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Florida Perinatal Quality Collaborative

Contraceptive Choice Counseling

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Disclosures

- Rachel Logan has no financial relationships to disclose.
- Rachel Rapkin is a speaker for Merck.

Disclosure

- This presentation includes information about the "off-label" use of intrauterine devices and hormonal implants.

Objectives

- Describe how to effectively communicate with women and families about contraceptive options, including immediate postpartum long-acting reversible contraception (IPP LARC)
- Explain how to engage women and families in shared decision-making to appropriately address their needs and preferences
- Strategize ways to facilitate patient-centered care in various circumstances and clinical events

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WOMEN'S STORIES

Women's Experiences

You know all the nurses here, they see you and I went to like 3 different nurses before I saw the doctor. The nurses ask all these questions then I see the doctor for 5 minutes…He just tells me 'oh your baby's fine'".
-Latina, pregnant with second child

I been hearing abo[illegible] friends that was g[illegible] or like in their v[illegible] rather get my de[illegible] get it every thre[illegible] don't have to w[illegible] know that's a good method.
-Black, postpartum 4 children

I looked up the side effects tubes tied and I also lo different implants…I did a my 2nd pregnancy… and I side effects
-White, postpartum, three children

When they came and talked to me about birth control I wasn't interested because I wanted my husband to get fixed.
-Latina, postpartum, 3 children

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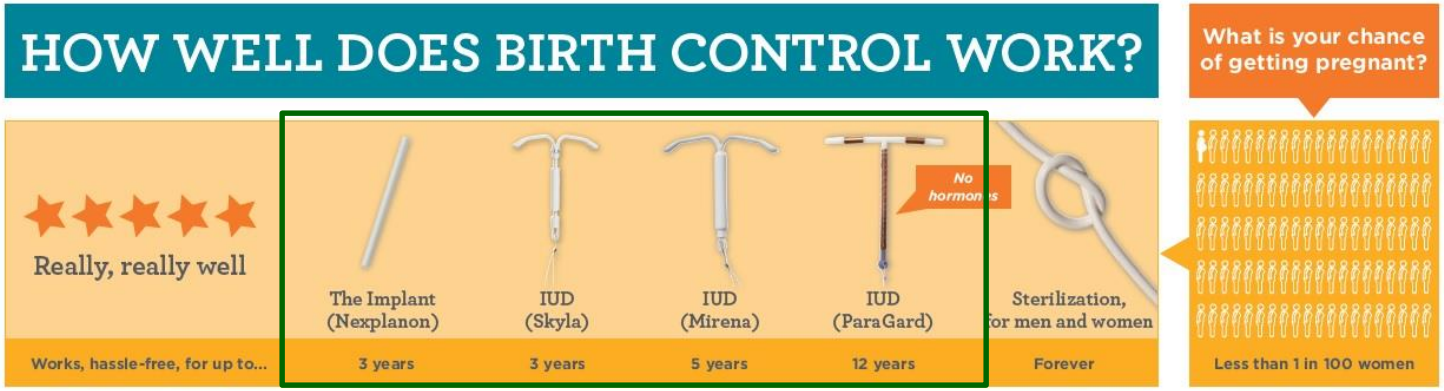
BACKGROUND

Contraceptive Options



2009 ACOG Committee Opinion – LARC is a first-line contraceptive method

"A reproductive justice framework for contraceptive counseling is essential to providing equitable health care, promoting access and coverage for all contraceptive methods, and avoiding potential coercion." (ACOG, 2018)

