

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

Hunt, Erin E., "Postpartum Contraception Education" (2018). *Family Medicine Clerkship Student Projects*. 424.  
<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](mailto:donna.omalley@uvm.edu).

# Postpartum Contraception Education

Champlain Valley Physicians  
Hospital (CVPH)

Family Medicine Center,  
Plattsburgh, NY

Erin Hunt, MS3

October-November, 2018

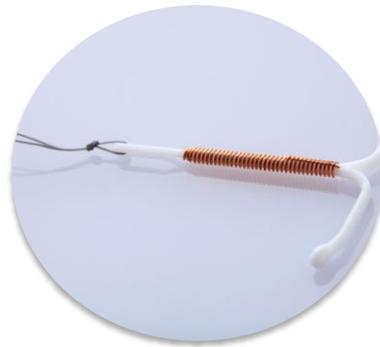
Mentor: Meagan Cabrera, MD

# 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.”

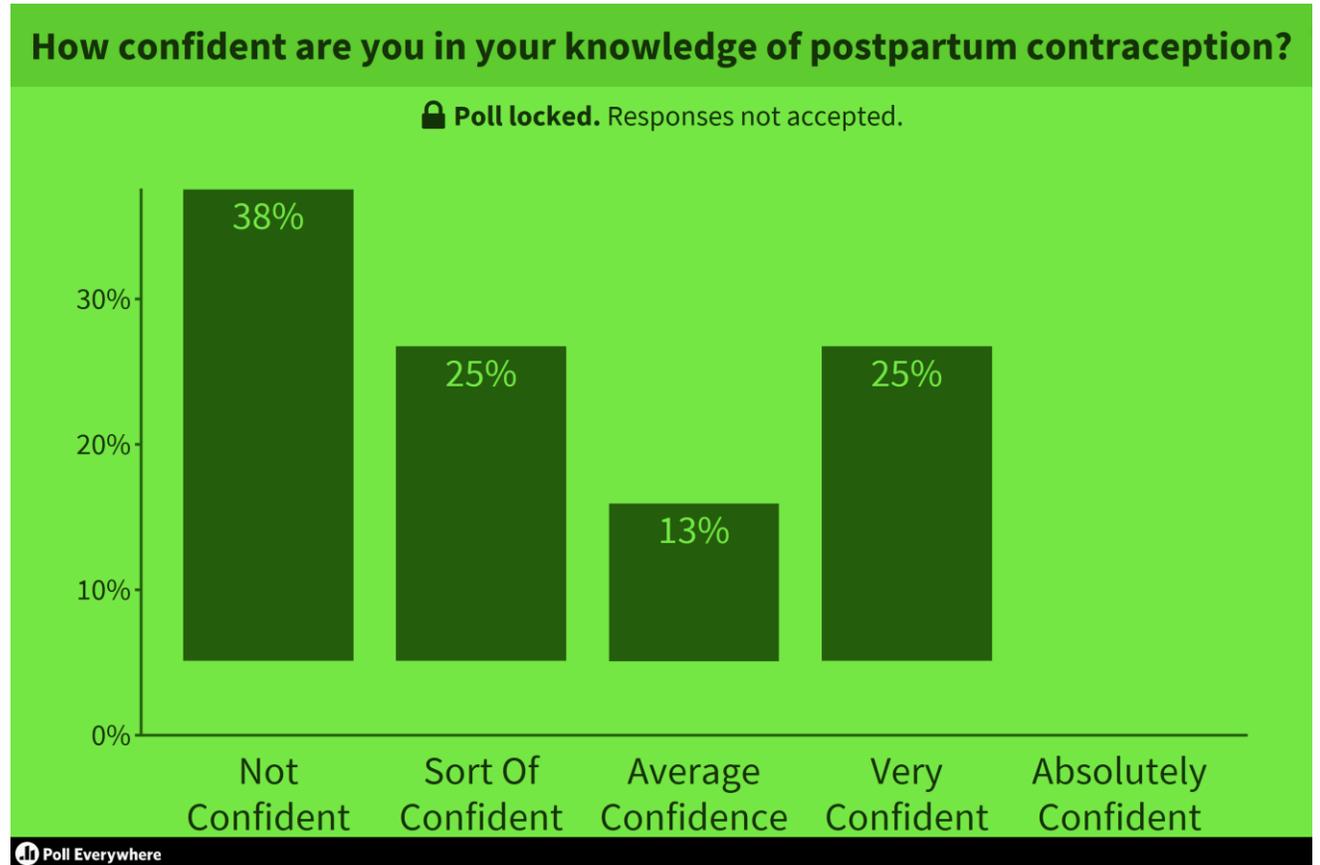
-PGY-3 Family Medicine Resident

▶ 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

Family Medicine Resident Confidence in Postpartum Contraception Prior to Intervention (N=8)



