# Immediate post-partum LARC insertion – Iowa’s story

## Long Acting Reversible Contraception (LARC) Learning Community Launch

**August 19, 2014**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Role</th>
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<tbody>
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Background
Iowa demographics

• Population – 3,090,416
  – White alone: 91.5%
  – Black or African American alone: 2.9%
  – American Indian and Alaska Native alone: 0.4%
  – Asian alone: 1.8%
  – Native Hawaiian and Other Pacific Islander alone: 0.1%
  – Two or more races: 1.4%
  – Hispanic or Latino (of any race): 5.0%
  – White alone, not Hispanic or Latino: 88.4%
    • 64% Urban

• 2013 resident births – 39,013
Maternity Hospitals

• Seventy-seven maternity hospitals
  – 56 Level I
  – 13 Level II
  – 4 Level II Regional Centers
  – 2 Level II Regional Neonatal Centers
  – 3 Level III
Relationship with Medicaid

• Since 1989 – collaboration to link birth certificate to paid claims
  – Monitor birth outcomes
  – Access to prenatal care
  – Maternal behaviors during pregnancy

• Maternal Health Medicaid Task Force
  – Meet quarterly

• Medicaid Policy specialist and Title V MCH staff
  – Meet monthly
Medicaid and LARCs

- October 2013
  - Initial contact with Medicaid re: PP LARCs
- February 2014
  - Information letter 1349 issued

Success!
LARCS in Iowa
Iowa Initiative to Reduce Unintended Pregnancies

• What if Title X agencies were fully funded?
  – Selected Iowa results
    • 11% more men and women received family planning services at Title X agencies
    • IUD use increased by 218%
    • Implant use increased by 829%
    • Unintended pregnancies decreased by 5%
    • Abortion decreased by 19%
Barriers to immediate post-partum LARC insertion

• Provider concern about expulsion rates
  – Must obtain “medical necessity” declaration for re-insertion reimbursement
  – Reimbursement does not cover service cost
    • Provider training
    • Health education

• Catholic hospitals not participating
  – 19% of maternity hospitals
  – 32% (n=11,816) of 2013 resident births