Trends in Postpartum Contraception
Vermont PRAMS

May 2020

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a survey of women who recently gave birth that asks about their experiences, behaviors and healthcare utilization before, during and shortly after pregnancy. Vermont has participated in PRAMS since 2001.

Vermont PRAMS asks about contraception use after delivery. The following reports on the use of contraception among **sexually active, non-pregnant postpartum Vermont women who do not want to get pregnant** (for brevity, referred to as "postpartum Vermont women" throughout this document).

KEY POINTS

- **The proportion of postpartum Vermont women using the most effective forms of contraception increased slightly but significantly. This is driven mostly by LARC use in privately insured women and women of all age groups.**
- **Older age groups are more likely to use less effective forms of contraception than women under 25, and women with less education are more likely to use no contraception (20%).**

Types of Postpartum Contraception Used, 2016-2018

During 2016-2018, the following proportion of postpartum Vermont women used each form of contraception:

Using long-acting reversible contraception (LARC): 31%
- Intra-uterine device (IUD): 24%
- Contraceptive implant: 6%

Condoms: 26%
Birth control pill: 19%
Withdrawal: 11%
Self- or partner-sterilization: 12%
- Tubes tied: 7%
- Partner vasectomy: 5%

Contraceptive shot: 4%
Rhythm method/natural family planning: 3%
Patch or ring: 2%

No method: 10%

10% of sexually active women who report not wanting to be pregnant were using no form of contraception

Note: Total is greater than 100% as respondents could choose multiple options.

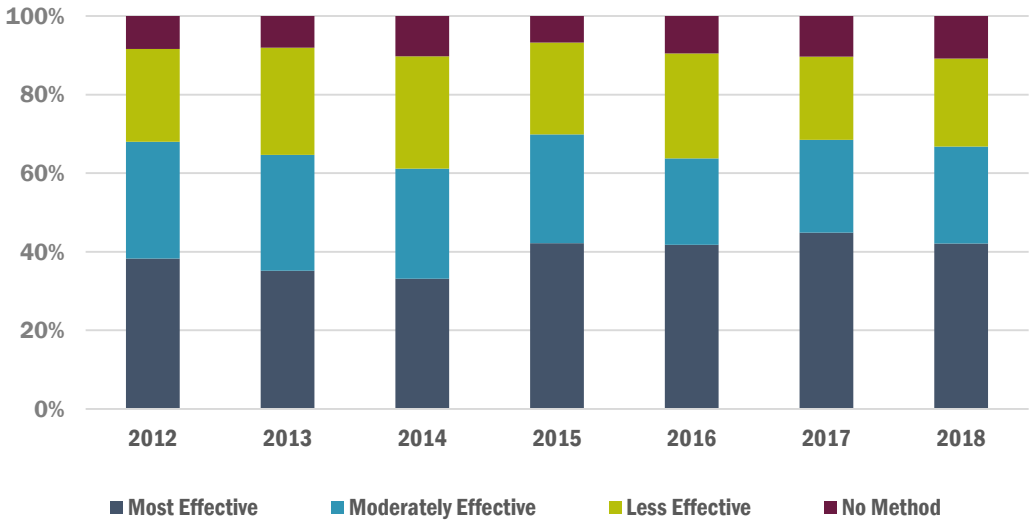
Effectiveness of Contraception, 2016-2018

The US Department of Health and Human Services' Office of Population Affairs categorizes methods of contraception[1] as most effective (less than 1 pregnancy per 100 women per year), moderately effective (6-12 pregnancies per 100 women per year), and least effective (18 or more pregnancies). Most effective forms of contraception were used by 43% of women, moderately effective used by 23% of women, least effective by 23% of women, and no method used by 10% of women.

[1] https://www.hhs.gov/opa/performance-measures/contraceptive-options-and-effectiveness-text-only/index.html; accessed March 24, 2020. Forms of contraception are grouped by effectiveness category at the bottom of the document.

