IPLARC Monthly Teams Webinar: Standardizing Comprehensive Contraceptive Counseling (Prenatal & Delivery Admission)

October 15, 2018
12:00 – 1:00 PM
Introductions

• Please enter for yourself and all those in the room with you viewing the webinar into the chat box your:
  • Name
  • Role
  • Institution
• If you are only on the phone line, please be sure to let us know so we can note your attendance
Tips for Accessing WebEx

- You must manually add the meeting to your calendar
- WebEx is currently unable to add the meeting to your calendar if you are accepting the meeting on a mobile device

Add to calendar by clicking either of these options

Call-in info
Call Overview

• Annual Conference Update
• Data Review
  – Reports are live!
  – Structure Measure Review
• Standardizing Comprehensive Contraceptive Counseling
  – Overview of counseling
  – Rachel Logan, MPH, CPH, Doctoral Candidate and Graduate Researcher, University of South Florida
• Team Talk: Northwestern Prentice Women’s Hospital
• Round Robin Discussion: Team updates on progress toward Go Live goals
• Key Players Meetings
Getting Ready for the ILPQC 6th Annual Conference

• **Register** for the ILPQC 6th Annual Conference [here](#) by **October 29, 2018**
  – Monday, November 5th, 2018 at the Westin Lombard Yorktown Center, Lombard, IL
  – 7-8am (Registration & Breakfast); 8am-5:15pm (Conference)
  – Reserve your room block [here](#).

• **Submit late-breaking poster session abstracts** [here](#) by **October 15th** (TODAY) to bring your poster to the conference
  – QI stories of successes, challenges, and plans for 2019 for MNO-OB, MNO-Neo, and IPLARC
  – Sustainability and maintaining gains in 2019 and beyond for HTN & GH
  – Family and patient engagement.

• **Check with your hospital/local health system if interested in sponsorship** opportunities for the ILPQC 6th Annual Conference no later than TODAY, **October 15**. Email Danielle.young@northwestern.edu for more details.

• All ILPQC Teams (MNO-OB, MNO-Neo, IPLARC, HTN, and GH): ILPQC will be recognizing teams for their incredible QI work at the annual conference.
  – Submit all of your initiative-specific data by TODAY **October 15th** make sure your team is eligible.
    • **Awards for Data Completion (IPLARC):** Make sure your team has submitted all baseline (April – June), July 2018, August 2018, and September 2018 data to be considered.

• Have one representative from your hospital [complete the Annual Conference Pre-Survey](#) by **October 19**.

• There will be a **Patient-Family Advisor** breakout session at the Annual Conference. We encourage you to invite your patient advisors to attend the conference. ILPQC will provide [free registration](#) to any patients who attend the meeting.
PROGRESS TOWARD AIMS AND REVIEW OF DATA
IPLARC Initiative Goals

- Increase access to IPLARC
- Systems Changes to OB Care Process Flow
- Implement IPLARC Protocol
- Stock LARC in Pharmacy
- Simplify IPLARC Billing
- Educate Patients on contraceptive options
- Educate Providers counseling and placement

Support birthing hospitals that provide contraception at the hospital level to implement best practice protocols.

Hospitals that do not provide contraception can participate with post-delivery outpatient alternative strategies.
<table>
<thead>
<tr>
<th>Aims and Measures</th>
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<tbody>
<tr>
<td><strong>Overall Initiative Aim</strong></td>
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<td><strong>Structure Measures</strong></td>
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<td><strong>Process Measure</strong></td>
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<td><strong>Outcome Measure, among participating hospitals</strong></td>
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“Go Live” date is March 2019 for Wave 1 teams!
This month’s topic: Comprehensive Contraceptive Counseling

Aim

- EMR/IT systems in place for IPLARC tracking
- Hospitals reimbursed for IPLARC insertion
- LARC devices available on site at the hospital for immediate postpartum insertion
- All OB/postpartum units equipped to provide IPLARC
- Patients aware of IPLARC as a contraceptive option
- Trained clinicians available to provide IPLARC

Primary Drivers

- Within 9 months of initiative launch, ≥75% of participating hospitals will be providing immediate postpartum LARCs.

