

This is a report on the Pregnancy Risk Assessment Monitoring System (PRAMS), a survey conducted on a sample of Vermont women with live births since 2001. This report presents information about postpartum contraception use for Vermont births in the years 2009 through 2011, as well as trends over time between 2001 and 2011.

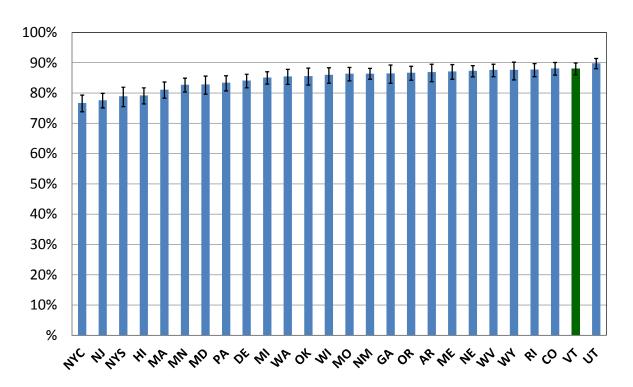
Importance of Birth Spacing

Using contraception after giving birth reduces unintended pregnancies and allows adequate spacing between births. Researchers have found some evidence that health risks increase when women have births within 18 months of each other¹.

Women pregnant within 18 months of a previous birth are more likely to have preterm or low birth weight babies, both of which are associated with infant mortality and long term health problems for both mother and baby. Decreasing the proportion of births within 18 months of a previous birth is a Healthy People 2020 goal and has been an important public health strategy².

State Comparison for Postpartum Contraception

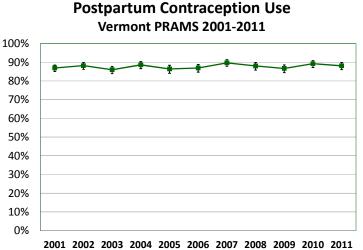
Vermont had relatively high rate of postpartum contraception use compared to the other PRAMS states in 2011, tied with Colorado for the second-highest rate. Only Utah had higher a proportion of contraception use after giving birth. The survey of Vermont births showed that 88% of mothers used postpartum contraception.



Postpartum Contraception Use 2011 PRAMS States



Postpartum Contraception Use in Vermont since 2001

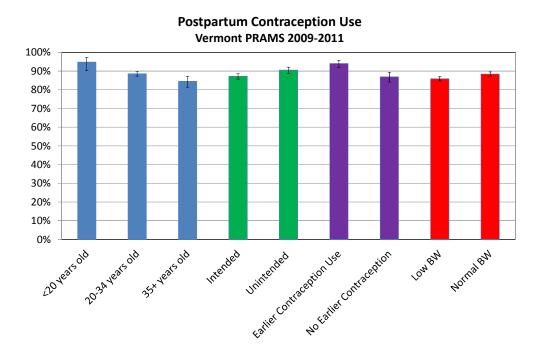


The rate of postpartum contraception use in Vermont has remained stable since 2001, at almost 90%

Demographics of Postpartum Contraception Use

There were demographic and behavioral factors associated with postpartum contraception use among mothers of Vermont births in 2009-2011. Mothers were more likely to use postpartum contraception if:

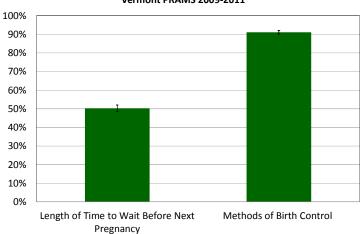
- They were teenagers; •
- Their most recent birth resulted from an unintended pregnancy; •
- They had used contraception before their most recent pregnancy; .
- Their new baby was delivered at normal, as opposed to low, birth weight. •





Which Conversation Makes Women More Likely to Use Postpartum Contraception?

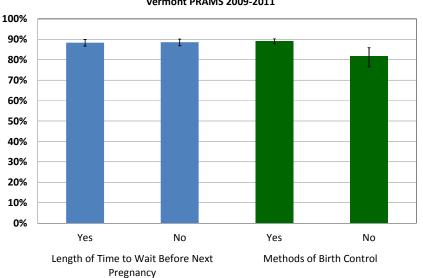
Vermont PRAMS asked whether specific types of postpartum discussions with health care workers had taken place in the years 2009-2011. These discussions included how long to wait before getting pregnant again, and birth control methods that can be used after birth.



Postpartum Family Planning Discussions Vermont PRAMS 2009-2011

90% who delivered a live Vermont birth talked with a health care worker about different methods of birth control to use after their pregnancy.

