



Original article

Barriers to Immediate Post-placental Intrauterine Devices among Attending Level Educators



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A B S T R A C T

Objective: To determine whether barriers to immediate post-placental intrauterine device (PPIUD) placement exist at the provider level.

Study Design: Obstetrics providers at seven academic teaching hospitals in Massachusetts were asked to complete an electronic survey regarding their knowledge, experience, and opinions about immediate PPIUDs.

Results: Eighty-two providers, including obstetricians, family medicine physicians, and midwives, completed the survey. Thirty-five (42.7%) reported experience placing an immediate PPIUD with the majority of them having placed three to five PPIUDs. Of participants who had never placed a PPIUD, the reason cited most frequently was inadequate training. Fewer than one-half (43.4%) correctly identified the PPIUD expulsion rate, whereas 75.9% knew the correct expulsion rate for interval IUD placement. The majority of providers responded that PPIUDs are acceptable in certain clinical scenarios.

Conclusions: Overall, knowledge and experience with PPIUD placement is relatively low. As increasing numbers of states amend Medicaid policy to include reimbursement for immediate postpartum IUDs, additional education and training opportunities are needed.

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Immediate post-placental intrauterine devices (PPIUDs) provide a unique contraceptive option for women in the postpartum period. Motivation for contraception during this time is high, and post-placental insertion may offer greater comfort and convenience than interval placement. For patients with social or financial barriers to initiation and continuation of contraception, this option may be particularly applicable.

Although the American Congress of Obstetricians Gynecologists (ACOG) agrees that "the immediate postpartum period is a particularly favorable time for IUD or implant insertion" (ACOG, 2011), Medicaid reimbursement remains a barrier to initiation. As of December 2014, only 11 states had published final or proposed guidance regarding postpartum long-acting reversible

contraception (LARC; ACOG, 2014), and Massachusetts was not one of them. Organizations such as the Association of State and Territorial Health Officials (ASTHO) are working with states, including Massachusetts, to implement postpartum LARC initiatives (ASTHO, 2014).

Multiple studies have addressed safety and efficacy of post-placental IUDs compared with interval IUD placement (Chen et al., 2009; Dahlke et al., 2011; Levi, Cantillo, Ades, Banks, & Murthy, 2012). A 2014 systematic review including 18 articles, as well as a Cochrane review of 9 randomized controlled trials, concluded that immediate PPIUDs demonstrate comparable safety to interval IUDs, with regard to bleeding, pain, infection, and perforation (Sonalkar & Knapp, 2015; Grimes, Lopez, Schulz, Van Vliet, & Stanwood, 2010). The concern surrounding immediate PPIUDs has centered around efficacy, namely on expulsion rates. Expulsion rates have varied in the literature from 10% to 24% (Chen et al., 2009; Grimes et al., 2010; Thierry, Van Der Pas, Delbeke, & Van Kets, 1980; Xu et al., 1996). In a 2009 randomized, controlled trial comparing immediate versus interval insertion rates of the levonorgestrel IUD after vaginal delivery,

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expulsion rates were 23.5% and 4.4% percent, respectively (Chen et al., 2009).

Although concerns regarding PPIUDs persist among clinicians and researchers, Glazer, Wolf, and Gorby (2011) found that nearly one-quarter of all women surveyed after delivery at an inner city U.S. hospital would have elected an immediate post-placental IUD, had it been offered. Women cited difficulties with insurance and with finding time to follow-up as reasons for not yet having an IUD despite wanting one. Similarly, Ogburn, Espey, and Stonehocker (2005) found that only 60% of women indicating a desire for IUD at the time of hospital discharge received an IUD at their postpartum visit. Authors cited loss to follow-up, provider counseling against IUD, and early repeat pregnancy as participating factors.

In their Cochrane review, Grimes et al. (2010) discuss the “trade-off” that patients and clinicians must consider with regard to PPIUDs, which offer unique advantages for women whose social and financial circumstances may lend themselves to poor follow-up and low rates of postpartum contraception use. At the same time, the documented expulsion rates cannot be overlooked. Over the past decade, research has focused on the safety and efficacy of PPIUD. However, little is known about provider knowledge and acceptance of this method. The purpose of this study was to assess knowledge, experience, and opinions of immediate PPIUD placement among obstetric providers in Massachusetts teaching hospitals. Given that much current policy work is aimed at increasing reimbursement for postpartum LARC placement, we sought to investigate whether barriers to immediate PPIUDs, a safe and effective option for women, exist at the attending-educator level.

