Postpartum Contraceptive Use
Oregon – PRAMS, 2016-2018

Background

Short interpregnancy intervals are associated with adverse birth outcomes, such as preterm birth.[1] The risk of adverse birth outcomes has been shown to increase as the time between pregnancies decrease (i.e., 12–17 months, 6–11 months, and less than 6 months).[1] During prenatal and postpartum visits, the American College of Obstetricians and Gynecologists (ACOG) recommends health care providers talk with women about the importance of birth spacing and their desires and plans for future pregnancies when discussing contraceptive options.[2] ACOG recommends that women should be advised to avoid a repeat pregnancy sooner than 6 months and counseled about the risks of a repeat pregnancy sooner than 18 months.[2,3]

While many factors influence contraceptive choice, contraceptive methods have varying levels of effectiveness at preventing pregnancy during typical use.[4,5] Long-acting reversible contraception (LARC) (i.e., contraceptive implants and intrauterine devices [IUDs]) are the most effective reversible methods, followed by non-LARC hormonal methods classified as moderately effective (i.e., contraceptive shots, birth control pills, patches, rings).[4,5] Other methods, for example condoms, diaphragm, natural family planning, and withdrawal are classified as the least effective contraceptive methods for preventing pregnancy.[4,5]

This fact sheet provides information on postpartum contraceptive use among women with a recent live birth, 2016-2018, by level of effectiveness and maternal characteristics.

Pregnancy Risk Assessment Monitoring System (PRAMS)

PRAMS collects site-specific, population-based data on maternal attitudes and experiences before, during, and shortly after the birth of a live infant. Women are sampled for PRAMS between 2 and 6 months after delivery. PRAMS sites that met or exceeded the response rate threshold for 2018 (50%) are included in overall estimates for this report.

Postpartum Contraceptive Use* Among Women with a Recent Live Birth◊

	Oregon % (95% CI)¶			43 PRAMS Sites† % (95% CI)¶
PRAMS Indicator	2016	2017	2018	2018
No Contraceptive Method	§	§	18.3 (15.4-21.6)	22.8 (22.2-23.4)
Any Contraceptive Method‖	§	§	81.7 (78.4-84.6)	77.2 (76.6-77.8)
Among women reporting use of any postpartum contraceptive method:				
Sterilization (i.e., tubal ligation or partner vasectomy)	§	§	15.0 (12.2-18.4)	15.2 (14.6-15.8)
Long-acting reversible contraception (i.e., intrauterine device [IUD] or implant)	§	§	32.9 (29.0-37.1)	22.1 (21.4-22.8)
Moderately effective contraception¥	§	§	26.6 (22.8-30.8)	32.2 (31.4-33.0)
Least effective contraception¥	§	§	24.6 (21.0-28.5)	29.6 (28.9-30.4)

* Current contraceptive use at the time the PRAMS survey was completed.
◊ Excludes PRAMS respondents who reported being currently pregnant or having a hysterectomy; Includes PRAMS respondents who reported wanting to get pregnant or not being sexually active.
† 43 PRAMS sites met or exceeded the 50% response rate threshold for 2018: Alabama, Alaska, Arkansas, Colorado, Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, New York, New York City, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Dakota, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, and Wyoming.
¶ Weighted row percent (95% Confidence Interval).
§ PRAMS site-level data unavailable
‖ Any contraceptive method included tubal ligation, partner vasectomy, intrauterine device (IUD), implant, contraceptive shot, birth control pill, patch, ring, condoms, diaphragm, natural family planning, withdrawal, or other method (including method not specified).
¥ Moderately effective contraceptive methods included contraceptive shot, birth control pill, patch, or ring. Least effective contraceptive methods included condoms, diaphragm, natural family planning or withdrawal.

Postpartum Contraceptive Use* among Women with a Recent Live Birth◊, by Maternal Characteristics – Oregon, 2018

