



Immediate Postpartum LARC: Post-placental IUDs

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Financial Disclosures

▶ None

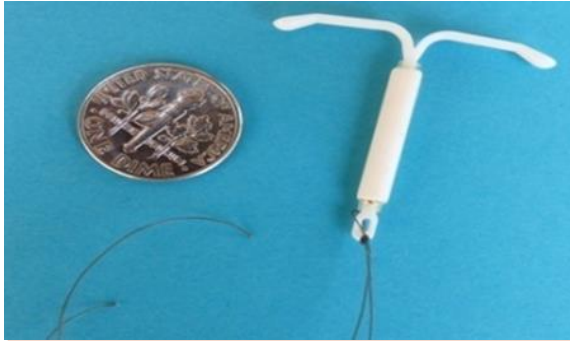
Objectives

- ▶ Review indications for and contraindications to post-placental IUD placement.
- ▶ Conduct practicum with placement of IUD's in a postpartum uterus.
- ▶ Trouble-shoot problems of placement.
- ▶ Manage complications of placement such as perforation, hemorrhage, expulsion and misplacement.

Immediate Postpartum: A Time of Risk & Opportunity

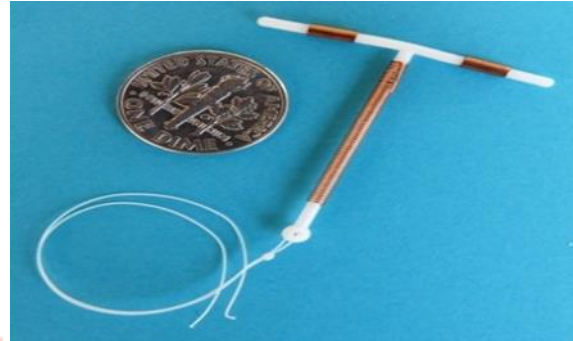
- ▶ In the first year postpartum, at least 70% of pregnancies are unintended.
- ▶ Between 40-57% of women report having unprotected intercourse before a routine 6-week postpartum visit.
 - ▶ 10-40% of women do not attend a postpartum visit.
- ▶ 40-75% of women who intend to use an IUD postpartum do not obtain it.
- ▶ ***Short interval pregnancies represent an independent risk factor for preterm birth and adverse neonatal outcomes.***

Long Acting Reversible Contraception (LARC) Methods



LNG-IUS

- 99% effective
- 20 mcg levonorgestrel/day
- Up to 5 years



Copper T IUD

- 99% effective
- Copper ions
- Up to 10 years



Subdermal Implant

- 99% effective
- 60 mcg etonogestrel/day
- Up to 3 years

Current ACOG Recommendations



- ▶ *“The American College of Obstetricians and Gynecologists **supports immediate postpartum LARC insertion as a best practice, recognizing its role in preventing rapid repeat and unintended pregnancy.**”**
- ▶ *“Obstetrician-gynecologists, other obstetric care providers, and institutions should develop the resources, processes, and infrastructure, including stocking LARC devices in the labor and delivery unit and coding and reimbursement strategies, to support immediate LARC placement after vaginal and cesarean births.”***

*ACOG Practice Bulletin 186, November 2017

**ACOG Committee Opinion 670, August 2016

Current NM Medicaid Policy



- ▶ “For Medicaid recipients - including those eligible for pregnancy-related services only - family planning related services, drug items, supplies, and devices are all covered benefits. *This includes the insertion of a long acting birth control device provided in a hospital setting within the delivery stay.*”
- ▶ Charges for device and insertion may be billed separate from the global fee for delivery.
- ▶ This does NOT apply to women covered by Medicaid through Emergency Medical Services for Aliens (EMSA)
- ▶ In the case of IUD insertion during surgery for a Cesarean delivery, the procedure is considered incidental and is NOT billable.
 - ▶ *But the device remains billable.*

Patient-centered Counseling

The background features abstract, overlapping geometric shapes in various shades of blue, ranging from light sky blue to deep navy blue. The shapes are primarily triangles and polygons, creating a dynamic, layered effect on the right side of the slide.

What is our goal in providing contraception?

Reduce unintended pregnancy.

Empower women to make the
decision that is best for them.

