



March 13, 2012

Dear Oregon Health Policy Board Members,

Thank you so much for hearing our concerns about the inclusion of preventive reproductive health in assessment of the quality of health care in Oregon. We are so pleased to see that one of the initial proposed CCO accountability metrics includes "Effective Contraception Use – % of reproductive age women who do not desire pregnancy using an effective method." That single metric will go a long way toward ensuring that women are able to determine the timing of their pregnancies to optimize their health and their families' health. We are so grateful that the Oregon Health Authority sees this issue as a priority in health care.

As the CCO recruitment process moves forward, we urge you to consider including a metric for tracking unintended pregnancies in Oregon. In Oregon, 49% of all births in 2008 were the result of unintended pregnancies. Those pregnancies have worse health outcomes for both mother and infant, higher infant mortality, higher risks of child abuse and placement with protective services, and higher rates of maternal depression, physical abuse and maternal mortality¹. The data source for unintended pregnancy would necessarily come from intake data from pregnant women who are entering prenatal care. This is different than the data source for Effective Contraception Use, which would be a survey of all women of reproductive age in primary care. Both are extremely important – one to prevent unintended pregnancy and one to address unintended pregnancy once it occurs. Those pregnancies are higher risk and need extra attention to prevent complications. Families with an unintended pregnancy may need more social support once the child is born.

We also urge you to consider adding a metric regarding folic acid supplementation prior to conception. Neural tube defects (such as spina bifida, anencephaly and meningomyelocele) are devastating diseases with lifelong use of intensive services. Many cases of neural tube defects could be prevented if women were routinely taking folic acid prior to conception. Yet, despite decades of knowing this information and multiple national campaigns, only 30% of Oregon women took folic acid prior to conceiving in 2008². We need a more robust means of ensuring that women know about (and avail themselves of) this critical preventive measure. It isn't often that taking an inexpensive, readily available vitamin effectively prevents a severe disabling condition. Including folic acid supplementation as a metric would be an easy way to meet the stated mission of CCOs and health care reform in general – better health with less cost through prevention.

Thank you so much for your consideration of our concerns, and for all your work on behalf of Oregonians.

For more information, please contact:

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¹Gipson JD, Koenig MA, Hindin MJ "The effects of unintended pregnancy on infant, child and parental health: A review of the literature" *Studies in Family Planning* 2998;39[1]:18-38

² PRAMS 2008