

## Access to Highly Effective Postpartum Contraception: The Time Is Now

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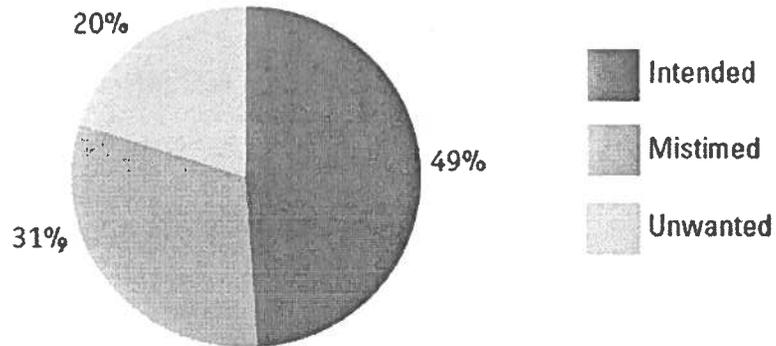
### Philadelphia's Public Health Priorities

- ◆ Heart Disease and Cancer Prevention
  - ◆ Reproductive Health
  - ◆ Healthy Start to Life
- EFFECTIVE POSTPARTUM CONTRACEPTION CAN HELP ACHIEVE 2/3 OF OUR GOALS

## US Unintended Pregnancy: Shockingly Common

### Pregnancies by Intention Status

More than half of pregnancies are unintended.



Guttmacher, 2015

## Unplanned Births in Pennsylvania: 2010

- ◆ 53% of pregnancies in Pennsylvania were unplanned
- ◆ Public spending for unplanned pregnancies in Pennsylvania estimated at \$727 million

<http://thenationalcampaign.org/data/state/pennsylvania>

# Birth Control Prevents Unplanned Pregnancy

## HOW WELL DOES BIRTH CONTROL WORK?

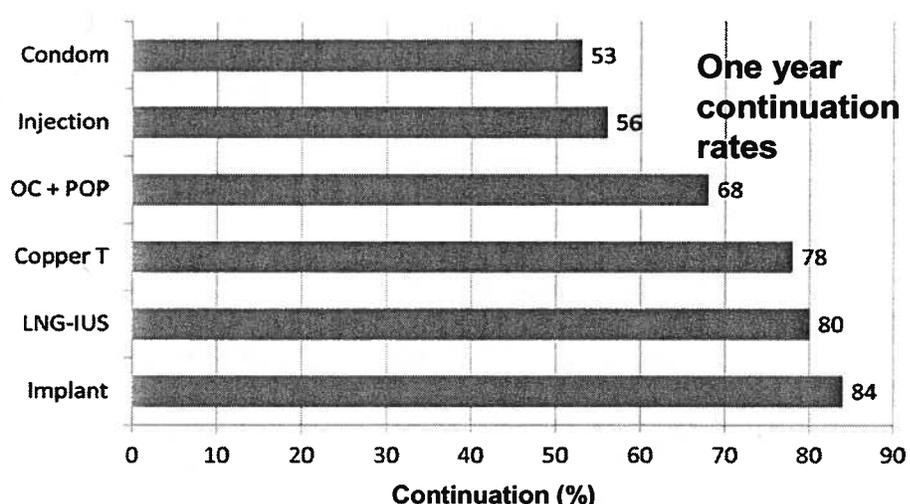
What is your chance of getting pregnant?

<p>★★★★★</p> <p><b>Really, really well</b></p> <p>Works, hassle-free, for up to...</p>	<p>The Implant (Nexplanon)</p> <p>3 years</p>	<p>IUD (Skyla)</p> <p>3 years</p>	<p>IUD (Mirena)</p> <p>5 years</p>	<p>IUD (ParaGard)</p> <p>12 years</p> <p><i>No hormones</i></p>	<p>Sterilization, for men and women</p> <p>Forever</p>	<p>Less than 1 in 100 women</p>
<p>★★★</p> <p><b>O.K.</b></p> <p>For it to work best, use it...</p>	<p>The Pill</p> <p>Every. Single. Day.</p>	<p>The Patch</p> <p>Every week</p>	<p>The Ring</p> <p>Every month</p>	<p>The Shot (Depo-Provera)</p> <p>Every 3 months</p>	<p>6-9 in 100 women, depending on method</p>	
<p>★</p> <p><b>Not as well</b></p> <p>For each of these methods to work, you or your partner have to use it every single time you have sex.</p>	<p>Pulling Out</p>	<p>Fertility Awareness</p>	<p>Diaphragm</p>	<p>Condoms, for men or women</p> <p><i>Needed for STD protection</i></p> <p><i>Use with any other method</i></p>	<p>12-24 in 100 women, depending on method</p>	

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

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## LARC Continuation Rates Are the Highest of All Reversible Methods



Trussell J in Hatcher R et al. *Contraceptive Technology*. 2007.

