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**Methods of
Birth Control:**
Know Your Options

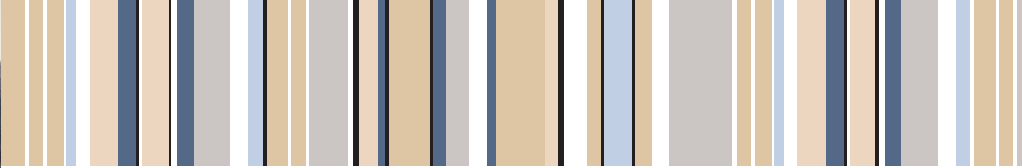
**The Other Side
of the Story:**
A Male's Perspective

Surviving "The Talk":
Tips for Talking About Sex



PREVENTING UNPLANNED PREGNANCY

Empowering women and girls



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Preventing Unplanned Pregnancy

Take this quiz to see how much you really know

IT'S NOT JUST ABOUT SEX. Unplanned pregnancy affects people's lives, our communities and our future. Find out what you know about unplanned pregnancy then engage those around you in conversation about this critical public health issue.

Together, we can influence women, men and teens to make wiser relationship and reproductive decisions for a healthier, more prosperous future.

1. What affects a mother both before and after conception plays a role in determining the health and well-being of her baby. **True** **False**
2. One-half of pregnancies in the United States are unplanned. **True** **False**
3. Unplanned pregnancies are most common among teens. **True** **False**
4. Every day in Indiana, 31 girls between the ages of 10 and 19 become pregnant. **True** **False**
5. More than two-thirds of all pregnancies to single women are unplanned. **True** **False**
6. Unplanned pregnancies to married women are more likely to end in a live birth, compared to unplanned pregnancies to unmarried women. **True** **False**
7. More single women who are sexually active use contraceptives than married women. **True** **False**
8. The cost of raising a child to the age of 17 is nearly \$300,000. **True** **False**
9. Women who experience an unplanned pregnancy are less likely to obtain early prenatal care than women who have an intended pregnancy. **True** **False**
10. Women who have an unplanned pregnancy experience greater relationship instability than women whose pregnancies were intended. **True** **False**

DEAR READERS:

Pregnancy should be an exciting and rewarding time in a woman's life. However, many pregnancies occur each year in Indiana and throughout the country that are neither planned nor welcomed. Planning a pregnancy helps ensure that mothers are healthy, that babies get the best start possible in life and that the risk of family turmoil is minimized.



Paula
Parker-Sawyers

Through the efforts of The National Campaign to Prevent Teen and Unplanned Pregnancy and others nationwide, we are fostering a growing understanding that getting pregnant, having babies and raising children are among the most important things any of us do. The decision to get pregnant and have a child should be approached seriously and thoughtfully. Still, too many young unmarried couples fail to prepare for — or even realize — that a pregnancy is only the beginning.

After declining 34 percent between 1991 and 2005, teen births in the United States increased 3 percent between 2005 and 2006 — the first increase in 15 years.

Young men and women — not just teens — experience difficulties in delaying pregnancy and have high rates of unplanned pregnancy. In fact, at present, fully half of all pregnancies — nearly 1 million — are unplanned. Among unmarried 20-somethings, seven in 10 pregnancies are unplanned.

Deciding to have a baby is the ultimate example of taking personal responsibility for yourself and your partner and falls on the shoulders of both men and women. Planning for a pregnancy can help ensure it's a positive change. Men and women should both consider how having a child will affect their relationship, education, career and finances.

Think about it; we plan where we will go for dinner, what movie we will see, what dress we will wear for a special occasion, what college we will attend, what car we will buy — is getting pregnant and having a baby less important than any of these choices?

Shouldn't the same amount of thought that occurs in the acquisition of a material item be given to starting your family? I hope that you will find this insert helpful in making a wise and healthy decision about when it is right for you to become pregnant.

Paula Parker-Sawyers
Director of Outreach & Partnerships
The National Campaign to Prevent Teen and Unplanned Pregnancy



SMART DECISIONS

Take command of your future

by Stephanie G. Woodcox, MPH, CHES, Adolescent Health Coordinator, Maternal and Children's Special Health Care Services, Indiana State Department of Health

Has your doctor ever told you, "If you do not plan to practice abstinence or plan to use birth control, plan on becoming pregnant?"

Women make decisions every day that impact their future, but no one decision may be more important than the one to become pregnant.

All women need to be educated on the options they have to help prevent an unplanned pregnancy. For women of any age, regardless of marital status, abstinence is the only 100 percent way to ensure the prevention of an unplanned pregnancy or from contracting a sexually transmitted infection.

In addition to abstinence, contraceptive use and child spacing are two other techniques available to women to prevent unplanned pregnancies.

Most everyone would agree that young adolescents and teens should practice abstinence first. There are also benefits for teens in knowing how to protect themselves and make smart decisions if they find themselves in situations that put them at risk for unplanned pregnancy.

Abstinence is also an option for single women. However, those who choose to be sexually active should use some form of contraception each time they engage in sexual activity if they want to prevent an unplanned pregnancy. Having unprotected sex once can result in pregnancy.

Women who we might think are the least likely to experience unplanned pregnancies are married women. However, unless using some form of contraception, married women are just as at risk for unplanned pregnancy as any other woman. In addition to using contraception, married women should have open discussions with their spouses about the number of children they desire and talk with their health care provider about healthy child spacing if they already have one child.

Women are fortunate to have many birth control options available. But, the decision of which to use can be overwhelming. (To learn more about options to help prevent unplanned pregnancy, see page 12.)

Be empowered. When deciding to become pregnant, make sure you have stability in your life, the resources necessary to raise a child, and most importantly, take comfort and satisfaction in knowing you have planned for your pregnancy. ●



Stephanie G.
Woodcox



A MATTER OF TIMING

A bit of foresight can help cut Indiana's high rate of unplanned pregnancies

by Chiquita A. Collins, Ph.D.,
Director of Research, Indiana
Minority Health Coalition

There is a great deal of truth in the expression “timing is everything.” Investing money, cooking, selling or buying a house, telling a joke, asking for a raise ... for all, timing matters.