Effectiveness of Contraception, continued

Effectiveness of Postpartum Contraceptive Method*
Postpartum Vermont Women, 2012-2018

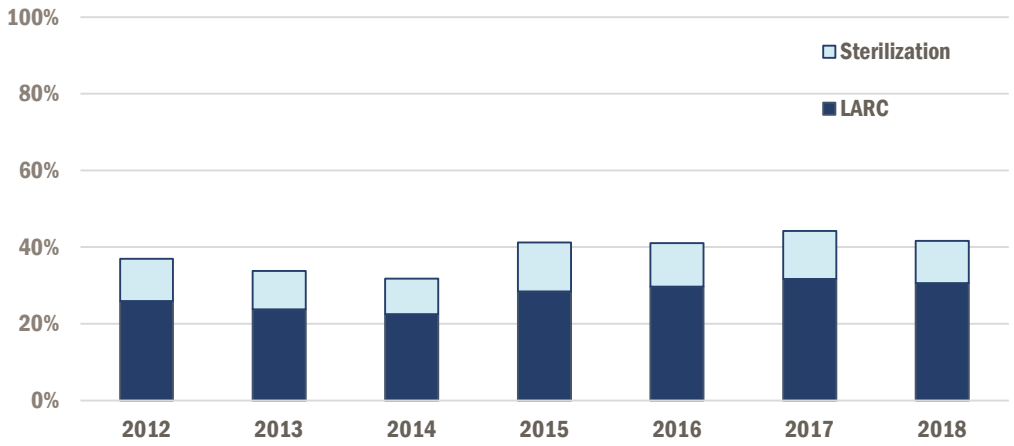


*When multiple forms of contraception are being used, overall effectiveness is based on the most effective form of contraception

Since 2012 the use of "most effective" forms of contraception increased slightly. Higher rates of LARC use during the same period (see below) appears to be driving this increase.

The use of moderately effective forms decreased slightly, and there was no significant change in either less effective contraception or no contraception.

Type of Most Effective Contraception Used
Postpartum Vermont Women, 2012-2018

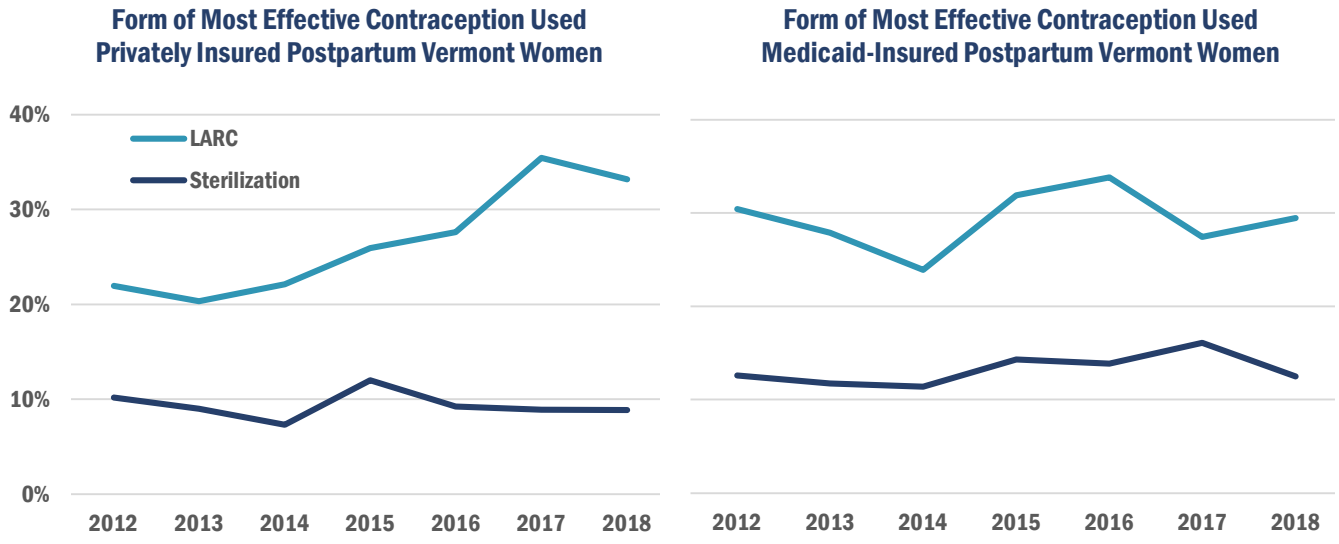


The use of long-acting reversible contraception (LARC) has significantly increased since 2012.

