MetroHealth

Consistency of antenatal contraceptive plan and postpartum fulfillment in women with opioid use disorder

University Hospitals

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Introduction

- Rates of unintended pregnancy are higher in patients with opioid use disorder (OUD) than the general population.
- Those with a consistent plan for postpartum contraception (PCM) throughout prenatal care are more likely to choose a highly effective form of contraception.
- Aim: determine the relationship between consistency of planned PCM and effectiveness of chosen PCM in gravidas with OUD.

Methods

- Retrospective cohort of patients with OUD delivering at an urban tertiary care center between 2012-2014.
- Planned PCM categorized into tiers based on efficacy
- Consistency defined as choosing the same tier of efficacy prenatally and at the time of discharge after delivery
- Characteristics compared between those with and without a consistent plan.
- Outcomes including fulfilment of PCM, postpartum visit attendance, and pregnancy within 365 days of index pregnancy compared
- Chi-square, t-test, and Mann-Whitney test used as appropriate

Results

- 200 eligible patients, only 44.6% had a consistent plan
- Those who had adequate prenatal care (>5 prenatal visits) were more likely to have a consistent plan
- Those with a consistent plan we more likely to chose either highly effective PCM or no contraception
- No differences were noted in contraception fulfilment, postpartum visit attendance, or repeat pregnancy in 365 days between groups

Discussion

- Given that almost half the gravidas chose no contraception, comprehensive and ongoing contraceptive counseling during prenatal care may be beneficial.
- Providers should ensure counseling is non-coercive and empowers patients to make educated decisions for their reproductive lives

Most gravidas with OUD **did not have consistent contraceptive plans**. Consistency was noted primarily in those who desired **highly effective** options or did **not desire contraception** at all.

Table 1: Clinical and demographic characteristics for women with a consistent versus not consistent plan for postpartum contraception

	Not consistent	**Consistent**	**p**
n	111	89	
Maternal age at delivery	27.70 (4.64)	28.25 (4.34)	0.40
Parity			0.32
0	37 (33.3)	21 (24.7)	
1	37 (33.3)	28 (32.9)	
2+	37 (33.3)	36 (42.4)	
Gestational age at delivery	37.67 (3.05)	38.29 (2.37)	0.12
Adequate prenatal care	72 (66.7)	71 (84.5)	**0.008**
Route of Delivery			0.60
Cesarean section	25 (22.5)	24 (28.2)	
Operative vaginal delivery	4 (3.6)	2 (2.4)	
Spontaneous vaginal delivery	82 (73.9)	59 (69.4)	
Insurance			0.89
Medicaid	95 (90.5)	65 (90.3)	
Medicare	6 (5.7)	5 (6.9)	
None	4 (3.8)	2 (2.8)	
Race			0.59
White	48 (49.0)	42 (53.8)	
Black	44 (44.9)	29 (37.2)	
Asian	3 (3.1)	2 (2.6)	
Other	3 (3.1)	5 (6.4)	
Married	19 (17.1)	24 (28.9)	0.08
Attended College	30 (28.3)	30 (37.5)	0.24

Presented as n (%) or mean (SD)

Table 2: Contraceptive outcomes for women with consistent versus not consistent postpartum contraceptive plans

Outcome	Not consistent	Consistent	p
Planned method of contraception at hospital discharge			**<0.001**
Highly effective *	31 (27.9)	35 (39.3)	
Moderately effective **	67 (60.4)	12 (13.5)	
Less effective ***	3 (2.7)	1 (1.1)	
None	10 (9.0)	41 (46.1)	
Contraceptive plan fulfilment	72 (64.9)	64 (75.3)	0.16
Postpartum visit attendance	70 (63.1)	56 (65.9)	0.80
Short interval pregnancy	33 (29.7)	18 (20.2)	0.17

Presented as n (%)
* sterilization and long acting reversible contraception
** injectables, pill, patch, and vaginal ring
***barrier, fertility awareness, withdrawal, and abstinence