Factsheet

Informed Consent and Ethical Considerations for Immediate Postpartum Long-Acting Reversible Contraception

Overview

As many states work to expand and improve access to immediate postpartum long-acting reversible contraception (LARC), one critical component is to ensure women's informed consent and patient satisfaction around the option of immediate postpartum LARC. LARC methods are highly effective forms of contraception and include IUDs and the contraceptive implant, methods that are more than 99 percent effective at 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] Immediate postpartum LARC offers several benefits, including effective protection from unintended pregnancy immediately after birth and added convenience for patients.[3,4]

Timing and content of informed consent for immediate postpartum LARC involves significant ethical considerations. Ideally, a contraceptive client would first receive information about immediate postpartum LARC during the preconception period when the provider discusses the full range of contraceptive methods available. However, women with limited access to care may not receive information in the preconception period or prenatally to make an informed decision. In addition, it is also important to consider the different context in which racial and ethnic minorities in the United States experience reproduction and contraception and how this intersects with immediate postpartum LARC. This factsheet provides an introduction to some of the considerations to keep in mind regarding informed consent and ethics related to immediate postpartum LARC.

Informed Consent and Family Planning

According to the American Medical Association, "the patient's right of self-decision can be effectively exercised only if the patient possesses enough information to enable an informed choice."[5] In addition, one of the bedrock principles behind publicly funded family planning programs in the United States, including both Medicaid and Title X, is that such services must be voluntary and that patients must have a free choice of contraceptive methods. The key to both of these is a robust informed consent process where clients receive information about the full range of contraceptive methods available to them. Contraceptive counseling and informed consent are ideally an ongoing process where both women and men receive information tailored to their stage of life and reproductive life goals, with the recognition that contraceptive needs will change over time.[6,7]

Timing of Information

In the ideal scenario, a contraceptive client would first receive information about immediate postpartum LARC during the preconception period when the provider discusses the full range of contraceptive methods available. Immediate postpartum LARC is important for women to think about, even when they aren't thinking about getting pregnant. It is also important for men to know that immediate postpartum LARC is an option for a partner. The provider discussing this option during the preconception period also allows the patient a longer time to do research and ask questions, and look into public and private coverage options to determine if LARC is the best option. These conversations should continue during the prenatal period when a final determination can be made about whether immediate postpartum LARC is the right choice. The decision about immediate postpartum LARC should be carefully considered

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and hopefully made before a woman goes into labor. Immediate postpartum LARC can also be discussed as an option in the interconception period when another pregnancy may be in the future.
However, those who are uninsured or underinsured may struggle to access healthcare and may not receive preconception care or prenatal care until later in pregnancy, or not at all. As noted above, it is best for women to learn about LARC before giving birth, and even better to learn about LARC before conceiving. Unfortunately, those who struggle with access to care may not have gotten the opportunity to learn about immediate postpartum LARC. In 2014, six percent of women in the United States received late or no prenatal care, with state percentages ranging as high as 10 percent in Washington, D.C. and Texas.[8] Many of these women will only qualify for emergency Medicaid coverage once they enter the hospital for labor and delivery, depending on state requirements.

There are many challenging ethical considerations. It can be difficult to ensure that a woman prior to discharge from the hospital after labor and delivery has had the appropriate time and space for informed consent about immediate postpartum LARC while in labor. However, not providing her with the option may deprive her of an important and limited-time opportunity to get a healthcare service she wants and would otherwise have a hard time accessing and can be paternalistic.

Communities of Color and LARCs

Another ethical consideration around immediate postpartum LARC is that communities of color in the United States experience disparities around teen and unintended pregnancy and birth outcomes and thus can be seen as target populations for LARC-focused initiatives. Communities of color have also long experienced the devaluing of their fertility and childbearing and have faced forced sterilization initiatives or other state-sponsored efforts to restrict their fertility. Against this backdrop, ensuring informed consent for immediate postpartum LARC for vulnerable populations, including women of color, low-income women, and young women, is even more critical. In addition, the decision for an immediate postpartum LARC must be made because it is right for the individual, not because the individual meets certain characteristics.[9,10]

Removal of LARCs

An additional consideration regarding LARCs is their removal, which happens at a different time and place than their insertion and, for most users, requires additional medical intervention. This is unlike other contraceptive methods, and for women to truly have free choice, they should be able to get their LARCs removed when they want to, even if it's before the time limit of the method. However, until a recent announcement from the Centers for Medicare and Medicaid Services, Medicaid did not explicitly require states to include removal as part of LARC coverage.[11] States with immediate postpartum LARC initiatives should consider how they will allow for women to get them removed if they want to, if they have adverse side effects, or if they are at the end of the method's time limit in order to ensure both free choice and greater patient satisfaction.

Additional Resources

As part of ASTHO's immediate postpartum LARC Learning Community, staff from CDC's Office of the Associate Director for Science gave a presentation on "Immediate Postpartum LARC: A Holistic Ethical Approach." The presentation and slide deck are available online.

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