

All contraceptive methods are cost-effective – they save more in public expenditures for unintended pregnancies than they cost to provide.



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Research

Research Brief on

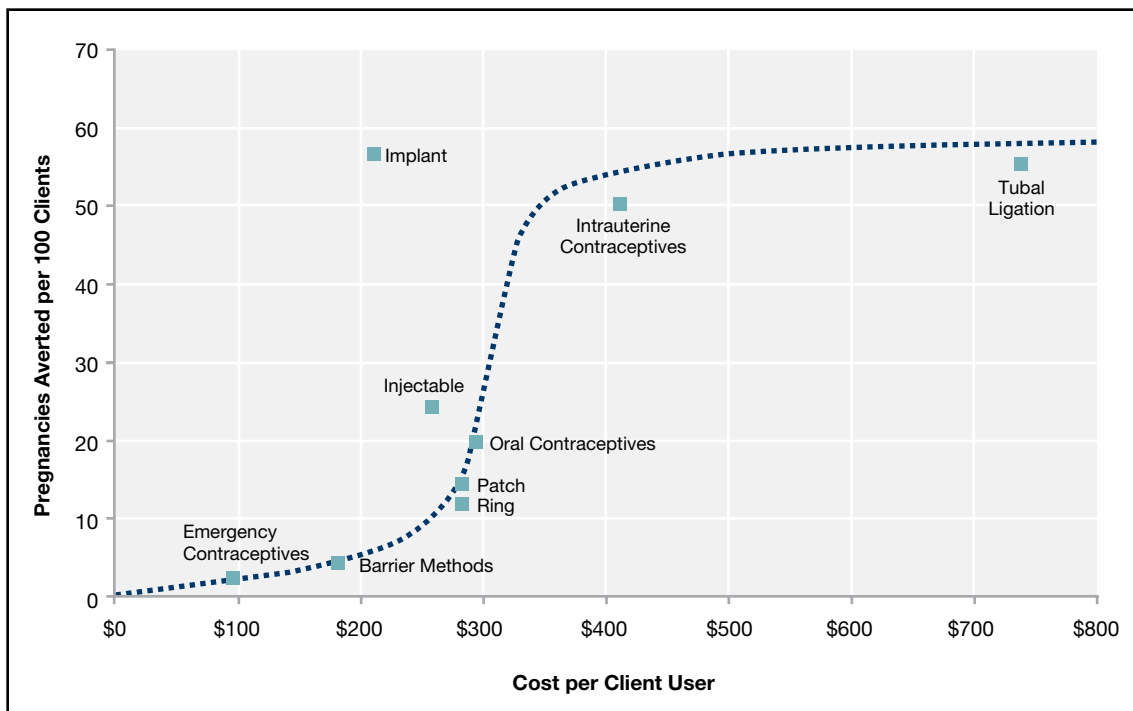
Cost Savings from the Provision of Specific Methods of Contraception in a Publicly Funded Program

Unintended pregnancies occur increasingly and disproportionately to women with limited resources.¹ California's family planning program, Family PACT (Planning, Access, Care and Treatment), provides contraception and reproductive health services to women and men of reproductive age whose incomes do not exceed 200% of the federal poverty level and who have no other reproductive health care coverage. The program covers all contraceptive methods approved by the Food and Drug Administration at no cost to the client.

This study examined cost-effectiveness of contraceptive methods dispensed in 2003 to almost a million women served in Family PACT by comparing the cost of providing each contraceptive method with the estimated savings from averted pregnancies. Cost of providing services was determined based on paid claims data. Cost of unintended pregnancy to the federal, state and local governments was estimated to be the cost of medical, welfare and other social service costs for a woman and child from conception up to two years after birth. Prior cost-benefit analyses have shown the overall savings to the public from the provision of contraceptive services to low-income women.^{2,3,4} However, this is the first study that looks at the relative cost-effectiveness of specific contraceptive methods in which the data are derived from an actual public health program and the tendency of women to switch and discontinue methods is taken into account.

Results. Nearly 1 million female clients – 217,000 aged 13 to 19 years and 738,000 aged 20 to 44 years – received contraceptive methods through Family PACT in 2003. Due to method failure and noncompliance, the women served experienced an estimated 37,000 unintended pregnancies. However, in the absence of Family PACT services, this study estimates they would have experienced 216,000 pregnancies. The difference – 178,000 – is an estimate of the number of unintended pregnancies averted through the provision of specific method of contraception. Of these, more than half were attributable to oral contraceptives, one-fifth to injectable methods, and one-tenth each to the patch and barrier methods. All contraceptive methods were cost-effective—they saved more in public expenditures for unintended pregnancies from conception until two years after birth than they cost to provide. The implant and intrauterine contraceptives were the most cost-effective, with cost savings of over \$7 for every \$1 spent in services and supplies. Per \$1 spent, injectable contraceptives yielded savings of \$5.60; tubal ligation, \$4.46; oral contraceptives, \$4.07; the patch, \$2.99; the vaginal ring, \$2.55; emergency contraceptives, \$1.43; and barrier methods, \$1.34.

Cost-Effectiveness of Contraceptive Methods Dispensed in the Family PACT Program, 2003



Recommendations

- Because all contraceptive methods are cost-effective, public health programs should offer a range of methods to increase the chances that their clients will find a method that suits their needs.
- Providers should be encouraged to dispense or prescribe more months of contraceptive protection per visit as appropriate, which would reduce the number of clinic visits and costs while increasing method continuation.⁵
- Women using family planning services should be given information about the relative effectiveness of different contraceptive methods so that they can make educated decisions.

- For new users of any contraceptive method, follow-up support should be available to ensure the user's compliance and understanding and to ascertain the method's acceptability.
- Users of barrier methods and emergency contraceptives should be encouraged to use additional, longer-term methods of contraception, if appropriate.

Together, these measures will contribute to higher contraceptive compliance and continuation, lower failure rates, and fewer unintended pregnancies.

Source: Foster DG, Rostovtseva DP, Brindis CD, Biggs MA, Hulett D, Darney PD. Cost-Savings from the Provision of Specific Methods of Contraception. *Am J Public Health*. 2009;99:446-451.

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- 2 Amaral G, Foster DG, Biggs A, Jasik C, Judd S, Brindis C. Public savings from the prevention of unintended pregnancy: a cost analysis of family planning services in California. *Health Serv Res*. 2007;42:1960-1980.
- 3 Forrest JD, Samara R. Impact of publicly funded contraceptive services on unintended pregnancies and implications for Medicaid expenditures. *Fam Plann Perspect*. 1996;28:188-195.
- 4 Forrest JD, Singh S. The impact of public-sector expenditures for contraceptive services in California. *Fam Plann Perspect*. 1990;22:161-168.
- 5 Foster DG, Parvataneni R, Thiel de Bocanegra H, Lewis C, Bradsberry M, Darney P. Number of oral contraceptive pill packages dispensed, method continuation, and costs. *Obstet Gynecol*. 2006;108(5):1107-14.

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