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Study Shows 95% of Women with Unintended Pregnancies in the Two Years After a Delivery Had Unmet Demand for Implants, IUDs or Sterilization

TxPEP Research Suggests that New Medicaid Rules Allowing Hospitals Reimbursement for Long-Acting Contraception Could Substantially Reduce Unintended Pregnancy

AUSTIN, Texas (January 14, 2016) — A new study from the [Texas Policy Evaluation Project](#) (TxPEP) has shown that a large fraction of unintended pregnancies in the two years after a delivery may result from barriers to accessing their preferred method of contraception. Women who experienced barriers to their preferred method were three times as likely to become pregnant than women who did not, and were much less likely to have initiated use of a highly effective method. Most surprising is that 95% of women who had unintended pregnancies had expressed interest in implants and intrauterine devices and/or sterilization before they got pregnant. In a previous [paper](#), the researchers documented widespread unmet demand for these methods of contraception among all women who just delivered a baby in the same cohort. The current study was published in the February issue of the journal *Obstetrics and Gynecology*.

The study's findings are particularly timely in light of Texas' January 1, 2016 launch of a Medicaid [rules change](#) providing reimbursement for LARC insertion in hospitals immediately following delivery. Taken together, the present study and the earlier study demonstrate that this program has the potential to substantially reduce Texas' rate of unintended births. The study was conducted in the years immediately following Texas' dramatic 2011 cuts in the budget for family planning, and after 79 Texas family planning clinics had been forced to close.

Overall, 67 percent of women in the study reported barriers, including insurance rules that do not pay for the insertion of an IUD or implant immediately after delivery, the 30-day waiting period between consent and procedure for Medicaid sterilization, and limited or no postpartum care for women who deliver babies with Emergency Medicaid. The new Texas Medicaid program for postpartum LARC method insertion could remove the

insurance barrier for low-income Texas women whose deliveries are paid for by Medicaid.

Thirty-four percent of the women with barriers to contraception became pregnant within two years as compared with only 12 percent of the women with no barriers. Among women with no barriers to access, 75 percent relied on LARC or sterilization for contraception. In contrast, only 10 percent who encountered barriers to using their preferred method were using LARC or sterilization, with the rest using hormonal methods such as the birth control pill or less effective methods like condoms.

Dr. Amy Young, Chair of the Department of Women’s Health at the University of Texas at Austin, said:

“This study demonstrates that increasing access to IUDs, implants, and sterilization for women who want these options can prevent unintended pregnancy in the two years following delivery. Texas is now in a better position to make access to highly effective contraception a reality than it was in 2012 and 2013. But much remains to be done operationally and fiscally so that hospitals and clinics can actually meet the large demand for these methods.”

The researchers interviewed a total of 403 postpartum women who wanted to delay childbearing for at least two years at 3, 6, 9, 12, 18, and 24 months postpartum to track pregnancy status and contraceptive method. The participants were recruited at a hospital in Austin between April and July 2012.

The abstract is available at [this link](#) and the full paper is available upon request by contacting ldixon@prc.utexas.edu.

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If you would like to receive a copy of the paper, more information about this topic or schedule an interview with Dr. Joseph Potter, lead author of the study, please contact Laura Dixon at ldixon@prc.utexas.edu.

About TxPEP

The [Texas Policy Evaluation Project](#) (TxPEP) is a five-year comprehensive effort to document and analyze the impact of the measures affecting reproductive health passed by the 82nd and 83rd Texas Legislatures. 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.