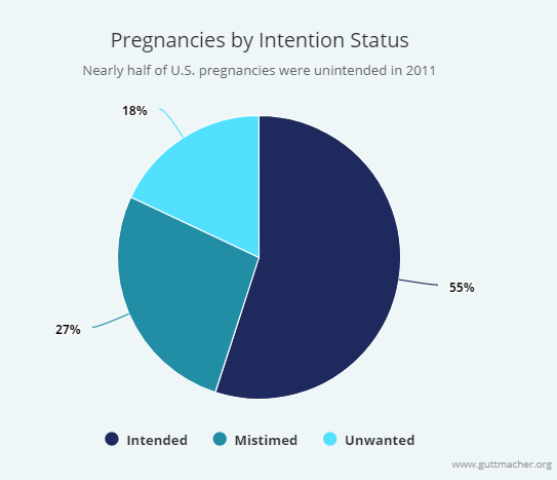
# PCAI Website
# Quick Notes

## Home

- **Rotating Carousel**
  - Nearly half of all pregnancies in the United States are unintended
  - Increasing access to the full range of contraceptive methods can empower women, improve health, and reduce unintended pregnancy
  - We work to ensure all women have access to the full range of postpartum contraception before leaving the hospital after a delivery
  - The Postpartum Contraceptive Access Initiative supports immediate postpartum LARC implementation through onsite, individualized training

- **Intro**
  - The Postpartum Contraceptive Access Initiative prepares obstetrician-gynecologists and other health providers to offer the full range of contraceptive methods to women after delivery through comprehensive, individualized trainings.
  - Expanding access to postpartum initiation of effective contraception, including LARC methods, can empower women to choose a method right for them, and can reduce rapid repeat and unintended pregnancies.

- **Nearly half of all pregnancies in the United States are unintended**
  - The unintended pregnancy rate fell 18% from 2008 to 2011. Although lowering unintended pregnancy rates requires multiple approaches, this drop is in part attributed to the increased use of highly effective contraception.




- **The option of immediate postpartum LARC**
  - The immediate postpartum period can be a particularly favorable time to provide long-acting reversible contraception, and research shows that postpartum LARC provision is safe and effective.

ACOG The American College of Obstetricians and Gynecologists
the LARC program Long-Acting Reversible Contraception
PCAI Postpartum Contraceptive Access Initiative
ACOG FOUNDATION

## About Us

- **The American College of Obstetricians and Gynecologists**
  - The **American College of Obstetricians and Gynecologists** is the premier professional membership organization dedicated to the improvement of women's health. With more than 58,000 members, comprised of the nation's leading group of professionals providing health care for women, the College has served as the preeminent source of clinical guidance on women's health for over six decades. Composed of 12 districts and 95 sections, the College represents various geographical regions, countries, territories, and states in North and South America.

- **The LARC Program**
  - Housed within the College, the **LARC Program** works to improve access to the full range of contraceptive methods in the United States by connecting providers, patients, and the public with the most up-to-date information and resources on LARC methods.

  - In working towards this mission, we:
    - Create, revise, and review clinical and educational materials
    - Advocate on behalf of providers and patients
    - Created educational and practice support tools
    - Advocate for reimbursement and coverage
    - Develop and provider educational outreach materials and training activities
    - Build relationships with family planning colleagues and organizations
    - Conduct research on LARC knowledge, attitudes, and practice patterns

  - Sign up for the LARC Program e-newsletter to receive updates **here**.

## What We Do

- **Our mission**
  - The mission of the Postpartum Contraceptive Access Initiative is to ensure all women have access to the full range of postpartum contraceptive methods before leaving the hospital after a delivery.

- **Our approach**
  - PCAI prepares obstetrician-gynecologists and other health providers to offer the full range of contraceptive methods to women after delivery through comprehensive, individualized trainings.

  - The immediate postpartum period can be a particularly favorable time to provide LARC methods, and research shows that postpartum LARC provision is safe and effective. Expanding access to postpartum initiation of effective contraception, including LARC methods, can empower women to choose the best method for them, and can reduce rapid repeat and unintended pregnancies.

