Staff and Provider Training

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Partnering to Improve Health Care Quality
for Mothers and Babies

Goals of Staff and Provider Training

1. Ensure everyone involved is familiar with insertion procedures
2. Understand contraindications to immediate postpartum insertion
3. Train all providers prior to initial insertion

Immediate Postpartum Initiation of Long Acting Reversible Contraception

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Florida Perinatal Collaborative
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Disclosures

- None

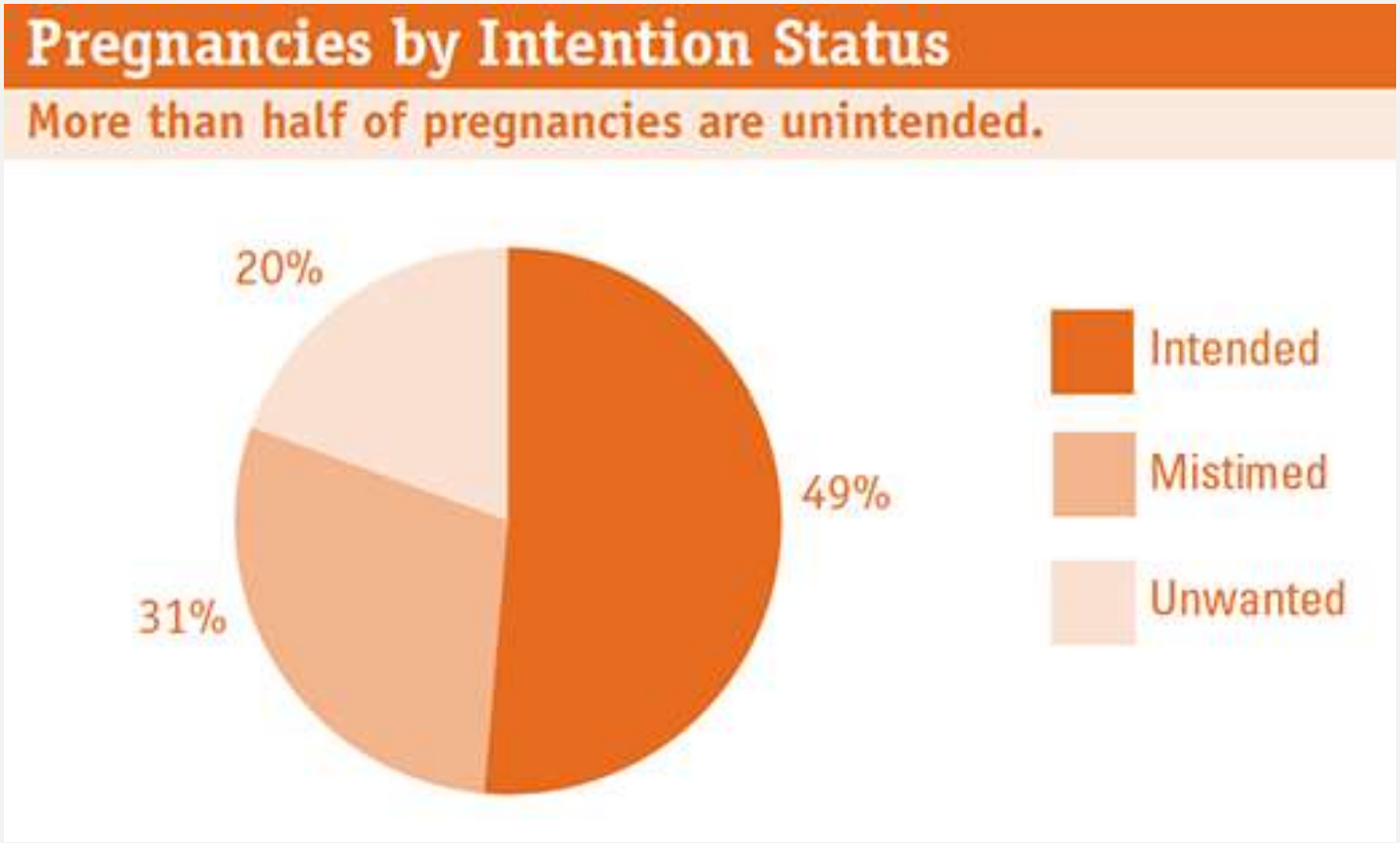
The NY Story (Why am I here?)

- NY Medicaid approved carve out code in 6/2014
- Routinely available IUDs/Implants on L and D at Montefiore since 7/2014
- About 6000 deliveries a year (2 sites)
- Place about 100 devices a month
- About 70/30 Public/Private Payer Mix
- Large OBGYN Residency

