

Free postpartum contraception optimizes pregnancy intervals

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Image courtesy of Blausen Medical

Providing postpartum contraception to low-income women through publicly-funded programs helps avoid short pregnancy intervals, according to research published online July 8 in *Obstetrics & Gynecology*.

(HealthDay)—Providing postpartum contraception to low-income women through publicly-funded programs helps avoid short pregnancy intervals, according to research published online July 8 in *Obstetrics & Gynecology*.

Heike Thiel de Bocanegra, Ph.D., M.P.H., of the University of California in San Francisco, and colleagues identified a cohort of 117,644 women aged 15 to 44 years who had given birth in 2008 and received publicly-funded health care services in the 18 months following their previous live birth. The association between provision of [contraception](#) within 90 days after birth and interpregnancy intervals was examined.

The researchers found that 48,775 women (41 percent) had a claim for contraception within 90 days following the birth. For every six women who received postpartum contraception, one additional woman avoided a short [pregnancy](#) interval (number needed to treat, 6.38). Receiving a contraceptive method, receiving contraception at the first clinic visit, and receiving care through Medi-Cal (California's Medicaid program) and its family planning expansion program were significantly associated with avoidance of short between-pregnancy intervals. After controlling for the other variables, receipt of contraception at the first postpartum clinic visit was shown to have an added independent effect on avoiding short intervals between pregnancies. Compared with white women, foreign-born women were 47 percent more likely, and Asian and Pacific Islander women were 23 percent less likely, to avoid short interpregnancy intervals.

"Findings of this study suggest that closer attention to provision of postpartum contraception in publicly-funded programs has the potential to improve optimal interpregnancy intervals among low-income [women](#)," the authors write.

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