

# Continuance of Contraception Post Partum by Patients of Cook County Hospital

PETER B. TAMBLYN, M.P.H., and JOANNE JACOBSON, B.A.

THE PLANNED Parenthood Association, Chicago Area (PPACA) initiated an on-the-ward program of contraceptive education and service at Cook County (Ill.) Hospital in January 1967. Starting with only two delivery wards, the association had the program in operation on all six delivery wards by September 1967. By the end of the year, 10,350 women had been instructed in family planning methods. Of these, 9,140 either began using oral contraceptives or vaginal foam or accepted referral to a clinic for insertion of an intrauterine device (IUD).

The PPACA field department has a routine followup system for all women who accept contraceptive services. Each woman is given a referral slip to the clinic of her choice; a copy is also sent to the clinic; another copy is filed at the office of the Planned Parenthood Association. The woman may choose a clinic at Cook County Hospital, a Chicago Board of Health clinic, or a

PPACA clinic. Referral slips presented by patients at the various clinics are mailed back to the field department. If no referral slip has been received on a patient by her eighth week post partum, the staff of the department assumes that the woman has not returned for contraceptive supplies or for an IUD insertion and attempts to reach her by telephone. If unsuccessful, the department mails two questionnaires 2 weeks apart to the patient.

Only 54 percent of the women who accepted a contraceptive method upon their release from Cook County Hospital in 1967 could be followed by any of the communication measures described. For the women followed, the rate of continuance of contraception was fairly high; 86.5 percent continued to practice contraception at 2 or 3 months post partum. For the women who were not followed, the rate of continuance would probably have been much lower. To provide accurate information on continuance that would be applicable to all women accepting some birth control method, we undertook an intensified followup study on an unbiased sample of 100 of such women.

The study was designed to answer the following questions in respect to patients who accept a method of birth control upon leaving the delivery wards of Cook County Hospital:

1. What percentage return for the 6-to-8-week post partum check and contraceptive services, and to what clinics?

2. What percentage continue practicing contraception on their own, either under a pri-

---

*Mr. Tamblyn, an Epidemic Intelligence Service officer, is assistant to the chief of the Family Planning Evaluation Activity of the Epidemiology Program, National Communicable Disease Center, Public Health Service, Atlanta, Ga. At the time of the study, he was assigned to the Planned Parenthood Association, Chicago Area. Mrs. Jacobson, who was director of the field department of the Planned Parenthood Association in the Chicago area, is now project coordinator of the family planning department of obstetrics and gynecology, Pritzker School of Medicine, University of Chicago.*

vate physician's care or with nonprescription methods?

3. What percentage are pregnant at the time of the 6-to-8-week visit?

4. What are the predominant reasons for not continuing a method of birth control?

Tallies were made of the patients who continued practicing contraception, classified by age, race, parity, education, and the method of contraception.

#### Procedure

In the 3½ months before May 11, 1968, all patients who were started on oral contraceptives immediately post partum were referred exclusively to the family planning clinic of Cook County Hospital. This practice enabled the staff of the clinic to observe any medical conditions that appeared to result from starting patients on contraceptives before the 6-week post partum examination. By May 11, 1968, it was decided that immediate post partum oral contraception was not, in fact, causing serious complications and that all patients should again be referred to the clinics of their choice for post partum examinations and contraceptive services.

Starting with the record cards of women who left the hospital on May 13, 1968, we selected every 12th card until the desired number of 100 was reached with those released the week of June 24-30. Use of this starting date enabled us to sample from a group of patients who were subject to a constant referral policy. The sample was drawn from the chronological card file maintained by the PPACA field department. Cards of patients who refused contraceptive services and of minors who could not be served because of State legal restrictions were rejected.

The followup system used for the 100 women in the sample, especially in the initial stages, was intentionally similar to the one normally used by the field department because we sought to maintain maximum comparability of results. By applying more intensive followup procedures to a small, manageable sample, we hoped to obtain information applicable to a larger proportion of patients.

*Reporting clinic visits.* The reporting of visits made by women in the sample to the clinics of the Chicago Board of Health was to be by the referral slip system only, as in the past. Because

of limited clerical help, the Cook County Hospital had frequently failed in the past to supply information on patients. Therefore an alphabetical checklist of the 100 women was sent to the hospital clinic in an attempt to minimize the clerical work involved in identifying patients who returned (an estimated 30 of the total 100 women). Alphabetical listings of the 100 were also sent to the Planned Parenthood clinics so that the effectiveness of the referral slip system used by this agency could be measured.

*Telephone contact.* If a patient had not made a clinic visit by the end of the eighth week post partum, we tried to reach her by telephone. For those patients not reached in repeated telephone attempts during the day, night calls were to be made.

*Mailings.* If a woman could not be reached in 2 days of repeated telephone attempts, a stamped, self-addressed envelope was mailed. The completed questionnaires that were returned were tallied, ending followup for those women. When letters were returned stamped "Address unknown" or "Addressee moved," we attempted to contact the second source of information (the person listed by the patient as someone who would always know where she could be reached). If no response was received after a week, a second, reworded letter was mailed with the questionnaire. A third letter, identical to the second, was mailed at the end of 2 weeks if the woman had not been contacted or classified as lost to followup. A fourth and final letter, typed individually and on a Planned Parenthood letterhead, was sent near the end of the study period.

