

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

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

Yes

**for pregnant patients, follow the “yes” column guidance*

No

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*

- 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.

¹American College of Obstetricians and Gynecologists. ACOG Committee Opinion: *Immediate Postpartum Long-Acting Reversible Contraception* Number 670, August 2016.

²American College of Obstetricians and Gynecologists. ACOG Committee Opinion: *Increasing Access to Contraceptive Implants and Intrauterine Devices to Reduce Unintended Pregnancy* Number 642, October 2015.

³American College of Obstetricians and Gynecologists. ACOG Committee Opinion: *Clinical Challenges of Long-Acting Reversible Contraceptive Methods* Number 672, September 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>