

Family Planning Practices and the role of Pediatricians in increasing inter-pregnancy intervals in Latina women served by AltaMed.

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Introduction:

Short intervals between repeat pregnancies can have negative biological and psychosocial outcomes for both mother and child. Unfortunately, observations with patients bringing their children in for a 0-12 month well baby check up have yielded a concern that though parent may not be planning for or desiring another child at this time, nor are they utilizing effective birth control methods. Amongst adolescent mothers, birth control usage increases postpartum, but rates of discontinuation are high due to lack of education, parental support, and loss of continuity of care. While this has been well documented amongst adolescent mothers, it is unclear how pervasive this phenomenon and these factors are among all mothers in a low-income Latino community. Furthermore, though the care for new mothers often ends at 40 days postpartum, there may be opportunities available for pediatricians to discuss family planning during 0-12 month well baby visits. Therefore, we proposed to survey new mothers bringing their children in for 0-12 month well baby visits to determine how their current family planning practices related to their future pregnancy intentions and how interested these mothers are in speaking further with their pediatrician regarding future family planning.

Background:

The negative biological and psychosocial outcomes of short interpregnancy intervals (IPI) have been well documented for both mother and child. Rates of preterm births increase as IPI decrease.^(2,4,6) Even when controlling for the complex effects of prematurity, infants conceived within a few months of a previous birth are at

a higher risk of low birth weight and neonatal death. Evidence has suggested that avoidance of birth intervals of less than two years could result in a 5-10% decreased risk of low birth weight and neonatal death.⁽⁴⁾ IPI have been linked to a 3 fold higher risk for autism in infants conceived < 12 months after a prior birth compared to infants conceived <36 months after.⁽⁸⁾ Overall, women with IPI from 18-23 months had the lowest risk of adverse perinatal outcomes which suggest this as an ideal minimal interval between pregnancies.^(7,9)

IPI are influenced by a number of factors including mothers of African American or Hispanic decent, under 25 years of age, who are less educated, who are unmarried, of higher parity, who smoke, and receive inadequate or no prenatal care.⁽⁹⁾ Compared to non-Hispanic whites, women with short IPI are more likely to be Hispanic than women with intermediate IPI and 23.3% of Hispanic births were preceded by a <12 month interval. It is thought that 8% of all low birth weight and preterm births are related to short IPI in both African Americans and Hispanics.^(5,10) Though the prevalence of short IPI declined in non-Hispanic whites and blacks as educational level increased, however, not in Hispanics.⁽⁹⁾ Short IPIs pose an additional burden on maternal and child health in Latino communities.

Studies demonstrate the impact of short IPI is significant⁽¹⁰⁾, however, this has not impacted family planning decisions observed in the pediatric clinic. Though parents bringing children for a 0-12 month well baby check up often may not be planning for or desiring another child at this time, they are not utilizing effective birth control methods to prevent pregnancy either. In addition to our observations, this phenomenon has been well documented amongst adolescent mothers.⁽¹⁴⁾ Hispanic teens, specifically, are more likely than white or black mothers to have a second birth soon after the first.⁽¹²⁾ The number of multiparous teen mothers has more than doubled despite decline in over all teen pregnancy rates.⁽⁴⁾ While birth control usage increases postpartum, rates of discontinuation are high due to lack of education, parental support, and loss of continuity of care.^(11,13) Though factors impacting birth control usage have been well documented amongst adolescent mothers, it is unclear how

pervasive this phenomenon and these factors are among all mothers in a low-income Latino community.

We do know that a lack of contraceptive knowledge partially explains the use of less effective birth control methods in Latino populations. ⁽¹⁵⁾ Loss of provider contact, since care for new mothers often ends at 40 days postpartum, also contributes to missed family planning opportunities. Parents appear well educated regarding the importance of vaccinating their children and schedule 5 well child check ups with the pediatrician in the first year of life. Therefore, there may be opportunities for pediatricians to discuss family planning during 0-12 month well baby visits.

Methods:

To better elucidate family planning practices in Latino communities and the opportunities for interventions by pediatricians, we propose to survey mothers bringing their children in for 0-12month well baby check-ups. A small sample of 10 women was given a survey of 19 questions in English or Spanish and demographic data was obtained. After testing our survey on this sample, we will develop a focused survey and deliver it to 150 women. The survey contained 19 questions and can be found in the appendix.

Questions 1-5 were included to determine if family planning attitudes or behaviours differed based on prior pregnancy experiences. Since studies have shown that communication regarding birth control between partners is correlated with proper use and consistency, we included a question evaluating the communication between partners.

Questions 7, 8, and 9 were included to compare family planning desires with actions taken to prevent pregnancy. Observations in the clinic indicated that while many women did not intend to get pregnant, neither were they utilizing effective birth control methods. These questions were included to confirm these observations. Question 7 was also included to evaluate how new mothers wanted to space their

pregnancies. Question 9 is important to evaluate the efficacy of the birth control being used.