Learning Objectives

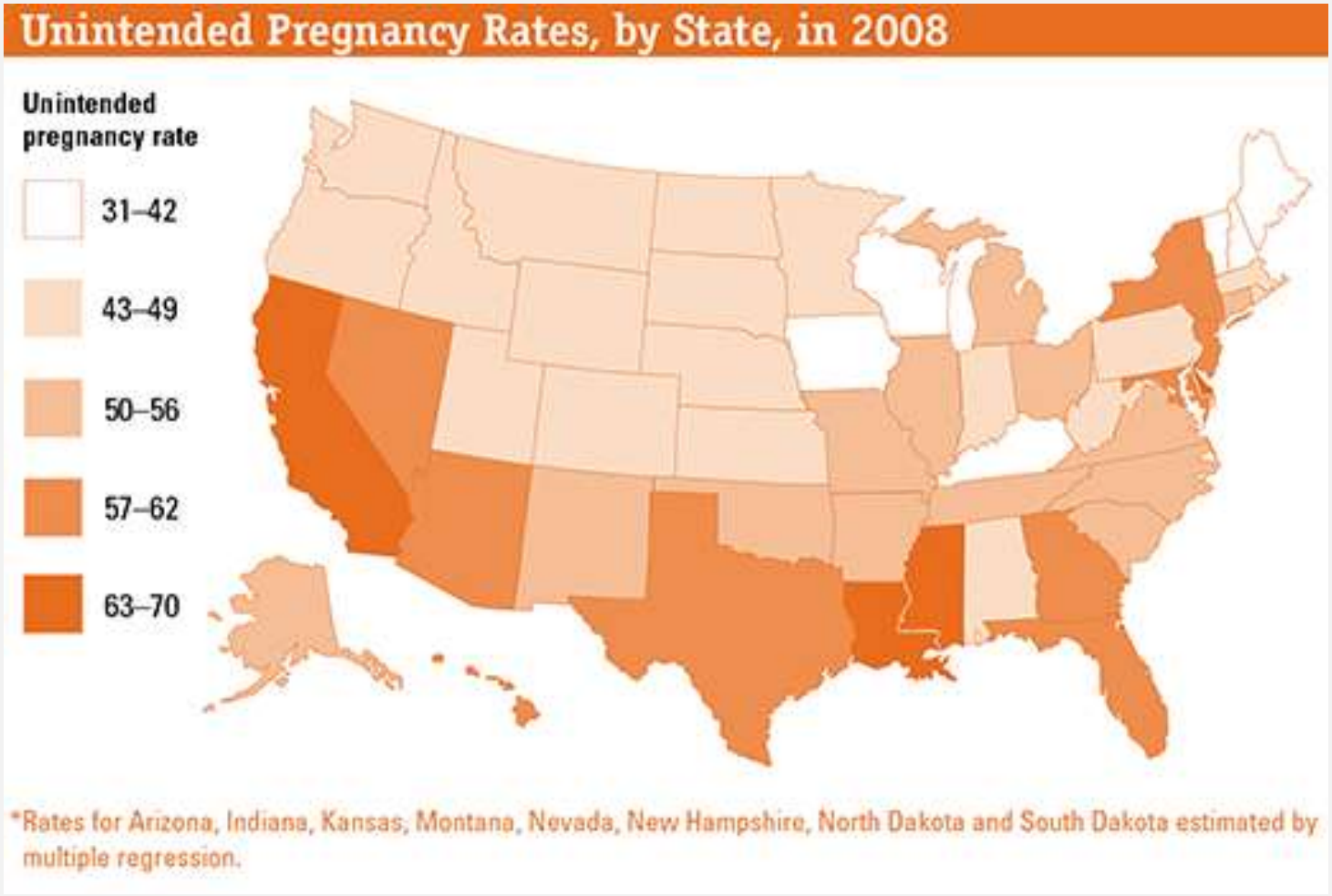
- Review available evidence regarding immediate postpartum initiation of IUDs/Implants
- Develop counseling and management techniques for the provision and management of immediate postpartum IUDs and Implants
- Review techniques for post-placental IUD insertion

The Problem

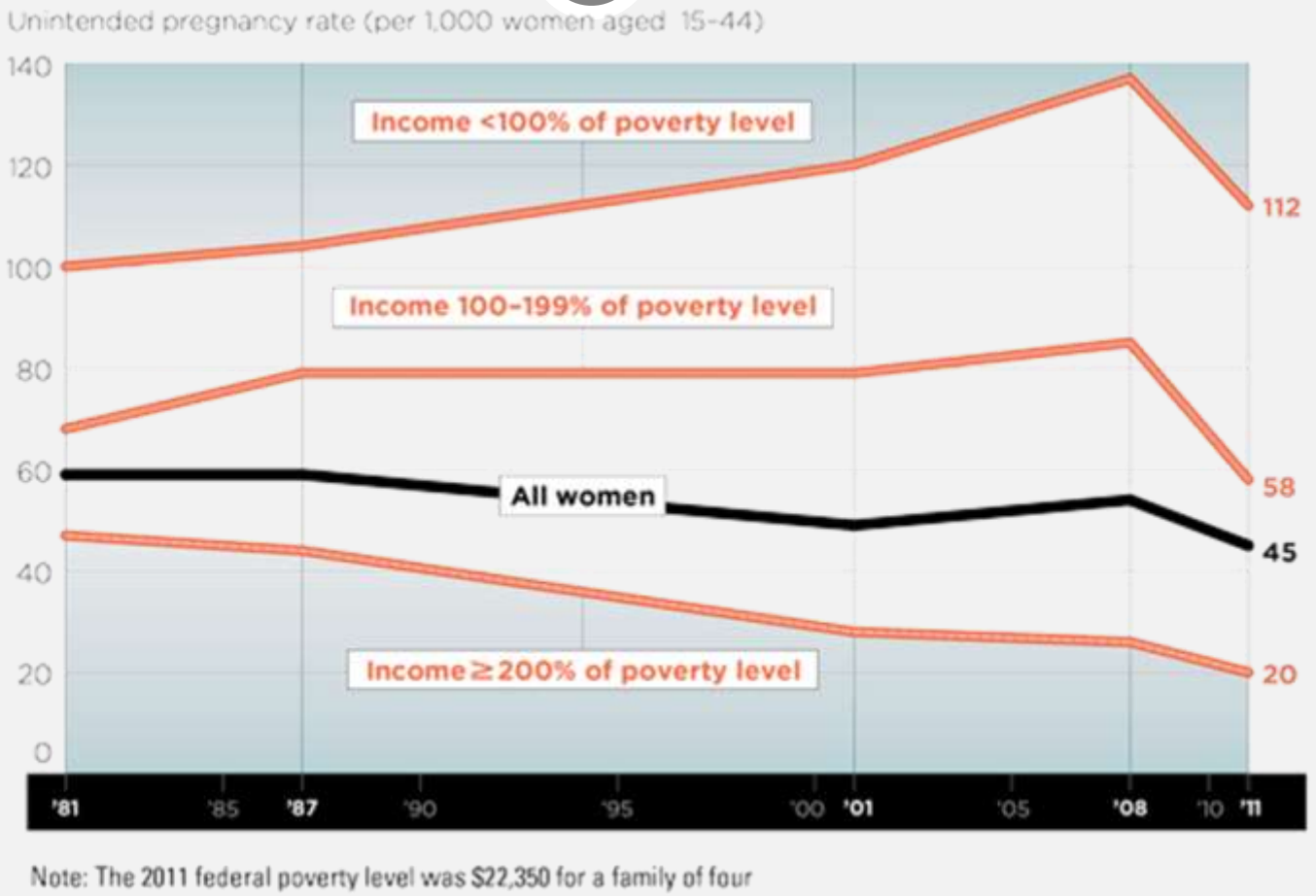


Finer LR, Zolna MB; *Contraception*; 2011

Unintended Pregnancy by State



Unintended Pregnancy



Note: The 2011 federal poverty level was $22,350 for a family of four

guttmacher.org

Pregnancy Spacing

- Inter-pregnancy interval of less than 6 months is associated with highest level of adverse perinatal outcomes
- WHO recommends a minimum of 24 months interpregnancy interval
- 33% of all pregnancies were conceived within 18 months of a previous birth (2006-2010)
  - Healthy People 2020 objective: 10% decrease

