Patients' Experiences with an Immediate Postpartum Long-Acting Reversible Contraception Program

Cristina Wallace Huff, Joseph E. Potter, Kristine Hopkins. Women's Health Issues, 2020.

Background Intrauterine devices (IUDs) and contraceptive implants comprise a category of birth control referred to as long-acting reversible contraception (LARC). Having a LARC method placed in the period immediately after delivery is a safe and effective way for people who do not want another child within a short time after delivery to prevent pregnancy. Previous research has shown that many Texas patients who want immediate postpartum LARC are not getting it.

Study Description This study looked at differences in which postpartum patients were offered and received a LARC method while still in the hospital after delivering a baby. The study also examined patients' method continuation and satisfaction over time. Researchers interviewed postpartum patients at a large county hospital in Texas in 2015 who either had public insurance (e.g., Medicaid) or no insurance for their delivery and said they did not want to get pregnant within the next two years or at all. Interviews were conducted in English and Spanish in the hospital after delivery and at 3, 6, 12, 18, and 24 months postpartum, and 169 women completed the entire interview series. The majority of participants (61%) were Hispanic and spoke Spanish and another 21% were Hispanic and spoke English. The remaining 19% identified as Black, White or another race and spoke English. Physicians at the hospital were trained to place the IUDs and implants immediately postpartum, and devices were available to everyone who delivered at the hospital, regardless of their insurance status. Routine counseling about contraception, including LARC, was also provided.

Key Findings: Being Offered and Obtaining Immediate Postpartum LARC

- Nearly two-thirds of patients who were not sterilized postpartum were offered an IUD or implant, either during prenatal care or at the hospital following delivery.
- Immediate postpartum LARC was not offered to everyone equally.
  - Hispanic women who spoke English were 3 times more likely to be offered an IUD or implant than those who spoke Spanish.
  - Patients were also more likely to be offered immediate postpartum LARC if they 1) were between 18 and 24 years old, compared to 30 – 34 years old and 2) had two children instead of one child.
- Being offered postpartum LARC early was a key factor in use.
  - 72% of patients who were offered immediate postpartum LARC obtained it.
  - Patients who obtained immediate postpartum LARC were more likely to be offered it during prenatal care, as opposed to at the hospital.
- Overall, 37% of the women in the study received immediate postpartum LARC (12% IUD and 25% implant).

Continuation and Satisfaction with Immediate Postpartum LARC

- Two years after having their baby, 77% of study participants who received an IUD or implant before leaving the hospital after delivery were still using it—a high continuation rate for postpartum contraception.
- 72% those who received a LARC in the immediate postpartum period reported being very or somewhat satisfied three months following delivery; this decreased to 65% at six months.
- Women who became less satisfied reported issues such as unpredictable menstrual bleeding, cramps, headaches, and weight gain.

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"This study builds on a tradition of centering patients and helping them move toward reproductive autonomy, which is the power to freely make choices around their reproductive lives, including sexuality and parenting.

Providers working within supportive systems can help women move toward this goal. Our results show the importance of providers in offering quality counseling, especially when it comes to moving past implicit biases and supporting communication even when there are language differences."

Takeaways: Research to Practice

Counseling Matters: Patient-centered contraceptive counseling should be used to help people identify and obtain the contraceptive method that best aligns with their values and preferences. Providers also should be aware of biases they may have about which patients are the most appropriate candidates or most likely to choose IUDs or implants.

Communication Matters: The difference between English- and Spanish-speaking patients' experiences can be attributed in part to communication challenges for providers not speaking Spanish at all or well enough to effectively counsel their Spanish-speaking patients. Consistently using formal interpretation services for providers who do not speak the patient's preferred language fluently can improve patient understanding and thus help provide more equitable care.