Counseling Considerations

- ▶ LARC is provider-dependent.
- ▶ All women are potential candidates for LARC methods.
- ▶ Labor is an extremely vulnerable time.
- ▶ We don't do immediate postpartum removals.
 - ▶ Yet removal is an essential counseling topic: who, what, where, when, how

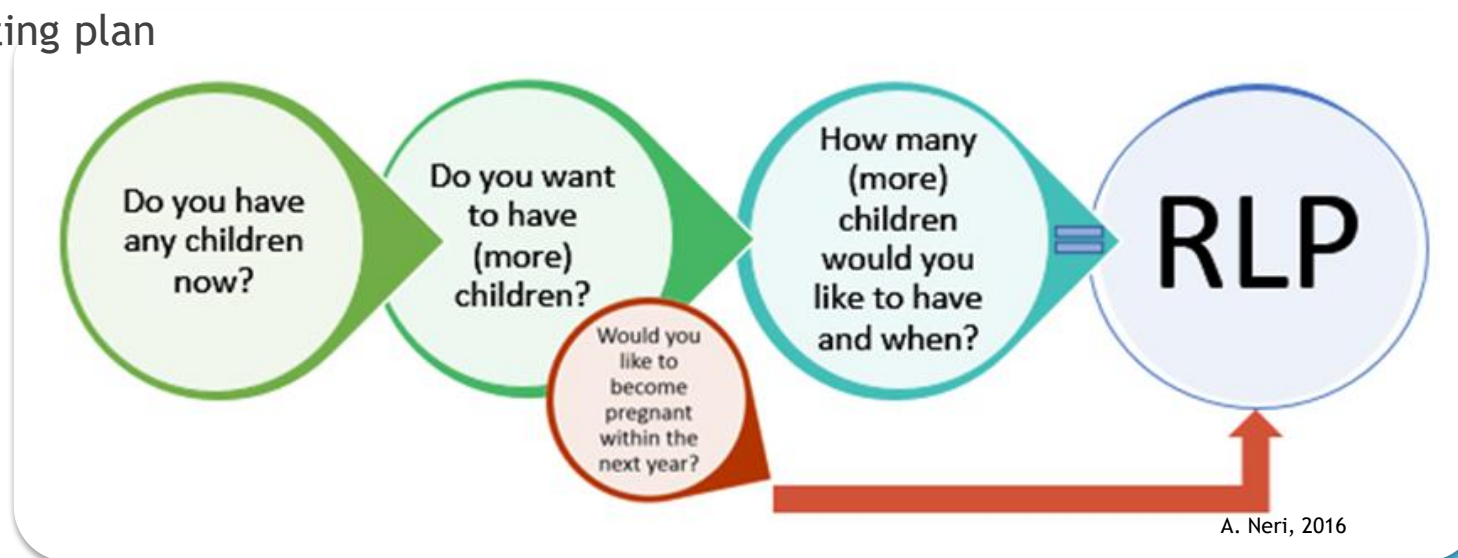
LARC Statement of Principles



- ▶ *We acknowledge the complex history of the provision of LARCs and seek to ensure that counseling is provided in a consistent and respectful manner that neither denies access nor coerces anyone into using a specific method.*
- ▶ *We commit to ensuring that people are provided comprehensive, scientifically accurate information about the full range of contraceptive options in a medically ethical and culturally competent manner in order to ensure that each person is supported in identifying the method that best meets their needs.*

Counseling & Consent

- ▶ Patient-centered counseling approach
- ▶ Discussion timing
 - ▶ Not in active labor!
 - ▶ Complex situations?
- ▶ Documenting consent
 - ▶ Practice standards
 - ▶ Communicating plan



When is it appropriate to remove a LARC device?

Whenever the patient requests it.

Clinical Counseling Considerations

The background of the slide features abstract, overlapping geometric shapes in various shades of blue, ranging from light sky blue to deep navy blue. These shapes are primarily located on the right side of the slide, creating a modern, professional aesthetic.

IUD Expulsion

- ▶ Expulsion 2-8% in the first year of use with interval insertion
- ▶ Expulsion rates 10-15% if post-partum IUD inserted within 10 minutes of placental delivery
- ▶ Expulsion rates higher if placed 2-72 hours after delivery
- ▶ Provider experience has a major influence on expulsion rates

Grimes DA, Lopez LM, Schulz KF, Van Vliet HA, Stanwood NL. Immediate post-partum insertion of intrauterine devices. Cochrane Database of Systematic Reviews 2010, Issue 5.

