Getting and staying healthy is important for all women—whether they plan to have a baby or not. Chronic conditions such as high blood pressure, diabetes, heart disease, and obesity put women at risk of pregnancy complications and infertility.

The Centers for Disease Control and Prevention (CDC) is committed to research and efforts that improve women’s reproductive health by promoting positive health behaviors and preventing unintended pregnancies. This approach allows women to be able to achieve their desired number and spacing of children, increases the chance that their baby will be born healthy, and improves their health even if they choose to not have children.

Public Health Problem

Teen and Unintended Pregnancy

Nearly half (45%) of all pregnancies in the United States are unintended, and among teens, the percentage rises to 75%. The teen birth rate has declined dramatically over the past 20 years, but it is still one of the highest of any industrialized country. Nearly 230,000 babies were born to women aged 15 to 19 in 2015, and the teen birth rate remained more than twice as high for Hispanic and black teens as white teens. Unintended pregnancy mainly results from not using contraception—or using it inconsistently or incorrectly.

In 2010, teen pregnancy and childbirth cost US taxpayers at least $9.4 billion for increased social and medical costs. Unintended pregnancy and births in the United States in 2010 accounted for $21 billion in direct medical costs.

Chronic Disease in Women of Reproductive Age

An increasing number of women of reproductive age in the United States have chronic conditions and related risk factors—including obesity and smoking—that can affect their overall health, future fertility, pregnancies, and birth outcomes. Recent research suggests

Fast Facts

- Chronic conditions such as high blood pressure, diabetes, heart disease, and obesity put women at risk of pregnancy complications and infertility.
- Nearly half (45%) of all pregnancies in the United States are unintended, and among teens, the percentage rises to 75%.
- About 12% of women aged 15 to 44 in the United States have difficulty getting pregnant or carrying a pregnancy to term.
- CDC works with partners to improve women’s health, promote quality family planning services, and track the outcomes of fertility treatment.
that the number of pregnancy-related illnesses and deaths from chronic disease may be increasing. We have opportunities to prevent chronic disease and improve women’s health during their reproductive years and beyond.

**Infertility**

Infertility is defined as not being able to get pregnant (or conceive) after 1 year of unprotected sex. Infertility or its treatment can cause stress, anxiety, and depression. Possible causes of infertility include genetics, older age, chronic diseases, infections, behavioral factors (e.g., smoking, excessive alcohol use), and exposure to environmental or occupational hazards. However, many questions about infertility remain. In addition, disparities exist by race and socioeconomic status in the prevalence, diagnosis, referral, and treatment of infertility.

Assisted reproductive technology (ART) helps many couples overcome infertility. However, women who conceive through ART are at higher risk of preterm birth and delivering low birth weight infants, mainly because they have a greater chance of becoming pregnant with two or more infants at a time.

**CDC’s Response**

The National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) works in four key areas or domains: epidemiology and surveillance, environmental approaches, health care system interventions, and community programs linked to clinical services. This comprehensive approach supports healthy choices and behaviors, makes healthier options more available, and helps Americans better manage their health.

CDC works with partners—such as health care providers, public health agencies, other federal agencies, universities, and community organizations—to improve the health of women and infants. With $46 million in FY 2016 funding for safe motherhood, CDC’s Division of Reproductive Health supports these efforts and many

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### Prevalence of Chronic Disease Risk Factors and Risk Behaviors Among US Women Aged 18–44

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge Drinking</td>
<td>16.9%</td>
</tr>
<tr>
<td>Current Cigarette Smoking</td>
<td>19.2%</td>
</tr>
<tr>
<td>Overweight or Obesity</td>
<td>52.8%</td>
</tr>
</tbody>
</table>

Note: Percentages represent the median for 50 states and the District of Columbia. Source: CDC’s Chronic Disease Indicators (from 2014 Behavioral Risk Factor Surveillance System data).

“Women make up more than half of our country’s population. Together, we can help ensure a healthy and safe future for all women by ensuring they have access to the tools they need to improve, manage, and control all aspects of their health, whether or not they plan to have children.”

Wanda D. Barfield, MD, MPH
Director of CDC’s Division of Reproductive Health
others by focusing its activities in three of NCCDPHP’s four domains: epidemiology and surveillance, health care system interventions, and community programs linked to clinical services.

**Epidemiology and Surveillance**

**Pregnancy Risk Assessment Monitoring System (PRAMS)**

In 1987, PRAMS began collecting state population data on mothers’ attitudes, experiences, and health before, during, and shortly after delivery. In FY 2016, a total of 51 sites (47 states, the District of Columbia, New York City, Puerto Rico, and the Great Plains Tribal Chairmen’s Health Board) were funded to collect data using PRAMS, which represents 83% of live births in the United States.

PRAMS data are used by researchers and state and local governments to identify groups of women and infants at high risk for health problems, monitor changes in health status, and plan and review programs and policies aimed at reducing these health problems.

