



Differences in postpartum receipt of long-acting reversible contraception by sociodemographic characteristics



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Background

- There are marked disparities in reproductive health outcomes in the United States. We have limited understanding about how methods of long-acting reversible contraception (LARC) vary based on sociodemographic characteristics.

Objective

- Our study examined the association between sociodemographic characteristics and type of LARC received during the postpartum period.

Methods

- We conducted a retrospective cohort study of mothers of liveborn infants delivered at the North Carolina Women's Hospital between July 1, 2014 and June 30, 2016.
- We used data from the electronic health record to review encounters between birth and 90 days postpartum.
- We ascertained tubal ligation and placement of LARC device from billing codes, with verification by chart review.
- Among women who did not undergo tubal ligation, we used multinomial logistic regression to quantify the association between sociodemographic characteristics and receipt of either etonogestrel (ENG) implant or intrauterine device (IUD) vs. not receiving LARC.
- Adjusted models included race/ethnicity, age, insurance, mode of delivery, maternal body mass index (BMI), and neighborhood income.
- SAS 9.4 (Cary, NC) was used for all analyses, and $p < 0.05$ was considered statistically significant.

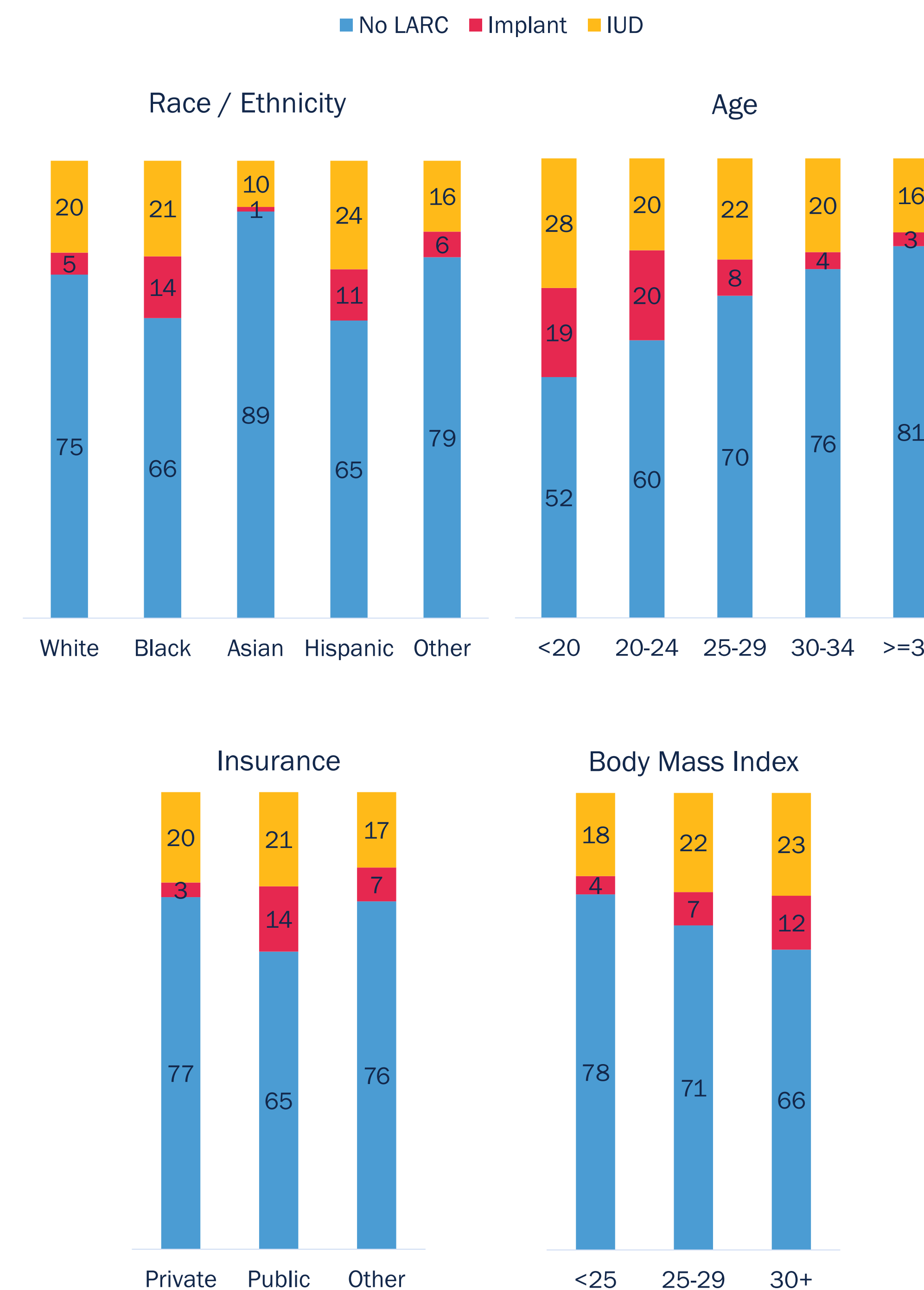
Results

- During the study period, 6849 women had a live birth and 4010 had a postpartum visit within our institution, of whom 226 underwent tubal ligation, 369 were missing census tract data and 189 were missing BMI.
- Among the 3245 included in our analysis, 214 (6.6%) received an ENG implant and 670 (20.7%) received an IUD.
- Race/ethnicity, age, BMI category, insurance status and neighborhood income were each associated with type of LARC received.