Characteristic	Any contraceptive method‖ % (95% CI)±	Long-acting reversible contraception % (95% CI)±	Moderately effective contraception¥ % (95% CI)±	Least effective contraception¥ % (95% CI)±
Maternal Race/Ethnicity				
Non-Hispanic White	81.5 (76.5-85.6)	26.3 (21.6-31.6)	23.8 (19.2-29.1)	19.0 (15.0-23.9)
Non-Hispanic Black	76.8 (69.2-82.9)	28.3 (21.6-36.1)	22.5 (16.4-29.9)	16.3 (11.2-23.2)
Hispanic	84.5 (80.7-87.6)	31.9 (27.7-36.5)	20.2 (16.7-24.2)	18.7 (15.3-22.7)
Non-Hispanic Asian or Pacific Islander	76.4 (71.3-80.9)	21.6 (16.9-27.2)	12.2 (8.7-16.7)	34.7 (29.3-40.7)
Non-Hispanic American Indian or Alaska Native	72.2 (60.1-81.7)^	27.8 (18.3-39.9)^	21.2 (13.2-32.2)^	9.6 (4.6-18.8)^
Non-Hispanic Other	82.9 (77.4-87.3)	28.2 (21.0-36.8)	16.0 (11.9-21.2)	26.4 (15.9-40.4)
Maternal Age (years)				
≤19	77.3 (56.6-89.9)	36.9 (19.5-58.5)	40.1 (21.2-62.4)	0.3 (0.1-1.1)
20-24	85.4 (77.1-91.1)	37.9 (28.4-48.5)	24.7 (16.5-35.3)	18.5 (11.5-28.2)
25-34	83.3 (79.2-86.8)	25.2 (21.1-29.8)	23.7 (19.5-28.5)	22.4 (18.5-26.9)
≥35	74.4 (65.6-81.6)	22.8 (16.5-30.6)	10.5 (6.6-16.3)	18.3 (12.7-25.5)
Highest Level of Education (years)				
<12	82.3 (71.8-89.5)	26.8 (18.5-37.0)	33.4 (22.9-45.9)	9.8 (5.3-17.5)
12	78.4 (69.4-85.3)	25.9 (18.8-34.5)	24.6 (17.4-33.5)	17.6 (11.4-26.3)
>12	82.7 (78.8-85.9)	27.7 (23.6-32.1)	19.2 (15.6-23.3)	23.0 (19.3-27.1)
Insurance Status Postpartum‡				
Private Insurance	83.8 (79.7-87.2)	29.0 (24.4-34.0)	21.0 (16.9-25.7)	22.4 (18.5-26.9)
Medicaid	77.6 (70.7-83.2)	23.8 (18.3-30.3)	26.5 (20.3-33.7)	14.6 (10.0-20.7)
No Insurance	85.5 (74.0-92.4)	34.2 (23.5-46.8)	7.9 (3.9-15.2)	28.5 (17.4-43.0)
Intended Pregnancy (most recent live birth)				
No	83.4 (77.3-88.1)	27.2 (21.7-33.4)	22.0 (16.8-28.3)	17.5 (12.7-23.5)
Yes	80.7 (76.5-84.3)	27.1 (23.0-31.8)	21.8 (17.8-26.5)	21.6 (17.9-25.9)

* ◊ ‖ ¥ See footnotes in first table.

± Weighted column percent (95% Confidence Interval).

^ < 60 respondents, may not be reliable.

‡ Current insurance status at the time the PRAMS survey was completed. The average time of survey completion was 150 days after delivery. Insurance is coded as Medicaid (Medicaid or state-named Medicaid program); Private (Private only, any other insurance in combination with private, TRICARE or other military insurance); No insurance (no insurance or Indian Health Service (IHS) only; in Alaska this also includes Alaska Tribal Health System that are part of the IHS response option); other state-specific government plans or programs such as SCHIP/CHIP are excluded from estimates.

Summary

Based on results from the 2018 data for 43 PRAMS sites:

- Among women with a recent live birth, 77.2% reported use of a postpartum contraceptive method at time of survey completion.
- Among women who reported using any postpartum contraception, 22.1% reported using LARC, 32.2% reported using a moderately effective method, and 29.6% reported using a least effective method.

Resources

Contraceptive Methods: https://www.cdc.gov/reproductivehealth/contraception/index.htm
Guidance for Health Care Providers: https://www.cdc.gov/reproductivehealth/contraception/contraception_guidance.htm
Birth Spacing and Birth Outcomes: https://www.marchofdimes.org/materials/MOD-Birth-Spacing-Factsheet-November-2015.pdf

References

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3. Sundaram A, Vaughan B, Kost K, et al. Contraceptive failure in the United States: estimates from the 2006-2010 National Survey of Family Growth. *Perspect Sex Reprod Health.* 2017;49(1):7-16. doi:10.1363/psrh.12017
4. Trussell J, Aiken ARA, Micks E, Guthrie KA. Efficacy, safety, and personal considerations. In: Hatcher RA, Nelson AL, Trussell J, Cwiak C, Cason P, Policar MS, Edelman A, Aiken ARA, Marrazzo J, Kowal D, eds. Contraceptive technology. 21st ed. New York, NY: Ayer Company Publishers, Inc., 2018.

To learn more about PRAMS methods and to see data availability by state and year visit: https://www.cdc.gov/prams

THE BEST SOURCE OF DATA ON MOTHERS AND BABIES