  - Through onsite training and support, ACOG supports implementation of immediate postpartum LARC provision at participating sites, supporting access to the full range of contraceptive methods postpartum. This can result in women obtaining their desired contraceptive method and birth spacing while also having higher satisfaction and continuation rates with their choice of postpartum contraception.

  - The ACOG LARC Program created PCAI, in consultation with more than 20 family planning clinicians and experts, many of whom implemented immediate postpartum LARC at their own institution. The insights and best practices gleaned from these experts inform the PCAI program design.

- **Evidence-based program design**
  - PCAI uses an evidence-based, systems approach to offset implementation barriers. Key program components include:

  - *Three-pronged implementation model bolsters ongoing success.* Evidence-based research supports the use of a tiered approach for implementing immediate postpartum LARC and ACOG believes a staged approach is crucial for successful implementation. The PCAI program design incorporates a three-pronged implementation model to support successful provision of immediate postpartum LARC. These phases include:
    1. Setting the state for implementation
    2. Clinical and operational support trainings
    3. Ongoing support through a web-based resource hub and follow up technical assistance

  - *Local leadership & insights inform individualized training plan.* Providers know their institution's needs the best. Therefore, prior to any onsite training, ACOG staff learn from local partners with on-the-ground insights and collaborate with them to create an individualized training plan for their institution through the completion of a needs assessment. Potential trainings include:
    1. Building Capacity to Implement Immediate Postpartum LARC
    2. Immediate Postpartum LARC for Clinicians Doing Deliveries
    3. The Role of Nursing in Immediate Postpartum LARC Implementation
    4. Contraceptive Counselling for the Immediate Postpartum Period
    5. Immediate Postpartum Contraception and Breastfeeding
    6. Billing, Coding & Payment for Immediate Postpartum LARC Services

  - Training partners have included: hospitals, health systems, residency programs, perinatal quality collaboratives, and state-wide initiatives to decrease unintended pregnancy.

- *The importance of shared medical decision making highlighted in every training.* All PCAI trainings highlight the importance of patient autonomy and discuss ways to engage in shared medical decision making, which can increase patient engagement and reduce risk resulting in improved outcomes, satisfaction, and treatment adherence.

- More information: **ACOG Committee Opinion No. 490: Partnering with Patients to Improve Safety**

- *Train-the-trainer model fosters sustainability through a pool of competent, local providers.* PCAI uses a "train-the-trainer" model whenever requested by a participating site. The train-the-trainer" model builds a pool of competent individuals who can both provide ongoing support onsite after the ACOG-provided training and teach others the knowledge and skills within their content area.

## Postpartum Contraception: Options for Postpartum Contraception

- **Postpartum contraceptive options**

| Method | Effectiveness | Special Considerations |
|---|---|---|
| Sterilization (male & female) | 99%+ | - Permanent |
| Etonogestrel (ENG) Implant | 99%+ | - Must be placed and removed by trained clinician<br>- Clinicians must attend manufacturer training prior to placement |
| IUD: Copper | 99%+ | - Must be placed and removed by trained clinician |
| IUD: Levonorgestrel (LNG) | 99%+ | - Must be placed and removed by trained clinician |
| Injectable (Medroxyprogesterone acetate) | 94% | - Must obtain injection every 3 months |
| Lactational amenorrhea method (LAM) | 92-98% | May be impractical for many women; this effectiveness is reached when:<br>- Infant frequently & exclusively breastfed (no pumping or bottles; time between feeding during day <4 hours & <6 hours at night)<br>- <6 months postpartum<br>- Amenorrheic |
| Progestin-only pill | 91% | - Must take pill at same time every day with 3 hour late window |
| Estrogen/progestin combined pill, patch or ring | 91% | - Cannot be used within 3 weeks of delivery due to increased risk of blood clots<br>- Women with risk factors must wait until 6 weeks after delivery to use these methods safely |

- **More information on postpartum contraception**
  - **AOCG FAQ #500: Long- Acting Reversible Contraception Right after Childbirth**
  - **ACOG FAQ #194: Postpartum Birth Control**
  - **ACOG FAQ #184: Long-Acting Reversible Contraception (LARC): IUD and Implant**
  - **ACOG FAQ #052: Postpartum Sterilization**
  - **ACOG FAQ #024: Fertility Awareness-Based Methods of Family Planning**
  - **ACOG FAQ #022: Barrier Methods of Birth Control: Spermicide, Condom, Sponge, Diaphragm, and Cervical Cap**

- **CDC recommendations on contraceptive methods**
  - The Centers for Disease Control and Prevention (CDC) has published guidance regarding who can use various contraceptive methods, and clinical guidance for the initiation and use of specific contraceptive methods. Both the U.S. Medical Eligibility Criteria (MEC) and Selected Practice Recommendations (SPR) address the use of LARC methods immediately postpartum.

