Within nine months of initiative start (by March 2019), ≥75% of participating hospitals will be providing immediate postpartum long-acting reversible contraception (LARC).

**EVIDENCE-BASED PRACTICES**

The American College of Obstetricians and Gynecologists (ACOG), the American College of Nurse-Midwives (ACNM), the Society for Maternal-Fetal Medicine (SMFM), The American Academy of Family Physicians (AAFP), the Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN), and other professional associations support hospitals providing access to IPLARC during delivery admission. South Carolina, Colorado, and other states have successfully increased access to IPLARC through statewide perinatal quality collaborative work.

In 2016, ACOG released a committee opinion that recommended the adoption of prenatal comprehensive contraceptive counseling, including IPLARC, increased availability of access to LARC methods immediately postpartum, and appropriate reimbursement for IPLARC. Evidence demonstrates that women want LARC methods and will choose this method when barriers are removed (Peipert, 2012; Potter, 2017) and that access to IPLARC reduces unintended pregnancy (Peipert, 2012; Brunson, 2017).

DID YOU KNOW?

In July 2015, Illinois Healthcare and Family Services issued guidance for the reimbursement of IPLARC outside of the delivery bundle. Medicaid and Medicaid MCOs will reimburse hospitals and providers for the cost of the device and the insertion procedure. This is an important change, and ILPQC will help hospitals develop the resources and capacity to implement sustainable provision IPLARC.

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SCOPE

Seventeen Illinois birthing hospitals joined Wave 1 of the IPLARC Initiative in April 2018. The initiative supports birthing hospitals that provide contraception to implement immediate postpartum LARC. Wave 1 teams are working to go live with IPLARC and will serve as mentor hospitals for Wave 2 teams. Wave 2 teams will join the IPLARC initiative in 2019. Hospitals that do not provide contraception can participate with post-delivery outpatient alternative strategies.
Immediate Postpartum Long-Acting Reversible Contraception Initiative

APPROACH

ILPQC, with support from the Illinois Department of Public Health (IDPH), the Regionalized Perinatal System, and other stakeholders, are working to implement the statewide initiative. An Expert Panel was convened to provide guidance on initiative aims, measures, resources, and overall approach.

The initiative kicked off with an hour long webinar on April 9, 2018 followed by a Face-to-Face Meeting in Springfield, IL on May 29, 2018 with two IPLARC breakout sessions to review preliminary implementation data and discuss the initiative aims and toolkit resources for implementation. Fourteen teams attended the Face-to-Face Meeting and received the IPLARC toolkit binder.

IPLARC teams are working to increase access to IPLARC at their hospitals by implementing Seven Key Steps to achieve IPLARC GO LIVE date goals, including:
1. Establish and test IPLARC billing codes;
2. Add LARC devices to hospital formulary and stock LARC in inpatient pharmacy/on labor and delivery;
3. Modify IT/EMT systems for documentation of IPLARC;
4. Implement IPLARC protocol on labor and delivery/mother baby units;
5. Educate all providers, nurses, staff on IPLARC benefits, clinical recommendations, and protocols as well as providers on counseling and placement of IPLARC;
6. Standardize patient education on all contraceptive options including IPLARC and documentation of this counseling in the prenatal setting and delivery admission; and,
7. Communicate roll out plan including protocols/procedures and GO LIVE date with providers, nurses, and affiliated prenatal care sites.

IPLARC teams submit monthly data into the ILPQC rapid-response data system. For the first time, ILPQC teams have access to a monthly dashboard outlining their progress on Key Opportunities for Improvement. Structure Measure reports on hospital systems changes are also available for the first time, allowing teams to track their progress and compare their hospital progress with that of other teams across Illinois.

Wave 1 teams also have the opportunity to participate in Key Players Meetings. These are a free consultation from ILPQC staff and experts designed to help teams succeed in achieving the GO LIVE date goal of March 2019 through support and input from state and local experts.

Hospitals that do not provide contraception can participate in a sub-group of IPLARC with regular calls to explore alternate strategies to support postpartum maternal health and safety as well as access to family planning care in the first week post-discharge.

EARLY INITIATIVE SUCCESS

WAVE 1 IPLARC TEAMS ARE WORKING HARD TO INCREASE ACCESS TO IMMEDIATE POSTPARTUM LARC IN ILLINOIS

• Wave 1 teams have participated in 7 monthly webinars since April 2018.
• 54 providers and nurses statewide attended one of two immediate postpartum LARC training opportunities in either Springfield or Chicago, hosted by ILPQC and ACOG.
• 9 Wave 1 teams have a Key Players Meeting scheduled or completed.
• 15 Wave 1 teams have submitted monthly data in the ILPQC data system starting with baseline data in April 2018 and continuing with prospective data throughout the remainder of the initiative.

To learn more about the Illinois Perinatal Quality Collaborative, please visit us at www.ilpqc.org

WAVE 1 TEAMS
• Advocate Christ Medical Center
• Advocate Illinois Masonic Medical Center
• Advocate Lutheran General
• Carle Foundation Hospital
• Carle Richland Memorial Hospital
• John H. Stroger Jr. Hospital of Cook County
• Memorial Hospital Carbondale
• Memorial Medical Center
• NorthShore University HealthSystem, Evanston Hospital
• Norwegian American Hospital
• Northwestern Prentice Women’s Hospital
• Rush Copley Medical Center
• St. Anthony Hospital
• Swedish Covenant Medical Center
• University of Chicago Medical Center
• University of Illinois Hospital and Health Science System
• Vista Medical Center