

Abstract: A Qualitative Study of Postpartum Contraception Decision Making

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Background

Adolescent mothers are more likely to experience short-interval repeat pregnancies than their non-adolescent counterparts, placing them at risk for both pregnancy-related morbidity and adverse socioeconomic outcomes. Increased use of long-acting reversible contraception (LARC) has been associated with a decrease in adolescent unintended pregnancies. However, LARC use is less common in adolescents. Currently, factors associated with an adolescent's contraceptive decision-making post-partum is not well understood.

Methods

Semi-structured, in-depth phone interviews regarding contraceptive choice were conducted with adolescent women at 6 months postpartum. Participants were recruited in the first 2 months postpartum during well child visits (WCV) with their infant at a dyadic primary care medical home. Twenty-one patient interviews were completed. Each interview was independently coded by two reviewers. All interview transcripts were coded to create a matrix outlining common themes related to contraceptive choice. These codes were then looked at further based on subgroup of contraceptive choice and race/ethnicity.

Results

Multiple themes emerged upon performing rapid qualitative analysis. Most participants cited an inability to remember to take a daily pill as the reason they did not choose oral contraceptive pills (OCP) as their contraceptive method. Participants who did not choose an intrauterine device (IUD) or progesterone-only implant most often mentioned invasiveness or past negative experiences in their reasoning. Participants chose methods other than Depo Provera because they felt that frequent appointments were inconvenient. Conversely, participants who chose an IUD or implant cited its efficacy, convenience, and menses suppression as reasons for their decision. Those who chose Depo Provera favored its ease of use and menses suppression. Pregnancy plans were mentioned by several participants who identified as Hispanic/Latino/Latina as influencing selection of contraceptive methods, but never by those who identified as non-Hispanic/Latino/Latina. Perceived efficacy, duration, and positive side effects were mentioned relatively more frequently by non-Hispanic/Latino/Latina participants as compared to Hispanic/Latino/Latina participants.

Conclusion

The data provided by this study highlight both intrinsic and extrinsic factors influencing adolescents' postpartum contraception decisions. Contraceptive encounters must include exploration of these values and counseling should be tailored to each adolescent's individual priorities.