

ASTHO Long Acting Reversible Contraception Immediately Postpartum Learning Community: Eight Strategies for Success

Long Acting Reversible Contraception (LARC) methods are highly effective forms of contraception and include intrauterine devices (IUDs) and the contraceptive implant, methods that are over 99 percent effective in preventing pregnancy.¹ Because 50 percent of pregnancies in the United States are unintended or mistimed and approximately the same percentage of women return for their postpartum visit six weeks after birth, it is critical that women who want to delay or prevent pregnancies have access to reliable contraception.² LARC inserted immediately postpartum (IPP LARC) offers several benefits, including effective protection from unintended pregnancy immediately after birth and added convenience for patients.^{3,4} States are undertaking a systems change approach to more effectively apply policies that support the use of IPP LARC. In 2014, ASTHO and CDC convened a LARC Learning Community with state and national partners to identify, develop, and discuss strategies and best practices to implement IPP LARC policy and programs. The learning community highlighted eight strategy areas to explore and within which to further develop resources. Strategy areas were identified during baseline interviews and are built upon experiences, successes, and challenges discussed in the IPP LARC learning community. The eight strategies are training, pay streams, stocking and supply, consent, outreach, stakeholder partnerships, service location, and data and surveillance. Strategies are briefly described below:

Strategy 1: Provider Training

Training, education, and provider buy-in are critical components of a successful immediate postpartum LARC initiative. Ongoing guidance and resources are needed to enhance provider training. Gaining provider champions will help lead training initiatives at state and hospital levels.

Strategy 2: Reimbursement and Sustainability

Securing adequate funding for an IPP LARC program is critical for supporting and developing the programs and its sustainability over time. States must use multiple funding sources and sustainability strategies, including Medicaid, private insurance, the [Title X Family Planning program](#), the [340B Drug Pricing Program](#), and [Temporary Assistance for Needy Families](#).

Strategy 3: Informed Consent and Ethical Considerations

Informed consent is a critical portion of sustaining LARC IPP and ensuring patient satisfaction. This strategy addresses the timing and the content of informed consent for IPP LARC and broader issues of reproductive justice and ethics.

¹ Guttmacher Institute. "Contraceptive Use in the United States." Available at: <http://www.guttmacher.org/media/presskits/contraception-US/statsandfacts.html>. Accessed 10-5-2015.

² Bennett, WL, et al. "Utilization of Primary and Obstetric Care After Medically Complicated Pregnancies: An Analysis of Medical Claims Data." *Journal of General Internal Medicine*. 2014 29(4):636-45. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/24474651>. Accessed 10-5-2015.

³ ASTHO. "Factsheet on Long-Acting Reversible Contraception (LARC)." 2014. Available at: <http://www.astho.org/LARC-Fact-Sheet/>. Accessed 10-5-2015.

⁴ Secura, GM, Madden T, McNicholas C, et al. "Provision of No-Cost, Long-Acting Contraception and Teenage Pregnancy." *The New England Journal of Medicine*. 2014. 371:14, 1316–1323. Available at <http://doi.org/10.1056/NEJMoa1400506>. Accessed 10-5-2015.

Strategy 4: Stocking and Supply

Strategies for enhancing policies and procedures for stocking LARC devices and addressing the supply of devices in hospital pharmacy and clinical settings include working closely with pharmacy partners.

Strategy 5: Outreach

This strategy covers strategies for recruiting advocates and partners to develop and implement IPP LARC policies and clinical practice change. Outreach will also explore effective methods of communication with and reaching and informing providers, policymakers, patients, and the public about the availability or importance of inpatient IPP LARC.

Strategy 6: Stakeholder Partnerships

Engaging national and federal partners on issues related to IPP LARC and identifying internal and external state partnerships are essential to successfully implementing IPP LARC policies. This cross-cutting strategy provides information about stakeholders and partnerships, including who to work with for engagement and education and examples of organizations with which to connect.

Strategy 7: Service Locations

Developing and maintaining comprehensive services locations for IPP LARC is critical for enhancing access for women. This strategy distinguishes strategies for urban and rural settings, developing strategies for engaging Federally Qualified Health Centers, family planning clinics, and the role of telehealth and teleobstetrics.

Strategy 8: Data, Monitoring, and Evaluation

Quality assurance and improvement for IPP LARC is critical for its long term success and growth. Documenting ways of accessing existing data (e.g. Medicaid or hospital records), particularly regarding data on insertion rates and safety monitoring, are components of a high quality IPP LARC program.

The goal of the LARC learning community is to identify, document, and address technical assistance needs, promising practices, and barriers to LARC use. ASTHO has a long-standing commitment to health equity and is passionate about supporting policies that address health disparities and the social determinants of health, such as poverty. Teen pregnancy can increase the odds of experiencing poor health outcomes and can lead to increased poverty, higher healthcare costs, and reduced educational attainment, and can financially, socially, and emotionally impact teen moms and their children.^{5,6} Almost 20 percent of births in teen moms (individuals between ages 15 and 19) are repeat births, and American Indian, Alaskan Native, and black teens are 1.5 times more likely to experience a repeat teen birth than white teens.⁵ Improved access to LARC soon after birth reduces the chances of repeat pregnancies among first time teen moms.⁷

⁵ Godfrey, EM. "Helping Clinicians Prevent Pregnancy among Sexually Active Adolescents: U.S. Medical Eligibility Criteria for Contraceptive Use and U.S. Selected Practice Recommendations for Contraceptive Use." *Journal of Pediatric and Adolescent Gynecology*. 28:4, 209-214 Available at <http://doi.org/10.1016/j.jpag.2014.08.006>. Accessed 10-5-2015.

⁶ CDC. "Vital Signs: Preventing Repeat Teen Births." Available at <http://www.cdc.gov/vitalsigns/TeenPregnancy/index.html>. Accessed 10-5-2015.

⁷ Damle, LF, et al. "Early Initiation of Postpartum Contraception: Does It Decrease Rapid Repeat Pregnancy in Adolescents?" *Journal of Pediatric and Adolescent Gynecology*. 2015. 28:1, 57 – 62.