Secondary Drivers

- Create order set for IPLARC
- Educate providers and staff on IPLARC documentation procedures
- Develop billing mechanism in place for Medicaid and private insurance
- Add devices to formulary
- Assure devices/kits available on all OB/postpartum units in timely manner
- Revise policies/procedures to provide IPLARC
- Educate clinicians and staff on the evidence and clinical recommendations of IPLARC
- Educate clinicians and affiliated prenatal care sites on contraceptive choice counseling
- Train clinicians on IPLARC insertion

Recommended Key Practices

1. Assure that all appropriate IT systems are modified to document acquisition, stocking, ordering, placement, counseling, consent, billing and reimbursement for IPLARC.
2. Assure billings codes are in place and that staff in all necessary departments are educated on correct billing procedures.
3. Have protocols in place for billing in/out of network, public/private insurance.
4. Establish communication channel and multidisciplinary support among appropriate departments.
5. Modify L&D, OB OR, postpartum and clinic works flows to include placement of LARC.
6. Store LARC devices on L&D and/or develop process for acquiring devices in a timely manner.
7. Educate providers, nurses, lactation consultants, social workers about clinical recommendations related to IPLARC placement and breastfeeding.
8. Educate clinicians, community partners and nurses on informed consent and shared decision making.
9. Connect with providers and staff at prenatal care sites to ensure they are aware the hospital is providing IPLARC and that education materials are available.
10. Distribute patient education materials that are culturally sensitive and use shared decision making to counsel patients about IPLARC.
11. Participate in hands-on training of IPLARC insertion.
Practice Changes for IPLARC Success – Pre-implementation

1. Assure early **multidisciplinary** support by educating and identifying **key champions** in all pertinent departments for your IPLARC QI team.

2. Establish **scheduled meetings for your team at least monthly**, assuring that all necessary departments are represented, **develop 30/60/90 day plan**, establish timeline to accomplish key steps.

3. **Establish and test billing codes** and processes to assure adequate and timely reimbursement (see toolkit).

4. **Expand pharmacy/ inpatient inventory capacity** and device distribution to assure timely placement on labor and delivery and postpartum units.

5. **Educate clinicians, nurses, pharmacy, and lactation consultants** about benefits and clinical recommendations related to IPLARCs (see toolkit for e-modules, slide decks, materials).

6. **Assure that all appropriate IT/EMR systems are modified** to document acquisition, stocking, ordering, placement, counseling, consent, billing and reimbursement for IPLARCs (dot phrases to document counseling and placement, consent forms, order set, billing framework see toolkit examples).

7. **Modify L&D, OB OR, postpartum, and clinic work flows** (protocols/process flow/checklists) to include counseling, consent, and placement of IPLARC (see toolkit for example).
Practice Changes for IPLARC Success – Implementation

8. **Establish consent processes for IPLARC** that allows for transfer of consent from prenatal clinic as well as obtaining inpatient consent (see toolkit for examples).

9. Develop **educational materials and shared decision making counseling practices** to educate patients about the **availability of IPLARC as a contraception option** (outpatient prenatal care locations, L&D, postpartum) (see toolkit for examples).

10. **Educate clinicians, and nurses** on informed consent and shared decision making related to IPLARC as well as IPLARC placement and documentation (see toolkit for ILPQC/ACOG training, e-modules, slide decks, education materials).

11. **Standardize system / protocol / process flow** to assure all patients receive comprehensive contraception choice counseling including IPLARC in affiliated prenatal care sites and during delivery admission.

12. **Communicate launch date of hospital’s IPLARC capability** to all providers, nurses and affiliated prenatal care sites: communicate protocols, documentation and billing strategies.

13. **Track and review IPLARC data, collected monthly through ILPQC REDcap data system with real-time data reports**, share data with providers and nurses and review standardized counseling for prenatal sites and labor and delivery and IPLARC uptake, to evaluate program success and sustainability.
IPLARC Toolkit Sections

• Introduction
1. Initiative Resources
2. National Guidance
3. Documentation of IPLARC Placement
4. Coding/Billing Strategies
5. Stocking IPLARC in Inpatient Inventory
6. Example Protocols
7. Referral Strategies for Providing Immediate Post-Discharge LARC
8. Provider & Nurse IPLARC Education
9. Patient Education
10. Other IPLARC Toolkits
Implementing Comprehensive Contraceptive Counseling

- Resources are available in the IPLARC toolkit
  - Provider education on counseling
  - Patient education materials
  - Example consents
What data are you collecting to drive QI?

• **Structure Measures:**
  – Hospital progress on initiative Aims:
  – Red/yellow/green (not started, started, completed)
    • IPLARC devices stocked
    • Protocols in place
    • Coding/billing
    • Documentation
    • Standardized patient education
    • System-wide communication
What data are you collecting to drive QI?

