

***Immediate Postpartum LARC
Driver Diagram and Process Measures***

* Ensure that all appropriate IT systems are modified to document acquisition, stocking, ordering, placement, counseling, consent, billing and reimbursement for IPLARC.
* Store LARC devices on Labor & Delivery and/or develop process for acquiring devices in a timely manner.
* Modify L&D, OB OR, postpartum and clinic workflows to include placement of LARC.
* Expand pharmacy capacity and device distribution to ensure timely placement.

Providers and community partners are educated about contraceptive choices and informed consent

EHR systems in place for IPLARC tracking

Hospitals reimbursed for IPLARC insertion

LARCs are available for immediate postpartum insertion

Develop the supporting structure, processes, team roles, and skills to offer comprehensive contraceptive counseling, including IPLARC

Once the sites’ infrastructure to offer LARC is in place, the PA PQC IPLARC initiative will increase placement of IPLARC among eligible individuals desiring IPLARC

**Key Interventions**

**Drivers**

**Aims**

* Establish and test billing codes and processes.
* Assure billing codes are in place and that staff in all necessary departments are educated on correct billing procedures.
* Have protocols in place for billing in/out of network, public/private insurance.
* Establish clear regular communication channels and processes, assuring that all departments are represented, and multidisciplinary support among appropriate departments.
* Participate in hands-on training of IPLARC insertion.
* Establish consent processes for IPLARC that allows for transfer of consent from prenatal clinic as well as obtaining inpatient consent.

Labor and delivery, OB OR, and postpartum units are trained and equipped to offer and perform IPLARC insertion

## IPLARC Metrics

Patients are educated and aware of IPLARC as a contraceptive option, including its benefits and effectiveness

* Educate providers, nurses, lactation consultants, social workers about clinical recommendations related to IPLARC placement and breastfeeding.
* Educate clinicians, community partners and nurses on informed consent and shared decision making.
* Connect with providers and staff at prenatal care sites to ensure they are aware the hospital is providing IPLARC and that education materials are available.
* Distribute patient education materials that are culturally sensitive and use shared decision making to counsel patients about IPLARC.
* Assure patient receives comprehensive contraceptive counseling prenatally.
* Assure patient receives comprehensive contraceptive counseling prior to discharge.

| **Metric** | **Numerator (among the denominator)** | **Denominator** | **Data Source** | **Guidance and FAQs** |
| --- | --- | --- | --- | --- |
| **Percentage of eligible individuals who received IPLARC** | Number of LARC devices placed prior to discharge | Number of postpartum individuals (aged 15-44 years who had a live birth) who desired IPLARC placement | EHR | **Report on a quarterly basis****Report annually by race/ethnicity (Non-Hispanic White, Non-Hispanic Black, Hispanic, and Non-Hispanic Other).** When reporting by race/ethnicity, limit denominator (and thus the numerator) to that race/ethnicity category. In LifeQI, please enter the quarterly data in the last month of the quarter. You may also track LARC receipt through the medication administration record (MAR).You may need to add new forms of documentation to EHR to determine patients’ *desire* for IPLARC. For example, you may add the question, “What, if any, type of contraception do you desire immediately postpartum?” to prenatal care and admission to L&D forms. Please click [here](https://documentcloud.adobe.com/link/review?uri=urn:aaid:scds:US:4262211c-821b-457f-92c9-342d8f876dce) for examples of Contraceptive Counseling SmartForm and Postpartum Contraceptive Order Sets from Michigan. While waiting for these types of EHR changes to take place, the PA PQC suggests to track and report the number of LARC devices being placed over time (i.e., just enter the numerator among postpartum individuals aged 15-44 years who had a live birth). |
| **Percentage of eligible individuals with OUD who received IPLARC** | Number of LARC devices placed prior to discharge | Number of postpartum individuals (aged 15-44 years who had a live birth) with OUD who desired IPLARC placement | EHR | **Report on a quarterly basis****Report annually by race/ethnicity (Non-Hispanic White, Non-Hispanic Black, Hispanic, and Non-Hispanic Other).** When reporting by race/ethnicity, limit denominator (and thus the numerator) to that race/ethnicity category. In LifeQI, please enter the quarterly data in the last month of the quarter. You may also track LARC receipt through the medication administration record (MAR).You may need to add new forms of documentation to EHR to determine patients’ *desire* for IPLARC. For example, you may add the question, “What, if any, type of contraception do you desire immediately postpartum?” to prenatal care and admission to L&D forms. Please click [here](https://documentcloud.adobe.com/link/review?uri=urn:aaid:scds:US:4262211c-821b-457f-92c9-342d8f876dce) for examples of Contraceptive Counseling SmartForm and Postpartum Contraceptive Order Sets from Michigan. While waiting for these types of EHR changes to take place, the PA PQC suggests to track and report the number of LARC devices being placed over time (i.e., just enter the numerator among postpartum individuals aged 15-44 years who had a live birth with OUD).*“with OUD” defined as:* * Clinical Criteria:
	+ positive self-report screen or positive opioid toxicology test during pregnancy and assessed to have OUD, or
	+ Patient endorses or reports misuse of opioids / opioid use disorder, or
	+ using non-prescribed opioids during pregnancy, or
	+ using prescribed opioids chronically for longer than a month in the third trimester (i.e., week 28 of pregnancy until birth), or
	+ newborn has an unanticipated positive neonatal cord, urine, or meconium test for opioids or if newborn has symptoms associated with opioid exposure including NAS
* ICD-10 codes for OUD:
	+ F11 diagnosis codes

(The OUD diagnosis should be counted if it is active between the pregnancy start date and the end of the data reporting quarter.) |