

Data-to-Action: Using data analysis to estimate the impact of state funding cuts to the Michigan Family Planning Program on the cost of unintended birth

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Background

The Michigan Department of Community Health (MDCH)'s Michigan Family Planning Program (MI FP) provides reproductive healthcare, counseling and contraceptive services to low income individuals. In October 2009, \$4 million in state funds were cut from this program and additional \$1.5 million cuts were proposed in FY 2011.

The purpose of this analysis was to estimate the effect of the elimination of state funding on pregnancy-related costs to Michigan residents.

Methods

Data Source:

Data from the Michigan Family Planning Annual Report (FPAR) 2009-2010, Michigan Pregnancy Risk Assessment Monitoring System (PRAMS) 2008, MDCH Vital Records 2009.

Methodology:

Based on methods published by the Guttmacher Institute¹ we estimated the number of unintended births prevented by accounting for:

- The difference in the number of women who received services between 2009 and 2010 (FPAR)
- Prevalence of pregnancy or seeking pregnancy among MI FP clinic users (FPAR)
- Contraceptive choices (FPAR, PRAMS)
- Contraceptive failure rates²
- Prevalence estimate of unintended pregnancy (PRAMS)
- Abortion and miscarriage rates (MDCH Vital Records)

Based on the estimated number of unintended births, the cost of uncomplicated labor and delivery for this population was calculated.

Results

Step 1: Defining population at risk

Table 1: Michigan Family Planning clinic clients, FPAR 2009-2010

	2009	2010	Difference
Total Number of Female Clients	120,577	111,123	9,454
Number pregnant or seeking pregnancy	8,502	7,401	1,101
Total	112,075	103,722	8,353

Step 2: Estimating number of unintended births

Table 2: Estimated unintended pregnancies among difference in MI Family Planning clinic users, FPAR 2009-2010, PRAMS 2008

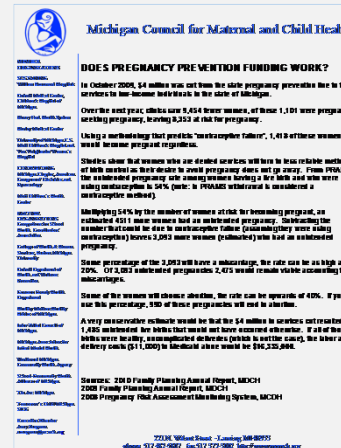
	Estimated number
Estimated unintended pregnancy*	4,511
Less estimated pregnancy due to contraceptive failure†	1,418
Total unintended pregnancies	3,093

Table 3: Estimated unintended births among difference in MI Family Planning clinic users, FPAR 2009-2010, MDCH vital records, 2009

	Estimated number
Estimated pregnancies	3,093
Less estimated stillbirths and abortions	890
Total estimated births	2,203

Step 3: Calculating labor and delivery costs

Assumed uncomplicated labor and delivery cost to Medicaid of \$11,000 per live birth. Estimated number of unintended births among the 8,353 fewer women who did not receive family planning services ranged from 1,485[‡] to 2,203.
Estimated cost: \$16.3 to \$24.2 million



Conclusion

- A fact sheet outlining the results and costs was prepared and presented to Michigan legislators serving on the appropriations committee
- State funds for the MI FP are designated under the "Pregnancy Prevention" line item which also includes funds for teen pregnancy prevention
- For FY 2012 \$900 thousand was restored for pregnancy prevention in Michigan

Limitations

- Pregnancy intention is not asked of MI FP clients and is based on PRAMS data
- Pregnancy intention is asked after the infant's birth and is subject to recall bias.
- Estimate assumes that all births would be covered by Medicaid

Notes

* Prams 2008 unintended pregnancy rate among women using some type of contraceptive =54%. Estimated unintended pregnancy =54% * (n_{users2009} - n_{users2010})

† Based on published contraceptive failure rates² and reported contraceptive use among users 2009-2010. Number of pregnancies due to contraceptive failure = (contraceptive failure rate* (n_{users2009} - n_{users2010}))

‡ Based on MDCH vital records data: percentage of pregnancies that ended in abortion 13.2% and stillbirth 15.6%.

§ Alternative estimate based on national estimates assumed 40% abortion rate and 20% stillbirth rate. This estimate was 1,485 live births.

References

1. Frost JJ, Finer LB and Tapales A, The impact of publicly funded family planning clinic services on unintended pregnancies and government cost savings, Journal of Health Care for the Poor and Underserved 2008, 19(3):777-795.
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