Immediate postpartum placement of long-acting reversible contraception

Effective June 2014, your patients will have access to immediate postpartum placement of long-acting reversible contraception (intrauterine devices [IUDs] and etonogestrel implant). In an inpatient facility, you will have the ability to implant the device of your patient's choice and receive the same reimbursement as if the device were implanted on an outpatient basis.

The inpatient facility will provide the device. Please work closely with your obstetrical unit to understand the logistics of obtaining the devices. Enclosed, you will find frequently asked questions regarding long-acting reversible contraception.

As you are well aware, unintended pregnancies continue to be a major health problem in the United States. These unintended pregnancies are associated with higher rates of maternal and neonatal complications of pregnancy.[1] Long-acting methods are more effective at preventing unintended pregnancies and have significantly greater continuation rates than oral contraceptives, the vaginal contraceptive ring or the contraceptive patch. These long-acting methods also have very low rates of serious side effects.[2]

We respectfully ask that you discuss with your patients the option for immediate postpartum placement of the IUD or implant early on during the third trimester of pregnancy. Please provide additional counseling and support to your teenage and young patients (ages 13 through 19) as this group is at the greatest risk for early discontinuation of these methods.[3] It appears that there is lower discontinuation at two years of IUDs as compared to the etonogestrel implant.[4] When clinically appropriate, IUDs should be considered over the implant.

Again, thank you for the care that you provide to our members. If you have questions regarding providing this new service to your patients, please contact our Provider Services unit at **1-844-521-6942** (TTY: **711**) from 7 a.m. to 5 p.m., Monday through Friday, or visit our website at **https://providers.healthybluela.com**.

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1 Hellerstedt WL, Pirie PL, Lando HA, Curry SJ, McBride CM, Grothaus LC, et al. Differences in prenconceptional and prenatal behaviors in women with intended and unintended pregnancies. AM J Public Health 1998; 88:663-6.
2 Winner B, Peipert JF, Zhao Q, Buckel C, Madden T, Allsworth JE, et al. Effectiveness of long-acting reversible contraception. N Engl J Med 2012; 366 1998-2007.
3 Aoun J, Dines VA, Stovall DW, Mete M, Nelson CB, et al. Effects of Age, Parity, and Device Type on Complications and Discontinuation of Intrauterine Devices. Obstetrics & Gynecology 2014;123:585-92.
4 O'Neil-Callahan M, Peipert JF, Zhao Q, Madden T, Secura G. Twenty-Four-Month Continuation of Reversible Contraception. Obstet Gynecol 2013;122:1083-91.

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FAQ

When should the IUD or Nexplanon be inserted postpartum?
The IUD can be inserted in the postpartum period either:

- Within 10 minutes after delivery of the placenta
- Up to 48 hours after delivery
- At the time of Cesarean delivery
- At any point following delivery

What are instances when postpartum IUD placement should be avoided?
Immediate postplacenta insertion should be avoided in patients with a fever. Patients with rupture of membranes greater than 36 hours before delivery, a postpartum hemorrhage or extensive genital lacerations should be referred for interval insertion.

Where can I find additional information regarding postpartum long-acting reversible contraception?
Additional information can be found at **http://acog.org** and at **http://arhp.org**.

What are the CPT codes associated with IUD and Nexplanon insertion in the hospital setting?
The CPT and associated ICD-9 codes are unchanged for the hospital setting:
11981 – Insertion, non-biodegradable drug delivery implant; 58300 – Insertion of IUD

Does placement of an IUD in the postpartum period increase a woman's chance of infertility in the future?
No, there is no data to suggest that there is any adverse effect on future fertility. Baseline fecundity has been shown to return rapidly after IUD removal.[5]

Is there a greater rate of IUD expulsion with postpartum placement of an IUD?
Yes, the actual expulsion rate varies with device type. An important study of the Copper T 380A by Celen et al. demonstrated expulsion rates at six weeks, six months and 12 months of 5.1%, 7% and 12.3%.[6] A study of expulsion rates of the levonorgestrel-containing system demonstrated an expulsion rate of 10% at 10 weeks.[7]

When should patients be seen in follow-up?
Patients should be seen between 21 days and 6 weeks. Many patients resume intercourse before the six-week checkup. To prevent unintended pregnancies, it is important to confirm that the device is still in place.

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5 Hov GG, Skjeldestad FE, Hilstad T. Use of IUD and subsequent fertility--follow-up after participation in a randomized clinical trial. Contraception 2007;75:88–92.
6 Celen S, Möröy P, Sucak A, Aktulay A, Danişman N. Clinical outcomes of early postplacental insertion of intrauterine contraceptive devices. Contraception. 2004;69:279–82.
7 Hayes JL, Cwiak C, Goedken P, Zieman M. A pilot clinical trial of ultrasound-guided postplacental insertion of a levonorgestrel intrauterine device. Contraception. 2007;76:292–6.