

# Florida Perinatal Quality Collaborative



Partnering to Improve Health Care Quality  
for Mothers and Babies

## ACCESS LARC

INCREASING ACCESS TO IMMEDIATE POSTPARTUM LONG-ACTING REVERSIBLE CONTRACEPTION

### Chapter Four: Policies and Procedures

#### Overview

This procedure outline is a pre-cursor to detailed procedures related to how to insert IUDs and implants during the immediate postpartum period. In the implementation phase, some providers will receive more focused education on insertion and placement.

#### Postpartum LARC Approval Process

Prior to offering an immediate postpartum LARC device, it is important that individual hospitals seek administrative approval. Individual hospitals may have their own processes for approving the use of immediate postpartum LARCs. It is important to work with hospital administration and individual labor and delivery units to ensure support. Please refer to Chapter One – Building a Successful Initiative for details on how to effectively gain support within your hospital. Throughout the pre-implementation as well as the implementation phases, it will be important to have regular communication channels and processes, and to ensure that all necessary departments remain represented.

#### Develop an Infrastructure Designed to Succeed

Once hospital approval has been obtained, the multidisciplinary team developed in Chapter One can get to work. The process of obtaining the necessary LARC devices on a hospital formulary can take up to six months, and should be started early in the pre-implementation phase. Each hospital has its own procedure for formulary revisions but general steps are outlined in Chapter Three.

#### IT Modifications and Documentation Data Tracking

Members of the Access LARC team will need to work closely with their IT department as well as billers to ensure not only that the appropriate billing codes are set up in their electronic health record (EHR), but that the codes have been tested and reimbursement is timely. Details on working with your hospital's EHR and billing are also described in Chapter Three – Hospital/Managed Care Organization Collaboration.



Tracking data obtained from this initiative will be important in ensuring success. In addition, FPQC will be requesting specific data related to planning and systems development, as well as the actual service provision. The FPQC suggests several process, structural, and outcome measures that facilities track, although individual facilities may choose to track additional data as well.

## Unit-Specific Policies and Procedures

Each unit a woman interacts with during her prenatal, intrapartum, and postpartum care will need to have unit-specific policies and procedures. The following section provides information about establishing policies in each of these units. In addition to the following units, pharmacy will need their own postpartum LARC-specific procedures, as will hospital billing. These are each addressed in Chapter Three, Hospital/Managed Care Organization Collaboration.

### Prenatal Procedures

Effective implementation of immediate postpartum LARC begins with counseling during the prenatal period. Women who receive contraceptive counseling during prenatal care are more likely to use contraception, and specifically more effective contraception, than those who do not receive counseling during their prenatal care (Zapata, Murtaza, Whiteman et al, 2015). **Please refer to Chapter 6: Comprehensive Choice Counseling** for more information on how to appropriately and effectively counsel patients on their contraceptive choices during the antenatal course.

**Prenatal**  
 Clinic  
 Health Department  
 Private Office

In addition to being appropriately counseled about the expected and possible side effects of IUD and implant use, women should be counseled about the following risks of IUD placement at the time of delivery:

- **Risk of Expulsion:** the best data estimates that the risk of IUD expulsion following placement at the time of cesarean delivery is approximately 10% and the risk of IUD expulsion following placement at the time of vaginal delivery is approximately 25-30% (Chen, Reeves, Hayes, Hohmann, Perriera, and Creinin, 2010; Celen, Möröy, Sucak, Aktulay, and Danişman, 2004). The risk of expulsion decreases with provider training and experience. Women should be counseled regarding the symptoms of expulsion and told to seek care immediately if they suspect they have had an IUD expulsion. If they do not have a source of care, women can contact the family planning program in their county health department for an appointment.
- **No visible strings:** Women should be counseled that IUD placement at the time of cesarean delivery increases the risk that the IUD strings will not be visible. If IUD strings are not visible, IUD location will therefore have to be confirmed by ultrasound, and, if necessary removal may be more difficult.
- **Impact on breastfeeding:** the majority of evidence does not show any impact of IUDs or contraceptive implants on breastfeeding success (Chen, Reeves, Creinin, and Schwarz, 2011; Phillips, Tepper, Kapp, Nanda, Temmerman, and Curtis, 2016; Gurtcheff, Turok, Stoddard, Murphy, Gibson, and Jones, 2011; Turok, Leeman, Sanders et al, 2017).