*Home visits.* As a last resort, two attempts at home visits were made for those patients whose addresses were still presumably valid.

#### Results

*General characteristics of sample.* On completion of the followup procedure, we reviewed the characteristics of the sample to detect any gross deviations from the expected. We found that 27 percent of the women had never been married and that 65 percent were currently married. Eight percent of the women were separated, widowed, or divorced. Approximately one-fourth (26 percent) were under 20 years of

age. Only 10 percent were 30 years of age or older. The age distribution of the 100 women was as follows:

Age (years)	Number
Under 20	26
20-24	49
25-29	15
30-34	6
35 and over	4

Twenty-four women had just ended their first pregnancy. The parity of the 100 women was as follows:

Living children	Number
1	24
2	35
3	14
4 or more	27

Ten percent of the women in the sample were white, 8 percent were of Spanish-American origin, and 82 percent were Negro. None of the women claimed to have a college education, although 82 percent stated that they had attended or completed high school. Women on welfare made up 17 percent of the sample. One-third (33 percent) of the patients had practiced contraception previously.

*Means of obtaining followup data.* Twenty-three women were lost to followup. Of the 77 women whom we were able to contact, 40 (52 percent) were reached by telephone. Another 22 (29 percent) responded to mailed questionnaires. Information was collected on five additional women either by search of clinic files or the return of referral slips. Of the 21 remaining women for whom addresses were still presumably valid but who had not been reached either by repeated telephone attempts or by three mailed questionnaires, 10 (48 percent) were reached by visiting their homes. A fourth individual letter on Planned Parenthood stationery was mailed to the remaining 11, but no replies were received.

*Continuance of contraception.* At the time the followup information was obtained, 69 (89.6 percent) of the 77 women whom we were able to follow were using a reliable method of contraception. None of the women contacted reported using such methods as douches, the rhythm method, or coitus interruptus. The methods reportedly being used at the time of followup were as follows:

Method	Number	Percent
Oral	58	75.3
Foam	10	13.0
IUD	1	1.3
None	8	10.4
Total	77	100.0

Public health facilities were the predominant source of contraceptive supplies for women who continued to practice contraception; drugstores were the next most frequently reported source. Following is the complete tabulation of the sources of supply for continued contraceptive care:

Source	Number	Percent
Chicago Board of Health	25	36.2
Cook County Hospital	20	29.0
Drugstore	11	15.9
Planned Parenthood clinic	4	5.8
Private physician	4	5.8
Still using initial supply	2	2.9
Source not identified	3	4.3
Total	69	100.0

*Women pregnant at followup.* Only one woman was reported pregnant in the study period. This woman, released from Cook County Hospital during the week of May 13, 1968, indicated that she had never returned to the hospital for contraceptive services. She was due to deliver in June 1969.

*Reasons for not continuing contraception.* We obtained no substantial new information from the study as to why some women initially accepting a family planning method stopped using it as early as 2 or 3 months after starting. This lack of information was due in part to the small number of women, among those whom we were able to follow, who discontinued contraception. The lack of information was also due, however, to the avoidance during the followup contact of any abrasive prying to determine why the person had discontinued contraception. In general, the response obtained as to the reasons can only be characterized as apathetic; at the time of contact, the women who had discontinued use of a contraceptive simply did not seem interested in taking action to avoid another pregnancy.

## Discussion

The efficacy of initiating family planning in an immediate post partum setting is impressive as compared with what is perhaps the second-best opportunity for its initiation—at the time

of the 6-week post partum visit. Acceptance of some method of family planning by the women on the maternity wards at Cook County Hospital has been consistently greater than 90 percent. In public health clinics throughout the country, on the other hand, the post partum return rate rarely exceeds 50 percent, and not all returnees select contraceptive care at that time.

Acceptance of a contraceptive method, however, is not a sufficient measure of a family planning program's effectiveness; continued use of contraception is equally important. The study of the sample of 100 was performed to provide a better measure of continuance than was previously available. In 1967, the staff of the field department of the Planned Parenthood Association studied all women started on a contraceptive method and obtained information on 54.5 percent of the 10,350 women seen that year. Of these women, 36.5 percent reported the continued use of contraception. A large part of previous followup information was automatically "positive" because it was based on slips reporting post partum visits for family planning. Also, since high mobility is linked with social disorganization, women unresponsive or lost to followup would be expected to exhibit a lower continuance rate than those from whom information could be obtained. In our study, 77 percent were followed, and the rather surprising continuance rate of 89.6 percent was found. There was no significant difference between the known continuance rates for all women served in the program in 1967 and the women in the sample, even though only half as many in the sample were lost to followup.

