

Knowledge, attitudes and beliefs regarding
immediate postpartum LARC use among
patients and healthcare providers:
A systematic review



Chiles Center
Women, Children & Families



Introduction

- Short pregnancy intervals are associated with negative maternal and child health outcomes¹
- 43% initiated sex before 6-weeks, yet only half of those women used any form of contraception²
- Women may not return for their 6-week postpartum visit³

Introduction

- Immediate post-partum long-acting reversible contraception (iPPLARC) quality improvement initiatives are being implemented given the national priorities
- However, most literature focuses on iPPLARC administration and not on patient and provider thoughts, opinions or experiences about iPPLARC

Purpose

- This systematic review was to identify patients' and providers' knowledge, attitudes and beliefs regarding immediate postpartum LARC use as described in the literature

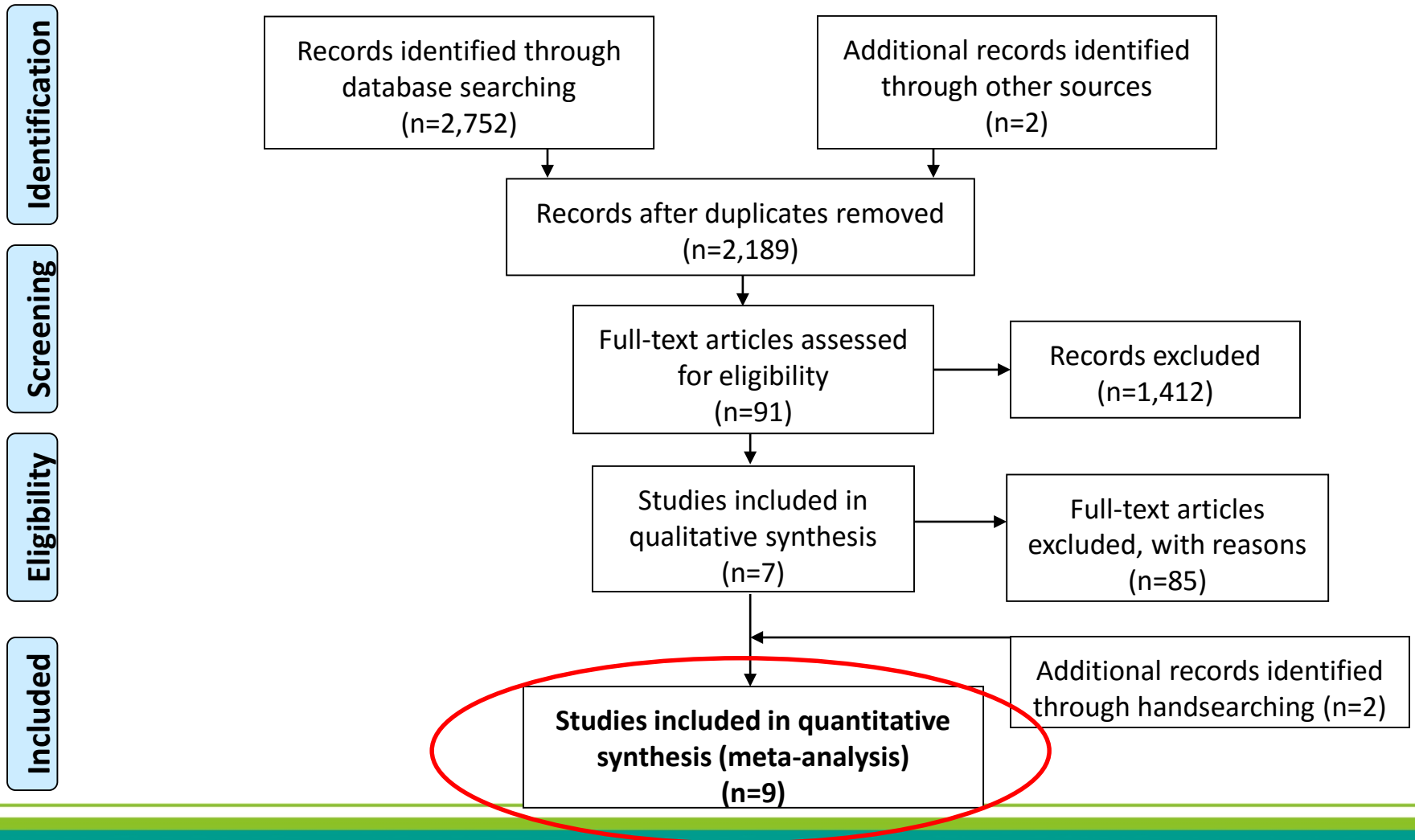
Methods

- Searched 5 databases for terms related to:
 - LARC
 - Immediate postpartum

- **Criteria**

Inclusion	Exclusion
Observational study	Full-text not available
U.S.-based	Excludes knowledge, attitude and belief constructs
Peer-reviewed	
English	

PRISMA



Patient-based Studies (n=3)

- Patients were satisfied with LARC (Levi et al., 2012; Woo et al., 2015)
 - 80% of women in 2 studies were **“happy”** or **“satisfied”** with LARC at 6 and 12 months
- If offered, patients would be willing to get LARC (Glazer et al., 2011)
 - 23% would have liked an IUD **immediately postpartum** and willingness increased with time (62%)

Provider-based Studies (n=6)

- In general, providers had a moderate amount of *knowledge* about post-delivery LARC (Luchowski et al., 2014; Holland et al., 2015)
 - Training improved provider knowledge at post and 6 months (Goldthwaite et al., 2016)
 - Lactation consultants had limited knowledge of when LARC could be administered (Dunn et al., 2016)
- Not all providers *believed* LARC was safe immediately postpartum (Rauh-Benoit et al., 2016)
 - The implant was considered safer to insert immediately compared to the IUD (Philliber et al., 2014)

Provider-based Studies (n=6)

- Providers expressed concern about comfort administering iPPLARC (Holland et al., 2015; Goldthwaite et al., 2016)
 - Provider comfort level was contingent on feeling like they had adequate training or the availability of LARC at their institution

Discussion

- Patients:
 - iPPLARC was favorable among users and non-users
- Providers:
 - Moderate knowledge
 - Some concerns about safety
 - Lack of skill in administration



Remaining Gaps

- Consideration for patient experiences related to iPPLARC decision-making
- Information on patient and provider needs and preferences for appropriate counseling

FPQC Next Steps

- Conducting focus groups to elicit thoughts, opinions and preferences regarding contraceptive counseling and iPPLARC among pregnant and postpartum women
- Developing education for providers on best practices regarding contraceptive counseling and shared decision-making
- Developing and packaging patient-centered materials for providers to use with patients

Thank you!

Questions?

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