  - The CDC, in collaboration with the Office of Population Affairs at the U.S. Department of Health and Human Services, developed recommendations how to provide family planning services so that individuals can achieve their desired number and spacing of children, increase the chances that a baby will be born healthy, and improve their health even if they choose not to have children. These recommendations are outlined in Providing Quality Family Planning Services (QFP).

  - **U.S. Medical Eligibility Criteria (MEC), 2016.** The 2016 U.S. MEC includes recommendations for using specific contraceptive methods by women and men who have certain characteristics or medical conditions.

- **U.S. Selected Practice Recommendations (SPR), 2016.** The 2016 U.S. SPR addresses a select group of common, yet sometimes controversial or complex, issues regarding initiation and use of specific contraceptive methods.

- **Providing Quality Family Planning Services (QPF).** The QFP recommends how to provide family planning services so that individuals can achieve their desired number and spacing of children, increase the chances that a baby will be born healthy, and improve their health even if they choose to not have children.

## Postpartum Contraception: What is LARC?

- **"LARC" stands for long-acting reversible contraception**
  - Two types of LARC methods available in the United States:
    - Intrauterine devices (IUDs)
    - Etonogestrel (ENG) implant
  - Two major advantages of LARC include:
    - LARC does not require ongoing effort for long-term and effective use
    - Rapid return to fertility after removal of the device
  - Learn more: **ACOG FAQ #184: Long-Acting Reversible Contraception (LARC): IUD and Implant**

- **Types of LARC**
  - 
    Contraceptive implant: about the size of a match stick
  - 
    Intrauterine device (IUD): about the size of a quarter

- **Levonorgestrel (LNG) IUD**
  - Mechanism of action:
    - Prevent fertilization by changing amount and viscosity of cervical mucus, making it impenetrable to sperm
  - Evidence supports that LNG IUDs do not disrupt pregnancy and are not abortifacients
  - Most women ovulate normally, but experience diminished menstrual bleeding because of the local effect of levonorgestrel on the endometrium
  - 99.8% effective, the one-year typical use failure rate is 0.2 per 100 women

- **Copper IUD**
  - Mechanism of action:
    - Inhibition of sperm migration
    - Change in transport speed of ovum
    - Damage of destruction of the ovum
  - Evidence supports that the Copper IUD does not disrupt pregnancy and is not an abortifacient
  - The most common adverse effects reported are abnormal bleeding and pain
  - 99.2% effective, the one-year typical use failure rate is 0.8 per 100 women

- **Etonogestrel (ENG) implant**
  - Mechanism of action:
    - Primary: ovulation suppression
    - Additional: thickening of cervical mucus and alteration of the endometrial lining
  - After implant insertion, changes in bleeding patterns are common and include amenorrhea or infrequent, frequent, or prolonged bleeding

- Placed subdermally in upper arm; size 4cm x 2mm (comparable in size to a match stick)
- 99.9% effective, the one-year typical use failure rate is 0.05 per 100 women

- **Current LARC Methods**

| Description | Brand Name of Method | Type of Method | FDA-Approved Duration of Use |
|---|---|---|---|
| Hormonal IUD | Mirena® | 52 mg LNG IUD | 5 years |
| | Skyla® | 13.5 mg LNG IUD | 3 years |
| | Kyleena® | 19.5 mg LNG IUD | 5 years |
| | Liletta® | 52 mg LNG IUD | 4 years |
| Non-hormonal IUD | Paragard® | Copper IUD | 10 years |
| Contraceptive Implant | Nexplanon® | 68 mg ENG implant | 3 years |

