

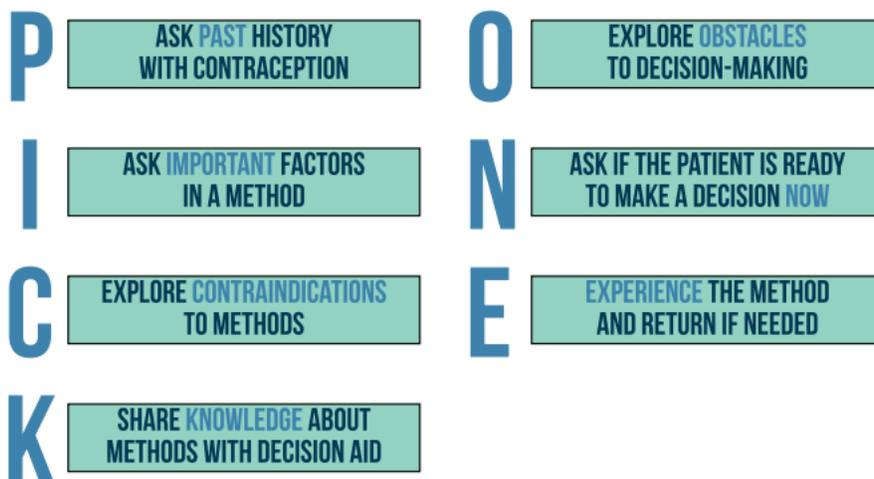


WHEN TO COUNSEL

- The goal of antenatal contraceptive counseling is to have the discussion at or prior to **32 weeks** gestation, to ensure discussion of sterilization and consent signing if desired.
- At the time of hospital admission for delivery, *if the patient hadn't been previously counseled about the option of immediate postpartum LARC (IPPLARC), they should **NOT** be counseled while they are in labor or still pregnant, to avoid the possibility of coercion.* LARC counseling can begin on postpartum day 1.
- If the patient is interested in IPPLARC, inform them that placement is dependent on their insurance coverage at the time of delivery; current coverage can be verified with the clinical staff (front desk or MA).

HOW TO COUNSEL

- **Counsel about all methods.** Use a visual aid that includes information about all postpartum methods. Use the **PICK ONE** mnemonic to include the elements of shared decision-making for patient-centered contraceptive counseling. *See below for PICCK's PICK ONE Framework, and watch [Shared Decision-Making Video](#) to see the framework in action. Learn more about the framework here: [Shared Decision-Making Infographic](#).*
- **Talk about when fertility returns postpartum.** When not exclusively breastfeeding, a patient can ovulate as soon as 25 days after delivery.
- **Document your contraceptive counseling in the OB progress note.** If you counsel about IPPLARC, consider creating a smart phrase for your EMR.
- **Add the patient's desired postpartum method to the problem list.** Use the diagnosis *Counseling for initiation of birth control method* (V25.02, Z30.09). In Epic, click "Details." Under "Display," write the desired method, such as DESIRES PP IUD or DESIRES PP NEXPLANON.
- **Scan and send the signed LARC consent form.** An appropriate IUD consent form should be completed prior to the patient presenting in labor. A scanned copy of the form will be placed in the consent folder, or it may be printed and placed into the patient's chart at the time of admission. **During telemedicine visits,** document the consent process in your note, and the form can be signed when the patient presents to triage.





WHAT TO INCLUDE IN COUNSELING

BENEFITS

- Convenient setting for placement of IUD
- No need for a return visit for device insertion
- Less patient discomfort than office IUD placement
- No increased risk of postpartum bleeding or infection

RISKS

- Higher IUD expulsion rate (up to 27%)
- May need to trim strings before the 6-week postpartum visit
- Missing strings are common (See Follow Up)
- Risk of inability to place an IUD due to labor or postpartum complications

CONTRAINDICATIONS FOR IUD PLACEMENT

- Chorioamnionitis (fever and symptoms of intrauterine infection that necessitate antibiotic treatment)
- Acute hemorrhage at the time of delivery (QBL>1000 cc and/or continued bleeding)
- Routine contraindications to IUD placement

BREASTFEEDING

- All IUDs are safe to use during breastfeeding.
- Research has shown that for patients who use a postpartum IUD, there is no difference in a patient's ability to successfully initiate and continue breastfeeding, the amount of milk they produce, or an infant's growth and development.

FOLLOW-UP

- At a patient's 6 week follow-up visit, confirm that the patient is satisfied with the device and does not desire removal.
- An IUD string check should be performed as part of routine PP care to confirm IUD presence. The string check can be performed with a bimanual exam, if they have no complaints about the string length, or can be performed with a speculum exam, allowing for string trimming.
- If no strings are palpable or seen and the patient does not report the expulsion of the IUD, ultrasound can be used to check for position.
 - If the IUD is visible in the uterus, it may be left in place (even if the IUD orientation has shifted, or the IUD is in the lower uterine segment).
 - If a portion of the IUD is visible in the cervix, it should be removed and replaced. If unsure, consult Family Planning to review the ultrasound.
 - If the IUD has been expelled, the patient can then be offered either replacement of the IUD or another method.
- Counsel that the device can be removed at any time.
- If the patient desires LARC removal in the future to try to conceive, counsel that the device can be removed once they are ready to become pregnant; it does not need to be removed months in advance.