Zhu BP et al.; *N Engl J of Med*; 1999

Traditional Postpartum Care

- Contraceptive initiation and counseling delayed until 6 week postpartum visit
- Women advised to delay sexual activity
- Many women and providers believe breastfeeding is an effective method of contraception in the immediate postpartum period

Lactational Amenorrhea

- Different than exclusive breastfeeding
- Breastfeeding at regular intervals, including nighttime
- Infant’s total suckling experience has to be at the breast, no pacifiers
- Use of breast pump has not been studied

Postpartum Resumption of Ovulation

Non-breastfeeding women:

- Can begin to ovulate as early as 25 days postpartum
- Approximately 40% will ovulate by 6 weeks postpartum

Speroff L, Mishell DR, Jr; *Contraception*; 2008

Resumption of Sexual Activity

- The majority of women are sexually active by 6 weeks postpartum
- Teens are more likely to have resumed sexual intercourse- especially if they are living with their partner
- Women who delivered by cesarean more likely to be sexually active than women who had a vaginal delivery

Barrett G et al.; *Birth*; 2005

Barriers to Postpartum Contraception

- Low show rate for postpartum visits
  - Nationwide rates are between 40%-60%
  - 43% at Montefiore Medical Center
- 47% of women with unfulfilled sterilization requests will become pregnant within a year of delivery

Thurman AR et al; *Obstet Gynecol.* Nov 2010
Biggs MA et al; *Contraception*. Nov 2013

Women who “no-show” for PPV

- Unstable housing
- Difficulty with transportation
- Lack of childcare
- Issues communicating with providers

Bryant AS et al; *Mat and chld health j.* Nov 2006

Systemic Barriers

Barriers to LARC initiation exist even for the women who do return for a postpartum visit:

- IUDs and Implants not available at every clinical site
- Often 2 visits are required
- Insurance coverage can lapse at 6 weeks postpartum

Immediate Postpartum Period

- Unique and convenient time for contraceptive counseling and initiation
  - in the hospital
  - have access to a provider
  - are motivated
- 80% of postpartum women want to wait at least 2 years before having another child

Tang JH et al. *Contraception*; 2013

Contraceptive Counseling

Women who receive contraceptive counseling during the postpartum period have:

- increased rates of contraceptive use
- fewer unplanned pregnancies

Lopez et al.; *Cochrane Syst Rev*; 2010

Long-Acting Reversible Contraception

ACOG Says:

"Immediate postpartum LARC should be offered as an effective option for postpartum contraception; there are few contraindications to postpartum IUDs and Implants."

~

"OBGYNs and institutions should develop the resources, processes, and infrastructure including stocking of LARC devices in the L and D unit and coding and reimbursement strategies to support immediate LARC placement after vaginal and cesarean births"

Committee Opinion No. 670; August 2016

CDC MEC for LARC Postpartum

	Cu IUD	LNG IUD		Implant
<10 min after placental delivery	1	2	**Breastfeeding**	2
10 min – 4 weeks after delivery	2	2	**Non-Breastfeeding**	1
> 4 weeks after delivery	1	1		
Puerperal sepsis	4	4		

Timing of IUD insertion

Post-Placental:

- Within 10 minutes of delivery of placenta

Immediate Postpartum:

- 10 minutes - 48 hours after delivery

Interval Placement:

- 6 weeks or more after delivery

IUDs in the Postpartum Period

Cochrane Review- 2015

- Safe and Effective
  - No increase in infection, perforation, bleeding
- Higher expulsion rates when placed postpartum vs. interval placement
- Use of instruments, manual insertion, IUD modifications did not change expulsion rates
- Convenient for both the woman and her clinician

Lopez LM et al.; *Cochrane Syst Rev*; 2015

Postpartum IUDs and Expulsion

- After vaginal delivery
  - Expulsion rate about 20%-30%
- At time of cesarean delivery
  - Expulsion rate 8%
- Expulsion rates tend to be higher with LNG-IUS than Cu IUD (expert consensus)

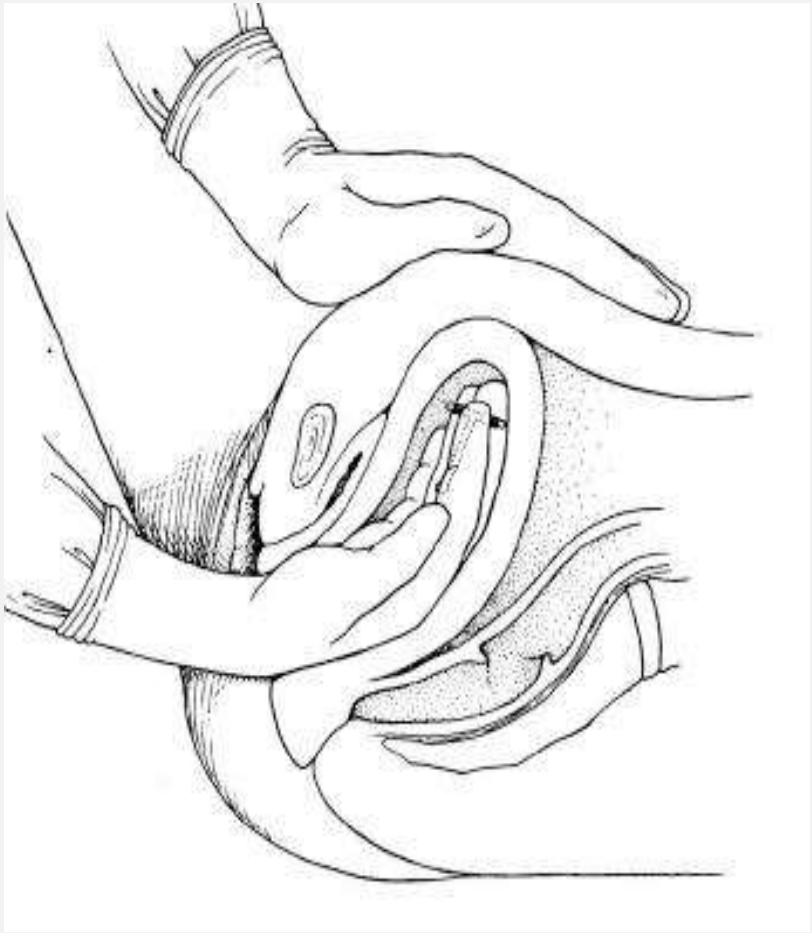
Chen BA et al. *Obstet Gynecol*; 2010
Levi EE et al. *Obstet Gynecol*; 2015
Celen et al. *Contraception;* 2004
Kapp et al. *Contrception;* 2009

Contraindications to PP IUD

- Chorioamnionitis
- Intrapartum Fever
- Rupture of Membranes >24hrs
- Uterine anomalies that deform uterine cavity
- Postpartum Hemorrhage?

