2018

Postpartum Contraception Education

Erin E. Hunt

Follow this and additional works at: https://scholarworks.uvm.edu/fmclerk

Part of the Medical Education Commons, and the Primary Care Commons

Recommended Citation
https://scholarworks.uvm.edu/fmclerk/424

This Book is brought to you for free and open access by the Larner College of Medicine at ScholarWorks @ UVM. It has been accepted for inclusion in Family Medicine Clerkship Student Projects by an authorized administrator of ScholarWorks @ UVM. For more information, please contact donna.omalley@uvm.edu.
Postpartum Contraception Education

Champlain Valley Physicians Hospital (CVPH)
Family Medicine Center, Plattsburgh, NY
Erin Hunt, MS3
October-November, 2018
Mentor: Meagan Cabrera, MD
Problem Identification: Lack of Education in Immediate Postpartum Long Acting Reversible Birth Control (LARC)

- Providers are very educated about interval postpartum contraception, which most often occurs at the 6 week postpartum follow-up.
- Less knowledge about immediate postpartum contraception - an IUD within 10 minutes of placental delivery or an implant prior to hospital discharge from labor and delivery.

Levonorgestrel IUD: Mirena, Skyla, Liletta, Kyleena

Non-Hormonal IUD: Copper

Implant: Nexplanon
Postpartum Contraception: Public Health Impact

- 70% of pregnancies in the first year postpartum are unintended.
- Often, postpartum contraception placement is performed at the 6 week postpartum visit: but 10-40% of women no show to these appointments.
- Short interval pregnancies have significant maternal and infant morbidity and mortality, as well as increased risk of preterm delivery. -Schummers, et al., October, 2018: JAMA Internal Medicine

Spontaneous Preterm Delivery

- Maternal age 20-34: 5.3% at 6 months interval vs 3.2% at 18 months interval
- Maternal age >34: 5.0% at 6 months interval vs 3.6% at 18 months interval

- Medicaid covers immediate postpartum contraception similar to outpatient placement in about a dozen states - including New York State.
- In New York State: Medicaid covers IUD device cost and provider placement cost separate from the global delivery fee.
Community Perspective on Postpartum Contraception

“I am not very confident [in postpartum contraception]. My main questions are timing of placement and what types of contraception can be used.”

-PGY-1 Family Medicine Resident

“I feel quite confident in postpartum contraception. I think a lot of people have questions about breastfeeding with certain types though.”

-PGY-3 Family Medicine Resident

Other resources available in Plattsburgh for postpartum contraception education:

Planned Parenthood: can provide counseling during pregnancy and interval contraception postpartum (not immediate while patient is in the L&D)

Clinton County Health Department: Women’s, Infant, and Children (WIC): can help connect patient’s with provider for postpartum contraception
Postpartum Contraception Education: Intervention and Methodology

- 1 hour presentation to the CVPH family medicine residents
- Evidence based medicine, as up to date as possible (all studies < 8 years old, 2 studies from 2018)
- Instant feedback via PollEverywhere.com
- Presentation available for future reference in the CVPH family medicine resident education database
Results and Responses

- Positive Aspects of Presentation as Reported by Residents:
  - “Engaging”
  - “Evidence based, well-explained, concise, and thorough”
  - “Thorough and applicable”
  - “Very informative and great use of studies”

- Improvement Points of Presentation as Reported by Residents:
  - “Compare LARC to Minipill [and] Depo shot”
  - “Show how LARC is better than Minipill and tubal ligation”
  - “More pictures”
Evaluation of Effectiveness and Limitations

Effectiveness:

- Very data driven presentation that did encourage the residents to consider other postpartum contraception options besides standard 6 week interval
- Increased resident confidence in postpartum contraception practices
- To further assess effectiveness, if time allowed, would track family medicine residents to see if they more often used immediate postpartum contraception

Limitations:

- One hour presentation is unlikely to influence practice
- Informing patients of all the postpartum contraception options is time-consuming: data is not fully definitive at this point and there is definitely a cost vs. benefit analysis needed for each patient
- CVPH family medicine residents do OB/GYN at the hospital, but there is not an independent family medicine obstetrics program. OB/GYN likely has more influence over the postpartum contraception methods used in Plattsburgh, NY
Recommendations for Future

- Include more types of contraception methods in presentation
- Expansion of presentation to family medicine grand rounds
- Expansion of presentation to include OB/GYN department physicians
- Consider presentation at OB/GYN and family medicine conferences
Resources

- ACOG: Committee Opinion, Number 670, August 2016: Immediate Postpartum Long-Acting Reversible Contraception
- ACOG: Committee Opinion, Number 530, August 2012: Access to Postpartum Sterilization
- ACOG: Committee Opinion, Number 186, November 2017: Long Acting Reversible Contraception: Implants and Intrauterine Devices