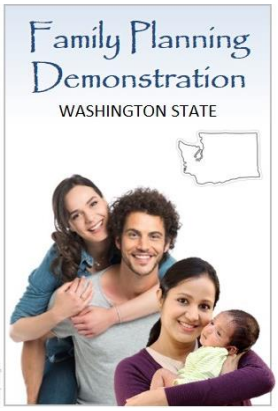

Washington State's 1115 Family Planning Demonstration Interim Evaluation

Findings from July 2018 to June 2022

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In collaboration with Washington State Health Care Authority

THE 1115 FAMILY PLANNING DEMONSTRATION WAIVER in Washington State provides family planning and family planning-related services to low-income individuals not otherwise eligible for Medicaid. While the program has undergone significant state and federal policy changes over the most recent waiver period, it continues to provide valuable confidential family planning services. This report describes the access to and utilization of family planning and family planning-related services and how these services are impacting maternal and child outcomes in Washington State. The study examines three target populations eligible for Family Planning Only (FPO) services separated based on income level or pregnancy status: 1) **FPO Pregnancy-Related**, 2) **FPO Lower Income**, and 3) **FPO Higher Income** during the most recent waiver period, July 1, 2018 through June 30, 2022.

Family Planning Only	Family Planning Only	Family Planning Only
1 FPO Pregnancy-Related	2 FPO Lower Income	3 FPO Higher Income
Recently pregnant who lose Medicaid coverage after their 60-day post pregnancy coverage ends	Women or men at risk of unintended pregnancy with incomes over 133% to 185% Federal Poverty Level	Women or men at risk of unintended pregnancy with incomes over 185% to 260% Federal Poverty Level

Key Findings

1. **During the 2018-2022 Family Planning Waiver period, the State enrolled 29,164 individuals and provided 56,425 family planning and family planning-related services to 9,205 unique clients.** Peak enrollment occurred in October 2018 at 7,971, and then declined 72 percent from March 2020 to December 2020 with the COVID-19 global pandemic quarantine measures.
2. **The COVID-19 quarantine, associated healthcare access restrictions, and subsequent Public Health Emergency (PHE) eroded enrollment and participation gains from the pre-pandemic period.** The PHE allowed many eligible FPO Pregnancy-Related clients to maintain full-scope Medicaid coverage after their pregnancy ended explaining most of the decreased enrollment in the overall waiver population.
3. **Twice as many FPO Lower Income clients utilized family planning and family planning-related waiver services than the other waiver groups.** By DY2021, 57 percent of FPO (Lower Income) clients utilized a family planning and family planning-related waiver service compared to 29 percent of FPO (Higher Income) and 13 percent of FPO (Pregnancy-Related).
4. According to PRAMS survey results, the proportion of Washington State births classified as unintended have declined over the years in the current waiver period.

Washington State Department of Social & Health Services
Transforming lives

NOVEMBER 2022

DSHS Research and Data Analysis Division
Olympia, Washington

Background

Washington State's 1115 Family Planning Waiver Demonstration was originally approved by the Centers for Medicare and Medicaid Services (CMS) and has been consistently extended since 2001 (1). The Demonstration covers every FDA-approved birth control method and a narrow range of family planning services that help clients use their contraception safely and effectively. The overarching program goals of the Demonstration have remained consistent since the initial approval (Table 1).

TABLE 1

Program Description

Program Goals		• Improve access to family planning and family planning related-services. • Decrease the number of unintended pregnancies. • Increase the use of contraceptive methods. • Increase the interval between pregnancies and births to improve positive birth and women's health outcomes. • Reduce state and federal Medicaid expenditures for averted births from unintended pregnancies.	
DEMONSTRATION POPULATION NAME	**Historic**	Family Planning Only Extension	Take Charge
	Current	1 Family Planning Only – Pregnancy-Related (Effective 7/1/19)	2 3 Family Planning Only (Effective 7/1/19)
Income eligibility		• Income at or below 198 percent of the federal poverty level (FPL).	• Income at or below 260 percent of the federal poverty level (FPL). • Lower income – uninsured with family income >133 percent to 185 percent of FPL. • Higher income – uninsured with family income >185 to 260 percent of FPL.
Target population		• Recently pregnant women who lose Medicaid coverage after their 60-day post pregnancy coverage ends, regardless of pregnancy outcomes and who are not eligible for Apple Health (Medicaid) coverage.	• Uninsured women and men seeking to prevent unintended pregnancy and who are not eligible for Apple Health (Medicaid) coverage. • Teens and domestic violence victims who need confidential family planning services.
Coverage period		• Additional 10-month coverage following the standard Medicaid 60-day post-pregnancy coverage. • When coverage ends, must apply for Medicaid or Family Planning Only	• 12-month coverage. • No limit on how many times one can reapply for coverage.
Program coverage		• Family planning services for women, which include an annual comprehensive family planning preventive visit. Family planning-related services include screening for gonorrhea and chlamydia for women ages 13 through 25, cervical cancer screening, and services directly related to successfully using a chosen method of contraception.	• Family planning services for women, which include an annual comprehensive family planning preventive visit. Family planning-related services include screening for gonorrhea and chlamydia for women ages 13 through 25, cervical cancer screening, and services directly related to successfully using a chosen method of contraception. • Family planning services for men, which includes an annual counseling session for reducing the risk of unintended pregnancy, condoms and spermicides, and services directly related to vasectomies.

