

**Immediate Postpartum Long-
Acting Reversible Contraception:
The Access LARC Initiative
*Insertion Training***

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Partnering to Improve Health Care Quality
for Mothers and Babies



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TGH's Experience

- 👤 Began offering immediate Postpartum LARCs in October 2018
- 👤 As of January 9, 2019

131 LARC
devices placed

Staff and Provider Training

- 👤 Clinical and support staff should receive training for immediate postpartum IUD and implant insertion
 - 👤 Following vaginal delivery
 - 👤 Following cesarean delivery
- 👤 Staff should identify and treat any difficulties or complications that arise.

Review the following at time of IUD consent

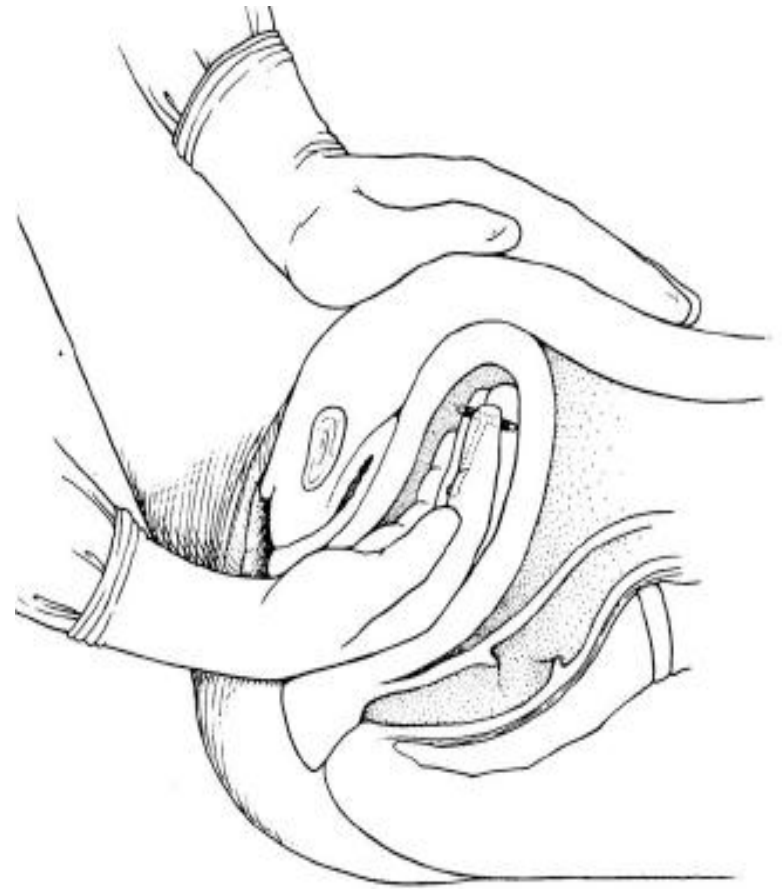
- 👤 Expulsion risk
- 👤 Possibility of not being able to place due to obstetric complications
 - 👤 Postpartum hemorrhage
 - 👤 Chorioamnionitis
- 👤 More difficult removal if strings not visible
- 👤 Strings may be longer and need to be trimmed at PP visit



Postpartum IUD Insertion

Placing IUDs at Vaginal Delivery

- IUDs may be placed using:
 - Inserter
 - Manually
 - Ring Forceps



PPIUD Insertion Equipment

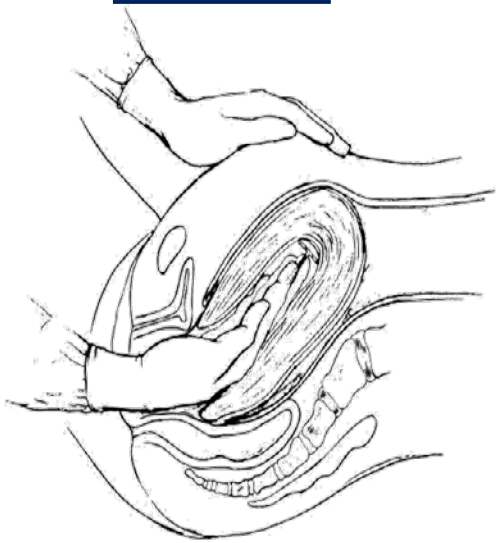
- Two Forceps - one for cervical traction and another for device placement
 - Kelly Placental forceps
 - Ring/Ovum forceps
- Method of vaginal retraction
- Scissors
- Light source
- Ultrasound recommended, not required
- IUD and its inserter



