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What Nurses Need to Know About Immediate Postpartum Initiation of Long-Acting Reversible Contraception

Postpartum contraception is not a new concept, but recently there have been significant efforts to increase the use of long-acting reversible contraception (LARC) during the immediate postpartum period (Cohen, Sheeder, Arango, Teal, & Tocce, 2016; Finer & Zolna, 2011; Goldthwaite & Shaw, 2015; Lopez, Grey, Hiller, & Chen, 2015). Immediate postpartum initiation of LARC is described as post-placental placement of an intrauterine device (IUD) or intrauterine system (IUS) within 10 minutes of placental expulsion or insertion of a contraceptive implant 24 to 48 hours after birth and before discharge (American College of Obstetricians and Gynecologists [ACOG], 2016c). The competing interests of healthful spacing of pregnancies, impact on breastfeeding, risks associated with pregnancy versus contraceptive method, adverse effects, and timing of informed decision making make immediate postpartum initiation of LARC an important issue.

Abstract: Initiation of long-acting reversible contraception (LARC) in the immediate postpartum period is becoming more common, resulting in increased requests for early removal, primarily because of unpredictable bleeding patterns. Competing interests of healthful spacing of pregnancies, impact on breastfeeding, risks associated with pregnancy versus contraceptive method, potential adverse effects of LARC, and timing of informed consent make immediate postpartum initiation of LARC an important issue. Nearly 40% of women do not attend a postpartum visit at all, resulting in decreased initiation of contraception and increased risk of unplanned pregnancy. Nurses caring for women during the peripartum period can help women make informed decisions and can provide anticipatory guidance regarding this method of contraception. Evidence-based postpartum education and support can result in women's increased continuation of and satisfaction with LARC. http://dx.doi.org/10.1016/j.nwh.2017.04.003

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