

TOP 10 TIPS FOR PRENATAL CONTRACEPTION COUNSELING



- 1. Patient-centered counseling starts with the patients' goals. Make sure you know what they care about (hint: it might not be just how well the method works!)
- 2. All progestin-only methods (pills, shot, implant, IUD) can be started any time postpartum. This includes any time during the hospital stay.
- 3. All progestin-only methods are safe to be used with breastfeeding. There is good evidence that these methods do not decrease the duration or exclusivity of breastfeeding, nor do they affect infant growth and development.
- 4. Estrogen-containing methods should not be started until after 6 weeks postpartum. Patients who are having difficulties with breastfeeding may want to wait even longer than that.
- 5. Document your prenatal counseling in the supervision of pregnancy note or the problem list. If a patient requests immediate postpartum LARC, be sure to include the plan in the pregnancy encounter and send the signed consent form to L&D.
- 6. Consent for LARC involves the process of both placement <u>and</u> removal. When you counsel about postpartum placement of a postpartum implant or IUD, make sure you discuss how the device can be removed at any time, for any reason.
- 7. Expulsion rates for immediate postpartum IUDs can be high, but so is continuation of the device. While expulsion rates can reach 25% after vaginal delivery and 8% after cesarean delivery, compared to 5-10% for interval outpatient placement, patients are still more likely to be using an IUD at 6 months if you place it immediately postpartum, than if you wait for interval placement.
- 8. Counsel that plans for an IUD in the hospital may not happen. Patients who request immediate PP IUD should be counseled about the possibility it may not be able to be placed (infection and heavy bleeding are contraindications to immediate placement).
- 9. *Emergency contraception is always a reasonable contraception plan!* Patients with a BMI over 26 should be offered Ella, not plan B, for EC.
- 10. Patients don't have to use contraception after delivery if they don't want to.