

NPM 3: POSTPARTUM CONTRACEPTION USE

GOAL

To increase the percent of women who are using postpartum contraception.

SIGNIFICANCE

Contraception is recognized as an effective strategy for reducing unintended pregnancies and achieving healthy birth spacing thereby improving maternal and child health outcomes. In the United States, nearly two-thirds of reproductive-aged women report currently using contraception.¹ However, those at greatest need for contraception may not be accessing or using it. In the 2017 to 2019 time frame, three in five reproductive-aged women from 45 U.S. jurisdictions had an ongoing or potential need for contraceptive services; nearly one-third were not using a method of contraception at last sexual encounter.² Long-acting reversible contraception methods are considered the most effective at preventing pregnancy, while short-acting reversible methods are moderately effective. Improving the uptake and use of these effective contraception methods in the postpartum period can prevent unintended pregnancies and improve health outcomes. Contraceptive care for postpartum women is part of the Core Set of Maternal and Perinatal Health Measures for Medicaid and CHIP.

DEFINITION

Numerator: Number of women who reported they are using a most effective (long-acting reversible contraceptive such as contraceptive implants and intrauterine devices or systems as well as irreversible surgical contraception) or moderately effective (injectables, oral pills, patches, rings, or diaphragms) method of contraception.

Denominator: Number of women with a recent live birth, excluding those who are currently pregnant.

HEALTHY PEOPLE 2030 OBJECTIVE

Related to Family Planning (FP) Objective 10: Increase the proportion of women at risk for unintended pregnancy who use effective birth control. (Target: 65.1 percent).

STATUS

Figures 1-3 on the following page provide the estimated percentage of postpartum women reportedly using a “moderately effective” form of contraception (pill, patch, shot, ring, or condoms), a “most effective” form of contraception (IUD, implant), or both (“effective birth control”). Note that the estimated percentages of White non-Hispanic postpartum women and Medicaid-enrolled postpartum women using effective birth control was lower than the percentages reported among the other race/ethnicities and among women covered by private insurance. Moreover, the percentages of postpartum women in younger age ranges reportedly using effective birth control were higher than the corresponding percentages of postpartum women in older age ranges.

¹ Daniels K, Abma JC. Current Contraceptive Status Among Women Aged 15-49: United States, 2017-2019. NCHS Data Brief. 2020;(388):1-8.

² Zapata LB, Pazol K, Curtis KM, et al. Need for Contraceptive Services Among Women of Reproductive Age - 45 Jurisdictions, United States, 2017-2019. MMWR Morb Mortal Wkly Rep. 2021;70(25):910-915. Published 2021 Jun 25. doi:10.15585/mmwr.mm7025a2

Figure 1. Estimated Percentage of Postpartum Women with Postpartum Contraception Use, by Selected Race/Ethnicities, PRAMS 2021.

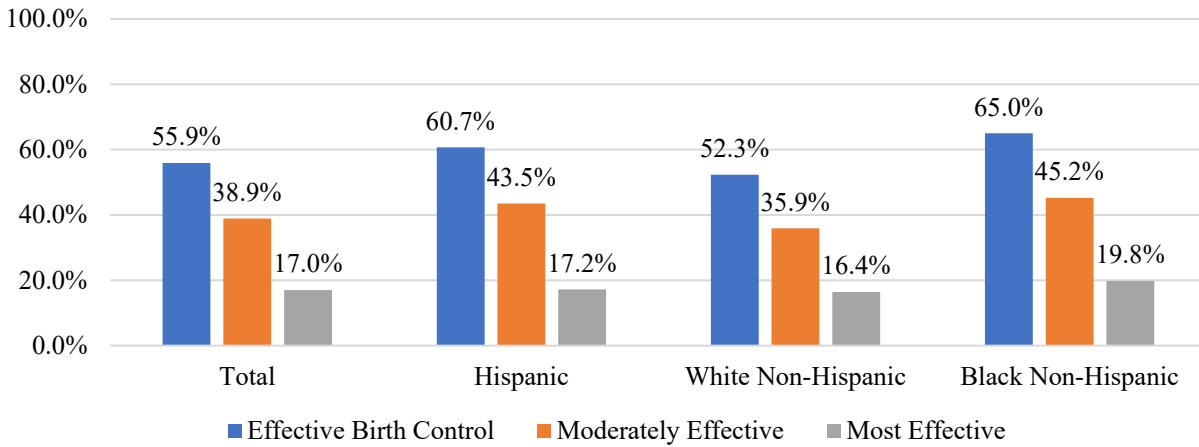


Figure 2. Estimated Percentage of Postpartum Women with Postpartum Contraception Use, by Health Care Coverage, PRAMS 2021.

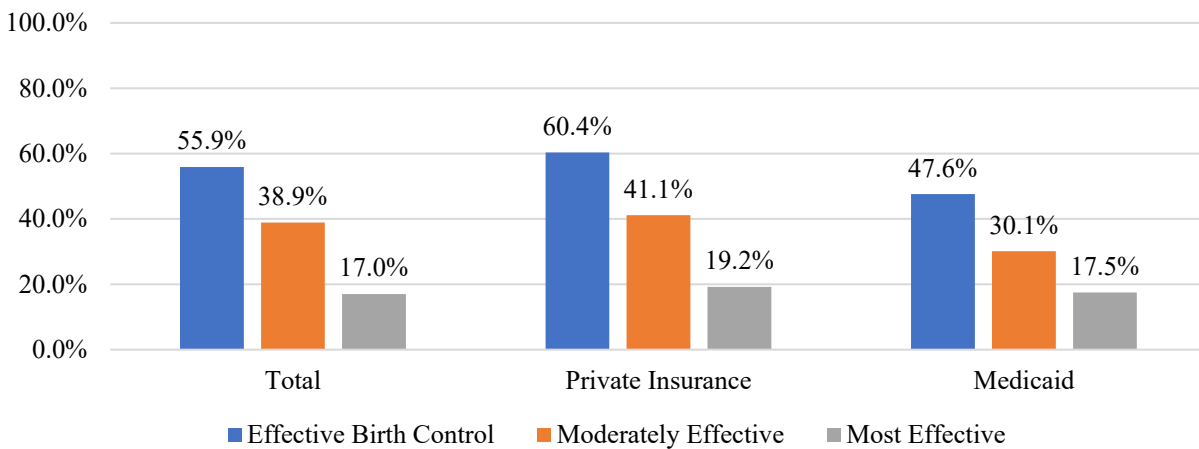


Figure 3. Estimated Percentage of Postpartum Women with Postpartum Contraception Use, by Age of Mother, PRAMS 2021.

