

Postpartum Reproductive Health Choices Vary by Race

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Background

- The infant mortality rate is a marker for community health and a way to identify disparities in population health.
- In Kalamazoo, MI, the racial disparity in infant mortality between African Americans and Caucasian individuals is especially high, with a 4x higher African American infant mortality than Caucasian infants (Figure 1)

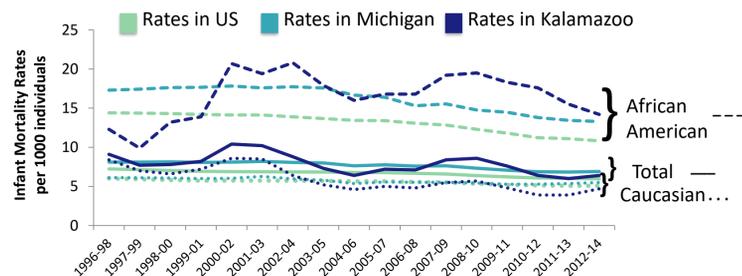


Figure 1. Three year Moving Average Infant Mortality Rates per 1000 Live Births.

Data was obtained from the CDC.

- Rapid repeat pregnancies are associated with higher infant mortality rates
- Rapid repeat pregnancies are more common in African Americans overall in the U.S. than Caucasians
- The type of birth control a woman uses affects the time interval between pregnancies

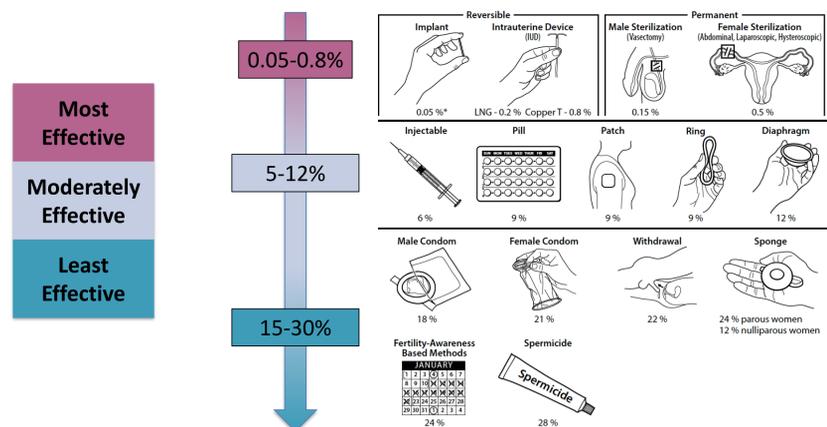


Figure 2. Effectiveness of Family Planning Methods according to the CDC.

Percent unintended pregnancies is calculated for every 100 women who experience an unintended pregnancy during the first year of use of each contraception method.

Methods

Question: Is the racial disparity in poor birth outcomes in Kalamazoo County impacted by birth control choices?

An observational prospective study was conducted of 243 recently-delivered women from the postpartum floors of two local hospitals. Data was collected via telephone surveys administered 6-8 weeks post-delivery and an administrative record review for demographic and health information. Type of birth control, socioeconomic, or health variables that may impact access to birth control were examined stratified by race. Race was separated into Caucasian or "of Color" due to limited racial diversity in the dataset. Differences between racial groups were compared using Chi-squared analysis.

Results

- 14% of 243 surveyed women at 6-8 weeks post-delivery indicated they were not using any birth control
- Of the 86% of women who reported having a birth control method, the top 3 birth control methods used by postpartum women in Kalamazoo are some of the least effective methods, including condoms, abstinence and oral birth control pills (Table 1).

Contraception Choice	Total % (N) N=243	Of Color % (N) N=96	Caucasian % (N) N=148	P Value
Nothing	14.4% (35)	12.6% (12)	15.5% (23)	.529
Condom	21.3% (49)	17% (17)	23.6% (35)	.268
Abstinence	18.4% (45)	25% (24)	14.2% (21)	.033*
Birth Control Pill	16.4% (40)	8.3% (8)	21.6% (32)	.006*
Tubal Ligation	7.8% (19)	11.5% (11)	5.4% (8)	.085
Injection	7% (17)	9.4% (9)	5.4% (8)	.234
IUD	6.6% (16)	3.1% (3)	8.8% (13)	.081
Withdrawal	5.7% (14)	5.2% (5)	6.1% (9)	.775
Vasectomy	3.7% (9)	1% (1)	5.4% (8)	.077
Implant	2.5% (6)	5.2% (5)	.7% (1)	.026*

Table 1. Post-partum Contraception Choice by women in Kalamazoo Michigan.

Barriers	Women of Color N=96	Caucasian Women N=148	Chi Square P Value
Lack of reliable transportation	11.5%	0%	<.001
Non-Private Insurance	62.5%	25.7%	<.001
Poverty	42.7%	16.2%	<.001
Medical Home	88.4%	95.9%	0.32
Primary Care Physician	34.7%	54.7%	.002

Table 2. Prevalence of Reported Barriers to Postpartum Birth-Control Access

Conclusions

- A majority of women are using some of the least effective options of birth control methods post-partum
- Abstinence is one of the leading postpartum birth control methods chosen by women of Color in this study
- There are differences in postpartum birth control choices between Caucasian women and women of color in Kalamazoo County
- Women of color experience more barriers that may impact contraception choice

Implications

- Knowing that women are using less-effective methods of birth control, such as abstinence, advocating for more reliable methods of birth control may reduce poor birth outcomes
- Investigation into the factors that impact postpartum birth control choice by women may address the race-related and socioeconomic disparities seen in infant mortality

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