



Background & Significance:

Immediate Postpartum Long-Acting Reversible Contraception

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for Mothers and Babies



Unplanned Pregnancies

- 👉 Approximately 45% of all pregnancies and 75% of teen pregnancies are unintended in the U.S.
- 👉 In 2010, Florida's unintended pregnancy rate was 59%

Unplanned Pregnancies (con't)

- 👶 The total public costs for unintended pregnancies in 2010 was \$1.3 billion. This equates to \$371 per woman aged 15-44 in Florida, compared with \$201 per woman nationally.
- 👶 In one study of opioid using pregnant women, almost 9 out of 10 pregnancies were unintended.

Consequences of Unplanned Pregnancies

The consequences of unintended pregnancy include:

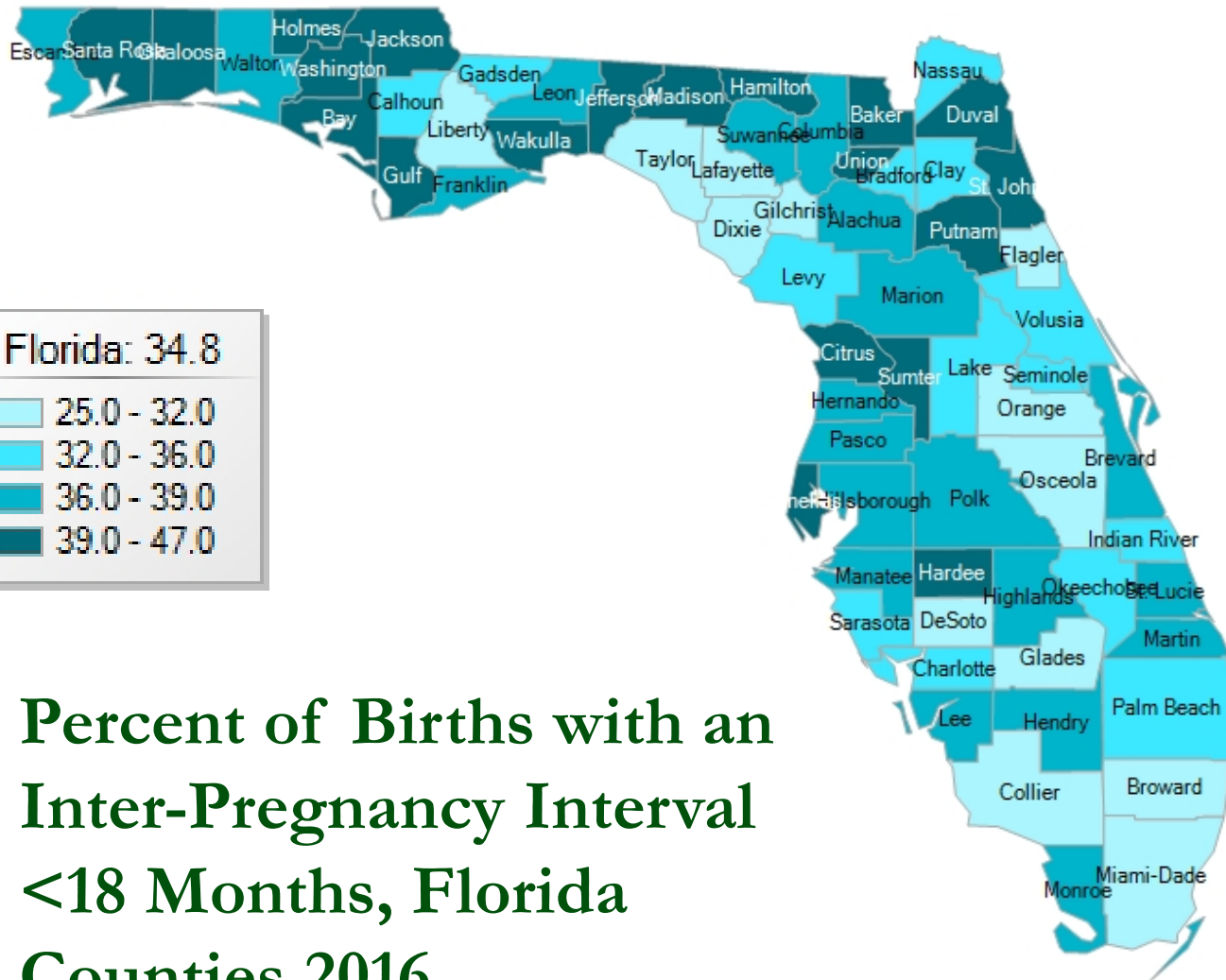
- 👶 Poor pregnancy outcomes (i.e., low birth weight, preterm birth, small for gestational age)
- 👶 Delayed initiation of prenatal care
- 👶 Lower breastfeeding rates
- 👶 Higher risk of maternal depression and potential future child maltreatment

Consequences of Short Interpregnancy Interval

- 👶 Interpregnancy interval is defined as the time between the delivery date of the previous birth and the conception date of the current pregnancy.
- 👶 Short interpregnancy interval, pregnancy occurring less than 18 months from a previous delivery, is associated with poor maternal and infant outcomes, including preterm birth, low birthweight and preeclampsia.