• **Process Measures:**
  – % of Physician and midwife educated on IPLARC
  – % of Nurse, lactation consultant, and social worker educated on IPLARC

• **Outcome Measures:**
  – # of deliveries for the month
  – # of IUDs and # of implants placed for the month
  – Random sample of 10 deliveries report
    • # comprehensive contraceptive counseling documented prenatal
    • # comprehensive contraceptive counseling documented delivery admission
Data and Reports

- Teams submitting all baseline (April – June) and monthly data through September 2018 by October 15 will be recognized at the ILPQC 6th Annual Conference
- **14 teams have submitted any data**
- Ongoing data due the 15th of the following month of data collection (i.e., September 2018 data due October 15, 2018).

REPORTS ARE LIVE!
Default displays the last month of data entered by your hospital

Use this dashboard to drive your team’s QI work!
Structure Measure Reports

Hexagons are colored to indicate team progress on the structure measure from month-to-month.

- **In Place**
- **Working On It**
- **Have Not Started**
- **Goal**
Hospitals Providing IPLARC

Percent of Hospitals Providing Any IPLARC

Percent of Hospitals Providing IUDs/Implants

Hospitals Providing IUDs
Hospitals Providing Implants
IPLARC on Formulary

Percent of Hospitals with Inpatient **IUDs** Available on Hospital Formulary

<table>
<thead>
<tr>
<th>Month</th>
<th>In Place</th>
<th>Working On It</th>
<th>Have Not Started</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr 2018</td>
<td>25%</td>
<td>16.67%</td>
<td>41.67%</td>
<td>50%</td>
</tr>
<tr>
<td>May 2018</td>
<td>25%</td>
<td>16.67%</td>
<td>41.67%</td>
<td>50%</td>
</tr>
<tr>
<td>Jun 2018</td>
<td>27.27%</td>
<td>33.33%</td>
<td>41.67%</td>
<td>50%</td>
</tr>
<tr>
<td>Jul 2018</td>
<td>30.77%</td>
<td>40.15%</td>
<td>23.08%</td>
<td>10%</td>
</tr>
<tr>
<td>Aug 2018</td>
<td>40%</td>
<td>36.36%</td>
<td>23.08%</td>
<td>10%</td>
</tr>
<tr>
<td>Sep 2018</td>
<td>10%</td>
<td>58.13%</td>
<td>36.36%</td>
<td>80%</td>
</tr>
</tbody>
</table>

Percent of Hospitals with Inpatient **Implants** Available on Hospital Formulary

<table>
<thead>
<tr>
<th>Month</th>
<th>In Place</th>
<th>Working On It</th>
<th>Have Not Started</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr 2018</td>
<td>41.67%</td>
<td>16.67%</td>
<td>36.36%</td>
<td>50%</td>
</tr>
<tr>
<td>May 2018</td>
<td>41.67%</td>
<td>16.67%</td>
<td>36.36%</td>
<td>50%</td>
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<tr>
<td>Jun 2018</td>
<td>36.36%</td>
<td>36.36%</td>
<td>25%</td>
<td>50%</td>
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<tr>
<td>Jul 2018</td>
<td>27.27%</td>
<td>41.67%</td>
<td>33.33%</td>
<td>50%</td>
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<tr>
<td>Aug 2018</td>
<td>25%</td>
<td>53.85%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Sep 2018</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
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IPLARC on L&D/Postpartum

Percent of Hospitals with LARC Devices on L&D or Postpartum Unit

![Graph showing the percent of hospitals with LARC devices from April 2018 to September 2018.](image)
IPLARC Protocols in Place

Percent of Hospitals with Immediate Postpartum Protocols in Place and Process Flows in Place for IUDS

- April 2018: 15% In place, 38% Working on it, 46% Have not started
- May 2018: 15% In place, 38% Working on it, 46% Have not started
- June 2018: 17% In place, 42% Working on it, 46% Have not started
- July 2018: 15% In place, 38% Working on it, 46% Have not started
- August 2018: 15% In place, 38% Working on it, 46% Have not started
- September 2018: 27% In place, 54% Working on it, 73% Have not started

Percent of Hospitals with Immediate Postpartum Protocols in Place and Process Flows in Place for Implants

