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ORIGINAL RESEARCH

Postpartum Patient Perspectives on the US Medicaid Waiting Period for Permanent Contraception

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Objective: The Medicaid Consent to Sterilization policy is a known barrier to permanent contraception (PC) fulfillment and is associated with disparities in fulfillment. While physician perspectives regarding the policy are well described, knowledge of how patients with Medicaid seeking PC perceive this waiting period is limited.

Study Design: We interviewed 81 participants with a documented desire for PC at discharge from their hospital-based delivery at four medical centers across the United States. Interviews were audio-recorded, transcribed, and analyzed using rapid qualitative methodologies and thematic content analysis.

Results: Of the 81 participants interviewed, the 56 participants subject to the mandatory waiting period through insurance status or state residency were included in this analysis. Key positive themes included the role of the waiting period in facilitating minimization of regret, independent decision making, and protection against coercion and bias. Key negative themes included interference with reproductive autonomy, harm to the patient-clinician relationship, and introduction of unwanted doubt into contraceptive decisions. In addition, participants expressed both indifference and nuance when discussing the waiting period, and misinformation about the waiting period was prevalent during interviews. Participants with favorable opinions commonly changed their mind regarding PC, while participants with negative opinions were steadfast in their desires for PC and often experienced PC non-fulfillment.

Conclusion: Postpartum patients hold diverse views on the current Medicaid Consent to Sterilization policy's mandated waiting period. Patient engagement is fundamental when reevaluating and revising this policy to balance supporting autonomous decision-making about PC while protecting against reproductive coercion and regret.

Implications: In policy revision discussions, it is important to consider whether a mandated waiting period is the best way to minimize regret and promote autonomy. Revision that accounts for the complexity of patient desires and needs is imperative to achieving the dual goals of minimizing coercion and ensuring autonomously-desired provision.

Keywords: contraception, sterilization, Medicaid, health disparities, health policy, reproductive health

Introduction

Female permanent contraception (PC) is the most common form of contraception in the United States with 18.1% of women aged 15–49 utilizing this method,[1] and 7% of birthing people undergoing PC during their delivery hospitalizations.[2] In 1976, the widespread state-sanctioned, non-consensual sterilization of predominantly low-income and minoritized people prompted the federal government to institute a Medicaid sterilization policy.[3,4] This policy

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requires Medicaid-insured patients to wait a mandatory 30-days between the time they sign a standardized consent form and their permanent contraception procedure for Medicaid reimbursement.[5–7]

Due to this mandated waiting period, the Medicaid sterilization policy is a well-documented policy-level barrier to desired immediate postpartum PC fulfillment.[8–11] Other known barriers to immediate postpartum PC fulfillment at the patient, physician, and hospital levels include patient socioeconomic characteristics; clinician bias and paternalistic counseling; and Medicaid reimbursement, operating room availability, and hospital religious affiliation, respectively.[12] The perinatal period itself also has unique barriers to PC fulfillment including choosing PC too late in pregnancy for the mandatory 30-day waiting period to elapse prior to the procedure, or unexpected early delivery prior to the waiting period's conclusion.[13,14] In addition, Medicaid-insured birthing people may lose out on their opportunity to obtain PC altogether if not fulfilled during the birth hospitalization, as pregnancy-related Medicaid eligibility ends during the postpartum time period.[13] Access to childcare is also the most common reason for delaying or missing health care among reproductive age women, making PC fulfillment outside of the delivery hospitalization difficult for many parents.[15,16]

In prior qualitative studies, most obstetrician-gynecologists reported negative perceptions of the waiting period, describing it as a discriminatory barrier to desired PC; however, a minority felt that the policy aided counseling on the permanence of PC and may protect patients from coercion.[17] In contrast, state Medicaid administrators held more mixed views on the policy, voicing that it protects vulnerable populations, ensures informed consent, and prevents regret, while also recognizing how it acts as a barrier to care that may worsen inequity.[18]

Documented patient perspectives regarding the waiting period are limited to single institutions and were largely gathered prior to important policy changes that have affected contraceptive desire and access including the passage of the Affordable Care Act, availability of immediate postpartum long-acting reversible contraception, and expansion of postpartum Medicaid in many states.[19–26] With the recent restriction of abortion access in many US states following the Dobbs v. Jackson decision, more patients may desire PC, making patient-centered revision of this policy even more urgent.[27,28] There have also been multi-stakeholder calls to reduce the length of the Medicaid sterilization waiting period from 30 days to 72 hours to reduce barriers to care.[14] However, little is known from the perspective of patients themselves regarding the waiting period. Therefore, our objective was to explore how postpartum patients evaluated their waiting period-related experiences and describe their beliefs regarding the policy by interviewing postpartum patients desiring PC at geographically diverse urban institutions in the US South, West, and Midwest.