Specific discussion about birth spacing with a health care worker was relatively less common, as only around 50% of postpartum health care visits included conversations about the length of time to wait before having another pregnancy.



Contraception Use by Postpartum Counseling Discussion Vermont PRAMS 2009-2011

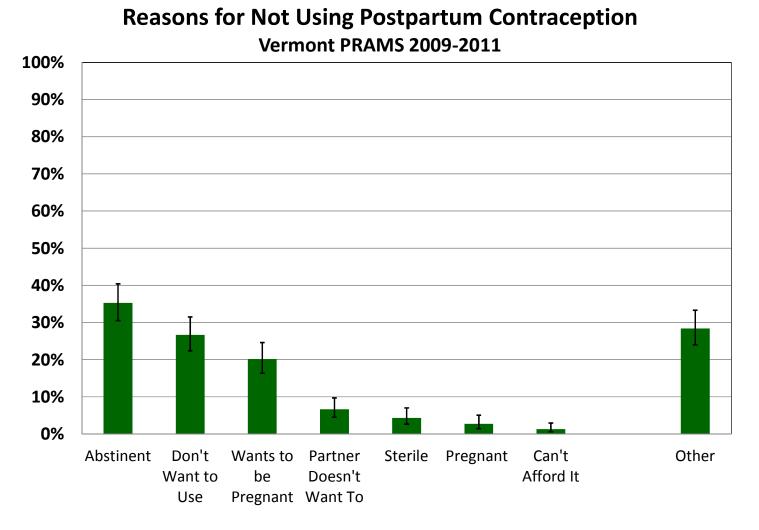
> A discussion with a health care worker about birth spacing was not associated with the likelihood of using contraception.

However, postpartum contraception use occurred more frequently with women who had talked to a health care worker about specific methods of birth control after delivery.



Reasons for Not Using Postpartum Contraception

Around 90% of the births were to women who at the time of the survey were using birth control. The most common reasons women gave for not using postpartum contraception were abstinence, "don't want to use", and "other" (respondents could select more than one reason).



Frequently occurring comments in the "other" category included:

- Being in a same-sex relationship;
- Not having time to arrange for birth control;
- Misconceptions about postpartum fertility (e.g. "using breastfeeding as birth control").

References

- Conde-Agudelo A; Rosas-Bermudez A; Kafury-Goeta AC. Birth spacing and risk of adverse perinatal outcomes: a metaanalysis. JAMA. 2006 Apr 19;295(15):1809-23. http://jama.jamanetwork.com/article.aspx?articleid=202711
- U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at <u>http://www.healthypeople.gov/2020/topics-objectives/topic/family-planning/objectives</u>. Accessed April 15, 2015.



Contraception Use: Vermont PRAMS 2009-2011

Questions used in this data brief included:

Thinking back to *just before* you got pregnant with your *new* baby, how did you feel about becoming pregnant?

- I wanted to be pregnant sooner
- I wanted to be pregnant later
- I wanted to be pregnant then
- I didn't want to be pregnant then or at any time in the future

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

- I am not having sex
- I want to get pregnant
- I don't want to use birth control
- My husband or partner doesn't want to use anything
- I don't think I can get pregnant (sterile)
- I can't pay for birth control
- I am pregnant now
- Other

When you got pregnant with your new baby, were you trying to get pregnant?

When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant

Are you or your husband or partner doing anything now to keep from getting pregnant?

2011 PRAMS Sites (as abbreviated in above charts):

AR = Arkansas; CO = Colorado; GA = Georgia; HI = Hawaii; MD = Maryland; ME = Maine; MI = Michigan; MN = Minnesota; MO = Missouri; NE = Nebraska; NJ = New Jersey; NM = New Mexico; NYC = New York City; NYS = New York state (excluding NYC); OK = Oklahoma; OR = Oregon; PA = Pennsylvania; RI = Rhode Island; UT = Utah; VT = Vermont; WA = Washington; WI = Wisconsin; WV = West Virginia; WY = Wyoming.

Data brief written by Katherine King. Questions or comments about this report may be directed to John Davy at (802)863-7661 or <u>john.davy@state.vt.us</u>. More information about Vermont PRAMS can also be found at http://healthvermont.gov/research/PRAMS/prams.aspx

Since your new baby was born, did any doctor, nurse, or other health care worker talk with you about any of the things listed below?

- How long to wait before getting pregnant again
- Birth control methods that I can use after giving birth