Timing also is important in a woman's life when determining when — or if — to have children. All women could potentially delay their pregnancy until a more opportune time (“the right time”), which may include waiting to find the right partner, identifying the right time within one's career, or even the right time based upon physiological, mental or financial readiness. Yet even the best intentions to defer pregnancy are not always realized.

THE LIFE COURSE PERSPECTIVE

How the past shapes the health of our children

by Beth Johnson, RN, MSN, Chief Nurse Consultant, Perinatal Nurse Consultant, Maternal and Children's Special Health Care Services, Indiana State Department of Health

Each of us travels along a life course that is influenced by our time as a fetus, a child, an adolescent and an adult. The life course model consists of biological, behavioral, psychological and social protective and risk factors that contribute to health outcomes across the span of one's life.

As a fetus, we are “programmed” by changes to genes on the chromosomes we receive from our parents. For example, if a mother is under a lot of stress during pregnancy, she gives off stress hormones that program the fetus to react to stress in unhealthy ways after it is born and throughout its life. Therefore, what affects our mother before and after conception affects us long term.

Risk and protective factors at critical times during our lives can activate or inactivate genes that have been programmed for unhealthy reactions. These critical periods are early childhood, school age, puberty, adolescence, pregnancy and mid-life. If appropriate protective factors are put into place at the critical times, we can improve the life course to produce a healthy individual

who reaches his or her full potential.

Health disparities result from differences in protective and risk factors between groups of people over the courses of their lives. As a result, the health and socioeconomic status of one generation directly affects the health status of the next.

The life course of an individual actually begins before the mother becomes pregnant, and programming begins at the time of conception and continues throughout the life of the fetus. For these reasons, we cannot just work with the mother during her pregnancy to improve the fetus' life course. The time to improve the life course of an individual is before the woman becomes pregnant.

An unplanned pregnancy can interrupt the life course by preventing positive, healthy programming from taking place. Unplanned pregnancies do not lend themselves to creating opportunities to build upon protective factors and reduce risk factors. By making healthier, wiser choices, women can positively influence the health of future generations. •





Chiquita A. Collins

Babies born today are often the result of an unplanned pregnancy.

But contrary to popular perception, women in their 20s account for the majority of unplanned pregnancies, not teens. Other groups of women tend to also struggle with unplanned pregnancies — unmarried women (including sexually active, cohabiting women who live with their partners but who are not legally married); women with low income; women of color, particularly African American and Latinas; and women with all levels of education.

Despite concerted efforts and programs aimed at pregnancy prevention, there is still room for improvement. All women are at risk for unplanned pregnancies if they are sexually active. This is not an issue that only impacts a specific segment of the population. Being knowledgeable about who has unplanned pregnancies is a crucial step in designing prevention programs and initiatives that produce results. ●



REALITY CHECK

Just who is affected by unplanned pregnancies?

by Michelle Hainer, Consultant, The National Campaign to Prevent Teen and Unplanned Pregnancy

With the facts simply stated, it is evident that unplanned pregnancies affect people from all walks of life. The statistics might surprise you. Getting a more accurate picture of who actually is affected by this issue will challenge some existing stereotypes that only certain segments of our population experience unplanned pregnancies.

To address this critical issue in our communities, we need to honor models of healthy choices that emphasize reproductive planning and improve related health care.

Having and caring for a child is one of the hardest jobs a woman can have — as anyone who has done it can tell you. Now imagine how much more difficult it is when the pregnancy is unplanned and unsupported by a nurturing relationship. That's the reality for far more women than you'd think.

Nearly half of all pregnancies in the United States are unplanned. Among teens, eight in 10 report their pregnancy was unplanned (82 percent). But teens aren't the only ones dealing with an unplanned pregnancy.

More than half of all unplanned pregnancies are to unmarried women younger than 30.

The majority of pregnancies to unmarried women are unplanned, and surprisingly,

even for married women, about one-quarter (26 percent) of pregnancies are unplanned.

Women of all racial and ethnic backgrounds deal with this issue whether they are teens, single women or married women. More than two-thirds (69 percent) of all pregnancies to African-American women are unplanned, compared to 54 percent among Latina women and 40 percent among non-Hispanic white women.

One's income and educational attainment also is related to whether or not a pregnancy is planned. In fact, those with a lower income level are more likely to have an unplanned pregnancy. About one-quarter (26 percent) of all pregnancies to women who have graduated from college are unplanned, compared to about half of all pregnancies to women with less than a college degree.

Though there are disparities among those who have an unplanned pregnancy, it's time for all men, women and teens to consider how this issue impacts their lives and our communities. ●



Michelle Hainer



LET'S TALK ABOUT SEX

Be the one your child comes to for answers

by Theresa Rohr-Kirchgraber, M.D., FACP, Clinical Associate Professor of Medicine and Pediatrics,
Division of Adolescent Medicine, Indiana University School of Medicine

Nine-year-old Julie watched a TV show with her parents. The story line included finding a virgin to sacrifice. Confused, she turned to her parents and asked, “What’s a virgin?” Her mom looked at her dad. Her dad kept his eyes on the TV and said, “Look it up in the dictionary.”

Does this scene sound familiar?

This is a missed opportunity to discuss love, relationships and family values around sex. If Julie’s parents took the moment to talk, she would be more likely to ask other questions in the future. Instead, it discouraged her. So, to whom will she turn when she starts having sexual feelings or when she hears about sex from her friends?

Welcome the opportunity to talk with your child. Here a few tips to get you started:



Theresa
Rohr-Kirchgraber, M.D.

> **Recognize your own values.** Know your values regarding relationships, sexuality, dating and how you came to this value set before you talk with your child. This will help you express your feelings and expectations clearly about relationships and sex with your child.

> **Talk early, and talk often.** There is no right age to starting having conversations — not *a* talk — with your child about sex. Your child will have new questions, concerns and thoughts about sex as he or she progresses through adolescence. You don’t have to be an expert on sexuality to have a meaningful conversation with your child about sex. You just need to be open to having a discussion any time, any place, anywhere.

