

Disparities in contraception use between women with and without diabetes persist

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Uncontrolled diabetes increases maternal and fetal risks during pregnancy. As a result, the American Diabetes Association (ADA) recommends that family planning should be discussed and effective

contraception should be available to the more than three percent of (more than one million) reproductive-age women in the United States with diabetes. Yet a new study has found that women with diabetes are less likely to use contraception after their diabetes diagnosis.

"Efforts are needed to ensure that women with [diabetes](#) receive the counseling and clinical services needed to carefully plan their pregnancies," said corresponding author Mara Murray Horwitz, MD, assistant professor medicine at Boston University School of Medicine.

Using claims data from a large national insurance provider to identify reproductive-age women, the researchers divided them into two groups: those who received a new diabetes diagnosis and those who did not receive a diabetes diagnosis. They then matched individuals in each group on important other variables to make the groups more similar. Using [medical diagnosis](#), pharmacy fill and procedure codes, they measured contraception use in the two groups during the year before the diagnosis and during the year after the diagnosis. Finally, they compared the change in contraception use from the year before the diagnosis to the year after the diagnosis, in the diagnosed group versus in the undiagnosed group.

They found that being diagnosed with diabetes does not make a person more likely to use effective contraception and in fact may lead to a drop in the use of certain types of effective contraception, namely short-acting hormonal methods such as pills and injections.

The ADA states that "[women](#) with diabetes have the same contraception options and recommendations as those without diabetes," and that, "the risk of an unplanned pregnancy outweighs the risk of any given contraception option." "Nonetheless, many patients and clinicians report concerns about the need for and safety of contraception in the setting of diabetes. It is conceivable that—as our study suggests—a diabetes

[diagnosis](#) leads to less, instead of more, [contraception](#) counseling, prescribing, and use," added Murray Horwitz, a physician at Boston Medical Center.

The researchers hope that this study leads to more comprehensive care, including [family planning](#) with the full range of safe and effective contraceptive options, for persons with diabetes who may become pregnant. "Ultimately we want everyone to be able to choose when and if they become pregnant and to have the information, tools and support as needed to optimize their pregnancy outcomes," she said.

These findings appear online in the journal *Primary Care Diabetes*.

More information: Mara E. Murray Horwitz et al. Use of contraception before and after a diabetes diagnosis: An observational matched cohort study
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