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**Mara D'Amico, MPS**  
**Program Manager, Strategies for Health Equity**



**Our mission is to ensure everyone has access to the full range of contraceptive methods before leaving the hospital after delivery**

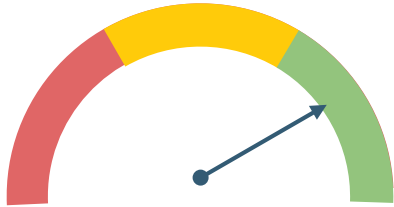
We provide **FREE**:

1. Technical assistance
2. Individualized training – virtual, remote, and onsite (when possible)
3. Implementation support & resources

**[www.pcainitiative.acog.org](http://www.pcainitiative.acog.org)**

the **LARC**  
program  
Long-Acting Reversible Contraception

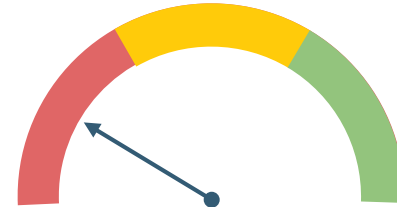
# Immediate Postpartum LARC Data: What do we know?



Clinical Safety &  
Effectiveness



Cost  
Outcomes

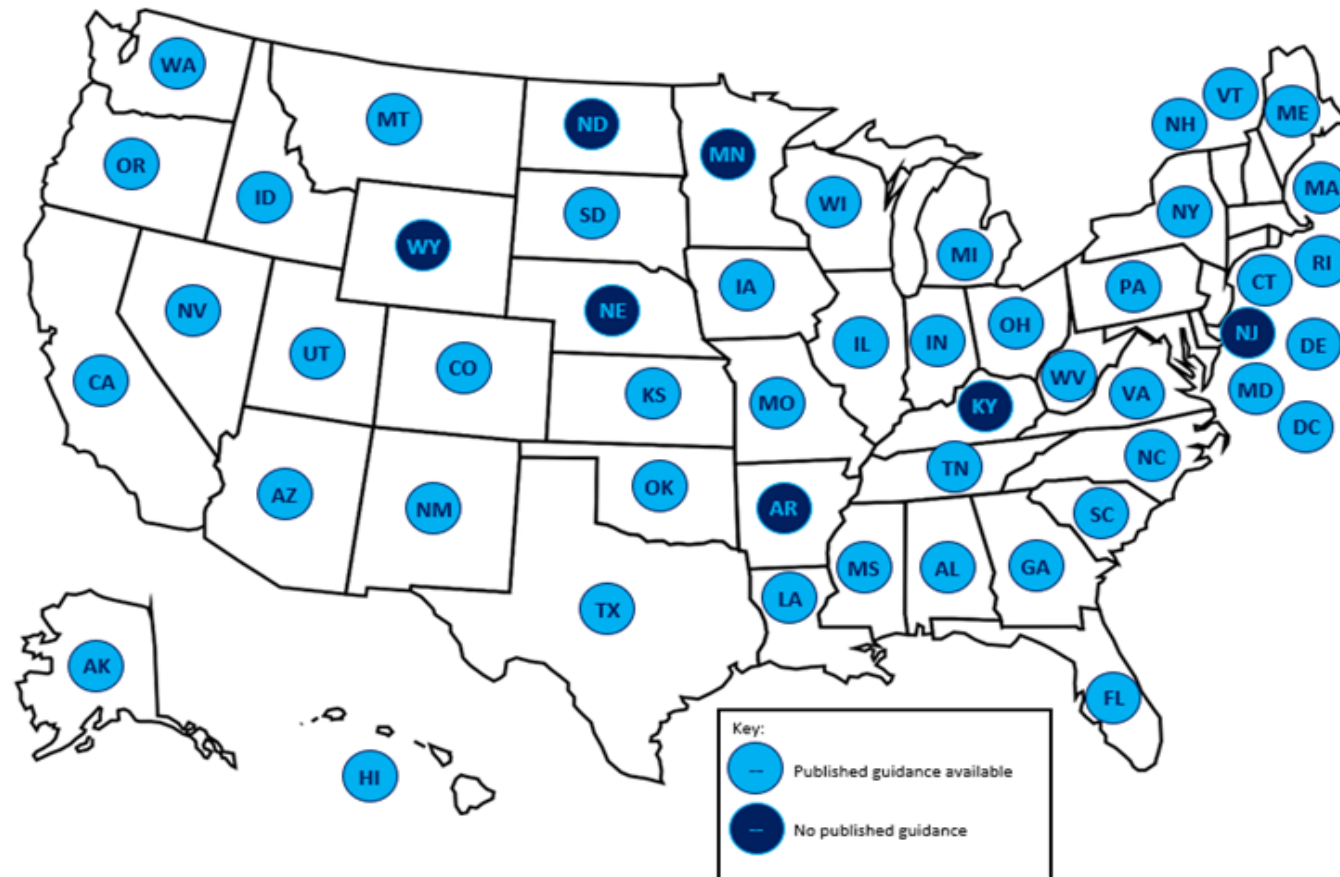


Implementation

Images courtesy of Michelle Moniz, MD, MSc, FACOG

## Medicaid Reimbursement for Postpartum LARC in the Hospital Setting

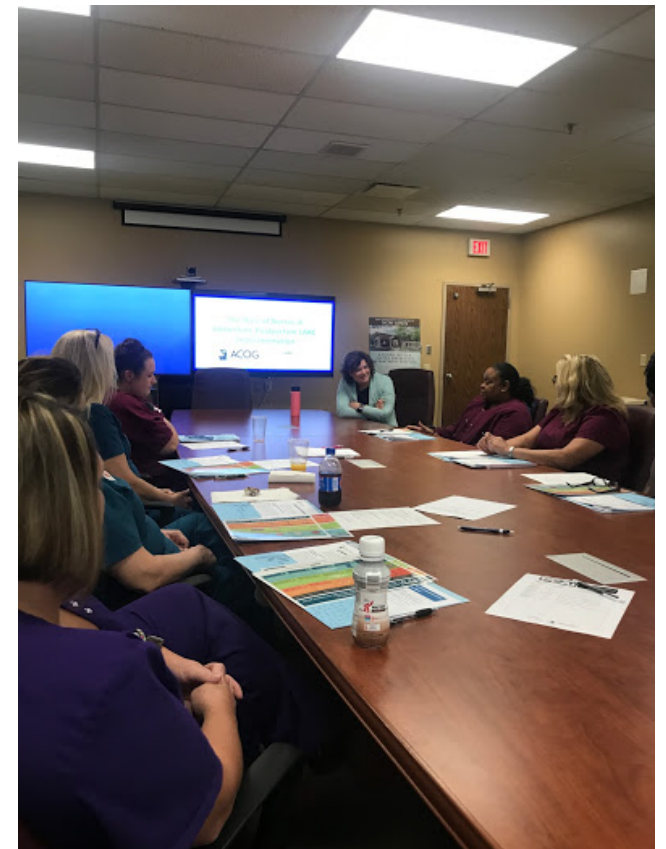
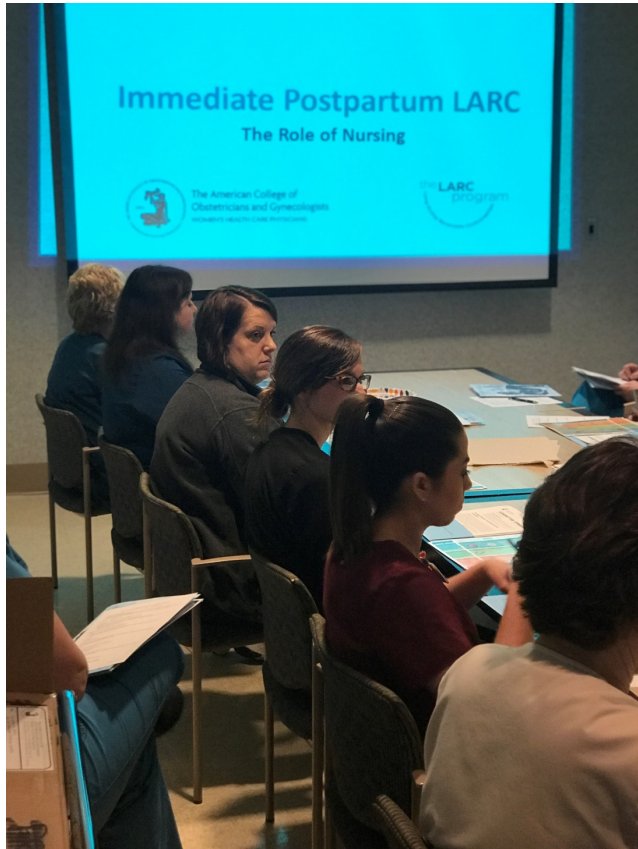
States in light blue on the map below have published guidance regarding reimbursement for postpartum LARC.