> **Listen, don’t lecture.** Let your children know you are interested in what they think and feel. Direct questioning to children rarely works, as they don’t quite know what you want to hear or will tell you what they think you want to hear.

> **Take advantage of teachable moments.** Watching TV and listening to music with your children are ways to start the dialogue about love and sex. Start the conversation. Even if you don’t think they are listening, they hear you.

> **Encourage your child to talk to a health care provider about sex.** Explain that doctor’s offices and other healthcare clinics can provide information about sex and confidential services. Make your child aware of these options.

As a parent, it’s your responsibility to give your children the guidelines and tools to handle life’s many important decisions. Discussing sex is not approval for your child to have sex. Saying “no” is important, but opening up the discussion so they understand “why” is necessary.

Believe it or not, our children want us to talk with them about sex, but they also want us — as parents — to bring up the subject. ●

ACTING RESPONSIBLY

At age 17, Jeremy Behling steps up as a father

by Deb Wezensky

As a North Central High School student, Jeremy Behling went to class, played football, worked at a dry cleaners and enjoyed time spent with his friends and girlfriend. His future plans included going to college, marrying around the age of 23 or 24 and someday starting a family. Having a baby was not an immediate goal.

But like some of his peers, he also became sexually active.

While Behling vaguely recalls the discussion of sex education in his freshman health class, it didn't impact him enough to consistently use birth control. He admits that friends are also having sex without protection against pregnancy and sexually transmitted diseases.

"Some kids might think it might be weird for a teenager to go into a store to buy condoms or something else," he says. "They don't feel secure with themselves." Behling also suggests that some teens believe the use of some forms of birth control might take away from the sexual experience itself.

Given the risks he took, Behling's life was forever changed in just a few short months. Rumors started circulating around school that his ex-girlfriend was having a baby. Being a direct person, he asked her if she was pregnant. She replied she wasn't.

Her response proved untrue.

"It's complicated," Behling says. "I found out from a detective's phone call that my ex-girlfriend had a baby in California." Since she was not in a position to care for their week-old infant, authorities contacted him.

"I was named the biological father, so I went to California to get my daughter," Behling says.

With his mother's support, Behling withdrew all the money he had saved for a car and stepped up to the responsibilities of fatherhood. He now has custody of his 1-year-old daughter, Destiny. "It was the right thing to do," he says. "And I love her."

His mom, Shelly Miller, recalls Behling's decision to bring his daughter home. "I



Jeremy Behling and his 1-year-old daughter, Destiny

have always taught my children that there are consequences that result from every action they take," Miller says, "and that they are responsible for those actions and consequences.

"I gave my son a choice when we were called about the possibility of him being a father. Within 20 minutes Jeremy came to me asking me what I thought about names," she says. "As a single parent I sometimes wondered if I have done the right things to teach my children. Now I know that I have raised a responsible young man.

"While the past year and a half has not been easy for our family, Destiny loves her daddy, and I could not be more proud of my son," Miller says.

Somewhat daunted by his responsibility for raising a child, Behling relies on skills he learned as he helped his mother care for his three younger brothers. He admits balancing school and being a father is stressful.

He still plans to earn his college degree in education and hopes to coach. He's been accepted at Indiana State University and is looking into other schools as well. How he will continue to care for his daughter will depend on his college plans and his mother's help and support.

Behling admits he hasn't always acted responsibly. So he advises his male peers: "Be responsible. Be a man. Do what you can do." ●



The Real Costs

Teen pregnancy in Indiana takes its toll on all Hoosiers

\$195 million: Annual cost to Hoosier taxpayers due to teen childbearing

Annual Hoosier taxpayer costs associated with children born to teen mothers included:

\$37 million for public health care (Medicaid and State Children's Health Insurance Program, SCHIP)

\$40 million for child welfare

\$64 million in lost tax revenue, due to decreased earnings and spending

\$3,953: Average annual cost, to taxpayers, per child born to a Hoosier mother 17 years of age and younger

157,100: Number of teen births in Indiana between the years of 1991 and 2004, costing taxpayers a total of \$3.6 billion

28 percent: The decline in the teen birth rate in Indiana between the years of 1991 and 2004, saving taxpayers an estimated \$123 million in 2004 alone.

Source: By the Numbers: The Public Costs of Teen Childbearing, Saul Hoffman, Ph.D., Washington, DC: National Campaign to Prevent Teen Pregnancy



NOT IN YOUR PLAN?

Most pregnancies among single 20-somethings are unplanned

Statistics show that seven out of 10 pregnancies among single women in their 20s are unplanned. The good news is unplanned pregnancy is 100 percent preventable. Here are 10 things to keep in mind to ensure you're as smart about your love life as you are about everything else:

1. If you've been having unprotected sex and you haven't had a pregnancy yet, that's not proof it won't happen to you. A sexually active adult who does not use contraception has an eight in 10 chance of pregnancy within one year.

2. If you are not using contraception, you can always say "no" to sex. It doesn't mean you'll never have sex again. And if you're worried that saying no will jeopardize your relationship, then rethink your relationship.

3. Guys, don't wait for her to insist on using protection. Many young men say they use protection only in the first 2 to 3 weeks of a relationship. Being in a serious relationship is a good reason to use contraception — not a reason to stop using it.

4. Women, be smart: Sex won't make him yours, and a baby won't make him stay. A pregnancy is not a good way to take an

uncertain relationship to the next level. Too often, pregnancy can stress your relationship to the breaking point. Among mothers having an unplanned birth who are single when they become pregnant, more than half (54 percent) remain single by the time their children are 2 years old.

5. "If it happens, it happens" is way too casual when it comes to pregnancy. Far too many single adults who say they do not want to get pregnant also are not using any contraception. Take charge of your life and your future. It's too important not to.

6. Have you talked to yourself yet about pregnancy? If you're not ready for pregnancy, are you on birth control or using some kind of protection every single time? If you say you don't want a pregnancy, do you really mean it? Or are you on the fence? Before you talk to your partner, have a long talk with yourself.