## Postpartum Contraception

Traditionally addressed at the 6 week visit

### What's the problem with waiting?

- ◆ Up to 35% of women do not attend their 6 week postpartum (PP) visit.
- ◆ 50% ovulate and 60% resume sex before 6 weeks postpartum
- ◆ Over half of unintended pregnancies occur within 2 years following delivery
- ◆ High interest in LARC among postpartum women, particularly those with a recent unintended pregnancy and women who do not desire pregnancy for at least 2 years

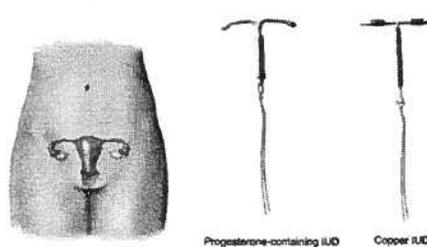
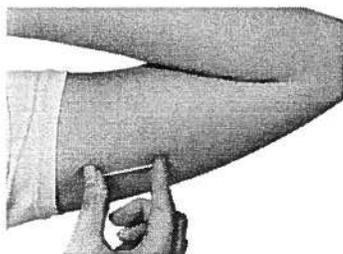
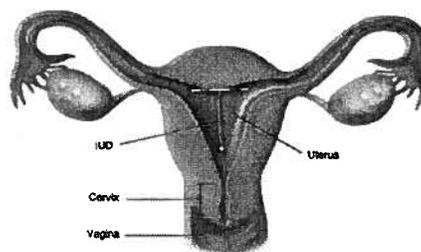
### Timely access to PP contraception

- Can prevent rapid repeat pregnancy
- Improve next pregnancy outcomes
- Prevent abortion

Potter et al., 2014; Tang et al., 2013

## Immediate Postpartum LARC

- ◆ Progestin only or nonhormonal methods preferred
- ◆ Convenient for patients
- ◆ Assist with healthy birth spacing
- ◆ Safe



## Almost 60% of Women Request Immediate PP LARC When Offered

Method	Method requested n & %	Method received by 6 months n & %*
None	2	2
Abstinence	4	19
Withdrawal	0	25
Condoms	1	34
Hormonal methods	36	32
Implant	24	25
Hormonal IUD	21	0
Copper IUD	12	0

Methods not offered before hospital discharge

\*Some women reported using more than 1 method

## Method and Timing Options

- ◆ **For an Implant**
  - Before discharge from the hospital postpartum
  - no concerning effects on:
    - maternal health
    - breastfeeding outcomes
- ◆ **For an Intrauterine Device**
  - Immediate postplacental = within 10 min of placental delivery
  - Delivery type: Vaginal or Cesarean section
  - More data needed on risk of expulsion, but can be mitigated when recognized and IUD replaced

Brito MB, Ferriani RA, Quintana SM, et al. (2009) *Contraception*. 80(6):519-26,  
 Gurtcheff, S. E., Turok D. K., et al. (2011) *Obstetrics & Gynecology* 117(5): 1114-1121.  
 Chen, B. A., M. F. Reeves, et al. (2010). *Obstetrics & Gynecology* 116(5): 1079-1087.  
 Dahlke, J. D., E. R. Terpstra, et al. (2011) *Contraception* 84(3): 244-248

## Post Partum Implant Continuation Rates are High

Etonogestrel implant placed postpartum prior to hospital discharge (HUP)  
January 2008-March 2009  
n=262

	Follow-up (%)	Removed (n)	Continuation* (%; CI)
1 year	78.2	27	87.2 [81.9-91.1]
2 years	75.2	53	74.1 [67.5-79.6]
3 years	72.9	68	66.3 [59.2-72.4]