Providing Patient-Centered Care

- Not all women 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

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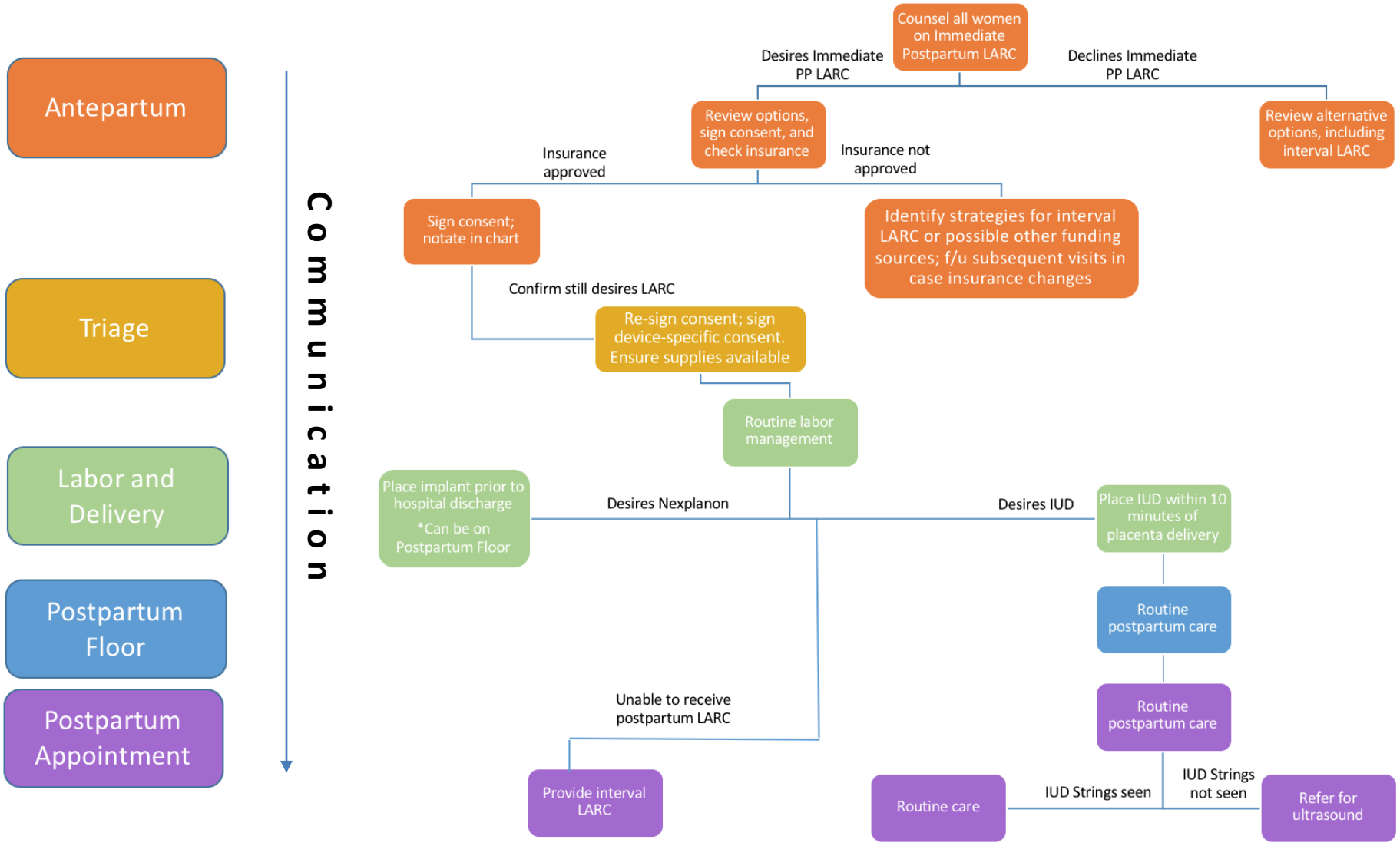
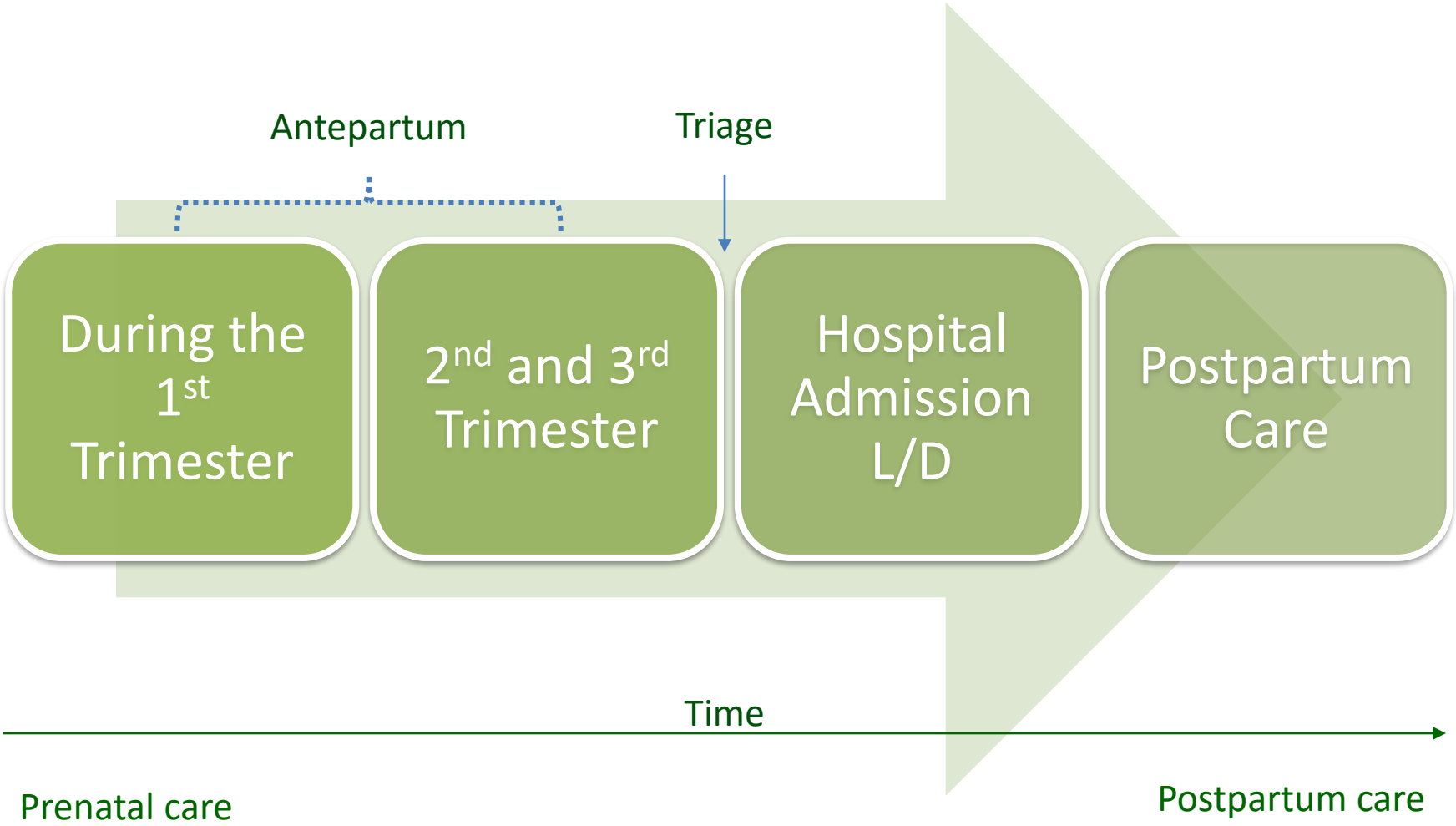
CONTRACEPTIVE COUNSELING AND DECISION-MAKING

