

ACOG Postpartum Contraceptive Access Initiative (PCAI) Overview

a. Organizational Description: The American College of Obstetricians and Gynecologists (ACOG) is the premier professional membership organization dedicated to the improvement of women’s health. With more than 58,000 members, comprised of the nation’s leading group of professionals providing health care for women, the College has served as the preeminent source of clinical guidance on women’s health for over six decades. Composed of 12 districts and 95 sections, the College represents various geographical regions, countries, territories, and states in North and South America. The College has more than 30 committees, whose members develop clinical documents and contribute to the organization’s activities.

The College’s Long-Acting Reversible Contraception (LARC) Program works to lower the unintended pregnancy rate in the United States by connecting providers, patients, and the public with the most up-to-date information and resources on LARC methods and increasing access to the full range of contraceptive methods.

In working toward that mission, the LARC Program focuses on pursuing the following activities:

- Develop and provide educational outreach materials and training activities
- Create, revise, and review clinical and educational materials with our LARC Work Group of expert clinicians and advisors
- Create educational and practice support tools to improve contraceptive practice quality and efficiency
- Build relationships with family planning colleagues and organizations
- Advocate on behalf of providers and patients to ensure access to LARC methods, including in the postpartum period
- Advocate for coverage and appropriate reimbursement of LARC methods, including in the postpartum period
- Conduct research on LARC knowledge, attitudes, and practice patterns

b. Project Rationale and Description: Unintended pregnancy persists as a public health challenge with significant adverse health and economic consequences. LARC methods remain the most effective reversible contraception and have the highest continuation and satisfaction rates among all users. Increasing access to LARC methods can empower women, improve health, and reduce unintended pregnancy.

The immediate postpartum (IPP) period can be a particularly favorable time to provide LARC methods, and research shows that postpartum LARC provision is safe and effective. Expanding access to postpartum initiation of effective contraception, including LARC methods, can empower women to choose the best method for them, and can reduce rapid repeat and unintended pregnancies.

The ACOG LARC Program created the Postpartum Contraceptive Access Initiative (PCAI) in consultation with more than 20 family planning clinicians and experts, many of whom implemented IPP LARC at their own institution. The insights and best practices gleaned from these experts inform PCAI’s program design.

c. Mission: The mission of the ACOG PCAI project is to ensure all women have access to the full range of postpartum contraceptive methods before leaving the hospital after a delivery.

Many barriers prevent access to the full range of contraceptive methods in the postpartum setting, including the lack of clinical training opportunities, complex revenue cycle requirements, and other administrative hurdles, such as stocking and tracking devices.

Through onsite training and support, ACOG will support implementation of IPP LARC provision at participating hospital sites, supporting access to the full range of contraceptive methods postpartum. This can result in women obtaining their desired contraceptive method and birth spacing while also having higher satisfaction and continuation rates with their choice of postpartum contraception.

d. Action: In collaboration with local hospital staff, ACOG will provide hands-on clinical and operational support training at participating hospitals.

e. Target Audience: The target audience of ACOG's onsite trainings will be clinical and administrative staff at hospitals as determined by the local hospital and ACOG staff.

Approach and Training Methods

a. Three-Pronged Implementation Model: A year of research and consultations with more than 20 family planning experts, many of whom successfully implemented IPP LARC at their own institutions, informs ACOG's program design. In addition to providing onsite training, research and expert recommendations highlight the importance of preparing hospital sites for implementation prior to any onsite trainings, as well as continued clinical and programmatic support after onsite trainings occur.

Further, evidence-based research supports the use of a tiered approach for implementing IPP LARC. One study that included 10 hospital sites in Georgia concluded that, "Hospital teams report that implementing [IPP LARC] programs involved multiple departments and a number of important steps to consider. A stage-based approach to implementation and a standardized guide detailing these steps, may provide the necessary structure for the complex process of implementing [IPP LARC] programs in the hospital setting."¹

Thus, ACOG staff incorporated these current best practices into the PCAI three-pronged implementation model to support successful IPP LARC provision at participating hospitals. These phases include: 1) setting the stage for implementation, 2) onsite, hands-on clinical simulation and operational support trainings, and 3) ongoing support through a web-based resource hub and follow up technical assistance with IPP LARC implementation experts. Based on current research and expert recommendations, ACOG staff believe pairing these three phases is crucial for success.