7. Planning a pregnancy isn't just for "old people." Or rich people. Planning a pregnancy is not just for people who have trouble getting pregnant, who are older, who are wealthy or who are hyper-organized. Planning a pregnancy is one of the best things you can do for yourself, your relationship

and your child.

8. Don't assume the worst about birth control. You have more choices for birth control than ever before. Just because your best friend gained weight or got moody using birth control doesn't mean you will. Ask your doctor or health professional to help you find the birth control that's right for you. It's out there.

9. A wild night out isn't the best way to start a family. Alcohol often leads to unprotected sex. If you don't want to worry about protection in the heat of the moment, find another birth control method that works even when you're not thinking about it.

10. Get the facts straight. Was your last sex ed class the one you made fun of in high school? Do you ever wish you could have sex ed class for grownups? Fertility, pregnancy and contraception are complicated, and it's OK if you're stumped by some of the fundamentals. You might not even know what you don't know.

For resources that provide accurate information about preventing pregnancy, turn to page 16 of this women's health guide. •

Source: The National Campaign to Prevent Teen and Unplanned Pregnancy

LOOKING BACK, MOVING FORWARD

Sherry Mukasa's unintended pregnancy alters her life's course

by Deb Wezensky

With African roots, Sherry Mukasa's family attended a 1999 convention in Atlanta where Africans from across the United States gathered to network and celebrate cultural heritages. This conference proved to be a unique turning point in her life. Through a circle of friends and family, she met Kelvin, who had moved here from Africa several years ago. A relationship blossomed over time, and the couple soon felt a close common bond.

After nearly a year of dating, their relationship grew even deeper. Feeling greater intimacy, Mukasa was beginning to see a future that included Kelvin as a potential life partner. In that "romantic, love, he's the greatest thing ever" stage, she reasoned that by using the rhythm method of birth control the couple

"Within a year I had graduated from college, moved out of my parents' house, I got married, moved to a new city, moved into a condo, got a new job and had a baby."

could still avoid a pregnancy. "I thought I knew everything at that age," she admits. "It will be fine. I'll know when I'm ovulating. We've talked ... the way our relationship is going I thought I should take some responsibility and get on the pill," she recalls.

She was starting an internship in East Africa when her period was late. Upon learning she was pregnant, she admits she was a bit disappointed. "I wasn't excited. But because of my feelings for Kelvin and our relationship, I knew I would go through with it," Mukasa says. She knew that Kelvin, now a college graduate with a decent job, would be totally supportive. But the timing was less than opportune; she had yet to finish a four-year degree that was to be the foundation for graduate school. Children were a part of her future, but at age 21, she was just discovering who she was and the life she wanted.

And yet Mukasa asserts, "I am so fortunate the way my circumstances turned out. Kelvin put a ring in a rose and proposed to me," she smiles. After two months of marriage and graduating from the University of Cincinnati,

she delivered a healthy son, now 7 years old. Wanting the best for the future, Mukasa and her husband talked about whether to have more children. The couple decided to have a second child. Three years younger than her brother, their daughter is now 4 years old. "I just never knew I could love the way I love my kids. They are everything to me. I want them to be happy," she says.

Thankful for a happy ending to what could have been an extremely difficult situation, Mukasa admits, "A lot of women don't have the kind of fortune that I had. In my mind, it was still difficult. I carry some things with me as a result of the process of what I had to go through to get to this point in my life. When I talk about the challenges of

being in this kind of situation, people say, 'but look at what you've done, you've this and you've that...' but there's a little piece of me that still wonders 'what if ...'"

It's nine years later. Mukasa is a loving mother, devoted wife, as well as a driven and determined young woman who manages her own wellness company. Her goals include working for the betterment of women's, infants' and teens' health with her own experience as inspiration. She still yearns to get a master's degree in public health. Occasionally resurrecting hopes and dreams from her college days, she still muses about her ultimate dream job: working at an international level with UNICEF.

With her father's recent death, Mukasa revisits the thoughts of how he reacted to her unplanned pregnancy. With education and career as top priorities, she still feels she let him down. By cutting short the time she had to discover her own ambitions, she believes she also let herself down.

"Within a year I had graduated from college, moved out of my parents' house, I



Sherry Mukasa

got married, moved to a new city, moved into a condo, got a new job and had a baby. It did help that my husband understood some of my needs as a person because of all these things," she relates, "but there were times when I felt I could barely cope.

"Overall, I have really grown from my situation. After adjusting to all the many changes in my life, I've grown into a certain kind of person. Out of my experience, I started the LEAPP, Life Endeavors Accomplished through Pregnancy Prevention, program to get teens to think about goal setting — what they want for their future and emphasize how an unintended pregnancy can interfere with things like education and a career," she adds. "Although my situation turned out well because I had the loving support of my husband, I know this is not the case for so many others. In dealing with my own struggles, I can only imagine the obstacles these young women and their children face."

Mukasa wants women and girls to consider their futures.

"At any point in your life, an unintended pregnancy brings consequences that come along with it," she says.

"You want to do the best and be your best," Mukasa adds. "We are all in our own realities. If you don't allow yourself to expand, other things take over. Anything you want to do, you can do.

You can't go back. But you can keep a strong sense of confidence and discover the things you like and the person you want to be." ●

Communication + Relationship + Planning

A recipe for growing a solid family tree

by Deb Wezensky

Through open and honest communication, George and Andrea Neely craft a vision for nurturing a growing family while being mindful of their time and resources. Married for 10 years, the couple continues to talk about balancing demanding careers with personal goals and expectations.

“I come from a very small family,” George says. “My father died when I was real young. I had two older sisters, and we were cared for by my mother, who never remarried. So, I really want to be there for my children. Plus I’m the last name in my family tree.”

Andrea shares, “I’m the last of seven. My father is one of nine. In my family, we all spend a lot of extended time together.”

When the two married, it took discussion and compromise to blend together their expectations for family life. “I had a lot of learning to do,” George admits.