Materials and Methods

Eligibility Criteria

We recruited postpartum patients with a documented desire for PC at the time of discharge from their hospital-based delivery between March 2022-January 2023 for participation in a semi-structured, qualitative interview study. Eligible participants were English- or Spanish-speaking, 21 years or older, and had delivered at one of four institutions: MetroHealth Medical Center, Northwestern University, University of Alabama at Birmingham, University of California San Francisco. The age minimum was part of our eligibility criteria as current Medicaid regulations require patients to be 21 years of age of older to receive federal funding for PC. We purposely sampled participants with regard to insurance status, fulfillment of desired PC, parity, and route of delivery to ensure demographic diversity of participants and postpartum experiences to best represent our target population of postpartum birthing people in the US We initially aimed to include 25 patients from each site (100 patients total) in our sample but reached thematic saturation after 81 interviews and ceased interviews. In this analysis, we limit our sample to the 56 participants with Medicaid insurance or who received their care in California where state law requires a waiting period for both privately insured and Medicaid-insured patients.[29] We excluded one patient with Medicaid insurance at University of Alabama at Birmingham who was not specifically asked regarding the waiting period in their interview; therefore, their opinions on this topic were not available for analysis.

Recruitment and Data Collection

We created an interview guide based on the existing literature which we further refined after pilot interviews.[19,22,30] Figures S1 and S2 contains the complete interview guide for the broader study; however, this study focuses on participant answers to the following questions:

1. Could you walk me through what it was like for you to learn about the Medicaid form, talk about it with your doctor, sign it, and then wait before getting your surgery?
2. Could you describe to me how you feel about the waiting period between signing the form and getting your surgery?

Eligible postpartum participants were contacted by both phone and email. All participants provided informed consent, including publication of their anonymized responses and direct quotations of their interviews, in accordance with the Declaration of Helsinki. Participants specifically consented to being recorded during their interviews. Trained female research assistants (two White, one Asian, and one Black) with graduate-level training in qualitative research conducted semi-structured interviews via video-conferencing software with participants who were between six and eight weeks postpartum. Race and other demographic variables were included for self-report by participants as a part of the interview. Immigration status was not solicited from participants. Interviews were audio-recorded and transcribed. Participants received a $100 gift card for their interview participation. This study was approved by the Institutional Review Board at MetroHealth Medical Center with reliant review at the remaining sites.

Data Analysis

We first jointly developed codes deductively based on the literature and interview guide, then formulated additional codes inductively through a first and second coding pass.[12,19,21,22,30] Four trained research assistants individually coded the transcripts with one co-investigator double-coding 10% of the transcripts via NVivo 14 software (Lumivero). The study team met at multiple points during the coding process to compare coding and resolve discrepancies via discussion. We initially used rapid qualitative analysis methodology to create themes and sub-themes, but continued to refine these findings using thematic content analysis.[31] We have previously reported on how patients and physicians conceptualized and dealt with uncertainty during the counseling and decision-making process surrounding permanent contraception.[32] For this analysis, we further explored patient feelings and experiences surrounding the Medicaid sterilization policy with the required waiting period. This paper is based on a previously published master's thesis.[33]

Results

Participant Demographics

Demographics for the 56 patients who met eligibility criteria for this analysis out of 81 interviewed are presented in Table 1 stratified by their opinions on their waiting period. Thirteen participants viewed the waiting period favorably, 23 had neutral or mixed opinions, and 12 viewed the waiting period negatively, while eight participants were unaware of this policy. In general, participants with positive opinions of the waiting period tended to identify as Black and were slightly older, while participants with negative opinions of the waiting period tended to identify as White and were slightly younger. Hispanic participants tended to have neutral opinions about the waiting period or were unaware of the policy's existence. Participants with negative opinions or who were unaware of the waiting period tended to have higher parity. Participants did not have concrete suggestions on alternative lengths of the waiting period.