Consequences of Short Interpregnancy Interval

- 👉 Between 40 and 57% of women resume sexual activity before their postpartum check-up
- 👉 Up to 40% of women do not return for their 6-week postpartum visit
- 👉 40-75% of women who plan to use an IUD postpartum do not obtain it
- 👉 At least 70% of pregnancies in the first year postpartum are unintended



Percent of Births with an Inter-Pregnancy Interval <18 Months, Florida Counties 2016



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CONTRACEPTIVE OPTIONS

Contraceptive Options

HOW WELL DOES BIRTH CONTROL WORK?

Really, really well

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



The Implant (Nexplanon)

3 years



IUD (Skyla)

3 years



IUD (Mirena)

5 years



IUD (ParaGard)

12 years

No hormones



Sterilization, for men and women

Forever

What is your chance of getting pregnant?



Less than 1 in 100 women

Okay

For it to work best, use it...



The Pill

Every. Single. Day.



The Patch

Every week



The Ring

Every month



The Shot (Depo-Provera)

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



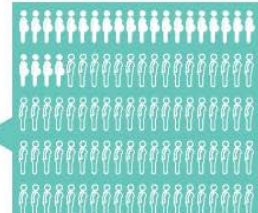
Fertility Awareness



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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Condition	Implant	LNG-IUD	Cu-IUD
Less than 10 minutes after delivery of placenta <ul style="list-style-type: none"> • Breastfeeding • Non-breastfeeding 	2 1	2 1	1 1
10 minutes after delivery of placenta to less than 4 weeks after delivery	2	2	2
More than 4 weeks after delivery	1	1	1

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.

LNG=levonorgestrel; Cu=copper; IUD=intrauterine device

*Centers for Disease Control and Prevention’s 2010 Medical Eligibility Criteria Classifications for Postpartum Long-Acting Reversible Contraception

Why LARC?

- What percent of women get pregnant in a year using a birth control method?
 - IUD or implant <1%
 - Birth control pills 9%
 - Male condoms 18%

Why LARC? (Con't)

- 👉 LARCs are a safe and cost effective option.
 - Devices provide 3–12 years of reversible birth control.
- 👉 The methods are reversible; can be removed at any time with restored fertility.
- 👉 No ongoing effort by the woman is required.

Support for LARC as among the most effective family planning methods

 ACOG

 CDC

 AAP

 CMS

 AAFP

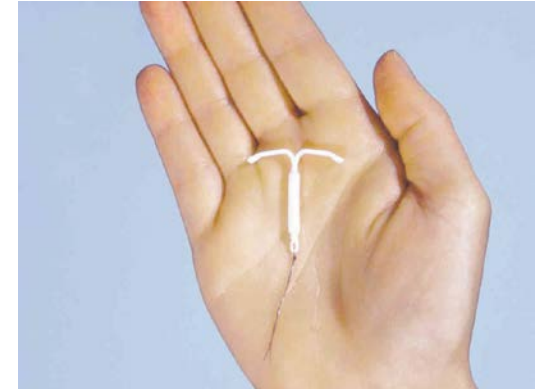
 ASTHO

 AWHONN



Why Postpartum LARC?

- ☺ Reduces incidence of low birth weight and prematurity
- ☺ Prevents potential for prenatal drug exposure with associated poor maternal and birth outcomes
- ☺ Reduces preventable NICU admissions and hospital length of stay



Terminology and Definitions

- ✓ **Immediate postpartum LARC**—any time during the patient's delivery hospitalization.
- ✓ **Immediate postplacental LARC**—any time during the 10 minutes following delivery of placenta; only refers to IUDs.
- ✓ **Late postpartum**—refers to placement after 48 hours and before four weeks post-delivery.
- ✓ **Interval LARC**—any time not related to pregnancy, often at the postpartum visit or during routine gynecologic care.

Why Immediate Postpartum LARC Might be a Good Choice for Your Patient?

Aligns with patients' experiences, intentions & values

- May have experienced prior contraceptive failure
- Desire to delay another pregnancy
- Motivated to obtain contraception
- Ease of the use of LARC
- Not pregnant!

Why Immediate Postpartum LARC Might be a Good Choice for Your Patient?