44 states + DC now have published guidance

Last Updated June 30, 2020

# Addressing Barriers to IPP LARC



# Receiving Appropriate Reimbursement

[illegible]

# Pharmacy and EHR

[Institution Name]

[Committee Name]

## Immediate Post-placental Intrauterine Device (IPPI) Insertion

[Article number]

Original Approval:	Type: Clinical Protocol
Revision/Review Re-approval:	Key words:
Next Review Due:	
Supersedes:	
Posted Date:	Retire Date:

- I. **Applicability**  
All pregnant patients who identify that they desire intrauterine device insertion immediately following delivery.
- II. **Purpose**  
To establish guidelines for assessment and placement of postplacental intrauterine device (IUD).
- III. **Definitions**
  - A. Immediate postplacental IUD insertion: Within 10 minutes of placental delivery after a vaginal or cesarean delivery.
  - B. Transcervical IUD insertion: IUD is inserted during a cesarean delivery before closure of the hysterotomy.
  - C. LARC: long-acting reversible contraception.
- IV. **Considerations**
  - A. Immediate postplacental intrauterine device insertion is a safe, convenient, and effective option for postpartum contraception.
  - B. Inserting an IUD immediately after placental removal has not been associated with increased infection, uterine perforation, postpartum bleeding, or uterine subinvolution. (1, 2)
  - C. Advantages:
    1. Immediate contraception without interfering with breastfeeding
    2. It may avoid discomfort related to insertion.
  - D. Disadvantages: Higher expulsion rate is higher (approximately 2-27% in the first postpartum year; 2-27% with SVD and 0-20% with C/S) after immediate postplacental insertion compared to insertion 4 to 8 weeks later.
  - E. Timely access to postpartum contraception can prevent rapid repeat pregnancy, improve next pregnancy outcomes, and prevent abortion. (3, 4)
  - F. US Medical Eligibility Criteria for Contraceptive Use. (5)

These are general guidelines not based on specific medical diagnosis. Any medical case depends on specific medical diagnosis. The guidelines do not constitute medical advice and should not be used for specific cases. Our goal is to provide general information that may assist in the care of patients. General guidelines can never replace the expertise and clinical judgment of the treating physician. Each patient's situation must be evaluated individually.

## High-Quality Peripartum Contraceptive Care:

## Electronic Medical Record Elements

The [American College of Obstetricians and Gynecologists \(ACOG\)](#) recommends that all women receive counseling about postpartum contraception during their prenatal care and that interested, eligible women have access to immediate postpartum long-acting reversible contraception (LARC). Simple changes to the electronic medical record can help providers adopt this evidence-based care more seamlessly.

### Contraceptive Counseling SmartForm

Documented Date	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No															
A Postpartum Contraception Counseling Provided?	<input type="radio"/> Yes <input type="radio"/> No																
Intends to be Pregnant in the Next 12 Months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure																
B Contraception App Used?	<input type="radio"/> Yes <input type="radio"/> No																
Postpartum Contraception Desired Method:	<table><tr><td><input type="radio"/> Tubal Sterilization</td><td><input type="radio"/> Vasectomy</td><td><input type="radio"/> Implant</td></tr><tr><td><input type="radio"/> IUD - Copper</td><td><input type="radio"/> IUD - Hormonal</td><td><input type="radio"/> Depo Provera</td></tr><tr><td><input type="radio"/> Progestin-only Pill</td><td><input type="radio"/> Condoms</td><td><input type="radio"/> Withdrawal, Rhythm Method</td></tr><tr><td><input type="radio"/> Combined Pill, Patch, Ring</td><td><input type="radio"/> Abstinence</td><td><input type="radio"/> Not at risk (e.g. same sex couple)</td></tr><tr><td><input type="radio"/> None</td><td><input type="radio"/> Undecided</td><td><input type="radio"/> Other</td></tr></table>		<input type="radio"/> Tubal Sterilization	<input type="radio"/> Vasectomy	<input type="radio"/> Implant	<input type="radio"/> IUD - Copper	<input type="radio"/> IUD - Hormonal	<input type="radio"/> Depo Provera	<input type="radio"/> Progestin-only Pill	<input type="radio"/> Condoms	<input type="radio"/> Withdrawal, Rhythm Method	<input type="radio"/> Combined Pill, Patch, Ring	<input type="radio"/> Abstinence	<input type="radio"/> Not at risk (e.g. same sex couple)	<input type="radio"/> None	<input type="radio"/> Undecided	<input type="radio"/> Other
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<input type="radio"/> None	<input type="radio"/> Undecided	<input type="radio"/> Other															
D Postpartum Contraception Timing:	<input type="radio"/> Inpatient <input type="radio"/> Outpatient <input type="radio"/> Undecided																
E Procedure Consent Signed?	<input type="radio"/> Yes <input type="radio"/> No	<a href="#">Link to Procedure Consent</a>															
Medicaid Consent Signed?	<input type="radio"/> Yes <input type="radio"/> No	<a href="#">Link to Medicaid Consent</a>															