## Consent

Women expressing interest in using an immediate postpartum IUD or implant should sign a consent form during their prenatal care. This form should be included in the prenatal record transferred to the hospital prior to delivery. When women present to labor and delivery, their intention to receive an IUD or implant should be verified, and a new consent should be signed at that time per hospital-specific policies.

### Insurance Verification

Not all insurance providers pay for immediate postpartum IUDs and implants or pay separately from a global delivery fee, even if the plan covers an interval insertion. Providers may consider maintaining an ongoing list of what insurers pay for insertion during the immediate postpartum period. Women should be counseled that should their insurance change between the time they sign a consent and the time of delivery, the device may no longer be covered, and they may need to return during the postpartum period for insertion. While attempting to verify coverage during the antenatal course, consider working with your surgical scheduler, who should be familiar with the process of obtaining insurance verification. For women without any insurance coverage for LARCs, consider investigating other resources, such as grants or devices from the ARCH, a patient-assistance program that provides no-cost IUDs for women meeting program eligibility requirements.

## Intrapartum Procedures

**Please refer to Chapter 6: Comprehensive Choice Counseling** for more information on how to appropriately and effectively counsel patients on their contraceptive choices during intrapartum.

**Intrapartum**  
Labor and Delivery

### Consent

Upon presentation to labor and delivery, confirm with a woman that she still desires a postpartum LARC, and have her sign the appropriate consent. If she is presenting for a scheduled cesarean delivery, insertion of an IUD should be included in the procedure consent. Women first presenting to care in triage, or those who have not been previously counseled on the availability of immediate postpartum LARC, should receive LARC counseling at the initial time of presentation.

In addition to the hospital-specific consent form, women must sign the FDA consent included in the package of the IUD or implant. This consent states that the woman has received and reviewed the package insert, and is required prior to placing a LARC device. See Chapter 6 on Patient Counseling for more informed on how to counsel and obtain informed consent.

### Insurance Verification

Even if a woman's insurance was verified during her prenatal care, her insurance should be again verified to ensure it is current, and that immediate postpartum LARC is covered separate from the global delivery fee to ensure reimbursement for the device.

### Review Contraindications

Guidance from the CDC Medical Eligibility Criteria for Contraceptive Use should be used to determine eligibility for postpartum LARCs. Table 1 shows a chart of the conditions relevant to immediate postpartum LARC.

Additional considerations are as follows:

- Chorioamnionitis
- Hemorrhage not adequately controlled with medication
- Prolonged rupture of membranes >24 hours should be considered, but is not an absolute contraindication to IUD placement in the absence of chorioamnionitis

If a woman who previously desired an IUD is no longer a candidate due to infection or hemorrhage, counsel her on an implant placement as an alternative LARC device.

### Immediate Postpartum LARCs

Condition	Sub-Condition	Cu-IUD	LNG-IUD	Implant
Postpartum (in breastfeeding or non-breastfeeding women, including cesarean delivery)	a) <10 minutes after delivery of the placenta			
	i) Breastfeeding	1	2	2
	ii) Nonbreastfeeding	1	1	1
	b) 10 minutes after delivery of the placenta to <4 weeks	2	2	1*/2**
	c) ≥ 4 weeks	1	1	1
	d) Postpartum sepsis	4	4	1

LNG=levonorgestrel; Cu=copper; IUD=intrauterine device.      \*Nonbreastfeeding women, \*\*Breastfeeding women

Categories:  
 1 = A condition for which there is no restriction for the use of the contraceptive method.  
 2 = A condition for which the advantages of using the method generally outweigh the theoretical or proven risks.  
 3 = A condition for which the theoretical or proven risks usually outweigh the advantages of using the method.  
 4 = A condition that represents an unacceptable health risk if the contraceptive method is used.

