PICCK

POSTPARTUM LARC COUNSELING AND CONSENT

WHEN TO COUNSEL

- The goal of antenatal contraceptive counseling is to have the discussion at or prior to **32 weeks** gestation, to ensure discussion of sterilization and consent signing if desired.
- At the time of hospital admission for delivery, *if the patient hadn't been previously counseled about the option of immediate postpartum LARC (IPPLARC), they should NOT be counseled while they are in labor or still pregnant, to avoid the possibility of coercion.* LARC counseling can begin on postpartum day 1.
- If the patient is interested in IPPLARC, inform them that placement is dependent on their insurance coverage at the time of delivery; current coverage can be verified with the clinical staff (front desk or MA).

HOW TO COUNSEL

- **Counsel about all methods.** Use a visual aid that includes information about all postpartum methods. Use the **PHI CARE** mnemonic to include the elements of shared decision-making for patient-centered contraceptive counseling. *See below for PICCK's PHI CARE Framework, and watch Shared Decision-Making Video to see the framework in action. Learn more about the framework here: Shared Decision-Making Infographic.*
- **Talk about when fertility returns postpartum.** When not exclusively breastfeeding, a patient can ovulate as soon as 25 days after delivery.
- **Document your contraceptive counseling in the OB progress note.** If you counsel about IPPLARC, consider creating a smart phrase for your EMR.
- **Add the patient's desired postpartum method to the problem list.** Use the diagnosis *Counseling for initiation of birth control method* (V25.02, Z30.09). In Epic, click "Details." Under "Display," write the desired method, such as DESIRES PP IUD or DESIRES PP NEXPLANON.
- **Scan and send the signed LARC consent form.** An appropriate IUD consent form should be completed prior to the patient presenting in labor. A scanned copy of the form will be placed in the consent folder, or it may be printed and placed into the patient's chart at the time of admission. **During telemedicine visits,** document the consent process in your note, and the form can be signed when the patient presents to triage.

First: **Understand your patient's contraceptive journey by asking about their P-H-I**

P	Past experience
H	Health history
I	Important

Then: **Deliver patient-centered counseling by providing C-A-R-E**

C	Counsel
A	Autonomy
R	Review
E	Experience

Partners in Contraceptive Choice and Knowledge (PICCK) is a five-year program funded by the Executive Office of Health and Human Services, Commonwealth of Massachusetts and housed at Boston Medical Center/Boston University School of Medicine.
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WHAT TO INCLUDE IN COUNSELING

BENEFITS

- Convenient setting for placement of IUD
- No need for a return visit for device insertion
- Less patient discomfort than office IUD placement
- No increased risk of postpartum bleeding or infection

RISKS

- Higher IUD expulsion rate (up to 27%)
- May need to trim strings before the 6-week postpartum visit
- Missing strings are common (See Follow Up)
- Risk of inability to place an IUD due to labor or postpartum complications

CONTRAINDICATIONS FOR IUD PLACEMENT

- Chorioamnionitis (fever and symptoms of intrauterine infection that necessitate antibiotic treatment)
- Acute hemorrhage at the time of delivery (QBL>1000 cc and/or continued bleeding)
- Routine contraindications to IUD placement

BREASTFEEDING

- All IUDs are safe to use during breastfeeding.
- Research has shown that for patients who use a postpartum IUD, there is no difference in a patient's ability to successfully initiate and continue breastfeeding, the amount of milk they produce, or an infant's growth and development.

FOLLOW-UP

- At a patient's 6 week follow-up visit, confirm that the patient is satisfied with the device and does not desire removal.
- An IUD string check should be performed as part of routine PP care to confirm IUD presence. The string check can be performed with a bimanual exam, if they have no complaints about the string length, or can be performed with a speculum exam, allowing for string trimming.
- If no strings are palpable or seen and the patient does not report the expulsion of the IUD, ultrasound can be used to check for position.
    - If the IUD is visible in the uterus, it may be left in place (even if the IUD orientation has shifted, or the IUD is in the lower uterine segment).
    - If a portion of the IUD is visible in the cervix, it should be removed and replaced. If unsure, consult Family Planning to review the ultrasound.
    - If the IUD has been expelled, the patient can then be offered either replacement of the IUD or another method.
- Counsel that the device can be removed at any time.
- If the patient desires LARC removal in the future to try to conceive, counsel that the device can be removed once they are ready to become pregnant; it does not need to be removed months in advance.

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