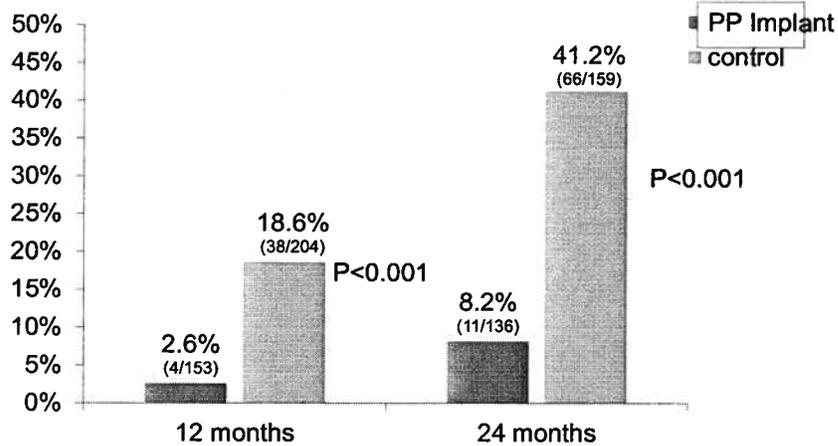
\*Estimated from survival analysis; CI, 95% confidence interval

**Average length of pill use = 5 months**

Contraception 90(3):259-64, Sept 2014

## Implant Decreases Rapid Repeat Birth

Repeat Pregnancy among PP adolescents in Colorado



Courtesy of K. Tocce, Colorado

## Contraception: Timing is Everything

Is immediate postpartum IUD the 'next big thing'?

BY SPANCOL WONGSTEN  
FERTILITY PRACTICE PHOENIX, ARIZONA

SAN FRANCISCO — Immediate postpartum intrauterine device placements offer multiple advantages, and it's generally safe and effective for preventing rapid repeat pregnancy, according to Dr. Eve Espey.

"I personally think that the postpartum IUD is the next big thing," she said during a clinical session in conjunction with the annual meeting of the American College of Obstetrics and Gynecologists.

The biggest barrier to immediate postpartum IUD insertion is payment. In most states, IUD placement can't be billed until after the placenta has delivered, but that is slowly changing, said Dr. Espey, chair of the department of obstetrics and gynecology at the University of New Mexico, Albuquerque.

Dr. Eve Espey recommends placing the IUD as soon as possible after birth to reduce the chances of expulsion.

There are now 11 states where Medicaid has agreed to split postpartum placement of IUDs for contraception (up from the global fee for delivery, she said). The 11 states are Alabama, Colorado, Georgia, Iowa, Louisiana, the Missouri, page 4

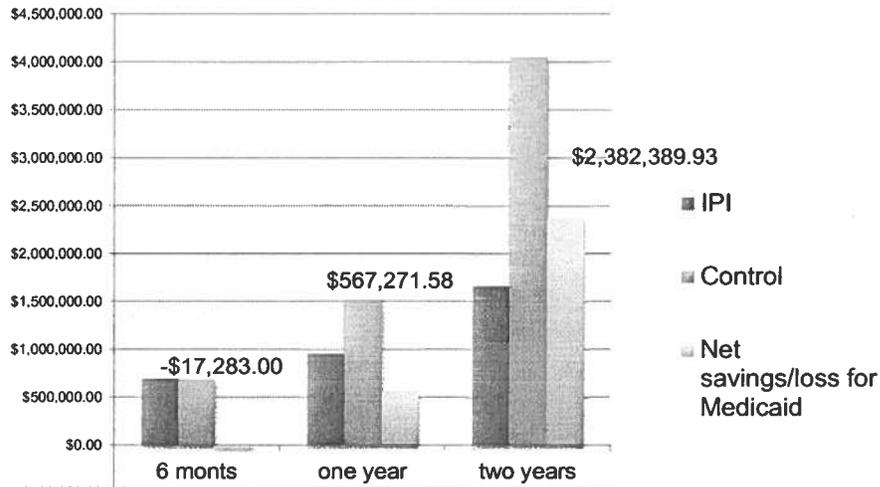


## Insurance Company Payment is the Barrier

- ◆ CDC recommends placement of IUDs within 10 minutes of placental delivery and implant placement before discharge
- ◆ Current State Medicaid policies do not have payment mechanism for inpatient LARC reimbursement
- ◆ Cost effectiveness remains a concern