Questions 10-13 were included because women who are less satisfied with their birth control are more likely to switch methods and method switching is correlated with discontinuation. Understanding prevalence of switching or discontinuing birth control in this population is important in evaluating this as a potential barrier to contraception usage.

Question 14 was included to understand why women may not be using birth control.

Some studies have indicated that Latino women feel pressure to use birth control compared to other populations. This may explain the reluctance or resistance to utilize family planning services. Therefore, we included question 15 to try and understand how pervasive this issue is in this community which is important in helping providers develop culturally sensitive interventions.

Questions 16 and 17 were included to evaluate the level of access women in this population had to family planning services.

Question 18 was included to evaluate the mother's comfort having a pediatrician speak to them about family planning services.

Question 19 was included to link identified patients with care.

Results:

9 patients completed the survey. 3 patients completed the survey in Spanish and 6 in English. Of those, 100% stated that they were not trying to get pregnant at this time. 4 patients (44%) stated that they did not ever intend to get pregnant again, 2 patients (22%) stated they wanted to wait more than 5 years, 1 patient (11%) wanted to wait 4-5 years, and 2 patients (22%) wanted to wait 2-3 years.

When asked about birth control usage, 2 patients (22%) stated they were not using any birth control. 2 patients (22%) were using condoms and the rest, (55%) stated they were using other forms such as IUD, Nuva Ring, or tubal ligation. A patient not currently using a form of birth control listed lack of insurance, lack of knowledge about options, and safety as barrier that have prevented them from using birth control other than condoms.

Of the patient surveyed, 4 (44%) stated they did not have a woman's health provider and 50% stated they would like their child's pediatrician to speak with the about family planning options. Of the 4 women who did not wish to speak to the pediatrician about birth control, all indicated that they were already using birth control and very satisfied with their method.

Discussion:

Though 9 patients is clearly too small of a sample to draw significant conclusions from, results from this small sample indicated improvements that could be made to both shorten and clarify the survey. Questions 6, 11, and 12 do not appear to be within the scope of this study and modifications to question 7, 13, 16 and 17 will be necessary to improve clarity.

Despite the small sample, it appears that the survey may support observations in the clinic that though some patients are not intending to become pregnant at this time, neither are they utilizing effective birth control methods. More work needs to be done to fully understand the barriers that prevent women in this population from accessing birth control, however, these preliminary results do indicate that many woman may not have, or are not ultimately connected with, a woman's health provide with whom to talk about family planning with. The survey indicated that patients were favorably inclined to speak with their child's pediatrician regarding family planning services. This suggests an important opportunity for pediatricians to educate patients on pregnancy spacing in improving the health of their children as well as link them to care.

Recommendation:

Future directions include modifying the survey as indicated previously to better match the purposes of this study. Once completed, we hope to deliver this survey to 150 women receiving care at AltaMed and possibly include a group of women participating in a breast-feeding study at CHLA. With this information we hope to understand the family planning behaviors amongst Latina women served by AltaMed. This information will then be used to develop a culturally sensitive educational conversation to implement with new mothers to help ensure that their health behaviors are conducive to their family planning desires. This will also enable pediatricians to identify women who lack a woman's health provider and link them with care.

Conclusion:

Short IPI represent an important opportunity to address the health of low-income women and their children. By studying the prevalence of IPI in low-income woman served by AltaMed, we hope to identify a key avenue for health education and intervention. The information gained from this study will help us understand how family planning behaviors relate to intentions and develop a culturally sensitive conversation between new mothers and their pediatricians to not only help link them with care, but also educate them on the potential health impacts of short IPI.

Appendix

1. How many children do you have?
¿Cuántos hijos tiene?
2. How old are you?
¿Cuántos años tiene?
3. How old is/are your child/children?
¿Qué edad tiene(n) su(s) hijo(s)?
4. Was your last pregnancy planned?
¿Su último embarazo fue planeado?
5. Are you with a partner at this time?
¿Tiene pareja en este momento?
6. Have you spoken to your partner about birth control?
¿Ha hablado con su pareja acerca de los métodos anticonceptivos?
7. When would you like to get pregnant again?
 - a. Never
 - b. 0-1 year
 - c. 2-3 years
 - d. 4-5 years
 - e. More than 5 years¿Cuándo desea embarazarse de nuevo?
 - f. Nunca
 - g. En 1 año o menos
 - h. En 2 o 3 años
 - i. En 4 o 5 años
 - j. En más de 5 años
8. Are you trying to get pregnant again at this time?
 - a. I am trying
 - b. I am somewhat trying
 - c. I am not thinking about it
 - d. I am not trying at all¿Actualmente está intentando quedar embarazada de nuevo?

- a. Lo estoy intentando
- b. Lo estoy intentando un poco
- c. No estoy pensando en ello
- d. No lo estoy intentando

9. If you do not wish to get pregnant at this time, what Birth Control methods are you using?

- a. Condoms: Always Most of the time Sometimes Never (Circle one)
- b. Other (Hormonal Pill, Patch, Implant, IUD etc) : _____
- c. I am not using any Birth Control Method

Si no desea embarazarse en este momento, ¿qué métodos anticonceptivos está usando?

