

Contraceptive Education and Counseling



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Partnering to Improve Health Care Quality
for Mothers and Babies



Women's Experiences

"I went to 3 different nurses before I saw the doctor. The nurses ask all these questions then I see the doctor for 5

"I got their tubes tied rather than implants because I wanted my husband to get fixed."

-Postpartum patient with 3 children

-Postpartum patient with 3 children

Today's Outline

- 👶 Purpose of Access LARC
- 👶 How to Support Women
- 👶 Providing Comprehensive Contraceptive Care
- 👶 Summary

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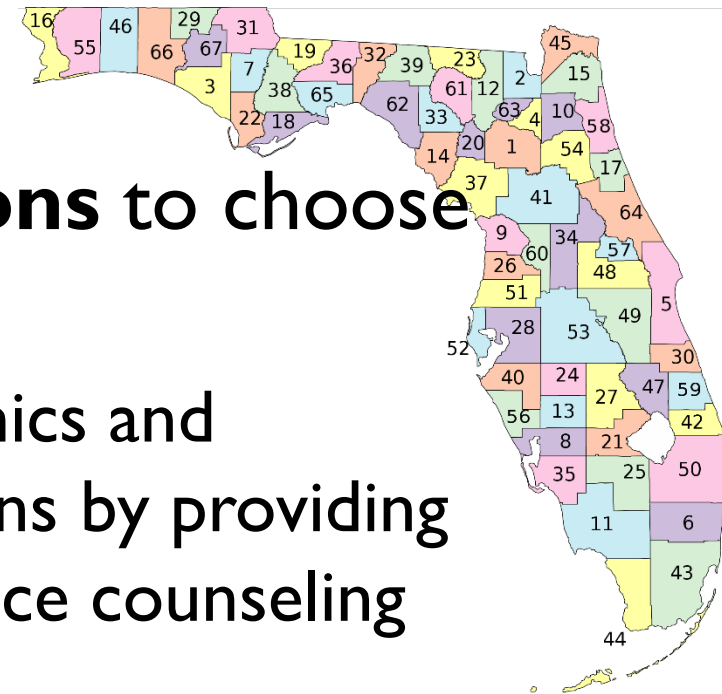
OUR PURPOSE

Purpose of the Access LARC Initiative

👉 **Increase access** to immediate postpartum long-acting reversible contraception (IPP LARC)

👉 **Support women's decisions** to choose what's best for them

- We will support hospitals, clinics and community-based organizations by providing training and materials on choice counseling



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THE FOUNDATION

Toolkit Chapter 6

Florida Perinatal Quality Collaborative



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ACCESS LARC

INCREASING ACCESS TO IMMEDIATE POSTPARTUM LONG-ACTING REVERSIBLE CONTRACEPTION

Chapter Six: Patient Education and Counseling

Chapter At-a-Glance:

- I. Overview
- II. Importance of Patient Education and Counseling during the Perinatal Period
- III. Providing Contraceptive Counseling during the Perinatal Period
- IV. **Team-based Collaborative Patient-centered Care**
- V. Patient-Centered Contraceptive Counseling Considerations
- VI. Contraception Options
- VII. Patient-Provider Communication and Shared Decision-Making
- VIII. FAQs
- IX. Patient Scenarios



TEAM-BASED CARE = Inclusion + Consistency

Team-Based Care

- 👤 As defined by ACOG...
- 👤 *“Care that strives to meet patient needs and preferences by actively engaging patients as full participants in their care WHILE encouraging all health care providers to function to the full extent of their education, certification, and experience”*

Ensure Women's Reproductive Autonomy

- 👶 Not all patients will choose IPP LARC or any other form of contraception—it is the patient's choice to do so
- 👶 Future follow-up/interactions should include tailored information that reflects **patient's preferences, needs and wants**
- 👶 Every encounter should be documented—including reasons why patients do not wish to use contraception

Reproductive Justice



Long-Acting Reversible Contraception Statement of Principles

We believe that people can and do make good decisions about the risks and benefits of drugs and medical devices when they have good information and supportive health care. We strongly support the inclusion of long-acting reversible contraceptive methods (LARCs) as part of a well-balanced mix of options, including barrier methods, oral contraceptives, and other alternatives. We reject efforts to direct women¹ toward any particular method and caution providers and public health officials against making assumptions based on race, ethnicity, age, ability, economic status, sexual orientation, or gender identity and expression. People should be given complete information and be supported in making the best decision for their health and other unique circumstances.

We call on the reproductive health, rights, and justice communities, including clinicians, professional associations, service providers, public health agencies, private funders and others to endorse the following principles.

