

# Comparing Two Contraceptive Care Programs to Reduce the Rate of Unintended Pregnancies

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## What was the research about?

More than half of all pregnancies in the United States are unplanned. Unplanned pregnancies often happen because women don't have a birth control method that fits their needs.

Women use some methods, such as the pill, daily. Long-acting reversible contraceptives, or LARCs, are birth control methods that last for multiple years. LARC methods include implants or intrauterine devices, called IUDs. Once inserted, women don't need to do anything else for birth control.

In this study, the research team compared two birth control programs to see how well they reduced unplanned pregnancies. The two programs were Enhanced Care and Complete CHOICE. In both programs, women received counseling about different birth control methods. The team gave patients information about how long each method lasts, how to use it, and common side effects. The Complete CHOICE program also

- Covered costs of LARC methods for women without health insurance
- Offered women the choice to get a LARC method on the same day as their healthcare visit
- Gave doctors and nurse practitioners training on birth control methods, including LARCs

## What were the results?

Compared with women in the Enhanced Care program, women in the Complete CHOICE program

- Had a lower risk of unplanned pregnancies one year later
- Were more likely to choose a LARC method over other birth control methods such as the pill or condoms
- Were more likely to get a LARC method the same day as their healthcare visit

After the counseling session, women in the two programs didn't differ in satisfaction with their healthcare visit or birth control counseling. Also, after one year, women in the two programs didn't differ in satisfaction with the birth control method they chose or whether they kept using their chosen birth control method.

## Who was in the study?

This study included 1,008 women, ages 15–45, receiving care at three health clinics that serve people with fewer resources. Of the women, 69 percent were black, 25 percent were white, and 6 percent were other races. In addition, 58 percent had public health insurance, 27 percent had no insurance, and 15 percent had private health insurance.

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## What did the research team do?

First, the research team offered the Enhanced Care program to women who visited the clinics for their regular appointments until the team reached the number of women needed for the study. Next, the team gave training about birth control methods to healthcare professionals at the clinics. Then, clinics offered the Complete CHOICE program until the team reached the number of women needed for the study.

Women in the two groups took a survey about birth control methods and unplanned pregnancies after their healthcare visit and again 3, 6, and 12 months later.

Patients, doctors, and community members gave input on the study design.

## What were the limits of the study?

Women in the Complete CHOICE program were older. They were also more likely to be Hispanic and

uninsured and were less likely to be black, single, or report that they would be upset if they got pregnant in the next 12 months. These differences may have affected results. The three clinics were in the Midwest and served mostly patients with fewer resources. Results may differ for women living in other areas or getting health care at a different type of clinic.

Future research could test Complete CHOICE in other locations and healthcare settings.

## How can people use the results?

Health clinics can use these results when considering how best to provide birth control services to women with few resources.

*To learn more about this project, visit [www.pcori.org/Madden243](http://www.pcori.org/Madden243).*