| Immediate Postpartum LARC **is now LIve!** WhatNexplanonMirena / Paraguard IUD WhenMonday March 4th, 2019How· Mirena- order through · **Admission order set<Insert your process here>**· Nexplanon- order through · **Post-partum order set<Insert your process here>** * Once ordered, devices are now available on L&D and the postpartum unit.
* Insertion kits with all needed supplies are available (insert location here).
* Insertion checklist, consent and patient post-procedure information are available in the EMR.
* Dot phrase for documentation, billing codes are also available.
 | Available option for PatientsCounseling Prenatally provide patient-centered comprehensive contraceptive counseling including IPLARC as an option. See attached counseling materials for patient resources. Document counseling and the postpartum birth control plan for all patients. See attached dot phrase for counseling. Data CollectionWe will track contraceptive counseling documentation with a monthly random sample of delivery records to review if patients received comprehensive counseling with a postpartum plan documented. For all pregnant patients, please provide appropriate contraceptive options counseling and document. If the patient desires IPLARC please include in the problem list. Billing & ReimbursementLARCs are now unbundled from the global delivery fee and can be billed through hospital billing/coding system similar to other services providedQuestions?Please feel free to reach out with any questions. <insert@youremail.com> |
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<INSERT DATE HERE>

**Attention all OB Providers and Outpatient Prenatal Care Sites:**

We are pleased to announce that XX Hospital will be offering immediate postpartum LARC (IPLARC) devices including IUD and Nexplanon as an additional contraceptive option to our patients in the hospital post-delivery starting <INSERT DATE HERE>.

**Why?**

* IPLARC is recommended as an important postpartum contraceptive option by ACOG CO #670.
* Offering IPLARC will help improve access to a highly effective contraceptive option for all patients. LARCs are safe, cost-effective, and have high patient satisfaction and continuation.
* Even with slightly higher rates of expulsion for IUD in the immediate postpartum period, given the barriers to accessing LARC post-discharge, immediate postpartum LARC has been shown to be a more effective option for many women. 40-60% of women have intercourse without contraception prior to the 6-week postpartum visit. Many women have barriers accessing LARC postpartum. Many women just like the convenience of going home with effective contraception.
* Up to 40% of women, regardless of insurance status, do not attend their 6-week visit limiting access to effective contraception and increasing the risk of short-interval pregnancy.

**What do I need to know?**

* In 2015, Illinois unbundled payment for the LARC device from the global delivery fee, allowing for a separate reimbursement in addition to the DRG reimbursement for Labor and Delivery.
* We have created a system that allows us to bill and be reimbursed when providing LARCs to our patients post-delivery at the hospital.
* Please refer to the attached flyer and materials for: patient-centered comprehensive contraception counseling and patient education resources, dot phrase to document counseling, how to find the appropriate order-set to use when ordering IPLARC for your patient, process for documentation and billing for IPLARC (both IUD and Nexplanon), examples and how to find resources such as consent form, IPLARC checklist, and patient handouts.
* If your patient wants IPLARC, please document counseling, and note “Plans IPLARC (IUD vs Nexplanon)” in the problem list so it is clearly communicated to the delivery care team.

**Partnership**

We know that we cannot achieve lasting results without your active partnership. We are participating in a state wide quality initiative with the Illinois Perinatal Quality Collaborative (ILPQC) to improve access to highly effective contraceptive in the immediate postpartum period at our hospital. We will be collecting data as a part of our statewide IPLARC initiative.

* The data will include a monthly random sampling of deliveries to track the percentage of women with documentation of contraceptive counseling including the option of IPLARC.
* Tracking this data will help us improve the percentage of patients with patient-centered comprehensive contraceptive counseling and a postpartum birth control plan documented during outpatient prenatal care and during the delivery admission.

By working together, we can be responsive to our patient’s goals for family planning, improve access to effective contraception options, help reduce short interval and unintended pregnancy and improve maternal and fetal outcomes. Should you have any questions, please feel free to contact a member of our IPLARC team.

All the best,

Include Nurse Champion, Physician Champion, list members of the QI team