FINDING 1 **The COVID-19 quarantine, associated healthcare access restrictions, and subsequent Public Health Emergency (PHE) eroded enrollment and participation gains from the pre-pandemic period.**

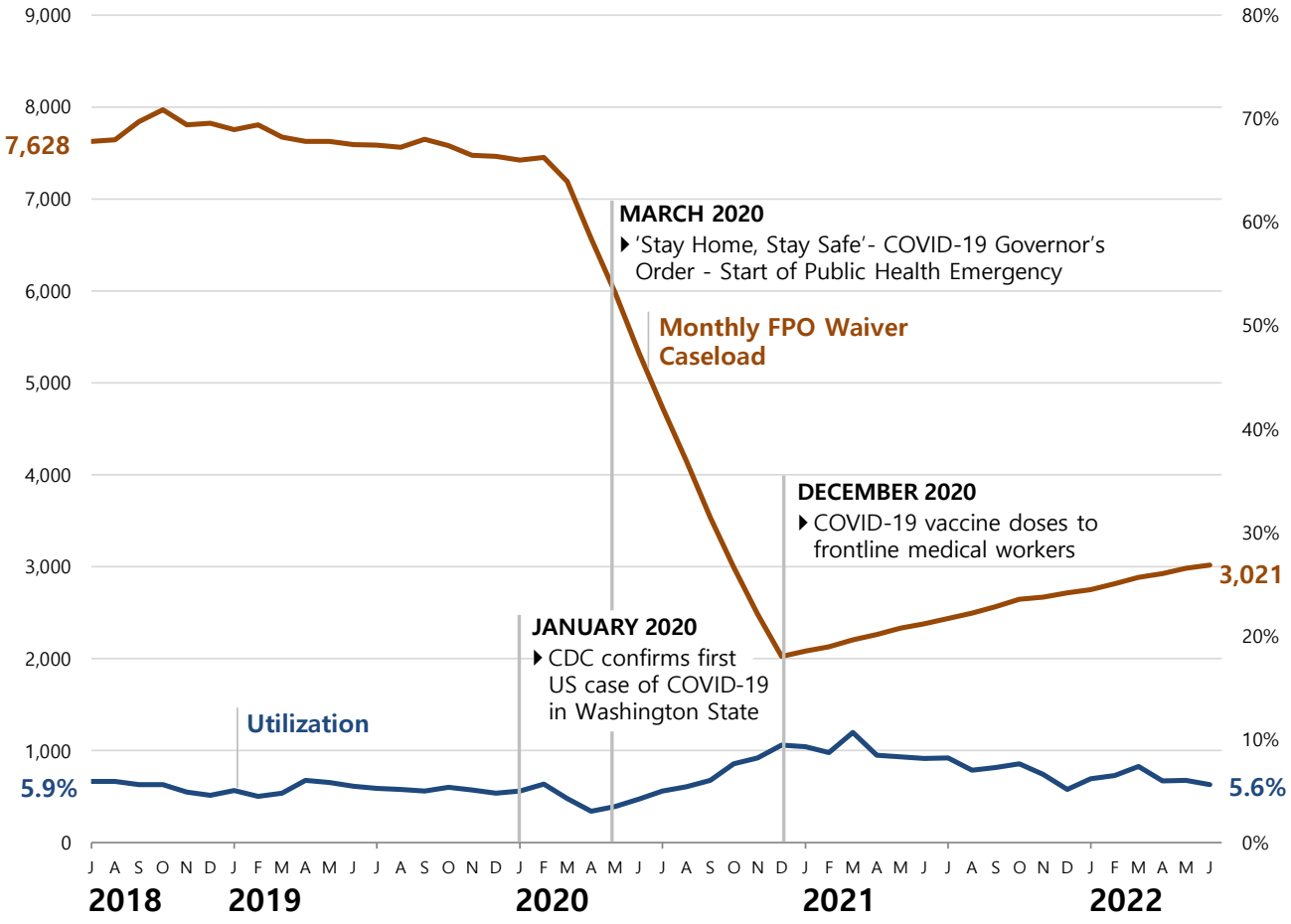
During the most recent waiver period, there have been state and federal policy changes that have impacted enrollment demographics and participation (Figure 1). On January 21, 2020, the Centers for Disease Control and Prevention (CDC) confirmed the first case of COVID-19 in Washington State. Two months later, Governor Inslee issued 'Stay Home, Stay Safe' proclamation starting the Public Health Emergency.

Peak enrollment occurred in October 2018. Enrollment declined 72 percent from March 2020 to December 2020 as recently pregnant clients were eligible to maintain full-scope Medicaid coverage and explaining the decreased enrollment of this waiver group.

Utilization (or participation) rates also changed with COVID-19 quarantine restrictions. Figure 1 shows month-to-month utilization rates for family planning services. Before COVID-19 quarantine restrictions, the participation was about 6 percent, followed by a small decrease during the quarantine restriction, and an increase in December 2020.