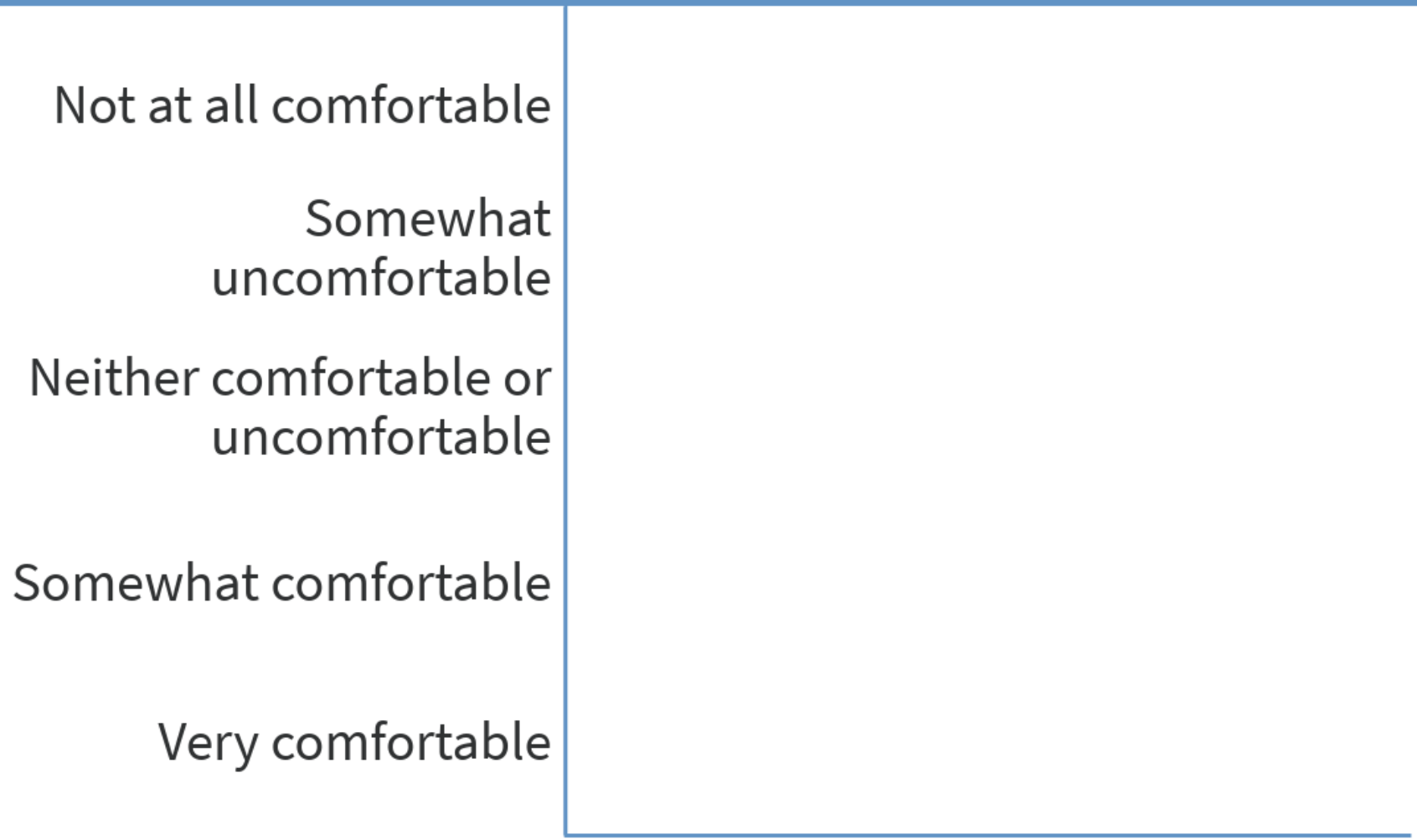
Access LARC Cascade of Care



Communication Timeline



How comfortable would you be counseling pregnant and postpartum women on immediate postpartum LARC?