Until we studied the sample of 100 women, we could only estimate that continuance of contraception at 2 to 3 months post partum lay somewhere between 47.1 and 86.5 percent; of 9,140 women accepting a contraceptive method, 4,303 women were found to be continuing to practice contraception at the time of followup. Now we can project that between 69 and 89.6 percent of the women who accept a contraceptive method will continue to practice contraception; of 100 women who accepted a contraceptive method, 69 continued contraception.

In the table, the methods of contraception

accepted initially at Cook County Hospital by the members of the sample whom we were able to follow throughout the study period are compared with the methods they were reportedly using at the time of followup. The category "IUD desired" includes those women referred to IUD clinics who were given foam to use in the interim. At the time of followup, none of the women who were initially referred for IUD insertions actually had an intrauterine device inserted. The one person using such a device at the time of followup originally had accepted oral contraception but had an IUD inserted at her first revisit to the family planning clinic of Cook County Hospital.

Referral slips were returned for a number of patients, but in only one instance was the referral slip the sole source of information about the patient. The question therefore arises as to whether referral slips serve any purpose when the desired information can be obtained in other ways. Part of this duplication can no doubt be credited to our intensive followup methods. It is regrettable that specific data on the return of referral slips could not be retrieved so that the system could be properly evaluated.

All of the women in our study had been informed of the free or low-cost clinic facilities in their area of the city where they could obtain contraceptive supplies. Yet a relatively large number of the women who were continuing to practice contraception at the time of followup—11 of 69—reported they purchased their contraceptive supplies in drugstores. Drugstores must surely be the most expensive source for these women. Moreover, none of the family planning

#### Method of contraception used at time of followup and original method

Method at followup	Original method			Total
	Oral	IUD desired <sup>1</sup>	Foam	
Oral.....	49	1	8	58
IUD.....	1	0	0	1
Foam.....	4	3	3	10
None.....	6	2	0	8
Total.....	60	6	11	77

<sup>1</sup> Intrauterine device was the method selected and referral was made to IUD clinic, but an interim method may have been provided.

clinics in the Chicago area routinely provide their patients with actual prescriptions. Yet four of the women who reported obtaining their supplies at drugstores said they were using oral contraceptives; the other seven said they were using foam. These women may have misunderstood the question or have given a false answer as to where they obtained their contraceptive supplies. On the other hand, they may have actually obtained oral contraceptives at drugstores, even without a prescription. The drugstore is apparently the preferred source for some women either because of its nearness to the woman's home, her desire to avoid further medical examinations or nursing consultations, her dislike of waiting in clinics to be served, or for some other reason.

Of the 69 women in the sample who were found to be continuing contraception at the time of followup, 45 (65.2 percent) attended either the Cook County Hospital clinic or Chicago Board of Health clinics. Only four (5.8 percent) were enrolled in Planned Parenthood clinics—a clear indication that in Chicago the public sector is beginning to assume a large part of the responsibility for family planning services. Another 15 women (21.8 percent of the total sample) were continuing contraception on their own, either under a private physician's care or with nonprescription methods.

### **Recommendations**

Our study was undertaken with the realization that continuance rates for family planning patients 2 to 3 months post partum would not be as meaningful as rates, for example, calculated at the end of the first year post partum. Getting the patient actually started and to a clinic for an initial visit may be the most critical step in the family planning process, but continuance over time is the more important variable relative to long-term program success. Therefore we recommend a still more thorough followup attempt at the end of 1 year.

We also recommend an indepth study of those women who accept a family planning method originally from the Planned Parenthood worker but report they are not using any method at the time of followup. By helping to identify the major deterrents to continuance of contraception, such a study could lead to a re-

duction in the difference between acceptance rates and continuance rates.

Since we reached 52 percent of the women in our study, either initially or eventually, by telephone, more emphasis should be given in future followup activities to use of the telephone. The importance of obtaining a valid phone number at the time of initial contact needs to be stressed. A tool as effective, inexpensive, quick, and personal as the telephone should receive maximum use.

### **Summary**

High rates of acceptance of contraceptive services in the immediate post partum period indicate that this period offers an effective means of initially reaching the women in need of family planning services. The effectiveness of this strategy needs to be evaluated, however, not only in terms of initial acceptance but in the continuance of contraceptive practices as well.

An unbiased sample of 100 women who had accepted a method of family planning before leaving the delivery wards of Cook County (Ill.) Hospital was selected for study by the Planned Parenthood Association, Chicago Area. Followup 2 to 3 months post partum revealed that 69 of the 77 women who were reached (89.6 percent) continued to practice a method of birth control. Women lost to followup are a highly mobile group who presumably would have lower rates of continuance of contraception than those who could be contacted. Intensive efforts to reach women normally lost to followup should, therefore, reveal more dropouts and thus lower the overall continuance rate. Yet, even though the proportion in the study lost to followup was only half that found in previous PPACA evaluations at Cook County Hospital, the women who could be followed showed as high a rate of continuance as those in previous evaluations.

Rates of continuance of contraception by method were higher for oral contraceptives than for foam; referrals for intrauterine devices were least often completed.

### **Tearsheet Requests**

Mr. Peter B. Tamblin, Epidemiology Program, National Communicable Disease Center, Atlanta, Ga. 30333