FIGURE 1

Impact of COVID-19 on Washington State's Family Planning Demonstration Caseload



Enrollment and Participation by Waiver Group

While Table 1 describes two waiver groups, we further delineated the non-pregnancy-related Family Planning Only group into a **Lower Income** group with family incomes greater than 133 percent and less than or equal to 185 percent FPL and a **Higher Income** group with family incomes greater than 185 percent and less than or equal to 260 percent FPL. This report examines and compares each waiver group separately given that these waiver groups have different waiver enrollment eligibility criteria, income eligibility, and coverage periods. Most analyses were focused on clients identifying as women. Due to small numbers, men were excluded from subsequent analyses and described in a separate section.

As discussed in the previous section, the COVID-19 global pandemic and quarantine impacted overall caseload and Family Planning Waiver group demographics. To determine whether COVID-19 impacted disproportionality related to family planning service participation, risk ratios were calculated for each waiver group by demonstration year, for age, race/ethnicity, and urban/rural composition (not shown).

- Younger aged clients were more likely to participate in family planning waiver services than older aged clients, regardless of waiver group.
- Underrepresentation of some racial/ethnic groups in the **FPO Lower Income** waiver group participation increased over the waiver period.
- Clients living in Urban – Medium and Low-density counties were more likely to participate in family planning waiver services than Urban – High density, regardless of waiver group.

Figure 3 is similar to Figure 1 but shows caseload and participation rates for each waiver group. Understanding the changes in **caseload** is important because caseload (i.e., Medicaid clients who are enrolled in the program) is used as a denominator for one process measure, while the remaining process measures use participation (i.e., Medicaid clients who are both enrolled and using services in the program) as the denominator.

- Despite the extension of full-scope Medicaid benefits to recently pregnant clients, FPO **Pregnancy-Related** waiver group had the highest enrollment of any waiver group during the demonstration period.
- The proportion of those using services increased at the same rate for both **FPO Lower Income** and **FPO High Income** waiver groups, while **FPO Pregnancy-Related** participation decreased (Figure 2). This finding is also seen in the month-to-month changes in Figure 3.

FIGURE 2

Participation of Family Planning and Family Planning-Related Services

By Waiver Groups (Women Only)

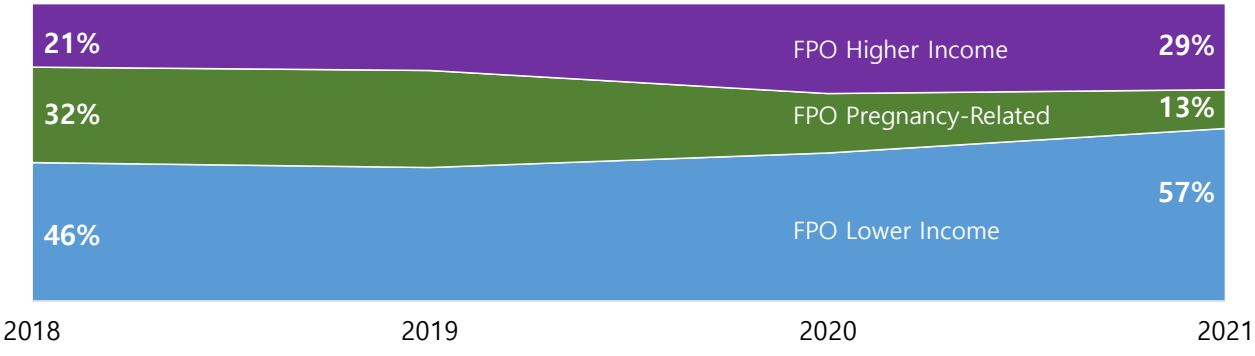
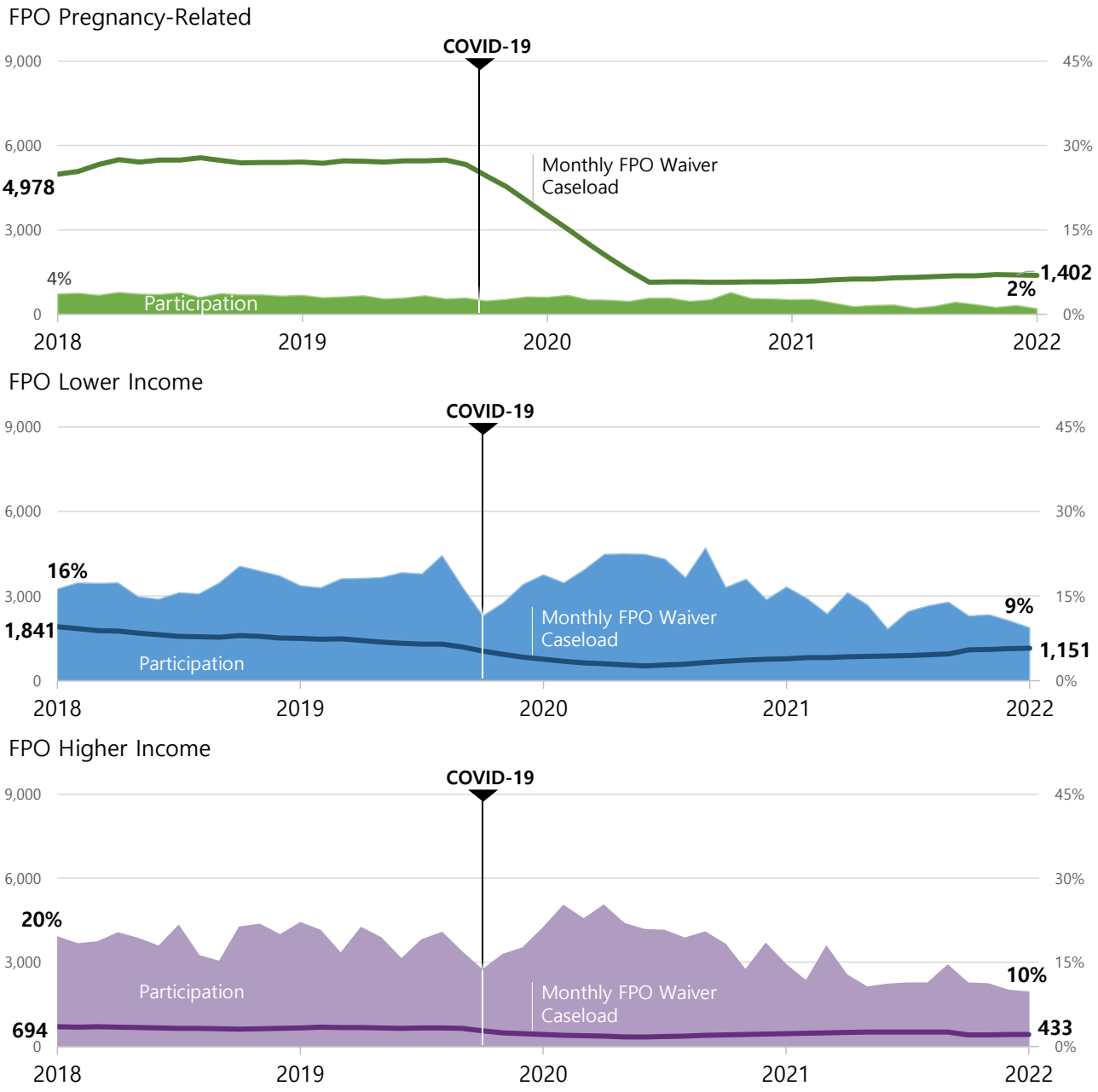


