

Immediate birth control implant more cost-effective

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Women who have just given birth are often motivated to prevent a rapid, repeat pregnancy. For those who prefer a contraceptive implant, getting the procedure in the hospital immediately after giving birth is more cost-effective than delaying insertion to a 6-8 week postpartum visit, according to a new study by Yale School of Medicine researchers.

Published online ahead of print in the July issue of *Obstetrics & Gynecology*, the study compares costs associated with immediate implant insertion with costs of [unintended pregnancy](#). The implant is placed in the arm and can last for three years.

The research team used data from the published literature to model what would happen to a hypothetical group of 1,000 women who want the contraceptive implant after a recent [birth](#). The computer model, referred to as a decision analysis, takes into account all possible outcomes for each step of the process.

The authors found that for every 1,000 women using an implant, immediate contraception is expected to avert 191 unintended pregnancies and save over \$1 million in the first year compared with delayed insertion. Cost savings would increase further for the second and third year after insertion. Immediate insertion is cost effective because more women will get the implant compared to a delayed insertion strategy.

"Women can get pregnant again within four weeks of delivering a baby," said lead author Dr. Aileen Gariepy, assistant professor in the Department of Obstetrics, Gynecology & Reproductive Sciences at Yale School of Medicine. "Most women resume sexual activity before their postpartum office visit and therefore will be at risk of pregnancy. And 35% of women do not return for a postpartum visit."

Gariepy said the immediate postpartum period—after delivery but before discharge home—is an ideal opportunity for initiating contraceptives because patients are motivated and timing is convenient. But most insurance policies do not provide coverage for [contraceptive implant](#) while the mother is still in the [hospital](#).

"Lack of reimbursement is the most significant barrier to providing this

highly effective [contraceptive](#)," she said. "It's time to stop making women jump through hoops. Providing immediate postpartum insertion helps [women](#) and insurance companies. It's a win-win strategy for all."

"This is important information for policy makers and insurance companies," Gariepy added. "Our findings show a strong public health benefit and should aid national organizations advocating for insurance providers to reimburse immediate postpartum insertion."

Provided by Yale University

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