- April 2018: 15% In place, 38% Working on it, 46% Have not started
- May 2018: 15% In place, 38% Working on it, 46% Have not started
- June 2018: 17% In place, 42% Working on it, 46% Have not started
- July 2018: 15% In place, 38% Working on it, 46% Have not started
- August 2018: 15% In place, 38% Working on it, 46% Have not started
- September 2018: 27% In place, 54% Working on it, 73% Have not started
IPLARC Billing Codes

Percent of Hospitals with Billing Codes Implemented for **IUDs**

<table>
<thead>
<tr>
<th>Month</th>
<th>Apr 2018</th>
<th>May 2018</th>
<th>Jun 2018</th>
<th>Jul 2018</th>
<th>Aug 2018</th>
<th>Sep 2018</th>
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<tbody>
<tr>
<td>In Place</td>
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<td>16.67</td>
<td>30.77</td>
<td>40</td>
</tr>
<tr>
<td>Working On It</td>
<td>8.33</td>
<td>8.33</td>
<td>27.27</td>
<td>41.67</td>
<td>38.46</td>
<td>50</td>
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<tr>
<td>Goal</td>
<td>8.33</td>
<td>8.33</td>
<td>27.27</td>
<td>41.67</td>
<td>38.46</td>
<td>50</td>
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Percent of Hospitals with Billing Codes Implemented for **Implants**

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<tr>
<th>Month</th>
<th>Apr 2018</th>
<th>May 2018</th>
<th>Jun 2018</th>
<th>Jul 2018</th>
<th>Aug 2018</th>
<th>Sep 2018</th>
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<td>50</td>
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STANDARDIZING COMPREHENSIVE CONTRACEPTIVE COUNSELING
IPLARC Standardized Patient Education at Prenatal Sites

Percent of Hospitals that have Provided Standardized Education Materials and Counseling Protocols to Affiliated Prenatal Care Sites
IPLARC Inpatient Patient Education & Counseling Protocols

Percent of Hospitals with Standardized Education Materials and Counseling Protocols during Delivery Admission

![Bar Chart showing the percentage of hospitals with standardized education materials and counseling protocols across different months from April 2018 to September 2018.](chart.png)
Implementing Comprehensive Contraceptive Counseling

• Work with outpatient affiliated prenatal sites to standardize comprehensive contraceptive counseling including IPLARC and patient education materials

• Work with L&D/Prenatal Care Sites to document contraceptive counseling and postpartum BC plan in the medical record (facilitate dot phrase) – *this will really help with counseling data*

• Standardize approach for comprehensive contraceptive counseling, including IPLARC, during delivery admission if counseling/plan not documented prenatally

• Identify patients desiring IPLARC on arrival to L&D and utilize checklist so that consent, IPLARC packet, device are obtained prior to delivery and appropriate billing/documentation occurs.

• Standardize post-procedure follow-up /counseling
Implementing Comprehensive Choice Counseling for Access LARC
Florida Perinatal Quality Collaborative

Rachel G. Logan, MPH, CPH
University of South Florida

Partnering to Improve Health Care Quality for Mothers and Babies
Objectives

Describe FPQC recommendations for implementing communication procedures of the Access LARC initiative in various settings

Discuss how hospitals can develop and standardize procedures for various settings

Strategize ways to implement comprehensive choice counseling for the ILPQC immediate postpartum LARC initiative
ACCESS LARC INITIATIVE
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
FPQC Supportive Activities

Provider Training
- Technical Insertion Training
- Comprehensive Choice Counseling

Developing and Testing Patient Resources
- Patient resources providers and partners can use

Assisting with Implementation and Evaluation
- Technical assistance with implementing initiative
- Monitoring and evaluating hospital data
Recommended Key Practices - Communication

**Pre-Implementation**
- Assure that all appropriate IT systems can document counseling and consent for IPP LARC
- Modify L&D, OB OR, postpartum and clinic work flows to include IPP LARC placement

**Implementation**
- Establish consent processes
- Provide patients with culturally appropriate and tailored information
- Educate clinicians and community partners about comprehensive choice counseling
- Ensure patients receive comprehensive choice counseling prior to discharge
Access LARC Toolkit

Appendix A: Key Drivers Diagram

Chapter 4: Policies and Procedures

Chapter 6: Patient Education and Counseling

https://health.usf.edu/publichealth/chiles/fpqc/larc/toolbox
Appendix A: Key Drivers Diagram

Within 15 months of project start, 80% of participating hospitals will be providing immediate postpartum LARCs.