FIGURE 3

Impact of COVID-19 on Washington State's Family Planning Demonstration Caseload

Caseloads and Participation By Waiver Group (Women Only)



Family Planning Services

The remainder of this report describes trends in family planning process and outcome measures based on the waiver groups defined in the previous section. Process measures describe the utilization of family planning and family planning-related services traditionally associated with favorable maternal and child health outcomes. Given the impacts of COVID-19 on the Family Planning Waiver group enrollment and participation, we anticipated changes to process measures.

EVALUATION QUESTION

How did Family Planning Waiver clients utilize services?

Any Contraceptives Used by Female Participants

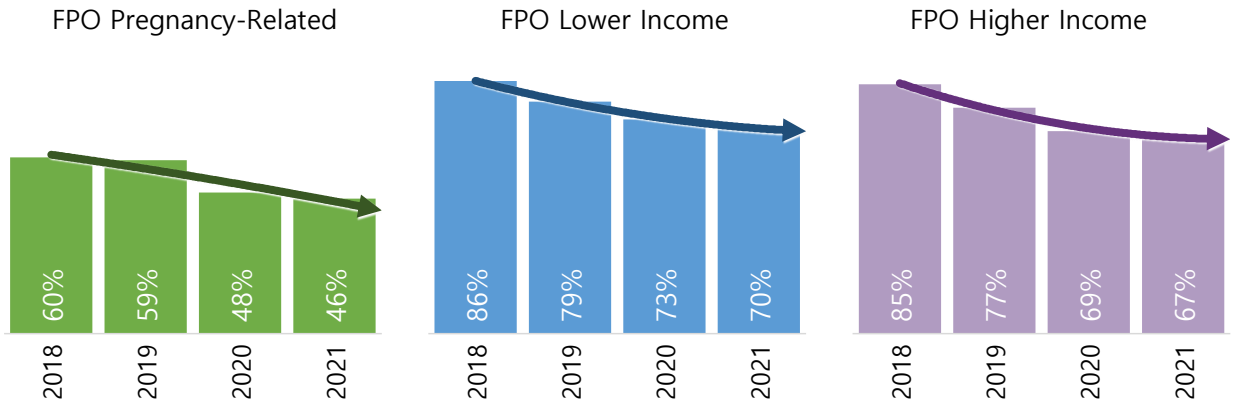
We measured any contraceptive use by reporting clients in a waiver group who obtained any contraceptive method out of the total number of participating clients in the same waiver group. Figure 4 shows the annual percentages of any contraceptive use, by waiver group.

- The percentage of participants accessing any contraceptive method remained higher among clients in the **FPO Lower Income** and **FPO Higher Income** waiver groups compared to **FPO Pregnancy-Related** waiver group.
- The percentage of participating clients accessing any contraceptive method declined for all waiver groups, with the greatest decline among the **FPO Pregnancy-Related** group.

