

Post-Partum Contraception Methods in Alvernon Family Medicine Clinic Obstetrical Patients

Authors: Carolyn A. Quigley, MD, Shane B. Richardson, MD, and Elizabeth A. Moran, MD

Introduction

Post-partum contraception is essential to help a woman meet her reproductive goals, as well as to prevent unintended pregnancies and prevent adverse outcomes associated with short interpregnancy intervals.

Post-partum contraception is important in preventing unintended pregnancies.

- Nearly half of all pregnancies in the U.S. are unintended pregnancies.¹²
- Unintended pregnancies have been associated with maternal substance use, late entrance to prenatal care, low birthweight, and preterm delivery.¹²

Post-partum contraception is important in optimizing birth intervals.

- A study done in the U.S. in 2005 concluded that the optimal interpregnancy interval associated with the lowest risk for adverse birth outcomes is 18-23 months.¹²
- Currently 38% of all pregnancies in the U.S. have an interpregnancy interval of less than 18 months.⁸
- Benefits of longer birth intervals include reduced risk for all categories of infant and child mortality, maternal mortality and complications of pregnancy, low birth weight, preterm births, small for gestational age, and child stunting and underweight.¹¹

Post-partum contraception is especially important in patients of low socioeconomic status.

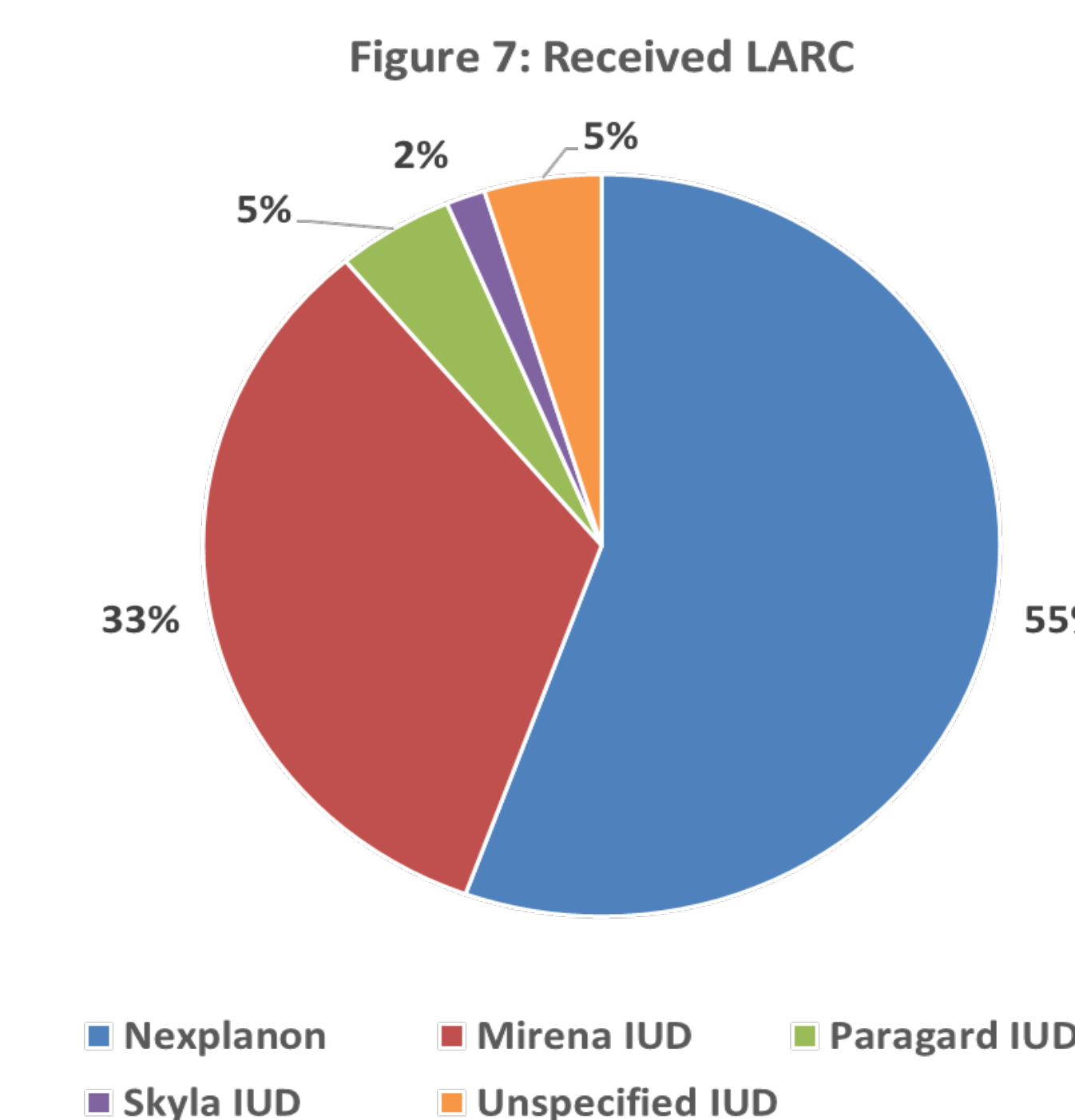
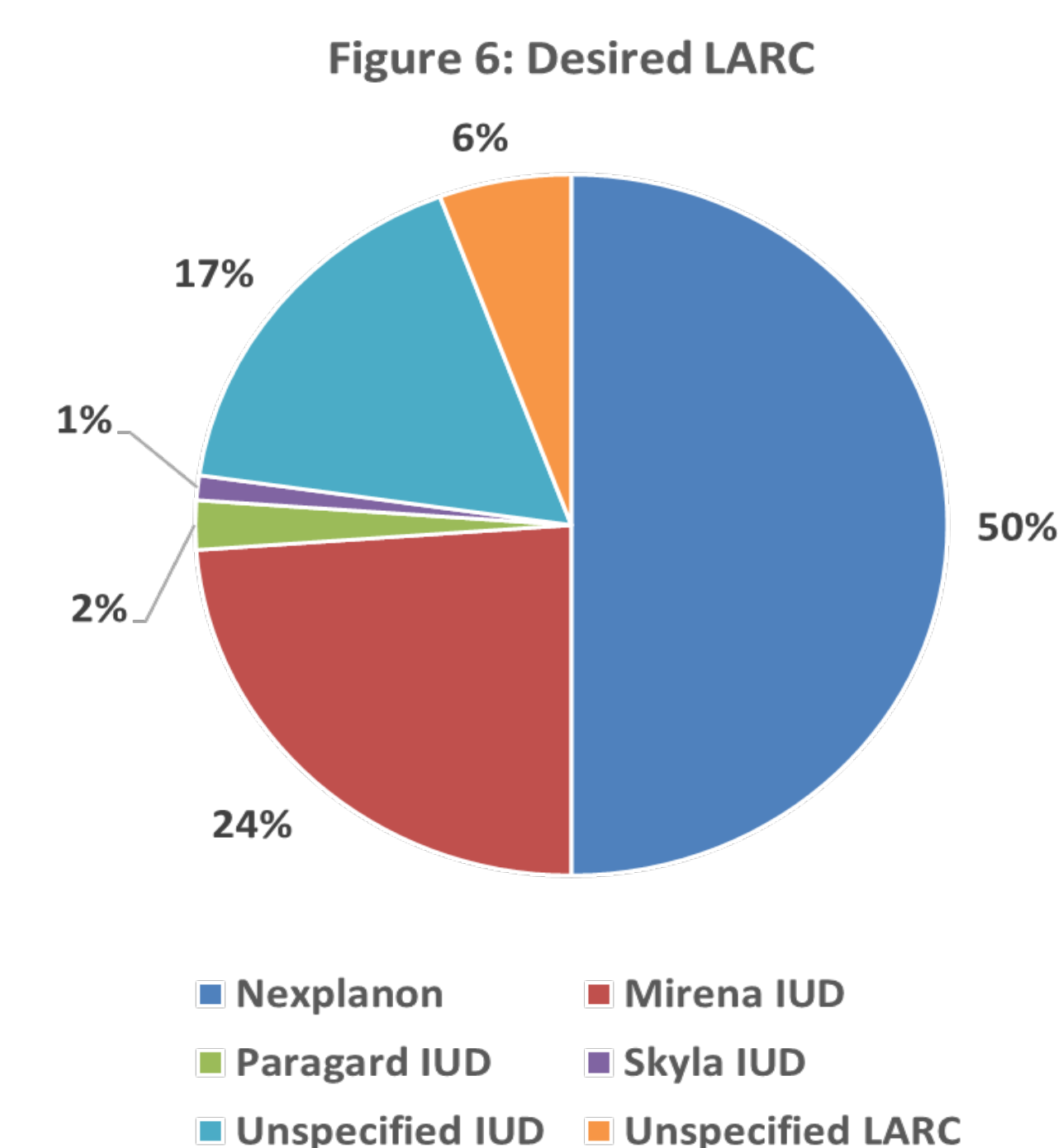
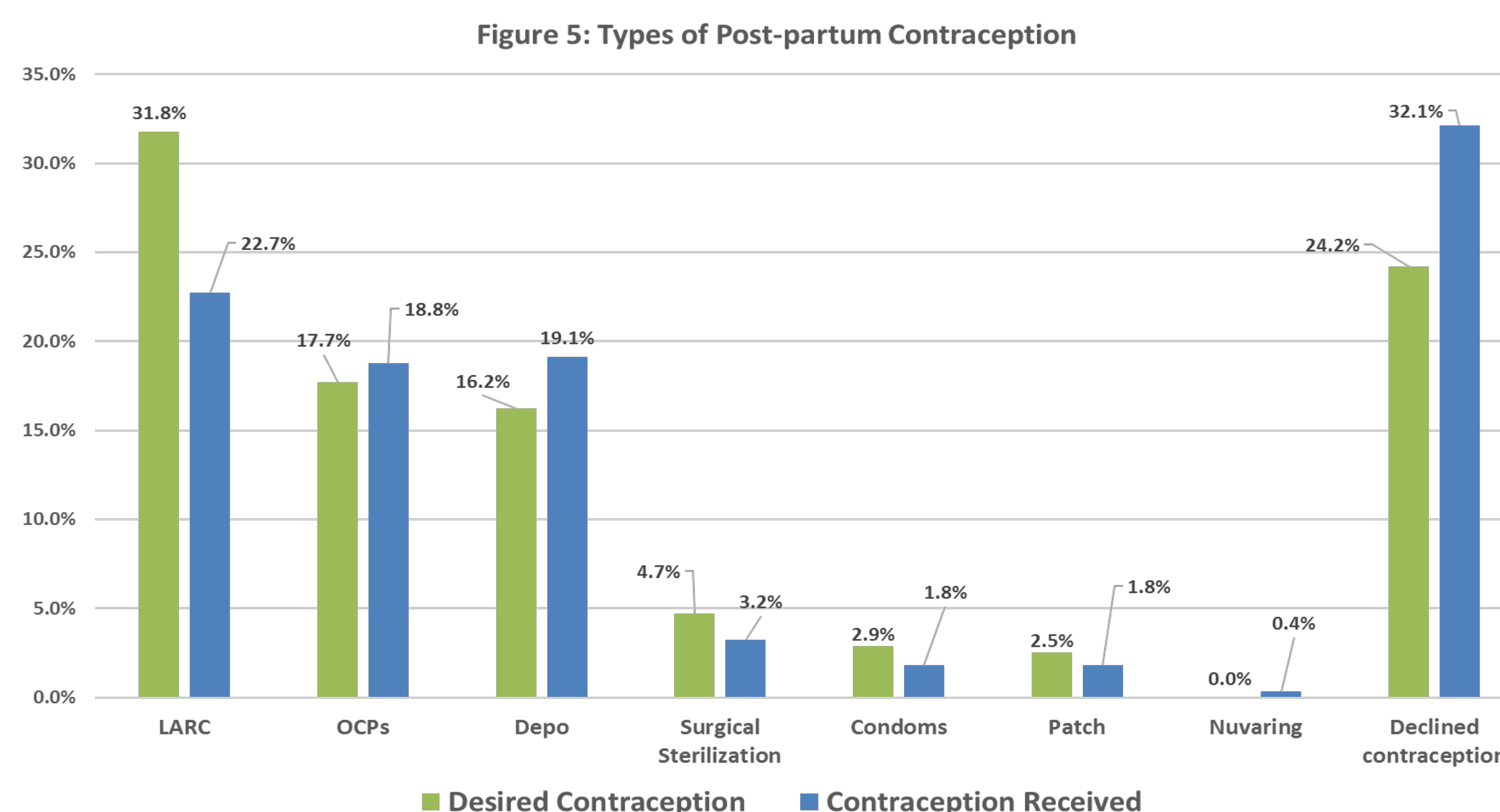
- According to one study, the rate of unintended pregnancy in women whose income was below the federal poverty line was three times higher than that of women whose income was at least double the poverty line.³
- The vast majority of our Alvernon clinic patients are on AHCCCS which implies lower socioeconomic status.

