MNPQC

PERINATAL EDUCATION

ECHO SERIES

JULY 16, 2026 | SESSION SNAPSHOT

Immediate Postpartum Contraception: A Primer for Clinicians Doing Deliveries

SESSION SUMMARY

This presentation from the Postpartum Contraceptive Access Initiative (PCAI), a program from the American College of Obstetricians & Gynecologists (ACOG) Foundation, reviewed best practices for postpartum contraceptive care. The session emphasized the importance of patient-centered counseling and offering the full scope of options for evidence-based postpartum contraception, including immediate postpartum (IPP) long-acting reversible contraception (LARC).

KEY POINTS FOR PATIENT-CENTERED CONTRACEPTIVE COUNSELING

1. **Recognize Implicit Provider Bias:** Be aware of potential implicit biases to help avoid coercive counseling.
2. **Engage in Shared Decision Making:** Using this model, patients share their goals and priorities, and clinicians share relevant clinical information. Counseling should begin during prenatal care so that patients can make informed decisions before delivery.
3. **Address Misinformation & Myths:** Listen intentionally to patients' concerns and validate their experiences while providing accurate, evidence-based information.

WHY ACCESS TO IPP LARC MATTERS

Offering IPP LARC as part of the full array of postpartum contraceptive options is a patient-centered strategy for improving equitable access to desired contraception and decreasing unintended or short interval pregnancies.

Key Statistics from ACOG:

1. Up to 40% of women do not return for their 6-week postpartum visit for numerous reasons, including childcare obligations, restrictions on time off work, limited transportation options, lack of insurance coverage, health challenges, or language barriers.
2. By 6 weeks postpartum, 40% of women will ovulate, and 57% will be sexually active. Additionally, at least ⅓ of patients do not get their desired postpartum tubal ligation due to significant system-level barriers, insurance issues, or clinical considerations.
3. Up to 75% of patients who plan to use an IUD postpartum do not obtain it.

These statistics reinforce the importance of making IPP LARC available and accessible to patients who may be interested in this option.

> **LARC should be offered routinely as a safe and effective option for postpartum contraception.**
> *(Source: ACOG Practice Bulletin No. 186)*

OVERVIEW OF LARC METHODS

LARC methods include **1)** Levonorgestrel (LNG) IUD (multiple formulations), **2)** Copper IUD, **3)** Etonogestrel (ENG) Implant. For patients interested in IPP LARC, it is important to discuss risks, benefits, and possible side effects. The chart from this ECHO session, slide #27, found here, explains the hormone dosage, efficacy, FDA-Approved Duration of Use, and expected bleeding patterns of each LARC method. A more comprehensive review of all postpartum contraceptive options can be found on the PCAI website.

TIMING OF LARC PLACEMENT & RISKS:

IPP vs Interval Placement:

- **IPP Placement:** IUD placement within 10 minutes of placental delivery or implant placement any time before hospital discharge.
- **Interval Placement:** IUD placement at or after the 6-week postpartum visit or implant placement at any postpartum appointment.

Risks Associated with IPP:

- **Expulsion:** IPP IUD placement have a higher risk of expulsion, but are still a cost-effective option for which the benefits generally outweigh this risk. Patients should be counseled on the possibility of expulsion.
  (Source: ACOG Committee Opinion No. 186)
- **Breastfeeding:** Studies show LARC does not significantly affect breast milk, breastfeeding success, or infant development for most patients.
  (Source: ACOG Practice Bulletin No. 186)