Diversity and Sensitivity

- 👤 Normalize the contraceptive counseling portion of prenatal care
 - 👤 It is standard that we... We discuss contraception with all our patients...
- 👤 Ask them if they would like to discuss contraception or before sharing information
- 👤 Be sensitive to patients' need and comfort-level

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BEST PRACTICES

Best Practices in Contraceptive Counseling

- 👤 Relational communication
 - 👤 Friend-like patient-provider relationships
- 👤 Knowledgeable providers
 - 👤 Patients perceive providers as trustworthy
- 👤 Shared decision-making
 - 👤 Women deciding what's best for them

Dehlendorf, Krajewski & Borrero, 2014

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WHY FOCUS ON PRENATAL CARE?

Prenatal Care is Ideal Because...

- 👶 Patients may not realize their risk for unintended pregnancy after delivery
- 👶 Patients need time to make healthcare decisions
- 👶 Up to 40% of patients do not return for 6 week postpartum visit
- 👶 Patients who are counseled prenatally may be more likely to use contraception IPP

ACOG, 2016

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HOW DO WE GET THERE?

Contraceptive Options

HOW WELL DOES BIRTH CONTROL WORK?

Really, really well

Works, hassle-free, for up to...

The Implant (Nexplanon)	IUD (Skyla)	IUD (Mirena)	IUD (ParaGard)	Sterilization, for men and women
3 years	3 years	5 years	12 years	Forever

No hormones

What is your chance of getting pregnant?

Less than 1 in 100 women

Okay

For it to work best, use it...

The Pill	The Patch	The Ring	The Shot (Depo-Provera)
Every. Single. Day.	Every week	Every month	Every 3 months

6-9 in 100 women, depending on method

Not so well

For each of these methods to work, you or your partner have to use it every single time you have sex.

Withdrawal	Diaphragm	Fertility Awareness	Condoms, for men and women

Needed for STI protection

Use with any other method

12-24 in 100 women, depending on method

FYI, without birth control, over 90 in 100 young women get pregnant in a year.



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MAXIMIZING THE PRENATAL PERIOD

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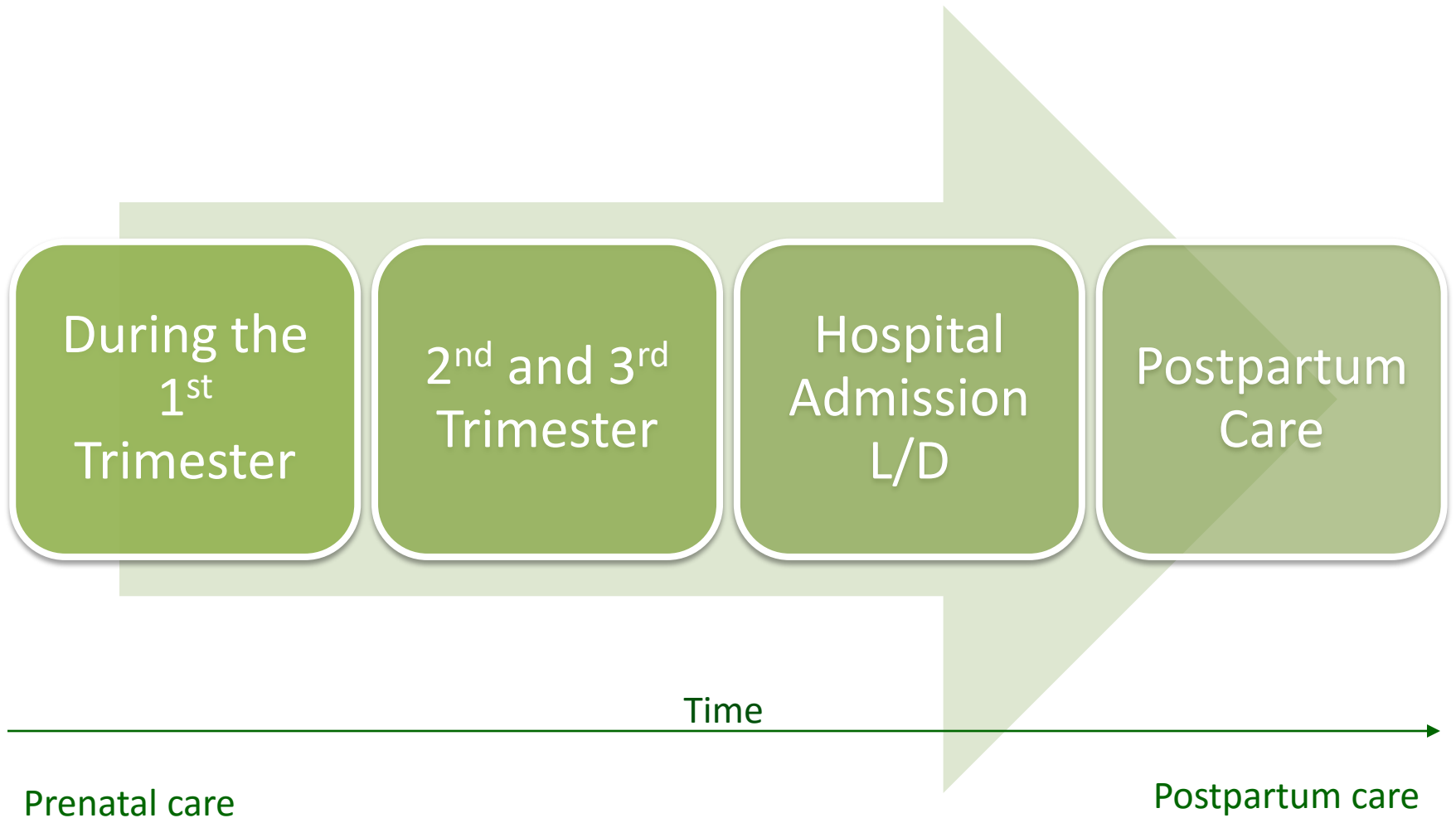
CONTRACEPTIVE COUNSELING

