



## NEED FOR POSTPARTUM CONTRACEPTION DURING COVID-19

- A woman can ovulate as soon as 25 days after delivery if she is not exclusively breastfeeding
- 50% of women have sex prior to their 6-week postpartum visit
- Unplanned rapid repeat pregnancies can increase risk of adverse outcomes for both mother and baby

Postpartum contraception provision prior to hospital discharge after delivery is a best practice that should be promoted during routine care. During the COVID-19 pandemic, there is an urgent need to ensure that women leave the hospital with a birth control method or a clear plan for postpartum contraception, if desired. Many clinicians are switching to telemedicine for postpartum visits or delaying postpartum visits up to 12 weeks after delivery. The inpatient stay after delivery may be the last opportunity to engage women on their plan for contraception during the postpartum period.

The best time to talk about postpartum contraception is during prenatal visits in the third trimester, which allows for signing of consent forms for sterilization and inpatient IUD and implant insertions. If counseling about IUD/implant did not happen during prenatal care, avoid counseling during labor, due to concerns about informed consent and possible coercion. Instead, counsel on postpartum day 1 or 2 to provide a method or set a contraception plan prior to discharge.

## BEST PRACTICES FOR PROVIDING POSTPARTUM CONTRACEPTION DURING COVID-19

- For all pregnant patients, counsel about when fertility returns postpartum and the benefits of birth spacing to both mother and infant.
- Counsel about postpartum contraception during a prenatal visit, ideally during the third trimester.
- Emphasize the need for a plan at the time of delivery, as postpartum visits may take place via telemedicine.
- Counsel that the only method that affects return to fertility is the injection (Depo-Provera); all other methods have immediate return to fertility when discontinued.
- Within your hospital's capacity, try to fulfil all requests for postpartum sterilization.
- Consider starting provision of inpatient contraceptive implants.
- If you have providers who are comfortable placing inpatient postpartum IUDs, consider asking the inpatient pharmacy to stock devices on labor and delivery to facilitate placement.
- Provide prescriptions for all methods a patient plans to use in the first six months postpartum- i.e. If a patient wants to use emergency contraception (EC) in the first six weeks postpartum and then switch to the patch, you can provide prescriptions for both methods with clear instructions for use.
- Provide prescriptions for emergency contraception, the contraceptive ring or patch with 11 refills.
- If a patient chooses oral contraceptives, offer her a prescription to receive 13 packs of pills at a single time.
- Remind patients that only condoms prevent STIs, and offer a prescription for condoms to decrease out-of-pocket costs.
- If a patient chooses not to select a postpartum contraceptive method, offer a prescription for emergency contraception with the maximum refills (11), so that if they do become sexually active and want to prevent pregnancy they will have a way to rapidly access a method.



## METHODS THAT ARE SAFE FOR IMMEDIATE POSTPARTUM USE

- **Sterilization**
- **Copper IUD** (inserted during delivery or on postpartum floor)
- **Hormonal IUD** (inserted during delivery or on postpartum floor)
- **Implant**
- **Injectable**
- **Progestin-only pills**
- **Lactational amenorrhea method**--must be followed strictly (see box)
- **Plan B**
- **Ella** (must discard breast milk for 24 hours after use for safety)
- **Condoms**--internal and external
- **Spermicide**
- **Withdrawal**



## METHODS THAT BECOME SAFE FOR USE AFTER 6 WEEKS POSTPARTUM

- **Combined estrogen/progestin pills**
- **Contraceptive patch**
- **Contraceptive vaginal ring**
- **Diaphragm and cervical cap**
- **Contraceptive sponge**



## METHOD THAT IS NOT RECOMMENDED FOR POSTPARTUM USE

- **Fertility awareness methods**--menstrual cycles may be too unpredictable in the 3-6 months after delivery to rely on one's body signals to predict fertility

### CONTRACEPTION AND LACTATION

All methods are safe for breastfeeding and have not been found to affect milk supply, quality, duration of breastfeeding, or infant growth and development. If using Ella, breast milk should be discarded for 24 hours.

### LACTATIONAL AMENORRHEA METHOD (LAM)

- Exclusively nursing (feeding pumped breast milk does not provide the same protection)
- Be within six months of delivery
- Have not had their menses return

### COUNSELING ON POSTPARTUM PLAN B OR ELLA

**Consideration - BMI:** Plan B becomes less effective with BMIs greater than 26, and ella becomes less effective with BMIs greater than 35

**Consideration - Breastfeeding:** Plan B does not affect breastfeeding; ella users should discard breast milk for 24 hours after use

### IMMEDIATE POSTPARTUM IUD AND IMPLANT INSERTION

The immediate postpartum period is an excellent opportunity to provide effective contraception. The contraceptive implant may be placed at any time after delivery prior to hospital discharge. Intrauterine devices can also be placed at any time during a woman's postpartum hospital stay. Immediate postplacental IUD insertion has the lowest expulsion rates and may be the most technically easy time to place the device. Further, reimbursement for IUDs and implants is unbundled from the global delivery fee in Massachusetts.

For hospitals who already have providers trained in immediate postpartum IUD placement, the COVID-19 pandemic may be a good time to consider implementing the practice at your hospital.