

Developing and Delivering Provider Education on Immediate Postpartum Long-Acting Reversible Contraception at Lehigh Valley Health Network

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Developing and Delivering Provider Education on Immediate Postpartum Long-Acting Reversible Contraception at Lehigh Valley Health Network

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Background

In 2016, the state of Pennsylvania approved Medical Assistance funding for placement of long-acting reversible contraception (LARC) in the immediate postpartum period as a separate payment from the delivery reimbursement to increase utilization of LARC and decrease short-interval, unintended pregnancy.¹ Lehigh Valley Health Network (LVHN) has identified patients who desire LARC postpartum but are lost to follow up, and thus plans to implement immediate postpartum LARC for qualifying patients.² Best practices for implementation highlight provider education and training as key factors of success, and identify lack of knowledge about LARC to be a common implementation barrier.³⁻⁵

Problem Statement

To promote successful implementation of immediate postpartum LARC at LVHN, this project sought to design, deliver, and evaluate an educational intervention for OBGYN providers in response to a needs assessment.

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Methods

In this internally designated quality improvement study, a needs assessment (Figure 1) was created using SurveyMonkey.com as a platform for construction, distribution, and analysis of results. The survey was emailed to all Obstetrician/Gynecologist (OBGYN) attendings and residents employed by LVHN and results were analyzed for areas that could benefit from education. Existing American College of Obstetricians and Gynecologists (ACOG) materials were reviewed to find resources specifically targeting the areas identified. Grand rounds presentation was the most preferred format for education, and a didactic presentation was created and delivered. A post-education survey was administered in the same manner as the initial needs assessment to evaluate progress.

Figure 1

1. I am a:
 Resident
 Generalist Attending
 MFM Attending

2. For which patient populations are immediate postpartum LARC placement covered (select all that apply)?
 All privately insured patients
 Some privately insured patients, depending on insurance
 Patients insured by Medicaid in PA
 Patients insured by Medicare

3. Prenatal Counseling for immediate postpartum LARC should include (select all that apply):
 Advantages, including decreasing risk of short-interval pregnancy and ease of access to LARC
 Risks, including increased rate of IUD expulsion
 Alternative options
 Contraindications
 Prenatal counseling for immediate postpartum LARC is not necessary

4. The contraindications to obtaining immediate postpartum IUD include (select all that apply):
 Breastfeeding
 Postpartum chlamydia
 Postpartum Hemorrhage
 Puerperal sepsis

5. True/False: Placement technique of immediate postpartum implants does not differ from that of interval insertion.
 True
 False

6. True/False: Placement technique of immediate postpartum IUDs does not differ from that of interval insertion.
 True
 False