Contraceptive Education and Counseling Steps

1. Build rapport with women (and families)
2. Assess and educate women (and families)
3. Document and reinforce education
4. Ensure informed consent and ongoing support



Communication Timeline



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HOW DO YOU START THE CONVERSATION?

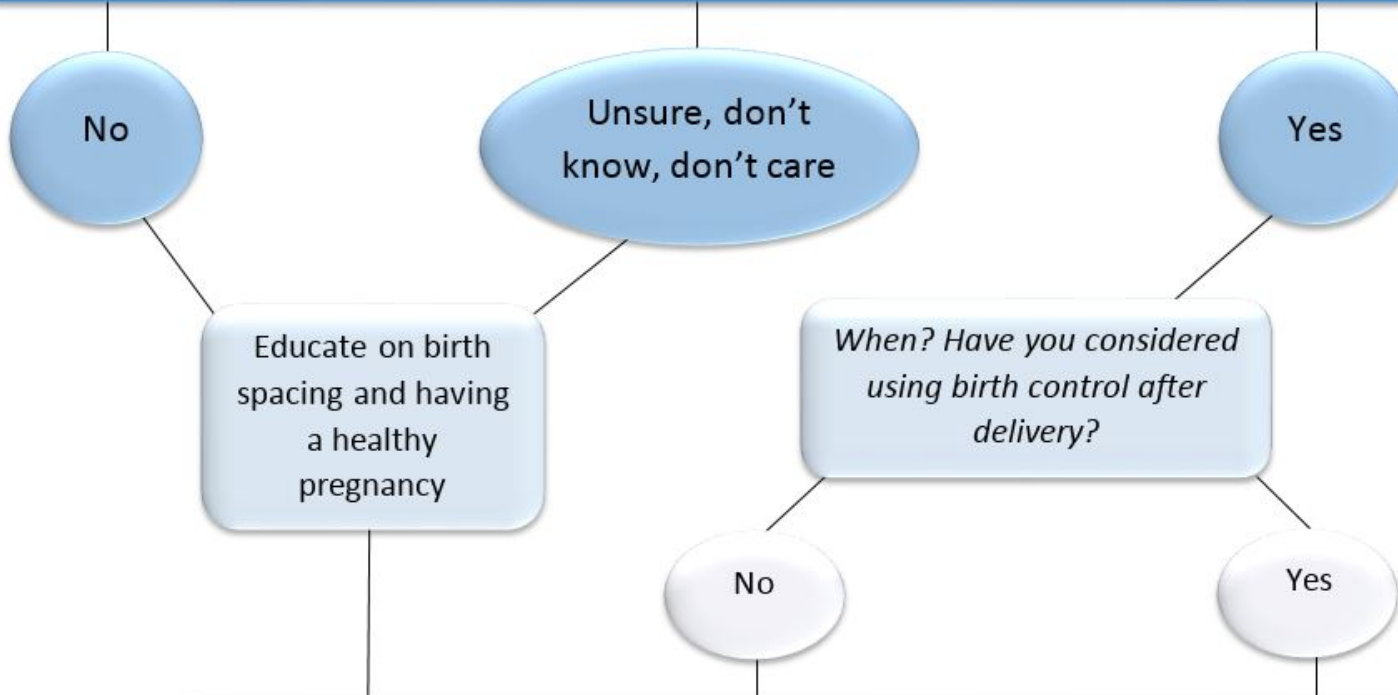
Focus on Women's Preferences

- 👤 Initiating the contraception discussion:
 - 👤 **Say:** *“We recommend that moms wait at least 18 months before getting pregnant again. This is best for healthiest mom and baby.”*
 - 👤 **Ask:** *“Have you thought about if and when you would like to have another child?”*



SAY: We recommend moms wait at least 18 months before getting pregnant again after delivery. This is best for the healthiest mom and baby.

