



The Texas Policy Evaluation Project

Postpartum Contraception Access in Austin Research Brief

INTRODUCTION

A potential outcome of the family planning funding cuts made by the 82nd Texas Legislature is that women relying on publicly funded services will have greater difficulty accessing their preferred methods of contraception. This may be especially true for women seeking long-acting and permanent methods such as IUDs, implants, and tubal sterilization, because of the methods' high upfront costs. Yet these methods are often the most attractive options for women with few resources because they are very effective, are not user-dependent, do not require multiple trips to the pharmacy or repeated visits with healthcare providers, and are highly cost-effective in the long-term.

STUDY DESIGN

To study women's experiences seeking contraception following the funding cuts, our research team is carrying out a study of postpartum women recruited after delivery at St David's hospital in Austin and interviewing them three times over 9 months. We recruited 300 publicly insured women, as well as 100 women with private insurance as a comparison group. All women in the study are between 18 and 44 years old, and have completed childbearing or are planning to wait at least two years before having another child.

The goals of the study were to see how much interest there is in long-acting methods and in female sterilization and vasectomy among the participants, how much counseling they received about these and other methods during pregnancy and at their postpartum check-ups, and, most important, whether they were able to obtain their preferred method of contraception in a setting where the supply of contraceptive services had been greatly curtailed by the funding cuts.

Overall, 93% of women in Austin completed their 6-month interview. Some of the main questions and results follow.

PRELIMINARY RESULTS

COUNSELING: *Are women being counseled regarding long-acting and permanent methods during prenatal care and at postpartum check-up visits?*

In the first interview, we asked about conversations the participant had with providers during prenatal care, inquiring specifically whether each long-acting method, vasectomy, and female sterilization were discussed, and whether the provider encouraged or discouraged its use. In the 6-month interview, we asked about the conversations she had during her postpartum or other provider visits.

Overall, 55% of women reported receiving prenatal counseling, and of those, 39% recalled discussing sterilization, 12% vasectomy, 30% IUDs, and 19% implants. Of the 116 women who desired a postpartum sterilization but did not get one, 45% had either not discussed it or were discouraged from obtaining it by their provider. Most women (89%) reported postpartum counseling, and 55% of those who were counseled discussed IUDs, 40% discussed implants, and 12% and 7% said they were encouraged to use each method, respectively.

"My doctor did offer some methods, but he charged..... the Implanon I believe was like \$800, so it was a lot. The doctor said it was cheaper than having kids, but it wasn't cheap to just drop \$800 to get it because you had to pay for it before it was done, so it was just impossible."

"...I've been calling around, trying to find different places....I wanted something immediately, and I was kind of upset when it didn't happen. It's almost six months down the road and I don't have anything. And I'm searching on my own, trying to find out... even if I have to pay for it."

Age 22, Mother of 2, with a new job

Postpartum Contraception Access

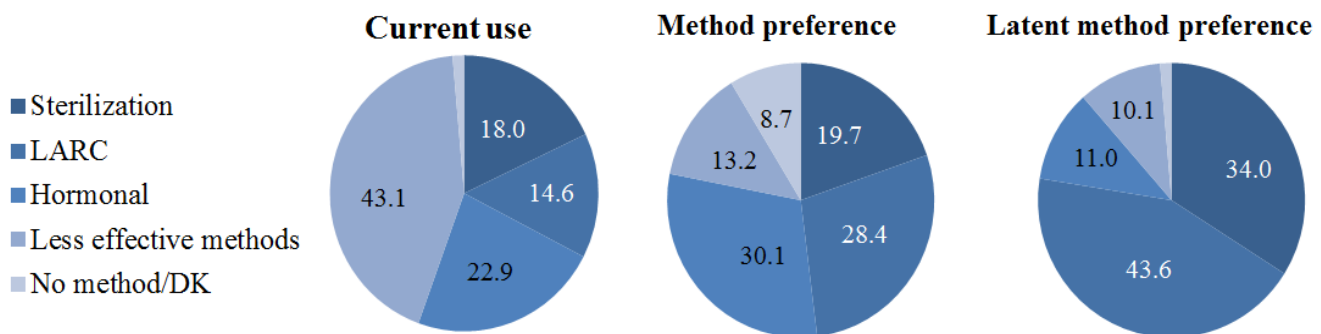
CONTRACEPTIVE PREFERENCES AND USE: *What methods do women want to be using in the postpartum period? Are women able to obtain the method that they would prefer to be using?*

We asked study participants four key questions: a) What method they would like to be using six-months postpartum; b) what method they would use if cost were not an issue; c) what method they were actually using; and d) what barriers they had encountered in trying to access their preferred method of contraception.

At 6 months postpartum, 15% of women were using a long-acting reversible contraceptive (LARC) method such as an IUD or implant, and 18% were sterilized or were covered by their partner's vasectomy; 23% used hormonal methods (e.g. the Pill) and 43% relied on less effective methods, such as condoms and withdrawal (see Figure).

However, women's preferences for long-acting, permanent, and hormonal methods were higher than their current use. The reasons women gave for not using their preferred method included lack of insurance coverage, inability to afford co-pays, and difficulties getting to a clinic. Finally, when we asked women what method they would use if it were available at no cost (denoted as "Latent method preference" in the Figure), the proportion preferring LARC and sterilization rose significantly.

Current contraceptive use and method preferences at 6 months postpartum



CONCLUSIONS

There are three conclusions that can be drawn from this research:

First, the women in this study show a remarkably large interest in long-acting reversible contraception, as well as permanent methods, but a much smaller proportion are actually able to access them.

Second, it appears that the interest exists in the absence of widespread counseling about these methods.

Finally, financial and logistical barriers often prevented women's from accessing their preferred method of contraception.

In this setting, increasing low-income women's access to highly effective contraception would increase use of these methods, and reduce the risk of unintended pregnancy.

"I was surprised. In Mexico they insert an IUD without charging you anything, whether or not you have insurance.... So I ended up going to Mexico to get one, not so much because it would be free, but because it would be a struggle to get one here."

-40 years old, Mother of 3, wants no more children



A team of researchers at the Population Research Center, the University of Texas at Austin, in collaboration with researchers at the University of Alabama at Birmingham and Ibis Reproductive Health, is studying the impact of Texas state's legislation on women's reproductive health services, enacted during the 2011 legislative session.

More details about the study can be found on the project website: www.utexas.edu/cola/orgs/txpep

For local estimates of the impact of the family planning budget cuts, visit our web app at: www.prc.utexas.edu/txpep/