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Best Practices in Contraceptive Counseling

- Developing relationships with patients
  - Friend-like patient-provider relationships
- Building patient trust
  - Patients perceive providers as trustworthy
- Optimizing [shared] decision-making
  - Provider informs/supports patient and patient exercises autonomy

Dehlendorf, Krajewski & Borrero, 2014

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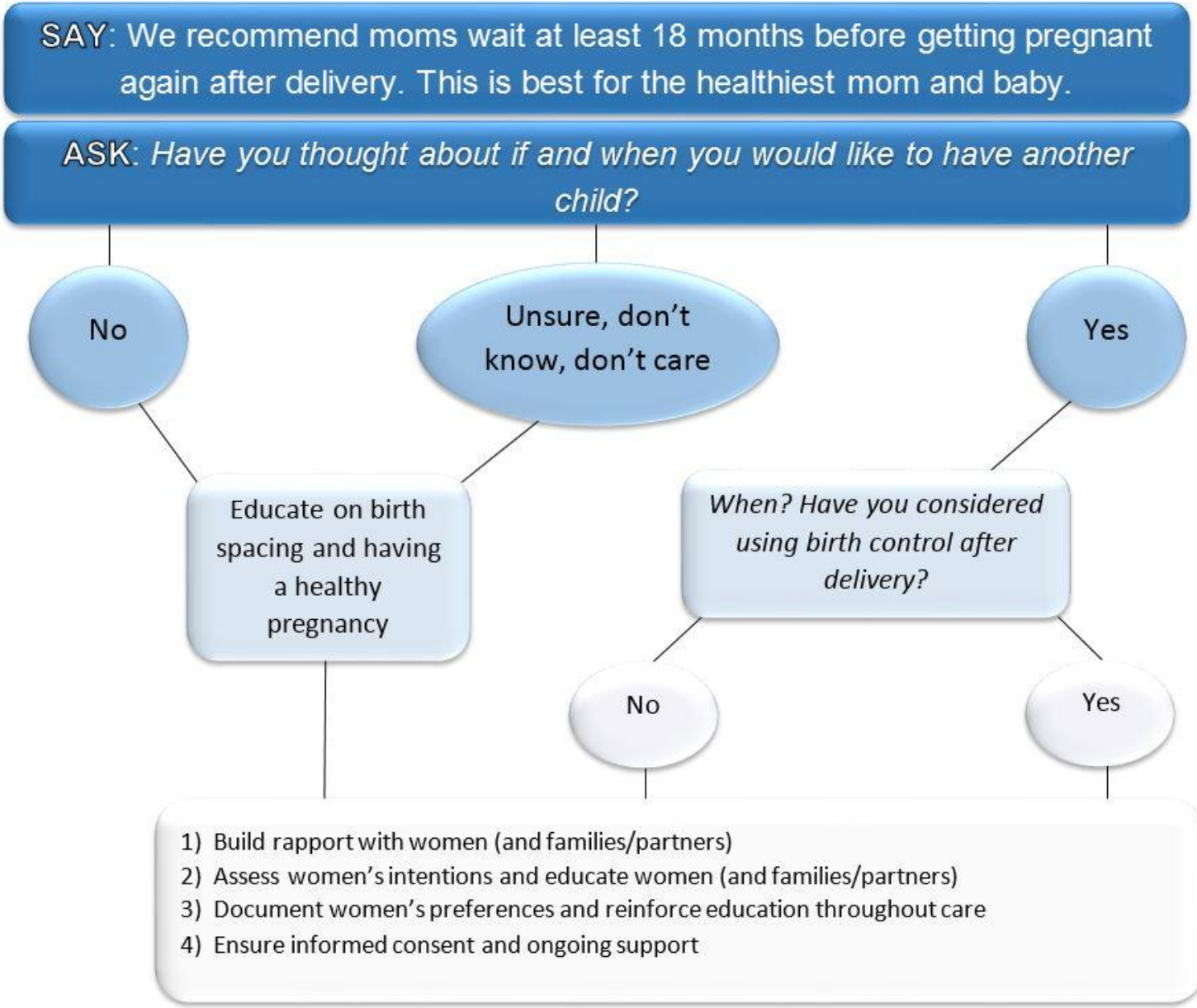
Educating and Communicating with Patients

PATIENT EDUCATION AND COUNSELING


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?
No
Unsure, don't know, don't care
Yes
Educate on birth spacing and having a healthy pregnancy
When? Have you considered using birth control after delivery?
No
Yes
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

Steps for Contraceptive Decision-making

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

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Creating a Friendly and Open Environment

1. BUILDING RAPPORT

Build rapport → Assess and educate → Document and reinforce education → Ensure informed consent and provide ongoing support