b. Learning Theory: ACOG's onsite training approach is multifaceted and incorporates state-of-the-art training methods and multiple training modalities (both didactic and hands-on) to train large numbers of staff on a variety of topics as described in the scope of work. This includes:

¹ Hofler, LG, Cordes S, Cwiak CA, Goedken P, Jamieson DJ, Kottke M et al. Implementing immediate postpartum long-acting reversible contraception programs. *Obstet Gynecol* 2017; 129.

1. Adult learning. ACOG incorporates the theory of adult learning by:
 - Increasing motivation to learn by incorporating theoretical knowledge and teaching the lesson through real-life situations
 - Incorporating practical and relevant training goals and intended learning outcomes
 - Encouraging collaboration across the entire care team

2. Multiple learning styles. ACOG incorporates various learning modalities to cater to different learning styles. These include:
 - Visual/Spatial: PowerPoint presentations and other visual aides
 - Auditory: Didactic lectures and vocal instruction from trainers
 - Linguistic: Learners verbally repeat back the IPP LARC insertion process to trainers and colleagues
 - Kinesthetic: Learners practice the IPP LARC insertion process on MamaU uterus models, which simulate an IPP uterus, with actual insertion instruments and intrauterine devices
 - Interpersonal: Learners will train in small group settings

3. “Train-the-Trainer.” ACOG applies adult learning through a “train-the-trainer” model whenever requested by a participating hospital. The “train-the-trainer” model builds a pool of competent individuals who can both provide ongoing support onsite after the ACOG-provided training and teach others the knowledge and skills within their content area.

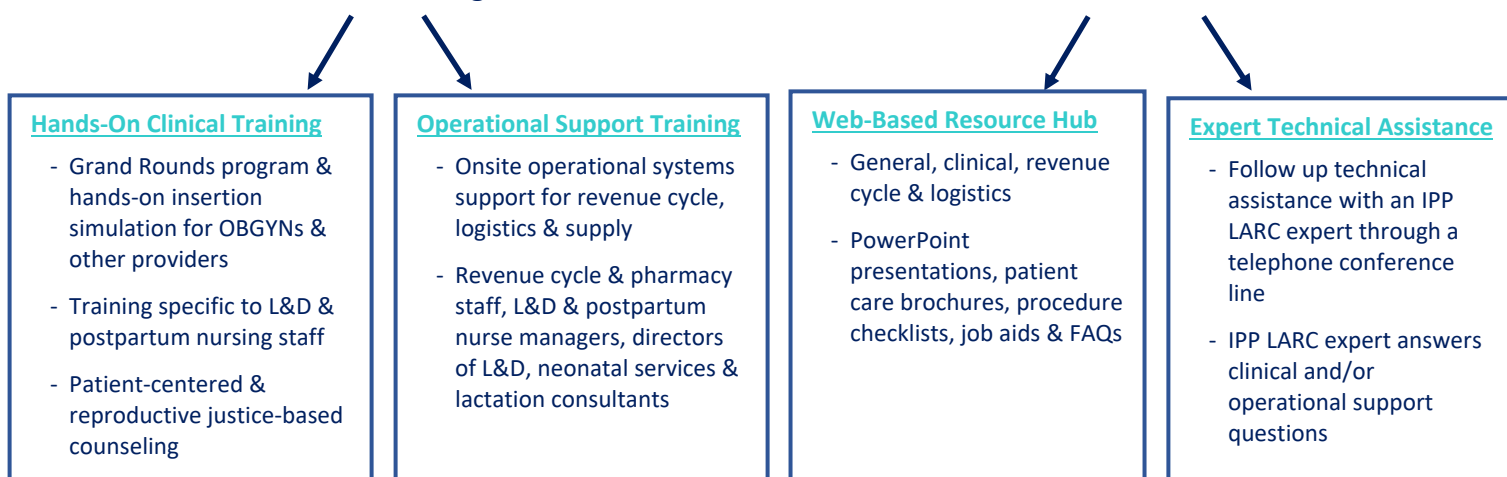
c. Key Program Design Components: ACOG’s program components include comprehensive knowledge and skill building, local leadership, and tailored training based on hospital needs assessment.