ASK: *Have you thought about if and when you would like to have another child?*



- 1) Build rapport with women (and families/partners)
- 2) Assess women's intentions and educate women (and families/partners)
- 3) Document women's preferences and reinforce education throughout care
- 4) Ensure informed consent and ongoing support

Action Planning

- 👤 Give the patient a summary of what was discussed
- 👤 Assign “homework” and encourage the patients to do their own “research”
- 👤 Tell the patient you intend to follow up

Documentation

Is the patient done childbearing?

Yes

No

How many more children does the patient desire?

How long does the patient want to wait prior to next pregnancy?

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THE STRUCTURE OF COUNSELING

Assess

👤 *“How important is it to you to prevent pregnancy (until then)?”*



Assess

- 👤 Ask about *any* contraceptive use
 - 👤 *What forms of birth control have you used before? What about before this pregnancy?*
- 👤 Assess likes/dislikes of previous methods or methods of interest
 - 👤 *What did you like/dislike about that method?*
 - 👤 *What method(s) do you think you would like to use following your pregnancy?*
- 👤 Ask patient about knowledge/interest in LARC, if not mentioned

Show and Tell

🌀 Show the range of methods



Bedsider.org

Provide Comprehensive Information about Options

- 👤 What kinds of information do patients want?
 - 👤 What to expect
 - 👤 Effectiveness
 - 👤 Partner's comfort
 - 👤 Future fertility
 - 👤 Removal
 - 👤 Breastfeeding and LARC use
 - 👤 STI risk
 - 👤 How it works

From interviews with women, they were concerned about IPP LARC....



Insertion Pain

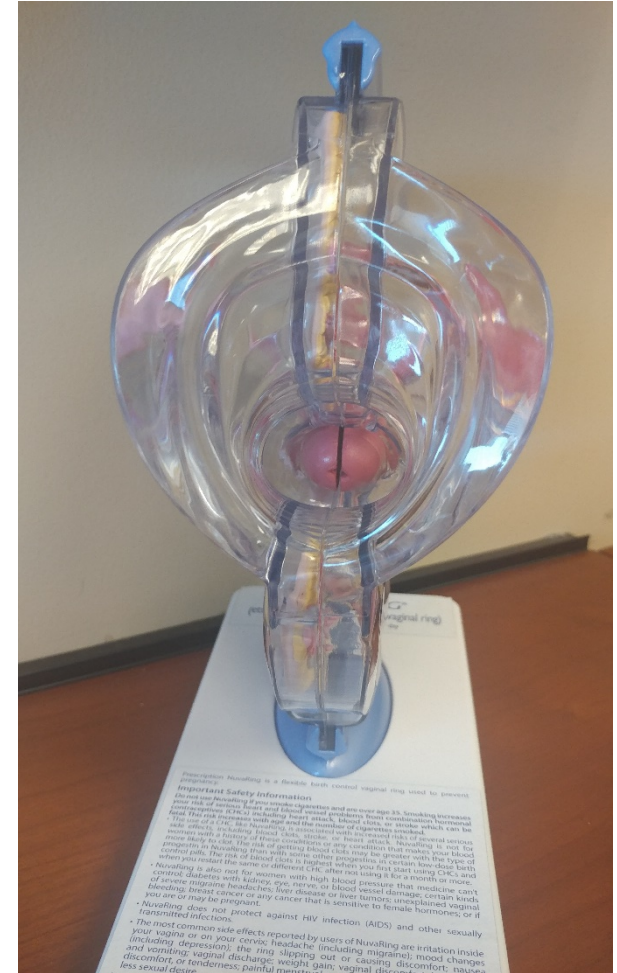


Side Effects

Managing Potential Side Effects

- 👤 Say: *“Some women may experience [side effect] while using this method.”*
- 👤 Follow-up: *“How would you handle this situation? Is there another way you might deal with that?”*

Insertion Procedure



Action Planning

- 👉 Give the patient a summary of what was discussed
- 👉 Assign “homework” and encourage the patients to do their own “research”
- 👉 Tell the patient you intend to follow up

Documentation

What family planning method is patient interested in using?

IUD

Implant

Pills

Patch

Ring

Injection

Tubal ligation

Vasectomy

Tubal occlusion/essure

NFP/rhythm

Condoms

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DECISION-MAKING

How do patients make decisions?