- 👤 **Uses current access to the healthcare system**
 - Costs, insurance coverage, & time make immediate postpartum LARC an accessible & affordable option



Why Discuss LARC during Prenatal Care Visits?

- 👶 Patients may not realize their risk for unintended pregnancy after delivery.
- 👶 Patients need time to make healthcare decisions; best decided before being admitted for delivery.
- 👶 Up to 40% of patients do not return for their six week postpartum visit.

“Thus, prenatal care visits are the opportune time to discuss LARC!”

IPP LARC Coverage Movement

In 2012, SC became the first state to unbundle LARC costs from global delivery fee

>half of states have implemented or are planning coverage for immediate postpartum LARCs

ACOG, AWHONN, CDC, CMS, ASTHO and others are supporting efforts to expand LARC use nationwide

Florida Medicaid Inpatient Hospital Services Coverage Policy

8.2 Specific Criteria

Florida Medicaid reimburses for inpatient hospital services using a DRG methodology, with the exception of:

- 👶 Infant and newborn hearing screening
- 👶 Intrathecal baclofen therapy pump
- 👶 **Long-acting reversible contraception**
- 👶 Transplant services
- 👶 Vagus nerve stimulator device

Cost Savings

- 👶 When taking into account the cost of an avoided pregnancy, immediate postpartum implant insertion is expected to save \$1,263 per patient.
- 👶 South Carolina's initial efforts to cover LARCs through Medicaid resulted in a first year cost for oral contraceptives (including the cost of expected unintended pregnancies) almost double that of immediate postpartum LARCs

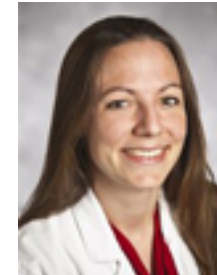
Purpose of Access LARC

- 👶 To **increase access** to immediate postpartum long-acting reversible contraception
 - Not currently an option in the vast majority of FL hospitals and clinics
- 👶 It is **not** to coerce women into choosing LARC
 - We will be providing you with training and materials on appropriate choice counseling throughout the initiative

Update of LARC: Revised Clinical Guidance from ACOG



Eve Espey, MD, MPH



Lisa Hofler, MD, MPH, MBA

ACOG Webinar
November 9, 2017 at 3 pm ET



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ADDRESSING FAQs

What about coercion concerns?

- ACCESS LARC promotes reproductive autonomy of all women
- It is a patient's right & our goal that women have the liberty to decide which, if any, birth control meets their reproductive needs, wants, preferences and desires.
- Historically some communities were targeted for public health programs. We advocate for a patient's right to use or not use contraception & to receive the best reproductive health care.
- We support clinicians and medical staff reiterating the goal and ensuring that patients understand their right to decline contraception (LARC) & to have it removed upon request.
- Suggested Resource: Long-Acting Reversible Contraception Statement of Principles from SisterSong and National Women's Health Network

How soon after delivery can LARC be placed?

- 👉 Implants can be placed immediately after delivery and at any time thereafter
- 👉 IUDs can be placed within 10 minutes of placental delivery for both vaginal & cesarean deliveries.



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.

Do expulsion rates increase with Immediate Postpartum Insertion?

- LARC expulsion with immediate postpartum insertion is higher than insertions at other time points.
- However, the cost-benefit of providing these methods immediately is greater because many women fail to return for follow-up appointments.

What are the side effects of LARCs?

- 👤 Women generally choose to discontinue LARCs because of the following reasons:
 - Irregular bleeding
 - Nausea
 - Depression or anxiety
 - Headaches

Do LARCs affect breastfeeding?

- 👉 Progestin-based contraceptives are safe for breastfeeding moms and babies. A systematic review of 43 studies showed no evidence of adverse effects (Kapp, Curtis & Nanda, 2010).
- 👉 No difference in lactogenesis or in length of time women reported breastfeeding for women with postpartum LARCs (Turok, 2017).

More breastfeeding information is provided in a later presentation.



Is backup contraception needed?

- No backup method of contraception is needed when a LARC is placed immediately after childbirth

Why not wait until the postpartum visit to insert the LARC?

- 👶 Up to 40% of women do not return for their 6-week postpartum visit
- 👶 40-75% of women who plan to use an IUD postpartum do not obtain it
- 👶 Between 40 and 57% of women resume sexual activity before their postpartum check-up

What if a woman wants to have the LARC removed?

- 👤 Long acting reversible contraceptive devices can be removed at any time by a trained practitioner in the provider's office and fertility is reestablished.
- 👤 If a woman no longer has a provider, county health department family planning clinics can remove the IUD or implant.



QUESTIONS?

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