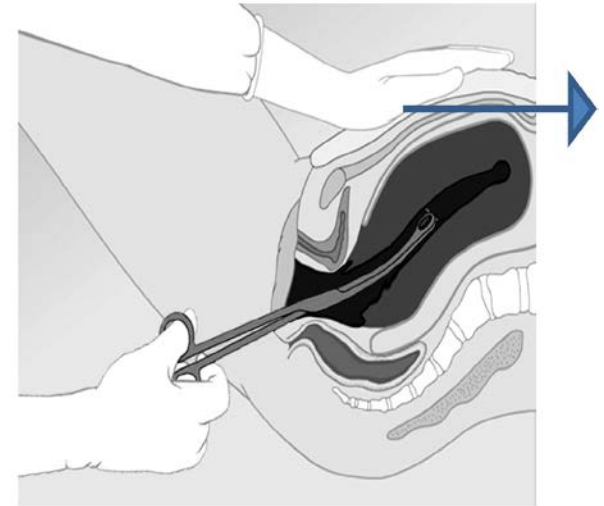
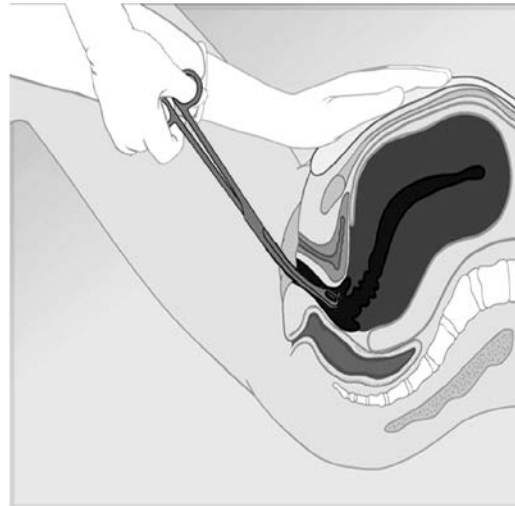
Voedich AJ, Blumenthal PD. Contemporary OB/GYN, Jan 2012; 20-31.

Importance of Fundal Placement

Manual Insertion



Instrument Insertion



Images courtesy of the ACQUIRE Project and JHPIEGO

IUD Manual Insertion Method

1. Grasp the IUD between your 2nd and 3rd fingers
2. Insert your hand to the fundus
3. Use your other hand to palpate the fundus abdominally to confirm
4. Slowly open your fingers and remove them from the uterus
5. Cut the strings flush with the external os
 - Strings will lengthen with uterine involution, and may require trimming



IUD Forceps Method

1. Identify cervix, place atraumatic (ring) forceps on anterior lip of cervix
2. Grasp the IUD with the forceps but do NOT close the ratchets
3. Insert the forceps through the cervix
4. Place non-forceps hand on the abdomen, palpating the fundus
5. Move the IUD-holding forceps up to the fundus
6. Open the forceps and release the IUD
7. Slowly remove the forceps, keeping them slightly open
8. Cut the strings flush with the external os
 - Strings will lengthen with uterine involution, and may require trimming

IUD Inserter Method

1. Follow manufacture instructions for loading the IUD
2. Move the flange all the way back to the handle
3. Move inserter to appropriate place in uterus
 - Note angle of uterus can change postpartum, especially the lower uterine segment
4. Ensure fundal placement
 - If available, use ultrasound to confirm location
5. Deploy IUD per standard instructions
6. Cut the strings flush with the external os
 - Strings will lengthen with uterine involution, and may require trimming



IUD Insertion at Cesarean

1. Placed using inserter or manually
2. Leave IUD arms extended at time of placement
 - Cu IUD: IUD strings uncut
 - LNG IUS: Strings cut at 8-10cm
3. Ring forceps used to point the string toward the cervix
4. Hysterotomy closed as usual

Variety of Techniques for IUD

- 👤 There are several variations of techniques used to place a postpartum IUD
- 👤 Ultrasound may be used to confirm proper placement, but is not necessary

https://cfweb.acog.org/district_ii/larc/section4.html

Postpartum Nexplanon Insertion

- 👶 Prior to placement, Merck requires providers complete a 2-hour in-person training course
 - 👶 Contact FPQC for your local Merck representative
- 👶 Insertion is *no different* than interval insertion
- 👶 Unlike an IUD, a contraceptive implant device can be inserted *any time after delivery*
 - 👶 The insertion can be done on L&D or on the postpartum floor

Additional Considerations

- 👤 Ensure postpartum ultrasound referral available
 - 👤 Higher risk of missing strings
 - 👤 Higher expulsion risk
- 👤 Determine who will remove IUD and Nexplanon if no longer desired

What are contraindications to immediate postpartum LARC placement?

- 👤 There are no contraindications to etonogestrel implant placement specifically related to pregnancy or the postpartum period.
- 👤 Immediate postpartum IUD placement is contraindicated in women with the following:
 - Postpartum hemorrhage
 - Puerperal sepsis
 - Intrauterine infection at the time of delivery.

Additional Assistance

- The ACOG LARC Program's Postpartum Contraceptive Access Initiative (PCAI) provides additional training and support for immediate postpartum LARC implementation.



OUR MISSION

The mission of the Postpartum Contraceptive Access Initiative is to ensure all women have access to the full range of postpartum contraceptive methods before leaving the hospital after a delivery.

ACOG PCAI Resources



- 👶 Clinical Guidance
- 👶 Contraceptive Counseling
- 👶 Patient Education Materials
- 👶 Implementation, Payment, & Policy info
- 👶 Training PowerPoints and Video
 - 👶 [Immediate Postpartum LARC for Clinicians Doing Deliveries](#)
 - 👶 [The Role of Nursing in Immediate Postpartum LARC Implementation](#)
 - 👶 [Contraceptive Counselling for the Immediate Postpartum Period](#)
 - 👶 [Immediate Postpartum Contraception and Breastfeeding](#)

ACOG PCAI Resources

- 👤 In-person training
 - 👤 Building Capacity to Implement Immediate Postpartum LARC
 - 👤 Immediate Postpartum LARC for Clinicians Doing Deliveries
 - 👤 Billing, Coding & Payment for Immediate Postpartum LARC Services
 - 👤 The Role of Nursing in Immediate Postpartum LARC Implementation
 - 👤 Contraceptive Counseling for the Postpartum Period
 - 👤 Postpartum Contraception and Breastfeeding

Additional Resources

 ACOG LARC Program Help Desk:

www.acog.org/LARChelpdesk



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