## Implants for Teen Moms are Cost Effective

Costs per 1000 Women



Courtesy of K. Tocce, Colorado

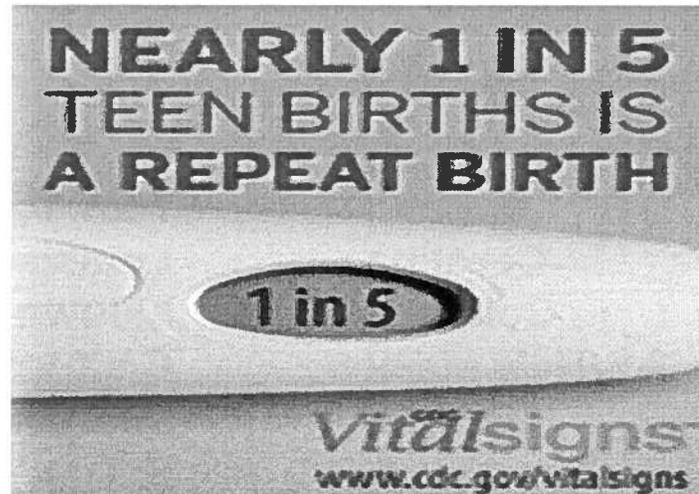
## Cost Effectiveness of LARC

- ♦ On average, four patients need to receive an implant during the immediate postpartum period to prevent one additional rapid repeat pregnancy.

**Cost of four  
LARC  
devices  
\$2800**

**Cost of one  
Medicaid birth  
\$30,000-50,000**

## Postpartum Contraception: Seize the Day



## LARC and Birth Spacing: Health Disparities

- ◆ Short intervals between pregnancies carry health risks for both mom and baby.
- ◆ LARC users had 4x the odds of achieving an optimal birth interval compared with women who used less contraceptive effective methods
- ◆ Implant associated with longer interpregnancy interval in adolescents compared with less effective methods.

## Why Now?

- ◆ In 2012, just South Carolina allowed reimbursement in this way.
- ◆ By 2014 the list included:

<b>South Carolina Colorado New Mexico Georgia</b>	<b>New York Louisiana Iowa California Alabama</b>
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## Maternity Billing in Hospitals

- ◆ Deliveries are billed and paid for with just one “package” code.
- ◆ That code generates a flat fee for the hospital
- ◆ In exchange, the hospital provides all pregnancy related services from the first prenatal visit up to the immediate postpartum period. Including anything that occurs in the hospital during/related to the birth.

**Fewer services given= more profit**

## Hospital Incentives and Financing

### If Hospital Provides LARC Immediately Postpartum

- ◆ Device and Insertion fees wrapped into global payment for delivery.
- ◆ No additional compensation.

**Cost to Hospital:  
\$500-1500**

### If Hospital Provides LARC 6 weeks Postpartum

- ◆ Are reimbursed for device
- ◆ Are reimbursed for insertion time
- ◆ Still receive full pregnancy fee

**Benefit to Hospital:  
\$500-1500**

**to Hospital: \$500-  
1500**

## Coding Logistics

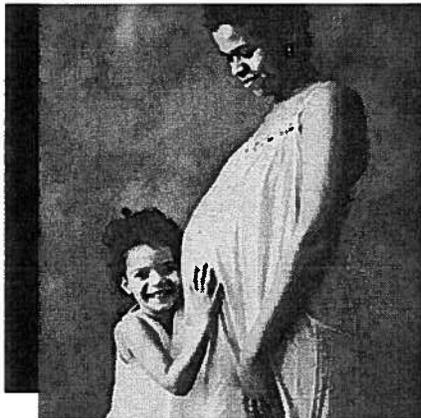
- Some states provide a credit adjustment inpatient LARC codes submitted at the same time as the pregnancy claim.
- Other states allow providers to add a modifier to their pregnancy claim
- **Only CMS Requirement:**
  - Coverage for LARC is considered an add-on benefit to the Diagnostic Related Group
  - hospitals are required to use the Healthcare Common Procedure Coding System Code that represents the device, along with the ICD-9 Surgical Codes and the ICD-9 Diagnosis Codes

## The Yellow Brick Road to Reducing Rapid Repeat Births

# IMMEDIATE PP LARC

## The Time is Now

### Better Parenting Through Postpartum Contraception



### Postpartum LARC is first choice for many Women

**Safe and provides long lasting efficacy**

**Allows women to have adequate birth spacing which improves maternal and infant outcomes**

**Main barrier is reimbursement and logistic of in hospital insertion including having devices available and having provider time reimbursed**

**Many other states have succeed in overcoming these barriers and can serve as role-models for Pennsylvania.**

## **Thank You**

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