

Postpartum LARC

(Long Acting Reversible Contraception)



NURSING EDUCATION

What is LARC

- ▶ Long-acting reversible contraception (LARC) methods include the ***intrauterine device (IUD)*** and the ***birth control implant***. Both methods are highly effective in preventing pregnancy, last for several years, and are easy to use. Both are reversible—if you want to become pregnant or if you want to stop using them, you can have them removed at any time
- ▶ The IUD and the implant are the most effective forms of reversible birth control available.
- ▶ Both types of IUDs work mainly by preventing ***fertilization*** of the ***egg*** by the ***sperm***.
- ▶ The implants works primarily by suppressing ovulation
- ▶ One of the benefits is it can be inserted immediately after childbirth and while breastfeeding.



What is postpartum LARC?



- ▶ Inserting a **long-acting reversible contraception** (LARC) immediately after delivery (IUD) or prior to discharge (implant) from the hospital.
- ▶ PP LARC insertion is convenient and effective contraception during a time when women are highly motivated to start a contraceptive method, and might lose insurance after delivery or miss their 6 week follow up visit.
- ▶ Helps reduce the risk of unintended pregnancy and decrease your chance of closely spaced pregnancies.

What options will we offer

Paragard -Copper IUD- 10 years

Mirena- Levonorgestrel IUD- 5 years

Nexplanon- Implant- 3 years



Why postpartum LARC?

- ▶ A delay of contraception until 6 weeks can leave women at risk for rapid repeat pregnancy
- ▶ Half of women have resumed sexual intercourse before 6 weeks
- ▶ Data shows 10-40% of women do not attend the postpartum visit and up to 75% who plan to use an IUD after pregnancy never obtain it postpartum
 - ▶ At AIMMC-28% of patients do not return for their 6 week visit and 40% never obtained their intended LARC device

Things to Note with Post-placental LARCs

- ▶ Higher risk of expulsion-up to 10-27% after a vaginal delivery and 8% after cesarean placement
 - ▶ Higher risk with Mirena than Paragard
- ▶ Higher chance of non-visualization at postpartum visit or need for strings to be shortened

Inclusion/Exclusion Criteria for Post-placental IUDs

- ▶ Inclusion Criteria:
 - ▶ Verified medical coverage for immediate postpartum LARC.
 - ▶ Negative test for gonorrhea/chlamydia during the index
- ▶ Exclusion Criteria:
 - ▶ History of gonorrhea/chlamydia within the index pregnancy
 - ▶ Recent (within 3 months) or active uterine infection
 - ▶ Known abnormality of the uterine cavity
 - ▶ Intrapartum fever of $>38^{\circ}\text{C}$
 - ▶ Postpartum hemorrhage (greater than 500mL for vaginal delivery or $>1,000$ mL for cesarean delivery)
 - ▶ Retained placenta requiring manual removal or D+C
 - ▶ Puerperal sepsis
 - ▶ ***Rupture of membranes beyond 24 hours (controversial)
 - ▶ History of breast cancer
 - ▶ Abnormal coagulation parameters
 - ▶ Copper allergy for Paragard

Inclusion/Exclusion Criteria for Postpartum Nexplanons

- ▶ Inclusion Criteria:
 - ▶ Verified medical coverage for immediate postpartum LARC.
- ▶ Exclusion Criteria:
 - ▶ History of breast cancer
 - ▶ Abnormal coagulation panel

Breastfeeding and LARCs

- ▶ Appear to have no effect on lactogenesis and inability to breastfeed
 - ▶ However, studies are limited and observational
- ▶ Patient should be counseled on theoretical risk of reduced duration of breastfeeding
 - ▶ Not applicable to Paragard IUD

Starting the PP LARC program At AIMMC

- ▶ Looking to start after Grand Rounds on December 12th at 7:30am for provider/nursing education
- ▶ Will start with the Medicaid population first, because they have verified medical coverage and can be a high risk patient population
- ▶ We will roll out to all patients once payments and reimbursements have been finalized

L & D Nurse role in PP LARC insertion

Gather supplies:

- ▶ IUD (Mirena or Paragard) located in the supply room
- ▶ Iodine, ring forceps and ultrasound
- ▶ Prepare for insertion:
- ▶ Signed consent
- ▶ Universal protocol TIME OUT completed and documentation
- ▶ Insertion will happen within 10 minutes of placental expulsion
- ▶ Do not open device until ready to use
 - ▶ Must be opened in sterile fashion
- ▶ Pain management may be needed if patient does not have a working epidural
- ▶ Fundal massage can be performed as per usual protocol

Mother Baby Nurse role in PP LARC Insertion

Gather supplies:

- ▶ Nexplanon located in the supply room
- ▶ Lidocaine-resident to order
- ▶ Iodine prep, sterile gloves, 4 x 4 gauze, steri strips, 25 G needle, bandage and tape

Prepare for insertion:

- ▶ Signed consent
- ▶ Universal protocol TIME OUT completed and documentation
- ▶ Do not open device until ready to use

Where can I find my LARC device?

- ▶ You will find the IUDs in the labor and delivery supply room cabinet
- ▶ You will find the Nexplanons in the Mother baby supply room cabinet

| Date of Insertion | Patient Label | Lot # and Expiration Date | Provider who Inserted | RN | # of IUDs received/ Date Received | # of IUDs in Stock | # of IUD dispensed | Balance of IUDs | # of wasted IUD |
|-------------------|---------------|---------------------------|-----------------------|----|-----------------------------------|--------------------|--------------------|-----------------|-----------------|
| | | | | | | | | | |

When obtaining a LARC device from supply room you must enter the device in log book located in each unit

How do I document this?

- ▶ Nurse will document vaginal insertion of LARC procedure in the “Miscellaneous Procedure” adhoc form.
- ▶ This includes the Universal Protocol Time Out, the procedure name, dressing and patient response
- ▶ Document the device lot number and expiration date and person inserting device (in narrative note)
- ▶ Nurse will document in device section of **Surginet** if placed during a c-section

The screenshot shows a web-based form titled "Miscellaneous Procedure Form - PRD-TEST-IMC, ORDERSET". The form is displayed in a browser window with a standard toolbar at the top. The form itself has a light blue header with the title "Miscellaneous Procedure". Below the header, there are several sections:

- Universal Protocol:** A radio button labeled "Universal Protocol Link" is selected.
- Vital Signs:** A radio button labeled "Vital Signs Link" is selected.
- Procedure Name:** A text input field.
- Dressing:** A list of checkboxes: "Clean, Dry, And Intact", "Reinforced", "Changed", and "Other".
- Patient Response:** A list of checkboxes: "Patient Tolerated Well", "Unable to Obtain Specimen", "Patient Refused", and "Other".
- Narrative Documentation:** A large text area with a rich text editor toolbar above it. The toolbar includes options for font color, background color, bold, italic, underline, strikethrough, and list creation.

At the bottom right of the form, there is a status indicator that says "In Progress".

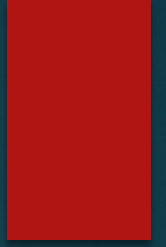
How do we charge?

- ▶ In labor and delivery if an IUD is used please use the paper charge form to charge the patient.

| | | | |
|----------------------------|----------|--------------------------------------------------------------|--------------------|
| DATE OF SERVICE: | | PATIENT LABEL | |
| LABOR CHARGES | | IMMC | |
| Perinatal Care Low Risk | 6017487 | | |
| Perinatal Care High Risk | 6001515 | SUPPLIES | |
| VAGINAL DELIVERY CHARGES | | Balloon Tamponade | 6017636 |
| Vaginal Delivery Low Risk | 6000293 | Interceed (Charged in Surginet Only) | SurgiNet |
| Vaginal Delivery High Risk | 6000327 | RECOVERY CHARGES | |
| ANESTHESIA CHARGES | | Phase II Recovery per 30 min | 6017545 |
| Anesthesia Spinal/Epidural | 95340188 | <i>Phase II for use after spinal/epidural or block cases</i> | |
| Anesthesia General | 95340162 | Phase I Recovery 1st 30 min | 6017529 |
| Anesthesia MAC | 95340171 | Phase I Recovery EA Add 30 min | 6017537 |
| Anesthesia Block in L&D | 6000202 | <i>Phase I charges for use after general/heavy MAC ONLY</i> | |
| BED ACCOMODATION - L&D | | in time: _____ | RR out time: _____ |
| Semi-Private Room | S | Contraceptive Device | |
| Perinatal Surveillance Bed | V | IUD Levonorgestrel Mirena | 6000509 |
| Observation Bed | O | IUD Copper Paraguard | 6000491 |
| | | IMP Etonoestrel Nexolanon | 6000517 |

- ▶ In mother baby please notify the secretary who will enter the charge under.

What supplies do we need



Education and patient information

- ▶ A pamphlet was created to give information to your patient before the insertion of the device that can answer questions regarding breast feeding and side effects.

What about breastfeeding?

-Immediate postpartum insertion of the Levonorgestrel IUD and the etonogestrel implant have NOT shown to decrease the duration of breastfeeding

-Some women may experience breast tenderness with Levonorgestrel IUD



INTERESTED?

**TALK TO YOUR
OB PROVIDER
ABOUT A LARC
BEFORE YOU
DELIVER!**

Postpartum LARC



Inserting a **long-acting reversible contraception (LARC)** prior to discharge from the hospital may help to reduce your risk of unplanned pregnancy



- Women who are not breastfeeding can become pregnant again as early as 25 days after birth.
- Pregnancies that are closely spaced less than 1 year apart can increase the chances for preterm delivery and low birth weight.

WHAT ARE THE BENEFITS OF IMMEDIATE POSTPARTUM LARC PLACEMENT?

- Immediate placement can decrease your chance of closely spaced pregnancies. It is convenient and you can avoid issues such as loss of insurance coverage.

WHY CHOOSE A LARC?

It's convenient and effective!

Women experience the highest satisfaction rates and the lowest rates of unplanned pregnancy with LARCs

Over 75% of women continue to use after 1 year

WHAT SIDE EFFECTS CAN I EXPERIENCE WITH LARC METHODS?

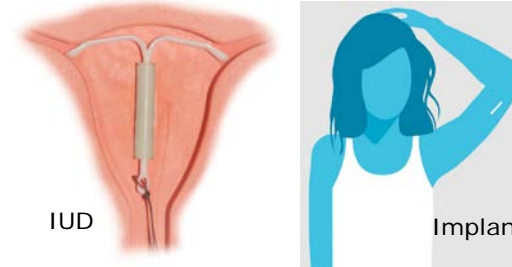
LARC methods can lead to changes in your bleeding pattern. You should discuss this with your doctor.

WHAT ARE MY OPTIONS?

Copper IUD- 10 years

Levonorgestrel IUD- 5 years

Implant- 3 years



IUD

Implant

WHAT IS DIFFERENT ABOUT IMMEDIATE POSTPARTUM PLACEMENT OF AN IUD?

The chance of expulsion (the IUD being pushed out) is higher (10-27% after vaginal delivery, 8% when placed during Cesarean delivery) when compared to an IUD placed after 6 weeks of delivery. There is also increased risk that IUD strings could be lost.