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

• Short pregnancy intervals are associated with negative maternal and child health outcomes\(^1\)

• 43% initiated sex before 6-weeks, yet only half of those women used any form of contraception\(^2\)

• Women may not return for their 6-week postpartum visit\(^3\)
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

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<tr>
<th>Inclusion</th>
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<tbody>
<tr>
<td>Observational study</td>
<td>Full-text not available</td>
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<tr>
<td>U.S.-based</td>
<td>Excludes knowledge, attitude and belief constructs</td>
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<td>Peer-reviewed</td>
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<td>English</td>
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Records identified through database searching (n=2,752) → Additional records identified through other sources (n=2) → Records after duplicates removed (n=2,189) → Full-text articles assessed for eligibility (n=91) → Records excluded (n=1,412) → Full-text articles excluded, with reasons (n=85) → Additional records identified through handsearching (n=2) → Studies included in qualitative synthesis (n=7) → Studies included in quantitative synthesis (meta-analysis) (n=9)
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?
References


