

## Recommendations to Address Healthcare Providers' Needs for Postpartum LARC Training

Long-acting reversible contraception (LARC) methods encompass several [highly effective contraceptive devices](#) that include non-hormonal and hormonal intrauterine devices (IUDs) and single-rod hormonal implants. Placed in the immediate postpartum period, these devices prevent mistimed or unintended pregnancies. This is an important public health goal because rapid repeat pregnancies—pregnancies that occur within 18 months of each other—are [linked to various adverse health outcomes](#), including placental abruption, preterm birth, placenta previa, and low birth weight. Moreover, unintended pregnancies can [lead to delayed prenatal care, preterm birth, and other health issues](#).

Healthcare providers have traditionally discussed contraception with new mothers at their six-week postpartum appointments. Many women have limited access to healthcare; therefore, they may not attend these checkups. Increasing access to immediate postpartum LARC helps women achieve their family planning goals while they are still at a birthing facility and have guaranteed access to healthcare providers.

To increase access to immediate postpartum LARC, health agencies and healthcare providers have reported the need for increased provider training.<sup>1-2</sup> The following recommendations describe how state and territorial health departments can facilitate immediate postpartum LARC training for healthcare providers.

### General Recommendations

Healthcare providers should discuss contraception options with women several weeks before they give birth. Experts recommend providers use the shared decisionmaking model in [which clinicians present the evidence to their patients](#) and patients then weigh it with their personal goals and values.

Health agencies can help support shared decisionmaking by educating providers about the [Agency for Healthcare Research and Quality's SHARE Approach](#) or [creating their own decisionmaking aids](#). To train healthcare providers on how to counsel patients on immediate postpartum LARC using the shared decisionmaking model, [health agencies may want to cover some of the following topics](#):

- Discussing the patient's family planning goals, such as when the patient may be interested in having another child.
- Communicating with the patient about the pros and cons of using LARC, taking time to discuss risks and address misperceptions. For example, LARC are highly effective and convenient because they do not require users to take proactive steps to maintain their efficacy. However, [some lactation experts have expressed concern](#) that hormonal contraception, such as the implant and hormonal IUDs, could negatively impact breast milk production in theory.
- Telling the patient about the harms associated with mistimed or unintended pregnancies, as detailed above.
- Discussing the safety of immediate postpartum LARC with the patient. The [United States Medical Eligibility Criteria for Contraceptive Use](#) and [American College of Obstetricians and Gynecologists](#) (ACOG) support immediate postpartum LARC.

- Explaining the differences between IUDs and implants to the patients. Some patients strongly prefer one option to the other. For example, some patients may like that there is no risk of expulsion with the implant. Others may want a non-hormonal option, which the IUD offers.
- How healthcare providers can [determine whether contraindications apply to a patient](#) and preclude her from receiving immediate postpartum LARC.
- How healthcare providers can bill for immediate postpartum LARC in their jurisdictions.

## Recommendations on Implant Training

Training for immediate postpartum implant placement is relatively straightforward because the [subdermal arm insertion process can occur at any time](#) within a woman's menstrual cycle. These implants can also be inserted any time following birth. However, healthcare providers must receive training prior to becoming authorized to insert the devices.

Health agencies may also want to create trainings or disseminate toolkits that provide another layer of basic training. For example, in 2015, a Johns Hopkins University biomedical engineering student team created the [Contraceptive Implant Training](#) toolkit that includes a replica arm and armband on which providers can practice insertion.

## Recommendations on IUD Training

Due to postpartum changes in the uterus, immediate postpartum IUD insertion is slightly different than insertion at other points during a woman's cycle. ACOG [requires that providers be trained](#) using a didactic instruction technique that covers insertion and placement following both a vaginal delivery and a cesarean delivery, since the specifics for each type of delivery varies. One important factor to cover in the training is that the immediate postpartum IUD must be [inserted within 10-15 minutes of the placenta's delivery](#).

Additionally, the Stanford Program for International Reproductive Education and Services has created a [video demonstration](#) of its immediate postpartum IUD insertion training model. The video details how to modify an obstetrical manikin so that it mimics a postpartum uterus and the tools healthcare providers can use as they practice placing the immediate postpartum IUD in the manikin.

As part of training healthcare providers on immediate postpartum IUDs, health agencies also may want to share or use evidence-based training manuals. In 2013, the U.S. Agency for International Development released a [course to train providers](#) on immediate postpartum IUD insertion, which includes a trainer's handbook, learner's handbook, and materials in French and Arabic.

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<sup>1</sup> ASTHO. "ASTHO LARC Learning Community: Themes from Key Informant Interviews." Available at: <http://www.astho.org/Maternal-and-Child-Health/Long-Acting-Reversible-Contraception/Themes-from-LARC-Key-Informant-Interviews/>. Accessed on 8-17-2016.

<sup>2</sup> ASTHO. "ASTHO Immediate Postpartum LARC Learning Community: Findings from Key Informant Interviews with Cohort 1 States." Available at: <http://www.astho.org/Programs/Maternal-and-Child-Health/Documents/Key-Informant-Interview-Cohort-1-Year-2/>. Accessed on 8-17-2016.

<sup>2</sup> ASTHO. "ASTHO Immediate Postpartum LARC Learning Community: Findings from Key Informant Interviews with Cohort 2 States." Available at: <http://www.astho.org/Programs/Maternal-and-Child-Health/Documents/LARC-Key-Informant-Interviews-Cohort-2-Year-2/>. Accessed on 8-17-2016.