FIGURE 4

Any Contraceptive Used by Waiver Group

By Waiver Groups (Women Only)



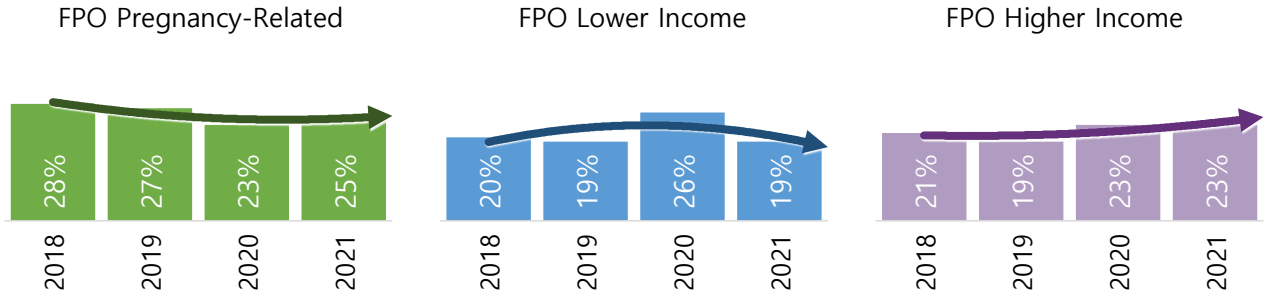
Long-Acting Reversible Contraceptives (LARC)

Long-acting reversible contraception (LARC), such as use of implants or intrauterine devices, is highly effective at preventing unintended pregnancy (2). We measured LARC utilization by reporting the number of women with LARC methods used in a year out of the total number of participants in each group (Figure 5).

- Utilization of a LARC method was highest among the **FPO Pregnancy-Related** waiver group compared to clients in other waiver groups.
- The percentage of both **FPO Pregnancy-Related** and **Higher Income** LARC users demonstrated modest increases from the DY2018 to the DY2021 cohort, while **FPO Lower Income** waiver group had the highest proportion of LARC utilizers in DY2020, which declined by the next year.

FIGURE 5

LARC use by Waiver Group (Women Only)



Family Planning-Related Services

CMS defines family planning-related services as "medical diagnosis and treatment services that are provided pursuant to a family planning service in a family planning setting" (4), but states vary in their coverage of family planning-related services. Washington State family planning-related services include testing for sexually transmitted infections specifically related to the effective and safe use of the chosen contraceptive and cervical cancer screening.

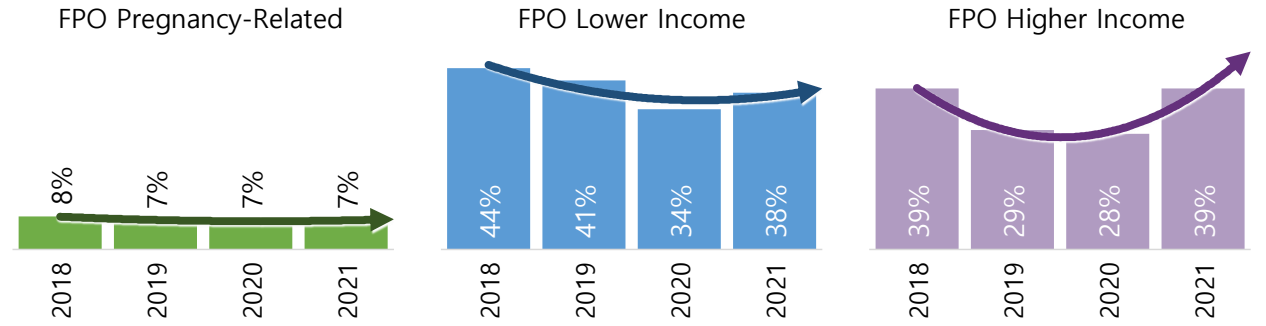
Sexual Transmitted Infections (STI) Screening and Testing

All women in the target groups ages 13–25 receive screening and all women receive testing when symptoms or exposure are reported. Men are limited to testing only when exposure or symptoms are reported. Figure 6 shows the number of *Neisseria gonorrhea* (GC) and *Chlamydia trachomatis* (CT) screens and tests provided to clients in a year out of the total number of participants in each waiver group.

- **FPO Lower Income** waiver group, with the greatest proportion of teens aged 13-18 years, continued to have the greatest percentage of STI screens/tests in DY2018, which declined in DY2019 and DY2020, but increased to 38 percent in DY2021.
- The rate of STI Screenings in the **FPO Higher Income** group increased from 39 percent in DY2018 to 37 percent in 2018.
- STI screenings for **FPO Pregnancy-Related** clients remained relatively the same from 8 percent in DY2018 to 7 percent in DY2021.

FIGURE 6

STI Screenings/tests by Waiver Group Female Participants



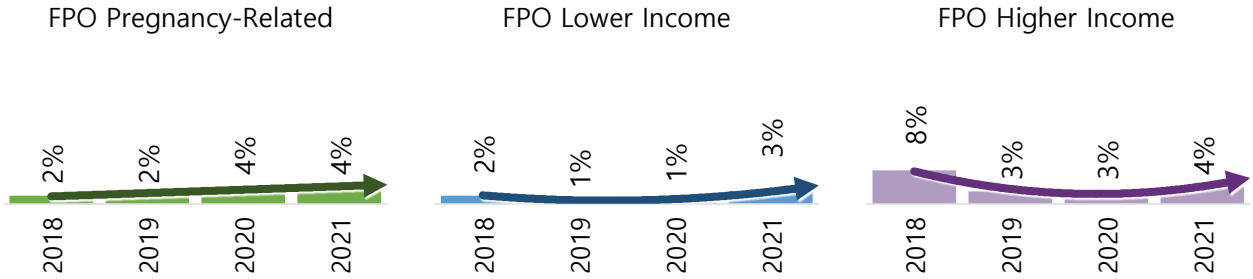
Cervical Cancer Screening

Providers must follow nationally recognized clinical guidelines for cervical cancer screening, which recommend screenings every 3 to 5 years depending on age and exposure risk. We measured cervical cancer screenings by reporting the number of cervical cancer screens in a year out of the total number of participants in each waiver group. Figure 7 shows the percentage of females who received cervical cancer screening using cervical cytology (Pap test) and/or human papilloma (HPV) testing.