Participant opinions regarding the waiting period varied greatly based on whether their request for PC was fulfilled. Participants with favorable opinions of the waiting period often changed their mind about PC (almost half changed their mind), compared to approximately one-quarter of those with a neutral opinion, while participants with negative opinions of the waiting period were steadfast in their desires for PC (none changed their mind). While almost half of participants with negative views of the waiting period did not obtain PC, only one participant with a positive view of the waiting period did not obtain their desired PC – which they attributed to their clinician's communication and prioritization of

Table 1 Overall Participant Demographics of Postpartum Patients Desiring Permanent Contraception at Four Diverse Sites Across the United States, Stratified Based on Waiting Period Opinion (n=56, 2022–2023)

	Total (n=56)	Positive Opinion (n=13)	Neutral or Mixed Opinion (n=23)	Negative Opinion (n=12)	Unaware of Policy (n=8)
Median age, years (IQR[a])	34 (31–38)	35 (32–40)	34 (31–39)	32 (30.25–35.75)	33.5 (31–35.25)
Race					
White, n (%)	17 (30.4%)	2 (15.4%)	8 (34.8%)	6 (50.0%)	1 (12.5%)
Black or African American, n (%)	22 (39.3%)	7 (53.8%)	8 (34.8%)	4 (33.3%)	3 (37.5%)
Asian, n (%)	2 (3.6%)	1 (7.7%)	0 (0%)	1 (8.3%)	0 (0%)
Other, n (%)	15 (26.8%)	3 (23.1%)	7 (30.4%)	1 (8.3%)	4 (50.0%)
Ethnicity					
Hispanic, n (%)	21 (37.5%)	3 (23.1%)	13 (56.5%)	1 (8.3%)	4 (50.0%)
Non-Hispanic, n (%)	35 (62.5%)	10 (76.9%)	10 (43.5%)	11 (91.7%)	4 (50.0%)
Median parity (IQR)[a]	3 (2–5)	3 (2–3)	3 (2.5–5)	4 (2–5)	4 (2.75–4)
Route of Delivery					
Vaginal	34 (60.7%)	7 (53.8%)	16 (69.6%)	6 (50.0%)	5 (62.5%)
C-section	22 (39.3%)	6 (46.2%)	7 (30.4%)	6 (50.0%)	3 (37.5%)
Immediate Postpartum Permanent Contraception Fulfillment					
Fulfilled	27 (48.2%)	4 (30.8%)	12 (52.2%)	6 (50.0%)	6 (75.0%)
Non-fulfilled[b]	29 (51.8%)	9 (69.2%)	11 (47.8%)	6 (50.0%)	2 (25.0%)
Changed mind against PC	15 (26.8%)	8 (61.5%)	6 (26.1%)	0 (0%)	0 (0%)

Notes: [a]Interquartile range. [b]Includes patients who changed their minds.

their PC request. The other main reasons for PC non-fulfillment among our participants included participants changing their mind against PC, medical contraindications to the procedure, hospital logistics, and issues with the consent form and/or associated waiting period.

Below, we organize the findings based on positive and negative opinions to facilitate discussion of the key themes of regret, independent decision-making, coercion and bias, reproductive autonomy, therapeutic relationship, doubt, indifference and nuance, and misinformation. Additional representative quotes for each theme are synthesized in Table 2.

Positive Opinions About the Waiting Period

Participants with positive views about the waiting period emphasized its role in minimizing regret, facilitating independent decision-making, and preventing reproductive coercion.

