

Contraceptive Personal Assistant Services to increase the use of long-acting, reversible contraceptives among postpartum women

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Executive Summary

The goal of this project was to increase the use of long lasting, reversible, and highly effective methods of birth control (the intrauterine device and contraceptive implant) among low income postpartum women. Without reliable birth control, many women face an unintended pregnancy within a year of a prior birth. Closely spaced pregnancies increase complications such as preterm birth, and unintended pregnancy and parenthood result in decreased educational achievement and lower socioeconomic status. Women who desire long acting, reversible contraceptives (LARCs) often have difficulty getting them from a provider, possibly because of inadequate counseling, lack of insurance coverage, and difficulty getting to a clinic. We studied the effect of a phone-based assistance program offering personalized counseling and coordination of scheduling, insurance coverage, transportation, and child-care, to determine if this assistance would help women obtain their birth control.

This was a randomized, controlled clinical trial of 50 low-income postpartum women. Half were assigned to receive phone-based assistance, and half had routine follow up care. Women were followed for three months postpartum. By the conclusion of the study, 72% of women in the assistance group and 67% of the women receiving routine care obtained their birth control. Phone-based assistance did not significantly increase the number of women who were able to obtain their birth control. However, many more women in the routine care group obtained their birth control than has been previously reported in similar studies, which may have masked a potential benefit of the intervention in this population.

We also studied demographic characteristics associated with obtaining a LARC. Demographic factors including age, owning a car, access to childcare, marital status, education level, ethnicity, having a phone disconnected during the postpartum period, and prior LARC use were not related to LARC uptake. Women who had few or irregular prenatal care visits were the least likely to obtain their birth control, while women having their first baby and women with more prenatal visits were the most likely to get their birth control. Future studies should examine whether immediate postpartum provision of IUDs and contraceptive implants in the hospital can increase the use of reliable birth control among women with limited prenatal care, as they are the most likely to have difficulty returning to clinic for routine postpartum care.