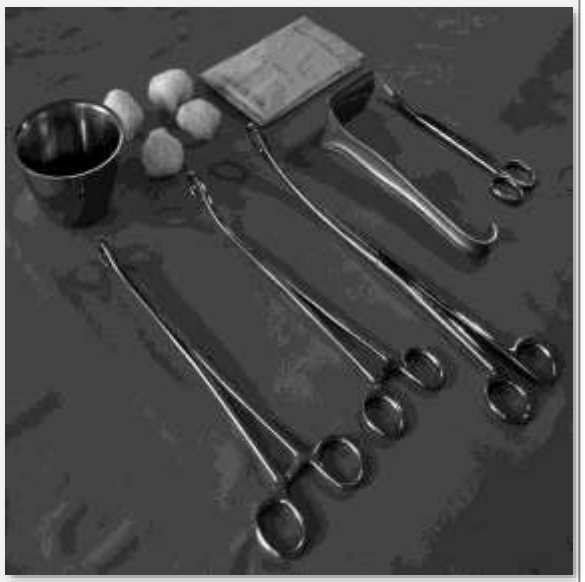
Placing IUDs at Vaginal Delivery

- IUDs may be placed using:
  - Inserter
  - Manually
  - Ring Forceps
- Ultrasound may be useful
- ACOG District II
  - Animated Video demonstrating insertion



PPIUD Insertion Equipment

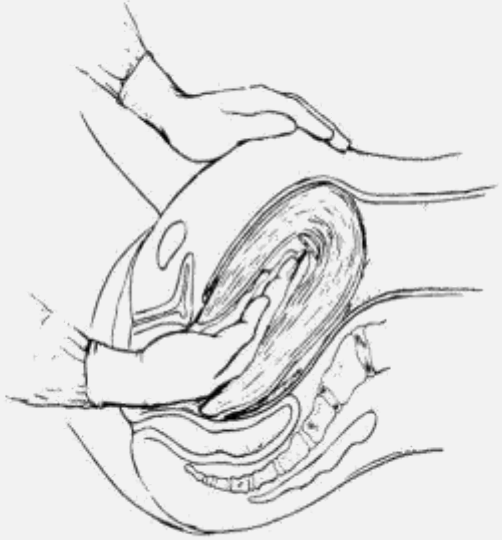
- Two Forceps - one for cervical traction and another for device placement
  - Kelly Placental forceps
  - Ring/Ovum forceps
- Method of vaginal retraction
- Scissors
- Light source
- Ultrasound recommended, not required
- IUD and its inserter



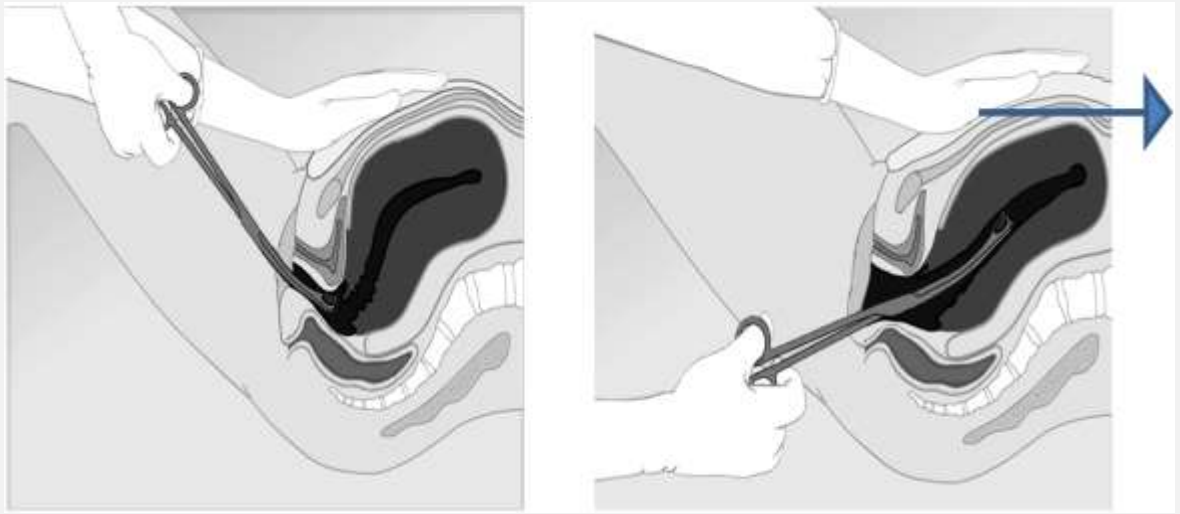
Voesdich AJ, Blumenthal PD. Contemporary OB/GYN, Jan 2012; 20-31.