Minimization of Regret

Participant discussed how the waiting period allows for time to be certain regarding the desire for PC as well as time to change their mind if not desired. One participant said:

> I think it is a good idea because a lot of times within a waiting period, I change my mind and didn't wanna get the procedure done. It can give people—it gives them time to make sure that's really what they wanna do. – 41 years old, Non-Hispanic Black, PC fulfilled, did not change mind about PC

Independent Decision-Making

A few participants felt that the waiting period signposted the gravity and permanence of the decision and allowed for protected time for independent decision-making. A participant said,

> When I saw sterilization, it really drew my attention, that [PC] is very permanent… then the fact that [the consent form] had to be done the month, or 30 days prior, also made me feel like it's likely that the person has enough time to think about it prior to actually getting the procedure done. – 36 years old, Hispanic, other race, PC not fulfilled, changed mind about PC

Table 2 Themes and Representative Quotes From Postpartum Patients Regarding the Medicaid Sterilization Waiting Period at Four Diverse Sites Across the United States, (2022–2023)

Theme	Representative Quote
Positive Opinions about the Waiting Period	
Minimization of Regret	"Oh, maybe people have the right to change their minds about these things. I would assume that it's for that same reason where you wanna give people additional time to think about it before it's finalized. That's what I would assume". -32 years old, non-Hispanic, Black, PC not fulfilled, changed mind about PC "I feel like [the waiting period] give a person time to really think about whether being sterile is really what they want to do 'cause some people do get to the point where they do want to have a child', and if they [undergo sterilization] it won't happen". -35 years old, non-Hispanic, Black, PC not fulfilled, changed mind about PC
Independent Decision-making	"I think [the waiting period is] necessary. I think it gives people time think about it again. I think there's a way to withdraw that consent too… I mean, I like the idea of having a waiting period because —I do not know—72 hours does not seem an unreasonable amount of time to go back and schedule a surgery. I mean, this is abdominal surgery… I mean, I do not know how complicated it is. Still, it just seems to be —it's not like going to the park for a walk". -40 years old, non-Hispanic, white, PC not fulfilled, changed mind about PC
Protection Against Coercion & Bias	"Also, maybe, some people sign those forms under duress, and they go home, and they are with somebody who's forcing them to sign the form—I do not know— like a family member or something. They go home and they are like, 'I don't wanna do this'. I think it's a good safety measure to make sure that people are a hundred percent convinced that that's what they wanna do". -40 years old, non-Hispanic, white, PC not fulfilled, changed mind about PC "Just think about a lot of things before you decide within the 30 days about getting your tubes tied. Make sure that's what you want to do. Nobody rushing you; nobody forcing you; nobody pressure you; nothin' like that. Make sure it's just you and yourself thinkin' about your body and what your body can handle". -31 years old, Hispanic, other, PC not fulfilled, did not change mind about PC
Negative Opinions About the Waiting Period	
Reproductive Autonomy	"I had to sign a consent form for Medicaid. Then, at the hospital, since I ended up going—I went into labor, [the physician] told me that I could not get it. Medicaid would not pay for it because it will have to be on file for 30 days. It was just filled out like two weeks before… I was not made aware of that waiting period until after I have the baby. I was disappointed that I did not know about it before then". -33 years old, non-Hispanic, white, PC not fulfilled, did not change mind about PC
Therapeutic Relationship	"I still want to get my tubes tied but I do not have an appointment yet… I shouldn't have had to wait as long… I had to wait and wait for [my healthcare providers] to let me know". -27 years old, non-Hispanic, Black, PC not fulfilled, did not change mind about PC
Doubt	"Well, as far as the 30 days, I feel that, with the 30 days, it's so much to decide. One minute, I wanted to get it. The next minute, I am like, 'No, maybe I don't'. I really feel that it should be signed right there before your delivery because I just had so many thoughts runnin' through my head". -28 years old, non-Hispanic, Black, PC not fulfilled, did not change mind about PC "I think that if anybody had had kind of like an inkling of a doubt about agreeing to [PC], then all these hurdles would probably have kept somebody from going through with the procedure, I would think. Because I was pretty resolute in my decision, it meant nothing to me. It just felt inconvenient, and again, gave me the perception that I was not being trusted with my own decision about my own health". -43 years old, Hispanic, white, PC fulfilled, did not change mind about PC
Indifference & Nuance	"I was very neutral about [the waiting period], only because I did not really—I do not know. I just did not really care, I guess. You know? Okay. You know what? It did not bother me and I did not care because I did not—I knew it was not set in stone. Does that make sense? It was not like I was signing my life away or something". -39 years old, Hispanic, other, PC not fulfilled, changed mind about PC. "I understand the motivation, but it's really trying to protect people from sterilization, but I found it a bit cumbersome, I guess was what I wanted to say. In looking at the form, I am not sure it necessarily achieves what it wants to do… I think in certain circumstances, it's important. If you are some 22-year-old comes in with someone looking like she's getting forced to get sterilized that's a very different thing to do it… I think it needs to perhaps be applied with more nuance". -32 years old, non-Hispanic, other, PC fulfilled, did not change mind about PC
Misinformation	"From my understanding, the reason why they wanna know especially [ahead of] time was really, they can make sure they have all the staff that they needed, all the tools that they needed… they are tryin' to be organized, which I definitely appreciate". -32 years old, non-Hispanic, black, PC not fulfilled, changed mind about PC

