Immediate Postpartum Long Acting Reversible Contraceptives

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Disclosures

• None of the speakers have any financial disclosers related to this presentation.
• We will be referring to the contraceptive methods as Long Acting Reversible Contraceptives (LARC). We very strongly agree with the Tennessee Department of Health’s emphasis on these methods being VOLUNTARY and REVERSIBLE. We applaud their use of the term VRLAC to demonstrate this, but to decrease confusion with the terms used in scientific research and OB/GYN literature we will use LARC for this project.
• This project will be referred to as IPP LARC for convenience in many places throughout our documents.

Objectives

1. Discuss rationale for IPP LARC project
2. Review the TIPQC IPP LARC Toolkit
3. Discuss quality improvement processes
4. Outline implementation processes for IPP LARC
5. Introduce The ACOG Postpartum Contraceptive Access Initiative (PCAI) and resources available to institutions planning to offer this option
Why IPP LARC?

• High interest in LARC exists among postpartum women
  — Women with a recent unintended pregnancy
  — Women who do not desire pregnancy for at least 2 years (Tang et al., 2013).
• Over half of unintended pregnancies among women in the US occur within 2 years following birth (In Potter et al., 2014).
• Many women will not show up for their 6 week visit

Postpartum Behavior at 6 weeks

- Resume sexual activity
- Return for 6wk f/u visit
- Stop breastfeeding
- Get desired IUD

Tennessee Data

• 57.5% of TN women giving birth in 2013, report they were not trying to get pregnant
  - 43.3% were using birth control when they got pregnant
• 2014: 22.7% had short birth interval deliveries
• 2014: mean birth interval 50 months; however, 22.7% had short birth interval
Preliminary Work in Tennessee

- November 2017 - Insertion fees unbundled from global delivery reimbursement for women with TennCare
- Early Adopters
  - University of Tennessee Medical Center Knoxville
  - Vanderbilt Medical Center
- Next Steps
  - Other insurance providers
  - Implementation of TIPQC IPP LARC Project

Immediate Postpartum LARC

TIPQC TOOLKIT

The PDSA cycle

- Act
- Plan
- Study
- Do

- Do what you plan to do
- Make a plan to put into action
- Measure the outcome
- Reflect on the outcome

TIPQC
Interprofessional Team

- Who is on your TEAM?
- Who is the LEADER?

AIM Statement

- Improvement requires the development of an AIM
- The AIM describes the scope of an improvement effort, as viewed by the organization and the team/individual striving for improvement.
- An early team task is to agree on the AIM
The aim of this project is to improve the health of infants as well as eligible, desiring mothers in Tennessee by increasing access to contraception through systematically promoting and supporting immediate postpartum LARC in the birth setting in Tennessee, thus reducing unplanned pregnancies, NAS births, and improve pregnancy spacing.

We seek to increase access to immediate postpartum LARC to 50% of participating institutions by March 2019. Once institutional structure is complete, increase placement in eligible women desiring immediate postpartum LARC to 70% by March 2019.

What is Your AIM?
Strategy for Success

Outcome Measures
- Whether institution provides the option of LARC placement in the immediate postpartum period
  - Yes
  - No
- Number of LARCs placed
  - IUDs
  - Implants

Structure/Process Measures
1. Policy/Procedure/Guideline
2. Availability of LARC for immediate postpartum placement
3. Documentation revisions
4. Provider education
5. Nursing education
6. Lactation consultant education
7. Patient education and counseling
Balancing Measures

1. Hospital expenses
2. Number of women with expulsion of IUD in immediate postpartum period
3. Number of triage visits related to IPP LARC

Potential Best Practices:
Establish Policy/Procedure for IPP LARC

- Interprofessional team
- Outline counseling procedure
- Procedure for teen consent
- Contraindication language
- Pain management options
- Equipment and supply needs

Timing of placement
- Process if expulsion occurs
- Documentation
- Communication
- Simulation
GOLD LEVEL
- Meets Silver and Bronze level criteria
- Participation in 90% of huddles
- 90% of providers participated
- 90% of nurses educated

SILVER LEVEL
- Meets Bronze level criteria
- Participation in 80% of huddles
- 80% of providers participated
- 80% of nurses educated

BRONZE LEVEL
- Participation in 70% of huddles
- Developed required tools, systems, and processes for implementation and evaluation (see details below)
- On-time and complete monthly REDCap data entry through January 1, 2019

IPP LARC Recognition Awards

Getting Started
- Form a team
- Complete the TIPQC project application
- Ensure facility has current Data User Agreement (DUA) with TIPQC; if not current, complete DUA
- Complete Tennessee Department of Health required data access forms
- Research and determine current system and needs for project implementation (e.g. Pharmacy, coding, reimbursement, training)
- Assign team members to data collection roles; notify TIPQC and TIPQC will set up REDCap User accounts and grant appropriate access
- Review TIPQC tool kit for immediate postpartum LARC
- Begin prioritizing action items with Plan, Do, Study, Act (PDSA) cycles
- Attend Kick off & Data Training

Application Packets Available