- 👤 Talk to their provider
- 👤 Do their own research: “Google” and online searches
- 👤 Consult a partner, parent, peer
- 👤 Wait, allow time to decide

Types of Decisions

- 👤 Women may...
 - 👤 Choose IPPLARC
 - 👤 Choose a non-LARC method
 - 👤 Decide to use no contraception
 - 👤 Choose to wait to decide

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INFORMED CONSENT

Gaining Consent

- 👤 ACOG affirms 8 statements, that include:
 - 👤 **Patient acknowledgement** of participation in medical treatment
 - 👤 **Respect** for patient's moral right, bodily integrity and self-determination regarding sexual and reproductive health
 - 👤 **Active patient involvement**

ACOG, 2009

Consent for Immediate Postpartum Intrauterine Contraceptive Insertion

Why is birth control important after having a baby?

The return to fertility after having a baby can be unpredictable. You may be able to get pregnant before your next period even begins. Using birth control to help plan for your future family is important. Waiting at least **a year and a half** (18 months) before you get pregnant improves your health and the health of your next baby. For example, by waiting to get pregnant you can decrease the risk of health problems, such as having a baby too early (preterm birth), or having a baby who has health issues (growth and development; birth defects).

What is an intrauterine device (IUD)?

An intrauterine device (IUD) is a very effective birth control method that is made of a T-shaped plastic rod that stays in your uterus. There are 2 types of IUDs available:

- Copper IUD (**Paragard®**): Contains no hormones, works for up to 10 years
- Hormonal IUD (**Mirena®**, **Liletta®**, **Skyla®**, **Kyleena®**): Provides a low dose of a hormone (progestin), works for up to 3- 7 years, depending on which device you choose.

Once the IUD is placed, it prevents pregnancy in over 99% of women who use it, similar to getting your tubes tied. The IUD can be removed at any time, and you can get pregnant right after it is removed.

Documentation

Patient sure that she can use this method reliably and without difficulty?

Yes

No

Interested in immediate postpartum IUD insertion (if currently pregnant)?

Yes

No

Patient counseled on protection against STI with barrier methods?

Yes

No

Action Plan/Preparation for Post-discharge

- 👤 Prepare women for the return home:
 - 👤 Give general information about post-delivery recovery
 - 👤 Provide pertinent information about what they can expect with their LARC method
 - 👤 Share information about removal should they need it – connect with community partners

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FAQs

Who is eligible for IPPLARC?

Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use

Condition	Sub-Condition	CHC		POP		Injection		Implant		LNG-IUD		Cu-IUD	
		I	C	I	C	I	C	I	C	I	C	I	C
Age		Menarche to <40=1	Menarche to <18=1	Menarche to <18=2	Menarche to <18=1	Menarche to <20=2	Menarche to <20=2	Menarche to <20=2	Menarche to <20=2	Menarche to <20=2	Menarche to <20=2	Menarche to <20=2	Menarche to <20=2
		≥40=2	18-45=1	18-45=1	18-45=1	18-45=1	≥20=1	≥20=1	≥20=1	≥20=1	≥20=1	≥20=1	≥20=1
			>45=1	>45=2	>45=1								
Anatomic abnormalities	a) Distorted uterine cavity							4	4				
	b) Other abnormalities							2	2				
Anemias	a) Thalassemia	1	1	1	1	1	1	2	2				
	b) Sickle cell disease ^a	2	1	1	1	1	1	2	2				
	c) Iron-deficiency anemia	1	1	1	1	1	1	2	2				
Benign ovarian tumors	(including cysts)	1	1	1	1	1	1	1	1				
Breast disease	a) Undiagnosed mass	2*	2*	2*	2*	2*	2*	1	1				
	b) Benign breast disease	1	1	1	1	1	1	1	1				
	c) Family history of cancer	1	1	1	1	1	1	1	1				
	d) Breast cancer ^a												
	i) current	4	4	4	4	4	4	4	4	1			
	ii) past and no evidence of current disease for 5 years	3	3	3	3	3	3	3	3	1			
Breastfeeding (see also Postpartum)	a) <1 month postpartum	3*	2*	2*	2*								
	b) 1 month or more postpartum	2*	1*	1*	1*								
Cervical cancer	Awaiting treatment	2	1	2	2	4	2	4	2				
Cervical ectropion		1	1	1	1	1	1	1	1				
Cervical intraepithelial neoplasia		2	1	2	2	2	2	1	1				
Cirrhosis	a) Mild (compensated)	1	1	1	1	1	1	1	1				
	b) Severe ^a (decompensated)	4	3	3	3	3	3	1	1				
Deep venous thrombosis (DVT)/Pulmonary embolism (PE)	a) History of DVT/PE, not on anticoagulant therapy												
	i) higher risk for recurrent DVT/PE	4	2	2	2	2	2	1	1				
	ii) lower risk for recurrent DVT/PE	3	2	2	2	2	2	1	1				
	b) Acute DVT/PE	4	2	2	2	2	2	2	2				
	c) DVT/PE and established on anticoagulant therapy for at least 3 months												
	i) higher risk for recurrent DVT/PE	4*	2	2	2	2	2	2	2				
	ii) lower risk for recurrent DVT/PE	3*	2	2	2	2	2	2	2				
	d) Family history (first-degree relatives)	2	1	1	1	1	1	1	1				
	e) Major surgery												
	i) with prolonged immobilization	4	2	2	2	2	2	1	1				
ii) without prolonged immobilization	2	1	1	1	1	1	1	1					
f) Minor surgery without immobilization	1	1	1	1	1	1	1	1					
Depressive disorders	a) History of gestational DM only	1*	1*	1*	1*	1*	1*	1*	1*				
	b) Non-vascular disease												
	i) non-insulin dependent	2	2	2	2	2	2	2	2	1			
	ii) insulin dependent ^a	2	2	2	2	2	2	2	2	1			
	c) Nephropathy/retinopathy/neuropathy ^a	3/4*	2	3	2	2	2	2	2	1			
	d) Other vascular disease or diabetes of >20 years' duration ^a	3/4*	2	3	2	2	2	2	2	1			