- The decline in testing was most dramatic in the **FPO Lower Income** waiver group. However, in DY2018, 65 percent of participants in the group were under 21 years, and this age category is not included under the cervical cancer screening age recommendations (5,6).
- The majority of **FPO Higher Income** participants were over 21 years, yet cervical cancer screenings declined from 8 percent in DY2018 to 4 percent in DY2021.

FIGURE 7

Cervical Cancer Screening by Waiver Group Female Participants



Disenrollment and Retention

As mentioned in Table 1, Washington State's Family Planning Waiver has different coverage periods for different waiver groups. **FPO Pregnancy-Related** offers an additional 10-months of coverage following the standard Medicaid 60-days post pregnancy coverage. However, once clients in **FPO Pregnancy-Related** complete 10-months, they can reapply as a **Family Planning Only** client if they meet eligibility requirements**. FPO Lower and Higher Income** eligible clients have 12-months of coverage, but can reapply if they continue to meet eligibility requirements.

TABLE 2

Annual Disenrollment and Retention

For all clients by demonstration year

Reason for Disenrollment	**2018**		**2019**		**2020**		**2021**	
	n	%	n	%	n	%	n	%
Sterilization	357	3.6	287	2.9	113	2.3	47	4.7
Eligible for full benefits due to pregnancy	673	6.8	724	7.4	384	7.7	214	21.5
Eligible for full benefits	1,144	11.6	1,495	15.3	593	11.9	298	29.9
Re-enrolled	168	1.7	121	1.2	36	0.7	16	1.6
Did not renew	7,210	73.3	6,865	70.1	2,960	59.6	205	20.6
Eligible for other state-funded program	285	2.9	298	3.0	879	17.7	216	21.7
Total Fisenrollment Number	**9,837**		**9,790**		**4,965**		**996**	

EVALUATION QUESTION

Do Family Planning Waiver clients maintain coverage long-term?

Disenrollment and retention are important to monitor given that inconsistent use of contraception is a cause of nearly half of unintended pregnancies (2). As a result of Medicaid expansion and health care reform, the pattern of disenrollment and retention dramatically changed in 2013. However, over the past four demonstration years (2018 through 2021 are years with complete data), patterns have been impacted indirectly by changing client eligibility due to COVID-19. Over this waiver period, the percentage of clients eligible for full benefits increased from almost 12 percent in DY2020 to almost 30 percent in DY2021. Similarly, the percentage of clients eligible for other state-funded program increased from 3 percent in DY2019 to almost 18 percent in DY2020.

Special Population

Any Contraceptives used by Male Participants

National studies have estimated that 60 percent of men were in need of family planning, especially young and unmarried men (3). However, less than two percent of all enrollees (or participants) in the FPO groups in Washington are clients identifying as male. Vasectomies are the most popular method of contraception for these men, followed by male condoms. However, once sterilized, clients are no longer eligible for waiver services, such as family planning-related services (e.g., screenings for sexually transmitted infections).

Maternal and Child Health Outcomes

EVALUATION QUESTION

Does the Family Planning Waiver improve maternal and child health outcomes?

Access to family planning may impact maternal and child health outcomes by delaying pregnancies that occur too early or too late in a person's life and spacing the time between pregnancies. We will assess whether Family Planning Waiver services impacted maternal and child health outcomes using three measures: 1) **Interpregnancy interval** (i.e., time from the birth of baby to the conception of another baby) may be extended by the correct use of effective contraceptive methods. Interpregnancy intervals of 18 months or longer are ideal and are strongly associated with a decreased risk of low birth weight, preterm birth, and/or small for gestational age (7), 2) **Low birth weight,** and 3) **preterm birth**. These last two measures are indirect since they are affected by interpregnancy intervals, but both measures are also influenced by maternal health conditions and other socioeconomic disparities (8,9).

Given the decreased enrollment and participation among the **FPO Pregnancy-Related** waiver group, the interim evaluation report will not include these findings as we continue to assess any systematic differences between **FPO Pregnancy-Related** enrollees and participants, eligible **FPO Pregnancy-Related** clients who maintained full-scope Medicaid coverage due the Public Health Emergency, and eligible **FPO Pregnancy-Related** clients participating in After Pregnancy Coverage (APC), a new state program extending postpartum care which was implemented in June 2022.

EVALUATION QUESTION

Does the Family Planning Waiver decrease the number of unintended pregnancies?

