<table>
<thead>
<tr>
<th>Indicator:</th>
<th>Previous Preterm Birth (D1a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain:</td>
<td>Reproductive Health and Family Planning</td>
</tr>
<tr>
<td>Sub-domain</td>
<td>Previous Preterm Birth</td>
</tr>
<tr>
<td>Demographic group:</td>
<td>Women having a live birth.</td>
</tr>
<tr>
<td>Numerator:</td>
<td>Women who delivered a live birth in a given year in Los Angeles County and reported having a previous live birth more than three weeks before the due date.</td>
</tr>
<tr>
<td>Denominator:</td>
<td>All women who delivered a live birth in a given year in Los Angeles County and reported having or not having a previous live birth more than three weeks before the due date (excluding those with missing data).</td>
</tr>
<tr>
<td>Measures of frequency:</td>
<td>Crude annual prevalence and by selected maternal demographic characteristics, weighted to account for unequal probabilities of selection, and adjusted for non-response and mail/telephone non-coverage.</td>
</tr>
<tr>
<td>Period of case definition:</td>
<td>Prior to the pregnancy that resulted in the most recent live birth.</td>
</tr>
<tr>
<td>Significance:</td>
<td>In addition to a greater risk of premature birth among women who previously delivered prematurely, women with recurrent preterm births are at higher risk for birth complications and subsequent poor birth outcomes compared with healthy women. In order to focus interconception care programs, states must examine characteristics, risk factors, and behaviors among women who experience recurrent poor outcomes, including premature birth. Assessment of previous premature birth is recommended by the Select Panel on Preconception Care workgroup in order to determine intervention and treatment prior to subsequent pregnancy.</td>
</tr>
<tr>
<td>Limitations of indicator:</td>
<td>This measure assesses the occurrence of any previous preterm birth. Therefore, it is not possible to determine whether the</td>
</tr>
</tbody>
</table>
previous preterm birth occurred in the pregnancy just prior to the current live birth or in any other previous live birth.

Related Healthy People 2010 Objective(s): Reduce preterm births. Targets: 7.6% for all preterm births; 6.4% for births at 32 to 36 weeks gestation; 1.1% for births at less than 32 weeks gestation.

2020 Objective(s): Reduce proportion of preterm births in live birth. Targets: 11.4% for all preterm births; 8.1% for births at 32 to 36 weeks gestation; 1.8% for births at less than 32 weeks gestation.

References:


**Indicator:** Previous Preterm Birth (D1b)

**Domain:** Reproductive Health and Family Planning

**Sub-domain** Previous Preterm Birth

**Demographic group:** Women having an infant or fetal death.

**Data resource:** LA HOPE project
http://publichealth.lacounty.gov/mch/LAHOPE/LAHOPE.html

**Data availability:** 2007-2009

**Numerator:** Women having a fetal/infant death in Los Angeles County within 2007-2009 who reported a previous live birth at less than 37 weeks of gestation.

**Denominator:** All women having a fetal/infant death in Los Angeles County within 2007-2009 who reported having or not having a previous live birth at less than 37 weeks of gestation (excluding those with missing data).

**Measures of frequency:** Crude annual prevalence and by selected maternal demographic characteristics, weighted to account for unequal probabilities of selection, and adjusted for non-response and mail/telephone non-coverage.

**Period of case definition:** Prior to last pregnancy.

**Significance:** In addition to a greater risk of premature birth among women who previously delivered prematurely, women with recurrent preterm births are at higher risk for birth complications and subsequent poor birth outcomes compared with healthy women.\(^1-11\) Interconception behavioral risk factors associated with recurrent preterm birth include narrow birth spacing, weight loss, and smoking during pregnancy.\(^8,12-14\) In order to focus interconception care programs, states must examine characteristics, risk factors, and behaviors among women who experience recurrent poor outcomes, including premature birth. Assessment of previous premature birth is recommended by the Select Panel on Preconception Care workgroup in order to determine intervention and treatment prior to subsequent pregnancy.\(^15\)
Limitations of indicator: This measure assesses the occurrence of any previous preterm birth. Therefore, it is not possible to determine whether the previous preterm birth occurred in the pregnancy just prior to the current live birth or in any other previous live birth.

Related Healthy People 2010 Objective(s): 16-11. Reduce preterm births. Targets: 7.6% for all preterm births; 6.4% for births at 32 to 36 weeks gestation; 1.1% for births at less than 32 weeks gestation.

