



# Long-Acting Reversible Contraception and You (the lactation professional)

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for Mothers and Babies

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**No conflict of interest to disclose**

# Unplanned Pregnancies

- 👶 Approximately 45% of all pregnancies and 75% of teen pregnancies are **unintended** in the U.S.
- 👶 In 2010, Florida's unintended pregnancy rate was 59%
- 👶 The total public costs for unintended pregnancies in 2010 was \$1.3 billion. This equates to \$371 per woman aged 15-44 in Florida

# Consequences of Unplanned Pregnancies

The consequences of unintended pregnancy include:

- 👶 Poor pregnancy outcomes (i.e., low birth weight, preterm birth, small for gestational age)
- 👶 Delayed initiation of prenatal care
- 👶 Lower breastfeeding rates
- 👶 Higher risk of maternal depression and potential future child maltreatment

# Consequences of Short Interpregnancy Interval

Date of previous delivery



Conception date of new pregnancy

- 👶 Short interpregnancy interval, pregnancy occurring less than 18 months from a previous delivery, is associated with **poor maternal and infant outcomes, including preterm birth, low birthweight and preeclampsia.**

# Contraceptive Options

## HOW WELL DOES BIRTH CONTROL WORK?

**Really, really well**

Works, hassle-free, for up to...

The Implant (Nexplanon)	IUD (Skyla)	IUD (Mirena)	IUD (ParaGard)	Sterilization, for men and women
3 years	3 years	5 years	12 years	Forever

*Note: The IUD (ParaGard) is labeled 'No hormones'.*

What is your chance of getting pregnant?

Less than 1 in 100 women

**Okay**

For it to work best, use it...

The Pill	The Patch	The Ring	The Shot (Depo-Provera)
Every. Single. Day.	Every week	Every month	Every 3 months

6-9 in 100 women, depending on method

**Not so well**

For each of these methods to work, you or your partner have to use it every single time you have sex.

Withdrawal	Diaphragm	Fertility Awareness	Condoms, for men and women

*Notes: Needed for STI protection; Use with any other method.*

12-24 in 100 women, depending on method

FYI, without birth control, over 90 in 100 young women get pregnant in a year.

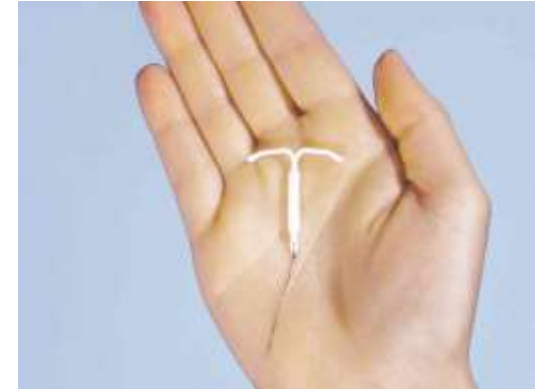


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# What is LARC?

- 👶 Long-Acting Reversible Contraception
  - 👶 IUD (intrauterine device) – Paraguard, Skyla, Mirena, etc.
  - 👶 Implant (in your arm) – Nexplanon



# Why LARC?

- What percent of women get pregnant in a year using a birth control method?
  - IUD or implant <1%
  - Birth control pills 9%
  - Male condoms 18%



# Why LARC? (Con't)

- 👤 LARCs are a safe and cost effective option.
  - Devices provide 3–12 years of reversible birth control.
- 👤 The methods are reversible; can be removed at any time with restored fertility.
- 👤 No ongoing effort by the woman is required.



# Support for LARC as among the most effective family planning methods

 ACOG

 CDC

 AAP

 CMS

 AAFP

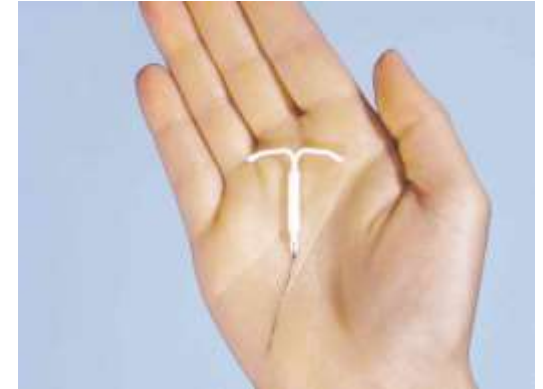
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 AWHONN



# Why Postpartum LARC?

- 👶 Reduces incidence of low birth weight and prematurity
- 👶 Prevents potential for prenatal drug exposure with associated poor maternal and birth outcomes
- 👶 Reduces preventable NICU admissions and hospital length of stay



# What is Immediate Postpartum LARC?

👶 Anytime during the patient's delivery hospitalization

👶 Implant – will be before discharge

👶 IUD – will be postplacental



👶 Postplacental LARC – in the 10 minutes following the delivery of the placenta

# Why Immediate Postpartum LARC?

## 🌀 Aligns with patients' experiences, intentions & values

- May have experienced prior contraceptive failure
- Desire to delay another pregnancy
- Motivated to obtain contraception
- Ease of the use of LARC
- Not currently pregnant!