Another participant reflected on how the waiting period prompted them to consider alternate contraceptive options during their PC decision making:

> Just because my mom had the procedure done, I thought it's not that big of a deal. When I really thought about it, and it said this is permanent and then they're giving me this 30-day period, in my mind I thought maybe I need to take this more seriously and consider more of my options before going through with it. – 36 years old, Hispanic, white, PC not-fulfilled, changed mind about PC

Expressing feelings of relief at being able to sign the form ahead of their delivery, a participant said, "I was happy that I was weeks away from having my kids, and this paper was presented to me when I was in the right mindset [sic]."(28 years old, non-Hispanic, Black, PC fulfilled, did not change mind about PC)

Protection Against Coercion & Bias

Although none of our participants shared feeling personally forced into undergoing PC procedures by their clinicians, many participants reflected on the hypothetical risk of coercion for other patients. One patient stated,

> For people in those situations, maybe they're under distress or medication or someone is forcing them to do sterilization, that [the waiting period] probably would be their opportunity to have that[protection]. – 39 years old, Hispanic, other race, PC not fulfilled, changed mind about PC

Several participants noted that the waiting period may protect against conscious and subconscious coercion by clinicians, despite creating barriers to PC fulfillment:

> Well, I imagine too, part of the reason, part of the benefit of actually doing [the consent form] four-plus weeks in advance… It's not like a doctor or provider is gonna just slip it in with the other consent forms that you're signing around [Labor and Delivery], which I could see totally happening either intentionally or by mistake and then resulting in an outcome that somebody didn't want. – 35 years old, non-Hispanic White, PC not fulfilled, changed mind about PC

Negative Opinions About the Waiting Period

Participants who held unfavorable views of the waiting period emphasized its role as an obstacle to PC that can reduce reproductive autonomy, harm patient-clinician relationships, and introduce unwanted doubt into their PC decisions.

Reproductive Autonomy

Several participants described how the waiting period interfered with their reproductive goals. One participant described:

> I've been pregnant 12 times. I have 10 live children. I think I first signed the paper with [the medical center] probably—I think it was my fifth son, and they told me I had to come back… I signed the paperwork, was all prepared for it, then they told me I couldn't get it done. With every pregnancy after that, it was a thing of you have to wait, you have to wait… – 41 years old, non-Hispanic, Black, PC fulfilled, did not change mind about PC

While this participant personally identified the waiting period as a barrier to her reproductive autonomy, other factors such as racism, clinician bias, or hospital logistics may have also obstructed their autonomy and led to unintended pregnancies due to PC non-fulfillment.

Those with negative views of the waiting period also experienced emotions of anxiety and unfairness. One participant shared her worries:

> It's a little nerve-wracking cause I don't want to end up pregnant beforehand and then not being able to have [the PC] done. – 25 years old, Hispanic, white, PC not fulfilled, did not change mind about PC

Participants also expressed that the Medicaid policy interfered with their autonomy by preventing them from aligning their postpartum and PC surgical recovery time to minimize time away from employment. A participant noted stress and anxiety regarding not receiving PC during their delivery hospitalization: "I wanted to recover around the same time I was recovering from the baby, and not have to take extra time off work", (32 years old, non-Hispanic, Black, PC not fulfilled, did not change mind about PC) or arrange childcare to obtain the surgery later.