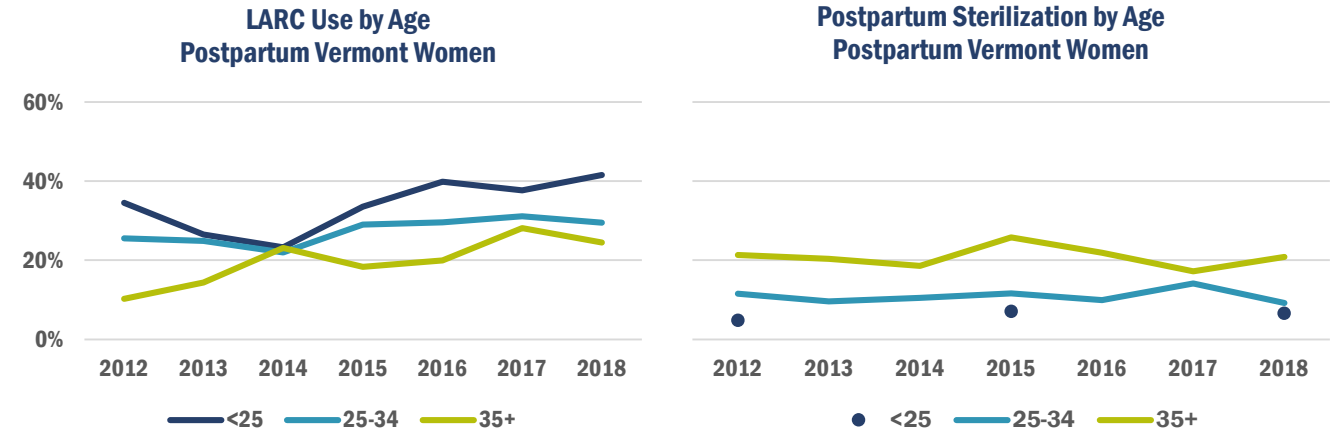
Over time, the rate of postpartum sterilization (i.e. having tubes tied and/or, if applicable, one's partner having a vasectomy) has not changed.

Trends in LARC Use and Sterilization

Privately insured women have used LARC at significantly increasing rates since 2012. Rates of LARC use did not significantly change among Medicaid-insured postpartum women; nor did rates of sterilization among either Medicaid- or privately insured women. Note that as of July 1, 2016, the Vermont Legislature required insurers to provide LARC and sterilization procedures at no cost.

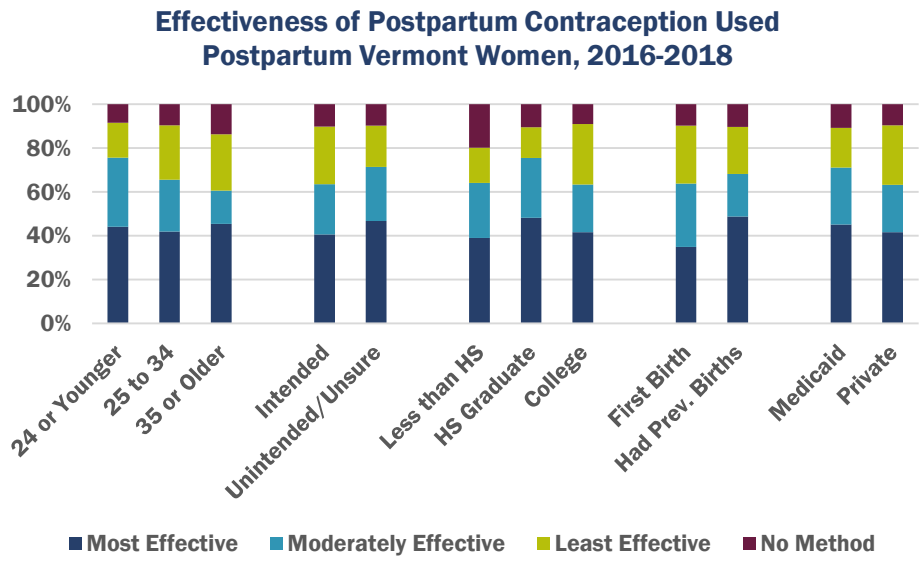


LARC use rose significantly among all age groups of postpartum women, while rates of postpartum sterilization did not appear to change. There were too few women to provide an estimate for self- or partner-sterilzation among women younger than 25 in all years but 2012, 2015 and 2018.



Factors Associated with Effectiveness & Form of Contraception (2016-2018)

Differences in the use of a most effective form of contraception by age, education and insurance type were minimal. Women whose pregnancies were unintended, and those who had given birth previously, were more likely to use a most effective form of contraception.