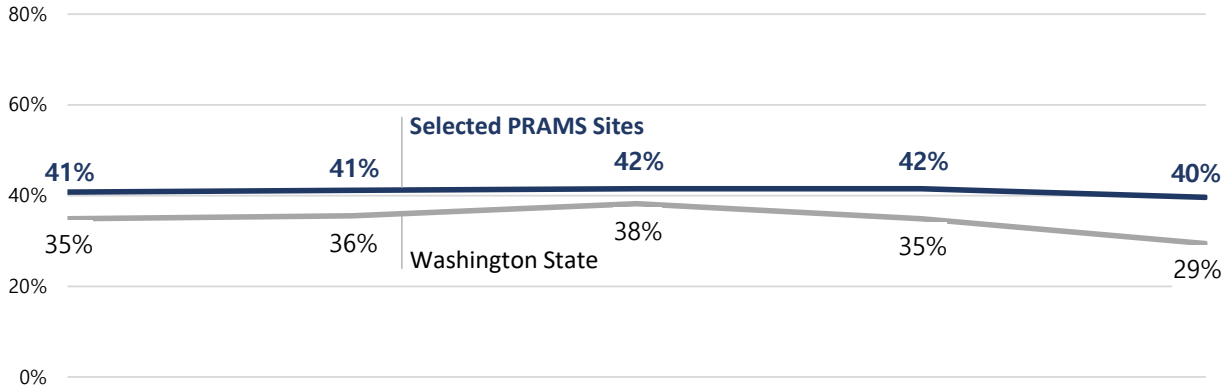
Results from Washington State Pregnancy Risk Assessment Monitoring System (PRAMS) are used to assess pregnancy intent. Survey respondents are asked to think back before their recent pregnancy and report whether they had wanted to become pregnant at that time, sooner, later, or not at all.

Pregnacies that occur too soon are classified as mistimed those that are not wanted at all are labeled unwanted, and those two categories together form the unintended group. Pregnancies that occur too late or "at about the right time" are considered intended. Based on analysis of previous year' response breakdowns, the unsure responses have been grouped as part of the unintended category. Figure 8 details the proportion of Washington births that were unintended, starting in 2016 and compares annual percentages to all selected PRAMS sites that met the required 55% response rate threshold. The proportion of Washington State births classified as unintended have declined over the years in the current waiver period.

FIGURE 8

Proportion of Washington State Births that were Unintended

Pregnancy Risk Assessment Monitoring Program (PRAMS) results from 2016-2020



Discussion and Final Evaluation

As part of a section 1115 demonstration authority, states must conduct an evaluation to inform policy decisions as per 42 CFR 431.424. Given the ACA mandate requiring preventative well-women visits, some states discontinued pursuing Family Planning waiver renewals assuming clients would be able to secure family planning services through comprehensive Medicaid or a Marketplace plan (10). However, the results of this evaluation suggest Washington State's Family Planning Demonstration Waiver continues to have an important role for low-income women not eligible for Medicaid who are seeking high-quality, confidential family planning services.

The final evaluation report will extend analyses to Program demonstration year 2022 and attempt to reduce confounding from any state legislative or federal changes impacting the Program since the start of this waiver period. As mentioned, the feasibility to evaluate maternal-child health outcome measures have been challenged by the reduction of **FPO Pregnancy-Related** enrollees due to Public Health Emergency extension of full-scope Medicaid and/or participation in After Pregnancy Coverage.

More details on efforts to improve the use of available family planning services in Washington State:

- As of June 2022, Washington State has elected to extend postpartum coverage from 60 days to 12 months (After Pregnancy Coverage). This change means that postpartum clients are no longer automatically/passively enrolled in **FPO Pregnancy-Related.**
- Beginning in DY2019, individuals enrolled in any FPO waiver group could see any contracted Medicaid provider for family planning services, rather than the more limited pool of qualified Take Charge providers.

- Previous research examining LARC use among full-scope Medicaid compared to Family Planning Waiver participants found that the percentage of Family Planning Waiver LARC users was twice that of full-scope Medicaid clients for all women aged 15-44 at risk of unintended pregnancy (11). HCA increased reimbursement rates to providers regarding LARC insertion or implantation in 2015 and this was associated with increasing LARC use (12).
- Efforts were made to increase ease of obtaining consistent supplies of oral contraceptives, the most popular form of family planning method among **FPO Pregnancy-Related** and **FPO (Higher and Lower Income)** clients. However, past research has shown that dispensing a one-year supply of oral contraceptives was not implemented as broadly as intended (12).
- Another area of needed improvement is increasing utilization among men. As mentioned previously, research from the National Survey of Family Growth showed that 60 percent of men aged 15-44 years were in need of family planning (4). Family planning services offered through Washington State's Demonstration Waiver include an annual counseling session for reducing the risk of unintended pregnancy, use of condoms, spermicides, and vasectomies, and STI screenings if experiencing symptoms.

Study Limitations

There were three main limitations for this study. **First**, we can only account for **contraceptive methods** obtained via paid claims through Washington State's Medicaid program and/or the Family Planning Waiver. Any contraceptive methods or medical administrative claims paid by a private insurer or out-of-pocket were not included in these analyses.

Second, we can only account for **family planning services** obtained via Washington State's Medicaid program and/or the Family Planning Waiver. Washington State provides a variety of programs and options for women and men to receive family planning services throughout their reproductive years, so the utilization in one program may impact utilization in another program. For example, pregnant women at or below 198 percent FPL are covered by Medicaid and receive 60-days post pregnancy healthcare which includes contraception. **FPO Pregnancy-Related** utilization in the Family Planning Waiver may be misleading given the receipt of services post-pregnancy.