“What contributed to our planning was our second child Lauren, now age 9, in relation to her older sister who is 15,” Andrea adds. “And my age was somewhat of a factor. We talked about being comfortable as a family of four.”

However, even the best plans require adjustments. A short time later, Andrea found she was pregnant at age 37. They got another surprise: They were expecting twin boys.

“Being pregnant was one thing, but the impact of me being pregnant with multiples resonated with me,” Andrea says. “After my doctor’s appointment, I was trying to get a hold of George, then my cousin ... I finally went to see my mom.”

Her mom’s response: “You are the chosen one.” Twins ran in the family, and Andrea was that generation’s bearer of twins.

When George heard the news, his first reaction was, “How do I respond?” Beyond that, he says, “I was excited. Since the twins are boys, my name would carry on.”

To accommodate the twins’ arrival, decisions were made, such as staying in a modest three-bedroom home and admitting that a van was more practical than a sports car.



George and Andrea discussed the new demands placed on family resources. Andrea, area development director for United Negro College Fund, changed her career goals to balance work with family. Talks centered on breastfeeding, formula, diapers, cribs and the expense of daycare for twins. Education takes precedence as an important tool to help realize the children’s future goals. To accomplish all their goals, they consulted a financial planner.

Wise decisions have allowed their expanded family to adjust well. Andrea’s parents watch Lauren and the twins, Blake and Julian, during the week to keep after-school care costs lower. The girls share a bedroom, as do the twins. Instead of eating out, George, a certified executive chef and owner of Culinary Innovations, a catering business, prepares dinner for their family as his schedule allows.

George talks about the reality of being a father later in life. “I see the sacrifices my mom made,” he says. “It puts things into perspective for me as a father. I want to be there for my family as much as possible.”

Andrea states, “Would I change anything? I would not. Is it a challenge? Yes. Can it be frustrating at times? Yes, but we are willing to work at keeping things in balance. Our family is the number one priority.”

Their advice as a couple: “Take time for each other. Spend time talking about the important things that affect your family, even when it’s not always pleasant. Talk about the expectations you have for each other and your children. Education is a priority. We want to help our children be strong and to become who they are.” ●

1. True. This is the main idea behind the life course perspective.

2. True. Women of every age experience high numbers of unplanned pregnancies.

3. False. Over half (55 percent) of all unplanned pregnancies occur to women in their 20s.

4. True. By the 12th grade, nearly two-thirds (65.7 percent) of Hoosier high school students have engaged in sexual intercourse.

5. True. Nearly three-quarters (73 percent) of all pregnancies to single women who are not cohabiting are unplanned. More than two-thirds (69 percent) of pregnancies to cohabiting single women are unplanned.

6. True. Nearly two-thirds (65 percent) of unplanned pregnancies to married women result in a live birth. Among women in their 20s, nearly half of unplanned pregnancies end in abortion. Teens are less likely than women in other age groups to end an unplanned pregnancy in abortion.

7. False. Married women use contraceptives more often than single women. Therefore, single women are at greater risk for having an unplanned pregnancy.

8. False. The cost of raising a child to the age of 17 can be approximately \$500,000 or more. Think of all the ways parents provide for their children — housing, food, transportation, clothing, health care, childcare and education.

9. True. If women do not seek early prenatal care, their babies are at increased risk of both low birth weight and preterm birth.

10. True. In the five years following the birth of the child from an unplanned pregnancy, 46 percent of mothers had one or more cohabiting or married relationship changes compared to 21 percent of mothers who had a birth as a result of an intended pregnancy. ●



Great Communication

The cornerstone for any good relationship

by Tanya S. Parrish, MPH, C.H.E.S.,
Director, Office of Women's Health, Indiana
State Department of Health

IT IS CLEAR THAT A NEW BABY CAN put a big strain on a marriage, even a good one. Now imagine the impact of an unplanned pregnancy. Maybe the wife was ready to start a family, but the husband wasn't.



Tanya S. Parrish

Or perhaps a woman recently had a child and wasn't physically or emotionally ready to go through pregnancy and childbirth again so soon. Envision a couple, excited to approach the empty nest stage, when they are caught off guard about starting a family all over.

Being married may provide some benefits that teens and single women who find themselves pregnant lack, but it still may not be smooth sailing for the mom-to-be, the future father or the couple's relationship.

Communication during pregnancy is crucial as plans for the future are made, but what about communication before the pregnancy even occurs? A couple should strive toward open communication including discussions about their desire to have children, how many, at what time and how it could affect their relationship, careers and personal goals.

If one or both of the spouses aren't ready to start a family, he or she needs to have honest discussions with the other and agree on a method for preventing pregnancy.

A husband and wife share hopes, dreams and their lives. By communicating and making an active decision to try becoming pregnant when the time is right, everyone benefits: mother, father and child. ●

AGES & STAGES

Parenting after marriage requires some adjustments

Having a baby is the most amazing thing. You leave for the hospital as a couple and return home a family. From lovers to parents overnight. So where does that leave your marriage?

All too often, studies find, out in the cold. "I think couples underestimate how hard the adjustment to parenthood in their own relationship is," says Marc Schulz, Ph.D., director of the Clinical Developmental Psychology Program, Bryn Mawr College, Pennsylvania.

Schulz studies marriage after childbirth. What he and others find is that the post-child marriage isn't all cozy cooing over a smiling newborn. Instead, becoming parents is one of a couple's most difficult adjustments and plays a major role in the high rate of divorce that occurs during the first seven years of marriage.

Basically, studies find that marital satisfaction plummets during the first year after parenthood in 45 percent of men and 58 percent of women, increasing in just 18 percent of couples. How that drop affects the relationship in the long term, however, depends on the strength of the marriage pre-baby.

"Couples that were having difficulties before the birth are at the greatest risk for divorce and for real significant problems," Schulz says, even though couples who were quite happy pre-baby still experience a steep drop in satisfaction during the child's first year.