The goal of our study was to assess the efficacy of post-partum contraception counseling in our practice in addition to the success rate of getting patients their desired post-partum contraception. In addition, we hoped to assess the main barriers to patients obtaining post-partum contraception, especially in regards to LARC (Long-Acting Reversible Contraception).

Methods

We performed a retrospective chart review of the obstetrical patients at the Alvernon Family Medicine Clinic from January 2012 to March 2016. Exclusion criteria included patients who moved or transferred their care prior to delivery. Patients who required a C-section were included in the data. Multiple variables were recorded including age, gravida, para, type of delivery, breast feeding status, the type of contraception the patient reported they desired, whether they had a six-week post-partum visit, and the type of post-partum contraception they received. In the end, 277 women were included in the study. Data analysis was performed by the investigators.

Results



Reason	Response
Too invasive	Stories of bad outcomes (getting pregnant with IUD, IUD being expelled without patient's knowledge, or difficulty removing Nexplanon)
Does not like the idea of something unnatural "inside"	Worried that LARC is actually sterilization
Worried about procedure causing too much pain	Costs too much money
Worried LARC will have negative long-term consequences on fertility	Concern for increased risk of infection
Negative side effects	Concern for irregular bleeding
Wants monthly periods	Worried device will cause long term harm or damage to the body
Worried partner will feel IUD	Worried device will get "lost" in body
Not immediately available	If you get pregnant, device can cause defects or harm to baby

Conclusions

Unfortunately, despite an extensive literature search, we could not find any contraception data specific to post-partum contraception. We found detailed literature on general trends of contraception use in the United States and around the world, but this is data of all women, both nulliparous and multiparous at different stages in their reproductive life. Thus, we do not have any state-wide, national, or international numbers for comparison. Furthermore, we could not find any data on post-partum contraceptive practices in residency programs specifically.

Conclusions (Cont.)

Between 2012 and 2016, 277 women were seen for obstetrical care at the Alvernon Family Medicine clinic. Regarding post-partum contraception:

- 66% of our patients received post-partum contraception (n=183)
- 34% of our patients did not receive any post-partum contraceptive (this is including patients who reported they would use condoms) (n=94)

The importance of the post-partum visit:

- 25% of our patients did not have a post-partum visit (n=68)
 - Out of the patients without a post-partum visit, 8.8% became pregnant again (n=6)
- 10.5% of our patients did not get their desired method of contraception (n=29)
 - 69% of these patients who did not get their desired method of contraception did not have a post-partum visit (n=20)
- Out of our total of 277 patients, 4.7% of our patients became pregnant again (n=13)
 - 85% of the patients who became pregnant again had a short interpregnancy interval (n=11)

Increasing our recommendation and focus on LARC:

- Due to their longer duration and lower rates of contraceptive failure, LARCs have the highest positive association with helping women obtain the optimal birth interval and preventing unintended pregnancy⁹
- Several recent studies have shown that family medicine physicians, including residents, are lacking in training and accurate knowledge about contraception which has the potential to dramatically affect patients' use of contraception²
- Only 23% of our total patients received a LARC method for post-partum contraception (n=63)
- 70% of the patients who desired LARC actually received a LARC method (63 out of 88 patients)

Limitations to our study include:

- A small data set
- Poorly generalizable data as it is representative of only one clinic's patient population
- Difficulty finding and interpreting EMR documentation

Goals for the future:

- More resident education on post-partum contraception and how to counsel patients
- Improved documentation of counseling given to patients on post-partum contraception
- Educational handouts available on post-partum contraception in other languages besides English and Spanish
- Availability of immediate post-delivery LARC, especially for high risk patients
- Availability of same day LARC placement at post-partum or other visit
- Tracking of post-partum visits and implementation of protocol for post-partum visit misses (for example, follow up phone calls or home visits)

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Summary of Patient Characteristics (n = 277)