- **Aim**
  - LARCs are available for immediate postpartum insertion
  - Hospitals are able to receive reimbursement for LARC insertion
  - Reporting mechanisms are in place to enable tracking of immediate postpartum LARC device placement
  - Clinic, labor and delivery, OB OR, and postpartum units are equipped to offer and perform immediate postpartum LARC insertion
  - Trained clinicians are available to provide immediate postpartum LARC insertion
  - Patients are aware of the contraception option of immediate postpartum LARC insertion

- **Primary Drivers**
  - Establish multidisciplinary pLARC team
  - Add devices to formulary
  - Assure timely access to devices
  - Revise policies/procedures to provide pLARC
  - Assure billing mechanism in place for pLARC
  - Modify IT systems to assure accurate tracking, billing and documentation of pLARC
  - Educate all appropriate staff on advantages and clinical recommendations of pLARC
  - Train clinicians on pLARC insertion
  - Educate providers and community partners about contraceptive choice counseling and informed consent

- **Secondary Drivers**
- **Recommended Key Practices**
  1. Assure early multidisciplinary support by educating and identifying key champions in all pertinent departments.
  2. Establish clear regular communication channels and processes, assuring that all necessary departments are represented.
  3. Establish and test billing codes and processes to assure adequate and timely reimbursement.
  4. Expand pharmacy capacity and device distribution to assure timely placement.
  5. Educate clinicians, nurses, pharmacy, and lactation consultants about the benefits and clinical recommendations related to pLARC placement and breastfeeding.
  6. Assure that all appropriate IT systems are modified to document acquisition, stocking, ordering, placement, counseling, consent, billing and reimbursement for pLARCs.
  7. Modify L & D, OB OR, postpartum, and clinic work flows to include placement of pLARC.
  8. Establish consent processes for pLARC that allows for transfer of consent from prenatal clinic as well as obtaining inpatient consent.
  9. Develop culturally sensitive educational materials and shared decision making counseling practices to educate patients about the availability of pLARC as a contraception option.
  10. Educate clinicians, community partners and nurses on informed consent and shared decision making related to pLARC.
  11. Assure patient receives comprehensive contraception choice counseling prior to discharge.
Chapter 4: Work Flow Diagram

1. Antepartum
2. Triage
3. Labor and Delivery
4. Postpartum Floor
5. Postpartum Appointment

Desires Immediate PP LARC
- Review options, sign consent, and check insurance
  - Insurance approved
    - Sign consent; note in chart
    - Confirm still desires LARC
    - Re-sign consent; sign device-specific consent; ensure supplies available
    - Place implant prior to hospital discharge
      - Can be on Postpartum Floor
  - Insurance not approved
    - Review alternative options, including interval LARC

Desires Nexplanon
- Desires IUD
- Place IUD within 48 minutes of placenta delivery
  - Routine postpartum care
  - Routine postpartum care
  - IUD Strings not seen
    - Refer for ultrasound
  - IUD Strings seen

Desires IUD
- Place IUD within 48 minutes of placenta delivery
  - Routine postpartum care
  - Routine postpartum care
  - IUD Strings not seen
    - Refer for ultrasound
  - IUD Strings seen

Unable to receive postpartum LARC
- Provide interval LARC

Counsel all women on Immediate Postpartum LARC
- Review options, sign consent, and check insurance
  - Insurance approved
    - Sign consent; note in chart
    - Confirm still desires LARC
    - Re-sign consent; sign device-specific consent; ensure supplies available
    - Place implant prior to hospital discharge
      - Can be on Postpartum Floor
  - Insurance not approved
    - Review alternative options, including interval LARC
**SAY:** We recommend moms wait at least 18 months before getting pregnant again after delivery. This is best for the healthiest mom and baby.

**ASK:** Have you thought about if and when you would like to have another child?

- **No**
  - Educate on birth spacing and having a healthy pregnancy

- **Unsure, don’t know, don’t care**

- **Yes**
  - **When? Have you considered using birth control after delivery?**
    - **No**
    - **Yes**

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1) Build rapport with women (and families/partners)
2) Assess women’s intentions and educate women (and families/partners)
3) Document women’s preferences and reinforce education throughout care
4) Ensure informed consent and ongoing support
Informed Consent Process

Consent for Immediate Postpartum Implant (Nexplanon®) Contraceptive Insertion

Why is birth control important after having a baby?
The return to fertility after having a baby can be unpredictable. You may be able to get pregnant before your next period begins. Using birth control can help plan for your future. Waiting at least a year and a half before you become pregnant can decrease the risk of health problems, such as having a baby too early (preterm birth), or having a baby who has health issues (growth and development; birth defects).