However, Schulz and others also find that it might be possible to "inoculate" new parents against marital problems. In one study,

Schulz and his colleagues assigned a group of expectant couples to meet with a trained counselor two hours a week for three months before and after their babies were due and compared the results with a control group that didn't meet with a counselor.

The parents that met with the counselor focused on issues that typically cause problems in the postpartum period: gender roles ("Will he ever change a diaper?"); sense of identity ("I used to be a high-powered lawyer. Now all I do is breastfeed!") and on changing work roles ("Here's your allowance, dear."). They talked about how the family's social life might change and how the families in which couples grew up would shape their own experiences as parents.

Nearly six years after the couples had their babies, those who received the intervention have had no drop in marital satisfaction; the control group showed the typical decline beginning after the birth.

Even if you can't find a similar group — or can't afford counseling — there are things you can do to protect your marriage. Schulz recommends finding other pregnant couples and forming a couples support group to share experiences. While women often do this on their own, he said, the fathers should be involved, too.

"One reason we think this group worked so well in terms of preserving marital satisfaction was that the couples were together," he says. "They were talking and listening about things that might be hard to hear if they were alone." ●

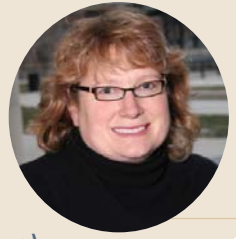
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BIRTH CONTROL

Know what options are available and how to use them effectively

by Mary A. Ott, M.D., Assistant Professor of Pediatrics, Section of Adolescent Medicine,
Indiana University School of Medicine



Mary A. Ott,
M.D.



Having sex is about making decisions. We decide when we are ready. We decide when a relationship is in the right place. And we decide on a method to prevent pregnancy.

If you are deciding on a method of birth control, ask yourself these questions:

- > How well does it work to prevent pregnancy?
- > What are the side effects?
- > Does it also prevent sexually transmitted diseases (STDs)?
- > How easy is it to use?
- > How will it fit with my relationship and my life?

Weigh the side effects versus the benefits of different birth control methods to make the choice that is right for you.

Abstinence: For pregnancy and STD protection, abstinence means no vaginal, oral or anal sex. Abstinence is the only 100 percent effective method of preventing pregnancy and contracting an STD. It is recommended that those practicing abstinence also be fully informed about birth control options.

Condoms: Condoms are a latex or plastic sheath that covers the penis. With consistent condom use, between 2 percent and 15 percent of couples will experience an accidental pregnancy. Condoms also are highly effective against many STDs and can be bought without a prescription.

Emergency contraception pills: Emergency contraception pills, also known as Plan B or the Morning After Pill, are high-dose birth control pills (not abortion pills) that are taken within five days of unprotected sex. The sooner they are taken, the more effective they are. It is most effective within the first 24 hours. If taken effectively, they can prevent 75 percent to 89 percent of accidental pregnancies. Women 18 years and older can buy them at a pharmacy without a prescription.

Combined oral contraceptive pills: This birth control option, commonly known as “the pill,” is taken daily and contains the female hormones estrogen and progestin, which prevent your body from releasing an egg. Medical benefits are more regular, lighter periods with less cramping. Some women experience spotting, mood changes, headaches, nausea and breast tenderness. A rare side effect is a blood clot. The pill is highly effective with a 0.3 percent to 8 percent risk of accidental pregnancy.

The contraceptive injection or Depo-Provera: The contraceptive injection contains the hormone progestin and is given every 12 weeks. It protects against pregnancy by preventing your body from releasing an egg and by thickening your cervical mucus. Some people experience spotting, weight gain, mood changes, hair changes and headaches. If used for longer than two years, it can cause calcium loss in your bones. Menstrual bleeding may decrease, and many young women stop having periods altogether. It is highly effective

with a 0.3 percent to 3 percent risk of accidental pregnancy.

The patch (Ortho Evra): These thin, 2 ¼ x 2 ¼-inch plastic patches are placed on your torso or upper arm and remain on for a week before changing. Like the pill, the patch contains estrogen and progestin. Its action, medical benefits, side effects and effectiveness are similar to the pill. The patch may cause skin irritation.

The contraceptive ring or NuvoRing: The contraceptive ring is a small, flexible ring placed deep in your vagina and left in for three weeks. The Ring contains estrogen and progestin. Its action, medical benefits, side effects and effectiveness are similar to the Pill.

Intrauterine devices: IUDs are tiny plastic T-shaped devices that a clinician inserts into the uterus. The ParaGuard IUD contains copper, and the Mirena IUD contains a small amount of progestin hormone. They prevent a sperm from joining an egg. The ParaGard may be left in up to 12 years; the Mirena, five years. IUDs are highly effective with a 0.1 percent to 0.8 percent risk of accidental pregnancy. IUDs require two clinician visits — first to determine whether you can get an IUD safely, then to have the IUD placed.

Contraceptive implant: The contraceptive implant, Implanon, is a small flexible plastic rod containing a progestin hormone. It is inserted under the skin in your upper arm, lasts three years and is highly effective with a less than 1 percent risk of accidental pregnancy. Side effects include irregular bleeding and changes in mood, weight gain and headaches.

For more information on the right birth control method for you, contact your health care provider. ●

Source: Hatcher, et. al. Contraceptive Technology, 18th Edition, Revised. New York: Ardent Media, Inc., 2004.



TITLE X

Program provides crucial resources and care for women throughout the community

by Gayla C. Winston, MPH, President/CEO, Indiana Family Health Council Inc.

Ushering in a new standard of reproductive care for women, the Title X Family Planning program provides medical care and birth control to low-income women and teens.

Research conducted during the mid-1960s found women with lower incomes were having more children than they wanted due to the cost of birth control.

In response, President Lyndon Johnson's War on Poverty program initially provided some family planning services to low-income women. However, a uniform method of delivering those services was lacking.

A more consistent approach was implemented with Title X through the U.S. Department of Health and Human Services in 1970. The program remains active in our community. Since 1976, services have been provided in Indiana by the not-for-profit Indiana Family Health Council.