2020 Objective(s): MCH-9 Reduce proportion of preterm births in live birth
Targets: 11.4% for all preterm births; 8.1% for births at 32 to 36 weeks gestation; 1.8% for births at less than 32 weeks gestation.

References:


**Indicator:** Previous Fetal Death, Miscarriage, or Stillbirth (D3a)

**Domain:** Reproductive Health and Family Planning

**Sub-domain:** Previous Fetal Death, Miscarriage, or Stillbirth

**Demographic group:** Women having a live birth.

**Data resource:** LAMB
http://www.lalamb.org/

**Data availability:** 2005, 2007, 2010

**Numerator:** Women who delivered a live birth in a given year in Los Angeles County and reported having a fetal death, miscarriage or stillbirth prior to getting pregnant with their most recent live birth.

**Denominator:** All women who delivered a live birth in a given year in Los Angeles County and reported having or not having a fetal death, miscarriage or stillbirth prior to getting pregnant with their most recent live birth (excluding those with missing data).

**Measures of frequency:** Crude annual prevalence and by selected maternal demographic characteristics, weighted to account for unequal probabilities of selection, and adjusted for non-response and mail/telephone non-coverage.

**Period of case definition:** Prior to the pregnancy that resulted in the most recent live birth.

**Significance:** The greatest predictor of a recurrent miscarriage, fetal death, or still birth is a previous pregnancy loss. Women who experience an intrauterine death in a previous pregnancy are also more likely to experience a subsequent premature birth and low birth weight delivery. Additionally, these women are more likely to experience pre-eclampsia or placental abruption, and require labor induction or cesarean section. Other risk factors for recurrence of these poor outcomes include older maternal age, conceiving in longer time intervals, and smoking.

In order to focus interconception care programs, states must examine characteristics, risk factors, and behaviors of women who experience recurrent poor outcomes, including miscarriage, fetal death, and stillbirth. The Clinical Work Group of the Select Panel on Preconception Care recommends that the gestational age of the
fetus be assessed at fetal death or stillbirth to reduce risks in subsequent pregnancies.

Limitations of indicator: Data from the LAMB survey are self-report and are not confirmed by physician diagnosis. Additionally, LAMB does not capture behaviors associated with the previous miscarriage, fetal death, or stillbirth, only behaviors associated with the most recent delivery. Therefore, behaviors may not be examined longitudinally.

Related Healthy People 2010 Objective(s): None.

2020 Objective(s): MCIH-1. Reduce the rate of fetal and infant deaths. Targets: MCIH-1.1 5.6 fetal deaths per 1,000 live births and fetal deaths for fetal deaths at 20 or more weeks of gestation. MCIH-1.2 5.9 perinatal deaths per 1,000 live births and fetal deaths for fetal and infant deaths during perinatal period (28 weeks of gestation to 7 days after birth).

References:

**Indicator:** Previous Fetal Death, Miscarriage, or Stillbirth (D3b)

**Domain:** Reproductive Health and Family Planning

**Sub-domain:** Previous Fetal Death, Miscarriage, or Stillbirth

**Demographic group:** Women having an infant or fetal death.

**Data resource:** LA HOPE project

**Data availability:** 2007-2009

**Numerator:** Women having a fetal/infant death in Los Angeles County within 2007-2009 who reported a fetal death, miscarriage or stillbirth prior to their most recent pregnancy.

**Denominator:** All women having an infant or fetal death in Los Angeles County within 2007-2009 who reported or did not reported a fetal death, miscarriage or stillbirth prior to their most recent pregnancy (excluding those with missing data).

**Measures of frequency:** Crude annual prevalence and by selected maternal demographic characteristics, weighted to account for unequal probabilities of selection, and adjusted for non-response and mail/telephone non-coverage.

**Period of case definition:** Prior to last pregnancy.

**Significance:**

The greatest predictor of a recurrent miscarriage, fetal death, or still birth is a previous pregnancy loss.¹⁻⁵ Women who experience an intrauterine death in a previous pregnancy are also more likely to experience a subsequent premature birth and low birth weight delivery.⁶ Additionally, these women are more likely to experience pre-eclampsia or placental abruption, and require labor induction or cesarean section. Other risk factors for recurrence of these poor outcomes include older maternal age, conceiving in longer time intervals, and smoking.⁵ In order to focus interconception care programs, states must examine characteristics, risk factors, and behaviors of women who experience recurrent poor outcomes, including miscarriage, fetal death, and stillbirth. The Clinical Work Group of the Select Panel on Preconception Care recommends that the gestational age of the
fetus be assessed at fetal death or still birth to reduce risks in subsequent pregnancies.