Third, while administrative data provide the means to identify and describe utilization, it is limited in providing information regarding sexual behavior and/or pregnancy intention. Additionally, claims data were used to analyze contraceptive methods prescribed, however this cannot measure adherence. As a result, any calculation intended to measure medication adherence analysis might overestimate the true adherence rate because it assumes clients took all medication as intended (13).

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TECHNICAL NOTES

FAMILY PLANNING ONLY DEMONSTRATION WAIVER GROUPS

Washington State provides family planning services through the Family Planning Only program, a 1115 Family Planning Demonstration Waiver. Contraception is one of the primary services included as family planning (1). Family Planning Only services cover not only all FDA-approved birth control methods but also additional benefits such as limited screening and treatment for sexually transmitted infections (STIs, STDs), screening for cervical cancer and a well-woman physical exam. Vaccinations, mammograms, and services unrelated to family planning such as pregnancy care are not covered by Family Planning Only services. Family Planning Only Waiver groups were identified by the RAC codes (1097 **(FPO Pregnancy-Related)**, 1099 (**FPO Lower Income**), and 1100 (**FPO Higher Income**)).

FULL-SCOPE MEDICAID

Full-scope Medicaid provides full health care coverage such as early and periodic screening, diagnostic, and treatment services, maternity and newborn care, and mental health services. States have been required to include family planning services in their Medicaid programs.

DATA SOURCES AND MEASURES

Analyses utilized RDA's research repository of Medicaid claims data from ProviderOne, Washington's Medicaid Management Information System. The First Steps Database (FSDB) links all Washington State birth and death certificates at the individual level to Medicaid-paid maternity services and Medicaid eligibility. FSDB relies on information obtained from the Health Care Authority and the Center for Health Statistics, Department of Health, which provides birth certificate files.

- **Demographic Characteristics:** Race and gender information comes from eligibility records.
- **Disenrollment:** A gap in Medicaid enrollment of more than four months.
- **Enrollees:** Individuals enrolled in the demonstration for the specified waiver period.
- **Family planning services:** Women and men who are waiver enrollees are eligible to receive an annual comprehensive family planning preventive visit, FDA-approved birth control methods, and a narrow range of family planning services that help clients use their contraception safely and effectively.
- **Family planning-related services:** Includes screening for gonorrhea and chlamydia for women ages 13 through 25 and cervical cancer screening.
- **Participants or Utilizers:** Individuals who obtain one or more covered family planning service through the demonstration waiver.
- **Relative Risk Ratio:** The risk of one subgroup in comparison to the risk of all other subgroups to experience any disproportionate outcome. A Relative Risk Ratio of 1 means a subgroup faces no disproportionality and less than 1 means underrepresentation of a subgroup.
- **Retention:** A client continuously enrolled or experiencing a gap in eligibility of no more than four months.
- **Domestic Violence:** Domestic violence was flagged based on domestic violence identified in the comprehensive evaluation, participation in the address confidentiality program, or being granted permission not to cooperate with Division of Child Support due to domestic violence as recorded in ACES; or based on domestic violence arrests or convictions of the client.

URBAN RURAL COUNTY CLASSIFICATION

- **Rural Counties:** Adams, Asotin, Columbia, Ferry, Garfield, Jefferson, Klickitat, Lincoln, Okanogan, Pacific, Pend Oreille, San Juan, Skamania, Stevens, Wahkiakum.
- **Large Town Counties:** Chelan, Clallam, Douglas, Grant, Grays Harbor, Island, Kittitas, Lewis, Mason, Whitman.
- **Urban–Medium and Low-Density Counties:** Benton, Cowlitz, Franklin, Skagit, Walla Walla, Whatcom, Yakima.
- **Urban–High Density Counties:** Clark, King, Kitsap, Pierce, Snohomish, Spokane, Thurston.

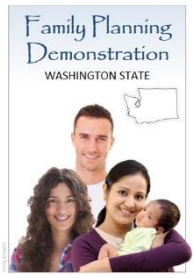
MATERNAL/CHILD OUTCOME VARIABLES

- **Interpregnancy Interval (IPI):** A measure of birth spacing operationalized as the time (in months) elapsed between the women's last delivery and the conception of the next pregnancy.
- **Low Birth Weight:** Low birth weight refers to infants born weighing less than 2,500 grams. Birth weight was collected as a continuous variable on the birth certificate. For analysis purposes, low birth weight was treated as a dichotomous variable. Birth weight on the second birth per client was used to analyze the effect of the waiver on birth weight.
- **Preterm Birth:** To determine whether an infant was considered preterm, the clinical estimate of weeks gestation on the birth certificate was used. Infants born at less than 37 weeks gestation were considered preterm. While weeks gestation is a continuous variable, it was dichotomized for analyses. Preterm birth data from the second birth was used in this evaluation.

CONTRACEPTIVE METHODS

- **Most Effective (>99 percent):** Sterilization, contraceptive implants, IUD
- **Moderately Effective (88-94 percent):** Injectables, oral pills, patch, vaginal ring, diaphragm
- **Least Effective (<82 percent):** Female condom, cervical cap, sponge, fertility awareness-based methods, spermicide

- **Emergency Contraception:** Emergency contraceptive pills or copper IUD after unprotected intercourse



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