IUD Contraindications

- ▶ Hemorrhage
- ▶ Severe perineal laceration
- ▶ Infection
 - ▶ Chorioamnionitis
 - ▶ Sepsis
- ▶ Not well studied
 - ▶ Prolonged rupture of membranes
 - ▶ Prolonged labor



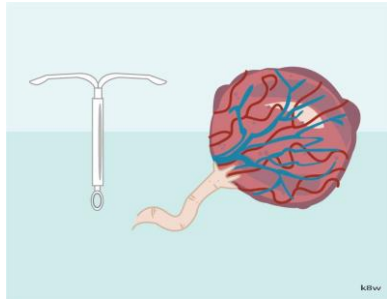
IUDs and Breastfeeding

		LNG-IUD	Copper-IUD
Postpartum (in breastfeeding or non-breastfeeding women, including post- caesarean section)	a) < 10 minutes after delivery of the placenta	2	1
	b) 10 minutes after delivery of the placenta to < 4 weeks	2	2
	c) \geq 4 weeks	1	1
	d) Puerperal sepsis	4	4

Centers for Disease Control and Prevention. "U S. Medical Eligibility Criteria for Contraceptive Use, 2016."

BLIS: Breastfeeding Levonorgestrel IUD Study

- ▶ Randomized: n= 277
Immediate postpartum vs. delayed 4-8 weeks



Immediate n= 132



Delayed n= 127

- ▶ Primary Outcome:
Any Breastfeeding at 8 Weeks: - 79% with immediate placement
- 84% with delayed placement