Talking Points

- *Hello, I am _____. It is a pleasure to (see you again/meet you).*

- *Before we begin, we tell all our patients that whatever is discussed remains between you, me and other members of the care team.*

- *Do you have any questions before we get started?*

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Determining Needs and Preferences

2. ASSESS AND EDUCATE WOMEN

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?*"

Build rapport | Assess and educate | Document and reinforce education | Ensure informed consent and provide ongoing support

Follow-up Questions

- *"When do you think that might be? How important is it to you to prevent pregnancy until then?"*

Build rapport | Assess and educate | Document and reinforce education | Ensure informed consent and provide ongoing support

Assess Patient Preferences for Contraception

- 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 methods, model how they can be used and allow patients to touch and see them

Bedsider.org

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

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Planning or Avoiding Pregnancy

3. DOCUMENT AND REINFORCE EDUCATION

Time to Decide

- In the 2nd and 3rd trimester, providers can follow-up to see if women have decided on a course of action

- Providers should follow-up with women around 34-35 weeks to document the most current decision

From the interviews, when considering IPP LARC women were concerned about ….

Insertion Pain

Side Effects

Educating on Side Effects

- Patients complain that they are not adequately informed about side effects

- Unanticipated side effects (i.e. irregular/heavy bleeding, aches and pains) cause patients to discontinue contraception, particularly LARC

Dickerson et al., 2013

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Changing Intention into Action

4. ENSURE INFORMED CONSENT AND PROVIDE ONGOING SUPPORT

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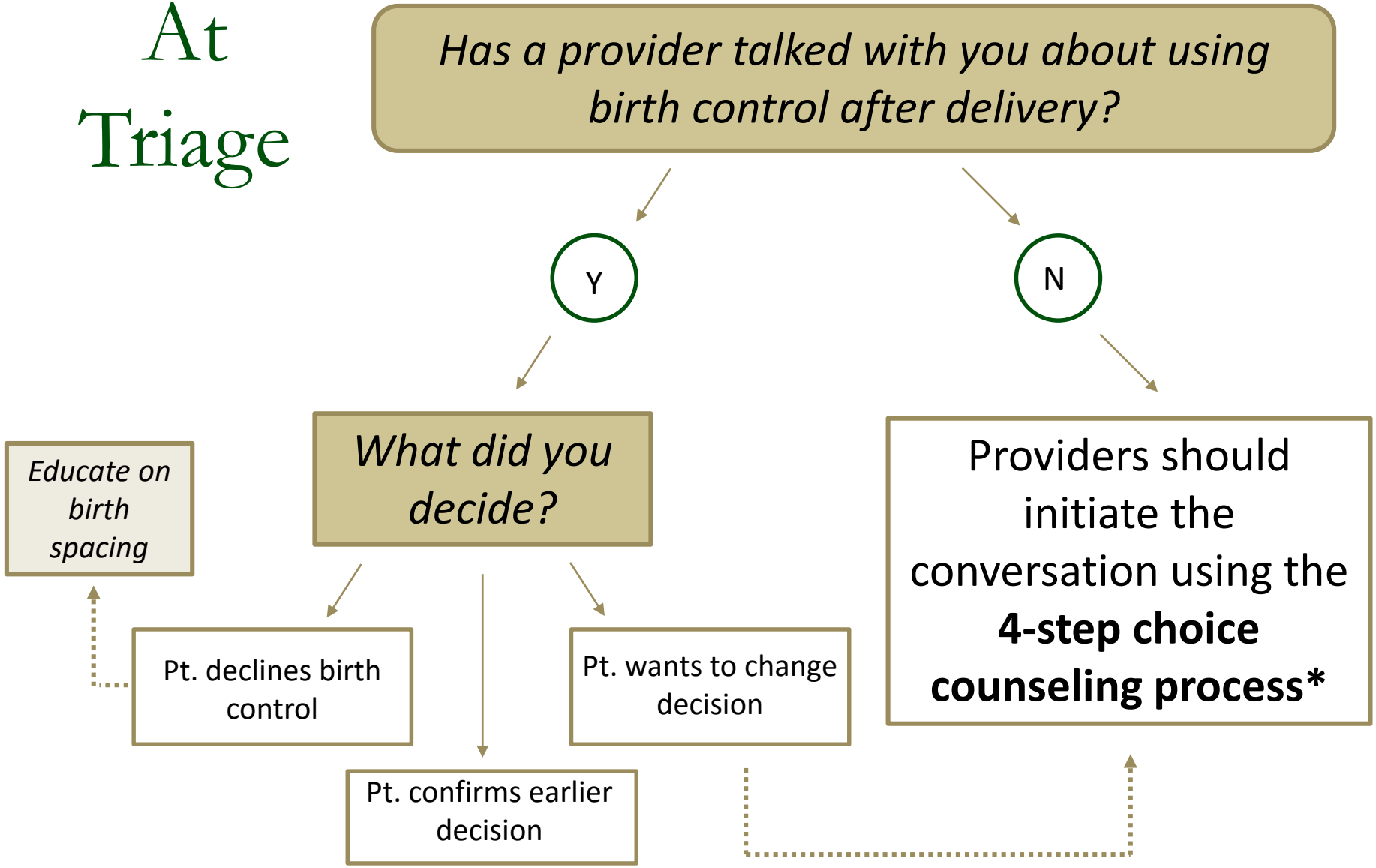
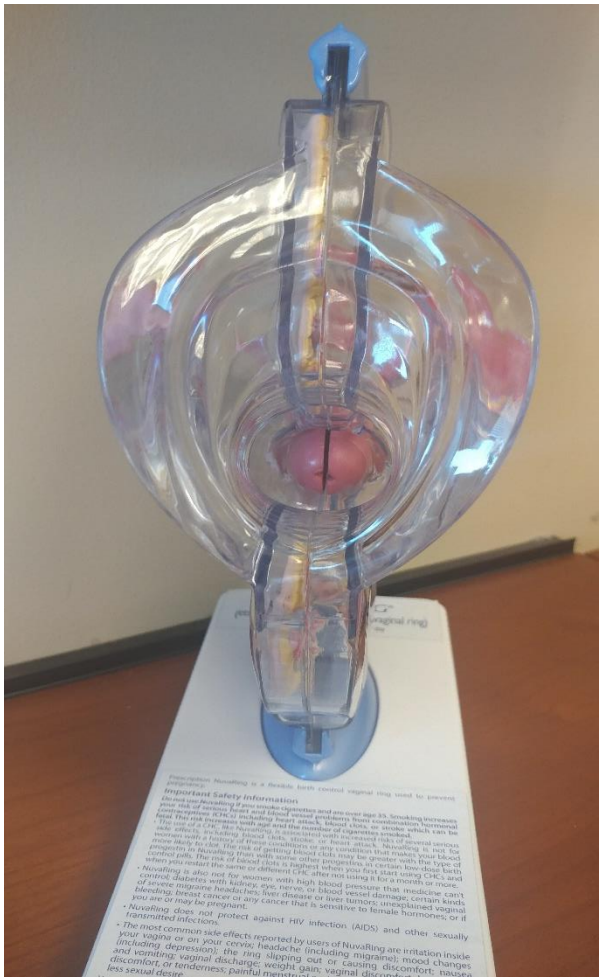
A Provider Should Discuss Contraception During a Woman's Delivery Hospitalization

