TIPQC
Tennessee Initiative for Perinatal Quality Care

Subject: Administration of Long-Acting Reversible Contraception Methods

Approved:

Revised:

PURPOSE

To provide access and placement of long-acting reversible contraceptive (LARC) devices for desiring women who meet candidate criteria during the immediate postpartum period (IPP).

POLICY STATEMENT(S)

- Immediate postpartum period is defined as during delivery hospitalization.
- Providers placing IPP LARC Implants (Nexplanon ™) complete FDA approved placement training.
- Contraceptive intrauterine devices (IUD) will be available in the Labor and Delivery unit and Obstetric Operating Rooms.
- Contraceptive implants will be available in the Postpartum unit.
- The provider will obtain informed consent for LARC placement to include risks, benefits, and alternative contraceptive methods.

GUIDELINES

I. Prior to placement of IPP LARC device

A. Upon admission for birth:
   1. Determine prior prenatal counseling and document.
   2. Determine the woman's plan for postpartum contraception and desire for IPP LARC and document.
   3. If the woman desires IPP LARC and has not received counseling, provide counseling.

B. If IPP LARC is the intended contraceptive plan, the primary provider places the order for the LARC device as determined by intended placement time and unit location.

C. The LARC device should be brought to the woman's room prior to insertion.

D. The primary nurse documents the LOT number. *(Note: each facility should determine where this documentation occurs)*

E. The provider should document the insertion on an operative report or procedure note. This may also be added to the delivery note or operative report.

II. IUD placement following vaginal or cesarean birth

A. Verify informed consent and perform a "time-out"

B. Verify type of device matches the woman's desired LARC.

C. Determine evidence of contraindications to IUD placement, which may include but not be limited to:
    1. Routine IUD contraindications
    2. Rupture of membranes for greater than 18 hours
    3. Triple I diagnosis at time of birth, endometritis, or puerperal sepsis
    4. Uncontrolled postpartum hemorrhage (defined as greater than 1000 mL blood loss for vaginal or Cesarean birth with risk of continued bleeding)
D. Determine how insertion pain/discomfort will be managed in the woman without on-going anesthesia
E. Sterile gloves should be changed in cases of heavy meconium or contamination.
F. Gather supplies needed for IUD placement following vaginal birth:
    1. Betadine
    2. Ring forceps (though up to provider preference)
    3. Sterile gloves
    4. IUD
    5. Ultrasound (provider specific)
F. Gather supplies needed for IUD placement during cesarean birth:
    1. IUD
    2. Change of gloves (optional/case dependent)
G. Perform a cervical betadine wash following vaginal birth.
H. The IUD can be placed in the absence of contraindications after birth of the fetus and the placenta.
I. Patient teaching includes, but is not limited to:
    1. Years effective based on type of IUD.
    2. Use of barrier methods to prevent sexually transmitted infections.
    3. Expulsion risks
    4. If device expels, back up contraception should be used and a new contraceptive plan should be made with provider.
    5. Signs and symptoms of expulsion
    6. Signs and symptoms of hormone related side effects (e.g. headaches, nausea, breast tenderness, symptoms of depression)
    7. Signs and symptoms to report to the provider
    8. Elongation of the IUD string may occur. Do not pull on IUD string. String may be trimmed by the provider at the postpartum visit.
    9. A follow-up visit to ensure IUD placement should be scheduled between 2 and 6 weeks postpartum (Note: an ultrasound may be performed at that time based on the findings of exam or provider preference)
    10. Information on where the woman may get her IUD removed as desired.
J. Document the woman's tolerance/response to procedure.

K. Document device type and lot number

III. For implant placement during the postpartum period

A. Verify informed consent. Perform a time-out before placement as a reassurance that the correct contraceptive method and woman are identified.
B. Determine evidence of contraindications (same as when unrelated to pregnancy).
C. The insertion site should be cleansed.
D. Gather supplies needed for implant insertion:
    1. Band-Aids/or steristrips
    2. 4x4 sterile gauze packs (2-3)
    3. Scissors (to cut the gauze wrap)
    4. Chux pad
    5. Alcohol prep pads
    6. Clean gloves
    7. 22g x 1/2" needle
    8. 15mL vial of 1% lidocaine
    9. Implant device
    10. Gauze or elastic wrap
E. Patient teaching includes, but is not limited to:
    1. Years of contraception protection
    2. Use of barrier methods to prevent sexually transmitted infections.
    3. Signs and symptoms of hormone related side effects (e.g. headaches, nausea, breast tenderness, symptoms of depression)
    4. Signs and symptoms to report to the provider
    5. Inter-menstrual spotting may occur in the early months after placement.
    6. Site may be tender and show signs/symptoms of inflammation for a few days post-insertion. This is normal. Once implant is palpated at the time of insertion, avoid touching the area for 5-7 days.
    7. Information on where the patient may get her implant removed for free in the event that she does not like it for any reason.
F. Document patient tolerance/response to procedure.
G. Document device insertion and lot number in a procedure note or discharge summary.

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