Limitations of indicator: Data from the LAHOPE survey are self-report and are not confirmed by physician diagnosis. Additionally, LAHOPE does not capture behaviors associated with the previous miscarriage, fetal death, or stillbirth, only those behaviors associated with the most recent delivery. Therefore, behaviors may not be examined longitudinally.

Related Healthy People 2010 Objective(s): None.

2020 Objective(s): MCIH-1. Reduce the rate of fetal and infant deaths.
Targets: MCIH-1.1 5.6 fetal deaths per 1,000 live births and fetal deaths for fetal deaths at 20 or more weeks of gestation. MCIH-1.2 5.9 perinatal deaths per 1,000 live births and fetal deaths for fetal and infant deaths during perinatal period (28 weeks of gestation to 7 days after birth).

References:

<table>
<thead>
<tr>
<th>Indicator:</th>
<th>Pregnancy Intended/Unintended (D5a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain:</td>
<td>Reproductive Health and Family Planning</td>
</tr>
<tr>
<td>Sub-domain:</td>
<td>Pregnancy Intention</td>
</tr>
<tr>
<td>Demographic group:</td>
<td>Women having a live birth.</td>
</tr>
<tr>
<td>Numerator:</td>
<td>Women who delivered a live birth in a given year in Los Angeles County and reported that just before they got pregnant with their most recent live born infant, they wanted to be pregnant later or they didn’t want to be pregnant then or at any time in the future.</td>
</tr>
<tr>
<td>Denominator:</td>
<td>Women who delivered a live birth in a given year in Los Angeles County and reported on intention/wantedeness of the pregnancy resulted in the most recent live birth (excluding those with missing data).</td>
</tr>
<tr>
<td>Measures of frequency:</td>
<td>Crude annual prevalence and by selected maternal demographic characteristics, weighted to account for unequal probabilities of selection, and adjusted for non-response and mail/telephone non-coverage.</td>
</tr>
<tr>
<td>Period of case definition:</td>
<td>Prior to the pregnancy resulted in the most recent live birth.</td>
</tr>
<tr>
<td>Significance:</td>
<td>Nationally, about 49% of all pregnancies are unintended, half of which are estimated to end in abortion.(^1,2,3) LAMB data also indicate that nearly half of pregnancies resulting in a live birth are unintended. Mistimed, and particularly unwanted pregnancies, have been associated with maternal health behaviors prior to, during, and after pregnancy that can adversely affect birth outcomes, and maternal and infant health.(^4,5) These behaviors include later entry to prenatal care, smoking and drinking alcohol during pregnancy, and not breastfeeding.(^4) Women with unintended pregnancies are more likely to have partners who are not supportive of the pregnancy.(^4) Since preconception is the only time to prevent unintended pregnancy, the Clinical Work Group of the Select Panel on Preconception Care recommends that during routine care all women of reproductive age be screened for their short- and long-term...</td>
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</tbody>
</table>
pregnancy intentions and their risk of conceiving. In addition, it is recommended that providers provide detailed family planning counseling and encouragement to develop a reproductive life plan\textsuperscript{6}.

Limitations of indicator: The LAMB survey initiates data collection at 3-7 months postpartum, at which time a mother's feelings toward her pregnancy or recall of her feelings just before pregnancy may have changed. In addition, a woman's recall of pregnancy intention at the time of conception may be influenced by experiences during pregnancy, delivery, or the postpartum period. Respondents are not given an opportunity to report ambivalence about pregnancy. Social acceptability may influence how some women report pregnancy intention.

Related Healthy People 9-1. Increase the proportion of pregnancies that are intended. Target: 70% of all pregnancies will be intended.

2020 Objective(s): FP-1 Increase the proportion of pregnancies that are intended. Target: 56%

References:

Indicator: Pregnancy Intended/Unintended (D5b)

Domain: Reproductive Health and Family Planning

Sub-domain: Pregnancy Intention

Demographic group: Women having an infant or fetal death.

Data resource: LA HOPE project
http://publichealth.lacounty.gov/mch/LAHOPE/LAHOPE.html

Data availability: 2007-2009

Numerator: Women having a fetal/infant death in Los Angeles County within 2007-2009 who reported that just before their most recent pregnancy, they wanted to be pregnant later or they didn’t want to be pregnant then or at any time in the future.