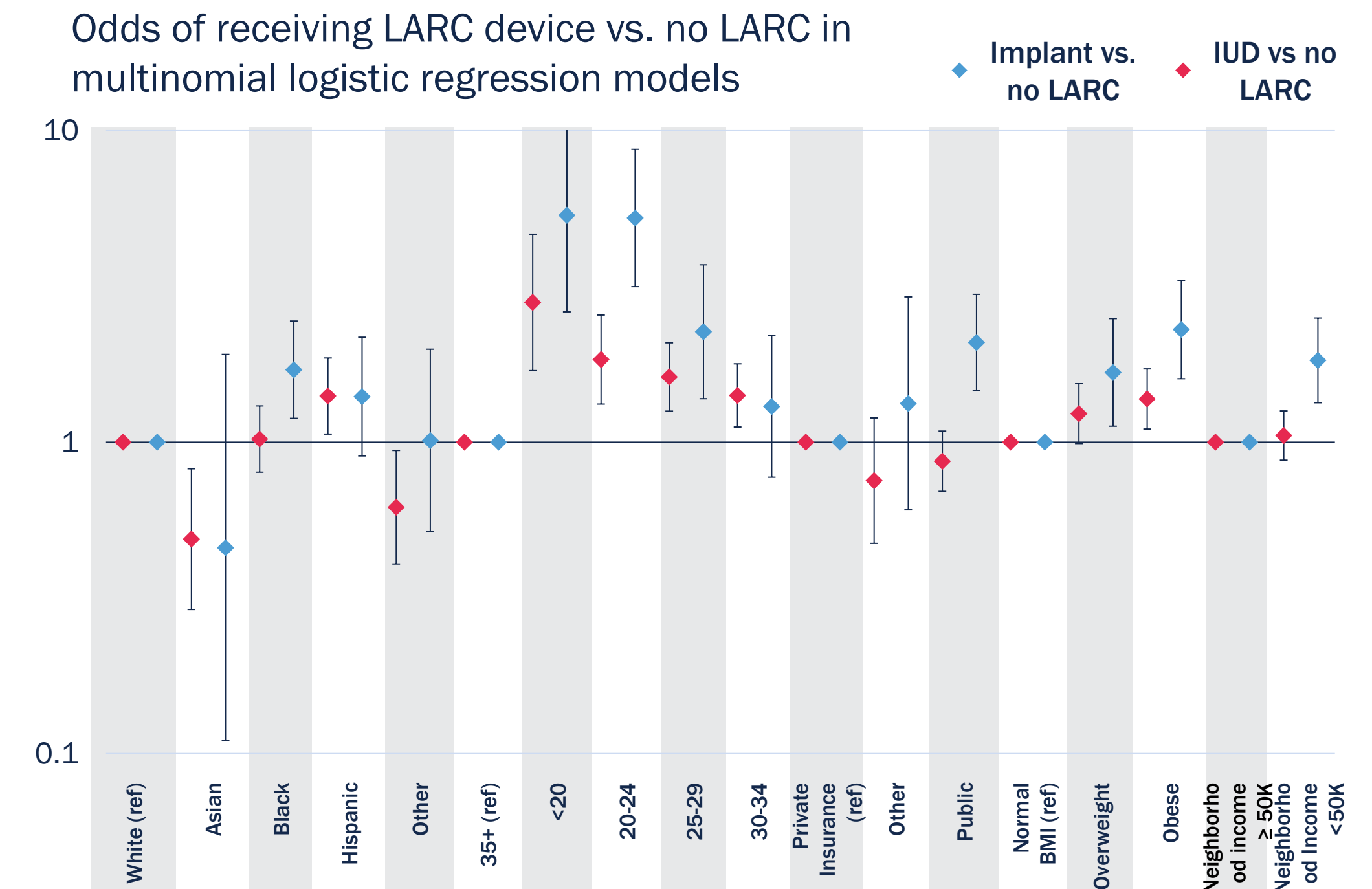
	Study Sample	No LARC	Implant	IUD	
	N	%	%	%	p
Race/Ethnicity					<.0001
White	2125	56.2	57.8	37.5	56.8
Black	719	19	17.1	36.1	19.9
Asian / Pacific Islander	199	5.3	6.4	0.7	2.7
Hispanic	489	12.9	11.5	20.4	15.4
Other	251	6.6	7.2	5.2	5.2
Maternal Age					<.0001
<20	124	3.3	2.4	8.9	4.6
20-24	485	12.8	10.6	35.3	12.9
25-29	941	24.9	23.9	27.5	27.5
30-34	1267	33.5	34.8	17.5	34.3
>=35	966	25.5	28.3	10.8	20.7
Insurance					<.0001
Private	2336	61.7	65.2	27.5	61.4
Public	1271	33.6	30	67.7	34.8
Other	176	4.7	4.9	4.8	3.9
Body Mass Index					<.0001
Underweight/Normal	1853	51.6	54.8	30.6	46.7
Overweight	838	23.3	22.6	25.2	25.2
Obese	903	25.1	22.6	44.2	28.1
Neighborhood median income less than 50K	1480	43.4	41	64.6	44.4

Results

In bivariate analyses, we found that women who were younger, Black or Hispanic, or publicly insured were more likely to receive any LARC and more likely to receive an implant than an IUD.



Results



Conclusions

- We found that sociodemographic characteristics were associated with type of LARC received.
- Further research is needed to determine the extent to which biases in provider counseling and patient preference affect decision-making about LARC.

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