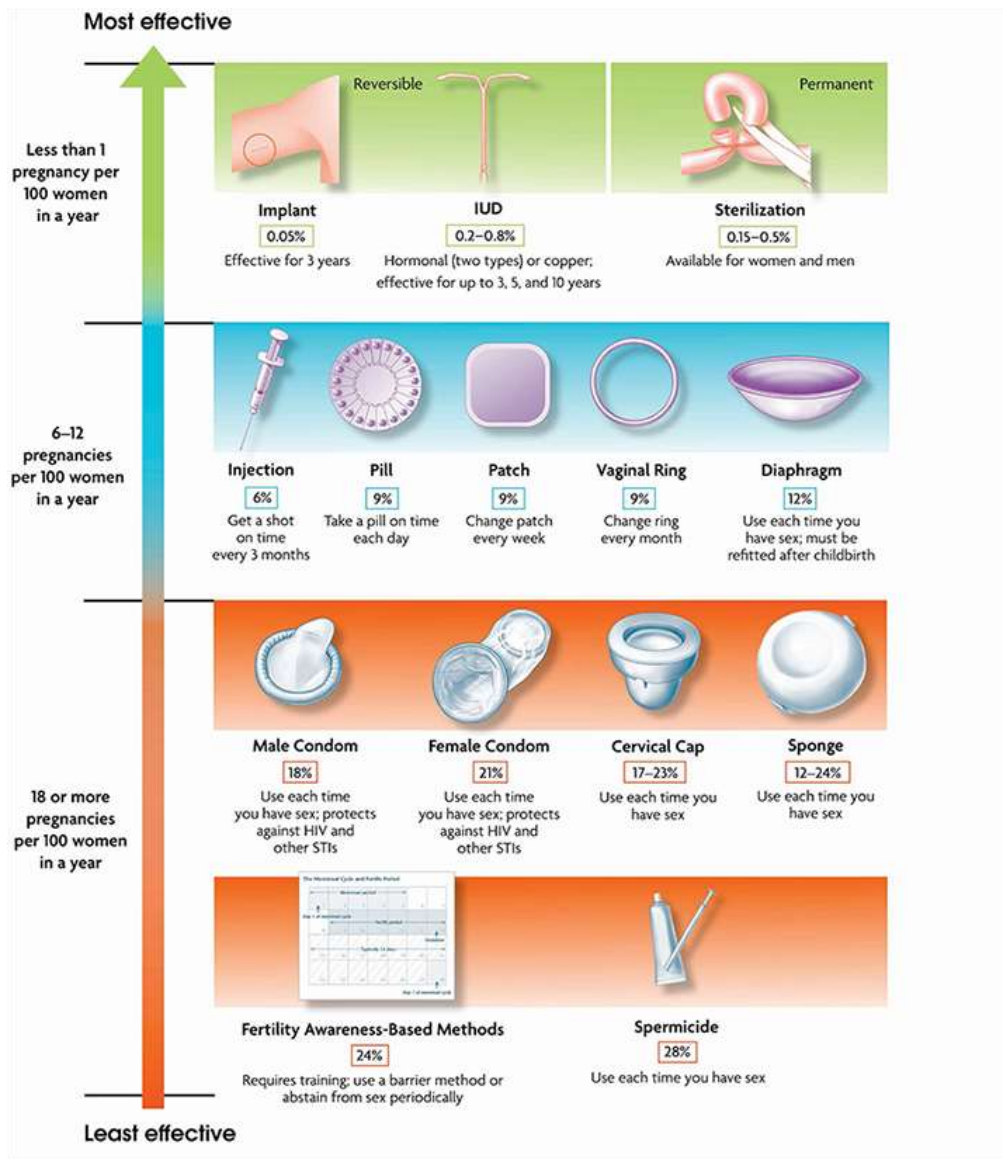
# Why Immediate Postpartum LARC Might be a Good Choice?

- 👤 **Uses current access to the healthcare system**
  - Costs, insurance coverage, & time make immediate postpartum LARC an accessible & affordable option

At least 70% of pregnancies in the **first year** postpartum are unintended

- 👶 Up to 40% of women do not return for their 6-week postpartum visit and 40-75% of women who plan to use an IUD postpartum do not obtain it
- 👶 Between 40 and 57% of women resume sexual activity before their postpartum check-up
- 👶 40-75% of women who plan to use an IUD postpartum do not obtain it

# LARCs are just an option among MANY



**Other methods of birth control**

**Lactational amenorrhea method:** This is a temporary method of birth control that can be used for the first 6 months after giving birth by women who are exclusively breastfeeding.

