

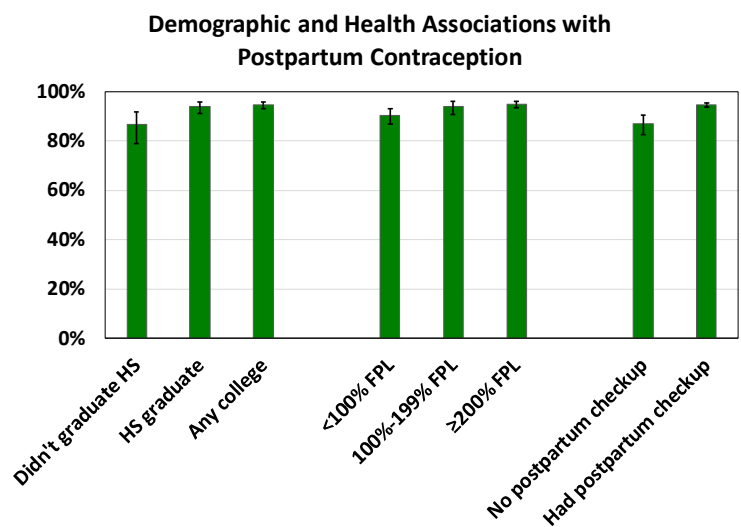
The Pregnancy Risk Assessment Monitoring System (PRAMS) is a survey of women who recently gave birth that asks about their experiences and behaviors before, during and shortly after their pregnancy. Vermont has participated in PRAMS since 2001. This report presents information on postpartum contraception use among Vermonters who gave birth in 2012 and 2013.

Postpartum Contraception Use

Among Vermonters who gave birth in 2012 and 2013, 90.9% (95% confidence interval: 89.5%-92.1%) were using some form of contraception (including abstinence) after delivery, and 6.1% (5.1%-7.3%) were not using contraception. Three percent (2.3%-3.9%) were pregnant or trying to become pregnant at the time of the survey, and are not included in the analyses below.

The prevalence of using at least one form of contraception was high across demographic and health behavior categories. Significant differences observed across categories were:

- Women with any college education were more likely than non-high-school graduates to use at least one form of postpartum contraception;
- Women with household incomes two or more times the federal poverty level (FPL) were more likely to use a form of contraception than those in households with incomes below FPL;
- Women who had not had a postpartum checkup were less likely to use a form of contraception than those had a visit.



Effectiveness of Contraception Being Used

Contraception use can be categorized as *most effective*, *generally effective*, or *less effective*, based on the practical efficacy rate of the most effective form of contraception being used.¹ For example, if a woman was using condoms (a less effective form of contraception) in addition to an IUD (a most effective form), her contraception use can be categorized as “most effective” based on her use of an IUD.

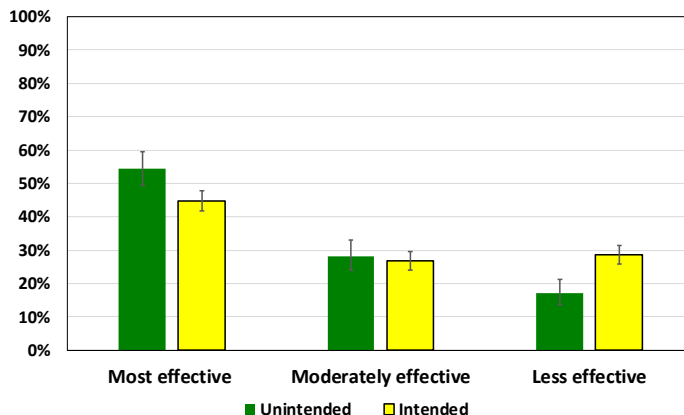
Among users of postpartum contraception after 2012-2013 Vermont births, the breakdown by effectiveness was:

- Most effective: 48.1% (45.7%-50.4%)
- Generally effective: 27.9% (25.8%-30.1%)
- Less effective: 24.0% (22.1%-26.1%)

¹ From <https://www.cdc.gov/reproductivehealth/contraception/>: Fewer than 1 out of 100 women using “most effective” contraception for a year of typical use will become pregnant; 6-12 out of 100 using “generally effective” contraception will become pregnant in a year of typical use; 18 or more of 100 using “less effective” forms of contraception will become pregnant in a year of typical use.