In addition, multiple participants noted that the waiting period is paternalistic and sexist, exhibited in this viewpoint:

> If someone's decided, a person of a sound mind has made a decision you have undergo sterilization, it seems unnecessary. They're not children. Their decision should not be doubted… If a man goes in and decides to have a vasectomy, then do they say, "Okay, come back in two weeks and see if you still want it?" No, it's a sexist process. – 32 years old, non-Hispanic, other, PC fulfilled, did not change mind about PC

While the participant was unaware that the Medicaid policy also applies to vasectomies, they acknowledge how sex and gender uniquely influence how patients experience this policy. Another participant described their physician counseling in a paternalistic manner about the waiting period:

> The first doctor I think had explained and said that us pregnant women go through a lot of emotions. If they thought that we [weren't] stable enough, obviously they wouldn't give us the form. – 31 years old, Hispanic, other, PC not fulfilled, did not change mind about PC

Of note, this participant's experiences were shaped by potential clinician bias and paternalism that may be unrelated to the waiting period and consent form itself.

Another participant explained how she felt unjustly treated in having to wait for her PC due to her insurance status:

> I did not wanna wait at all… they said there is plenty of moms that got their tubes tied right away. I do not understand why I could not. – 28 years old, non-Hispanic, Black, PC not fulfilled, did not change mind about PC

Therapeutic Relationship

The waiting period harmed some participants' relationships with their clinicians. For example, a participant felt that her health care team did not support their reproductive desires due to their role enforcing the waiting period. They said:

> [The physician] seemed more resistant to my decision, that it wasn't feasible because there wasn't 30 days notice put in or something… In the end I guess what it determined was what kind of insurance I had if I was allowed to have [my PC procedure], so that made me feel like it wasn't really my decision but whether or not the doctors or the insurance were willing to allow me to have the procedure done. – 39 years old, non-Hispanic, white, PC fulfilled, did not change mind about PC

Doubt

While participants were generally resolute in their decision to use PC, doubt was intertwined in some participants' experiences of the waiting period in two main ways: (1) participants who were unwavering in their decision for PC felt that the required waiting period represented clinicians' expectation that they would change their mind about PC and (2) the waiting period itself may lead some participants to experience more doubt or change their minds about PC. One patient reflected on how the waiting period made her feel untrusted:

> I did feel like I was being questioned or doubted or [my clinicians] were anticipating that I was gonna change my mind and revoke consent at any point. Not that anybody did—again, these are my feelings; feelings are not facts. But that's just what I felt. – 43 years old, Hispanic, white, PC fulfilled, did not change mind about PC

Another participant felt that the length of the waiting period injected uncertainty into her decision making:

> I think, especially it was for me, some women are sure, but the longer you wait in between, there could be doubt that set in that you may not have had if you didn't have to wait around for it. – 32 years old, non-Hispanic, Black, PC not fulfilled, did not change mind about PC

Two participants wished the waiting period was shorter to help prevent this additional doubt.

Indifference & Nuance

Many participants had neutral or mixed beliefs about the waiting period. These views ranged from equanimity to a policy they felt unable to change, to nuanced opinions that recognized both the history of coerced sterilization and the waiting period as a potential barrier to PC fulfillment. One participant said,

> I'm like, "It's gonna happen". My mind isn't changing. I have to wait. It's nothin' I can do about it. – 28 years old, non-Hispanic, Black, PC fulfilled, did not change mind about PC

In contrast, another participant offered a different view:

> It goes back to finding that right balance between not standing in the way of women making decisions about their bodies, but on the flip side, ensuring that women aren't coerced into making decisions they don't want. – 35 years old, non-Hispanic, white, PC not fulfilled, changed mind about PC

Misinformation

Misconceptions about the waiting period were common with eight participants unaware of the existence of the waiting period until they were informed during their study interview, all of whom were Medicaid-insured. Additionally, several participants were informed about the waiting period less than 30 days before their expected delivery, leading to disappointment when they could not obtain their desired PC. A few participants mistakenly viewed the waiting period as a deadline for the procedure:

> When [my physician] told me that I had to get it done within 30 days, [my baby's] original due date was March 29th. I was like, "Oh, will I have it in time if I get it signed now? Will it expire in time?" – 25 years old, non-Hispanic, Black, PC fulfilled, did not change mind about PC

Additionally, three participants assumed that the waiting period exists to allow time for Medicaid to approve applications for PC or for hospitals to prepare for their procedures.