Methods

Institutional review board approval was obtained. A survey tool was designed through the research electronic data capture (REDCap, version 5.5.10, Vanderbilt University, 2014) software. Contacts at each of seven institutions were emailed and asked to send the electronic survey to their colleagues. An electronic link to the survey was sent to the clinicians practicing on labor and delivery at each of the seven academic teaching hospitals in Massachusetts. Providers included were those who practiced on the respective labor floor, including midwives, family medicine physicians, and obstetrician/gynecologists.

We collected demographic data, including type of provider (obstetrician/gynecologist, family medicine physician, certified nurse midwife), and location of care. There were three domains included in the survey related to PPIUD use: prior training, knowledge, and experience. Questions were in multiple-choice format and included branching logic to triage participants to relevant further questions with a total of 23 possible questions. There was an open text box for comments. The survey link was sent via email twice during the study period at a one-month interval. The REDCap survey was available for respondents for 3 months. Data were analyzed using Mathworks MATLAB 2013, version R2013 b and Microsoft Excel 2007. Descriptive analysis and statistical analysis using the χ^2 test was used.

Results

Obstetrics providers at seven academic medical institutions in Massachusetts were surveyed regarding their experience, training, knowledge and opinion of immediate PPIUD placement. Eighty-two providers from six institutions completed the survey

entirely with a response rate of 29%. Response rates from the institutions were 59%, 50%, 29%, 15%, 14%, and zero. One institution's contact reported sending the link to 4 providers, but 14 providers from the institution participated in the online survey. The providers included obstetricians, family medicine practitioners, and certified nurse midwives. Overall there were 38 obstetricians, 20 family medicine practitioners, and 24 certified nurse midwives who responded to the survey.

Of these 82 providers, 35 (42.7%) reported having placed a PPIUD. Among obstetricians, family medicine physicians, and certified nurse midwives, 60%, 25%, and 29% reported having placed a PPIUD, respectively. There was no difference between the proportion of family medicine and midwifery practitioners who had previously placed a PPIUD ($p = .76$). However, a greater proportion of obstetricians had placed a PPIUD compared with family medicine practitioners ($p = .0001$) or nurse midwives ($p = .0001$). The context of the placements were 41.2%, 2.9%, and 55.9% for normal spontaneous vaginal delivery only, cesarean section only, and both. Ten responders reported placing one or two PPIUDs. Fifteen responders reported placing three to five, and nine responders had placed more than five PPIUDs.

Among the 47 providers who have never placed a PPIUD, the most common reason for not doing so was not feeling adequately trained (73.3%). The second and third most common reasons were not feeling comfortable with the procedure (60%) and PPIUDs not being available at their institutions (50%). Figure 1 shows participants' responses to whether PPIUDs are offered at the six different hospitals and Figure 2 demonstrates whether training is offered.

The survey also questioned providers on whether they had ever precepted a resident in PPIUD placement, with only 30 of the 80 (37.5%) reporting they had. Among those who had precepted a resident, only 20 (66.7%) felt adequately trained to do so. The most common reason listed for never having precepted a resident was never having placed a PPIUD themselves (44%).

Participants were also questioned on their knowledge of PPIUD expulsion rate. Although 43.4% of providers correctly identified the expulsion rate (50% of obstetricians, 35% of family medicine physicians, and 41% of nurse midwives), 45.7% of providers believed the PPIUD expulsion rate to be lower at 5% to 10%, and 8.4% believed it was higher at 30% to 40%. However, 75.9% of providers correctly identified the expulsion rate of an IUD placed at 6 weeks postpartum of 1% to 5%. Participants were also asked to select benefits and risks associated with PPIUDs. The top three benefits selected were “minimizing risk of pregnancy if the patient is lost to follow-up” (96%), “minimizing pregnancy in the early postpartum period” (82%), and “no need for additional procedure

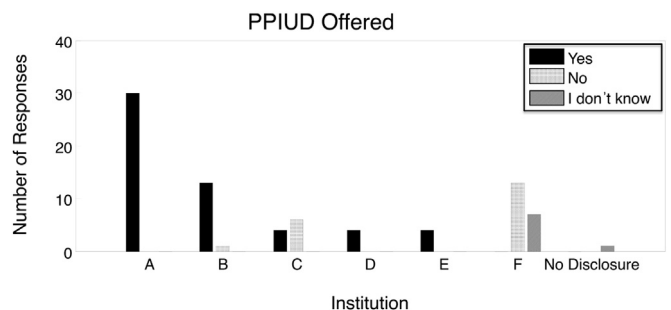


Figure 1. Responses regarding availability of post-placental intrauterine devices (PPIUDs). “No disclosure” refers to a respondent who did not identify the associated institution.

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