

**Immediate Postpartum LARC**  
 TIPQC  
 March 6<sup>th</sup>, 2018



The American College of  
Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS



the LARC  
program  
Leading the Way in Contraception

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**Disclosures**

- Dr. Nikki Zite and Mica Bumpus have no disclosures

Note: All health care providers who perform implant insertions and removals must receive training from the manufacturer. Therefore, the insertion process is deferred to the manufacturer and not covered in this presentation.




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**Topics covered in presentation**

- Section 1:** Unmet need for & importance of postpartum contraception
- Section 2:** Potential benefits of immediate postpartum LARC
- Section 3:** Payment & policy trends
- Section 4:** Contraceptive counseling: shared decision-making & reproductive justice framework




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### Learning objectives

1. Understand the impact of unintended pregnancy in the postpartum period
2. Summarize potential benefits of increasing access to the full range of contraceptive methods postpartum
3. Describe policy trends for reimbursement of immediate postpartum LARC
4. Understand the importance of shared medical decision-making for contraceptive counseling



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### UNMET NEED

for Postpartum Contraception



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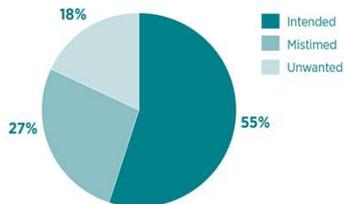
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#### PREGNANCIES BY INTENTION STATUS

Nearly half of U.S. pregnancies were unintended in 2011.



www.gutmacher.org

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### Why is postpartum contraception important?

- Pregnancy spacing is healthy for healthy women and babies
- At least 1/3 of women who want postpartum sterilization will not have it done and 47% of women who leave without having a desired postpartum sterilization will be pregnant within one year
- Women have difficulty returning for a postpartum visit because of :
  - Childcare obligations
  - Unable to get off work
  - Unstable housing
  - No transportation
  - Communication or language barrier
  - Lack of insurance coverage or potential expiration of Medicaid eligibility
- Non-breastfeeding women can ovulate as early as 25 days postpartum
- 57% women are sexually active by 6 weeks postpartum



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### What is immediate postpartum LARC?

**When LARC methods are available to women in the hospital after a delivery before discharge**

ACOG says immediate postpartum LARC:

- Should be offered as an effective option for postpartum contraception
- Can reduce unintended pregnancy & lengthen interpregnancy intervals



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### Definitions: timing of LARC placement

1. **Immediate postplacental** – placement while still in the delivery room and, when possible, within 10 minutes of placental delivery
2. **Immediate postpartum** – placement during hospital admission for delivery
3. **Postpartum** – placement within 6 weeks of delivery
4. **Interval placement** – placement 6 weeks or later following delivery



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### IPP LARC can help meet women’s needs

- Safe
- Convenient
- Highly effective
- Reversible
- Forgettable
- High patient satisfaction
- High continuation rates




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### What does the research say?

- **“Most unintended pregnancy less than 24 months after delivery could have been prevented or postponed had women been able to access their desired long-acting and permanent methods.”**
  - Potter J, et al. Barriers to Postpartum Contraception in Texas and Pregnancy Within 2 Years of Delivery. *Obstet Gynecol* 2016;127(2):289-96
- **“Our base-case analysis suggests that immediate postpartum IUD placement is not only cost-effective, but cost-saving.”**
  - Washington C, Jamshidi R, Thung S, Nayeri U, Caughey A, Werner E. Timing of Postpartum Intrauterine Device Placement: A Cost-Effectiveness Analysis. *Fertil Steril* 2015;103(1):131-7.




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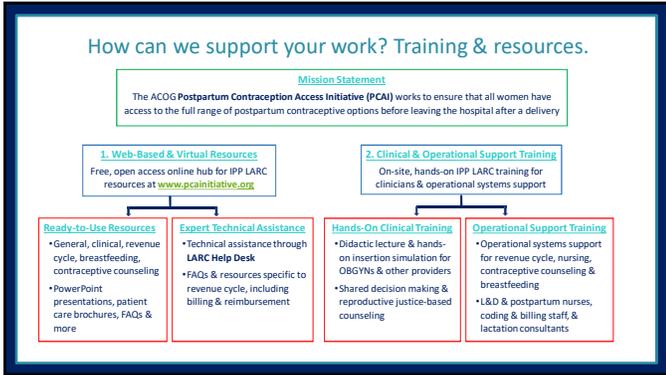
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### How can we support your work? Technical assistance.

- [www.pcainitiative.org](http://www.pcainitiative.org)
  - Early 2018, expect full roll out of website, including all IPP LARC online resources
  - Individualized remote and onsite training
  - **Online Ticket system for LARC-related questions including revenue cycle; free & open to all**
- **Advocacy & practice resources:**
  - ACOG Practice Bulletin #186, LARC: Implants & IUDs (\*Updated November 2017)
  - ACOG Committee Opinion #670: IPP LARC
  - IPP LARC Resource Digest – Research & implementation
  - **Teachers/learners:** Instructional videos, ready-to-use PowerPoints
  - **Practice resources:** Order sets, insertion checklists, clinical considerations



The American College of Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS



Postpartum Contraceptive Access Initiative



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## CONTRACEPTIVE COUNSELING

### Shared Decision-Making & Reproductive Justice Framework



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## What is the goal of contraceptive counseling?