Women whose most recent pregnancies were unintended were more likely to currently use more effective forms of contraception than those whose pregnancies had been intended.

Most Effective Forms of Contraception are More Common after Unintended Pregnancy



Long Acting Reversible Contraceptives (LARC)

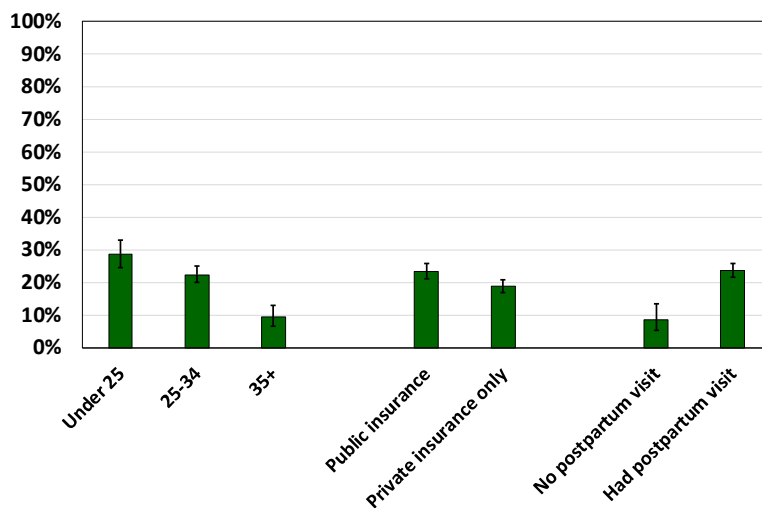
23.4% (21.4%-25.4%) of those using *any* form of birth control, or around half of those using a most effective form, used a LARC, such as an intrauterine device (or IUD) or a contraceptive implant such as Implanon®.

Women age 35 and older were less likely to be using a form of LARC (10.4% [7.3% - 14.4%]) compared to those under the age of 25 (31.1% [26.8% - 35.9%]) and those between 25-34 (24.0% [21.4% - 26.7%]).

A greater proportion of women (27.4% [24.2% - 30.9%]) on public insurance during the postpartum period used a form of LARC compared to those who were only using private insurance (18.9% [17.0%-21.0%]).

Only 10.3% (6.5% - 15.9%) who did not have a postpartum well-woman checkup used a LARC, while 25.1% (23.0% - 27.4%) of those who had a postpartum checkup did so.

Postpartum LARC Use



Condoms were used by 6.1% (4.1% - 9.0%) of those using a LARC, compared to 20.7% (16.4% - 25.8%) of those who used another most effective form of contraception (i.e. sterilization, abstinence, or vasectomy), and 42.3% (39.5% - 45.2%) of all non-LARC users.

The following questions on contraception use were used for this data brief:

What are your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant now? Check ALL that apply

- I am not having sex*
- I want to get pregnant
- I don't want to use birth control
- I am worried about side effects from birth control
- My husband or partner doesn't want to use anything
- I have problems getting birth control when I need it
- I had my tubes tied or blocked*
- My husband or partner had a vasectomy*
- I am pregnant now
- Other

[*Note: items marked with asterisk were coded as forms of birth control for this analysis.]

What kind of birth control are you or your husband or partner using now to keep from getting pregnant?

Check ALL that apply

- Tubes tied or blocked (female sterilization, Essure®, Adiana®)¹
- Vasectomy (male sterilization) ¹
- Birth control pill²
- Condoms³
- Injection (Depo-Provera®)¹
- Contraceptive implant (Implanon®)¹
- Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)²
- IUD (including Mirena® or ParaGard®)¹
- Natural family planning (including rhythm method)³
- Withdrawal (pulling out)³
- Not having sex (abstinence)¹
- Other

1. Most effective forms of contraception: Sterilization, contraceptive injections or implants, intrauterine devices (IUD), and abstinence
2. Generally effective forms of contraception: Birth control pills
3. Less effective forms of contraception: Condoms, withdrawal

Questions or comments about this report, or requests for further data, may be sent to John Davy at john.davy@vermont.gov or (802) 863-7661. More information about Vermont PRAMS can also be found at the Vermont Department of Health's population health surveys and data page at <http://healthvermont.gov/stats/surveys>.