At Triage



* Addressed in earlier slides

Insertion Procedure



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.

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

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SUMMARY

Counseling in the antepartum period…

- Can reduce the risk of short interval pregnancy and subsequent mother and infant health
- Is an opportune time to discuss the woman's desire for future pregnancies
  - Providers can use a variety of tools
  - Allows for reinforcing information over time
- Is the best time to document contraceptive counseling and choice

Counseling during the intrapartum period…

- May not be appropriate to provide in-depth counseling and information
  - Ex: patient in active labor (consider pain management)

- When possible:
  - Provide the most comprehensive and patient-centered counseling
  - Document patient decisions and assure them that they may be able to obtain contraception after delivery

Counseling during the postpartum period…

- Is the time to confirm final plans for postpartum contraception
- Allows women an additional opportunity to receive comprehensive contraceptive education and counseling
  - Offer postpartum LARC
- May require that contraceptive information be reinforced routinely over time

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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

What are the biggest challenges you think providers will face when providing contraceptive counseling to pregnant and postpartum women?

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Additional Resources

- For more resources, see…

[FPQC Access LARC Toolbox]

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SAMPLE MATERIALS

We recommend women wait at least 18 months before becoming pregnant again.

Do you know if and when you would like to have another child?

I'm ready.

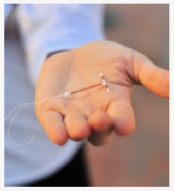
You want another baby soon. Being "ready" for pregnancy means that you are healthy now and will remain healthy through your pregnancy. Your provider may suggest that you wait 18 months before having another baby so you are healthy as possible.

Not sure?

You could get pregnant again soon after delivery but you may not know if that's what you want right now. Tell your provider this so they can help you learn about your options, including using birth control or preparing for pregnancy.

Patient Info Sheet
May 2018

What Is Immediate Postpartum LARC?



Intrauterine devices (IUD) and implants are known as long-acting reversible contraception (LARC). Women can get birth control right after delivery in the hospital. Getting LARC right after delivery can help prevent pregnancy.

A provider can insert LARC right *after delivery* or *before you leave the hospital.*

Comparing Options

IUD

The IUD is a small, T-shaped piece of plastic that goes inside the womb. Not all IUDs contain hormones.

Implant

The implant is a small, plastic rod that is placed under the skin of the arm. This contains hormones.

