Contraceptive Counseling &
Reproductive Life Planning:1,2,3,4
Suggestions for Getting Started

“Would you like to become pregnant
within the next year?”

Yes

Counsel on preconception care and all forms of
postpartum contraception, including LARC methods,
to allow for informed decision-making

• Discuss medically appropriate contraception in the
postpartum period based on patient need (i.e., HIV
positive, or chronic illnesses)

* offer patient educational materials on available methods

Counsel on all forms of contraception, including LARC
methods, to allow for informed decision-making

• Discuss medically appropriate contraception based
on patient need (i.e., HIV positive, or chronic illnesses)

* offer patient educational materials on available methods

No

• Offer comprehensive contraceptive counseling
during prenatal care, including immediate postpartum
LARC options
  – Include: benefits of reducing unintended pregnancy
  and lengthening interpregnancy intervals

• Determine the appropriate information-sharing strategy
within your hospital system (i.e., EMR, fax) and transfer
patient’s contraceptive plans to the hospital

• Review all methods of contraception with all
appropriate candidates, including IUDs and implants
for nulliparous women and adolescents

• All methods of contraception, including IUDs and
implants may be initiated the same day as the patient
visit (if pregnancy can reasonably be excluded)

• Screen for STIs at the time of IUD insertion; if positive,
treat the infection without removal of the IUD
  – Provide counseling on STI risk reduction

• Review contraception benefits, effectiveness, risks (e.g., expulsion rates for IUDs), expected changes to bleeding
patterns, potential side effects, and contraindications.

• Discuss the details for accessing the selected method of contraception, including costs, insurance coverage, and
hospital procedures (as needed for postpartum LARC).

• Offer an opportunity for patients to ask questions and discuss a plan should they not be satisfied with their choice.
  – Address any patient concerns and dispel myths as needed.
  – Although uncommon, possible LARC complications should be included in the informed consent process.

1 American College of Obstetricians and Gynecologists. ACOG Committee Opinion: Immediate Postpartum Long-Acting Reversible Contraception Number 670, August 2016.
4 http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Reproductive-Life-Planning-to-Reduce-Unintended-Pregnancy

This document is for informational purposes only and should not be construed as dictating an exclusive course of treatment or procedure to be followed.
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