What is Long-Acting Reversible Contraception (LARC)?

LARC methods are the most effective form of reversible contraception and do not require user action.

LARC methods are inserted by a clinician and can be removed at any time (although removal by a clinician is necessary).

Types of Long-Acting Reversible Contraception

- **Hormonal contraceptive implant** contains esonogestral.
  - Effective for up to 4 years.
  - Over 99% effective at preventing pregnancy.
  - Inserted in the upper arm.

- **Non-hormonal option**
  - Effective for up to 12 years.
  - Over 99% effective at preventing pregnancy.
  - Inserted in the uterus.

- **Hormonal IUDs** contain levonorgestrel
  - Effective for 3-5 years.
  - Over 99% effective at preventing pregnancy.
  - Inserted in the uterus.

What is Immediate Postpartum LARC (IPLARC)?

IPLARC is the placement of an IUD or Implant within the delivery admission period. With few contraindications, IUDs can be safely be inserted within ten minutes of placenta delivery and Implants can be inserted anytime after delivery and prior to discharge. LARCs are compatible with breastfeeding. [2]

Recommendations: Multiple national organizations recommend improving access to IPLARC, including the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Family Physicians (AAFP). [2,3] The Illinois Department of Public Health (IDPH) joined ILPQC in promoting IPLARC as a statewide quality improvement initiative to increase women’s access to highly effective contraception options after delivery and reduce barriers to LARC in Illinois. [4]

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# Immediate Postpartum Long-Acting Reversible Contraception Fact Sheet

## Why Implement IPLARC at Your Hospital?

<table>
<thead>
<tr>
<th>1. Improve health outcomes for moms and babies</th>
<th>2. Improve patient satisfaction</th>
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<tbody>
<tr>
<td><strong>LARC methods prevent unintended pregnancy.</strong> In 2010, 52% of pregnancies in Illinois were unintended. Women with unintended pregnancy are more likely to delay initiation of prenatal care, are less likely to breastfeed, and are at higher risk for maternal depression.</td>
<td><strong>Women want IPLARC.</strong> More women want IPLARC than are able to obtain it. When barriers to IPLARC are reduced, women are more likely to choose LARC. [6, 7]</td>
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<td><strong>LARC methods help prevent short-interval pregnancy.</strong> In Illinois (2011–2016), 29% of pregnancies were conceived within 18 months of delivery. Short interval pregnancies are associated with adverse outcomes for moms and babies including preterm birth, low birth weight, and preeclampsia. [5]</td>
<td><strong>Women are highly satisfied with IPLARC.</strong> Women using postpartum LARC have high continuation rates 6 months and 1 year following delivery. [8]</td>
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## 3. Reduce cost

**IPLARC is reimbursable.** In 2015, Illinois Healthcare and Family Services (Medicaid) unbundled payment for LARC devices and their insertion immediately postpartum from the global delivery fee, allowing for a separate reimbursement in addition to the DRG reimbursement for Labor and Delivery. [11] Both the device and insertion are reimbursable as an inpatient procedure.

**Offering IPLARC benefits both the hospital and the patient.** Providing IPLARC presents an opportunity for the hospital to provide a reimbursable service before the patient leaves and while the patient likely has insurance coverage.

**IPLARC saves money.** In Illinois, 78% of unintended pregnancies are funded by Medicaid, costing the state $352 million per year. [12] Studies show that offering LARC methods as part of a contraceptive counseling strategy, increases LARC utilization and reduces costs associated with unintended pregnancy. [13] IPLARC is a proven cost-effective strategy. [14, 15]

## Contribute to growing national and state trends

37 states have revised their Medicaid policies to reimburse for IPLARC. 17 IL hospitals have committed to Wave 1 of the IPLARC initiative, with statewide expansion in 2019.

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