For full access, visit:

<https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html>

Condition	Sub-Condition	CHC		POP		Injection		Implant		LNG-IUD		Cu-IUD	
		I	C	I	C	I	C	I	C	I	C	I	C
Endometrial cancer ^a		1	1	1	1	1	1	1	1	4	2	4	2
Endometrial hyperplasia		1	1	1	1	1	1	1	1	1	1	1	1
Endometriosis		1	1	1	1	1	1	1	1	1	1	2	2
Epilepsy ^a	(see also Drug Interactions)	1*	1*	1*	1*	1*	1*	1*	1*	1	1	1	1
Gallbladder disease	a) Symptomatic												
	i) treated by cholecystectomy	2	2	2	2	2	2	2	2	2	2	1	1
	ii) medically treated	3	2	2	2	2	2	2	2	2	2	1	1
	iii) current	3	2	2	2	2	2	2	2	2	2	1	1
	b) Asymptomatic	2	2	2	2	2	2	2	2	2	2	1	1
Gestational trophoblastic disease	a) Decreasing or undetectable β-hCG levels	1	1	1	1	1	1	3	3				
	b) Persistently elevated β-hCG levels or malignant disease ^a	1	1	1	1	1	1	4	4				
Headaches	a) Non-migrainous	1*	2*	1*	1*	1*	1*	1*	1*	1*	1*	1*	1*
	b) Migraine												
	i) without aura, age <35	2*	3*	1*	2*	2*	2*	2*	2*	2*	2*	2*	1*
	ii) without aura, age ≥35	3*	4*	1*	2*	2*	2*	2*	2*	2*	2*	2*	1*
	iii) with aura, any age	4*	4*	2*	3*	2*	3*	2*	3*	2*	3*	1*	1*
History of bariatric surgery ^a	a) Restrictive procedures	1	1	1	1	1	1	1	1	1	1	1	1
	b) Malabsorptive procedures	COCs: 3		3		1	1	1	1	1	1	1	1
		P/R: 1											
History of cholestasis	a) Pregnancy-related	2	1	1	1	1	1	1	1	1	1	1	1
	b) Past COC-related	3	2	2	2	2	2	2	2	2	2	1	1
History of high blood pressure during pregnancy		2	1	2	1	1	1	1	1	1	1	1	1
History of pelvic surgery		1	1	1	1	1	1	1	1	1	1	1	1
Human immunodeficiency virus (HIV)	High risk	1	1	1*	1	2	2	2	2	2	2	2	2
	HIV infected (see also Drug Interactions) ^a	1*	1*	1*	1*	1*	1*	2	2	2	2	2	2
	AIDS (see also Drug Interactions) ^a	1*	1*	1*	1*	3	2*	3	2*	3	2*	3	2*
	Clinically well on therapy	If on treatment, see Drug Interactions											
Hyperlipidemia		2/3*	2*	2*	2*	2*	2*	2*	2*	2*	2*	1*	1*
Hypertension	a) Adequately controlled hypertension	3*	1*	2*	1*	1	1	1	1				
	b) Elevated blood pressure levels (properly taken measurements)												
	i) systolic 140-159 or diastolic 90-99	3	1	2	1	1	1	1	1				
	ii) systolic ≥160 or diastolic ≥100 ^a	4	2	3	2	2	2	2	2				
	c) Vascular disease	4	2	3	2	2	2	2	2	2	2	1	1
Inflammatory bowel disease	(Ulcerative colitis, Crohn's disease)	2/3*	2	2	2	1	1	1	1	1	1	1	1

Abbreviations: C=continuation of contraceptive method; CHC=combined hormonal contraceptive (pill, patch, and ring); COC=combined oral contraceptive; Cu-IUD=copper-containing intrauterine device; I=initiation of contraceptive method; LNG-IUD=levonorgestrel-releasing intrauterine device; NA=not applicable; POP=progestin-only pill; P/R=patch/ring.

