

Title: Postpartum Contraceptive Concordance in the COVID Era

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Background: Contraceptive concordance refers to a health system's ability to support patients' reproductive autonomy by determining if patients ultimately receive their preferred method of contraception. Prior research examined postpartum contraceptive concordance for patients with emergency vs. full-scope Medicaid delivering at a safety net hospital and found higher levels of contraceptive concordance at hospital discharge for full-scope Medicaid patients as compared to emergency Medicaid patients ($p < 0.01$).¹ Little is currently known about the impact of the COVID-19 pandemic on contraceptive concordance.

Objective/Hypothesis: Examine concordance of postpartum patients' contraceptive preference to contraception received at discharge in patients with Medicaid during the COVID-19 pandemic. We hypothesize that the COVID-19 pandemic may have had a negative impact on contraceptive concordance rates in patients with Medicaid.

Methods: This project conducts an initial retrospective examination of contraceptive concordance at discharge from the postpartum unit for patients with Medicaid who delivered at Denver Health between April 2020 and October 2020. REDCap was used for data collection and storage, and Excel was used for generation of tables and descriptive statistics.

Results: 569 patients with emergency or full-scope Medicaid were included in this study. 63% of patients in this study sample received their preferred form of birth control at discharge from the postpartum unit. The most common reasons for contraceptive discordance at discharge were bridge to desired method and patient deferral of contraceptive initiation.

Conclusions: The majority of patients in this COVID-era cohort received their preferred form of contraception. Further research will compare this COVID-era patient cohort with a pre-COVID cohort to test for statistically significant differences in postpartum contraceptive concordance.