**Emergency contraception:** Emergency contraceptive pills taken or a copper IUD inserted within 5 days of unprotected sex can reduce the risk of pregnancy.

**Withdrawal:** The man withdraws his penis from the vagina before ejaculating; 22 out of 100 women using this method will become pregnant in the first year.



# Immediate Postpartum LARC as a Choice

- 👶 Previously not a CHOICE in Florida hospitals and clinics
  - 👶 Costs of doing immediate postpartum LARC in the hospital were bundled with the global delivery fee, so could not be reimbursed

**A.K.A. \$\$\$\$\$ problems**

**But Florida Medicaid fixed that!**

# Florida Perinatal Quality Collaborative



Partnering to Improve Health Care Quality  
for Mothers and Babies

- 👶 Statewide non-profit
- 👶 Improve Florida's maternal and infant health outcomes through the delivery of high quality, evidence-based health care

[FPQC.org](https://www.fpqc.org)

# Access LARC Initiative

- 👶 To **increase access** to immediate postpartum long-acting reversible contraception
- 👶 It is **not** to coerce women into choosing LARC

**Do you think LARCs  
definitely affect milk  
supply?**



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# LACTATION PROFESSIONAL THOUGHTS

- 👶 Conducted focus group with Florida lactation professionals (CLCs, IBCLCs)
- 👶 Focus Group conversation was on contraception counseling and breastfeeding, not just LARCs
- 👶 9/10 said they discuss contraception with their lactation clients
  - 👶 But not all discuss all LARC options

- Generally not having conversations with women about contraception until after delivery
- Hearing from mothers: hormonal LARCs decrease milk supply
- Comfortable with recommending copper IUD or other non-hormonal contraception first

- 👶 Concerns about depo and breastfeeding
- 👶 Patients do say they didn't know they could get pregnant so soon, or “but I was exclusively breastfeeding”
- 👶 Patients and the LCs have heard “horror stories” about IUDs



*“If I know that they're definitely gonna breastfeed, I'll tell them to go with the non-hormonal option.”*

- 👶 Concerns that when contraception information is given, nothing is mentioned about effect on breastmilk supply
- 👶 “why can’t we just recommend...”
  - 👶 Barrier methods
  - 👶 That the man use something, rather than the woman

- 👶 Concern about mom not knowing if the IUD is really in there – Did it fall out? Moms not knowing how to check
- 👶 Would want to make sure a mom that picks a hormonal contraception is really educated on all of her options and potential side effects

*It's very rare for a mom to come in and be like, "Everything's going so great and this is why I'm here," ... I'm not really getting the mom who had the IUD who's, everything's going great, you know?"*

- Concern about coercion with immediate postpartum LARC

*“I can’t even imagine someone asking me that question in that moment.”*

*“Does she really have time to consider her options?”*

*“These conversations should have already happened by the time I see her.”*

- Would like lactation consultants and physicians to have the same knowledge and messaging about lactation + contraception

*“Providers need to know what they’re talking about.”*

- As long as mom knows all the pros and cons, it is her choice

- 👶 100% agreed that hormonal LARCs affect breast milk supply
- 👶 Would like a professional resource from which to provide information and recommendations



# Do LARCs affect breastfeeding?

- No difference in lactogenesis or in length of time women reported breastfeeding for women with postpartum LARCs (Turok, 2017).



# Hormonal LARCs

- 👶 Progestin-only methods immediately postpartum have shown no effect on breastfeeding (Phillips et al, 2016)
- 👶 A systematic review of 43 studies showed no evidence of adverse effects on initiation, continuation, or infant growth/development (Kapp, Curtis & Nanda, 2010).

# IUDs

- 👶 RCT that examined the effect of IUDs initiated at 6–8 weeks postpartum on breastfeeding outcomes, breastfeeding duration and infant growth outcomes were similar for women in the levonorgestrel IUD group compared with women in the copper IUD group (Shaamash et al, 2005)
- 👶 Levonorgestral IUD:
  - Limited data on its effect on breastfeeding (Chen et al, 2011)

# Subdermal Contraceptive Implant

- A randomized trial that evaluated breastfeeding outcomes in women with implant placement in the first 3 days postpartum compared with placement at 4–8 weeks postpartum noted no differences in lactogenesis or inability to breastfeed (Gurtcheff et al, 2011)

### Immediate Postpartum LARCs

Condition	Sub-Condition	Cu-IUD	LNG-IUD	Implant
Postpartum (in breastfeeding or non-breastfeeding women, including cesarean delivery)	a) <10 minutes after delivery of the placenta			
	i) Breastfeeding	1	2	2
	ii) Nonbreastfeeding	1	1	1
	b) 10 minutes after delivery of the placenta to <4 weeks	2	2	1*/2**
	c) ≥ 4 weeks	1	1	1
	d) Postpartum sepsis	4	4	1

LNG=levonorgestrel; Cu=copper; IUD=intrauterine device.

