

Postpartum Contraception Use among Utah Women

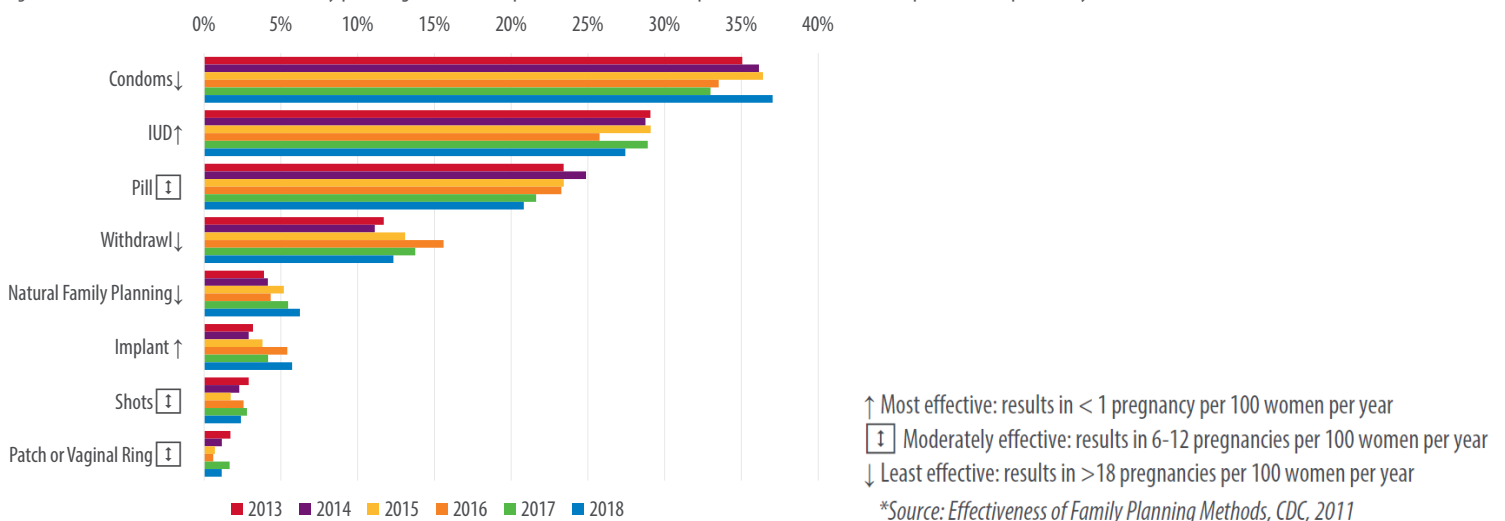
Contraception use among postpartum women is important to prevent unintended pregnancies and optimize birth spacing as interpregnancy intervals shorter than 18 months are significantly associated with increased risk of adverse perinatal outcomes.¹

According to data collected through the Utah Pregnancy Assessment Monitoring System (PRAMS), rates of various postpartum contraceptive use have not significantly changed over the past several years (Figure 1). Long-acting reversible contraceptive (LARC) methods such as intrauterine devices (IUD) are considered among the most effective methods. Recent studies have shown hormonal IUD placement after delivery to be safe for both mothers and infants², evidence that may lead to more use in the future. PRAMS surveys are generally completed by women 2-6 months postpartum. Data collected during 2016–2018 show 91.2% of women who attended a postpartum check-up reported their healthcare provider talked to them about contraceptive methods and 86.6% reported using some form of contraception postpartum. However, data for reasons why women selected a specific contraceptive method are lacking.

It is important to ensure all postpartum women have access to a full range of contraceptive methods, including long-acting reversible contraception. Public health efforts and programs addressing barriers in the postpartum period may help improve contraceptive access. In Utah, Family Planning Elevated (FPE) <https://myfpe.org/>, is a statewide contraceptive initiative that provides information about the availability, effectiveness, and safety of long-acting reversible contraception (and other methods). FPE partners with federally-qualified health centers, local health departments, and rural clinics to provide no-cost contraception to low income uninsured and under-insured clients. Additionally, the de-bundling of postpartum LARC from Medicaid was a significant legislative step forward in 2018, as it allows hospitals to receive additional reimbursement for providing postpartum LARC methods to clients before they leave the hospital, which in turn increases the likelihood of these methods being offered to women who want them.

Postpartum Contraceptive Use by Method* Utah, 2013–2018

Figure 1. Condom use (37.%) natural family planning (6%), and implants (6%) for contraception increased in 2018 compared to the previous year.



1. Conde-Agudelo A, Rosas-Bermúdez A, Kafury-Goeta AC. Birth spacing and risk of adverse perinatal outcomes: a meta-analysis. *JAMA*. 2006 Apr 19;295(15):1809-23. doi: 10.1001/jama.295.15.1809. PMID: 16622143.
2. Sonalkar S, Kapp N. Intrauterine device insertion in the postpartum period: a systematic review. *Eur J Contracept Reprod Health Care*. 2015 Feb;20(1):4-18. doi: 10.3109/13625187.2014.971454. Epub 2014 Nov 14. PMID: 25397890.