

## **Facts Are Important**

### **Contraceptive Care is Good Women's Health Care**

As the President-Elect assembles his team of top advisors, we encourage him and all policy makers to base policy proposals related to women's health on facts, science, and clinical evidence. In this area, as in all areas of public policy, facts are important.

We urge the President-Elect, his advisors, and all policy makers to recognize and support contraceptive care as an essential and valuable component of women's health care. Contraceptive care is not "malpractice," as one of the President-Elect's health policy advisors has suggested.

#### **Access to contraception supports healthy women and healthy babies.**

The benefits of contraception, named as one of the 10 great public health achievements of the 20<sup>th</sup> Century by the Centers for Disease Control and Prevention, are widely recognized and include improved health and well-being, reduced global maternal mortality, health benefits of pregnancy spacing for maternal and child health, female engagement in the work force, and economic self-sufficiency for women.<sup>i</sup>

Contraception helps families. The consequences of unintended pregnancy are serious and impose tremendous burdens on women and families. Unintended pregnancies can result in poor health for mothers and their babies, including maternal depression, an increased risk of physical violence to the pregnant woman, and inadequate prenatal care and poor birth outcomes.<sup>ii</sup> Infants born as a result of unintended pregnancies are at greater risk of preterm birth, low birth weight, and poor mental and physical functioning in early childhood.<sup>iii</sup>

There are also non-contraceptive benefits to birth control, including decreased bleeding and pain with menstrual periods and reduced risk of gynecologic disorders, such as 50% decreased risk of endometrial and 27% decreased risk of ovarian cancer.<sup>iv</sup>

#### **Access to contraception is common ground.**

Ninety-nine percent of U.S. women who have been sexually active report having used some form of contraception, and 87.5% report use of a highly effective reversible method.<sup>v</sup>

Unintended pregnancy and abortion rates are higher in the United States than in most other developed countries.<sup>vi</sup> Currently, 49% of pregnancies are unintended.<sup>vii</sup> Reducing this high rate is a national priority reflected in the Healthy People 2020 goal.<sup>viii</sup> The most effective way to reduce abortions is to prevent unintended pregnancy by improving access to consistent, effective, and affordable contraception. In fact, were it not for publicly funded family planning, the U.S. rate of unintended pregnancy, unplanned birth, and abortion in 2014 would have been 68% higher.<sup>ix</sup>

#### **Access to contraception makes economic sense.**

Unintended pregnancies resulted in approximately \$12.5 billion in government expenditures in 2008,<sup>x</sup> not only costing taxpayers, but also stifling academic, business, and economic achievements for women and our nation.

In fact, each dollar spent on publicly funded family planning services saves the Medicaid program \$7.09.<sup>xi</sup> The ability to plan a pregnancy increases engagement of women in the workforce and improves economic stability for women and their families.<sup>xii</sup>

**Contraception does not cause miscarriage, abortion, or problems with fertility.**

Individuals in positions of public influence, like all Americans, must rely on facts. Spreading misinformation about contraception does our Nation, and American women and families a great disservice by creating barriers to this care.

The facts are that no credible research confirms the false statement that birth control causes miscarriages.<sup>xiii</sup> In addition, FDA-approved contraceptive methods are not abortifacients. Every FDA-approved contraceptive acts before implantation, does not interfere with a pregnancy, and is not effective after a fertilized egg has implanted successfully in the uterus.<sup>xiv</sup>

As with any medication, certain types of contraception may be contraindicated for women with certain medical conditions, such as high blood pressure, lupus, or a history of breast cancer.<sup>xv,xvi</sup> It is for these and many other reasons that access to the full range of FDA-approved contraception, with no cost-sharing or other restrictions, is crucial to women's health.

Every woman, regardless of her insurer, employer, state of residence, or income, should have easy, affordable, access to the right form of contraception for her, free from political interference into the practice of medicine.

ACOG supports robust, factual debates on issues of importance to the American people. As the nation's leading group of physicians providing health care for women, we urge you to call on us to provide expert understanding of issues related to women's health.

**The President-Elect, his team, and all policy makers must adhere to fact-based science and evidence when engaging in policy discussions and decisions with regard to women's health.**

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<sup>i</sup> Sonfield A, Hasstedt K, Kavanaugh ML, Anderson R. The social and economic benefits of women's ability to determine whether and when to have children. New York (NY): Guttmacher Institute; 2013. Available at: <http://www.guttmacher.org/pubs/social-economic-benefits.pdf>.

<sup>ii</sup> Reproductive life planning to reduce unintended pregnancy. Committee Opinion No. 654. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2016;127:e66–9.

<sup>iii</sup> Ibid.

<sup>iv</sup> Noncontraceptive uses of hormonal contraceptives. Practice Bulletin No. 110. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2010;115:206-18.

<sup>v</sup> Daniels K, Mosher WD. Contraceptive methods women have ever used: United States, 1982-2010. *Natl Health Stat Report* 2013;(62):1–15.

<sup>vi</sup> Finer LB, Zolna MR. Unintended pregnancy in the United States: incidence and disparities, 2006. *Contraception* 2011;84:478–85.

<sup>vii</sup> Ibid.

<sup>viii</sup> Department of Health and Human Services. Healthy People 2020 summary of objectives: family planning. Available at: <http://www.healthypeople.gov/2020/topics-objectives/topic/family-planning/objectives>. Retrieved August 4, 2014.

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<sup>ix</sup> Frost JJ et al., *Contraceptive Needs and Services, 2014 Update*, New York: Guttmacher Institute, 2016, <https://www.guttmacher.org/report/contraceptive-needs-and-services-2014-update>.

<sup>x</sup> Access to contraception. Committee Opinion No. 615. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2015;125:250–5.

<sup>xi</sup> Guttmacher Institute. Frost, J., Sonfield, A., Zolna, M., and Finer, L. *Return on Investment: A Fuller Assessment of the Benefits and Cost Savings of the US Publicly Funded Family Planning Program*. 2014.

<sup>xii</sup> Sonfield, 2013.

<sup>xiii</sup> Early pregnancy loss. FAQ No. 90. American College of Obstetricians and Gynecologists. August 2015.

<sup>xiv</sup> Brief for Physicians for Reproductive Health, American College of Obstetricians and Gynecologists et al. as Amici Curiae Supporting Respondents, *Sebelius v. Hobby Lobby*, 573 U.S. XXX (2014) (No. 13-354). Available at: [acog.org/~media/Departments/Government%20Relations%20and%20Outreach/20131021AmicusHobby.pdf?](http://acog.org/~media/Departments/Government%20Relations%20and%20Outreach/20131021AmicusHobby.pdf?)

<sup>xv</sup> Progestin-only hormonal birth control: pill and injection. FAQ No. 86. American College of Obstetricians and Gynecologists. July 2014.

<sup>xvi</sup> Combined hormonal birth control: pill, patch, and ring. FAQ No. 185. American College of Obstetricians and Gynecologists. July 2014.