*Adapted from Centers for Disease Control and Prevention Medical Eligibility Criteria Classifications for Postpartum Long-Acting Reversible Contraception (2016)*

### Detailed IUD and Implant Insertion Procedures

Please see Chapter 5 on Provider and Staff Education related to LARC Insertion for detailed instructions on immediate postpartum insertion of both the IUD and implant.

### Supply Availability on Labor and Delivery

In order to ensure IUDs are available to be placed within ten minutes of placenta delivery, the devices should be stocked in or near Labor and Delivery and surgical areas where cesareans are performed, ideally within a Pyxis system on the unit. This will help avoid unpredictable delays that may occur if IUDs are stocked elsewhere, such as

a centralized inpatient pharmacy. Labor and Delivery units and surgical areas will need to work with their pharmacy and hospital supply chain staff to ensure devices are readily available at the appropriate time.

Implants do not need to be inserted within ten minutes of placenta delivery, and individual hospitals may choose whether to stock these on Labor and Delivery, Postpartum unit, and/or a centralized inpatient pharmacy.

Additional supplies for IUD insertion should also be stocked on Labor and Delivery. For a full checklist on what supplies are needed, please see Chapter Five on Provider and Staff Education on Insertion Procedures in the “Implementation” section of this toolkit.

## Postpartum Procedures

### IUD

Women receiving an IUD during a cesarean delivery or immediately following a vaginal delivery should have routine postpartum care, including fundal checks and fundal massage as needed. If a woman has significant pelvic pain, feels a portion of the IUD in the vagina, or sees the IUD has fallen out, the physician should be notified. If any of these problems occur after hospital discharge, the woman should follow up with the provider who placed her LARC device, or can contact their local Department of Health family planning clinic if they are unable to see that provider for any reason.

**Postpartum  
Recovery  
Mother/Baby**

Additional Considerations:

- Women diagnosed with postpartum endometritis with an IUD in situ should be treated with antibiotics. There are *no data* as to whether the IUD needs to be removed in this setting. However, data from women with pelvic inflammatory diseases who have an IUD in situ suggests uterine infection can be effectively treated with IV antibiotics without IUD removal (Tepper, Steenland, Gaffield, Marchbanks, and Curtis, 2013). If there is no response to antibiotics within 24-48 hours, it is reasonable to consider IUD removal.
- Women should receive information at the time of discharge regarding when and where to follow up for an IUD check. This includes a phone number to call regarding any concerns for the IUD or implant. See Chapter 5 on Insertion Training for more information.