Post-placental IUD insertion

How to do it

IUD insertion packet



Time out

- ▶ **Verify:**

- ▶ Correct patient
- ▶ IUD type
- ▶ Consent
- ▶ Clinical eligibility



- ▶ **Check time:**

- ▶ Place within 10-30 minutes of placental delivery

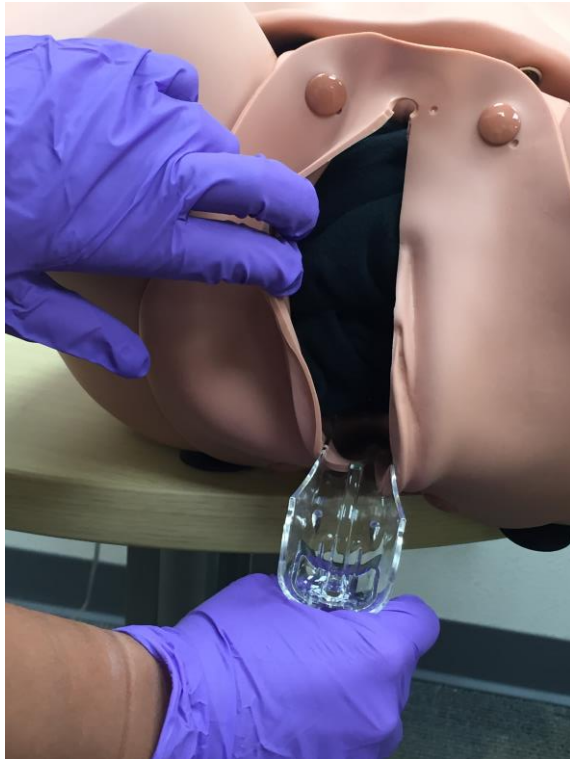
Technique - vaginal delivery

1. Place speculum/retractor in the posterior vagina.

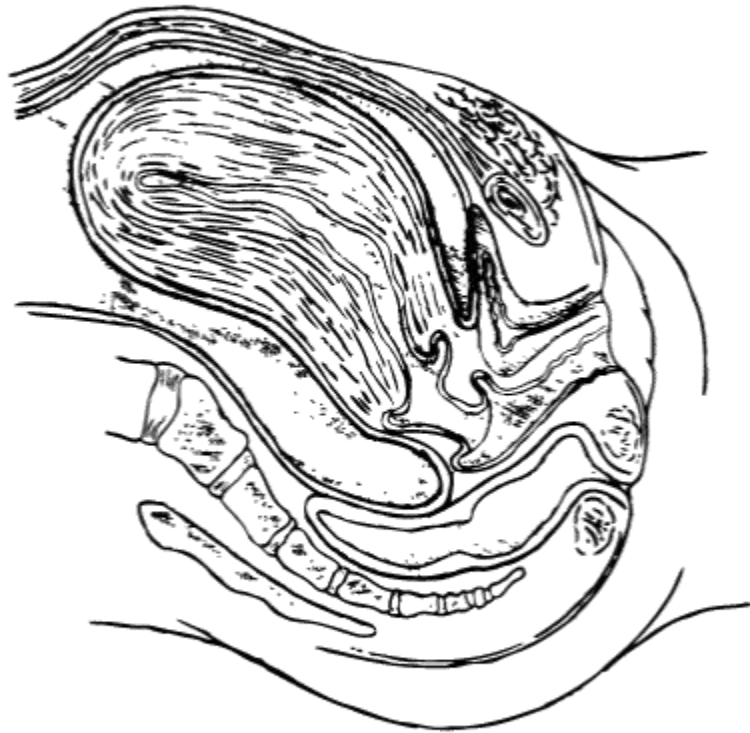


Technique - vaginal delivery

2. Identify anterior cervix with short ring forceps.



Uterus, Immediately Postpartum



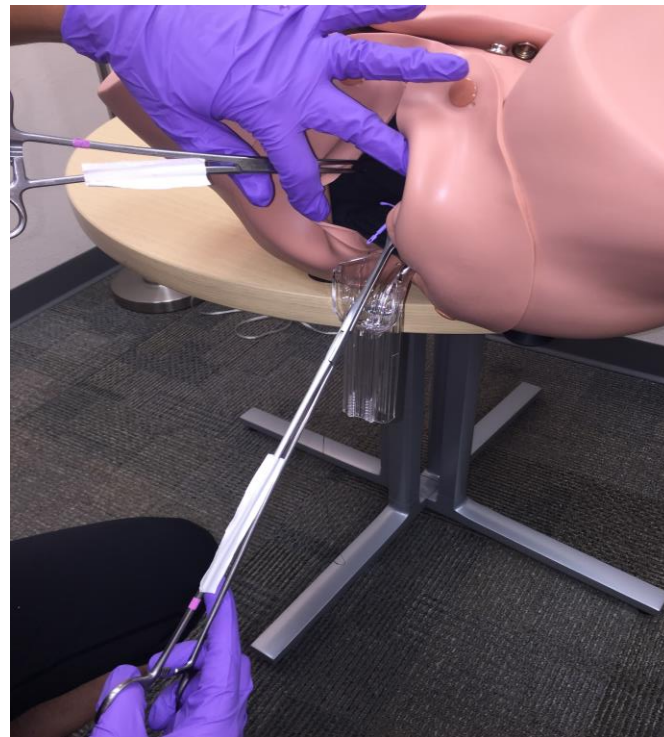
Technique - vaginal delivery

3. Cut IUD strings to 10 cm. Load IUD on long ring (placental) forceps at a slight right angle.



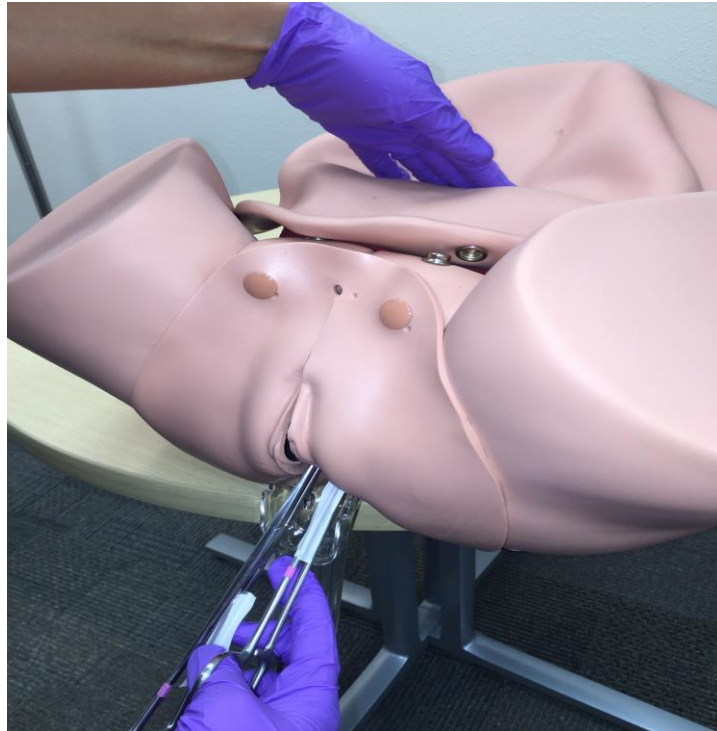
Technique - vaginal delivery

4. Pass the IUD through the cervix. Move other hand to abdomen to palpate uterine fundus.



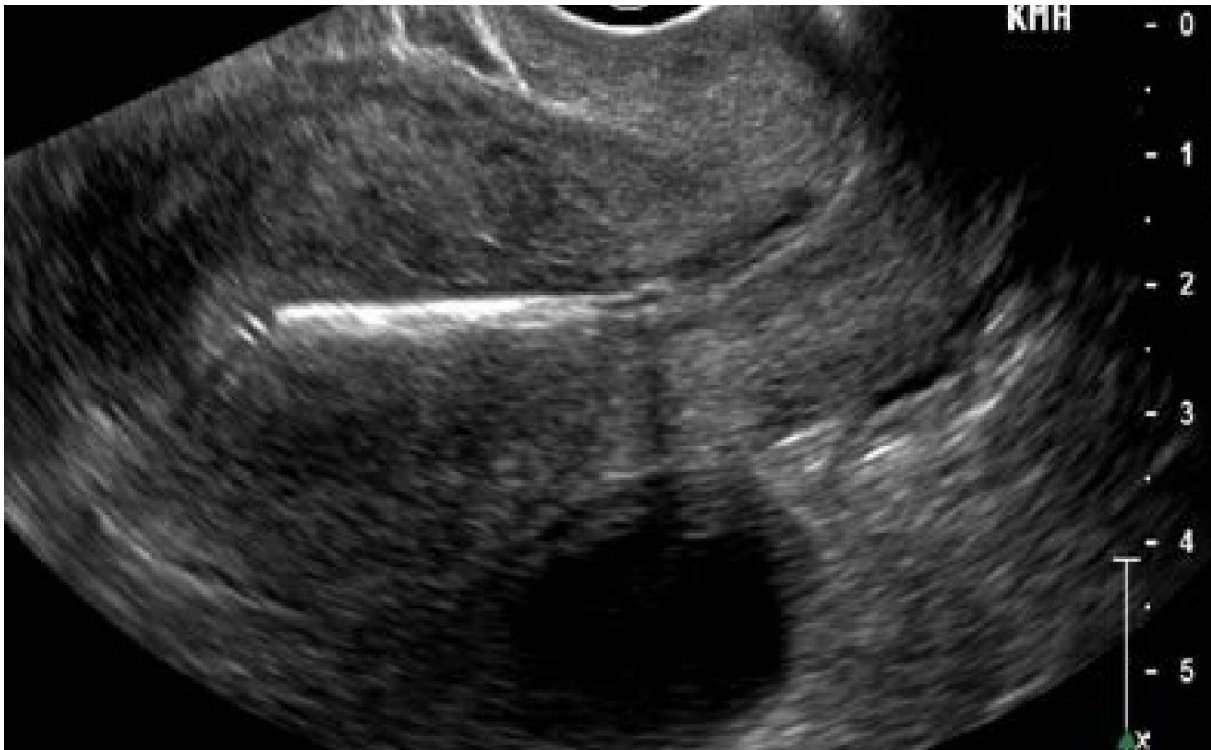
Technique - vaginal delivery

5. Observe IUD placement with ultrasound. Open placenta forceps wide to release IUD and remove the forceps, keeping forceps WIDE OPEN.



Technique - vaginal delivery

6. Check fundal placement with ultrasound.



Technique - cesarean delivery

1. Time out
2. Cut IUD strings to 10 cm
3. After placenta delivery, place IUD to fundus with:
 - ▶ IUD inserter
 - ▶ Fingers
 - ▶ Ring forceps
4. Tuck strings toward cervix
5. Repair hysterotomy

Follow-up

- ▶ Return visit 1-2 weeks to trim strings... because no one likes strings hanging out of the vagina.



UNM Family Planning

- ▶ **Center for Reproductive Health Clinic**
 - ▶ Complex contraception
 - ▶ Abortion and pregnancy care

2301 Yale Blvd SE, Albuquerque, NM 87106

PH: 505-925-4455

FAX: 505-925-4506

NURSE LINE: 505-925-4290

UNM Family Planning

- ▶ **UNM Access** - 505-272-2000 and ask for the Reproductive Health PALS attending

UNM Reproductive Health TeleECHO

- Launched Monday January 23, 2017.
- Clinics occur every other week on **Mondays** from **12-1 pm MT**.
- For more information, email:
reproductivehealthecho@salud.unm.edu

Questions and Ongoing Support

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