Why should I get LARC after delivery or before I leave the hospital? LARC…

⇒ You can get pregnant right after giving birth

⇒ Gives your body time to heal before getting pregnant again

⇒ Works for years after being inserted

⇒ Works better than other birth control: pill, ring, patch, shot and condoms

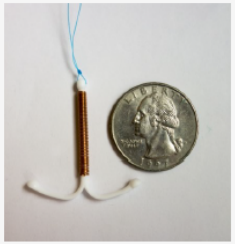
How do I know if I can get LARC?

Most women can get LARC but talk to your provider first

Patient Info Sheet
May 2018

What Is the Immediate Postpartum IUD?

The intrauterine device (IUD) can be inserted 10-15 minutes after delivery to prevent pregnancy. This is called immediate postpartum IUD. IUDs are inserted inside your womb by a provider.



Why should I get the IUD right after delivery?

- You can get pregnant after giving birth
- It gives your body time to heal before getting pregnant again
- It's convenient and you do not have to schedule a separate appointment

How does the IUD compare to other forms of birth control used after delivery?

- It works better than pills, rings, shots and condoms
- It won't keep you from breastfeeding

How do I know if I can get an IUD right after delivery?

Most women can get an IUD but talk to your provider first

What happens after I get an IUD?

- Follow the plan your provider shares with you
- Check that your IUD is in place (feel for strings)
- If your IUD falls out you need to use some other birth control
- IUDs do not protect against sexually transmitted diseases (STDs)—use condoms to prevent STDs

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QUESTIONS?

References

American College of Obstetricians and Gynecologists. 2016. "Optimizing Postpartum Care." Retrieved (https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Optimizing-Postpartum-Care).

American College of Obstetricians and Gynecologists. 2015. "Increasing Access to Contraceptive Implants and Intrauterine Devices to Reduce Unintended Pregnancy."

American College of Obstetricians and Gynecologists. 2016a. "Collaboration in Practice: Implementing Team-Based Care". Washington, DC. Retrieved (https://www.acog.org/Clinical-Guidance-and-Publications/Task-Force-and-Work-Group-Reports/Collaboration-in-Practice-Implementing-Team-Based-Care).

American College of Obstetricians and Gynecologists. 2016b. "Contraceptive Counseling." Retrieved (https://www.acog.org/Clinical-Guidance-and-Publications/Position-Statements/Contraceptive-Counseling).

American College of Obstetricians and Gynecologists. 2009. "Informed Consent." Retrieved (https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Ethics/Informed-Consent).

American Medical Association. 2012. "The AMA Code of Medical Ethics' Opinions on Informing Patients". *AMA Journal of Ethics. 14*(7). 555-6. *Retrieved March* 1, 2018. http://virtualmentor.ama-assn.org/2012/07/coet1-1207.html

Dehlendorf, C., Krajewski, C., & Borrero, S. (2014). Contraceptive counseling: best practices to ensure quality communication and enable effective contraceptive use. *Clinical obstetrics and gynecology*, *57*(4), 659.

Dickerson, Lori M. et al. 2013. "Satisfaction, Early Removal, and Side Effects Associated with Long-Acting Reversible Contraception." Family Medicine 45(10):701–7. Retrieved February 6, 2018 (http://www.ncbi.nlm.nih.gov/pubmed/24347187).

Guttmacher Institute. 2015. "Contraceptive Use in the United States." (1–4). Retrieved March 27, 2016 (http://www.guttmacher.org/pubs/fb_contr_use.html).

Institute of Medicine. 2001. No Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, DC. Retrieved (https://www.nap.edu/catalog/10027/crossing-the-quality-chasm-a-new-health-system-for-the).

Kapp, N., Curtis, K., & Nanda, K. 2010. "Progestogen-only Contraceptive Use Among Breastfeeding Women: A Systematic Review". *Contraception*, *82*(1), 17-37.

Maternal and Child Health Bureau. 2013. "Pregnancy Spacing." Child Health USA 2013.

Office of Disease Prevention and Health Promotion. 2016. "Family Planning Healthy People 2020." Retrieved March 24, 2017 (https://www.healthypeople.gov/2020/topics-objectives/topic/family-planning/objectives).

Shaamash AH, Sayed GH, Hussien MM, Shaaban MM. A Comparative Study of the Levonorgestrel-releasing Intrauterine System Mirena Versus the Copper T380A Intrauterine Device During Lactation: Breast-feeding Performance, Infant Growth And Infant Development. 2005. Contraception. 72:346–51

Sok, Christina, Jessica N. Sanders, Hanna M. Saltzman, and David K. Turok. 2016. "Sexual Behavior, Satisfaction, and Contraceptive Use Among Postpartum Women." Journal of Midwifery & Women's Health 61(2):158–65. Retrieved February 5, 2018 (http://www.ncbi.nlm.nih.gov/pubmed/26849286).

Turok, D. K., Leeman, L., Sanders, J. N., Thaxton, L., Eggebroten, J. L., Yonke, N., ... & Espey, E. (2018). Immediate Postpartum Levonorgestrel Intrauterine Device Insertion and Breast-Feeding Outcomes: A Noninferiority Randomized Controlled Trial. Obstetrical & Gynecological Survey, 73(1), 30-32.

