaboration with states to assist state health agencies in implementing Long-Acting Reversible Contraceptives (LARC)
 - For more information, see <http://www.astho.org/Programs/Maternal-and-Child-Health/Long-Acting-Reversible-Contraception-LARC/>

HHS Unintended Pregnancy Activities in States

- **Collaborative Improvement & Innovation Network to Reduce Infant Mortality (CoIIN) Pre/Interconception Care:**
 - National effort to reduce infant mortality
 - Key strategy to improve preconception/interconception care, which includes the delivery of contraceptive services to prevent teen and unintended pregnancy and improve birth spacing
 - For more information, see: <http://mchb.hrsa.gov/infantmortality/coiin/>

HHS Unintended Pregnancy Activities in States

- **The Centers for Medicaid and CHIP Services (CMCS), Maternal and Infant Health (MIH) Initiative:**
 - Promotes timely and comprehensive postpartum care, including promotion of pregnancy planning and spacing, and prevention of unintended pregnancies through increased use of effective contraception.
 - For more information, see <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/Maternal-and-Infant-Health-Initiative.pdf>

What CDC is doing

Assessing Access to Contraception in the US

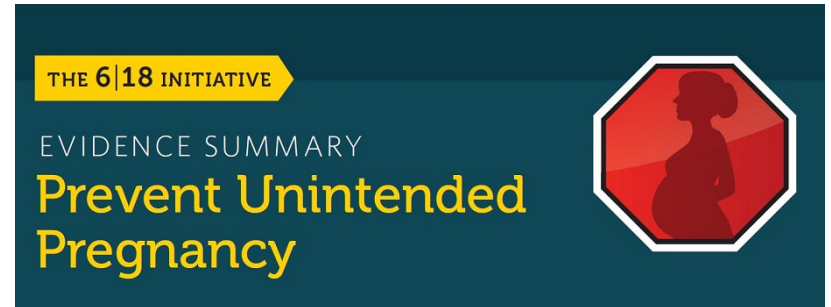
- Analyzing data from Pregnancy Risk Assessment Monitoring System (PRAMS)
 - Surveillance project of CDC and state health departments
 - Collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy
 - Covers 78% of all US births
 - Assesses unintended pregnancy and postpartum contraceptive use
- Planning comprehensive assessment of contraceptive access and unintended pregnancy in states and territories

Improving Access to Contraception in Continental US

- CDC is actively collaborating with HHS agencies to remove barriers and increase contraceptive access for women who want to delay or avoid pregnancy during Zika
 - HHS strategy for expanded training of clinical providers on contraceptive service delivery
 - Office of Population Affairs' Title X Family planning program
 - HRSA Bureau of Primary Care
 - HRSA Maternal and Child Health Bureau
 - The Center for Medicare & Medicaid Innovation (CMMI)

Access to Contraception in Continental US

- CDC encourages state Medicaid programs to
 - Implement the LARC payment strategies
 - Strengthen the capacity of providers to deliver contraceptive services



www.cdc.gov/sixteen/

What you could do

Prior to local transmission

- Educate providers about the importance of discussing contraception with women and couples who live in areas with local Zika transmission and who want to delay or avoid becoming pregnant
- Assess availability of contraceptive access for women of reproductive age in your jurisdiction who wish to avoid or delay pregnancy during a local Zika outbreak
- Identify geographic areas or vulnerable populations who may not have access to contraceptive services

Once local transmission has occurred

- Inform providers about the importance of discussing contraception with women and couples who live in areas with local Zika transmission and who want to delay or avoid becoming pregnant
- Recommend that providers ensure that couples who want to delay or avoid pregnancy are informed about birth control methods that best meet their needs, including long-acting reversible contraceptives (IUDs, implants)
- Develop plans to provide contraceptive access for underserved populations

Resources and Information for Women

- Reproductive Life Plan Factsheet:
<http://www.cdc.gov/preconception/documents/reproductivelifeplan-worksheet.pdf>
- Show Your Love Reproductive Life Plan Worksheet for Non-Planners:
[http://www.cdc.gov/preconception/showyourlove/documents/Healthier Me NonPlan.pdf](http://www.cdc.gov/preconception/showyourlove/documents/Healthier_Me_NonPlan.pdf)
- Show Your Love Reproductive Life Plan Worksheet for Planners:
[http://www.cdc.gov/preconception/showyourlove/documents/Healthier Baby Me Plan.pdf](http://www.cdc.gov/preconception/showyourlove/documents/Healthier_Baby_Me_Plan.pdf)
- Other Health Education Materials for Men and Women Available Online at:
<http://www.cdc.gov/preconception/freematerials-health-edu.html>

Resources and Information for Providers

- Effectiveness of Family Planning Chart:
<http://www.cdc.gov/reproductivehealth/unintendedpregnancy/pdf/family-planning-methods-2014.pdf>
- CDC/OPA (2014). Providing Quality Family Planning Services (QFP): Recommendations of CDC and the US Office of Population Affairs, MMWR Recommendations and Reports, April 24, 2014. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6304a1.htm>
- CDC (2010). US Medical Eligibility Criteria for Contraceptive Use, MMWR Recommendations and Reports, 59 (RR04):1–85. Available online at:
<http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/USMEC.htm>.
- CDC (2013). US Selected Practice Recommendations for Contraceptive Use, MMWR Recommendations and Reports, 62(No. RR-5):1-60. Available online at:
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6205a1.htm?s_cid=rr6205a1_w.

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