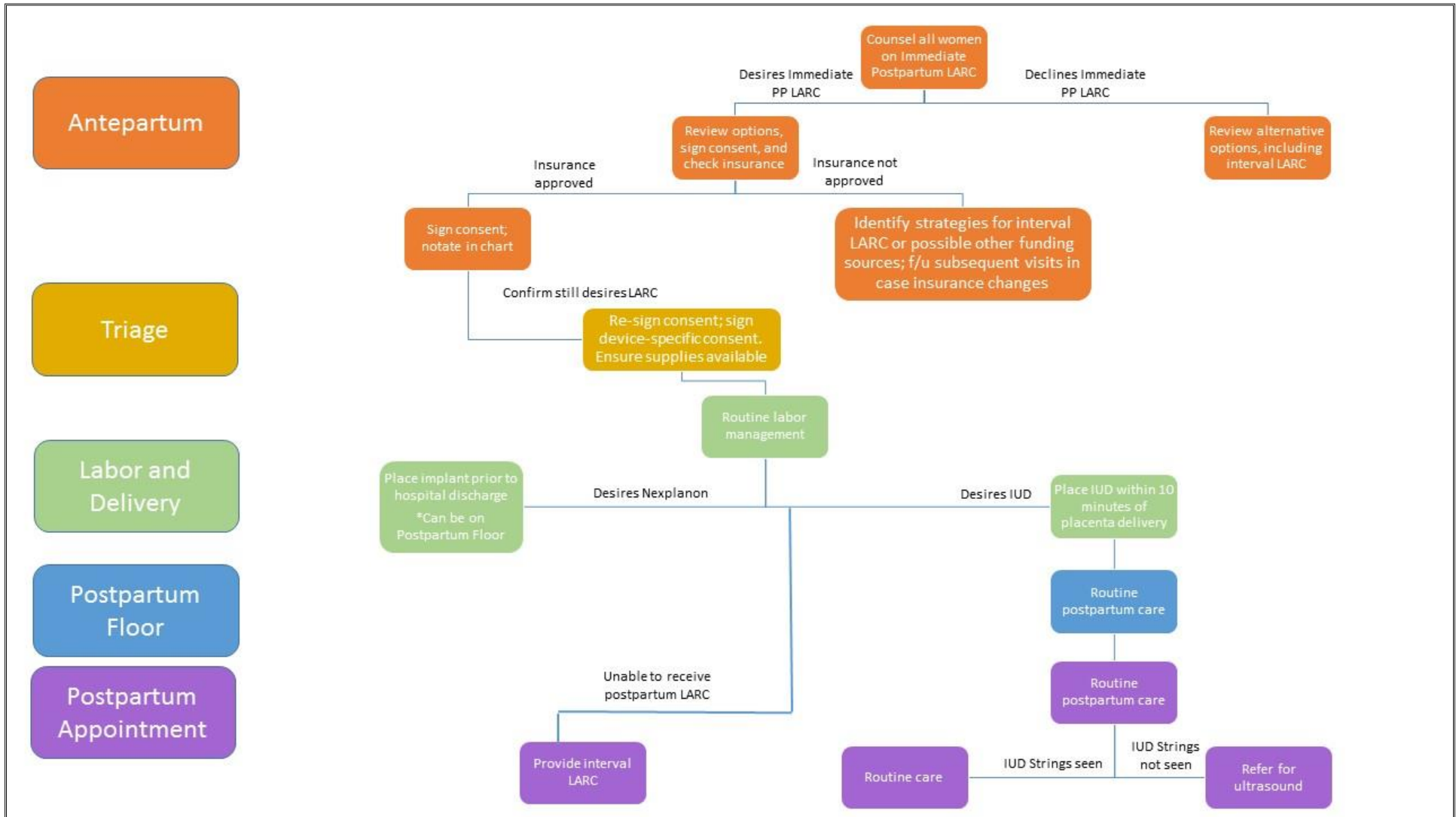
### Subdermal Contraceptive Implant (Nexplanon)

The subdermal contraceptive implant can be safely placed during the immediate postpartum period. The implant can be placed at any time following delivery and before discharge from the hospital. The process of placing the implant during the postpartum period is identical to the standard procedure used for interval placement. The FDA requires that any provider who is placing the contraceptive implant receive appropriate training and certification from Merck®. Hospital staff and providers should develop plans and procedures on the best time(s) and place(s) for performing insertions.

If the patient experiences severe pain, swelling or redness at the insertion site, the patient’s provider should be notified. The mother should also be provided a phone number to call if these problems develop soon after discharge.

An overview of all of the unit-specific policies and procedures is summarized on the Modified Workflow Diagram below. This diagram outlines the course a woman will take starting with her prenatal care and following her through to the postpartum appointment to ensure she receives her LARC device.

Model Modified Workflow Diagram



## Create Consent Documentation Process

The EHR should be modified to facilitate informed consent through automatic creation of a consent form to be signed in-house, even if a consent was signed during the prenatal period. Sample consent forms for immediate postpartum IUDs and implants can be found in Chapter Six and can be modified by individual hospitals to best suit their needs.

## Checklists

The following checklist has been developed to ensure all necessary steps are taken during the pre-implementation phase to allow for not only progression to the implementation phase, but also to capture all data necessary to for the FPQC Access LARC initiative.

### PRE-IMPLEMENTATION CHECKLIST

- Identify key champions in all pertinent departments
- Establish and test billing codes; test processes for timely reimbursement
- Add LARC devices to formulary and identify appropriate storage location
- Educate clinicians, nurses, pharmacy, and lactation consultants about postpartum LARC
- Modify IT systems to document acquisition, stocking, ordering, placement, counseling, consent, billing, and reimbursement for postpartum LARCs.

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