

# **Health care system characteristics associated with postpartum contraceptive utilization, birth spacing and short interpregnancy intervals among privately insured women in North Carolina**

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## **Abstract**

**Objective:** To determine if provider characteristics or rural geography affect the timing of postpartum contraceptive, method of postpartum contraceptive, or incidence of short interpregnancy intervals among privately insured women in North Carolina.

**Methods:** Using administrative claims data from a large, private insurer, we used two-stage residual inclusion and logit modeling to determine when a woman began a contraceptive, the likelihood that the contraceptive she began was a long-acting reversible contraceptive, and how these behaviors affected the probability of a subsequent live birth within 27 months of delivery. Our key independent variables were whether a woman received maternity care from a provider affiliated with an obstetrics/gynecology residency program, the provider's specialty, and whether or not a woman lived in a rural area.

**Results:** Receiving maternity care from a provider affiliated with an OB/GYN residency program was slightly negatively associated with contraceptive initiation within 3, 6 and 12 months postpartum and had no effect on a woman's probability of using a long-acting reversible method or having a subsequent short interpregnancy interval. Provider specialty did not have an effect on a woman's timing of contraceptive initiation nor the probability of having a short interpregnancy interval. Living in a rural area had no effect on timing to postpartum contraceptive, type of postpartum contraceptive or probability of having a short interpregnancy interval to subsequent live birth.

**Conclusions:** While we hypothesized OB/GYN providers and providers associated with an OB/GYN residency program would increase the probability of a woman initiating contraceptives within 12 months and use LARC more often than other providers, our findings did not support this. Among women with consistent insurance coverage during the postpartum period, short interpregnancy intervals were common. Controlling for characteristics associated with her provider, the facility where she received care, and the demographics of the area in which she lives, the strongest predictor of whether a woman would have a short birth interval is the type of contraceptive she uses in the postpartum period. Women using a long-acting method versus a short-acting method were significantly less likely to have a short interpregnancy interval to their next birth.

**Key words:** contraceptive, postpartum contraception, long-acting reversible contraceptives, interpregnancy intervals, birth spacing

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