

Provision of immediate postpartum long acting reversible contraceptives: Policy context and practice implications

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PRESENTATION FORMAT: Oral Presentation

TOPIC/TARGET AUDIENCE: Maternal and Child Health, Family Planning, Public Policy

ABSTRACT: Women who have recently delivered a baby are vulnerable to rapid repeat pregnancy, which is birth spacing of less than 18 months until another conception. The Health People 2020 goal for this birth spacing measure is a reduction from 33% in 2010 to below 30%. Postpartum women at highest risk for unintended rapid repeat pregnancy are those who do not initiate a highly effective method of contraception prior to resuming intercourse. Even when women receive counseling during prenatal care and have a plan to start a contraceptive method, they often do not have access to the method or do not initiate it. Ideally, we should offer counseling about safe contraceptive options during prenatal care. When appropriate, we should offer to initiate those methods during the inpatient hospitalization for delivery.

This panel of lectures and discussion will address research from Oregon to identify the women at highest risk for not returning for postpartum care. We will describe the highly effective contraceptive methods that are safe for use in the immediate postpartum period and the data on safety with breastfeeding. Finally, we will explore the barriers and proposed solutions toward a full implementation of access to immediate postpartum LARC in Oregon.

OBJECTIVE(S):

- Explain the risk factors for loss to follow-up among postpartum women seeking contraception
- Describe the procedures, risks and benefits of providing long-acting reversible contraception (LARC) during inpatient maternity care
- Identify public policy context and opportunities to increase access to immediate postpartum LARC in Oregon

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