Importance of Fundal Placement

Manual Insertion



Instrument Insertion



Strongly recommend ultrasound guidance, if available, especially for training but absence of ultrasound should never prevent insertion

Images courtesy of the ACQUIRE Project and JHPIEGO

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

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

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

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

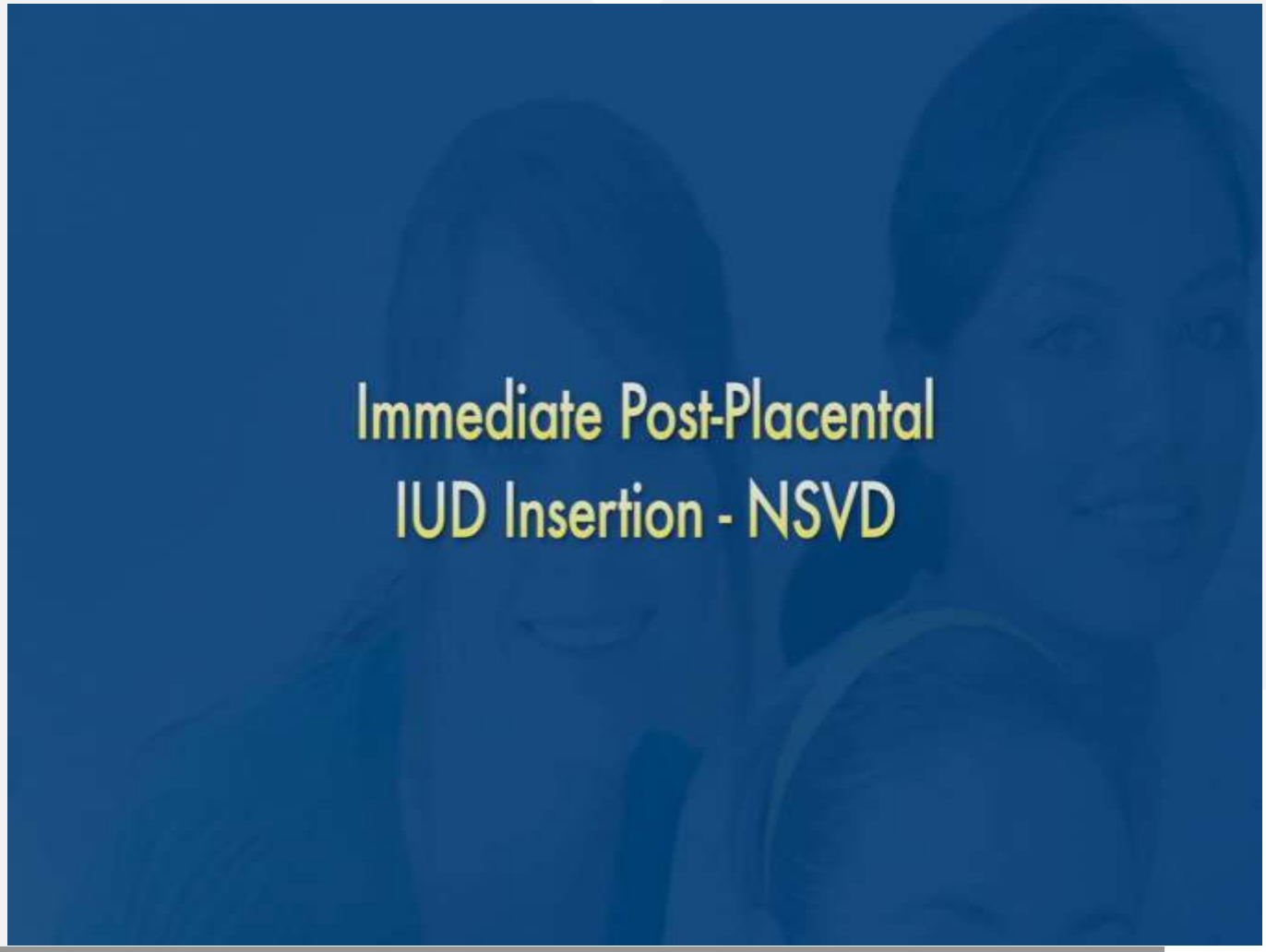
IUD Inserter Method

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

IPP IUD Simulation Video



ACOG District II LARC Task Force. https://cfweb.acog.org/district_ii/larc/section4.html

Patient Counseling

- Women should be counseled about the possibility of expulsion and taught about associated symptoms
- IUD strings:
  - May not be visible (especially with Cu IUD)
  - May become too long as uterine involution takes place. Strings may need to be trimmed prior to 6 week visit

Breastfeeding and IUDs

Copper T380A

- No concerns

LNG-IUS

- Initiation at or after 6 weeks postpartum does not affect milk supply
- Newer data shows no difference for immediate PP LNG-IUS

Chen BA et al.; *Contraception*; 2011
Shaamash AH et al.; *Contraception*; 2005

Contraceptive Implant

- Technically identical to interval insertion
- Timing can be anytime during hospital stay
- Initiation of the implant during hospital admission for delivery associated with significantly lower rates of rapid repeat pregnancy in adolescents (19% vs. 3%)

Tocce KM et al; *AJOG*; 2012

Breastfeeding and the Implant

- RCT showed no difference in time to lactogenesis in women who received implant within 3 days of delivery
- No difference in breastfeeding rates through 6 months postpartum

Gurtcheff SE et al; *Obstet Gynecol*; 2011

Lessons Learned

IUD Localization

- If strings are visible→ no sono needed
- If no strings visible→ sono to confirm IUD location is advised
- Most women do recognize an IUD expulsion

Radiology Reports of IUDs

- There is NO STANDARD measurement of "fundal location" of an IUD

- No portion of the IUD in cervix, patient is asymptomatic→ no reason to remove the IUD

- IUD removal with no strings:
  - Office sono-guided IUD removal (alligator forceps, NO IUD hook)
  - Hysteroscopy

Braaten, KP; *Obstet Gynecol*. 2011

IUD and Implant Discontinuation

Contraceptive CHOICE Project- 24 mo Continuation

- Copper IUD- 77%
- Levonogestrel IUD- 79%
- Implant- 69%
- Pills/Patch/Ring/DMPA- 41%

Postpartum Continuation

- IUDs- 91% and 89% at 6 and 12 mo PP
- Implant- 87%, 74%, 63% at 1,2,3 years
  - No increased discontinuation for bleeding

O,Neil-Callahan et al.; *Obstet Gynecol*; 2103
Woo I et. al; *Contraception*; 2015
Wilson S et. al; *Contraception;* 2014
Ireland LB et al; *Contraception*; 2014

Is it really cost-effective?

Immediate Postpartum Implant

- Prevents 191 Pregnancies per 1000 women
- Adding up to $1,263 saved per implant

Immediate Postpartum IUDs

- State saves $2.94 saved for every dollar spent on IUDs
- Remains cost-effective until expulsion/discontinuation rate reaches 70%

Gariepy A et al; *Obstet Gynecol*; 2015
Rodriguez MI et al; *Contraception*; 2009

Questions?

THANK YOU

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Access LARC Toolkit: Chapter 5

- 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.