UCSF Bixby Center for Global Reproductive Health. n.d. "Intrauterine Devices and Implants: A Guide to Reimbursement. Removal". Retrieved from http://larcprogram.ucsf.edu/removal

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FAQs

How do I know 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	
		≥40=2		18-45=1		18-45=1		18-45=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		2	
	b) Sickle cell disease‡	2		1		1		1		1		2	
	c) Iron-deficiency anemia	1		1		1		1		1		2	
Benign ovarian tumors	*(including cysts)*	1		1		1		1		1		1	
Breast disease	a) Undiagnosed mass	2*		2*		2*		2*		2		1	
	b) Benign breast disease	1		1		1		1		1		1	
	c) Family history of cancer	1		1		1		1		1		1	
	d) Breast cancer‡												
	i) current	4		4		4		4		4		1	
	ii) past and no evidence of current disease for 5 years	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	
Cervical intraepithelial neoplasia		2		1		2		2		2		1	
Cirrhosis	a) Mild *(compensated)*	1		1		1		1		1		1	
	b) Severe‡ *(decompensated)*	4		3		3		3		3		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		1	
	ii) lower risk for recurrent DVT/PE	3		2		2		2		2		1	
	b) Acute DVT/PE	4		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	
	ii) lower risk for recurrent DVT/PE	3*		2		2		2		2		2	
	d) Family history *(first-degree relatives)*	2		1		1		1		1		1	
	e) Major surgery												
	i) with prolonged immobilization	4		2		2		2		2		1	
	ii) without prolonged immobilization	2		1		1		1		1		1	
	f) Minor surgery without immobilization	1		1		1		1		1		1	
Depressive disorders		1*		1*		1*		1*		1*		1*	
Diabetes mellitus (DM)	a) History of gestational DM only	1		1		1		1		1		1	
	b) Non-vascular disease												
	i) non-insulin dependent	2		2		2		2		2		1	
	ii) insulin dependent‡	2		2		2		2		2		1	
	c) Nephropathy/retinopathy/neuropathy‡	3/4*		2		3		2		2		1	
	d) Other vascular disease or diabetes of >20 years' duration‡	3/4*		2		3		2		2		1	

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‡		1		1		1		1		4	2	4	2
Endometrial hyperplasia		1		1		1		1		1		1	
Endometriosis		1		1		1		1		1		2	
Epilepsy‡	*(see also Drug Interactions)*	1*		1*		1*		1*		1		1	
Gallbladder disease	a) Symptomatic												
	i) treated by cholecystectomy	2		2		2		2		2		1	
	ii) medically treated	3		2		2		2		2		1	
	iii) current	3		2		2		2		2		1	
	b) Asymptomatic	2		2		2		2		2		1	
Gestational trophoblastic disease	a) Decreasing or undetectable ß-hCG levels	1		1		1		1		3		3	
	b) Persistently elevated ß-hCG levels or malignant disease‡	1		1		1		1		4		4	
Headaches	a) Non-migrainous	1*	2*	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*	1*	
	ii) without aura, age ≥35	3*	4*	1*	2*	2*	2*	2*	2*	2*	2*	1*	
	iii) with aura, any age	4*	4*	2*	3*	2*	3*	2*	3*	2*	3*	1*	
History of bariatric surgery‡	a) Restrictive procedures	1		1		1		1		1		1	
	b) Malabsorptive procedures	COCs: 3 P/R: 1		3		1		1		1		1	
History of cholestasis	a) Pregnancy-related	2		1		1		1		1		1	
	b) Past COC-related	3		2		2		2		2		1	
History of high blood pressure during pregnancy		2		1		1		1		1		1	
History of pelvic surgery		1		1		1		1		1		1	
Human immunodeficiency virus (HIV)	High risk	1		1		1*		1		2	2	2	2
	HIV infected *(see also Drug Interactions)*‡	1*		1*		1*		1*		2	2	2	2
	AIDS *(see also Drug Interactions)*‡	1*		1*		1*		1*		3	2*	3	2*
	Clinically well on therapy	*If on treatment, see Drug Interactions*								2	2	2	2
Hyperlipidemias		2/3*		2*		2*		2*		2*		1*	
Hypertension	a) Adequately controlled hypertension	3*		1*		2*		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	
	ii) systolic ≥160 or diastolic ≥100‡	4		2		3		2		2		1	
	c) Vascular disease	4		2		3		2		2		1	
Inflammatory bowel disease	*(Ulcerative colitis, Crohn's disease)*	2/3*		2		2		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)*

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

For full access, visit:
https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html

Immediate PP 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?

- Pregnant women who have Medicaid should be able to receive LARC during their hospital stay and after discharge
- Women with private insurance should check with their insurer
- Providers should check women's insurance before offering these methods and communicate that they may gain access to this method after discharge through the health department or Federally Qualified Health Centers (FQHCs) for low or no cost

Do expulsion rates increase with immediate postpartum insertion?

- Expulsion of IUDs following immediate postpartum 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 IPP LARC insertions and 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 do 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