CONTRACEPTIVE CARE – POSTPARTUM WOMEN AGES 15 TO 44

HHS Office of Population Affairs

A. DESCRIPTION

Among women ages 15 to 44 who had a live birth, the percentage that:

1. Were provided a most effective or moderately effective method of contraception within 3 days of delivery and within 90 days of delivery.
2. Were provided a long-acting reversible method of contraception (LARC) within 3 days of delivery and within 90 days of delivery.

The first rate is an intermediate outcome measure, and it is desirable to have a high percentage of women who are provided the most effective or moderately effective contraceptive methods during the postpartum period to support maternal health outcomes regarding birth spacing. The second rate is an access measure, and the focus is on making sure that women have access to LARC methods during the postpartum period.

These rates are reported at two points in time: contraceptive provision within 3 days of delivery is used to monitor the provision of contraception in the immediate postpartum period, while contraceptive provision within 90 days of delivery is used to monitor the provision of contraception throughout the postpartum period. A 90-day period is used because the 2018 American College of Obstetricians and Gynecologists [ACOG] Committee Opinion No. 736 recommended a postpartum visit within the first 3 weeks postpartum, which should then be followed up with ongoing care as needed, concluding with a comprehensive postpartum visit no later than 12 weeks after birth, and six additional days are allowed for women whose postpartum care visit is delayed.[1]

This measure is episode-based and uses live birth delivery as the start of the episode.

Data Collection Method: Administrative

Guidance for Reporting:

- The Contraceptive Care – Postpartum Women measure is stratified into two age groups: ages 15 to 20 and ages 21 to 44.
- The measurement year is calendar year 2024. There is no lookback period for this measure.
- Include all paid, suspended, pending, and denied claims.
- Some women may have more than one delivery in the measurement year; this measure is designed to identify unique live births (defined as those that occur ≥ 180 days apart) rather than women who had a live birth. Each live birth delivery is evaluated separately to assess if most or moderately effective contraception is provided during the postpartum period.
- Women with a live birth occurring after September 30 are excluded from the denominator because there may not have been an opportunity to provide the woman with contraception in the postpartum period (defined as within 90 days of delivery).

[1] ACOG. "Optimizing Postpartum Care: Committee Opinion Number 736." *Obstetrics & Gynecology*, vol. 131, no. 5, 2018, pp. e140–e150. https://doi.org/10.1097/AOG.0000000000002633

- When calculating the number of days postpartum for the numerator, consider the date of delivery to be day 0. For instance, if a live birth occurred on September 27, 2024, review all claims through September 30, 2024 for the 3-day postpartum rates and review all claims through December 26, 2024 for the 90-day postpartum rates.
- The code sets and SAS programs needed to calculate this measure are available at https://opa.hhs.gov/claims-data-sas-program-instructions.
- Contraceptive surveillance codes can be used to document repeat prescriptions of contraceptives, contraceptive maintenance, or routine checking of a contraceptive device or system. However, contraceptive surveillance codes cannot be used for the initial prescription or provision of a contraceptive method. Contraceptive surveillance codes are included in the first rate for most or moderately effective contraceptive provision because this measure is intended to capture both new and existing contraceptive users. The second rate for LARC provision is designed to capture new LARC insertions, so contraceptive surveillance codes are not included in the second rate.
- For more information on interpreting performance results on this measure, see Section E, "Additional Notes."

This measure includes the following coding systems: CPT, HCPCS, ICD-10-CM, ICD-10-PCS, and NDC. Refer to the Acknowledgments section at the beginning of the manual for copyright information.

B. DEFINITIONS

Provision of a most effective method of contraception	Provision of female sterilization, contraceptive implants, or intrauterine devices or systems (IUD/IUS).
Provision of a moderately effective method of contraception	Provision of injectables, oral pills, patch, or ring.
Provision of a long-acting reversible method of contraception (LARC)	Provision of contraceptive implants, intrauterine devices or systems (IUD/IUS).
Measurement year	Calendar year 2024.

C. ELIGIBLE POPULATION

Age	Women ages 15 to 44 as of December 31 of the measurement year who had a live birth.
Continuous enrollment	Within the measurement year, women enrolled from the date of delivery to 90 days postpartum.
Allowable gap	No allowable gaps in the continuous enrollment period.
Anchor date	Date of delivery.

Benefit	Medical or Family Planning Only Services.
Event/diagnosis	Delivery of a live birth.

