Disclosures

- Woman Care Global, advisory board

Acknowledgements

- The Georgia Ob/Gyn Society
- The Georgia Department of Community Health & Medicaid
- The Georgia Department of Public Health
- The Georgia Public-Private-Partnership (P3) to prevent teen pregnancy
- The Georgia Perinatal Quality Collaborative
- The Fellowship in Family Planning
- Emory University Department of Gynecology and Obstetrics, Family Planning Division
- The Jane Fonda Center
Objectives

- Describe the benefits and risks of immediate postpartum contraception
- Identify eligible candidates for immediate postpartum contraception
- Be confident to implement this practice in a hospital setting

The early years

As of 2017
Inter-pregnancy intervals

- Approximately 30% of births in US had an inter-pregnancy interval of <18 months
- Short inter-pregnancy intervals are associated with worse perinatal outcomes
  - Higher third trimester bleeding, maternal anemia, maternal death
  - Higher preterm birth, low birth weight, neonatal and infant death

Grisaru-Granovsk, Contraception, 2009, Copen, NSVR, 2015
Tennessee outcomes, 2016

<table>
<thead>
<tr>
<th></th>
<th>Tennessee</th>
<th>US</th>
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</thead>
<tbody>
<tr>
<td>Maternal Mortality</td>
<td>19.2</td>
<td>19.9</td>
</tr>
<tr>
<td>(per 100,000 live births)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unintended pregnancy</td>
<td>56</td>
<td>45</td>
</tr>
<tr>
<td>(%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teen Birth (per 1,000 females 15-19 yo)</td>
<td>33.0</td>
<td>24.2</td>
</tr>
<tr>
<td>Infant Mortality (per 1,000 live births)</td>
<td>7.0</td>
<td>6.0</td>
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<tr>
<td>Preterm birth (%)</td>
<td>10.8</td>
<td>9.6</td>
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<tr>
<td>Low birthweight (%)</td>
<td>9.0</td>
<td>8.0</td>
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<tr>
<td>Breastfed exclusively for 6 mo (%)</td>
<td>15.4</td>
<td>18.8</td>
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</table>

We can do better.

Immediate postpartum IUDs and implants can help

Why?

- IUDs and implants are the best contraceptive methods we have
- Immediately postpartum is a perfect time to place them
What is a LARC?

Long Acting Reversible Contraceptive

- LNG IUS
  - (Mirena) 5 years
  - (Skyla) 3 years
  - (Liletta) 4 years
  - (Kylena) 4 years
- Copper IUD (Paragard)
  - 10 years +
- Implant (Nexplanon)
  - 3 years +

12-Month Continuation

<table>
<thead>
<tr>
<th>Method</th>
<th>Continuation Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LNG-IUS</td>
<td>87.5</td>
</tr>
<tr>
<td>Copper IUD</td>
<td>84.1</td>
</tr>
<tr>
<td>Implant</td>
<td>83.3</td>
</tr>
<tr>
<td>Any LARC</td>
<td>86.2</td>
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<tr>
<td>DMPA</td>
<td>56.2</td>
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<tr>
<td>OCPs</td>
<td>55.0</td>
</tr>
<tr>
<td>Ring</td>
<td>54.2</td>
</tr>
<tr>
<td>Patch</td>
<td>49.5</td>
</tr>
<tr>
<td>Non-LARC</td>
<td>54.7</td>
</tr>
</tbody>
</table>

Peipert Obstet Gynecol 2011
12-Month Satisfaction

Key points #1

- IUDs and implants work great
- They are easy
- Women like them and continue them

GREAT contraceptives PERFECT time

Peipert Obstet Gynecol 2011
Never been easier!!!

Certainty

• 100% CERTAIN she is not pregnant
• Highly motivated to avoid a pregnancy

Postpartum is a unique time

• Cwiak survey of pregnant and postpartum women
  • 46% of women desired a change of method postpartum
  • Ease of use, long-term protection, safety with breastfeeding, and no monthly pharmacy trips
• Tang and colleagues found that 80% of women did not want another pregnancy for at least 2 years
• Postpartum is a time of unmet contraceptive need for many women

Breastfeeding

Risk of pregnancy
Postpartum visit

- When is it scheduled?
- Do women get contraception?
- How many women keep the visit?
  - And required follow-ups?

Immediate PP LARC placement is SAFE

Wide support for immediate postpartum LARC
- American College of Obstetricians and Gynecologists (ACOG)
- World Health Organization (WHO)
- Centers for Disease Control (CDC)

American College of Obstetricians and Gynecologists (ACOG)

“The immediate postpartum period is a particularly favorable time for IUD or implant insertion. Women who have recently given birth are often highly motivated to use contraception, they are known not to be pregnant, and the hospital setting offers convenience for both the patient and the health care provider.”

