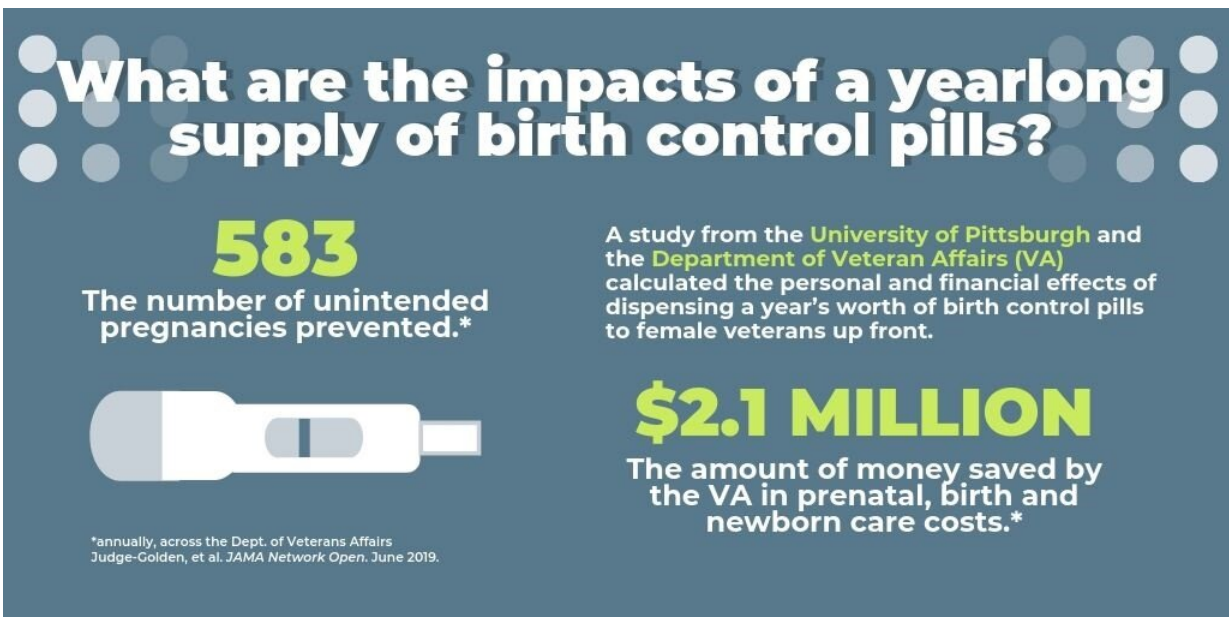


Yearlong birth control supply would cut unintended pregnancies, costs

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What are the impacts of a yearlong supply of birth control pills? Credit: UPMC

New research from the University of Pittsburgh and the U.S. Department of Veterans Affairs (VA) shows that dispensing a year's supply of birth control pills up front would support women's reproductive autonomy while also being cost effective.

The paper, published today in *JAMA Internal Medicine*, used a mathematical model to demonstrate that reducing [birth control](#) refills

would better allow female veterans to prevent undesired pregnancies, and the money saved on [health care costs](#) would more than outweigh the expense of providing birth control in larger quantities.

"Medication dispensing limits are thought to be cost-saving because you're not wasting pills and medicines that people aren't going to use," said lead author Colleen Judge-Golden, an M.D., Ph.D. student at Pitt's School of Medicine. "Our analysis shows that concerns about wastage of contraceptive pills are overshadowed by the potential consequences of missed refills, and especially of unintended pregnancies."

VA data shows that 43% of women receiving three-month increments of birth control pills experience at least one gap between refills over the course of a year of use. Outside the VA, women who get a year's worth of birth control pills up front experience fewer gaps, and ultimately, fewer unintended pregnancies.

Since the VA doesn't yet offer the option of dispensing a 12-month supply, Judge-Golden analyzed how expensive such a program would be, together with senior author Sonya Borrero, M.D., M.S., director of Pitt's Center for Women's Health Research and Innovation and associate director of the VA's Center for Health Equity Research and Promotion.

The researchers estimate that among the approximately 24,000 women receiving oral contraceptives from the VA, offering a year's supply of pills would prevent 583 [unintended pregnancies](#) and save the VA about \$2 million a year in prenatal, birth and newborn care costs.

"We see extended contraceptive dispensing as a win-win," said Judge-Golden, "promoting women's [health](#) and women's autonomy to use [birth](#) control as they decide, while also being economically sustainable for the VA."

To date, 17 states and the District of Columbia have passed laws requiring insurers to cover a year's supply of contraceptives. As the largest integrated American health system, the VA has an opportunity to deploy this evidence-based policy on a national scale.

"This is a great opportunity for the VA to roll out this policy change on a national level and continue to be a leader and set an elevated standard for women's health care," Borrero said.

More information: *JAMA Internal Medicine* (2019). [DOI: 10.1001/jamainternmed.2019.1678](https://doi.org/10.1001/jamainternmed.2019.1678)

Provided by University of Pittsburgh

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