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)



IPP Cu and LNG IUDs

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

Do all pregnant women have health coverage for LARC?

- 👉 Providers should check women's insurance before offering methods
- 👉 Pregnant women with Medicaid can receive LARC during their hospital stay/after discharge
- 👉 Women with private insurance should check with their insurer

Do expulsion rates increase with immediate postpartum insertion?

- 👤 **Expulsion of IUDs following IPPLARC insertion is higher than insertions at other time points, however, the cost-benefit of providing these methods is great since the majority of women fail to return for follow-up appointments**

Does LARC Affect Breastfeeding?

- 👤 Progestin-based contraceptives are acceptable and safe for breastfeeding moms and babies
 - 👤 Results from a randomized controlled trial showed little difference in breastfeeding between IPPLARC insertions vs. interval insertions (Turok et al., 2017)
 - 👤 A systematic review of 43 studies showed no evidence of adverse effects (Kapp et al., 2010)
- 👤 Immediate postpartum LARC does not increase risk of adverse events
(i.e. poor infant growth and development) (Shaamash et al., 2005)



What are the side effects of LARC?

- 👶 Most women discontinue LARC because of:
 - 👶 Irregular bleeding
 - 👶 Nausea
 - 👶 Depression or anxiety
 - 👶 Headaches

Continuation rates for LARC methods are significantly higher than for non-LARC methods

Diedrich Am J Obstet Gynecol 2015

ACOG, 2012

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SAMPLE MATERIALS

Birth Control

What is right for you?

PREVENTING pregnancy with a

LARC after delivery

You've just welcomed a new baby before having another. Here are some ways to help prevent pregnancy.

- Tubal ligation
- Condoms are

What's most effective?



Implant
99.5%

Content source: Centers for Disease Control and Health Promotion

Providers suggest waiting at least 18 months before having another baby so that you will remain healthy through your pregnancy. You have options to help prevent pregnancy and plan for your next one, including long-acting reversible contraception (LARC) like the intrauterine device (IUD) or implant.

The Implant

The implant is a small, plastic rod that is placed under the skin of the arm. This method contains only a progestin hormone. Your health care provider can insert the implant inside your arm before you leave the hospital.

The IUD

The IUD is a small, T-shaped piece of plastic that goes inside your uterus. Some do not contain hormones, and some do. Your health care provider can insert the IUD inside your uterus within 10 minutes of delivery.

Why get LARC right after delivery?

- You can get pregnant right after giving birth

PREVENTING pregnancy with an

IUD after delivery

Providers suggest waiting at least 18 months before having another baby so that you will remain healthy through your pregnancy. You have options to help prevent pregnancy and plan for your next one, including the intrauterine device (IUD) or implant. A health care provider can insert the IUD inside your uterus within 10 minutes of delivery.

What is it?

The IUD is a small, T-shaped piece of plastic that goes inside your uterus. Some do not contain hormones, and some do.

Why get the IUD right after delivery?

- You can get pregnant right after giving birth
- You have time to heal before getting pregnant again
- It's convenient and you don't have to schedule a separate appointment
- Works for years after being inserted
- Works better than all other birth control methods: pills, condoms, and diaphragms

PREVENTING pregnancy with an

implant after delivery

Providers suggest waiting at least 18 months before having another baby so that you will remain healthy through your pregnancy. You have options to help prevent pregnancy and plan for your next one, including the implant. A health care provider can insert the implant inside your arm before you leave the hospital.