What is a contraceptive implant?
A contraceptive implant is a very effective birth control that is containing a hormone (progestin). The brand name of the implant in the United States is Nexplanon®. Nexplanon® works for up to 3 years. Once the implant is placed, it prevents pregnancy in over 99% of women, can be removed at any time, and you can get pregnant right away.

What is immediate postpartum implant?
Immediate postpartum implant is a convenient, safe, and effective way of starting birth control right after having your baby. Immediate postpartum implant involves inserting the implant after vaginal or cesarean delivery, but before you leave the hospital.

How does immediate postpartum implant compare to implant placement in the clinic?
There is no difference in how the implant is inserted whether it is immediately postpartum or at a time unrelated to delivery.

Consent for Immediate Postpartum Intrauterine Contraceptive Insertion

Why is birth control important after having a baby?
The return to fertility after having a baby can be unpredictable. You may be able to get pregnant before your next period even begins. Using birth control to help plan for your future family is important. Waiting at least a year and a half before you become pregnant improves your health and the health of your next baby. For example, by waiting to get pregnant you can decrease the risk of health problems, such as having a baby too early (preterm birth), or having a baby who has health issues (growth and development; birth defects).

What is an intrauterine device (IUD)?
An intrauterine device (IUD) is a very effective birth control method that is made of a T-shaped plastic rod that stays in your uterus. There are 2 types of IUDs available:
- Copper IUD (ParaGard®): Contains no hormones, works for up to 10 years
- Hormonal IUD (Mirena®, Liletta®, Skyla®, Kyleena®): Provides a low dose of a hormone (progestin), works for up to 3-7 years, depending on which IUD is placed.

Once the IUD is placed, it prevents pregnancy in over 99% of women who use it, similar to getting your tubes tied. However, unlike getting your tubes tied, the IUD can be removed at any time, and you can get pregnant right after it is removed.

What is immediate postpartum IUD?
Immediate postpartum IUD is a convenient, safe, and effective way of starting birth control right after having your baby. Immediate postpartum means that the IUD is inserted after delivery of your placenta (within 10 minutes) while you are in your labor and delivery room. This can be done after a vaginal or cesarean delivery. All types of IUDs can be inserted immediately postpartum.

How does immediate postpartum IUD compare to IUD placement in the clinic?
Immediate postpartum IUDs may be more comfortable to place, depending on the type of pain control medication used for your labor and delivery. IUDs placed immediately postpartum may have a higher chance of falling out. This is called an IUD expulsion. An expulsion of an IUD means that the IUD partially or completely comes out of your uterus. An IUD expulsion is not dangerous and will not damage your cervix, your uterus, or future fertility; however, it may be uncomfortable for you and the IUD may not work correctly for birth control. The chance of having a IUD expulsion is 8% if you have an IUD placed at cesarean section, 20–30% if you
Electronic Health Record (EHR)
Documentation

Is the patient done childbearing?
- Yes
- No

How many more children does the patient desire?

How long does the patient want to wait prior to next pregnancy?

What family planning method is patient interested in using?
- IUD
- Implant
- Pills
- Patch
- Ring
- Injection
- Tubal ligation
- Vasectomy
- Tubal occlusion/essure
- NFP/rhythm
- Condoms

Patient sure that she can use this method reliably and without difficulty?
- Yes
- No

Interested in immediate postpartum IUD insertion (if currently pregnant)?
- Yes
- No

Patient counseled on protection against STI with barrier methods?
- Yes
- No
Post Procedure Follow-up

Anticipatory Guidance

💡 Suggestion:

💡 For IUD insertions, inform patients of how to check strings and what to do if their IUD is expelled

💡 For general concerns or LARC removal, direct patients to OB provider

💡 Share places where a patient could get LARC removed if necessary

💡 Have community partners serve as resources for women who do not return for postpartum visit (e.g., home visitation programs)
POTENTIAL SCENARIOS
Scenario 1

Contraceptive Counseling and Education for Women Who Enter the Hospital System at Time of Delivery

Suggestion:

Assess where the patient is in the labor process

Modify education based on the patient’s ability to engage in a productive conversation

Education should always be comprehensive

If a decision is not reached, assure patient that they can access contraception at another time
Scenario 2

Contraceptive counseling for a patient that will deliver/delivers at a hospital with restrictions or a different hospital than planned