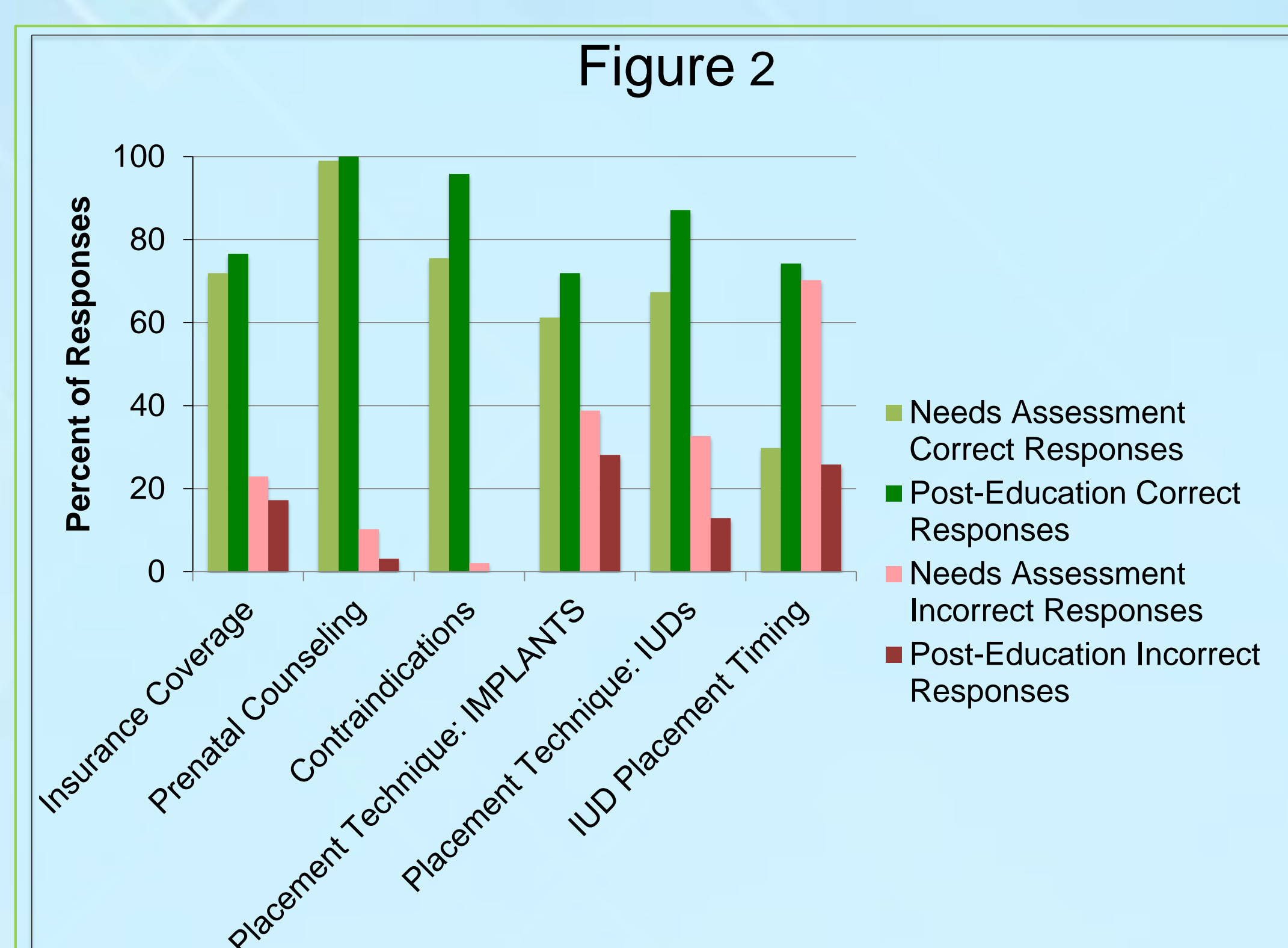
7. Best practices indicate that immediate postpartum IUDs should be placed within ____ minutes of placental delivery and strings should be cut to a length of ____cm.
 Placement timing: _____
 String length: _____

8. How likely are you to participate in providing immediate postpartum LARC to your patients at LVHN?
 Definitely would
 Probably would
 Probably would not
 Definitely would not

9. What is/are your preferred method(s) of learning more about immediate postpartum LARC including training in placement techniques (select all that apply)?
 Grand rounds presentation
 Training simulator
 Written materials (ACOG practice bulletins, etc.)
 Computer module/ CME course
 Other (specify) _____

10. What barriers/challenges do you foresee in providing immediate postpartum LARC at LVHN?
 Do you have any other comments, questions, or concerns?

Results



A didactic presentation was given to the LVHN Department of OBGYN on January 4th 2019. Of the post-education survey responders, 84% attended the educational didactic presentation. A comparison of percentages of correct and incorrect responses between the needs assessment and post-education survey is displayed in Figure 2.

Discussion/Conclusion

Compared to the needs assessment, correct responses increased and incorrect responses decreased for all topics on the post-education survey, suggesting a knowledge increase among responders.

Implementing a change to patient care requires resources which would be wasted if the implementation fails. To add value and eliminate waste in compliance with Lean principles, it is prudent to employ strategies to promote success. This project exposed OBGYN providers to immediate postpartum LARC education, which may mitigate a potential barrier to implementation of immediate postpartum LARC at LVHN.

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