Discussion

Our qualitative data demonstrate that patients hold nuanced conceptualizations of the complex roles of the Medicaid waiting period to obtain PC. For some, the waiting period ensured time to wrestle with uncertainties and prevent regret, while others felt it could introduce or intensify unwanted doubt. Many participants in our study expressed that the waiting period restricted their reproductive autonomy by serving as a barrier to desired care. In contrast, others felt the waiting period promoted autonomy via limiting the potential for coercion for others – despite not being a relevant concern for themselves.

In addition, eight participants were unaware of the waiting period's existence prior to their interviews, which brings into question whether antepartum contraceptive counseling occurred. Further, the readability of the current consent form and its utility in appropriately relaying information about the waiting period to patients must also be examined. The current form has previously been evaluated to have excessive readability and comprehension demands for patient education and informed consent materials,[34] and was noted to have poor effectiveness at communicating information about the waiting period to low literacy and Spanish speaking populations.[35]

In evaluating the role the waiting period plays for postpartum patients desiring PC, it is important to consider whether a federally mandated waiting period is the best way to minimize regret and coercion, and promote autonomy and independent decision making. For example, participants highly valued having adequate time separate from their healthcare team to make independent decisions about PC prior to their deliveries. Discussions regarding PC should take place longitudinally across care to optimally support patients in their decision-making, which clinicians ideally would facilitate for all patients regardless of insurance status or federal policy regulations. Other scholars have advocated for replacement of the waiting period with an innovative consent process that acknowledges the critical historical context of PC procedures and potential for ongoing coercion.[19] Such innovations in the consent process will require intensive

medical education reforms for clinicians performing PC procedures as well as systems of accountability to ensure adequate counseling.

Given ongoing xenophobia, classism, racism, ableism, and discrimination against incarcerated people, consideration of the waiting period's protective role against forced sterilization remains important. Recent accounts of forced sterilization among immigrant detainees, people experiencing incarceration, and people with disabilities in the US exhibit continued coercive practices – and that perhaps the Medicaid policy has not removed the concern for coercion.[36–38] Thus, further study is warranted on what an effective safeguard mechanism would entail.

Many previous studies on the role of the waiting period on PC outcomes in Medicaid-insured patients have focused on a binary measure of PC fulfillment.[10,39] Yet, in one prior study, changing their minds and declining previously desired PC was the second most common reason for non-fulfillment after lack of a valid Medicaid sterilization consent form.[10] Thus, we must assess if fulfillment is an autonomy-centered metric, since it may not accurately capture patients who independently change their minds against PC, such as several participants in our sample who held favorable views of the waiting period. Patients experience fluidity in their contraceptive decision making, particularly throughout critical life experiences like pregnancy and childbirth.[39] Future studies on PC outcomes should incorporate new measures to categorize autonomous refusal of PC as a positive result.[40]

Strengths of this study include the inclusion of patient perspectives from diverse geographic areas across the US. We also included participants who did not have their desired PC fulfilled and changed their mind about PC, as the current body of research includes a predominance of perspectives of women who successfully fulfilled their desires for PC.[19–22] In addition, prior studies do not describe the role of the waiting period in individual patient decision making about PC, or explore perceived benefits of the current policy; therefore our study contains novel contributions on these topics.[19–22] This study has several limitations. Participants were recruited from secular urban tertiary care centers with increased access to reproductive health services compared to rural, religious, or low-resource health care settings. While Spanish-speakers were eligible, all Spanish-speaking participants recruited were bilingual in English. In addition, the information obtained in our interviews may vary based on characteristics of the interview dyad, including race and ethnicity. Selection bias and distrust in the health care system are barriers to participation in medical research that may have affected study recruitment, particularly among minoritized populations who were disproportionately targeted by eugenic sterilization laws and remain at increased risk of reproductive coercion.[41–43]

Conclusion

Patients hold diverse views on the waiting period mandated by the Medicaid sterilization policy including its positive roles of minimization of regret, facilitation of independent decision making, and protection against coercion and bias, as well as negative roles including interference with reproductive autonomy, harm to the patient-clinician relationship, and introduction of unwanted doubt into contraceptive decisions. Future studies should continue to engage Medicaid-insured patients in evaluating the requirement for and ideal length of the waiting period, as they are the key stakeholder affected, and hold varied and nuanced views on the waiting period.

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Disclosure

The authors report no conflicts of interest in this work.

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