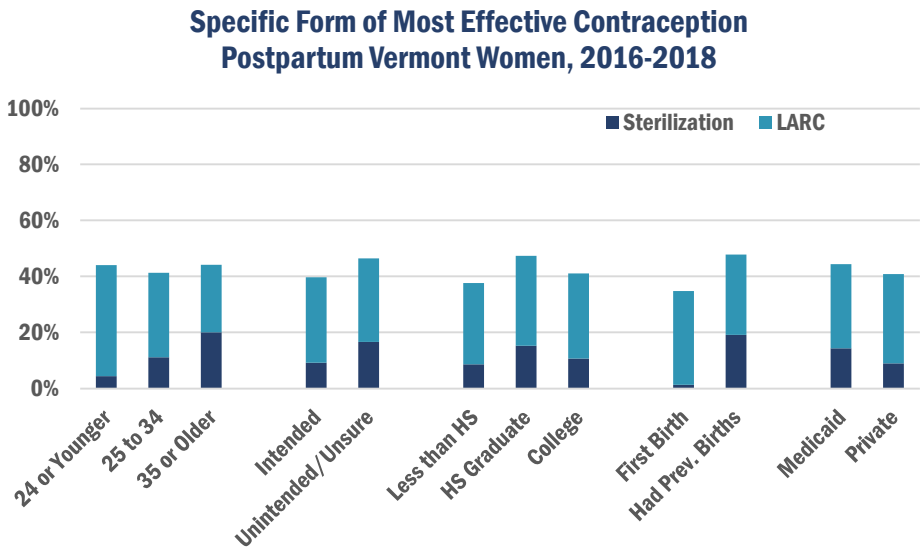
Women in older age groups were more likely to use a least effective form of contraception, and those with less education were significantly more likely to use no form of contraception.

One in five postpartum Vermont women without a high school degree was using no form of postpartum contraception.

Medicaid enrollees and women under 25 were slightly more likely to use a most effective or moderately effective form of contraception.

LARC Use and Sterilization

While age groups were generally similar in the effectiveness of contraception they used, the specific type of most effective contraception used saw large differences by age and parity.



Only 4% of women under the age of 25 chose a method of self- or partner-sterilization, compared to around 20% of those 35 or older.

Among those who had recently given birth for the first time, only around 1% used a form of postpartum self- or partner sterilization, compared to almost 20% of those who had given birth previously,

Key Takeaways

- Forty-three percent of Vermont women used a most effective form of contraception. Women under 25 and those whose deliveries were paid for by Medicaid were more likely to use a most or moderately effective form of contraception.
- An increasing number of privately insured postpartum women and of women of all age groups have been using LARCs. This has driven an overall increase in the use of most effective forms of contraception.
- While use of most effective forms of contraception were similar across age groups, the type of most effective contraception differed. Rates of self- or partner-sterilization were significantly higher among older women (and, where applicable, their partners) and among those who had a previous birth (i.e., had given birth to more than one child).
- Ten percent of sexually active postpartum, non-pregnant Vermont women who did not want to become pregnant again were not using any form of contraception, including 20% of those without a high school degree.

More information on the Vermont Department of Health's work on family planning services (which includes services that support achieving a healthy pregnancy, preconception health care services, contraceptive services and screening for and treating sexually transmitted diseases) can be found online at https://www.healthvermont.gov/children-youth-families/family-planning-pregnancy/family-planning-and-birth-control

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Appendix: Forms of Contraception on PRAMS Questionnaire, Grouped by Effectiveness

The wording for the forms of contraception listed below are taken from the current PRAMS questionnaire. The categorization of groups is according to US Department of Health and Human Services' Office of Population Affairs.

Most effective:

Long-acting reversible contraception (LARC):
- IUD (including *Mirena*®, *ParaGard*®, *Liletta*®, or *Skyla*®)
- Contraceptive implant in the arm (*Nexplanon*® or *Implanon*®)

Sterilization:
- Tubes tied or blocked (female sterilization or *Essure*®)
- Vasectomy (male sterilization)

Moderately effective:

Birth control pills
Shots or injections (*Depo-Provera*®)

Contraceptive patch (*OrthoEvra*®) or vaginal ring (*NuvaRing*®)

Least effective:

Condoms
Withdrawal (pulling out)
Natural family planning (including rhythm method)