Denominator: Women having a fetal/infant death in Los Angeles County within 2007-2009 who reported on the intention/wantedness of their recent pregnancy (excluding those with missing data).

Measures of frequency: Crude annual prevalence and by selected maternal demographic characteristics, weighted to account for unequal probabilities of selection, and adjusted for non-response and mail/telephone non-coverage.

Period of case definition: Prior to last pregnancy.

Significance: Nationally, about 49% of all pregnancies are unintended, half of which are estimated to end in abortion. Mistimed, and particularly unwanted pregnancies, have been associated with maternal health behaviors prior to, during, and after pregnancy that can adversely affect birth outcomes, and maternal and infant health. These behaviors include later entry to prenatal care, smoking and drinking alcohol during pregnancy, and not breast-feeding.

Women with unintended pregnancies are more likely to have partners who are not supportive of the pregnancy. Since preconception is the only time to prevent unintended pregnancy, the Clinical Work Group of the Select Panel on Preconception Care recommends that during routine care all women of reproductive age be screened for their short- and long-term pregnancy intentions and their risk of conceiving. In addition, it is
recommended that providers provide detailed family planning
counseling and encouragement to develop a reproductive life plan.6

Limitations of indicator: The LAHOPE survey initiates data collection at 7-9 months
postpartum, at which time a mother's feelings toward her
pregnancy or recall of her feelings just before pregnancy may have
changed. In addition, a woman's recall of pregnancy intention at
the time of conception may be influenced by experiences during
pregnancy, delivery, or the postpartum period. Respondents are
not given an opportunity to report ambivalence about pregnancy.
Social acceptability may influence how some women report
pregnancy intention.

Related Healthy People 9-1. Increase the proportion of pregnancies that are
2010 Objective(s): intended. Target: 70% of all pregnancies will be intended.

2020 Objective(s): FP-1 Increase the proportion of pregnancies that are intended.
Target: 56%

References:

1. Finer LB, Henshaw SK. Disparities in rates of unintended pregnancy in the United States,
30:24-29.
4. D'Angelo DV, Gilbert BC, Rochat RW, et al. Differences between mistimed and
unwanted pregnancies among women who have live births. Perspect Sex Repro Health
2007; 36:192-197.
outcomes: recommendations for the routine care of all women of reproductive age. Am J
**Indicator:** Pregnancy Intended/Unintended (D5c)

**Domain:** Reproductive Health and Family Planning

**Sub-domain:** Pregnancy Intention

**Demographic group:** Women having a live birth.

**Data resource:** LAMB
http://www.lalamb.org/

**Data availability:** 2005, 2007, 2010

**Numerator:** Women who delivered a live birth in a given year in Los Angeles County and reported that just before they got pregnant with their most recent live born infant, their partner wanted them to be pregnant later or they didn’t want them to be pregnant then or at any time in the future.

**Denominator:** Women who had a live birth in a given year in Los Angeles County and reported on their partner’s intention/wantedness of the pregnancy which resulted in the recent live birth (excluding those with missing data).

**Measures of frequency:** Crude annual prevalence and by selected maternal demographic characteristics, weighted to account for unequal probabilities of selection, and adjusted for non-response and mail/telephone non-coverage.

**Period of case definition:** Prior to pregnancy that resulted in the most recent live birth.

**Significance:** Nationally, about 49% of all pregnancies are unintended, half of which are estimated to end in abortion.\(^1\!,\!^2\!,\!^3\) LAMB data indicate that nearly half of pregnancies resulting in a live birth are unintended. Mistimed, and particularly unwanted pregnancies, have been associated with maternal health behaviors prior to, during, and after pregnancy that can adversely affect birth outcomes, and maternal and infant health.\(^4\!,\!^5\) These behaviors include later entry to prenatal care, smoking and drinking alcohol during pregnancy, and not breast-feeding.\(^4\) Women with unintended pregnancies are more likely to have partners who are not supportive of the pregnancy.\(^4\) Since preconception is the only time to prevent unintended pregnancy, the Clinical Work Group of the Select Panel on Preconception Care recommends that during routine care all women of reproductive age be screened for their short- and long-term
pregnancy intentions and their risk of conceiving. In addition, it is recommended that providers provide detailed family planning counseling and encouragement to develop a reproductive life plan.6

Limitations of indicator: The LAMB survey initiates data collection at 3-7 months postpartum, at which time a mother's recall of her partner’s feelings just before pregnancy may have changed. In addition, the partner’s intention of pregnancy is reported only by the mother. Social acceptability may influence how some women report pregnancy intention of their partner.