💡 If a patient choose IPP LARC prenatally but is unable to get their preferred method, immediately link them to a facility/site prior to discharge where they can get the method before their postpartum visit
FPQC EXAMPLES
Hospital A

Outpatient participant from start

Hospital is residency-based and has an outpatient clinic

Continuity of care remains intact

What about hospitals who do not have this option?
Hospital B

One option only

Hospital decided to only offer one type of LARC method: either IUD or implant

A local federally qualified health center or Title X clinic could offer women the other option in the outpatient setting
Group Discussion

HOW MIGHT THIS LOOK IN IL?
Project Resources Website

health.usf.edu/publichealth/chiles/fpqc/larc

OR

FPQC.org ➔ Current Projects ➔ Access LARC
PATIENT RESOURCES
You’ve just welcomed a baby – are you ready for another? Providers suggest waiting at least 18 months before having another baby so that you will remain healthy through your pregnancy. You have options to help you prevent or plan your next pregnancy.

- Tubal ligation/vasectomy
- Condoms and other natural methods
- Shot, patch, pill, ring
- Implant, Intrauterine device (IUD)

**What’s most effective?**

<table>
<thead>
<tr>
<th>Contraception</th>
<th>Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implant</td>
<td>99.5%</td>
</tr>
<tr>
<td>IUD</td>
<td>99.2%</td>
</tr>
<tr>
<td>Pill</td>
<td>91%</td>
</tr>
<tr>
<td>Condom</td>
<td>82%</td>
</tr>
</tbody>
</table>

Content source: Centers for Disease Control and Prevention’s Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion

The most safe and effective reversible option for women is also known as long-acting reversible contraception (LARC). LARC includes the implant and the IUD.

LARC can prevent pregnancy for years and can be removed at any time. You can become pregnant soon after it’s removed. Talk to your health care provider about your options.

*Cost of birth control may depend on when you get the method and your health insurance.*
THANK YOU!

Facebook.com/TheFPQC/

@TheFPQC

Join our mailing list at FPQC.org

E-mail: FPQC@health.usf.edu

Partnering to Improve Health Care Quality for Mothers and Babies
TEAM TALKS
Northwestern Prentice Women’s Hospital

Jessica Kiley, MD, MPH
Associate Professor and Chief
Division of General Obstetrics & Gynecology
Medical Director, Postpartum, Prentice Women's Hospital
Associate Fellowship Director, Family Planning & Contraception
Northwestern University Department of Obstetrics & Gynecology
jessica.kiley@nm.org

ILPQC-IPLARC Webinar
October 15, 2018
The Women’s Health Program integrates expertise from multiple clinical programs to provide comprehensive medical care to meet the unique needs of women.

From conception to pregnancy care and gynecologic care from childhood to menopause, we are dedicated to the health and happiness of women in all the stages of their lives.

Delivery volume: ~12,000/yr

Women’s Health Specialties

Our providers at Prentice Women’s Hospital are committed to providing a range of treatment options for women through a range of multidisciplinary programs, including:

**Pregnancy and Newborn Care**
- Clinical Genetics
- General Obstetrics
- Family Planning and Contraception
- Fertility and Reproductive Medicine
- Maternal-Fetal Medicine
- Neonatal Intensive Care Unit (NICU)
- Perinatal loss and education
- Reproductive Genetics
- Reproductive Ultrasound

**Gynecologic Services**
- Breast Health
- Gynecology Oncology
- Family Planning and Contraception
- Integrated Pelvic Health Program
- Menopause
- Minimally Invasive Gynecologic Surgery
- Routine Gynecology Screenings
- Sexual Transmitted Infections (UTI)
- Uterine Fibroids and Endometriosis

**Women’s Health Specialty Services**
- Bone Health
- Fertility Preservation
- Depression and Mood Disorders
- Integrative Medicine and Wellness
- Smoking Cessation
- Primary Care
- Program for Women’s Cardiovascular Health
- Women’s Skin Health Program
- Women’s Neurology Center
- Women’s Health Research Institute
Prentice Ambulatory Care (PAC) Clinic

- NMH provides care to a diverse, underserved population of women at the Prentice Ambulatory Care (PAC) Clinic:
  - Gynecological, prenatal and postpartum care
  - Blood work
  - Fetal testing
  - Patient education
  - Counseling services

- The PAC Clinic is modeled after a standard obstetrics/gynecology physician practice and emphasizes continuity of care:
  - Resident clinic, staffed by academic faculty
  - Comprehensive prenatal and postpartum care
  - Well-woman care and broad-spectrum gynecology, including surgery
  - On-site specialty care for women with high-risk pregnancy or diabetes
  - Specialized care and counseling for HIV patients through the comprehensive women’s and perinatal HIV program, which provides multidisciplinary care at every stage to women with HIV
  - The PAC Clinic provides more than 6,000 patient visits annually
Near North Health Service Corporation
Winfield Moody Health Center (FQHC)

• **Women's Health (Obstetrics & Gynecology) provides:**
  – Prenatal care
  – Family planning
  – STD diagnosis and treatment
  – Comprehensive evaluation and diagnosis of gynecologic conditions
  – Hormone replacement therapy
  – Evaluation and management of abnormal pap smears

• **Maternal Child Health & Family Support Services:**
  – Case management and support to high-risk pregnant women and mothers, infants, and children
  – Programs: Chicago Family Case Management, Better Birth Outcomes, and Healthy Families Illinois
    • Case coordination
    • Prenatal support and follow-up
    • Newborn follow-up
    • Home visitation to participants
    • Interconceptional care
    • Family planning education
    • Health education
    • Maternal depression screening and treatment
    • Parenting classes
Erie Family Health Center

FQHC

- **Comprehensive health care services including:**
  - Basic infertility treatment
  - Breast and cervical cancer screenings
  - Cervical cancer screenings (pap smears)
  - Chronic gynecological issues
  - Diagnostic testing (colposcopies and LEEPS)
  - Family planning
  - Contraceptive decision making support
  - Low cost contraception
  - Free pregnancy testing
  - Mammogram referrals
  - Menopause management
  - Physical exams
  - STI testing and treatment

- **Free wellness and support programs:**
  - Breast and cervical health
  - Centering pregnancy
  - Maternal/child case management
  - Women’s health education
  - Women, Infants, and Children (WIC)
RESOURCES FOR TEAMS
Key Players Meeting

• Invitations for this **FREE CONSULTATION** went out on August 30
  – If you did not receive this email, please notify Danielle Young
  – Goal is to schedule all KP meetings before 2019, email Danielle to schedule

• Key Players Meeting at your hospital - we will come to you!
  – We want to **help you succeed** by:
    • **Partnering with you** to arrange your Key Players meeting.
    • **Assist you** with who to invite at each hospital for most effective meeting with representative from ILPQC
    • **Provide you with a expert clinician** from the IPLARC speakers bureau to partner with you to problem solve, overcome barriers and move implementation forward.

• Key Players Assessment Survey
  – All teams fill out key players assessment survey
  – Goal is provide helpful information for personalized consultation and tailored Key Players meeting to help your team meet the GO LIVE March 2019 goal
  – If unable to host a Key Players meeting in person, ILPQC will schedule a **FREE CONSULTATION CALL** to review survey data, progress and problem solve.
Key Players Meetings

• First Key Players Meeting with Norwegian American was held on October 4
• Three Key Players Meetings scheduled
• Working on confirming dates with 6 other teams
ROUND ROBIN – TEAMS UPDATE ON PROGRESS TOWARDS GO LIVE GOAL
Round Robin Guidelines

• We want to hear from you how it’s going with IPLARC implementation!
• Please share a brief update on your team’s progress:
  – a success
  – a challenge
  – next steps to reach GO LIVE goal
NEXT STEPS
<table>
<thead>
<tr>
<th>Proposed IPLARC Monthly Webinar Topics</th>
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<tbody>
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<td><strong>April 9</strong></td>
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<td><strong>May 14</strong></td>
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<td><strong>June 18</strong></td>
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<td><strong>August 20</strong></td>
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<td><strong>November 19</strong></td>
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<td><strong>December 17</strong></td>
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Next Steps

• Submit a late breaking poster session abstract
• Complete REDCap Data Submission for April-Sept to qualify for award at ILPQC Annual Conference
• Designate one person at your hospital to complete and submit the Pre-Annual Conference OB Survey
• Register team for the Annual Conference
• Review data reports with your team!
• If you haven’t already, email Danielle to set up a Key Players Meeting for us to visit your hospital we bring experts and treats!
Contact

• Email info@ilpqc.org
• Visit us at www.ilpqc.org
THANKS TO OUR SPONSORS

IDPH  Illinois Department of Public Health
CDC  Centers for Disease Control and Prevention
DHS  Illinois Department of Human Services

JB & MK PRITZKER  Family Foundation