Making immediate post-placental IUDs accessible to women desiring long-acting reversible contraception after childbirth

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INTRODUCTION

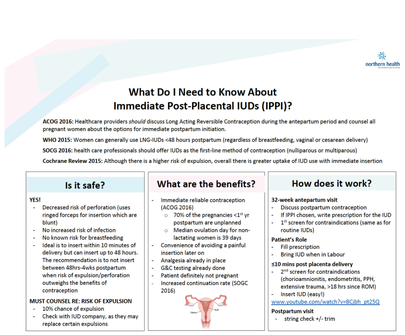
Immediate post-placental IUDs have been widely accepted as a safe and effective method of contraception or birth spacing, however, their uptake in Canada is low. This technique, whereby the intrauterine device is placed ideally within ten minutes of the delivery of the placenta after vaginal or caesarian delivery, could benefit any women, including those living in remote geographies or with difficulty accessing care. The SOGC1, WHO2 and ACOG3 have all released statements of support, the primary risk being a <10% chance of expulsion.

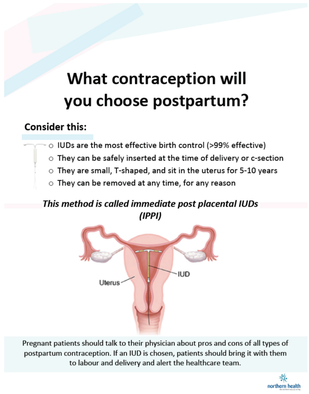
The overall goal of our work is to make IPPI an accessible option for any women desiring long-acting reversible contraception after childbirth. The primary objective of this project was to understand attitudes towards IPPI amongst staff working in labour and delivery, and to identify the barriers to implementing IPPI. Based on our initial work, a need for healthcare provider education was identified, and thus educational materials were created and a workshop was implemented and analysed.

MATERIALS AND METHODS

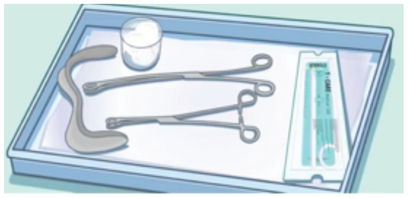
Semi-structured interviews were conducted with healthcare providers who work in maternity at UHNBC. Data was collected from two Nurses, one Obstetrician, two Family Physicians, and two Midwives. One participant responded in a written format. Themes were extracted from the data and word-cloud analyses were created based on theme frequency. Two workshops were run, attendees were encouraged to complete a pre/post workshop feedback form. Feedback was obtained from eleven students, one obstetrician, and nine nurses, although GPs and midwives were also in attendance.