## Postpartum Contraception: What is Immediate Postpartum LARC?

- **Immediate postpartum LARC refers to LARC initiation after delivery before hospital discharge**
  - **ACOG supports** immediate postpartum LARC insertion as a best practice, recognizing its role in preventing rapid repeat pregnancy and unintended pregnancy

  - Immediate postpartum LARC:
    - Should be offered as an effective option for postpartum contraception
    - Can reduce unintended pregnancy and lengthen interpregnancy intervals

  - Women should be counseled prenatally about immediate postpartum LARC, including its:
    - Advantages
    - Risk of IUD expulsion
    - Contraindications and alternative to allow for informed decision making

  - Learn more: **ACOG Committee Opinion #670: Immediate Postpartum Long-Acting Reversible Contraception**

- **Definitions: timing of LARC placement**
  1. Immediate Postplacental: Placement within 10 minutes of delivery of placenta
  2. Immediate Postpartum: Placement during hospital admission for delivery
  3. Postpartum: Placement within 6 weeks of delivery
  4. Interval Placement: Placement 6 weeks or later following delivery

- **What are some benefits of immediate postpartum LARC?**
  1. Unintended pregnancy remains a significant issue in the U.S. and LARC methods can decrease unintended pregnancy and lengthen interpregnancy intervals
  2. Patient is still in the midst of care and placement can be convenient for both woman and clinician
  3. Time limit on postpartum insurance coverage for some women after hospital discharge
  4. Women are known not to be pregnant and many are motivated to avoid short-interval pregnancy
  5. Cost-effective despite higher IUD expulsion rates
  6. Women using LARC methods have high satisfaction and continuation rates as compared to oral contraceptive pill users
  7. Up to 40% of women do not attend the postpartum visit
  8. Up to 75% of women who plan to use an IUD postpartum do not obtain it
  9. Some women may attend the postpartum visit, but encounter barriers to receiving LARC, such as inability to pay, clinicians or clinics not offering LARC, or need for a repeat visit for placement

## Clinical Considerations: Assessing Candidacy

- **LARC has few contraindications and should be offered routinely as safe and effective contraceptive options for most women**
  - Read more ACOG guidance:
    - **ACOG Practice Bulletin #186 – Long-Acting Reversible Contraception: Implants and Intrauterine Devices**
    - **ACOG Committee Opinion #670 – Immediate Postpartum Long-Acting Reversible Contraception**

- **CDC recommendations on contraceptive methods**
  - The Centers for Disease Control and Prevention (CDC) has published guidance regarding who can use various contraceptive methods, and clinical guidance for the initiation and use of specific contraceptive methods. Both the U.S. Medical Eligibility Criteria (MEC) and Selected Practice Recommendations (SPR) address the use of LARC methods immediately postpartum.

  - The CDC, in collaboration with the Office of Population Affairs at the U.S. Department of Health and Human Services, developed recommendations how to provide family planning services so that individuals can achieve their desired number and spacing of children, increase the chances that a baby will be born healthy, and improve their health even if they choose not to have children. These recommendations are outlined in Providing Quality Family Planning Services (QFP).

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  - **Providing Quality Family Planning Services (QPF).** The QFP recommends how to provide family planning services so that individuals can achieve their desired number and spacing of children, increase the chances that a baby will be born healthy, and improve their health even if they choose to not have children.

## Clinical Considerations: Expulsion

- **ACOG supports immediate postpartum LARC insertion as a best practice, recognizing its role in preventing rapid repeat and unintended pregnancy**
  - Despite the higher expulsion rate of immediate postpartum IUD placement over interval placement, evidence from clinical trials and from cost-benefit analyses strongly suggest the superiority of immediate placement in reduction of unintended pregnancy, especially for those at greatest risk of not having recommended postpartum follow-up visit.

  - Expulsion rates for immediate postpartum IUD insertions are higher than for interval or postabortion insertions, vary by study, and may be as high as 10-27% **(73-90% of women retain the device)**. Differences in expulsion rates are similar with manual insertion versus use of ring forceps, but may differ depending on the experience of the inserter.