Related Healthy People 2010 Objective(s): 9-1. Increase the proportion of pregnancies that are intended. Target: 70% of all pregnancies will be intended.

2020 Objective(s): FP-1. Increase the proportion of pregnancies that are intended. Target: 56%

References:

<table>
<thead>
<tr>
<th><strong>Indicator:</strong></th>
<th>Contraception (Access, Availability, and Use) (D6a)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain:</strong></td>
<td>Reproductive Health and Family Planning</td>
</tr>
<tr>
<td><strong>Sub-domain:</strong></td>
<td>Contraception</td>
</tr>
<tr>
<td><strong>Demographic group:</strong></td>
<td>Women having a live birth.</td>
</tr>
<tr>
<td><strong>Data resource:</strong></td>
<td>LAMB</td>
</tr>
<tr>
<td><strong>Data availability:</strong></td>
<td>2010</td>
</tr>
<tr>
<td><strong>Numerator:</strong></td>
<td>Women who had a live birth in a given year in Los Angeles County and reported that they or their partners were using birth control at the time of conception.</td>
</tr>
<tr>
<td><strong>Denominator:</strong></td>
<td>Women who had a live birth in a given year in Los Angeles County and reported that they or their partners were or were not using birth control at the time of conception.</td>
</tr>
<tr>
<td><strong>Measures of frequency:</strong></td>
<td>Crude annual prevalence and by selected maternal demographic characteristics, weighted to account for unequal probabilities of selection, and adjusted for non-response and mail/telephone non-coverage.</td>
</tr>
<tr>
<td><strong>Period of case definition:</strong></td>
<td>At conception</td>
</tr>
</tbody>
</table>
| **Significance:**                 | Nationally, about 49% of all pregnancies are unintended, half of which are estimated to end in abortion. \(^1,2,3\) LAMB data indicate that nearly half of pregnancies resulting in a live birth are unintended. Mistimed, and particularly unwanted pregnancies, have been associated with maternal health behaviors prior to, during, and after pregnancy that can adversely affect birth outcomes, and maternal and infant health. \(^4,5\) These behaviors include later entry to prenatal care, smoking and drinking alcohol during pregnancy, and not breast-feeding. \(^4\) Women with unintended pregnancies are more likely to have partners who are not supportive of the pregnancy. \(^4\) Since preconception is the only time to prevent unintended pregnancy, the Clinical Work Group of the Select Panel on Preconception Care recommends that during routine care all women of reproductive age be screened for their short- and long-term pregnancy intentions and their risk of conceiving. In addition, it is
recommended that providers provide detailed family planning counseling and encouragement to develop a reproductive life plan.\textsuperscript{6}

Limitations of indicator: Data are self-reported and are subject to misinterpretations of the response options. Data are also subject to non-response bias.

Related Healthy People 2010 Objective(s): 9-3. Increase the proportion of females at risk of unintended pregnancy (and their partners) who use contraception. Target: 100%.

2020 Objective(s): FP-6. Increase the proportion of females or their partners at risk of unintended pregnancy who use contraception at most recent sexual intercourse. Target: 91.3%
FP-2. Reduce the proportion of females experiencing pregnancy despite use of reversible contraceptive method Target: 9.9%

References:

**Indicator:** Postpartum Contraception Use (D7a)

**Domain:** Reproductive Health and Family Planning

**Sub-domain** Contraception – Access, Availability, and Use

**Demographic group:** Women having an infant or fetal death.

**Data resource:** LA HOPE project

**Data availability:** 2007-2009

**Numerator:** Women having a fetal/infant death in LA County in 2007-2009 who reported that they or their husbands or partners were currently doing something to keep from getting pregnant.

**Denominator:** Women having an infant or fetal death in LA County in 2007-2009 who reported that they or their husbands or partners were or were not currently doing something to keep from getting pregnant (excluding those with missing data).

**Measures of frequency:** Crude annual prevalence and by selected maternal demographic characteristics, weighted to account for unequal probabilities of selection, and adjusted for non-response and mail/telephone non-coverage.

**Period of case definition:** After pregnancy.

**Significance:** Shorter inter-pregnancy intervals (less than 18-24 months) are associated with higher rates of adverse pregnancy outcomes such as uterine rupture, maternal morbidities, preterm birth, low birth weight, and small for gestational age infants. Appropriate family planning, including use of postpartum contraception, is one means of preventing short inter-pregnancy interval as well as unintended pregnancy. The Clinical Work Group of the Select Panel on Preconception Care recommends inclusion of detailed family planning counseling and encouragement to develop a reproductive life plan in preconception care for all women and men of reproductive age.