For example, Hawaii used PRAMS data to discover that about 1 in 3 women in Hawaii were overweight or obese before pregnancy. The Hawaii Department of Health partnered with community stakeholders to develop the *Hawai‘i Physical Activity and Nutrition Plan 2013–2020* that has 22 objectives for creating environments and policies to make daily physical activity and healthy eating the norm for Hawaii residents.

**National ART Surveillance System (NASS)**

Since 1992, NASS has tracked ART use and outcomes in the United States to monitor the safety and effectiveness of ART procedures. CDC uses this system to collect data from more than 450 fertility clinics, calculate standardized success rates for each clinic, and publish the results in the annual *ART Fertility Clinic Success Rates Report*. CDC also reports on ART use and perinatal outcomes for each state in the *ART Surveillance Summary* and publishes a national summary of ART procedures, trends, and other information in the *ART National Summary Report*.

**Health Care System Interventions**

**Guidelines for Contraceptive Use and Family Planning Services**

Prevention of unintended pregnancy—through improved access to contraception and quality family planning services—could greatly improve women’s health. For women with chronic diseases, access to the right contraceptive method can help avoid medical complications associated with both chronic conditions and unintended pregnancy. Access to effective contraception is also associated with improved perinatal outcomes because it reduces the risk of preterm births associated with shorter times between pregnancies.

In 2016, CDC updated two sets of clinical guidelines on contraceptive use: the *US Medical Eligibility Criteria for Contraceptive Use* (US MEC) and the *US Selected Practice Recommendations for Contraceptive Use* (US SPR).

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**ART by the Numbers**

CDC estimates that the National ART Surveillance System (NASS) contains information about more than 95% of all ART cycles in the United States.

Over the last decade, ART use in the United States has doubled. According to 2014 NASS data:

- 208,604 ART cycles were performed at 458 reporting clinics.
- These cycles resulted in the live birth of 70,354 infants.

In addition to providing consumers with information about national and clinic-specific pregnancy success rates, national ART surveillance allows scientists to assess infant outcomes—such as birth weight, whether two or more infants were delivered, and length of pregnancy—and to monitor trends in ART use in the United States.
Providers use the US MEC when counseling women, men, and couples about contraceptive methods. The US MEC offers guidance on the safe use of contraceptive methods for patients with specific medical conditions (e.g., high blood pressure, diabetes) and characteristics (e.g., age, smoking status), including guidance on long-acting reversible contraception (LARC), such as intrauterine devices (IUDs) and implants. LARC methods are appropriate for most women, including teens and women who have not yet had children, and they can prevent pregnancy for 3 to 10 years, depending on the method.

A companion document to the US MEC, the US SPR, guides health care providers on initiation and use of specific contraceptive methods and ways to reduce medical barriers to contraception access and use.

The agency also publishes Recommendations for Providing Quality Family Planning Services with the Office of Population Affairs (OPA). These help doctors provide family planning services so that couples can achieve their desired number and spacing of children, increase their chance for a healthy baby, and improve their health even if they choose to not have children.

Health System Changes to Promote Contraception Access

In 2014, CDC partnered with the Association of State and Territorial Health Officials to create the Learning Community, which supports state peer-to-peer learning on ways to remove barriers for women who want to get LARC right after childbirth, before they leave the hospital. In 2016, OPA and the Centers for Medicare & Medicaid Services joined the Learning Community, and it has expanded to 27 states and the Northern Mariana Islands to address a broader set of challenges and increase access to all contraceptive methods and services.

CDC is also partnering with health care purchasers, payers, and providers to improve health and control costs through the 6|18 Initiative. CDC provides these partners with rigorous evidence about 6 common health conditions with high health and economic costs and 18 interventions to prevent and control them. Unintended pregnancy is one of the 6 conditions, and the interventions highlighted address reimbursement as well as administrative and logistical barriers to the full range of contraceptive methods, including LARC.

Community Programs Linked to Clinical Services

CDC funds two cooperative agreements for teen pregnancy prevention:

- The first cooperative agreement, issued in collaboration with Office of Adolescent Health, funds three grantees to rigorously evaluate interventions designed for young men aged 15 to 24 to reduce their risk of fathering a child born to a teen mother.

- The second cooperative agreement funds three grantees to increase publicly funded health centers’ capacity to provide youth-friendly sexual and reproductive health services and increase the number of youth who access these services.

Future Directions

To improve women’s health during their reproductive years, CDC will continue to:

- Conduct surveillance of risks and behaviors for chronic disease among women of reproductive age.

- Conduct research to inform community interventions to reduce chronic disease risk behaviors.

- Track trends and outcomes associated with infertility and treatment, such as ART.

- Further reduce teen and unintended pregnancy through surveillance, research, clinical practice recommendations for contraceptive use, and program evaluation.