- A. To inform women about all postpartum contraceptive options
- B. To have a woman leave the hospital after delivery with a plan for contraception that she feels comfortable with
- C. To allow women to make the contraceptive choices that are best for them
- D. To remind women that there is not one perfect method for everyone

E. All of the above!




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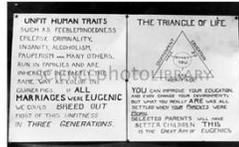
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## Reproductive coercion

- Reproductive coercion is the act of forcing a woman to use a method of birth control that she did not choose
- The U.S. has history of reproductive coercion and forced sterilization
- Minority and socioeconomically disadvantaged women may have mistrust of health care system because of this history




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## Reproductive coercion

- Any counseling for postpartum contraception, especially sterilization or IPP LARC, must be sensitive to this history
  - Highlight the reliance provider for removal
  - LARC devices can give women a decreased sense of control or the feeling of being forced into a contraceptive method




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### Contraceptive counseling for IPP LARC

• ACOG Committee Opinion #490, Partnering With Patients to Improve Safety, states:

**Shared medical decision making**

A process in which the physicians shares with the patient all relevant risk and benefit information on all treatment alternatives and the patient shares with the physician all relevant personal information that might make one treatment or side effect more or less tolerable than others

- Shared medical decision making can increase patient engagement and reduce risk resulting in improved outcomes, satisfaction, and treatment adherence
- Although medical knowledge is tipped towards the provider, in shared medical decision making, a middle ground is sought that incorporates sound medical care and a patient's person preferences
- Patient-centered goals may also have a part in the decision-making process



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### A reproductive justice framework for contraceptive counseling

ACOG Committee Opinion #699, Adolescent Pregnancy, Contraception, and Sexual Activity, states:

“The framework of reproductive justice connects family planning and other aspects of sexual and reproductive health with the disparities and complexities that affect patients’ lives. Furthermore, it encourages gynecologic health care providers to examine issues of bias and coercion and advocate for equitable access and change.”



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### A reproductive justice framework for contraceptive counseling

ACOG Committee Opinion #699, Adolescent Pregnancy, Contraception, and Sexual Activity, states:

- “A reproductive justice framework for contraceptive counseling and access is essential to providing equitable health care, accessing and having coverage for contraceptive methods, and resisting potential coercion by health care providers.”
- “When engaging in shared decision making regarding contraceptive use, obstetrician-gynecologists should be aware of and address their own biases, work to empower patients, and strive for equitable outcomes for all patients regardless of age, race or ethnicity, class, or socioeconomic status.”



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### ACOG guidance on IPP LARC counseling

ACOG Committee Opinion #670, IPP LARC, states:

- "Women should be counseled about all forms of postpartum contraception in a context that allows informed decision making."
- "Optimally, women should be counseled prenatally about IPP LARC. Counseling should include advantages, risk of IUD expulsion, contraindications, and alternatives to allow for informed decision making."
- "Counsel women about the convenience and effectiveness of IPP LARC, as well as the benefits of reducing unintended pregnancy and lengthening interpregnancy intervals."




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### ACOG guidance on IPP LARC counseling (cont.)

ACOG Committee Opinion #670, IPP LARC, states that:

- Counseling should include "the increased risk of expulsion, including unrecognized expulsion, with IPP IUD insertion compared with interval IUD insertion."
- "Given available evidence, women considering IPP hormonal LARC should be counseled about the theoretical risk of reduced duration of breastfeeding, but that the preponderance of the evidence has not shown a negative effect on actual breastfeeding outcomes."
- See the [ACOG LARC Program's Contraceptive Counseling Resource Digest](#) for more information and additional resources




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### Tools for contraceptive counseling

The infographic is divided into two main sections. The left section, titled "HOW WELL DOES BIRTH CONTROL WORK?", is organized into three rows based on effectiveness: "Works really well" (top row with 4 stars), "Works well" (middle row with 3 stars), and "Works not so well" (bottom row with 1 star). Each row lists various contraceptive methods with small icons representing them. The right section features a circular "U. S. Medical Eligibility Criteria Wheel For Contraceptive Use" with concentric rings and a central hub, used for determining the medical eligibility of different contraceptive methods for various users. Logos for the CDC and other organizations are visible at the bottom.

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## More ACOG guidance on contraceptive counseling

ACOG has many contraceptive counseling resources, including, but not limited to:

1. [ACOG Practice Bulletin #186, LARC: Implants and Intrauterine Devices](#)
2. [ACOG Committee Opinion #672, Clinical Challenges of LARC Methods](#)
3. [ACOG Committee Opinion #670, IPP LARC](#)
4. [ACOG Committee Opinion #699, Adolescent Pregnancy, Contraception, and Sexual Activity](#)
5. [ACOG Committee Opinion #490, Partnering With Patients to Improve Safety](#)
6. [ACOG Committee Opinion #587, Effective Patient-Physician Communication](#)
7. [ACOG Committee Opinion #666, Optimizing PP Care](#)
8. [ACOG LARC Program Contraceptive Counseling Resource Digest](#)



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QUESTIONS?



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