



SNAPSHOT Reproductive Health

In 2002, the Women's Fund of Rhode Island partnered with the Institute for Women's Policy Research to publish *Status of Women in Rhode Island*, a report that measured Rhode Island women's well-being in comparison to that of women in other states as well as across the nation. In 2006, an update to the 2002 report concluded that Rhode Island women continue to face barriers to political, economic, and social equality and that the status of women has deteriorated on several fronts.

Reproductive health is a key issue for women everywhere—the choice and the resources to become pregnant, maintain a healthy pregnancy, and avoid or terminate a pregnancy are central concerns in the lives of most women.

FERTILITY, PREGNANCY, AND INFANT HEALTH

In 2000, about 20,000 Rhode Island women of childbearing age—roughly 1 in 10—became pregnant. Thirty-six percent of Rhode Island births during 2002–2003 resulted from pregnancies that were unintended; according to Rhode Island Department of Health findings, 29 percent of women said that they wanted to become pregnant later and 7 percent said they did not want to become pregnant at any time. Among women with an unintended pregnancy, 53 percent were not using contraception at the time of conception. Sixty-one percent of all pregnancies resulted in live births, 24 percent resulted in abortions, and 15 percent ended in miscarriage.

In 2003, Rhode Island had the nation's lowest percentage of births to women receiving late or no prenatal care, likely a reflection of the state's extensive private and publicly-funded health care coverage for pregnant women. Infant mortality is also slightly lower in Rhode Island (6.7 per 1,000 births) than in the U.S. as a whole (6.9 per 1,000 births).

However, African American infants in Rhode Island experienced a mortality rate of 11.7 per 1,000 births. While lower than the national rate of African American infant mortality (14 per 1,000 births), this rate is still nearly 75 percent higher than the state's overall infant mortality rate. Additionally, the percentage of babies born in Rhode Island weighing less than 5.5 pounds was higher than the national average—between 1995 and 2005, the percentage of pre-term births (the leading cause of infant mortality in Rhode Island) rose by 39 percent.

Teenagers are more than three times more likely to have an unintended pregnancy than women aged 30 or older. Although the number and rate of teen pregnancies in Rhode Island have been falling, about 1,600 teens between the ages of 15 and 19 became pregnant in 2003. In 2005, 69 percent of pregnancies among these teens resulted in live births, and 27 percent ended in abortion. Between 2000 and 2004, one out of five babies born to a teenager was born to a teenager who already had at least one child.

FAMILY PLANNING

States can play an important role in helping women avoid unintended pregnancies—particularly low-income women, who are more likely to experience an unintended pregnancy and to rely on publicly supported services for contraceptive care. Every dollar spent on family planning services saves the federal and state governments three dollars in Medicaid costs for prenatal and newborn care.

But Rhode Island served only 24 percent of the estimated 67,910 women who qualified for publicly funded family planning services. The state spent only \$40 in public funds (all sources) per woman in need of publicly funded contraceptive services in 2001, ranking Rhode Island the 47th worst in the nation and the worst in New England.

Access to emergency contraception, a method of preventing pregnancy within 72 hours after unprotected sexual intercourse, can aid a women's ability to avoid unintended pregnancy. Some states, but not Rhode Island, have attempted to expand access to emergency contraception, generally focusing on three approaches:

- Nine states mandate emergency contraception services for women who have been sexually assaulted.
- Three states require pharmacies that stock contraceptives to dispense emergency contraception.
- Seven states allow pharmacies to dispense emergency contraception without a prescription through collaborative practice agreements (which allow prescribers to authorize pharmacists to engage in activities including adjusting and/or initiating drug therapy).

Rhode Island does permit collaborative practice agreements. Although the FDA has excluded minors from its decision to allow over-the-counter sales of emergency contraception, pharmacists and physicians could use collaborative practice agreements to provide emergency contraception to adolescents, especially in communities with high rates of teen pregnancies.

ABORTION

In 2000, 5,600 women obtained abortions in Rhode Island, a rate of 24 abortions per 1,000 women of reproductive age—an increase of three percent since 1996, and slightly higher than the national rate of 21.

Rhode Island has the following restrictions on abortion (as of December 2005):

- One parent of a minor must consent before an abortion is provided, unless the minor receives court approval to obtain an abortion without parental involvement. There are no exceptions for medical emergency (28 states provide for such an exception) or in cases of abuse, assault, incest, or neglect (12 states provide for such an exception).
- A woman must receive state-directed counseling that includes information designed to discourage her from having an abortion before the procedure is provided.
- Public funding is available for abortion only in cases of life endangerment, rape, or incest.
- Abortion is covered in insurance policies for public employees only in cases of life endangerment, rape, or incest.
- The state's six abortion providers are all located in Providence County, so 39 percent of Rhode Island women live in counties without abortion providers.

FERTILITY COVERAGE

Prior to the 2006 legislative session, Rhode Island law required insurers and HMOs that cover pregnancy services to cover the cost of medically necessary expenses relating to the diagnosis and treatment of infertility. The law defined infertility as “the condition of an otherwise healthy married individual who is unable to conceive or produce conception during a period of one year.” The patient's co-payment could not exceed 20 percent. In June 2006, the law was changed to require that insurers cover only treatment for women between the ages of 25 and 40 who have had trouble conceiving for two years. The law also placed a lifetime cap of \$100,000 on total treatment costs. Legislation currently under consideration by the General Assembly would make more changes to infertility law, including the repeal of some of the 2006 changes.

COMPREHENSIVE SEX ED

Sex education helps give young women and men the knowledge they need to make informed decisions about their sexual activity and to avoid unwanted pregnancy and disease. As part of the sex education curriculum, Rhode Island requires that abstinence be stressed (21 other states also require that abstinence be stressed, ten required that it simply be covered) and that contraceptives be covered (13 other states also require that contraceptives be covered, none require that it be stressed). Rhode Island is one of 19 states that actually mandates public schools to teach sex education.

Rhode Island also requires that public schools provide STD/HIV education, as do 34 other states. As part of the STD/HIV education curriculum, Rhode Island requires that abstinence be stressed (24 other states also require that abstinence be stressed, 11 require that it simply be covered) and contraceptives be covered (17 other states also require that contraceptives be covered, 0 require that it be stressed). While parental consent is not required for sexuality or STD/HIV education, Rhode Island allows parents to remove their children from instruction if they so choose (34 other states and the District of Columbia also have this opt-out provision).

WHAT CAN YOU DO?

SPREAD THE WORD!

Talk to your friends, neighbors, and colleagues about women's health issues. Raising awareness can go a long way toward improving health outcomes.

TAKE CARE OF YOUR HEALTH.

Routine annual exams give your health care provider a chance to regularly check and test your reproductive health, allowing early detection and treatment of any problems.

TAKE ACTION!

Start a team for the annual March of Dimes WalkAmerica every April, volunteer at an organization like Planned Parenthood, or check out hundreds of other opportunities at www.volunteersolutions.org.

KNOW YOUR RESOURCES.

There are many organizations that can help Rhode Island women access the reproductive health services they need. For more information, contact:

- **Rhode Island Department of Human Services (www.dhs.state.ri.us)** Here you can learn more about the RIte Care and RIte Share insurance programs, including whether you might qualify and how to sign up. DHS also has local offices throughout the state.
- **Planned Parenthood of Rhode Island (www.ppri.org)** Planned Parenthood's mission is to advance the fundamental right of every person to reproductive self-determination through education, advocacy, protection of the right to privacy, and access to comprehensive, quality health care services.

the Women's Fund
OF RHODE ISLAND

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The Women's Fund of Rhode Island—leveling the playing field for women and girls.