SMFM Preterm Birth Toolkit

LARC IPI Algorithm

Society for Maternal・Fetal Medicine
Immediate postpartum LARC in the preterm birth setting
All pregnant women

Prenatal Care
- Provide counseling regarding importance of IPI > 18mos
  And options of postpartum contraception

Antepartum admission with risk for PTD

Post Partum
- Encourage Long Acting Reversible Contraception
  BEFORE discharge
  Or at 4-6 week postpartum visit (2nd best) – see algorithm 2

OPTIONS
1) Post placental IUD
2) Implant (Implanon™)
3) Depo Provera
4) Progestin minipills

Counseling by provider, nursing, lactation specialist; Social work consult as needed
Women unable to receive postpartum LARC

Directed counseling and informed consent given regarding placement of LARC or at 4-6 week postpartum visit

Provide resources to ensure attendance at postpartum visit

Address barriers to postpartum LARC before postpartum visit

Placement of LARC at postpartum visit

Follow up at 3-6 months

Financial and insurance verification prior to postpartum visit

Alternative contraception (BCP) 2nd best

Address issues with continuity of contraception
Disclaimer

This algorithm and key driver material was written by a group of experts in the field of Preterm Birth. It was then reviewed by the Society for Maternal-Fetal Medicine's (SMFM's) Publications Committee, Executive Committee and Risk Management.

Standardization of healthcare processes and reduced variation has been shown to improve outcomes and quality of care. SMFM developed these documents to help facilitate the standardization process. These algorithms and key driver documents are “tools” to assist clinicians and practices. The practice of medicine continues to evolve, and individual circumstances may vary. They reflect clinical and scientific advances as of the date issued and are subject to change. They are not intended to dictate a certain management or course of action. We encourage users to adapt them to their particular situation, environment and patient population.

This publication is not expected to reflect the opinions of all members of the Society for Maternal-Fetal Medicine.