Thirteen agencies are funded by IFHC throughout Indiana to provide direct services in one of 40 clinic sites. The clinics are open to all regardless of age, marital status, income, residency, citizenship status or health insurance. If you are under the federal poverty level,

your visit will be at no charge to you. Others will be placed on a sliding fee scale. Men also are welcome in the family planning clinics.

All types of birth control are available, including birth control pills, Depo-Provera, IUDs, diaphragms, patches, rings, condoms and natural methods. Staff members will help you decide which method will work best to prevent an unplanned pregnancy.

The family planning program provides services beyond birth control. Your preventive health care options include blood pressure evaluation, breast exams, pelvic exams, Pap tests and sexually transmitted disease and HIV testing, as well as education and counseling. Title X funds cannot be used to provide abortions and do not cover the cost of pregnancy care, such as obstetric or prenatal care.

For many women, family planning is the entry into the health care system for the patient and her family. As women living in the United States, we are fortunate to have the resources provided by Title X. Make sure the women you know are aware of the services available to them through this landmark legislation. ●

By the Numbers

IN 2007, THE INDIANA FAMILY HEALTH COUNCIL PROGRAM served 45,000 clients by providing 25,713 Pap tests; 26,899 breast exams; 9,336 HIV tests; 26,288 chlamydia tests and 32,345 STD tests.

Leading the Way

It takes a village to reduce the effects of unplanned pregnancies

by Caitlin Finnegan Priest, MPH, Indiana Perinatal Network

THE IMPACT OF UNPLANNED

pregnancy extends beyond the health and well-being of the mother and infant. In Indiana and across the nation, costs to the community are substantial:

> The majority of children from an unplanned pregnancy are born to unmarried women and thus outside of stable two-parent families. These children are more likely to be poor, drop out of high school, have lower grade point averages, lower college aspirations and poorer school attendance.

> Fewer than half of teen mothers graduate from high school and fewer than 2 percent earn a college degree by age 30. As a result, almost one-half of all teen mothers and more than three-quarters of unmarried teen mothers begin receiving welfare within five years of the birth of their first child.

> Daughters of teen mothers are three times more likely to become teen mothers themselves when compared to the daughters of mothers who were age 20-21. Sons of teen moms are three times more likely to be incarcerated.

So what can communities do to help prevent unplanned pregnancy? A complicated problem requires a collaborative solution — so parents, the media, schools, health care providers, faith-based organizations and community organizations need to work together to raise awareness and develop preventive strategies.

Parents should talk early and frankly with their children about sexual and contraceptive beliefs and values. These conversations may lead to less sexual risk-taking, delay the initiation of sex and increase contraceptive use.

Faith-based communities can promote ongoing discussions about sex and relationships to provide children with a guiding adult perspective. The media can launch a campaign that highlights the consequences of unplanned pregnancy.

Federal, state and local policies should encourage health services needed to support women and men to achieve their reproductive goals and ensure their pregnancies are wanted and appropriately timed. ●



Caitlin Finnegan Priest

Q & A WITH AN OBSTETRICIAN

by Rana Snipe Berry, M.D., Assistant Professor of Clinical Obstetrics and Gynecology, Department of Obstetrics and Gynecology, Indiana University School of Medicine



Rana Snipe Berry, M.D.

Q What is the recommended spacing of pregnancies to protect the health of both mothers and babies?

A It is suggested that the optimal interval between the birth of one child and conception of the next is between 18 months and five years.

Q What are the negative effects to the infant if pregnancies are not spaced according to the recommendation?

A Pregnancies that occur during the 18 months following a delivery are at an increased risk of complications, such as pre-maturity — or birth before 37 weeks — and low birth weight. The risk of these complications is substantially lower for infants born to mothers who waited at least 18 months between pregnancies.

There also are increased risks to pregnancies that occur beyond 5 years following a delivery. Significant associations have been made between long pregnancy intervals and an increased risk of pre-eclampsia, a hypertensive disorder of pregnancy.

Q What methods of contraception are safe and recommended for women who breastfeed?

A Pregnancy is possible even if a woman breastfeeds. An important issue to consider for breastfeeding women is the potential effect a contraceptive method may have on initiation or maintenance of breast milk production. In general, methods that pose little or no risk of decreasing breast milk production include barrier methods, such as the condom or diaphragm; intrauterine contraception devices — both the copper and progestin-containing device; permanent male or female sterilization; and progestin-only methods, such as the “mini-pill,” injection or implant. The estrogen component of the combined hormonal methods has been associated with a decrease in breast



milk production. If a woman chooses one of the combined estrogen/progesterone methods, such as the combined pill, patch or vaginal ring, she should wait until the milk supply is established before beginning the method — generally four to six weeks postpartum — but some recommend waiting for six months.

Q Are there specific steps women need to take before or between pregnancies to ensure healthy outcomes?

A Healthy women have healthy babies! It is important to optimize your own health status before and/or between pregnancies. Women with chronic diseases, such as hypertension or diabetes, should work with their doctors to have these conditions under good control prior to pregnancy. Women also should give special attention to attaining or maintaining a healthy weight, supplementing the diet with folic acid, and stopping unhealthy habits, such as smoking, drinking alcohol or using drugs. Other tips include keeping your immunizations up to date, getting screened and/or treated for infectious diseases, maintaining your psychosocial wellbeing and maintaining

good dental health.

Q Are there negative effects to the mother when having children too close together?

A Negative maternal effects have not been as clearly identified as the complications to the fetus. It is known that both pregnancy and lactation take a considerable toll on maternal energy and nutrient stores. Therefore, it is likely that pregnancies occurring closer together possibly will deplete maternal reserves of nutrients such as iron. Also, women who attempt a vaginal birth after a Caesarean delivery and who have closely spaced deliveries are at an increased risk of complications. This can be fatal to mom and baby.

Q What other advice do you have for couples in regard to planning their families?

A Ideally, couples should have a plan that takes both partners’ personal and professional goals into consideration. It is important that couples not only consider the number of anticipated offspring but also how they can accomplish building a family within the recommended spacing guidelines. Planning helps to optimize outcomes. ●

Dreams and Goals

Plan your family to fit your desires for the future

by Deb Wezensky

YOUR FUTURE IS IN YOUR HANDS.