D. ADMINISTRATIVE SPECIFICATION

Denominator

The eligible population includes women ages 15 to 44 who had a live birth in the measurement year.

Women with a live birth occurring after September 30 will be excluded from the denominator because they may not have an opportunity to receive contraception in the postpartum period (defined as within 90 days of delivery). Follow the steps below to identify the eligible population:

Step 1

Identify live births by using codes in Table CCP-A, available at https://opa.hhs.gov/claims-data-sas-program-instructions.

Step 2

Exclude deliveries that did not end in a live birth (e.g., miscarriage, ectopic, stillbirth, or pregnancy termination) by using the codes in Table CCP-B, available at https://opa.hhs.gov/claims-data-sas-program-instructions .

Exclude live births that occurred during the last 3 months of the measurement year. These deliveries should be excluded from the denominator because there may not have been an opportunity to provide contraception during the postpartum period. ACOG recommends having a comprehensive postpartum visit by 12 weeks of birth.

Figure CCP-A below provides a flowchart for implementing these exclusion and inclusion categories.

Numerator for Rate 1

The eligible population that was provided a most or moderately effective method of contraception.

Step 3a: Identify Rate 1 Numerator

Define the numerator by identifying women in the denominator who were provided a most (sterilization, IUD/IUS, implant) or moderately (injectables, oral pills, patch, or ring) effective method of contraception in the measurement year. To do this, use the codes in Table CCP-C, available at https://opa.hhs.gov/claims-data-sas-program-instructions .

Step 4a: Identify Rate 1 Date

Determine the date that the contraceptive method was provided to identify: (a) women that were provided contraception in the immediate postpartum period of 3 days after delivery; and (b) women that were provided contraception within 90 days of delivery. The second category will also include women who were provided contraception in the first 3 days postpartum.

Step 5a: Calculate Rate 1

Calculate the rates by dividing the number of women who were provided a most or moderately effective method of contraception by the number of women in the denominator.

Numerator for Rate 2

The eligible population that was provided a LARC method.

Step 3b: Identify Rate 2 Numerator

Define the numerator by identifying women in the denominator who were provided a LARC in the measurement year. To do this, use the codes in Table CCP-D, available at https://opa.hhs.gov/claims-data-sas-program-instructions .

Step 4b: Identify Rate 2 Date

Determine the date that the LARC method was provided to identify: (a) women that were provided LARC in the immediate postpartum period of 3 days after delivery; and (b) women that were provided LARC within 90 days of delivery. The second category will also include women who were provided LARC in the first 3 days postpartum.

Step 5b: Calculate Rate 2

Calculate the rates by dividing the number of women who were provided a LARC method of contraception by the number of women in the denominator.

Figure CCP-A below provides a flowchart to calculate Rate 1 and Rate 2.

E. ADDITIONAL NOTES

Healthy People 2030[2] and the World Health Organization recommend an inter-pregnancy interval of at least 18 months; therefore, all postpartum women can be considered at risk of unintended pregnancy for that period of time.

The Lactational Amenorrhea Method (LAM) is a highly effective, temporary method of contraception that can be used in the postpartum period. If the infant is being fed only its mother's breast milk, and the woman has not experienced her first postpartum menses, then LAM provides 98% protection from pregnancy in the first 6 months postpartum.[3]

Despite the protection from LAM, many health care providers will want to provide contraceptive services to women at the postpartum visit because the effectiveness of breastfeeding for pregnancy prevention drops quickly when women stop exclusive breastfeeding. It may be difficult for many clients to receive contraceptive services at that time.

More information on how to interpret performance results on this measure is available at https://opa.hhs.gov/sites/default/files/2020-07/interpreting-rates-for-contraceptive-care-measures.pdf.

[2] Office of Disease Prevention and Health Promotion. "Healthy People 2030. Family Planning." https://health.gov/healthypeople/objectives-and-data/browse-objectives/family-planning.

[3] Trussell J., A.R.A. Aiken, E. Micks, and K.A. Guthrie. "Efficacy, Safety, and Personal Considerations." In Contraceptive Technology, 21st edition, edited by R.A. Hatcher, A.L. Nelson, J. Trussell, C. Cwiak, P. Cason, M.S. Policar, A. Edelman, A.R.A. Aiken, J. Marrazzo, and D. Kowal. Ayer Company Publishers, Inc., 2018.

Figure CCP-A. Measure Flowchart