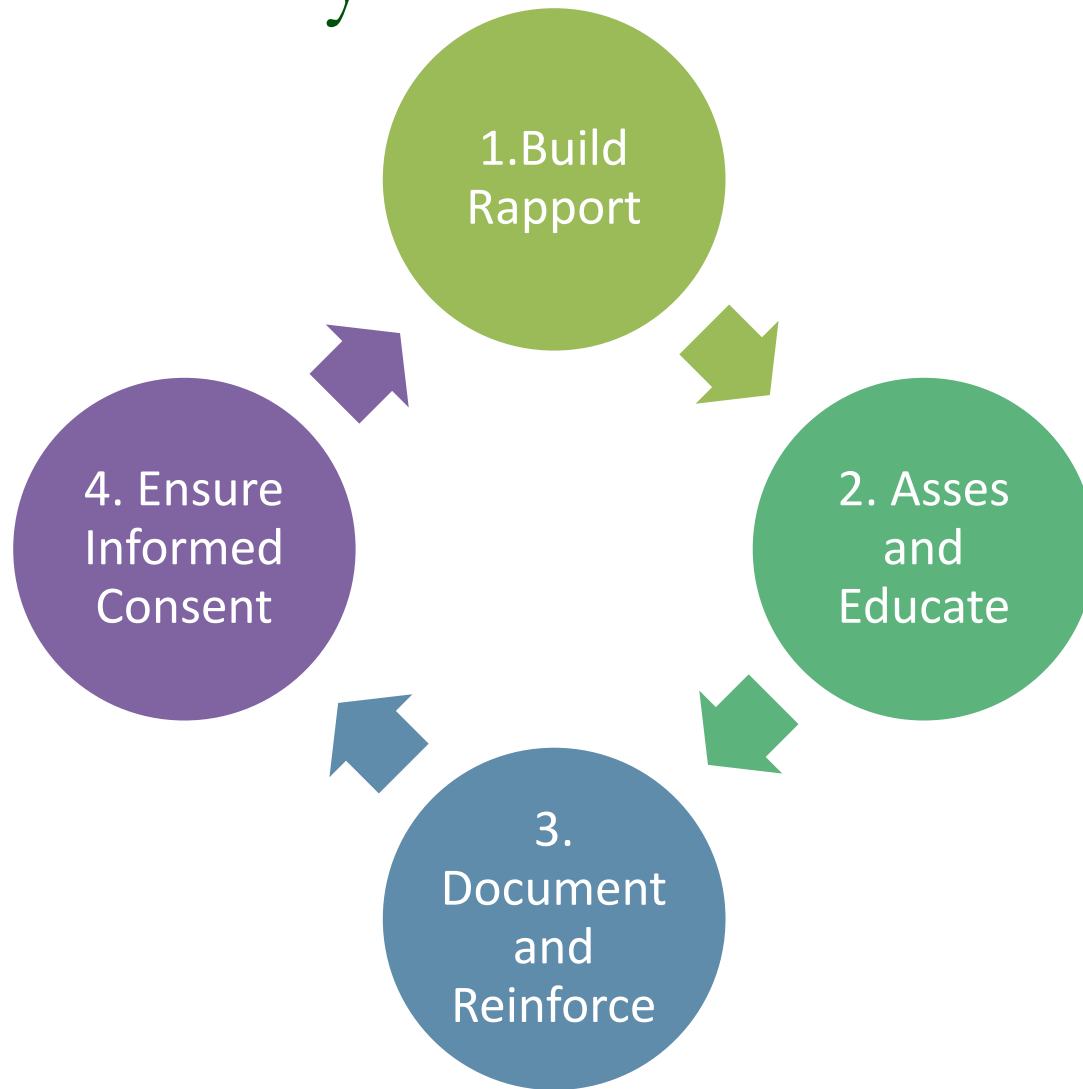
What is it?

The implant is a small, plastic rod that is placed under the skin of the arm. This method contains only a progestin hormone, which is safe to use if you cannot use estrogen.

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SUMMARY

Summary

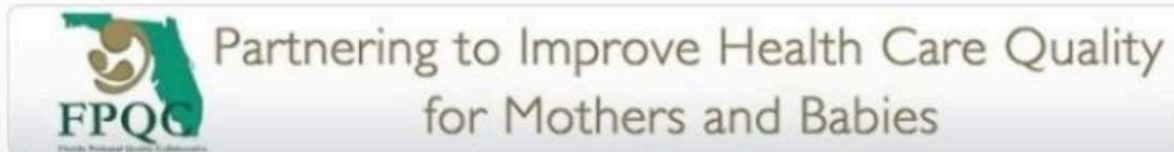


Additional Resources

👤 For more resources, see...

[FPQC Access LARC Toolbox](#)

● Access LARC Initiative Tool Box



This is the tool box of materials for hospital teams working on the Access LARC Initiative.

New items are added regularly; We suggest bookmarking this page!

Please contact FPQC@health.usf.edu about any issues or questions about materials.

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SCENARIOS

Meet Angela

- 20-years-old
- In a relationship
- First child

She's heard about LARC...

- A close relative got pregnant while using the IUD
- Her cousin can't have children after using the IUD
- One friend had to have a surgeon remove her implant because the provider couldn't find it,




Meet Jessica

- 41-years-old
 - In a relationship
 - Has three children
- 👶 **Was not using contraception before this most recent pregnancy:**
- The spacing between her last two children is eight years
 - Does not want anymore children
 - Wants a tubal ligation



Meet Jackie

- In a relationship
 - 26-years-old
 - First child
-  **She thinks natural methods are best:**
- Uses her period app to see when she's fertile
 - Has been using this method for >2 years before she became pregnant
 - She intends to use lactational amenorrhea



References

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