# 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”

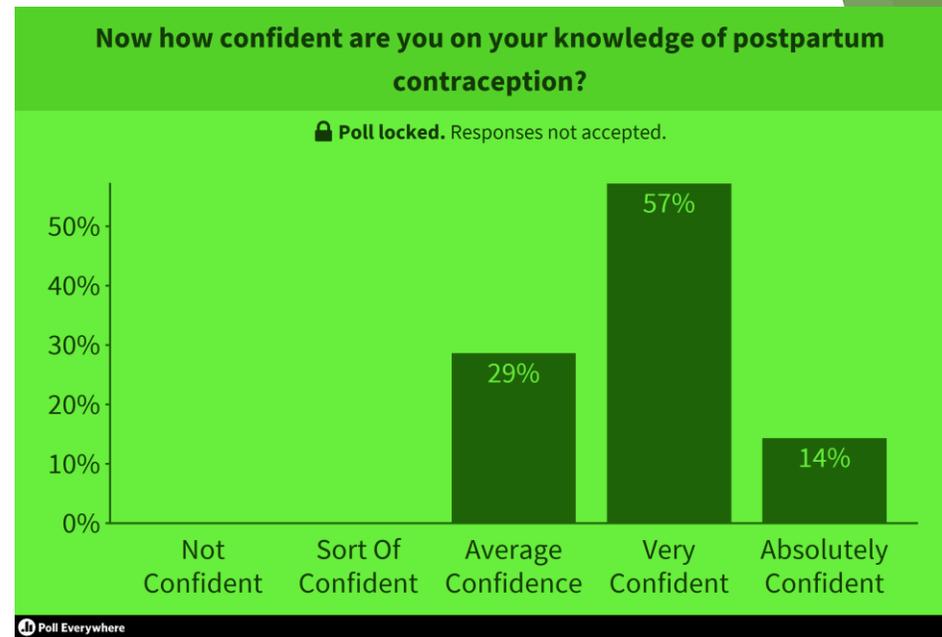
“Very informative and great use of studies”

## ► Improvement Points of Presentation as Reported by Residents:

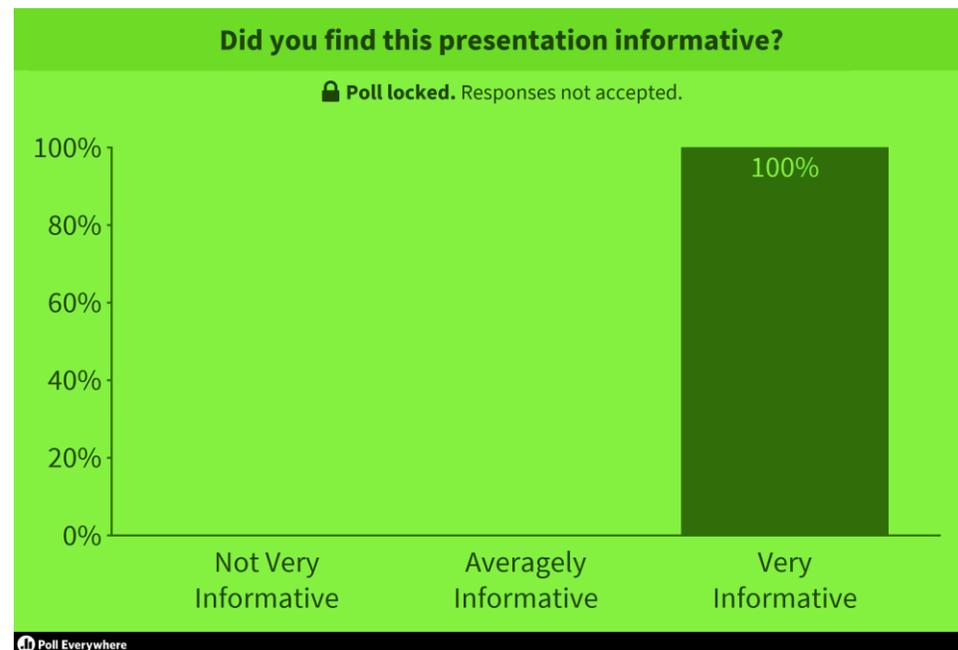
“Compare LARC to Minipill [and] Depo shot”

“Show how LARC is better than Minipill and tubal ligation”

“More pictures”



Family Medicine Resident Confidence in Postpartum Contraception Post Intervention (N=7)



Family Medicine Resident Assessment of Informativeness of Intervention (N=7)

# 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