  - Optimally, women should be counseled prenatally about the option of immediate postpartum LARC. Counseling should include advantages, risk of IUD expulsion, contraindications, and alternatives to allow for **informed decision making.**

  - Many women experience barriers to interval LARC placement, such that the advantages of immediate placement outweigh the disadvantages. As many as 40% of women do not return for a postpartum visit because of:
    - Childcare obligations
    - Unable to get off work
    - Unstable housing
    - Lack of transportation
    - Communication or language barrier
    - Lack of insurance coverage or potential expiration of Medicaid eligibility

  - Replacement cost may vary by insurance plan, and a woman who experiences or suspects expulsion should contact her health care provider and use a back-up contraceptive method.

  - Learn more about immediate postpartum IUD expulsion: **Immediate Postpartum LARC Bibliography Resource Digest**.

## Clinical Considerations: Breastfeeding

- **Given available evidence ACOG recommends that women who are considering immediate postpartum hormonal LARC should be counseled about the theoretical risk of reduced duration of breastfeeding, but that the preponderance of the evidence has not shown a negative effect on actual breastfeeding outcomes.**
  - Systematic review findings show that progestin-only contraceptives do not appear to adversely affect a woman's ability to successfully initiate and continue breastfeeding on an infant's growth and development.

  - There are theoretical concerns that exogenous progesterone could prevent lactogenesis, but observational studies of progestin-only contraceptives suggest no effect on successful initiation and continuation of breastfeeding or on infant growth and development.

  - The copper IUD lacks hormones, which avoids any theoretical effect on breastfeeding, and is classified as CDC MEC Category 1 (no restriction on use) for women who are breastfeeding

  - ACOG recommends a shared medical decision making approach to contraceptive counseling.
    - Obstetric care providers should discuss the limitations and concerns associate with the use of hormonal LARC within the context of each women's desire to breastfeed and her risk of unplanned pregnancy so that she can make an autonomous and informed decision.

  - Read more ACOG guidance:
    - **ACOG Practice Bulletin #186 – Long-Acting Reversible Contraception: Implants and Intrauterine Devices**
    - **ACOG Committee Opinion #670 – Immediate Postpartum Long-Acting Reversible Contraception**

  - Learn more about immediate postpartum hormonal LARC use and breastfeeding: **Immediate Postpartum LARC Bibliography Resource Digest**.

## Clinical Considerations: Insertion & Removal

- **Immediate postpartum IUD insertion videos**
  - The following videos contain instruction on immediate postpartum IUD insertion.
    - **Immediate Post-Placental LARC Insertion video** by the **ACOG District II LARC Task Force**.
    - **LARC Insertion: Immediate Postpartum Period**. This video is a part of the **ACOG LARC Program Video Series**, which covers a variety of clinical topics related to the provision of LARC.

- **Postplacental IUD insertion**
  - Insertion of IUDs immediately postpartum requires a different set of skills than for interval placement and varies by delivery method. Formalized training is advised before provision of immediate postpartum IUD placement. No matter what insertion technique is used, it is key to ensure the IUD is placed at the fundus of the uterus to decrease chance of expulsion.

- **Implant insertion**
  - The technique for implant placement immediately postpartum does not differ from that for interval insertion.

  - The Food and Drug Association requires that all health care providers who perform implant insertions and removals receive training from Merck, the manufacturer of **Nexplanon®**. Therefore, the insertion process is deferred to the manufacturer and not covered here.

- **Removal**
  - The technique for removing a LARC device placed immediately postpartum does not differ from that for interval insertion.

  - Both the insertion and removal of a LARC device creates reliance on a clnician. A patient's right of reusal for initiating or discontinuing a method should be addressed by obstetrician-gynecologists and other health care providers. At no time should a patient be forced to use a method chosen by someone other than herself, including a parent, guardian, partner, or health care provider.
    - ACOG guidance on the management of difficult IUD or contraceptive implant removals can be found **here**.

