

EMBARGOED UNTIL JULY 11, 2017 4 PM CST

July 6, 2017

Contact: Kat Harris or Levente McCrary, 512.472.9599
kharris@echristianpr.com or lmccrary@echristianpr.com

Research Shows Unmet Demand for Long-Acting and Permanent Contraception Among Recent Mothers in Texas

TxPEP Study Suggests Health Care System-Level Barriers to Accessing Preferred Contraception

AUSTIN, Texas—New research from the [Texas Policy Evaluation Project](#) (TxPEP) at The University of Texas at Austin identifies unmet demand for long-acting reversible contraception (LARC)—IUDs and implants, and permanent contraception—sterilization and vasectomy. The study assessed the types of contraception publicly insured women would prefer to use after delivery, and found a much higher percentage of women prefer LARC and sterilization than the percentage of women who actually use these methods.

The research, based on interviews with 1,700 women who delivered healthy babies at eight Texas hospitals, was recently published online in [Obstetrics & Gynecology](#).

“These results show that preference for IUDs, implants and female sterilization is high among public patients in Texas, but that these low-income women often have trouble accessing their preferred method of contraception after delivery,” Joseph Potter, TxPEP lead investigator and lead author of the study, said.

Of the eight hospitals that participated in the study, only one provided LARC methods immediately after delivery. Women at this hospital were much more likely to use implants and IUDs than women at the other hospitals in the study.

Potter said, “This study suggests that one way to improve access to IUDs and implants, in particular, is by making these methods available to women who want them immediately after giving birth.”

Providing these methods in the hospital right after delivery is possible in Texas due to a Medicaid rule change that was instituted in January 2016, but the practice has not yet been widely adopted in the state.

Other findings point to barriers that women in Texas encounter when seeking highly effective contraception. Women who received prenatal care from a public clinic were

more likely to use a LARC or permanent method than those who obtained care from a provider in a private practice.

“Providing increased training and education about IUDs and implants to physicians and other clinicians in private practices, and finding ways to make sure that their patients have timely access to these methods could make a real difference,” co-author Kate Coleman-Minahan, an assistant professor of nursing at the University of Colorado-Denver, said.

Another finding with policy implications for Texas and other states with large immigrant populations is the disadvantage that foreign-born women experience when it comes to accessing their preferred method—implant, IUD, or sterilization. The likely explanation is undocumented immigrants’ lack of insurance coverage for contraception after delivery. In Texas, contraception is not a covered benefit of the CHIP Perinatal program for which undocumented women may be eligible. Other states that rely on the CHIP Perinatal program, such as Michigan, have opted to use state funds to expand postpartum coverage to include contraceptive services. The study’s authors suggest that following Michigan’s lead could help generate a considerable increase in use of highly effective contraception, which would in turn reduce the incidence of unintended pregnancy and induced abortion.

The full citation for the paper is:

Potter J.E., Coleman-Minahan K, White K, Powers D.A., Dillaway C, Stevenson A.J., Hopkins K, Grossman D. Contraception After Delivery Among Publicly Insured Women in Texas, *Obstetrics and Gynecology*. Pp 1-10 Online First 2017.

- 30 -

About the Texas Policy Evaluation Project

The [Texas Policy Evaluation Project](#), or TxPEP, is a comprehensive effort to document and analyze the impact of the measures affecting reproductive health passed by the Texas Legislature. The project team includes researchers at the University of Texas Population Research Center, the University of California San Francisco, Ibis Reproductive Health, and the University of Alabama-Birmingham. The project is supported by grants from the Susan Thompson Buffett Foundation and the Society of Family Planning. Infrastructure support for the Population Research Center is provided by a grant from the Eunice Kennedy Shriver National Institute of Child Health and Human Development. Funders of the Texas Policy Evaluation Project have no role in the design and conduct of the research, interpretation of the data, approval of the final manuscript or decision to publish.

Editor’s note: For more information or to request a copy of the study, contact Kat Harris (kharris@echristianpr.com) or Levente McCrary (lmccrary@echristianpr.com), or call 512.472.9599.