

**Family Planning Evaluators  
Conference Call**  
April 10, 2006, 1.00-2.00 pm EST

**Participants**

**Evaluators:** Mario Ariet, Dave Murday, Mike Resnick, Jeff Roth  
**State Staff:** Joe, Holliday, Bernie Operario  
**Sheps Center Staff:** Priscilla Guild, Ellen Shanahan  
**Guest:** Adam Sonfield

**Not on the Call**

**Evaluators:** Janet Bronstein, Paul Buescher, Lynne Cossman  
**State Staff:** Bonnie Cox, Janet Sheridan, Cindy Thames, Lori Williams, Betsy Wood  
**Sheps Center Staff:** no one

Pris started by welcoming Adam Sonfield from the Alan Guttmacher Institute to the call. Adam is working on a study to measure the impact on the number of abortions and budget benefits that would be expected if every state had a family planning waiver. The results of this study should be available soon and will eventually be in a Guttmacher Policy Report. He also mentioned that AGI is providing technical assistance to states in preparing their waiver requests as requested.

The discussion then moved on to birth intervals (# 8 on the grid). Both SC and FL provided information on the birth interval calculations they are using prior to the call (see attached tables). Mike Resnick, Professor of Pediatrics at the University of Florida, summarized the work he has been doing in Florida. He looked into the literature and found that it is not recommended that a woman become pregnant until 24 months after a birth. Adding 9 months to this, the next live birth should not take place until about 33 months after the previous delivery. He provided data for the number and rate of births that took place at 2, 3, 4, 5, and 6 years after the previous birth for a five-year 1995 delivery cohort. About 25 percent of Medicaid SOBRA women are giving birth within 36 months of their previous delivery. Mike has shown that although increasing the birth interval is at least minimally cost-effective, CMS has not wanted to use this as a measure. FL recommends that no teenager give birth again while still a teenager or before 36 months after the previous delivery, whichever is longer, and no women give birth before 36 months after the previous delivery.

Dave then presented the SC data. Table 6a and 6b looks at the rates for the entire SOBRA population (their target population) and Table 6c and 6d looks at women who received a service under the waiver. Data are presented for  $\leq 18$  and  $\leq 24$  months between births over time (1993-2003 for all SOBRA women and 1995-2003 for women served by the waiver). The SC waiver started in July 1994. Although the rates went down over time at  $\leq 24$  months for women served by the waiver, this was not seen in the overall SOBRA population.

Adam reported that Rhode Island has shown an impact on birth interval with their waiver and sent links to two reports [http://www.ritecareresearch.org/reportspubs/RIteCare/rite\\_care\\_impact\\_93\\_03.pdf](http://www.ritecareresearch.org/reportspubs/RIteCare/rite_care_impact_93_03.pdf) and <http://www.guttmacher.org/pubs/tgr/02/2/gr020208.html>. The definition of a "short birth interval" used by Rhode Island was a woman who became pregnant within 9 months of a previous live birth. In 1993, prior to the waiver (RIte Care), 20 percent of women having a Medicaid-funded delivery had a short birth interval compared to 11 percent in 1997, after RIte Care. Hopefully you will be able to read the attached copies of these reports.

Although Paul Buescher was not on the call, Priscilla went back to the grid that was originally filled out by each state and NC appears to be using at least a 12 month interpregnancy interval since last pregnancy as their measure. Paul published an article in the NC Medical Journal that showed that in 1987 infants born less than one year after a previous pregnancy were more than twice as likely to have a birthweight of

$\leq 2,500$  grams and three times as likely to have a birthweight  $\leq 1,500$  grams. Pris will ask Paul if he has more recent data on this or has looked at the statistics for other time intervals.

No decision was made as to a common definition for birth interval on this call, so discussion will continue on the next conference call. Adam Sonfield will also check as see if they are ready to discuss any of the findings from their current study. FL would like to see if states on the call could provide data on their number of “terminations” each year. They will send Pris an e-mail with exactly what type of information they want and she will survey the states.

**Next Call:** May 8<sup>th</sup> from 1 until 2 PM EST. The phone number for all the calls will be 919-962-2740.