## Contraceptive Counseling: Shared Medical Decision Making & Supporting Patient Autonomy

- **Shared medical decision making**
  - **Shared medical decision making** is a process in which the obstetrician-gynecologist or other health care provider shares with the patient all relevant risk and benefit information on all treatment alternatives and the patient shares with the obstetrician-gynecologist or other health care providers all relevant personal information that might make one treatment or side effect more or less tolerable than others.
  - It can increase patient engagement and reduce risk resulting in improved outcomes, satisfaction, and treatment adherence.
  - Decision making is a continuum with the obstetrician-gynecologist or other health care provider leading the discussion on one end, and with patients making the decision on the other end. Although medical knowledge is tipped toward the obstetrician-gynecologist or other health care provider end of the continuum, in shared medical decision making, a middle ground is sought that incorporates sound medical care and a patient's personal preferences.
  - Patient-centered goals should also be considered in the decision-making process. However, providers should share their clinical judgement on best choices when they believe a clear benefit exists.
  - Learn more: **ACOG Committee Opinion #490, Partnering With Patients to Improve Safety**

- **Supporting patient autonomy**
  - The U.S. has a history of coercive provision of contraception and forced sterilization. Due to this history, marginalized communities may mistrust clinicians and the broader health care system. Any counseling about postpartum contraception, especially sterilization or LARC, should be sensitive to this history. LARC can give women a decreased sense of control over their contraception, as a clinician is required for both device initiation and removal.
  - Health care provider bias can contribute to coercion, and health care providers are encouraged to self-reflect on their own biases and how to provide patient-centered care that supports autonomous decision-making.
  - **ACOG supports** the **LARC Statement of Principles** by **SisterSong** and the **National Women's Health Network** (NWHN).
  - The LARC Statement of Principles says, "We believe that people can and do make good decisions about the risks and benefits of drugs and medical devices when they have good information and supportive health care. We strongly support the inclusion of long-acting reversible contraceptive methods (LARCs) as part of a well-balanced mix of options, including barrier methods, oral contraceptives, and other alternatives. We reject efforts to direct women toward any particular method and caution providers and public health officials against making assumptions based on race, ethnicity, age, ability, economic status, sexual orientation, or gender identity and expression. People should be given complete information and be supported in making the best decision for their health and other unique circumstances."
  - More information about the statement can be found on the NWHN's page about **LARC**.
  - ACOG also supports the use of a **reproductive justice framework** for contraceptive counseling, which is essential to providing equitable health care, accessing and having coverage for contraceptive methods, and resisting potential coercion by health care providers.

Citation: Dehlendorf C, Levy K, Kelley A, Grumbach K, Steinauer J. Women's preferences for contraceptive counseling and decision making. Contraception 2013;88:250-6.

- Learn more: **ACOG Committee Opinion #699, Adolescent Pregnancy, Contraception, and Sexual Activity**

- **More ACOG guidance on contraceptive counseling**
  - **ACOG Practice Bulletin #186, LARC: Implants and IUDs**
  - **ACOG Committee Opinion #670, Immediate Postpartum LARC**
  - **ACOG Committee Opinion #490, Partnering with Patients to Improve Safety**
  - **ACOG Committee Opinion #710, Counseling Adolescents About Contraception**
  - **ACOG Committee Opinion #587, Effective Patient-Physician Communication**
  - **ACOG Committee Opinion #699, Adolescent Pregnancy, Contraception, and Sexual Activity**
  - **ACOG Committee Opinion #666, Optimizing Postpartum Care**
  - **ACOG Committee Opinion #672, Clinical Challenges of LARC Methods**
  - **ACOG LARC Program Contraceptive Counseling Resource Digest**

## Contraceptive Counseling: Counseling for Immediate Postpartum LARC

- **Counseling for immediate postpartum LARC**
  - Optimally, women should be counseling prenatally about the option of immediate postpartum LARC. Counseling should include advantages, risk of intrauterine device (IUD) expulsion, contraindications, and alternatives to allow for informed decision making.

  - Immediate postpartum LARC should be offered as an effective option for postpartum contraception; there are few contraindications to postpartum IUDs and implants. Obstetrician-gynecologists and other health care providers should counsel women about the convenience and effectiveness of immediate postpartum LARC, as well as the benefits of reducing unintended pregnancy and lengthening interpregnancy intervals.

  - Obstetrician-gynecologists and other obstetric care providers should include in their contraceptive counseling the increased risk of expulsion, including unrecognized expulsion, with immediate postpartum IUD insertion compared with interval IUD insertion.

