

Capstone for Impact Submission | GY2019

Project Title: Improving Access to Postpartum Long-Acting Reversible Contraception

Student Name(s): Soliman, Ann

Advisor Names(s): Michelle Moniz

Branch: Systems & Hospital Based Care

Path of Excellence: Health Policy & Economics

Handover/Transition:

If this project can be continued by another UMMS student, you may contact them at the following email address/phone number (N/A if project cannot be handed over): **N/A**

Summary:

My Impact project centered around Long-Acting Reversible Contraception (LARC, i.e. intrauterine devices [IUDs] and contraceptive implants) provided in the postpartum period. In the U.S., approximately half of all pregnancies are unintended, and while there are known risks associated with short interpregnancy intervals, many women face barriers to receiving their desired methods of postpartum contraception.

The first part of my project involved qualitative research through which I interviewed pregnant women who were already planning to use postpartum LARC about their preferences regarding timing of insertion. I also created patient counseling videos about immediate and delayed postpartum LARC insertion (since this was not a standard service offered through Michigan Medicine), and I elicited their preferences regarding counseling modalities.

This research resulted in local and national poster presentations as well as a manuscript accepted for publication. The second part of this project—for which I received a Trainee Grant through the Society for Family Planning—involved analysis of a large commercial insurance claims database to assess the relationship between cost-sharing and utilization of postpartum LARC within three and 60 days, respectively, of delivery. This work will help inform routine provision of postpartum LARC at Michigan Medicine for women who desire it, and help to develop more comprehensive insurance coverage for postpartum contraceptive options.

Methodology:

Women receiving obstetric care at Michigan Medicine were recruited via flyers and provider referral between July 2016 and January 2017. Eligible participants (1) were at least 18 years of age, (2) were at least 20 weeks' gestation, and (3) had already decided to use LARC postpartum. Hospitalized patients on the Antepartum and Labor & Delivery units were eligible if they could articulate understanding of study tasks and provide informed consent. All participants had received routine prenatal care. Because inpatient LARC insertion was

not universally offered at our institution, only one participant had received counseling about this option prior to being contacted by the study team.

The researchers reviewed the medical literature to identify key risks and benefits of immediate versus outpatient postpartum LARC insertion and summarized this information in brief educational videos (IUD, 5 minutes, 1 second long; implant, 3 minutes, 42 seconds long). With a goal of eliciting patient preferences to inform design of clinical care, the authors also developed an interview guide based on literature review. The educational videos and interview guide were pilot tested with members of our institution's Program on Women's Health Effectiveness Research—an interdisciplinary group of faculty, women's health clinicians, and health services researchers—and iteratively revised based on feedback.

Trained research staff met eligible women to obtain informed consent and conduct semi-structured interviews in a private room. Participants completed a brief survey gathering sociodemographic information and watched the educational video prior to the interview to ensure that all interviewees had some fundamental knowledge about the options of immediate postpartum vs. outpatient insertion. Interviews were audio-recorded, professionally transcribed verbatim, and analyzed using Dedoose Version 7.5.9 (SocioCultural Research Consultants, LLC, Los Angeles, CA 2016). Two authors coded transcripts and identified themes using qualitative content analysis. An initial codebook was created from the interview guide and revised iteratively during early coding. All transcripts were coded independently and rare discrepancies were resolved through discussion. Coded transcripts, key quotes, and key themes were discussed by the entire research team. Interviews were conducted until we reached thematic saturation about preferences surrounding provision and counseling for immediate postpartum LARC insertion. All study procedures were approved by the University of Michigan Institutional Review Board.

Results/Conclusion:

Findings from a sample of pregnant women who desired LARC after childbirth suggest that immediate postpartum insertion is an attractive option for some women. Interviewees preferring inpatient insertion were motivated by convenience, the option of a postpartum trial period, ease of peripartum insertion, and peace of mind about avoiding repeat pregnancy. Participants expressed desire for repeated prenatal contraceptive counseling and perceived value in both in-person conversations and “take-away” resources (e.g., video, pamphlets) to support decision-making. Both immediate and interval postpartum LARC insertion are safe and effective, but neither option is superior across all patient outcomes. Some pregnant women seem to prefer immediate postpartum LARC insertion. Efforts to facilitate patient-centered peripartum contraceptive care at our institution are focusing on increasing access to inpatient postpartum LARC insertion and high-quality prenatal counseling to support informed, individualized decision-making about timing of LARC insertion.

Reflection/Lessons Learned:

I learned more about my own interest in qualitative research, and the challenges that come with recruiting, analyzing, and publishing results from qualitative projects. I also learned about the process of applying for a grant, including developing a proposal, budget, and letters of support, which will undoubtedly come up repeatedly throughout my career. I learned about the value of combining qualitative and quantitative work and identifying results that will appeal to different stakeholders involved in the process.