



# Assessing the Impact of the COVID-19 Pandemic on Postpartum Contraception Uptake

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ABSTRACT



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**Background:** Due to COVID-19, telemedicine was incorporated into postpartum care to reduce transmission risk.

**Research Question:** Our objective was to compare postpartum contraception uptake between March 1, 2019–May 31, 2019 and March 1, 2020–May 31, 2020.

**Study Design/Methods:** This is a retrospective cohort study of postpartum patients who delivered at the Mount Sinai Hospital System between March 1, 2019–May 31, 2019 and March 1, 2020–May 31, 2020. We recorded postpartum contraception uptake at hospital discharge and at outpatient postpartum visits. We compared four categories: short-acting reversible contraception (SARC), long-acting reversible contraception (LARC), “barrier methods/other” (condoms, diaphragms, spermicides), and sterilization. The 2019 and 2020 patient cohorts did not differ significantly in terms of maternal age, gravidity, ethnicity, or insurance type. This study was approved by the Mount Sinai IRB.

**Results:** 1,106 patients were included in our analysis, 443 and 663 who delivered in 2019 and 2020 respectively. There were no significant differences in the number of patients offered and accepting contraception at hospital discharge and postpartum visit between the 2019 and 2020 groups. Type of contraception given at postpartum visit differed significantly between 2019 and 2020 ( $p = 0.006$ ), with the 2020 group more likely to use SARC (55 vs. 42%) and less likely to use LARC (15 vs. 24%). Notably, 26% of the 2020 group had telehealth postpartum visits (vs. 0% in 2019). Within the 2020 group, type of contraception differed significantly between in-person and telehealth visits ( $p = 0.001$ ). Patients who had telehealth visits were less likely to use “barrier/other” methods (14 vs. 32%) and more likely to use SARC (67 vs. 51%).

**Conclusions:** Despite COVID-19, overall uptake of postpartum contraception did not change significantly; however, the type of contraception differed significantly, particularly at telehealth visits. Additional research is needed to understand why telehealth postpartum visits may increase the uptake of short acting contraception and decrease barrier methods.

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## COMPETING INTERESTS

The authors have no competing interests to declare.

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