  - Systems should be in place to ensure that women who desire LARC can receive it during the comprehensive postpartum visit if immediate postpartum LARC was not undertaken.

  - Learn more: **ACOG Committee Opinion #670, Immediate Postpartum LARC**

- **Timing of contraceptive counseling**
  - When is the best time to discuss postpartum contraception? They are all good times!
    - Prenatal Care – Optimally, counseling begins during this time
    - Intrapartum – Reinforce themes from prenatal counseling
    - Postpartum – Opportunity for more education

  - Research has shown that the prevalence of postpartum contraceptive use, including the use of more effective methods, was highest when contraceptive counseling was provided during both prenatal and postpartum time periods.
    Citation: Zapata LB, Murtaza S, Whiteman MK, Jamieson DJ, Robbins CL, Marchbanks PA, et al. Contraceptive counseling and postpartum contraceptive use. Am J Obstet Gynecol 2015;212:171.e1-8.

  - Learn more: **ACOG Committee Opinion #490, Partnering with Patients to Improve Safety**

- **Patient education**
  - **AOCG FAQ #500: Long- Acting Reversible Contraception Right after Childbirth**
  - **ACOG FAQ #194: Postpartum Birth Control**
  - **ACOG FAQ #184: Long-Acting Reversible Contraception (LARC): IUD and Implant**
  - **ACOG FAQ #052: Postpartum Sterilization**
  - **ACOG FAQ #024: Fertility Awareness-Based Methods of Family Planning**
  - **ACOG FAQ #022: Barrier Methods of Birth Control: Spermicide, Condom, Sponge, Diaphragm, and Cervical Cap**

## Implementation

- **Coming soon!**

## Resource Library: ACOG Resources

- **Clinical guidance**
  - **ACOG Practice Bulletin #186, LARC: Implants and IUDs**
  - **ACOG Committee Opinion #670, Immediate Postpartum LARC**
  - **ACOG Committee Opinion #672, Clinical Challenges of LARC Methods**
  - **ACOG Committee Opinion #642, Increasing Access to Contraceptive Implants and Intrauterine Devices to Reduce Unintended Pregnancy**
  - **ACOG Committee Opinion #615, Access to Contraception**
  - **ACOG Committee Opinion #539, Adolescents and Long-Acting Reversible Contraception: Implants and Intrauterine Devices**
  - **ACOG Committee Opinion #710, Counseling Adolescents About Contraception**
  - **ACOG Committee Opinion #699, Adolescent Pregnancy, Contraception, and Sexual Activity**
  - **ACOG Committee Opinion #666, Optimizing Postpartum Care**

- **Contraceptive counseling**
  - **ACOG Committee Opinion #710, Counseling Adolescents About Contraception**
  - **ACOG Committee Opinion #587, Effective Patient-Physician Communication**
  - **ACOG Committee Opinion #490, Partnering With Patients to Improve Safety**
  - **ACOG LARC Program Contraceptive Counseling Resource Digest**
  - **ACOG LARC Program Contraception Apps & Websites Resource Digest**
  - **ACOG District II Contraceptive Counseling & Reproductive Life Planning Algorithm**
  - **ACOG District II Dispelling LARC Myths & Misconceptions Fact Sheet**

- **Patient education**
  - **AOCG FAQ #500: Long- Acting Reversible Contraception Right after Childbirth**
  - **ACOG FAQ #194: Postpartum Birth Control**
  - **ACOG FAQ #184: Long-Acting Reversible Contraception (LARC): IUD and Implant**
  - **ACOG FAQ #052: Postpartum Sterilization**
  - **ACOG FAQ #024: Fertility Awareness-Based Methods of Family Planning**
  - **ACOG FAQ #022: Barrier Methods of Birth Control: Spermicide, Condom, Sponge, Diaphragm, and Cervical Cap**

- **Implementation, payment & policy**
  - The LARC Program has compiled these two resource digests containing tools and research on immediate postpartum long-acting reversible contraception. The digests feature content on:
    - Clinical guidance and implementation
    - Billing and reimbursement
    - Capacity building and systems change
    - Immediate postpartum LARC safety, efficacy, expulsion, breastfeeding, cost-effectiveness, and barriers to access.
    - **Implementation**
    - **Research Bibliography**

  - **ACOG LARC Program: Medicaid Reimbursement for Postpartum LARC by State**
    The LARC Program maintains a list of final or proposed state guidance regarding Medicaid reimbursement for immediate postpartum LARC by state.