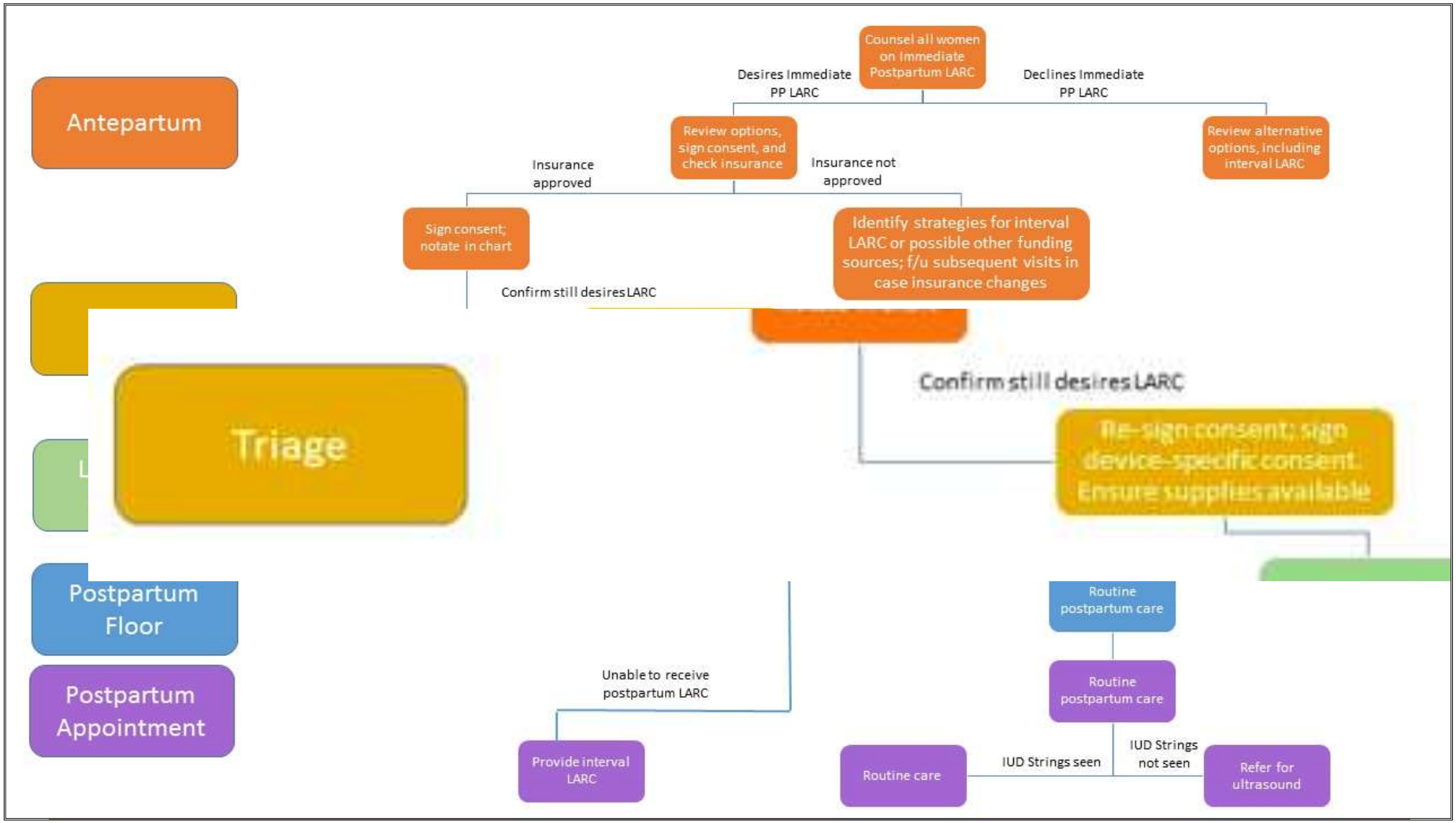
Staff Training

- **Staff in labor and delivery** should be trained in setting up and assisting with IUD and/or subdermal contraceptive implant insertion

- **Staff in the postpartum unit** should be trained in setting up and assisting with subdermal contraceptive implant insertion