**Limitations of indicator:** Data are self-reported and are subject to misinterpretations of the response options. Data are also subject to non-response bias.
Related Healthy People

2010 Objective(s):  9-3. Increase the proportion of females at risk of unintended pregnancy (and their partners) who use contraception.
Target: 100%.

2020 Objective(s): FP-6. Increase the proportion of females or their partners at risk of unintended pregnancy who use contraception at most recent sexual intercourse.
Target: 91.3%
FP-2. Reduce the proportion of females experiencing pregnancy despite use of reversible contraceptive method
Target: 9.9%

References:

**Indicator:** Use of Assisted Reproductive Technology (D8a)

**Domain:** Reproductive Health and Family Planning

**Sub-domain:** Use of Assisted Reproductive Technology

**Demographic group:** Women having a live birth.

**Data resource:** LAMB

**Data availability:** 2005, 2007, 2010

**Numerator:** Women who delivered a live birth in a given year in Los Angeles County and reported that they did take any fertility drugs or receive any medical procedures from a doctor, nurse, or other health care worker to help them get pregnant with their most recent live born infant.

**Denominator:** Women who delivered a live birth in a given year in Los Angeles County and reported using or not using assisted reproductive technology to help them get pregnant with their most recent live born infant (excluding unknowns and refusals).

**Measures of frequency:** Crude annual prevalence and by selected maternal demographic characteristics, weighted to account for unequal probabilities of selection, and adjusted for non-response and mail/telephone non-coverage.

**Period of case definition:** Prior to the pregnancy that resulted in the most recent live birth.

**Significance:** In the United States, infertility is estimated to affect approximately 10% of couples, and about 1% of births result from pregnancies produced through Assisted Reproductive Technology (ART).\(^1\) It is recommended that couples receiving fertility treatments receive preconception counseling on all topics discussed with patients without fertility problems, with added counseling on ART success rates and risks.\(^2\) A major risk associated with infertility treatment is multiple-birth deliveries, which in 2002 occurred in 53% of live-births resulting from ART.\(^3\)

Multiple gestation pregnancies are more likely to result in preterm deliveries and low infant birthweight.\(^2\) In addition, multiple-gestation pregnancies are more likely to result in maternal health complications.\(^2\)
Limitations of indicator: Data are self-reported and are subject to misinterpretations of the response options. Data are also subject to non-response bias.

Related Healthy People 2010 Objective(s): None.

2020 Objective(s): None.

References:

**Indicator:** Use of Assisted Reproductive Technology (D8b)

**Domain:** Reproductive Health and Family Planning

**Sub-domain:** Use of Assisted Reproductive Technology

**Demographic group:** Women having an infant or fetal death.

**Data resource:** LA HOPE project  

**Data availability:** 2007-2009

**Numerator:** Women having a fetal/infant death in LA County in 2007-2009 who reported taking any fertility drug or receiving any medical procedure from a doctor, nurse, or other health care worker to help them get pregnant with their most recent pregnancy.

**Denominator:** Women having a fetal/infant death in LA County in 2007-2009 who reported using or not using assisted reproductive technology to help them get pregnant with their most recent pregnancy (excluding those with missing data).

**Measures of frequency:** Crude annual prevalence and by selected maternal demographic characteristics, weighted to account for unequal probabilities of selection, and adjusted for non-response and mail/telephone non-coverage.

**Period of case definition:** Prior to last pregnancy.

**Significance:** In the United States, infertility is estimated to affect approximately 10% of couples, and about 1% of births result from pregnancies produced through Assisted Reproductive Technology (ART).\(^1\) It is recommended that couples receiving fertility treatments receive preconception counseling on all topics discussed with patients without fertility problems, with added counseling on ART success rates and risks.\(^2\) A major risk associated with infertility treatment is multiple-birth deliveries, which in 2002 occurred in 53% of live-births resulting from ART.\(^3\) Multiple gestation pregnancies are more likely to result in preterm deliveries and low infant birthweight.\(^2\) In addition, multiple-gestation pregnancies are more likely to result in maternal health complications.\(^5\)

**Limitations of indicator:** Data are self-reported and are subject to misinterpretations of the response options. Data are also subject to non-response bias.
Related Healthy People
2010 Objective(s): None.

2020 Objective(s): None.

References: