IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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Dear Hospital Administrator:

Starting in 2019, the Illinois Perinatal Quality Collaborative will launch Wave 2 of the Immediate Postpartum Long-Acting Reversible Contraception (IPLARC) Initiative. This is an important statewide quality initiative selected by the Illinois Department of Public Health (IDPH) Statewide Quality Council (SQC) and Perinatal Advisory Committee to improve women's access to highly effective contraception options in the immediate postpartum period. Hospitals also have an opportunity to work on Improving Postpartum Access to Care (IPAC) by improving availability and accessibility of universal early postpartum visits (within 2 weeks postpartum) as an additional maternal health and safety check in the early postpartum period. Improved access to postpartum contraception and postpartum care is crucial to reduce short interval and unintended pregnancies, and is an important opportunity to reduce adverse outcomes for both moms and babies in Illinois.

As with any of our quality initiatives, we know that we cannot achieve lasting results without your active partnership. Attached you will find details on the resources and support that will be provided to all participating Illinois hospitals, as well as details on how to submit your hospital's team roster as a first step. We hope that you will join us in these efforts. We know that if we work together we will continue to bring about improvement in quality outcomes for both moms and babies across Illinois.

Should you have any questions on this initiative, or on anything related to perinatal quality outcomes, please feel free to reach out to either of us. We look forward to your partnership.

Very truly yours,

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ILPQC Immediate Postpartum Long-Acting Reversible Contraception Initiative (IPLARC)

Why IPLARC? The goal of the IPLARC Initiative is to improve women's access to highly effective contraception options after delivery and to reduce barriers women commonly face to accessing Long-Acting Reversible Contraception (LARC) by providing LARC post-delivery in the hospital prior to discharge in eligible hospitals across Illinois. Unplanned pregnancies and short inter-pregnancy intervals are associated with a higher rate of poor maternal and infant outcomes including maternal morbidity, preterm birth and low birth weight. LARC is the most effective of contraceptive options, and includes contraceptive implants (such as Nexplanon) and intrauterine devices (IUDs). LARC is safe, cost effective, and can be removed any time with restored fertility. When presented with contraceptive options, women most choose LARC and report high satisfaction and continuation. The immediate postpartum period has several potential benefits for implant insertion or IUD placement: women and providers are both available, there are few contraindications, women are interested in accessing effective contraception during this time period, the procedure is now reimbursable as a separate inpatient procedure outside the maternity care bundle, and providing the option for LARC prior to delivery admission discharge significantly reduces barriers to access. This is significant given that 40 to 60% of women have intercourse without contraception prior to the six week postpartum visit and fewer than half of women return to the doctor for their six week postpartum visit, limiting access to effective contraception and increasing the risk of short-interval pregnancy.

This initiative will support all birthing hospitals that can provide contraception at the hospital level to implement best practice IPLARC protocols and overcome common barriers (e.g., billing, stocking devices, etc.) to increase access to IPLARC for women who choose it prior to delivery discharge, to increase provider education on IPLARC placement and counseling, and to help hospitals implement standardized prenatal education for patients on postpartum contraception options, including IPLARC. The American College of Obstetricians and Gynecologists (ACOG), the American College of Nurse-Midwives, the Society for Maternal-Fetal Medicine, The American Academy of Family Physicians and the Association of Women's Health, Obstetric and Neonatal Nurses and other professional associations support access to IPLARC during the delivery admission. South Carolina, Colorado, New Mexico, Georgia and other states have successfully increased access to IPLARC through statewide perinatal quality collaborative work.

How will the ILPQC IPLARC initiative help my hospital succeed? ILPQC, with support from IDPH, the Regionalized Perinatal Health Program and other stakeholders, will expand a statewide Immediate Postpartum Long-Acting Reversible Contraceptive Initiative (IPLARC) to participating hospitals statewide. The goal of the initiative is to empower women with information and improved access to effective contraception options in the immediate postpartum period prior to delivery admission discharge, to improve women's control over timing of future pregnancies, and in doing so reduce short-interval and unintended pregnancies linked with adverse maternal and child health outcomes. ILPQC has worked closely with an expert panel of leaders in obstetrics and family planning across Illinois and the country to provide hospitals with an IPLARC toolkit with resources to: facilitate systems changes in the obstetric care process flow, offer example forms and resources for EMR / IT updates, implement IPLARC protocol, stock LARC in the pharmacy,

simplify IPLARC billing, educate providers on counseling and placement, and educate patients on contraceptive options.

Wave 1 of the IPLARC initiative started in April 2018 with 16 Wave 1 hospital teams with representation across statewide perinatal regions and perinatal levels with a launch webinar, a joint kick-off collaborative Face-to-Face Meeting on May 30, 2018, two IPLARC provider trainings with ACOG, and nine monthly collaborative webinars for participating hospital teams. These supports will continue in 2019. All Wave I teams are set to meet the initiative goal of going LIVE with IPLARC by March 2019.

ILPQC provides all teams QI support to implement IPLARC and real-time data reports to allow teams to track progress across time and compare their progress to hospitals across Illinois to help drive quality improvement efforts. In addition, ILPQC has facilitated IPLARC Key Players meetings at participating hospitals that have been effective to help identify and solve implementation barriers. The IPLARC initiative will expand to all participating Illinois hospitals in 2019 with the successful Wave 1 hospitals providing additional support and mentorship to Wave 2 teams. ILPQC will continue to provide monthly webinars on each key element of implementation, regional provider trainings, the IPLARC Toolkit, opportunities for collaborative learning from other teams and QI support from ILPQC and IPLARC / family planning expert consultants.

How can religiously affiliated hospitals best participate?
Improving Postpartum Access to Care (IPAC)
Hospitals not able to provide contraception during the delivery admission have an opportunity to participate in this initiative through an alternate strategy, Improving Postpartum Access to Care (IPAC). The goal of IPAC is to improve postpartum access to care by increasing availability and access to early postpartum visits (ideally within 2 weeks postpartum) to improve participation in postpartum care, early safety check for postpartum issues, access family planning options and improve maternal health outcomes. An early postpartum visit provides women with essential maternal safety checks such as blood pressure evaluation, wound checks, mental health well-being, breastfeeding support and family planning, among other essential health services. ACOG (Committee Opinion #736) now recommends the addition of an early postpartum visit with a maternal care provider within 3 weeks postpartum in addition to the routine postpartum follow up. IDPH in its recent Illinois Maternal Morbidity and Mortality Report also recommend early postpartum visits and that birthing hospitals schedule women for an early postpartum visit prior to hospital discharge. Early postpartum visits scheduled prior to discharge, may increase the percentage of women who attend a postpartum follow up visit, an important quality indicator.

IPAC was developed with input from a small working group of religiously affiliated hospitals working together since the May 2018 Face-to-Face meeting to develop strategies to improve postpartum access to care. In addition, input was provided from the ILPQC Obstetric Advisory Workgroup. This working group will expand to all interested Illinois hospitals starting in 2019 with team calls, resources on billing and reimbursement for early postpartum visits, education materials for providers and patients on why universal early postpartum visits are recommended by ACOG, and additional supports for implementing universal early postpartum visits.

Next Steps for 2019

ILPQC, with support from IDPH, the Regional Perinatal Network and other stakeholders, will provide opportunities for collaborative learning, rapid-response data reports, and QI support to teams participating in the statewide quality improvement initiatives for 2019: including the ongoing Mothers and Newborns affected by Opioids (MNO) initiative and launch of Wave 2 of IPLARC initiative. We invite all Illinois birthing hospitals to participate in the IPLARC initiative and ask that you support the development of a quality improvement (QI) team, including a team lead, nurse champion, provider champion, outpatient site champion, as well as a team member from pharmacy, IT/EMR, billing, contracts/MCO liaison, social work, and lactation at your hospital. A QI professional and patient/family member are also important members of a QI team. Participation in the IPLARC initiative will provide resources and support to help your hospital reduce barriers to effective contraceptive options and improve care in the immediate postpartum (inpatient) and/or early postpartum (outpatient) period for your patients.

Next Steps for hospital teams:

1. **16 Wave 1 hospitals began participating in the IPLARC initiative in April 2018 with a GO LIVE date for provision of IPLARC by March 2019.** These teams will continue to track contraceptive counseling documentation during prenatal care and the delivery admission and track monthly data on implementation success. Wave 1 teams will be in a position to provide support and mentorship to Wave 2 teams. Additional materials and resources developed and tested with Wave 1 success will now be available for Wave 2 of the initiative.
2. **We encourage all Illinois birthing hospitals (who did not participate in Wave 1) to participate in Wave 2 of the IPLARC initiative and/or IPAC.**
3. **Hospital teams should submit QI team roster by April 15, 2019**.
4. All hospital teams should plan to participate in the **ILPQC Face-to-Face Meeting in Springfield on May 29, 2019**. The Face-to-Face Meeting is an opportunity for teams working on MNO, IPLARC Wave I and IPLARC Wave 2 to learn from each other, hear from national leaders, and gain support for QI success in 2019. We will kick-off IPLARC Wave 2 and breakout sessions will be held for teams focusing on IPLARC as well as IPAC implementation.

Additional information regarding the specific requirements of these projects will be provided under separate cover from ILPQC with the team roster form. Should you have any questions, please feel free to contact us.

Enclosures:

1. ACOG Committee Opinion: Immediate Postpartum Long-Acting Reversible Contraception, Number 670, August 2016: https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Immediate-Postpartum-Long-Acting-Reversible-Contraception
2. ACOG Committee Opinion: Optimizing Postpartum Care, Number 736, May 2018: https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Optimizing-Postpartum-Care