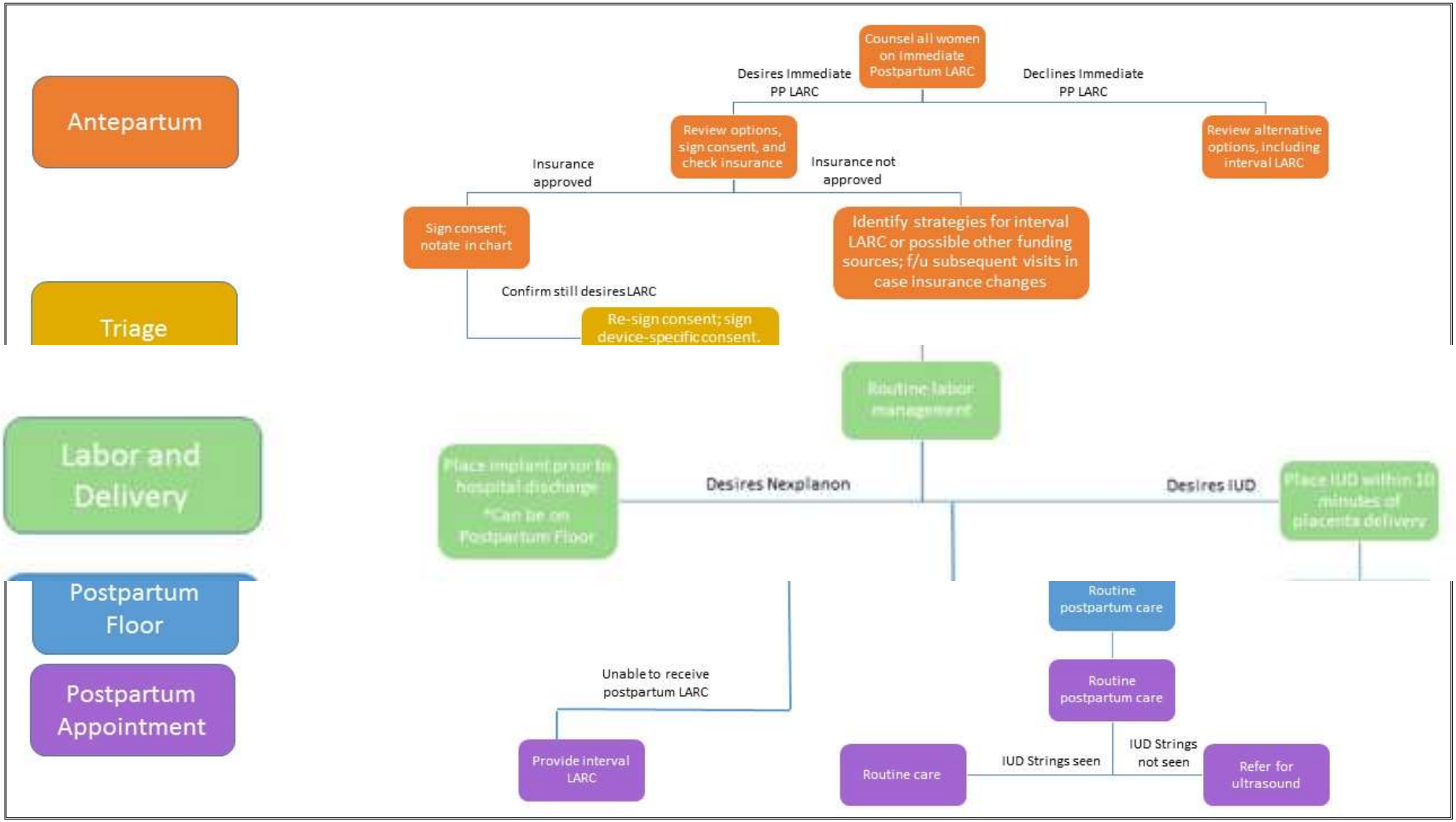
- **We will help you!**

From Chapter 4



Review the following at time of consent

- Expulsion risk
- Possibility of not being able to place due to obstetric complications
  - Postpartum hemorrhage
  - Chorioamnionitis
- More difficult removal if strings not visible,
- Duration of efficacy
- Bleeding profile of device,
- Infection and perforation risk
- Efficacy, and risk of ectopic pregnancy should pregnancy occur with LARC method in place


Antepartum
Triage
Labor and Delivery
Postpartum Floor
Postpartum Appointment
Counsel all women on Immediate Postpartum LARC
Desires Immediate PP LARC
Declines Immediate PP LARC
Review options, sign consent, and check insurance
Review alternative options, including interval LARC
Insurance approved
Insurance not approved
Sign consent; notate in chart
Identify strategies for interval LARC or possible other funding sources; f/u subsequent visits in case insurance changes
Confirm still desires LARC
Re-sign consent; sign device-specific consent.
Routine labor management
Place implant prior to hospital discharge *Can be on Postpartum Floor
Desires Nexplanon
Desires IUD
Place IUD within 10 minutes of placenta delivery
Routine postpartum care
Routine postpartum care
Unable to receive postpartum LARC
Provide interval LARC
Routine care
IUD Strings seen
IUD Strings not seen
Refer for ultrasound

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
- Individual hospitals may choose whether or not to recommend any specific technique
  - Techniques reviewed *in detail* in Chapter 5
  - https://cfweb.acog.org/district_ii/larc/section4.html

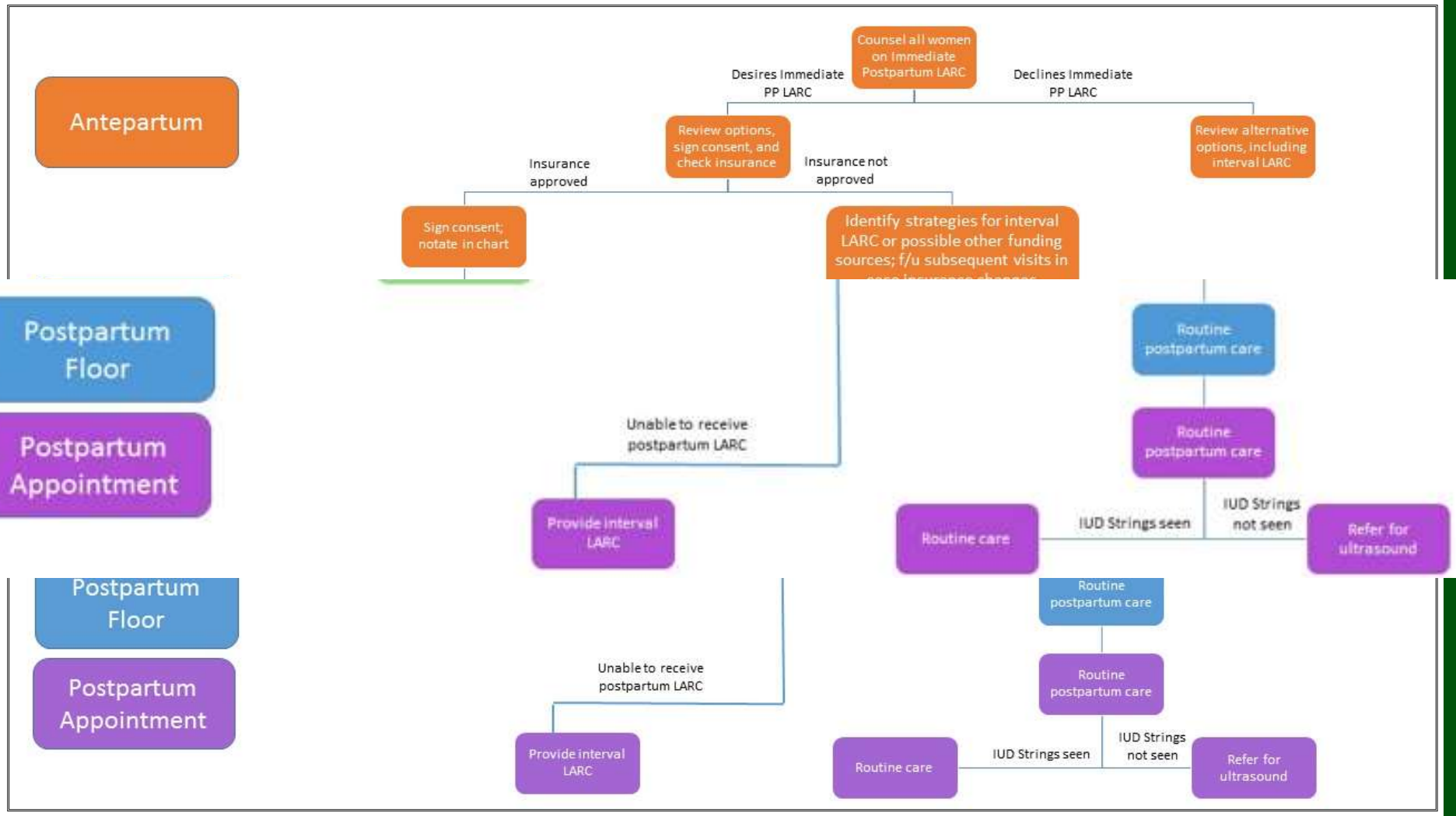
Postpartum Nexplanon Insertion

- 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

Nexplanon Risks and Side Effects

Review the risks and potential side effects:

- Risks:
  - pain, irritation, swelling or bruising at the insertion site,
  - scar tissue may develop around the implant,
  - if you become pregnant there is a slightly increased chance of having an ectopic pregnancy than in women who do not use birth control.
- Side effects:
  - longer or shorter bleeding during periods,
  - absence of periods, spotting between periods, and varying amounts of time between periods
  - implant migration, making it difficult to be removed.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IUD Strings seen
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Refer for ultrasound

Ensure patient has follow-up

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

Make full use of the collaborative!

- To ensure providers are adequately trained, please contact FPQC to set up a training session.
  - We are happy to set up a Grand Rounds and training session with enough advance notice
  - If you were trained today, YOU can train your providers!
- No proctoring required, or minimum amount of training necessary prior to placing IUDs.

Additional Assistance

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

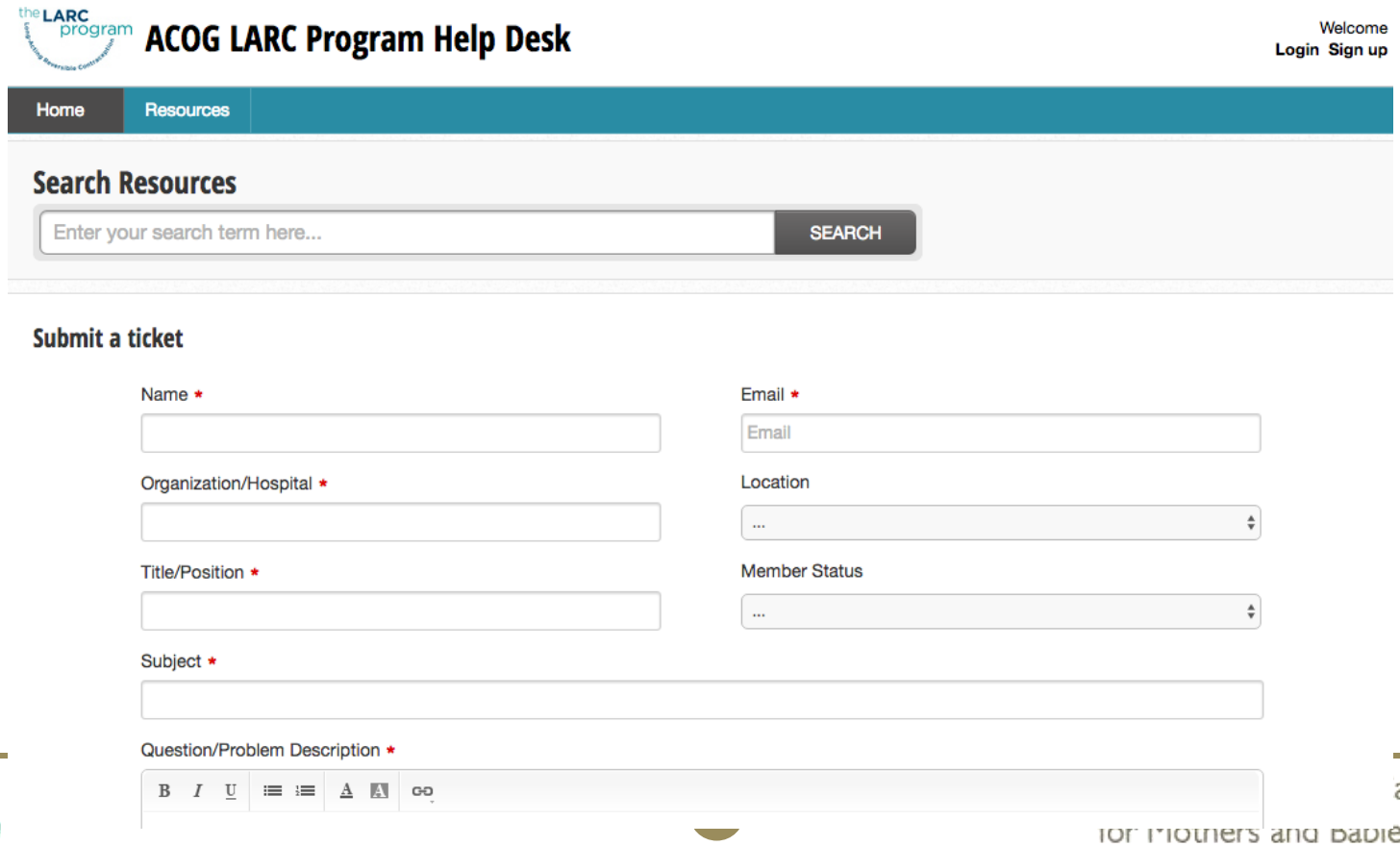
PCAI
Postpartum Contraceptive Access Initiative

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.

Additional Resources

- ACOG LARC Program Help Desk: www.acog.org/LARChelpdesk



Additional Resources

- ACOG District II: Long-Acting Reversible Contraception – A Hospital-Based Physician Initiative Video Series: https://www.acog.org/About-ACOG/ACOG-Districts/District-II/Long-Acting-Reversible-Contraception-LARC

- ACQUIRE Project Postpartum IUD Curriculum (supported by USAID): http://www.acquireproject.org/archive/html/10-training-curricula-and-materials/resources.html

- CARDEA Inserting LARC Immediately After Childbirth eLearning Course: http://www.cardeaservices.org/resourcecenter/inserting-long-acting-reversible-contraception-larc-immediately-after-childbirth

- Stanford Program for International Reproductive Education and Services (SPIRES) Postpartum IUD Insertion Model and Technique Demonstration: https://www.youtube.com/watch?v=uMcTsuf8XxQ

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