Immediate Postpartum Long-Acting Reversible Contraception at MultiCare

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Unintended Pregnancy

Substantial social and economic consequences

- for individual women, families, and society
- increased risk for adverse birth outcomes
- increased health care costs
- 50% of pregnancies unintended
- 50% of unintended pregnancies with no contraception use
- Higher rates in young, minorities, & lower socio-economic status
- Unintended pregnancies = higher risk for mother and baby
Government expenditures on unintended pregnancies totaled $21 billion in 2010, and surpassed $400 million in 19 states.
The United States and the state of Washington continue to have high rates of unintended pregnancies and low use of LARCs.

- 50% of all pregnancies and 80% of teen pregnancies are unintended.
  - ½ of unintended pregnancies occur within 2 years following delivery.
- 1 in 5 teen births is a repeat birth.
- Only 7.2% of all women and less than 5% of teens use LARCs.
Repeat Teen Births (= having two or more pregnancies resulting in a live birth before age 20 years)

- 1 in 5 – nearly 1 in 5 births to teen mothers, ages 15 to 19 is a repeat birth
- About 183 repeat teen births occur each day in the US
- 1 in 5 – about 1 in 5 sexually active teen mothers use the most effective types of birth control after they have given birth
Furthermore...

- Almost 50% of women report having unprotected sex prior to their 6 week postpartum visit\(^1\)
- 50% of non-breastfeeding women ovulate by their 6 week postpartum visit\(^5\)
- 25% no-show in a study where teens offered free IUD and compensation post hospital discharge visit\(^5\)
- Insurance coverage/payment may be lost by 6 weeks\(^4\)
- Unintended pregnancy rate for poor women is >5 times the rate of women in the highest income bracket\(^2\)
- Low-income/minority women have higher rates of nonuse of contraceptives and are more likely to use less effective reversible methods such as condoms\(^2\)
…Prevent unintended pregnancies. Nearly half of all pregnancies are unintended. Risks associated with unintended pregnancy include low birth weight, postpartum depression, delays in receiving prenatal care, and family stress…

“Many repeat births could be prevented through postpartum use of long-acting reversible contraception (LARC) such as IUDs and implants. Counseling women during prenatal visits about postpartum contraception and offering women LARC in the hospital after delivery makes it easier for women to avoid unintended pregnancy.”
Why LARC?

LARCs are the most effective methods of reversible contraception, endorsed by the ACOG, AAP, and AAFP.

- Fewer than 1 in 100 women using an IUD or contraceptive implant will get pregnant within one year.
  - With typical use, 9 out of 100 women using the birth control pill and 18 out of 100 using male condom will get pregnant within one year.

- Women who used LARC had almost 4 times the odds of achieving an optimal birth interval.
Most Effective:
Implant 0.05% (3 years)
IUD 0.2-0.8% (3.5-10 years)
Sterilization 0.15-0.5%
• Subdermally inserted
• 68 mg etonogestrel suppresses ovulation
• Effective for 3 years
• Major side effect: unscheduled bleeding
• Cost ~ $825
• Most effective at pregnancy prevention
Types of Intrauterine Devices

A. Levonorgestrel (progesterone)
   - Mirena IUD (52 mg LNG), FDA approved 5yr (7)
   - Skyla IUD (13.5 mg LNG), FDA approved 3 yr
   - Liletta IUD (generic Mirena), FDA approved 4 yr
   - Cost $50~$865

B. Copper IUD (no hormone)
   - FDA approved 10 yr (12)
   - Also effective for emergency contraception
   - Cost ~$950 (Paraguard)
Adolescent LARC use

Decreases teen pregnancy rate

- Any LARC method decreases odds of rapid repeat pregnancy

- Further decreased odds if initiated in immediate postpartum period
  - 18.6% vs 2.6% (implant)
Increasing Access to Contraceptive Implants and Intrauterine Devices to Reduce Unintended Pregnancy

Increase access to contraceptive implants and intrauterine devices
Advocate for coverage and appropriate payment and reimbursement for every contraceptive method by all payers in all clinically appropriate circumstances
Adopt “best practice” for LARC insertion…including immediately postpartum and after second trimester abortion
Immediate Postpartum Long-Acting Reversible Contraception

ABSTRACT: Immediate postpartum long-acting reversible contraception (LARC) has the potential to reduce unintended and short-interval pregnancy. Women should be counseled about all forms of postpartum contraception in a context that allows informed decision making. Immediate postpartum LARC should be offered as an effective option for postpartum contraception; there are few contraindications to postpartum intrauterine devices and implants. Obstetrician–gynecologists and other obstetric care providers should discuss LARC during the antepartum period and counsel all pregnant women about options for immediate postpartum initiation. Education and institutional protocols are needed to raise clinician awareness and to improve access to immediate postpartum LARC insertion. Obstetrician–gynecologists and other obstetric care providers should incorporate immediate postpartum LARC into their practices, counsel women appropriately about advantages and risks, and advocate for increased access to LARC.
“Intrauterine devices and contraceptive implants are the most effective reversible contraceptives. The major advantage of LARCs compared with other reversible contraceptive methods is that they do not require ongoing effort on the part of the user for long-term and effective use…and return of fertility is rapid after the removal of the device”.”
Advantages of Immediate Postpartum Insertion

• Can be safely started immediately following delivery (very few contraindications)
• Reversible (alternative to sterilization)
• Improved access (no need to present again for care)
• Convenience for both patient and provider, minimal additional time required
• No additional tools required compared to interval insertion
Advantages of Immediate Postpartum Insertion

- Cervix is open
- Decreased side effects, pain, bleeding (masked by postpartum symptoms)
- Less risk of perforation
- Public health value outweighs cost of expulsion
Past Barriers to LARC Placement

- 50% OB/GYNs offer implant – “lack of patient interest & lack of training”
- Medicaid and private insurers $$$$$
- Provider reimbursement
- Hospital reimbursement for device and services separate from the global fee for delivery\(^3\)
Increasing awareness

- New ICD 10 Code for provider placement of IUD
References


