

POST-PREGNANCY CONTRACEPTION

Post-pregnancy contraception helps women prevent unintended pregnancies and achieve optimal inter-pregnancy intervals.

KEY POINTS

- Maternal and infant health outcomes are best when women wait at least 18 months after delivery to become pregnant again.¹
- Breastfeeding is important for the health of mothers and babies.² Women who are not exclusively breastfeeding can ovulate by three weeks postpartum.
- Postpartum women face increased risk of venous thromboembolism (VTE) for 12 weeks after delivery.³
- Women who use an implant or intrauterine contraception (IUC) postpartum face no additional risk of VTE and are three times more likely to have optimal subsequent inter-pregnancy intervals than those who use barrier contraception postpartum.⁴
- Women at low-risk of VTE may begin to use estrogen after three weeks postpartum.⁵
- An IUC or implant can be placed immediately after delivery, pregnancy termination, or miscarriage.

QUESTIONS AND ANSWERS

When should postpartum contraception be initiated?

- Placement of a contraceptive implant or an IUC before hospital discharge is most convenient for many women, as most couples have sex before six weeks post-partum, and mothers who are not exclusively breastfeeding may ovulate within a month of delivery.
- Progestin-only methods such as the contraceptive implant, IUC, depot medroxyprogesterone acetate, or a progestin-only pill may be initiated at any time;⁵ however, estrogen-containing contraception should not be initiated before three weeks postpartum.⁵ For mothers with multiple risk factors for VTE, alternatives to estrogen-containing contraceptives are preferred.
- Contraception is recommended for all mothers who are not exclusively breastfeeding and amenorrheic. Exclusive breastfeeding is recommended for the first six months of an infant's life to optimize maternal and child health outcomes.²
- Lactation is not a contraindication to IUC placement; although uterine perforation is a rare complication of IUC placement, extra caution is warranted when women are lactating. Unless women have cervicitis or endometritis, IUCs can be placed when desired (when placed before four weeks postpartum or complete uterine involution, expulsion rates are somewhat higher, but still acceptable).⁶

How long is VTE risk increased post-partum?

- Pregnancy induces hypercoagulability for up to 12 weeks post-partum.^{3,7} VTE risk is even greater when women are 35 or older, obese, smoking, *recently* had a cesarean delivery, preeclampsia, or transfusion, or have a history of VTE or an inherited clotting disorder.

How does hormonal contraception affect lactation?

- Contraceptive implant placement within three days of delivery does not harm milk production or quality,⁸ and is a great option for teen moms.^{9,10}
- Estrogen-containing contraception does not harm milk production or quality, if initiated as early as three weeks postpartum, but is not recommended before three weeks postpartum due to concerns of VTE.⁵

Does hormonal contraception affect infant growth?

- Infant growth was similar whether moms used combined oral contraceptives, progestin-only contraception or a copper IUD.¹¹

Are progestin-only pills a better option for lactating mothers?

- Progestin-only pills (e.g., Ortho Micronor[®]) are safe and effective. They may be less forgiving of missed or late doses than combined pills; however, failure rates with typical use are similar. The primary concern with postpartum use of combined pills is VTE, not their effect on mothers' milk.¹²
- Implants and IUC are as safe as progestin-only pills for breastfeeding mothers, and usually more convenient and effective.

Will Lactational Amenorrhea Method (LAM) protect a woman from undesired pregnancy?

- To rely on LAM, a mother must be exclusively breastfeeding an infant less than six months of age and be amenorrheic.¹³

QUESTIONS AND ANSWERS (CONTINUED)

Are there special considerations for post-partum contraception in women who had gestational diabetes or hypertension?

- A contraceptive implant or an IUC are recommended based on effectiveness; all methods are safe⁵ for women without vascular disease.
- Estrogen-containing methods are less preferred with persistent hypertension or other vascular risk factors.
- Breastfeeding is particularly important for women who had gestational diabetes or hypertension because it reduces maternal risk of diabetes, hypertension, and heart disease in later life.
- Post-partum screening for diabetes is not covered by *Family PACT*.

Can IUC or implants be placed immediately post-abortion?

- Yes, immediate post-abortion IUC or implant placement is recommended because it is safe and highly effective in reducing repeat unintended pregnancy and abortion within the next year. Unfortunately, 40 percent of women scheduled to return for post-abortion IUC placement do not return.

APPLICATION OF FAMILY PACT AND MEDI-CAL POLICIES

Does Medi-Cal cover immediate postpartum placement of IUDs or implants (prior to hospital discharge)?

- Effective for dates of service on or after July 1, 2015, general acute care hospitals as defined in Section 1250 of the Health & Safety Code may submit claims for the long-acting reversible contraceptives on an outpatient claim, even when treatment is provided on an inpatient basis. (see the June 2015 Medi-Cal Provider Bulletin)

When do women with “pregnancy-only” Medi-Cal become eligible for Family PACT services?

- “Pregnancy only” Medi-Cal ends at the end of the second month following the month of delivery. For example, if a women delivers on November 15, her Medi-Cal coverage terminates on January 31. Thus, she may be eligible for Family PACT coverage on February 1.

Can women access Family PACT services after abortion?

- Abortions and services ancillary to abortions are not covered by Family PACT. However, contraceptive supplies, including IUC and implant placements are Family PACT benefits when provided immediately after an abortion, as long as all eligibility criteria, including no Other Health Coverage (OHC), are met and the client is certified as eligible after the abortion.
- Women who have undergone a medical abortion may become eligible for Family PACT on the day of clinical documentation of a successful abortion (e.g., falling human chorionic gonadotropin [hCG] levels, ultrasound, etc.) as long as all eligibility criteria, including no OHC, are met and the client is certified as eligible after the abortion.

Providers should refer to the Medi-Cal Provider Manual and Family PACT Policies, Procedures and Billing Instructions Manual for additional information on coverage and billing instructions.

RESOURCES AND REFERENCES ON POST-PREGNANCY CONTRACEPTION

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