Think about your goals and dreams. Planning ahead is crucial to gaining the future you desire. Discuss important decisions with your family, spouse/life partner and health care providers.

Ask yourself these questions:

- > Where do you see yourself in five years?
- > Who can act as a mentor, or support, as you work toward your goals?
- > What level do you want to reach in your professional life?
 - > How much education, or continuing education, do you need to reach your goals?
 - > Do you see yourself getting married?
 - > Do you want children? How many?
 - > When would you like to have your first child? Your second child?
 - > When choosing to become a parent, will you continue to work? Stay at home?
 - > How many children can you and your spouse care and provide for?
 - > What priorities do you have for your financial resources?
 - > What physical fitness activities are going to help you maintain lifelong health?
 - > What hobbies and leisure activities do you wish to pursue?
 - > Is there a particular mindset you need to address so you can achieve your goals?

Write down your goals. Break them down into simple steps to help you achieve success. Monitor your progress.

Set your goals

Identify a goal for each facet of your life.

- > Professional
- > Personal
- > Social
- > Spiritual
- > Physical
- > Financial

Be specific with details that describe your goals. Then identify monthly, weekly and daily steps to assist you in reaching them. Recognize you will make daily decisions that either help or hinder you in reaching your envisioned future.

There are many things to think about when planning your future, especially when a baby might be involved. With thoughtful planning about your life goals, you will be more likely to get pregnant when you are physically, emotionally and financially ready. ●



CHOOSING PARENTHOOD

Your baby's health is at stake

by Caitlin Finnegan Priest, MPH, Indiana Perinatal Network

Am I pregnant? can be an unwelcome thought when a woman is not ready to become a mother and her period is late. After the first thoughts of disbelief, there are other issues that reach far beyond the pregnant woman's physical and emotional health concerns. An unplanned pregnancy also can affect the unborn child.

The impact on the health of the infant can be significant, and the consequences may last long after the baby's birth — especially if the pregnancy is unwanted as well as unplanned.

Women who experience an unplanned pregnancy are less likely to begin early prenatal care. In fact, they are up to 2 1/2 times more likely to delay seeing a doctor until after the first three months of pregnancy. Early prenatal care is critical for both the mom's and baby's health. Delaying such care can increase a woman's chances of having complications during the pregnancy or delivery and raises the risk of a poor birth outcome or death of the infant during its first year.

The risk of both preterm delivery and having a low birth weight baby are higher for births resulting from unplanned pregnancies. Babies born too early and too small often

face long hospital stays and potential health problems well into childhood. In addition, babies born because of unplanned pregnancies are less likely to be breastfed. Breastfed babies have a lower risk of ear and lung infections, Sudden Infant Death Syndrome and other diseases like diabetes and leukemia.

Women whose pregnancies are not planned also are more likely to use alcohol and tobacco during their pregnancies, which raises the risks of birth defects, premature labor, stillbirth and long-term health problems.

Children born following an unplanned pregnancy are at increased risk for abuse and neglect, as well as reduced cognitive, behavioral and emotional development. Some studies indicate these children score significantly lower on tests including listening, vocabulary, problem solving, memory and communication, compared to other children in their age groups.

In order to prevent outcomes such as these, it's important to think about your personal "reproductive plan." Waiting to plan a pregnancy until you are physically, emotionally and financially ready will give you and your baby the best chance for a healthy pregnancy and birth. ●

Resources for Preventing Unplanned Pregnancy and Promoting Reproductive Health

American College of Obstetricians and Gynecologists works to advocate for quality health care for women; maintain the highest standards of clinical practice; promote patient education; and increase awareness of the changing issues facing women's health care. Log on www.acog.org.

Anthem Blue Cross and Blue Shield Foundation focuses its funding on strategic initiatives that address and provide innovative solutions to reduce the number of uninsured as well as organizations and nonprofit charities that promote the Healthy Generations Program, a multi-generational initiative that targets specific diseases and medical conditions. Log on www.wellpointfoundation.org.

Centers for Disease Control and Prevention strives to create the expertise, information and tools people and communities need to protect their health through health promotion, prevention of disease, injury and disability, and preparedness for new health threats. For information on reproductive health, call (800) 311-3435 or log on www.cdc.gov/reproductivehealth.

Center for Young Women's Health strives to empower teen girls and young women around the world to take an active role in their own health care. The center's Web site provides health information for teens and young women including health guides, quizzes, chats and more. Log on www.youngwomenshealth.org.

Future Promises is a program that provides comprehensive educational and support services to pregnant and parenting teenagers who plan to stay in school. Call (317) 221-3190.

Indiana Family Health Council is dedicated to helping Hoosier families maintain good reproductive health. IFHC is an advocate for family planning services for individuals in need of these services and for providers of medical, educational and counseling services. Call (317) 247-9051 or log on www.ifhc.org/home/.

Indiana Perinatal Network is committed to improving the health of all mothers and babies and providing education for mothers and families. IPN envisions a future in which every mother has a healthy pregnancy and every baby is born healthy and into a nurturing home. Call (317) 924-0825 or log on www.indianaperinatal.org.

Indiana State Department of Health administers Indiana RESPECT (Reduces Early Sex and Pregnancy by Educating Children and Teens), the state's teen pregnancy prevention initiative. Call (800) 433-0746 or log on www.in.gov/isdh/21045.htm or www.IndianaRESPECT.com.

The National Campaign to Prevent Teen and Unplanned Pregnancy seeks to improve the lives and future prospects of children and families and, in particular, to help ensure that children are born into stable, two-parent families who are committed to and ready for the demanding task of raising the next generation. Call (202) 478-8500 or log on www.thenationalcampaign.org.

Thank you to our Sponsors:



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Reprints of *Preventing Unplanned Pregnancy* are available by calling 317.585.5858 or by mail: Weiss Communications, 6610 N. Shadeland Ave., Suite 100, Indianapolis, IN 46220.