Practice Bulletin No. 121; Obstet Gynecol; 2011
CDC’s Adaptation of WHO guidance

Medical Eligibility Criteria Categories
1. No restriction for the use of the contraceptive method
2. The advantages of using the method generally outweigh the theoretical or proven risks
3. The theoretical or proven risks usually outweigh the advantages of using the method
4. An unacceptable health risk if the contraceptive method is used

Medical Eligibility Criteria

<table>
<thead>
<tr>
<th></th>
<th>Implant</th>
<th>Copper IUD</th>
<th>LNG-IUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postpartum (after vaginal delivery or cesarean)</td>
<td>&lt;10 min</td>
<td>10 min-48 hours</td>
<td>2</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Pelvic organ dyspareunia</td>
<td>4</td>
<td>4</td>
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</table>
Cochrane Review on IPP IUD

- 15 RCTs
- Convenient for woman and provider
- No difference in device design
- No difference between manual or instrument insertion
- The third trimester with many visits is a good time to discuss birth control and desires for timing of placement
- Clinical follow-up and education about signs of expulsion may help identify expulsions

Immediate PP Implants in teens

- Colorado Adolescent Maternity Program (CAMP)
- Prospective Cohort
- Offered 396 teens and young women (13-23 years) all contraceptive options during third trimester counseling including a contraceptive implant placed immediately postpartum
  - 171 had an implant placed immediately postpartum
  - 225 selected other methods or a different time for placement


Tocce, Am J Obstet 2012
Immediate PP Implant placement

- When offered:
  - Teens accept them
  - Continue them
  - Have fewer pregnancies within 12 mo
  - 2.6% of those who selected an IPI
  - 18.6% who did not

Key points #2

- Immediate postpartum is a perfect time to place an IUD or implant
  - Easy for provider and woman
  - Consistent with fertility needs and goals of a new mother
  - Supported by the evidence and the guidance
  - May positively impact maternal outcomes

- And now placement immediately postpartum is reimbursable
Additional considerations

- Breastfeeding
- Expulsion
- Making this fit into practice—getting the team together

Breastfeeding

- IUDs and implants are MEC Category 1 or 2 for breastfeeding women.
- Progesterone-only methods are generally considered safe during lactation.
- Limited data on the Implant and LNG-IUS regarding immediate initiation and breastfeeding.

Expulsion of an IUD placed immediately postpartum
Expulsion

- 2-8% in the first year of use with interval insertion.
- Expulsion rates 2-15% if post-partum IUD inserted within 10 minutes of placental delivery
- Expulsion rates 2-37% if placed 2-72 hours after delivery.
- Cohort data suggest this may be lower if placed during a cesarean
  - Less cervical dilation
  - Easier to ensure fundal placement

Why 10 minutes?

![Graph showing adjusted cumulative expulsion rates across different time periods.

Expulsions

- Large majority of IUDs remain in place when placed immediately
  - Utilization remains higher for immediate placement
- Women generally recognize an expulsion
  - Majority request another to be placed
- Provider experience has a major influence on expulsion rates
  - Training is important
  - Fundal placement is essential
- Brief ultrasound at follow-up may be billable
Steps for PP IUD placement

At the time of cesarean

- **Transcesarean** insertion is defined as one performed following a cesarean delivery, before the uterus incision is sutured.

  For transcesarean insertion, as the uterus is open, the IUD can be placed with the inserter or manually.
Tricks of the trade

• As soon as feasible after placental delivery
• Ultrasound and fundal pressure are valuable to ensure fundal placement
• If the IUD comes back through the cervix into the vagina, do not replace, insert a new device
• Minimal discomfort regardless of anesthesia
• Strings will find their way out of the cervix
  - Often out of the introitus (esp. LNG IUS)
  - Warn patient have them return in 1-2 weeks for string trimming
• Checklists can be valuable

PP Implant placement

• Not substantively different than interval placement
• L&D or on postpartum ward
• Having a “kit” is useful
  - Implant
  - Lidocaine
  - Syringe, needle
  - Antiseptic
  - Bandage

Many stakeholders, many steps

• Providers
• Patients
• Pharmacy
• L&D team
• Postpartum team
• Billing
• EMR
• Lactation consultants
• Credentialing
• Device management
  - Approval
  - Purchasing
  - Supply management
• Billing and coding
• Documentation
• Contraceptive counseling and informed consent
  - QA
Key steps for success

- Key first steps and facilitators to immediate postpartum LARC program implementation were
  - Identifying project champions
  - Creating an implementation team with all relevant departments
  - Obtaining financial reassurance
  - Ensuring hospital administration awareness of the project
  - Using a guide with steps and tools
- Barriers to implementation included lack of knowledge about immediate postpartum LARC, financial concerns, and competing clinical and administrative priorities.

Key Points #3

- Immediate postpartum IUD and implant provision is convenient and safe
- Preventing rapid repeat pregnancy may help to improve maternal and child health outcomes
- There is a national movement encouraging payers to cover this practice
- There are many resources available to facilitate systems that are preparing for implementation

Resources:

ASTHO

ACOG
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<td>• <a href="https://www.k4health.org/sites/default/files/PPIUCD%20bibliography%20MCHIP%202012.pdf">https://www.k4health.org/sites/default/files/PPIUCD%20bibliography%20MCHIP%202012.pdf</a></td>
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