\*Nonbreastfeeding women, \*\*Breastfeeding women

Categories:

- 1 = A condition for which there is no restriction for the use of the contraceptive method.
- 2 = A condition for which the advantages of using the method generally outweigh the theoretical or proven risks.
- 3 = A condition for which the theoretical or proven risks usually outweigh the advantages of using the method.
- 4 = A condition that represents an unacceptable health risk if the contraceptive method is used.

*Adapted from Centers for Disease Control and Prevention Medical Eligibility Criteria Classifications for Postpartum Long-Acting Reversible Contraception (2016)*

Given available evidence, women considering immediate postpartum hormonal LARC should be counseled about the theoretical risk of reduced duration of breastfeeding, but that the preponderance of the evidence has not shown a negative effect on actual breastfeeding outcomes.

- ACOG 2016

# FPQC Access LARC Recommendation:

- Because of theoretical concerns related to hormonal effects on milk production and infant growth and development, and limited data on hormonal methods' effects on breastfeeding, **the advantages of insertion generally outweigh the theoretical or proven risks.**
- In women who remain very concerned about this despite the evidence, placement of a copper IUD may be appropriate.

# It should be discussed **PRENATALLY**

- 👶 Patients need time to make healthcare decisions; best decided before being admitted for delivery.

Would you like an IUD immediately after you birth your baby today?





# What about coercion concerns?

- ACCESS LARC promotes reproductive autonomy of all women
- It is a patient's right & our goal that women have the liberty to decide which, if any, birth control meets their reproductive needs, wants, preferences and desires.
- Historically some communities were targeted for public health programs. We advocate for a patient's right to use or not use contraception & to receive the best reproductive health care.
- We support clinicians and medical staff reiterating the goal and ensuring that patients understand their right to decline contraception (LARC) & to have it removed upon request.

*Suggested Resource: Long-Acting Reversible Contraception Statement of Principles from SisterSong and National Women's Health Network*

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# Access LARC Initiative

- 👶 To **increase access** to immediate postpartum long-acting reversible contraception
- 👶 It is **not** to coerce women into choosing LARC
  - We will be providing training and materials on appropriate choice counseling throughout the initiative

# Florida Access LARC Initiative Team Sites Working on this, so far

**10** Florida  
Hospital/Residency  
Program Teams



# More Info @ FPQC.org under “Current Projects”

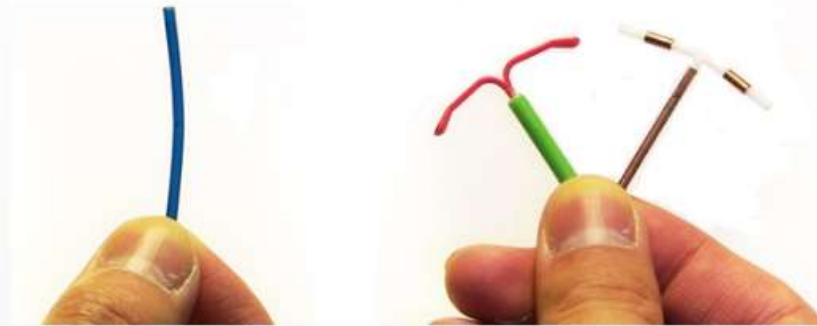
## ● Immediate Postpartum Long-Acting Reversible Contraception (LARC)



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Access LARC

Increasing Access to Immediate Postpartum Long-Acting Reversible Contraception



### Project Goal:

To work with participating Florida hospitals to improve hospital policies, procedures, and collaboration to increase access to immediate postpartum long-acting reversible contraception, and to work with Medicaid, and other payers and state partners, to facilitate access and use.



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# DISCUSSION

## LC's:

Would you support a woman's decision to have an immediate postpartum LARC inserted?

Do you feel comfort discussing birth control or LARC?

If not, what would help you feel more comfortable?

What would make you feel more comfortable with recommending immediate postpartum LARC?



# FAQs from Women

- 👉 How does LARC work?
- 👉 How safe is it immediately after delivery?
- 👉 Can women who breastfeed or intend to breastfeed get LARC immediately postpartum?
- 👉 When does it become effective?
- 👉 How can you get it removed?

**What other questions do you think women might have about getting LARC immediately postpartum?**



# Questions?

Thank you!

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