1. Comprehensive Knowledge and Skill Building: Many women do not have access to the full range of contraceptive methods, including LARC, in the hospital after giving birth. Reasons for lack of access include:
 - Lack of trained clinical providers
 - Provider and patient misinformation
 - Inadequate contraceptive counseling
 - Hospital revenue cycle issues

ACOG will use a multifaceted, systems approach to offset these barriers. The main program components include:

Onsite Training

Web-Based & Virtual Support



2. Local Leadership and Insights. Prior to onsite training, the ACOG LARC Program staff will identify the individual(s) from the participating hospital to serve as the LARC Champion(s). This person will serve as the point(s) of contact and provide interdepartmental leadership throughout IPP LARC implementation. The LARC Champion will also be a liaison between the participating hospital and ACOG staff and trainers. ACOG recommends that at least one LARC Champion be a practicing physician within the participating hospital.

With technical assistance from ACOG staff, the LARC Champion(s) will work with ACOG staff to complete a needs assessment at his/her hospital.

3. Needs Assessment Informs Individualized Training Plan. Before any onsite training occurs, the LARC Physician Champion(s) and ACOG staff, will discuss the history and status of IPP LARC implementation at a given hospital site.

With information gleaned from these conversations, the LARC Physician Champion(s) and ACOG staff will create an individualized training plan to meet a hospital's specific training needs. The six training options include:

- i. Building Capacity to Implement Immediate Postpartum LARC
- ii. Immediate Postpartum LARC for Clinicians Doing Deliveries
- iii. Revenue Cycle for Immediate Postpartum LARC Services
- iv. The Role of Nursing in Immediate Postpartum LARC Implementation
- v. Contraceptive Counselling for the Postpartum Period
- vi. Postpartum Contraception and Breastfeeding

d. Scope of Work: As determined by a hospital's individualized training plan, ACOG can provide: assistance to set the stage for IPP LARC implementation; onsite clinical didactic, simulation, and operational support trainings; and ongoing support through at least one technical assistance session with an IPP LARC expert and access to a web-based resource hub.

Setting the stage for implementation:

- ACOG staff will identify a LARC Champion(s) at the participating hospital to serve as a point person for IPP LARC implementation
- The LARC Champion(s) provides interdepartmental leadership for IPP LARC implementation at their hospital and assists ACOG staff in completing an institutional readiness assessment
- The institutional readiness assessment informs the unique training needs at the participating hospital and identifies potential barriers to implementation
- The LARC Champion(s) can request an IPP LARC capacity building training online to learn about ACOG's program components, including evidence-based best practices for IPP LARC implementation, and how other institutions successfully implemented IPP LARC

Onsite training:

- Clinical Training can include:
 - Provision of onsite clinical training by teaching providers to insert intrauterine devices (IUDs) postpartum/postplacental through a Grand Rounds program and hands-on insertion simulation with MamaU postpartum uterus models for OBGYNs and other providers doing deliveries
 - Provision of onsite training on the role of nursing in IPP LARC implementation
 - Collaboration with Merck, manufacturer of Nexplanon®, to provide implant insertion training if requested

- Operational Support Training can include:
 - Provision of onsite operational support training, including capacity building, revenue cycle, contraceptive counseling, and breastfeeding

- Both clinical and operational support trainings:
 - Begin with background information and statistics on unintended pregnancy and the importance of access to the full range of contraceptive methods
 - Describe specific methods to providing shared medical decision making during contraceptive counseling (not applicable for revenue cycle training)

Ongoing support:

- Participating hospitals will receive one IPP IUD demo insertion kit, including a MamaU model and insertion instruments, to keep as a resource for continued onsite IPP IUD insertion simulation training
- Participating hospitals can access the ACOG online resource hub with ready-to-use resources on IPP LARC
- Participating hospitals can have follow up technical assistance with IPP LARC experts to identify mechanisms to overcome implementation barriers arising after onsite training occurs



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS