

Original research article

Postpartum contraceptive choices among ethnically diverse women in
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Abstract

Objective: The objective of the study was to determine if postpartum contraceptive choices by primiparous women differ by ethnicity.**Study design:** Retrospective nested cohort study analyzing women's characteristics and contraceptive choice.**Results:** Of 652 participants, 312 (47.8%) were Hispanic, 287 (44.0%) were non-Hispanic white, and 53 (8.1%) were American Indian (AI). In multivariate analysis, depot medroxyprogesterone acetate (DMPA) and intrauterine device (IUD)/implant choice was related to AI [DMPA: odds ratio (OR) 15.28, confidence interval (CI) 4.49–52.04; IUD/implant: OR 0.46, CI 0.22–0.92] and Hispanic (DMPA: OR 3.44, CI 1.12–10.58) ethnicity.**Conclusion:** DMPA use was higher among Hispanic and AI women and IUD/implant use lower in AI women compared to non-Hispanic white women.

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Keywords: American Indian; Contraception; Hispanic; Ethnicity; Primiparous

1. Introduction

Despite the range of contraceptive methods available in the United States, 49% of pregnancies are unintended and 33% have short interpregnancy intervals [1,2]. Adverse maternal and infant outcomes occur more frequently among minority and low-income women [3–5]. *Healthy People 2020* goals aim to reduce the proportion of unintended pregnancies and short interpregnancy intervals [1]. The prenatal and postpartum period is ideal for contraceptive counseling and initiation [6]. Understanding factors that influence postpartum contraceptive choice, initiation and adherence could inform strategies to reduce unplanned and rapid repeat pregnancy. Few studies have examined the role of ethnicity in choice of contraception. The objective of this study is to evaluate whether postpartum contraceptive choice in low-risk primiparous women varies by ethnicity.

2. Materials and methods

This retrospective nested cohort study used data from the Alterations in the Pelvic Floor in Pregnancy, Labor and

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★★ Implications: Ethnicity may affect contraceptive choice. Depot medroxyprogesterone acetate use was higher among Hispanic and American Indian (AI) women and intrauterine device/implant use was lower in AI women compared to non-Hispanic white women.

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Ensuing Years (APPLE) study. A prospective cohort study, APPLE was designed to investigate pelvic floor changes following birth in low-risk nulliparous women. Participants were recruited from the maternity care services at the University of New Mexico (UNM) Hospital in Albuquerque from 2006 to 2011. Eligibility criteria for the parent study included age ≥ 18 years, ability to speak and read English or Spanish, and singleton gestation. The UNM Human Research Protections Office approved the study.

Data for this study were abstracted from medical records and included demographic characteristics, choice of contraceptive method prior to hospital discharge and factors affecting contraceptive choice. Ethnicity was self-selected from a predefined list including non-Hispanic white (NHW), Hispanic, American Indian (AI), Asian/Pacific Islander and Black. Contraceptive method choice included intrauterine device (IUD), implant, depot medroxyprogesterone acetate (DMPA), oral contraceptive pills (OCPs), patch, ring, condoms and natural family planning. No patients obtained tubal ligations.

We conducted a power analysis based on the anticipated parent sample size of 765 with the assumption that 62% of postpartum women report using effective contraception [7].

This study can detect a 17% difference in postpartum contraceptive choice between NHW and Hispanic women with 80% power and $\alpha=0.05$.

2.1. Statistical analyses

Differences in patient characteristics were compared by one-way analysis of variance (ANOVA) for continuous variables and χ^2 or Fisher's Exact Test for categorical variables. Stepwise logistic regression identified predictors affecting contraceptive choice. Odds ratios (ORs) and 95% confidence intervals (CIs) were calculated. Data were analyzed using SAS® statistical software (version 9.3; SAS Institute Inc., Cary, NC, USA).

3. Results

A total of 782 women were recruited for the parent study. One hundred thirty women did not meet study criteria and were excluded. Asian/Pacific Islander and Black women were also excluded ($n=44$), leaving 652 in the final analysis. Overall, 312 (47.8%) were Hispanic, 287

Table 1
Demographic characteristics and contraceptive choice by ethnicity

Characteristics	Total population $N=652$	Ethnicity			p value	Post hoc testing
		NHW ($n=287$)	H ($n=312$)	AI ($n=53$)		
Age (years \pm SD)	24.8 \pm 5.5	26.4 \pm 5.4	23.6 \pm 5.1	23.4 \pm 5.8	<.001	NHW>H & AI
BMI ≥ 25	306 ^a (47.6)	117 ^a (40.8)	158 ^a (50.6)	31 ^a (58.5)	.007	H & AI>NHW
Parity ^b						
EAB/SAB/ectopic	223 (34.2)	100 (34.8)	110 (35.3)	13 (24.5)	.30	
Married/cohabitating ^b	435 ^a (66.7)	218 ^a (76.0)	193 ^a (61.8)	24 ^a (45.3)	<.001	NHW>H & AI
≥ 4 -year college education ^b	189 ^a (29.0)	131 ^a (45.6)	54 ^a (17.3)	4 ^a (7.5)	<.001	NHW>H>AI
≥ 12 prenatal visits ^b	310 ^a (47.5)	153 ^a (53.3)	143 ^a (45.8)	14 ^a (26.4)	<.001	NHW>H>AI
Unplanned pregnancy ^b	309 (47.4)	123 (42.9)	164 (52.6)	22 (41.5)	.04	H>NHW
Early prenatal care ^b	487 ^a (74.7)	235 ^a (81.9)	227 ^a (72.8)	25 ^a (47.2)	<.001	NHW>H>AI
Antenatal smoking ^b	52 ^a (7.9)	33 ^a (11.5)	17 ^a (5.4)	2 ^a (3.8)	.01	NHW>H & AI
Breastfeeding ^b	574 ^a (88.0)	257 ^a (89.5)	273 ^a (87.5)	44 ^a (83.0)	.46	
Contraception plan ^b	599 ^a (91.9)	261 ^a (90.9)	288 ^a (92.3)	46 ^a (86.8)	.78	
Insurance at delivery ^b						
Private	191 ^a (29.3)	122 ^a (42.5)	64 ^a (20.5)	5 ^a (9.4)	<.001	NHW>H & AI
Medicaid	394 ^a (60.4)	137 ^a (47.7)	210 ^a (67.3)	47 ^a (88.7)	<.001	AI>H>NHW
Military	37 ^a (5.7)	24 ^a (8.4)	13 ^a (4.2)	0	.01	NHW>H & AI
Self-pay	26 ^a (4.0)	3 ^a (1.1)	23 ^a (7.4)	0	<.001	H>NHW & AI
Contraceptive choice ^d						
IUD	242 ^a (37.1)	105 (36.6)	125 (40.1)	12 (22.6)	.48	NHW<H<AI
Implant	15 (2.3)	4 (1.4)	9 (2.9)	2 (3.8)	.27	
OCPs	177 (27.1)	82 (28.6)	83 (26.6)	12 (22.6)	.68	
Patch	4 (0.61)	0	3 (1.0)	1 (1.9)	.10	
Ring	11 (1.69)	4 (1.4)	6 (2.2)	1 (1.9)	.81	
DMPA	35 (5.4)	4 (1.4)	19 (6.1)	12 (22.6)	<.001	
Condoms	63 (9.67)	34 (11.8)	25 (8.0)	4 (7.5)	.13	
Other ^c	52 (7.97)	28 (9.8)	18 (5.8)	6 (11.3)	.10	

Continuous variables analyzed by one-way ANOVA, and categorical variables analyzed by χ^2 or Fisher's Exact Test.

H, Hispanic; BMI, body mass index; EAB, elective abortion; SAB, spontaneous abortion.

^a Denominator includes missing values. Overall missing values less than 8%.

^b N (%) reported.

^c Other: includes diaphragm, withdrawal and natural family planning.

^d Choice of contraception before discharge from the hospital.

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