

# The Impact of the Tennessee Initiative for Perinatal Quality Care "Immediate Postpartum Long Acting Reversible Contraception" Project

## PROBLEM

Women face barriers to obtaining contraception and postpartum care. In a review of Tennessee birth data from 2014, 56% of pregnancies were unintended, 22.7% were short-interval pregnancies, and 57.9% of women who were not desiring pregnancy were also not using contraception.<sup>1,2</sup> Offering long-acting reversible contraception (LARC) in the immediate postpartum period (IPP), to women who desire these effective methods, reduces the barriers to access and should lower unintended and short-interval pregnancy rates. However, the focus of any contraceptive initiative, including IPP LARC initiatives should not be to increase the number of devices placed or methods used. Instead, the focus should be to increase the access women have to accurate, non-coercive information. Ultimately this allows the initiative to strive to increase access to contraception by focusing on the number of IPP LARCs obtained by women who desire them.

## ACTION

In November 2017, a policy change in Tennessee allowed women with TennCare coverage, who desired IPP LARC, improved access to these contraceptive options, before they potentially lose health insurance coverage and risk increased barriers during the postpartum period. TIPQC started this implementation project with 6 hospitals in the Spring of 2018, with the intent to enter project sustainment in March 2019. Participating hospitals were provided a toolkit, data collection tools, education tools, and a road map for implementation. Focus areas were role-specific education for providers and nurses, patient education with a focus on women-centered non-coercive comprehensive contraceptive counseling, revenue stream guidance, pharmacy and supply chain information, and mechanisms for trouble shooting. A part-time Tennessee State LARC Champion was funded through a grant from the National Institute of Reproductive Health (NIRH) to work with TIPQC and participating teams. This LARC Champion worked to help identify institutional barriers, identify solutions, and collaborate with state leadership. Teams participated in monthly huddles, quarterly learning sessions, and annual state-wide meetings.

## EXPLANATION OF IMPACT

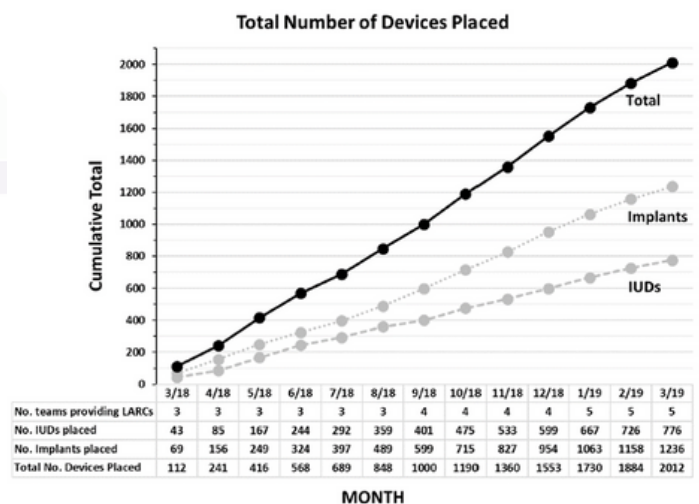
All institutions were able to offer IPP LARC to desiring women, with one institution offering their first device in April 2019, right after the implementation phase of the project. Reimbursement was the biggest barrier at each institution. Rates of reimbursement were low initially but improved through intensive intervention and collaboration by the Tennessee State LARC Champion, dedicated team members at each site, and leadership at the state level. Comprehensive contraceptive counseling during prenatal care significantly aided in the success women had in obtaining all desired contraceptive methods, including IPP LARC.<sup>3</sup> In total, 2,012 LARC devices were provided to eligible and desiring women during the project.

## WHO WAS RESPONSIBLE

The collaborative and statewide efforts of TIPQC, the LARC Champion, and the participating hospitals have all contributed to the IPP LARC quality improvement project. The participating hospitals are continuing their work in an effort to sustain their gains and best practices after implementation of the IPP LARC initiative. TIPQC and the 6 institutions in project sustainment continue to offer support and encourage other hospitals who began offering IPP LARC after the statewide project.

## CONTACT

For more information, please contact Brenda Barker, TIPQC Executive Director, at [brenda.barker@vumc.org](mailto:brenda.barker@vumc.org), or visit our website at [www.tipqc.org](http://www.tipqc.org).



Lacy, M M, Baird, S M, Scott, T A, Barker, B, Zite, N. (2020). "Statewide quality improvement initiative to implement immediate postpartum long-acting reversible contraception" American Journal of Obstetrics & Gynecology (2019) DOI: 10.1016/j.ajog.2019.11.1272

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2. TN PRAMS 2011 summary report. Available at: [https://www.tn.gov/content/dam/tn/health/documents/2011\\_TN\\_PRAMS\\_Summary\\_Report.pdf](https://www.tn.gov/content/dam/tn/health/documents/2011_TN_PRAMS_Summary_Report.pdf). Accessed November 7, 2019.)

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