

**Postpartum LARC Sample Protocols Introduction**

An important first step in establishing postpartum LARC (PPLARC) services at your hospital is to develop a protocol to be reviewed and approved by your department administration.

PICCK provides three sample protocols for postpartum LARC insertion and one ambulatory guideline for immediate postpartum LARC counseling, consent, and follow up. These protocols can be adapted for use at your institution and PICCK can support you in making these adaptations.

These sample inpatient protocols have stylistic differences and vary in the depth of supporting information they include. There is no right way to format the protocol or portray the necessary information. PICCK can support you in crafting a protocol that meets your hospital’s requirements.

We would like to call attention to two differences to consider when adapting the protocols.

**Absolute Contraindications**

The sample protocols list the contraindications to postpartum intrauterine device insertion, including duration of ruptured membranes.

1. Sample Protocol 1: Rupture of membranes of greater than **24** hours prior to delivery
2. Sample Protocol 2: Prolonged rupture of membranes more than **18** hours before the onset of labor

The concern with prolonged rupture of membranes (ROM) is the risk for chorioamnionitis, and the inadvisability of placing an IUD into an infected uterus. There is no evidence to support prolonged membrane rupture as a contraindication to immediate postpartum IUD placement; however, patients with prolonged ROM have been excluded from all studies of PPIUD placement. Therefore, in your hospital’s protocol, we recommend you consider selecting a duration of time of membrane rupture beyond which you do not feel comfortable permitting postpartum IUD placement.

**Risk of Expulsion**

The sample protocols vary in the percent risk for expulsion of IUD following placement at the time of delivery.

1. Sample Protocol 1: “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**%.”
2. Sample Protocol 2: “higher expulsion rate (possibly as high as **25**%)”
3. Ambulatory Protocol: “higher expulsion rate (possible as high as **27**%, as compared to 5-10% for outpatient placement)”

Hospitals have created their protocols with the best available evidence at the time regarding IUD expulsion rates following postpartum placement. Below are two more recent systematic reviews and meta-analyses that assessed expulsion rates:

* Averbach SH, Ermias Y, Jeng G, Curtis KM, Whiteman MK, Berry-Bibee E, Jamieson DJ, Marchbanks PA, Tepper NK, Jatlaoui TC. [Expulsion of intrauterine devices after **postpartum** placement by timing of placement, delivery type, and **IUD** type: a systematic review and meta-analysis.](https://www-ncbi-nlm-nih-gov.ezproxy.bu.edu/pubmed/32142826) Am J Obstet Gynecol. 2020 Mar 3. pii: S0002-9378(20)30236-2. doi: 10.1016/j.ajog.2020.02.045. [Epub ahead of print] Review. PMID: 32142826
	+ Immediate postplacental: 10.2% (range 0.0-26.7)
	+ Early inpatient: 13.2% (range 3.5-46.7)
	+ Early outpatient: 0%
	+ Interval placement: 1.8% (range 0.0-4.8)
	+ Vaginal delivery: 14.8% (range 4.8-43.1)
	+ Cesarean delivery: 3.8% (0.0-21.1)
* Jatlaoui TC, Whiteman MK, Jeng G, Tepper NK, Berry-Bibee E, Jamieson DJ, Marchbanks PA, Curtis KM. I[ntrauterine Device Expulsion After **Postpartum** Placement: A Systematic Review and Meta-analysis.](https://www-ncbi-nlm-nih-gov.ezproxy.bu.edu/pubmed/30204688) Obstet Gynecol. 2018 Oct;132(4):895-905. doi: 10.1097/AOG.0000000000002822. PMID: 30204688
	+ Immediate postplacental: 10.0% (range 0.0–26.7)
	+ Early inpatient: 29.7% (range 0.0–46.7)
	+ Interval placement: 1.9% (range 0.0–3.9)
	+ Vaginal delivery: 14.9% (range 3.3–46.7)
	+ Cesarean delivery: 3.6% (range 0.0–21.1)

Further, it is believed that provider experience/practice and use of ultrasound guidance lowers the risk of postpartum expulsion.

**Postpartum LARC Sample Protocols**: <https://picck.org/resource/postpartum-larc-sample-protocols/>

The PICCK team is happy to work with you in adapting one of these protocols for your practice – please [Contact Us](http://www.picck.org/about/contact) for assistance.