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- A Allows for monitoring contraceptive counseling rates
- B Providers can consider using a [shared decision making tool](#) during contraceptive counseling
- C Best practice alert (BPA) can pop up if desired method isn't documented by 35 weeks
- D Timing row pops up if Tubal Sterilization, IUD-Copper, IUD-Hormonal, or Implant is selected above
- E Consent rows pop up if Tubal Sterilization, IUD-Copper, IUD-Hormonal, or Implant is selected above

# Breastfeeding Concerns

## Breastfeeding

- The Copper IUD lacks hormones and is classified as CDC MEC Category 1 (no restriction on use) for people who are breastfeeding
- The LNG IUD and implant are category 2 for theoretical impact on lactation
- Several small randomized control trials (RCTs) have shown no significant differences in:
  - Breast milk quality or quantity
  - Infant size

Legend:

1 No restriction (method can be used)

2 Advantages generally outweigh theoretical or proven risks

3 Theoretical or proven risks usually outweigh the advantages

4 Unacceptable health risk (method not to be used)

©ACOG

Long-acting reversible contraception: implants and intrauterine devices. Practice Bulletin No. 186. American College of Obstetricians and Gynecologists. Obstet Gynecol 2017;130:e251-69. Available at: [http://journals.lww.com/greenjournal/Fulltext/2017/11000/Practice\\_Bulletin\\_No\\_186\\_Loag\\_Acting\\_Reversible\\_CO\\_ASGO.aspx](http://journals.lww.com/greenjournal/Fulltext/2017/11000/Practice_Bulletin_No_186_Loag_Acting_Reversible_CO_ASGO.aspx)

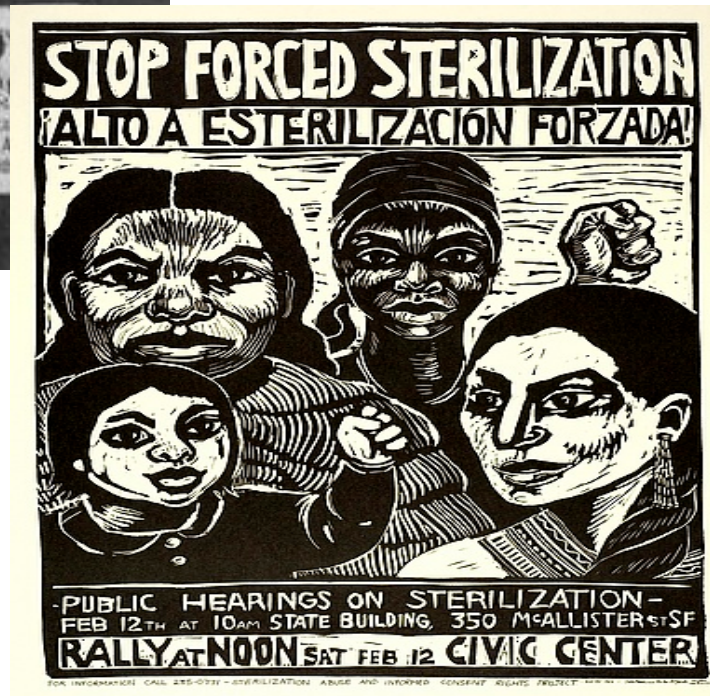




## Multi-Disciplinary Training

- 140 trainings
- 27 states
- 4,000 attendees
- 65 technical assistance calls
- 64 experts

# Confronting Coercion



- Mississippi Appendectomy
- Indian Health Services
- La Operación
- Oral contraception clinical trials
- Norplant and Depo Provera



NEARLY HALF OF ALL PREGNANCIES IN THE UNITED STATES  
ARE UNINTENDED.

LEARN MORE

• • • • •

The **Postpartum Contraceptive Access Initiative** prepares obstetrician–gynecologists and other health care providers to offer the full range of contraceptive methods to women after delivery through comprehensive, individualized trainings.

Expanding access to postpartum initiation of effective contraception, including LARC methods, can empower women to choose a method right for them, and can reduce rapid repeat and unintended pregnancies.

MORE INFORMATION



# Thank you!

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More information:

[www.pcainitiative.acog.org](http://www.pcainitiative.acog.org)

[www.acog.org/LARC](http://www.acog.org/LARC)

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Long-Acting Reversible Contraception