- a. Preservativos: Siempre La mayor parte del tiempo A veces Nunca
(Circule una opción)
- b. Otros (pastillas con hormonas, parche, implante, DIU, etc.) :

- c. No estoy usando ningún método anticonceptivo

10. Not including condoms, how satisfied are you with your Birth Control method?

- a. Very Satisfied
- b. Somewhat satisfied
- c. Neutral
- d. Somewhat unsatisfied
- e. Very unsatisfied

Aparte de los preservativos, ¿qué tan satisfecha está con su método anticonceptivo?

- a. Muy satisfecha
- b. Algo satisfecha
- c. Neutral
- d. Algo insatisfecha
- e. Muy insatisfecha

11. Not Including condoms, have you changed using a birth control method since giving birth?

Aparte de los preservativos, ¿ha cambiado de método anticonceptivo desde que dio a luz?

12. If yes, how many times have you changed?

- a. Once
- b. 2-3 times
- c. 4-5 times
- d. More than 5 times

De ser así, ¿Cuántas veces lo ha cambiado?

- e. Una vez
- f. De 2 a 3 veces
- g. De 4 a 5 veces
- h. Más de 5 veces
- i.

13. Since giving birth, did you start using birth control (not including condoms) but then stopped?

If **yes**, how long ago did you stop and why?

- a. Less than one month ago
- b. 1-2 months ago
- c. 3-4 months ago
- d. 5-6 months ago
- e. 6-9 months ago
- f. 9-12 months ago

Why did you stop? _____

Desde que dio a luz, ¿comenzó a usar métodos anticonceptivos (sin incluir los preservativos) pero luego los dejó? Sí/No

De ser así, ¿hace cuánto tiempo los dejó y por qué?

- a. Menos de un mes
- b. De 1 a 2 meses
- c. De 3 a 4 meses
- d. De 5 a 6 meses
- e. De 6 a 9 meses
- f. De 9 a 12 meses

¿Por qué los dejó? _____

14. What has kept you from using birth control (other than condoms)? Circle all that apply

- a. No insurance
- b. I haven't made an appointment
- c. I haven't thought about it
- d. I don't know what are my birth control options
- e. I don't plan to have sex
- f. I don't have a partner at this time
- g. My family doesn't want me to use birth control
- h. My partner doesn't want me to use birth control
- i. Religion
- j. I don't think I can get pregnant
- k. I had side effects from birth control in the past (please tell which birth control caused a side effect: _____)
- l. I worry that birth control medication is not safe to use
- m. Other _____

¿Qué ha impedido que use métodos anticonceptivos (sin contar los preservativos)? Circule todas las opciones que correspondan

- a. No tengo seguro
- b. No he hecho una cita
- c. No he pensado en ello
- d. No conozco mis opciones de métodos anticonceptivos

- e. No planeo tener relaciones sexuales
- f. No tengo pareja en este momento
- g. Mi familia no desea que use métodos anticonceptivos
- h. Mi pareja no desea que use métodos anticonceptivos
- i. Mi religión
- j. No creo que pueda embarazarme
- k. He tenido efectos secundarios con los métodos anticonceptivos anteriormente (escriba el método anticonceptivo que le provocó efectos secundarios:_____)
- l. Me preocupa que el uso de los medicamentos anticonceptivos no sea seguro
- m. Otra razón_____

15. Have you ever felt pressured to use birth control medication? **Yes/No**

If **yes**, by whom?

- a. Your doctor
- b. Your child's doctor
- c. Your partner
- d. A family member other than your partner
- e. Advertisements

¿Se ha sentido presionada alguna vez para usar medicamentos anticonceptivos?

De ser así, ¿por quién?

- a. Su médico
- b. El médico de su hijo
- c. Su pareja
- d. Otro miembro de su familia, aparte de su pareja
- e. Publicidad

16. A Women's Health provider is a Doctor, Nurse Practitioner or Physician Assistant that takes care of your reproductive health, including pap smears, birth control and pregnancy care. Do you have a Women's Health Provider?

Un proveedor de salud de la mujer es un médico, una enfermera practicante o un médico asistente que cuida de su salud reproductiva, incluidos el examen de Papanicolaou, los métodos anticonceptivos y la atención durante el embarazo.

¿Cuenta con un proveedor de salud de la mujer?

17. When was the last time you saw your Women's Health Provider (Ob, NP, PA)?

¿Cuándo fue la última vez que consultó a su proveedor de salud de la mujer (obstetra, enfermera practicante, médico asistente)?

18. Would you like your Pediatrician (or child's doctor) to talk about family planning with you? If **no**, why not?

¿Desea que su pediatra (o el médico de su hijo) hable con usted sobre la planificación familiar? Si contestó que no, ¿por qué?

19. Would you like to see a doctor today to talk about birth control options?

¿Desea consultar a un médico hoy para hablar sobre las opciones de métodos anticonceptivos?

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