- **ACOG District II LARC Administrative & Infrastructure Support Checklist**
- **ACOG District II Quick Guide to LARC Reimbursement**
- **Intrauterine Devices and Implants: A Guide to Reimbursement**
- **Coming soon!**
  - Advocacy Checklist
  - Order set
  - Policy Brief
  - Quick Guide to Insertion

- **Training**
  - **PowerPoints**
    Coming soon!
    - Immediate Postpartum LARC for Clinicians Doing Deliveries
    - The Role of Nursing in Immediate Postpartum LARC Implementation
    - Contraceptive Counseling for the Immediate Postpartum Period
    - Immediate Postpartum Contraception and Breastfeeding

  - **Webinars**
    - **Immediate Postpartum LARC for Clinicians Doing Deliveries**
    - **The Role of Nursing in Immediate Postpartum LARC Implementation**
    - **Contraceptive Counseling for the Immediate Postpartum Period**
    - **Immediate Postpartum Contraception and Breastfeeding**

  - **Videos**
    - **ACOG LARC Program LARC Video Series**
    - **ACOG District II LARC: Hospital-Based Physician Initiative Video Series**

## Resource Library: Other Resources

- **Advocacy & policy**
  - **Association of State and Territorial Health Officials**
    - **Increasing Access to Contraception**
    - **LARC Fact Sheet**

  - **Centers for Disease Control and Prevention (CDC)**
    - Medicaid Contraception Return on Investment Tool – Coming Soon!
    - **Report: Working with State Health Departments on Emerging Issues in Material and Child Health – Immediate Postpartum Long-Acting Reversible Contraception**
    - **6|18 Initiative: Prevent Unintended Pregnancy**

  - **Guttmacher Institute Fact Sheets**
    - **Contraceptive Use in the United States**
    - **Unintended Pregnancy in the United States**

  - **Implementing Immediate Postpartum Long-Acting Reversible Contraception Programs**

- **Contraceptive counseling**
  - **Beyond the Pill Educational Materials**
    - **Clinic and Provider Tools**
    - **Educational Materials for Patients and Students**

  - SisterSong and National Women's Health Network: **LARC Statement of Principles**

- **Payment**
  - **Center for Medicare and Medicaid Services (CMS)**
    - **Informational Bulletin: State Medicaid Payment Approaches to Improve Access to LARC**
    - **Letter: Medicaid Family Planning Services and Supplies**

  - Kaiser Family Foundation: **Medicaid Coverage of IUDs & Implants and Reimbursement Policy**

- **Toolkits**
  - **ACQUIRE Project Postpartum IUD Curriculum** (international focus)
    This curriculum from the **ACQUIRE Project** by EngenderHealth is a clinical course emphasizing the information needed to provide safe and effective postpartum IUD (PPIUD) services. The curriculum has been designed to be used by trainers who are skilled, experienced PPIUD providers and who have previously conducted skills training. Both a **Trainer's Manual** and **Participant Handbook** are available for download.

  - **CAREA Inserting LARC Immediately After Childbirth eLearning Course**
    This course addresses the indications for LARC insertion immediately following childbirth. Participants view a video demonstration showcasing correct postpartum IUD insertion technique and learn best practices for insertion and managing complications. An optional video teaches participants how to construct a model for practicing the technique.

- **Jhpiego Providing Long-Acting Reversible Contraception Learning Resource Package** (international focus)
  - **Group Based/Single Dose**
    The purpose of this learning research package is to provide health workers with a consolidated source of essential information on safe use of LARC.
  - **Modular/Facility-Based**
    The purpose of this learning resource package is to provide trainers, facilitators and program staff with a comprehensive resource for high-quality LARC services using a modular, facility-based approach for training, capacity building, and mentorship.

- **State Postpartum LARC Toolkits**
  Several state collaboratives have created toolkits to support postpartum LARC implementation:
  - **Indiana**
  - **South Carolina**
  - **Texas**
  - **Virginia**
  - **West Virginia**