Low-income Texas women do not get the contraception they want at their six-week postpartum checkup

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The postpartum period is a challenging time for women. They are recovering physically and emotionally from labor and delivery while caring for a new infant and sometimes older children. The routine postpartum visit, commonly known as the “six-week checkup,” is an opportunity to provide women with the contraception they desire. Yet our new research shows that low-income Texas women face numerous challenges getting the contraception they want at the first postpartum visit.

Experts recommend that women have access to their desired method of contraception as soon after delivery as they desire. However, roughly half of women are using no method or less effective methods such as condoms or withdrawal 3 months postpartum and many are not using their desired method. When women are unable to access and use the method of contraception they desire, it puts them at risk of becoming pregnant when they do not want to be. Providing women with the means to plan their families on a timely basis is crucial to the health and well-being of women, children, and their families.

Most prior research focuses on women’s use of contraception, not whether they can access their desired method of contraception; this study focuses specifically on whether women are getting the contraception they want and the barriers they face in getting the method they would like to be using.

Methods and Sample

The Texas Policy Evaluation Project, a research group based at The University of Texas at Austin, surveyed women at three months postpartum who had given birth to a healthy child at eight hospitals across six Texas cities. Public or no insurance covered their deliveries; and none of them wanted another child for at least two years. We asked 685 women, 80% of whom are Hispanic and 39% foreign-born, who desired reversible contraception, what contraceptive method they received at their first postpartum visit, usually within six weeks after delivery. Next, we asked what method they wanted to receive at their visit and the reasons why they were unable to receive it.

Study Results: Access to Contraception is Low

Sixty-six percent of our participants did not receive their desired method or a prescription for their desired method of contraception at the first postpartum visit. While some women (8%) left the visit with a form of contraception they did not want, over half (58%) left with no method at all. Women who desired the IUD or implant, two of the most effective and long-lasting forms of contraception, faced greater barriers as only 10% of women desiring these methods received them at the first visit.

Although some women were able to overcome multiple barriers to contraception, others never received the method they desired.

What percentage of women who desired the implant or IUD received it at the first postpartum visit? 10%

By three months postpartum, the women who did not receive the contraception they wanted at the six-week visit were half as likely to be using it as the women who did receive it (41% versus 86%). Women who were not using their desired method were frequently using less-effective methods of contraception. These findings demonstrate that barriers to contraception at the first postpartum visit result in greater use of less-effective contraception or no contraception among postpartum women who do not wish to become pregnant, increasing the likelihood of pregnancy.
CLINICAL IMPLICATIONS

- Create quality clinical care standards that include stocking all methods of reversible contraception and provision of same-day access to these methods
- Ensure clinicians use the CDC’s Medical Eligibility Criteria when assessing medical reasons women cannot use certain types of contraception
- Increase clinician training on patient-centered, accurate, contraceptive counseling
- Provide more timely and flexible appointments for postpartum women
- Clinics providing income-based discounts could streamline the application process prior to the six-week postpartum visit, and women can receive their desired method at that visit

POLICY IMPLICATIONS

- Expand Pregnancy Medicaid coverage to six-months postpartum, rather than eight weeks
- Expand Pregnancy Medicaid to cover undocumented women and thus provide undocumented women access to postpartum contraception
- Improve financial reimbursement to healthcare facilities providing IUDs and implants

CITATION