Immediate Postpartum Contraception & Medicaid Coverage: Health Benefits, Cost Savings and Data-Driven Decision-Making

Background
1. Postpartum women are at high risk for unintended, rapid repeat pregnancy, which can be harmful to both women and babies. Low income women are at particularly high risk for unintended rapid repeat pregnancy.
2. Long-acting, reversible contraception (LARC; e.g. intrauterine devices and implants) are underutilized by postpartum women, even though they are safe, highly effective, and cost-effective.
3. Immediate postpartum contraception refers to intrauterine devices and implants that are inserted in the same hospitalization as a delivery.

Existing evidence allows for data-driven decision-making about payment for immediate postpartum LARC.

Immediate Postpartum LARC Improves Health Outcomes for Mothers and Babies
1. Two immediate postpartum LARC options exist: intrauterine devices (IUDs) and the contraceptive implant.
2. LARC is highly effective at preventing unplanned pregnancy (failure rate <1%).
3. LARC can be inserted safely immediately following a vaginal or a cesarean delivery.
4. LARC methods are safe for postpartum women (don’t impact breastfeeding or postpartum mood).

Immediate Postpartum LARC Saves Money
1. Immediate postpartum LARC reimbursement is estimated to save up to $2.3 million over two years per 1000 Medicaid-eligible women.
2. The math:

   $\text{Cost of LARC device} \quad \$600-800$
   $\Downarrow$
   $\text{Cost of publicly-funded birth after unplanned pregnancy} \quad \$12,000$

Immediate Postpartum LARC is a Missed Opportunity for Medicaid
1. Less than 5% of postpartum Medicaid recipients initiate LARC.
2. 40-60% of Medicaid recipients who request postpartum LARC never receive it:
   a. 35-55% never return for outpatient LARC insertion
   b. 50% resume intercourse prior to this visit
   c. Many lose Medicaid coverage at 60 days post-delivery, but regain coverage with their next pregnancy.
3. In recognition of significant health benefits and cost-savings, 19 Medicaid agencies have begun providing specific payment for immediate postpartum LARC since 2012. At least another 8 states are considering such coverage.

(For more info, see: Moniz MH, Dalton VK, Davis MM, Forman J, Iott B, Landgraf J, Chang T. Characterization of Medicaid Policy for Immediate Postpartum Contraception. Contraception. 2015.)