

Evaluation of Contraception Access within the Indianapolis Metropolitan Area

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Background: Access to family planning care and the full-spectrum of contraception, including same-day access to long acting reversible contraception (LARC) is critical to reduce unintended pregnancy and maternal/infant mortality. However, access remains variable for many women in Indiana. We sought to examine access to various contraceptive practices within the Indianapolis metropolitan area.

Methods: A telephone survey of clinic managers was conducted between June-July 2020 of all identified IU Health, Eskenazi, and HealthNet primary care and OB/GYN providers in the Indianapolis metropolitan area. The 27-question survey gathered information regarding contraceptive practices (e.g. contraceptive method availability, same-day LARC insertion/removal, pregnancy intention screening, educational materials, and parental consent policies). The data was compared based on type of medical provider (OB/GYN, Family Medicine, and Pediatrics).

Results: In total, 82 sites were identified, 58 surveys (70.7%) were completed. Oral contraception is the most commonly offered contraception (91.4%), followed by depot medroxyprogesterone acetate (DMPA) injection (84.5%), and the contraceptive patch (81.0%). LARC placement is available in 51.7% of all clinics, but only 34.5% offer same-day placements. Routine pregnancy intention screening is offered in 43.1% and educational materials in 74.1% of practices. OB/GYN clinics provide the most comprehensive access, 69.2% provide same-day LARC insertion (84.6% LARC removals). Family medicine practices are variable regarding contraceptive choices: over 91% offer oral contraception and DMPA injections, but only 20.8% place LARCs and 41.7% remove LARCs. Half (50%) of pediatric clinics provide oral contraception, while 50% do not provide any contraceptives. Parental consent for minors to obtain contraception provision is highly variable.

Conclusion: Contraceptive practices vary among primary care and OB/GYN providers in the Indianapolis area. This variability in access leads to barriers for use, particularly for young women. Efforts to ensure comprehensive, same-day access to all forms of contraception (including LARCs), pregnancy intention screening, and contraceptive educational materials are needed.