RESOURCES CIRCULATED AT WORKSHOP





WORKSHOP EQUIPMENT



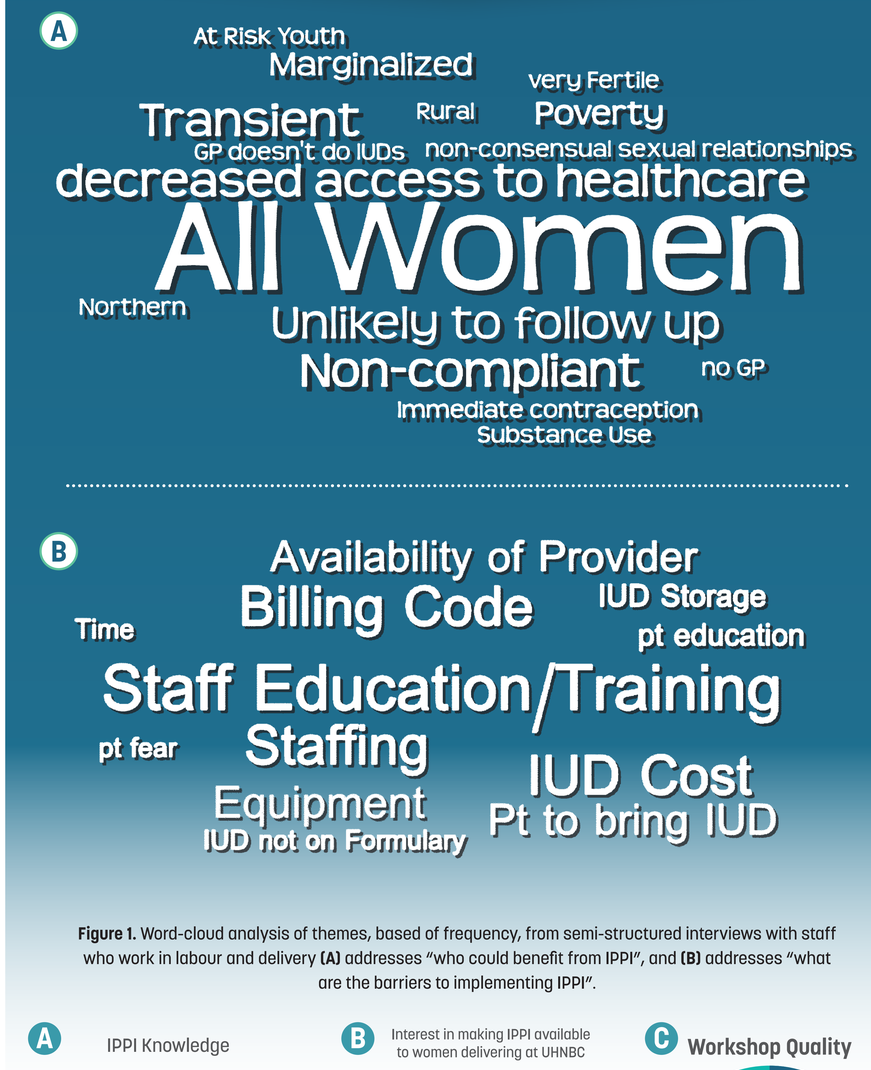


Figure 1. Word-cloud analysis of themes, based of frequency, from semi-structured interviews with staff who work in labour and delivery **(A)** addresses "who could benefit from IPPI", and **(B)** addresses "what are the barriers to implementing IPPI".

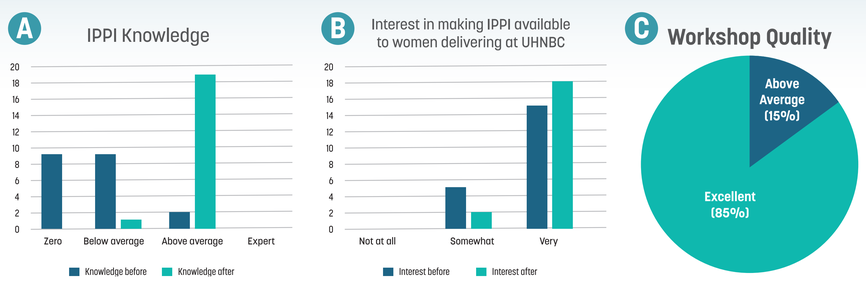


Figure 2. Summary of workshop feedback obtained by pre and post workshop questionnaire regarding knowledge **(A)**, interest in the initiative **(B)** and quality of the workshop **(C)**.

"Simple and straight forward, hands on was helpful for visual"
- Workshop participant

RESULTS

Our results suggest that all women have the potential to benefit from the opportunity to chose IPPI in their family planning journey, however there are barriers in place that must be mitigated.

Barriers to IPPI implementation included:

- Healthcare Provider Factors (staff education/training, billing code)
- Logistical Factors (IUD not on hospital formulary, IUD storage, equipment, time, availability of provider, patient needing to bring the IUD, staffing availability)
- Patient Factors (IUD cost, patient education, patient fear)

The workshops were effective in knowledge translation, the baseline interest is high, and the quality of the workshops was excellent.

CONCLUSIONS

Immediate post-placental IUDs are a safe way of administering the first line product for contraception. Our work shows that there is interest amongst healthcare providers to provide Immediate Post Placental IUDs, and the skill is easily learned. Barriers to IPPI included healthcare provider, logistical, and potential patient factors. Already we have created a workshop and education materials that are acceptable to an audience of medical students, residents, family physicians, obstetricians, nursing staff, and midwives.

FUTURE DIRECTIONS

1. **Trouble shoot barriers:** Ideas for reducing barriers include advocating for a billing code, advocating for IUDs to be universally covered seeing as they are the first line for contraception, and the creation of a pre-printed order sets for patients admitted to the labour and delivery ward with the intent of having an IPPI. Lastly a check box on the prenatal record should be in place for the discussion of family planning at around 32 weeks of gestation, which gives the opportunity to discuss IPPI.
2. **Understand the patient perspective:** We have now initiated a study to understand the patient perspective and acceptability for IPPI.
3. **Continue education for the interdisciplinary team:** This workshop and materials can be distributed for workshops to be done at other centres and for a variety of audiences including residents and medical students.

ACKNOWLEDGEMENTS

Special thank you to Shelley Movold, Quality Improvement Coach at UHNBC
This work was funded by the Northern Health Physician Quality Improvement Seed Grant

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ABBREVIATIONS

IUD: Intrauterine Device
IPPI: Immediate Post-Placental IUD

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