Provider Counseling and Coding Training for Immediate Postpartum Long-Acting Reversible Contraception

Overview

Long-acting reversible contraception (LARC) is a form of highly effective contraceptive methods that include non-hormonal and hormonal intrauterine devices (IUDs) and single-rod hormonal implants. Appropriately trained clinicians are the foundation for successfully increasing access LARC for women in the period immediately postpartum. Clinical providers need overall training on LARC insertion and placement or specific training to ensure that they are familiar with the different techniques involved with postpartum IUD insertion (see ASTHO factsheet for more information). Both clinical providers and healthcare staff need training to allay concerns around LARC and breastfeeding and expulsion, as well as how to provide counseling for informed consent. Hospital billing and coding staff need training on the state's policies and procedures for reimbursement for immediate postpartum LARC to ensure their facilities get paid appropriately. Cultivating champions in the provider community and working with professional associations and related groups can help state and territorial health agency leaders expand access to immediate postpartum LARC in hospitals.

Counseling

Clinicians providing immediate postpartum LARC and healthcare staff involved in the informed consent process should receive training on how to counsel patients on LARC. Counseling on immediate postpartum LARC should happen early—during the prenatal period, ideally during the preconception/interconception period when a woman is planning her pregnancy. However, women who only have healthcare coverage for a limited time surrounding their pregnancy may receive counseling for the first time during labor and delivery. The American College of Obstetricians and Gynecologists (ACOG) recommends counseling include information on the advantages of LARC, the risks of IUD expulsion, contraindications, and alternatives to allow for informed decisionmaking. Since state health departments often work with vulnerable populations, it is particularly important to ensure a robust informed consent process for LARC to avoid the risk of coercion.

Addressing Concerns

Contraindications

Training for providers should also cover contraindications associated with postpartum IUD placement, including intrauterine infection at the time of delivery, postpartum hemorrhage, and puerperal sepsis. There are no increased risks of bleeding or infection with postpartum IUD placement, except in the case of sepsis. Postpartum implant placement does not have any additional risks or contraindications.

Breastfeeding

Both patients and providers may have concerns regarding the use of contraception during the postpartum period and the delayed onset of milk production due to the presence of progesterone in IUDs and contraceptive implants. While more substantive studies are underway, there is limited long-term data on this topic, and only a handful of small, inconclusive trials. ACOG recommends counseling women on the theoretical risk of immediate postpartum hormonal LARC methods and potentially reducing the duration of breastfeeding. Currently, the CDC's Medical Eligibility for Criteria for Contraceptive Use rates the hormonal IUD and the contraceptive implant in Category 2 for women who

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are breastfeeding, concluding that the advantages generally outweigh theoretical or proven risks. The copper IUD, which is non-hormonal, is rated in Category 1 with no restrictions on use.

Expulsion

Providers may also be concerned about a higher rate of expulsion for IUDs inserted immediately postpartum. Compared to an expulsion rate of 3 to 5 percent for all IUD users, the expulsion rate for immediate postpartum LARC devices is between 10 and 27 percent. Current research is exploring whether expulsion rates differ between hormonal and copper IUDs inserted during the postpartum period. ACOG recommends counseling on IPP LARC that includes information detailing the risk of increased expulsion, and signs and symptoms of expulsion. Since women experience barriers to accessing contraception during the postpartum period, the advantages of immediate postpartum LARC insertion outweigh the risk of expulsion.

Coding and Billing Training

While coding and billing for immediate postpartum LARC can be complex, many states have found it helpful to have trainings for hospital administrative staff to review Medicaid and any other relevant state policies and procedures. States continue troubleshooting over time with staff to ensure hospitals are receiving reimbursement and identify solutions as problems arise. Streamlined billing and rapid reimbursement processes help offset hospital concerns around device cost and the timing of insertion, particularly for IUDs, which is important for facility buy-in.

Financing Reinsertion

A particular issue that crosses both clinical and administrative realms is financing reinsertions for LARC devices, usually for an IUD that has been expelled. In the past, states had Medicaid policies placing time limits on how frequently LARC devices could be reinserted, with the expectation that these are designed to be multi-year methods. When IUDs are inserted in the immediate postpartum period, there is an increased risk of expulsion. Therefore, Medicaid and other insurance agencies should consider this risk when drafting reinsertion policies. When implementing immediate postpartum LARC programs, states should institute policies for how Medicaid covers reinsertions of expelled devices and ensure providers and coding and billing staff are familiar with these procedures.

Provider Champions and Professional Associations

In working to engage providers, states have found success in identifying provider champions and working with state-based professional societies and associations. Provider champions are critical for generating buy-in from the professional community, and acting as liaisons to hospitals in the state. Provider champions can also serve as trainers for other providers. Likewise, working with professional societies and associations provides opportunities for clinical trainings at conferences where providers are focused on continuing professional education. These groups also host webinars and mobile training events, allowing states to expand their provider outreach.