**[insert hospital name here]**

**Immediate Postpartum Contraception**

**Purpose**To provide guidance on the use and initiation of Intrauterine Contraceptive Devices and Contraceptive Implants in the immediate postpartum period.

**Policy

1. Immediate Postpartum Contraception Background**Fifty percent of all pregnancies in the United States are unplanned.1 Several studies have demonstrated that providing women with effective, long-acting contraception prior to leaving the hospital after a delivery significantly decreases rates of rapid repeat pregnancy.2 Intrauterine devices (IUDs) and the subdermal contraceptive implant have been shown to be safe and effective when placed in patients immediately following a delivery.3 For the purposes of this document, immediate postpartum contraception refers to contraception that is initiated after a patient delivers, and prior to their discharge from the hospital (normally within 72 hours of delivery). For patients with medical comorbidities please refer to the CDC Medical Eligibility Criteria for Contraceptive Use (<http://www.cdc.gov/reproductivehealth/unintendedpregnancy/usmec.htm>)

**II. Intrauterine Devices/Systems (IUD/IUS)**For patients who desire to use an IUD(or IUS) as contraception after delivery, placement of IUDs in the immediate postpartum period has been shown to be safe and effective.3 When initiating IUDs in the postpartum period it is preferable to place the IUD within 10 minutes of delivery of the placenta- this is called immediate postplacental IUD placement. Both the copper T380A IUD (ParaGard) and all of the levonorgestrel (LNG)-IUS (Mirena, Liletta, Kyleena, Skyla) can be placed immediately following a delivery.4 The procedure for placing an IUD after delivery depends on if the patient is undergoing a cesarean delivery or vaginal delivery. The procedures for each situation are described in detail in the sections below. The product will be stocked by pharmacy on Labor and Delivery in PYXIS and require a provider order to obtain.

1. **Absolute Contraindications For The Placement Of An IUD At The Time Of Delivery:**
* Evidence of Uterine Infection
	+ Documented intrapartum fever > 37 degrees Celsius
	+ Rupture of membranes of greater than 24 hours prior to delivery
	+ Clinical evidence of chorioamnionitis such as persistent fetal tachycardia or fundal tenderness
* Ongoing postpartum hemorrhage
	+ Patients experiencing a postpartum hemorrhage that has not been effectively controlled with medications should not receive an IUD
	+ Any known contraindications to the specific IUD chosen by the patient
1. **Relative Contraindications For The Placement Of An IUD At The Time Of
Delivery:**
* Known anatomical deformity of the uterine cavity such as:
	+ Large fibroids that deform the uterine cavity
	+ Uterine septum, bicornuate uterus, uterus didelphys

**Procedure for Intrauterine Device**

1. **Appropriate counseling with signed** [insert hospital name] **consent** (as well as any manufacturer’s device specific consents if used in your practice)
	* Consent will be obtained for immediate postpartum contraception placement on admission for delivery by provider.
	* In addition to being counseled about the expected and possible side effects of IUD use, patients should be counseled about the following risks of IUD placement at the time of delivery:
		+ Risk of expulsion- The best data estimate that the risk of IUD expulsion following placement at the time of cesarean delivery is approximately 10% and the risk of IUD expulsion following placement at the time of vaginal delivery is approximately 25-30%.5,6 Patients should be counseled regarding the symptoms of expulsion and told to seek care immediately if they suspect they have had an IUD expulsion.
		+ No visible strings- Patient should be counseled that IUD placement at time of cesarean delivery increases the risk that the IUD strings will not be visible. If IUD strings are not visible, IUD location will therefore have to be confirmed by ultrasound.
2. **Order** must be placed for IUD in EMR
3. **Cesarean Delivery**
	* Technique:
		+ Patient undergoing a Cesarean Delivery who desire to initiate an IUD in the postpartum period should have the IUD placed through the hysterotomy, immediately following the delivery of the placenta.
		+ Using the IUD inserter, the IUD should be placed through the uterine hysterotomy at the uterine fundus (with the IUD arms out) and the inserter should be removed. The IUD strings should be placed into the cervix using a ring forcep and then the hysterotomy can be repaired in the usual manner. Additional sutures should NOT be used to suture the IUD into the uterine cavity.
4. **Vaginal Delivery**
	* IUD placement following vaginal delivery may be facilitated by ultrasound guidance in order to best ensure appropriate fundal placement. The manufacturer’s inserters may not be long enough to achieve appropriate fundal placement of the IUD. In this case, the IUD should be removed from the manufacturer’s inserter and the IUD can be positioned at the fundus using either manual placement or a ring forceps. Several studies have demonstrated that the expected expulsion rate of IUDs placed at the time of vaginal delivery is approximately 25-30%.5,7
5. **Postpartum Care**
	* Patients who receive an IUD either at the time of Cesarean or immediately following a vaginal delivery should have routine Postpartum Care- including fundal checks and fundal massage as needed. If the patient has significant pelvic pain, feels a portion of the IUD in the vagina, or sees that the IUD has fallen out, their clinician should be notified.
		+ **Postpartum Endometritis:** Patients who are diagnosed with postpartum endometritis with an IUD in situ should be treated with IV antibiotics for their infection. There is no data available as to whether or not the IUD needs to be removed in this setting. Data from patients with PID who have an IUD in situ suggests that uterine infection can be treated effectively with IV antibiotics without removal of the IUD. If there is no response to IV antibiotics within 24-48 hours it is reasonable to consider removal of the IUD. Ultimately the decision of if and when to remove an IUD for treatment of endometritis will be made by the treating clinician.

**Breastfeeding**

1. **Copper IUD-** The copper IUD does not contain any hormones and therefore does not have any effect on breastfeeding. It is safe and appropriate to use during the immediate postpartum period for breastfeeding patients.4
2. **Levonorgestrel (LNG) IUD-** There is limited data regarding the use of the levonorgestrel IUD in the immediate postpartum period and its effect on breastfeeding.8 Several studies examining other progestin-only methods in the immediate postpartum period have shown no effect on the ability of patients to breastfeed successfully.9 Patients who intend to breastfeed and would like to use a in the immediate postpartum setting should be counseled that it is unlikely that the LNG IUD would affect their ability to breastfeed.
3. **Subdermal Contraceptive Implant (Nexplanon) -** There is good evidence that shows that immediate postpartum initiation of the contraceptive implant does not delay the successful establishment of a milk supply and does not affect successful breastfeeding.10 Patients who plan to breastfeed and desire to use an implant can safely initiate the contraceptive implant during the immediate postpartum period.

**Documentation**

* Documentation of placement of immediate postpartum IUD/IUS devices must be included in the vaginal birth or cesarean birth EMR (SCM) clinical documentation and in any dictated operative report.
* Documentation of placement of subcutaneous implants must be documented in EMR (SCM) procedure notes and must include documentation of time out procedure.
* Provider documentation of placement of all devices must include:
	+ Type of device and brand placed
	+ Lot #
	+ Expiration date of device
* Delivery RN will *also* document IUD/IUS placement in Centricity Perinatal Delivery ‘Comments’ indicating
	+ Type of device and brand placed
	+ Lot #
	+ Expiration date of device
	+ Name of the provider (s) who placed device

**References**

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