



Postpartum Contraceptive Use Virginia – PRAMS, 2021-2023

Background

Shorter time periods between pregnancies are associated with adverse birth outcomes, such as preterm birth.¹ The risk of adverse birth outcomes has been shown to increase as the time between pregnancies decrease (i.e., 12–17 months, 6–11 months, and less than 6 months).¹ During prenatal and postpartum visits, the American College of Obstetricians and Gynecologists (ACOG) recommends health care providers talk with women about the importance of birth spacing and their desires and plans for future pregnancies when discussing contraceptive options.² ACOG recommends that women be advised to avoid a repeat pregnancy sooner than 6 months and counseled about the risks of a repeat pregnancy sooner than 18 months.^{2,3}

While many factors influence contraceptive choice, contraceptive methods have varying levels of effectiveness at preventing pregnancy during typical use.^{4,5} Long-acting reversible contraception (LARC) (i.e., contraceptive implants and intrauterine devices [IUDs]) are the most effective reversible methods. The non-LARC hormonal methods are classified as moderately effective (i.e., contraceptive shots, birth control pills, patches, rings).^{4,5} Other methods, for example condoms, diaphragm, natural family planning, and withdrawal are classified as the least effective contraceptive methods for preventing pregnancy.^{4,5}

This fact sheet provides information on postpartum contraceptive use among women with a recent live birth, 2021-2023, by level of effectiveness and maternal characteristics.

Pregnancy Risk Assessment Monitoring System (PRAMS)

PRAMS collects site-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy using a survey. PRAMS surveys are typically completed between 2 and 6 months after a live birth.

Postpartum Contraceptive Use* Among Women with a Recent Live Birth◊

PRAMS Indicator	Virginia % (95% CI)†		
	2021	2022	2023
No Contraceptive Method	22.1 (17.5-26.6)	21.4 (17.1-25.6)	25.7 (20.7-30.7)
Any Contraceptive Method‡	77.9 (73.4-82.5)	78.6 (74.4-82.9)	74.3 (69.3-79.3)
Among women reporting use of any postpartum contraceptive method:			
Sterilization (i.e., tubal ligation or partner vasectomy) OR Long-acting reversible contraception* (i.e., intrauterine device [IUD] or implant)	36.5 (30.5-42.5)	30.8 (25.4-36.2)	26.8 (21.0-32.6)
Moderately effective contraception*‡	25.2 (19.9-30.4)	31.4 (25.8-36.9)	35.0 (28.6-41.3)
Least effective contraception*‡	49.8 (43.6-55.9)	49.8 (43.9-55.7)	44.4 (37.9-50.9)

* Current contraceptive use at the time the PRAMS survey was completed.

◊ Excludes PRAMS respondents who reported being currently pregnant or having a hysterectomy; Includes PRAMS respondents who reported wanting to get pregnant or not being sexually active.

† Weighted row percent (95% Confidence Interval).

‡ Any contraceptive method included tubal ligation, partner vasectomy, intrauterine device (IUD), implant, contraceptive shot, birth control pill, patch, ring, condoms, diaphragm, natural family planning, withdrawal, or other method (including method not specified).

§ Long-acting reversible contraception included IUD or implant. Moderately effective contraceptive methods included contraceptive shot, birth control pill, patch, or ring. Least effective contraceptive methods included condoms, diaphragm, natural family planning or withdrawal.



Postpartum Contraceptive Use Virginia – PRAMS, 2021-2023

Postpartum Contraceptive Use* among Women with a Recent Live Birth[◇], by Maternal Characteristics – Virginia, 2023

Characteristic	Any contraceptive method % (95% CI) [±]	Long-acting reversible contraception % (95% CI) [±]	Moderately effective contraception [¥] % (95% CI) [±]	Least effective contraception [¥] % (95% CI) [±]
Maternal Race/Ethnicity				
Non-Hispanic White	80.1 (73.9-86.3)	25.1 (17.4-32.7)	33.2 (24.9-41.6)	53.2 (44.4-62.0)
Non-Hispanic Black	69.3 (55.0-83.6)	22.1 (6.6-37.6)	48.3 (29.5-67.0)	26.2 (9.8-42.7)
Hispanic	74.5 (64.3-84.7)	36.9 (24.0-49.8)	35.6 (22.7-48.6)	32.2 (19.7-44.7)
Non-Hispanic Another Race	52.3 (34.2-70.3)	17.1 (0.0-34.2)	17.0 (0.0-37.5)	54.3 (29.7-78.9)
Maternal Age (years)				
≤19	93.1 (86.1-100.0)	#	#	#
20-24	82.3 (70.2-94.4)	35.6 (18.7-52.4)	40.2 (22.6-57.9)	40.5 (22.9-58.2)
25-34	71.7 (65.0-78.3)	21.2 (14.2-28.3)	31.2 (29.7-46.7)	46.0 (37.4-54.7)
≥35	76.2 (66.5-85.8)	50.0 (13.9-86.2)	25.8 (14.7-36.8)	42.5 (29.8-55.2)
Insurance Postpartum				
Private Insurance	76.3 (69.6-82.9)	13.8 (10.1-18.5)	33.7 (25.1-42.4)	49.0 (39.9-58.0)
Medicaid	71.4 (61.6-81.2)	23.5 (14.2-36.3)	43.7 (30.9-56.5)	36.6 (24.2-49.1)
Other Insurance	70.9 (54.9-87.0)	31.2 (21.5-40.9)	32.1 (13.2-51.0)	60.3 (39.9-80.6)
No Insurance	80.6 (65.4-96.3)	15.1 (7.4-28.4)	20.5 (5.0-36.0)	28.5 (9.7-47.4)
Highest Level of Education				
Less than High School	76.9 (63.7-90.2)	29.8 (7.4-37.0)	43.0 (24.8-61.1)	27.1 (11.2-42.9)
High School Graduate	72.8 (61.7-83.9)	31.2 (9.6-23.9)	38.4 (24.4-52.4)	39.8 (25.8-53.9)
More than High School	74.3 (68.2-80.4)	24.7 (14.5-47.5)	32.3 (24.6-39.9)	49.2 (41.1-57.4)
Intended Pregnancy (most recent live birth)				
No	75.8 (67.8-83.8)	31.0 (21.4-40.6)	39.7 (29.3-50.1)	38.8 (28.5-49.1)
Yes	73.2 (66.8-79.6)	24.1 (16.8-31.4)	32.0 (24.1-40.0)	47.8 (39.3-56.3)

* ◇ || ¥ See footnotes on the first table.

± Weighted column percent (95% Confidence Interval).

< 20 respondents, not reported.

Summary

- From 2021-2023 the majority of Virginia women with a recent live birth reported use of a postpartum contraceptive at the time of survey completion. In 2023, there was a decrease in reported use compared to 2022, 74.3 and 78.6, respectively.
- Of those women who reported using any postpartum contraception in 2023, the most widely used method was the least effective method (condoms, diaphragm, natural family planning, or withdrawal) at 44.4%.

References

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2. American College of Obstetricians and Gynecologists (ACOG). Obstetric Care Consensus No. 8: Interpregnancy Care, Jan 2019. <https://www.acog.org/clinical/clinical-guidance/obstetric-care-consensus/articles/2019/01/interpregnancy-care>
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To learn more about Virginia PRAMS and to see other data visit:

<http://www.vdh.virginia.gov/prams/>

