

## Short-acting hormonal contraceptive continuation among low-income postpartum women in Texas

Kristen L. Burke, Lauren Thaxton, Joseph E. Potter. *Contraception X* 2021, 3.

**Background** The postpartum period is an important window for connecting women to the contraception they want to be using. Many women with low incomes who rely on Pregnancy Medicaid lose insurance coverage within two months of delivery, making it difficult for some to obtain contraception. Previous research has shown that most women do not want to become pregnant again soon after delivery, and short-acting methods are among the most commonly used in the months after delivery.

**Study Description** This study examined how long postpartum women with low incomes use short-acting hormonal contraception (the pill, patch, ring or injectable), the reasons they stopped using these methods, and which methods they used after discontinuation. Researchers interviewed 456 women who delivered at one of eight Texas hospitals, had either public insurance (e.g., Medicaid) or no insurance, and used short-acting hormonal contraception within 6 months after delivery. Participants did not want to get pregnant again for at least two years after delivery. Interviews were conducted during their hospital stay and at 3, 6, 12, 18, and 24 months after delivery, and 86% of women completed all interviews.

### Key Findings

- Many women did not get the method they wanted. Of women using a short-acting hormonal method:
  - 39% wanted to use that method.
  - 45% wanted to use a more effective method such as long-acting reversible contraception (IUD, implant, sterilization or vasectomy).
  - 16% wanted to use a different hormonal method, a less-effective method, or were uncertain.
- Within one year of starting a short-acting hormonal method, 72% of women had discontinued use.
  - After discontinuing a short-acting hormonal method, only 13% of women switched to a method that they wanted to use.
  - One-fourth switched to a method that was at least as effective as the one they had been using.
  - Over two-thirds of women (68%) who discontinued switched to a less effective method (condoms, withdrawal, abstinence, or no method).
  - Thirty women became pregnant within 4 weeks of discontinuing the short-acting hormonal method —only one stopped using the method in order to get pregnant.
- Women were more likely to discontinue if they wanted to be using a more-effective method than the short-acting hormonal method they were using or they lost insurance.
- Along with loss of insurance, women stopped using short-acting hormonal contraception because of difficulty scheduling or getting to appointments and side effects, such as headaches or weight gain.



Kristen Burke  
Graduate student  
researcher  
Texas Policy  
Evaluation Project  
Kristenlburke@  
utexas.edu

*"Our study highlights the need to provide the full range of contraceptive methods shortly after delivery and for an extended time during the postpartum period so that people can access their desired method."*

*Women with lower incomes face numerous barriers to accessing and affording contraception, and meeting the needs of these women can ensure that they are able to achieve their reproductive goals."*

**Takeaways: Research to Policy** Our study suggests that providing continuous coverage for a full range of contraception methods, including long-acting and permanent methods, can facilitate method continuation among postpartum women who do not wish to become pregnant. This can be accomplished by extending coverage for postpartum patients with low incomes up to one year following delivery and helping connect patients with low-cost contraception services they are eligible for when pregnancy-related coverage ends. For people that want to use short-acting hormonal methods, a variety of strategies could be pursued to help them continue use and reduce logistic burdens to obtaining a method: allow short-acting hormonal contraceptives to be dispensed in a greater supply, make those methods available over the counter, and offer self-administration of the injectable.