Implementing Postpartum LARC as a Strategy for Preventing Repeat Teen Pregnancy in Texas

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Repeat teen births

• 273,000+ births to 15-19 year olds each year, vast majority unintended (CDC, 2015)
• Annual public cost of over $9.4 billion
• Nationally, 18% of teen births are repeat births
• Texas leads the nation in % of repeat teen births (22% of teen births, ~8,000/year)

Teen mothers (v. older mothers)

• Their offspring:
  – experience worse birth and health outcomes
  – receive fewer household and parental resources
  – never reach parity with regards to academic achievement
  – more likely to be teen parents themselves


Repeat teen mothers (v. 1-time teen mothers)

• More likely to:
  – emerge from & form their own low-income families
  – drop out of high school
  – have lower cognitive ability & lower educational expectations
  – be unemployed
  – have mental health problems at the time of the repeat pregnancy
  – start prenatal care later/receive no prenatal care more frequently than first-time teen mothers

Boardman et al 2006; Crittenden et al 2009; Masklove et al 2000; Furstenberg et al 1987; Shearer et al 2002; Klerman 2004
Via health and economic channels, teen motherhood, especially repeat teen motherhood, is a primary mechanism via which inequality is transmitted across generations.

Opportunity

- TX Medicaid reimbursement immediate postpartum LARC as of January 1, 2016
- Postpartum LARC previously linked to reduced subsequent fertility
- Mixed success in other states to date—how can Texas implement optimally?
- Texas is a demographic bellwether state and a policy trendsetter for states around the country

Postpartum LARC

- Demonstration trials: majority of women chose LARC when educated on its effectiveness and availability and when cost and access barriers removed
  - Colorado: CFPI (Ricketts et al. 2014)
  - Missouri: CHOICE (Birgisson et al. 2015)

- Statewide scale implementation has been less successful (Tocce 2015)
Teens and LARC

• Legal consent
• Provider views of appropriateness
• Adolescent view of long-term contraception
  – “Whoops proof”
  – “Teen-friendly clinics”

Other states’ experiences

• Louisiana
• Colorado

Provider Awareness and Barriers in CO

• 1 year after IPP LARC reimbursement policy
• Survey of 327 providers representing 32 hospitals and 98% of state births
• Ob/Gyns, Family Medicine Physicians, CNMs

Provider Awareness of CO Medicaid policy change, N = 327

- Aware, 45%
- Un-aware, 55%

Less likely to be aware:
• Family medicine (v. OBGYN)
• Private practice (v. University affiliated)
• Religious hospital employment
• Not a current provider of IPP LARC

Tocce et al. 2015
Provision of Immediate Postpartum IUDs (n=300)

- Often: 60%
- Seldom: 17%
- Rarely: 12%
- Never: 3%

Provision of Immediate Postpartum Implants (n=300)

- Often: 65%
- Seldom: 17%
- Rarely: 12%
- Never: 6%

Tocce et al. 2015

Of those who provide IPP LARC Rarely or Never (n=213), the following are reported barriers to provision of IPP IUDs and/or implants:

- LARC not on formulary: 34%
- My hospital has a policy restricting contraception: 32%
- My patients do not desire IPP LARC: 29%
- Issue with reimbursement: 27%
- LARC is difficult to obtain: 16%
- Training has never been provided to me: 15%
- I am not confident that IPP LARC is safe: 14%
- Prenatal counseling does not include IPP LARC: 12%
- I am not confident that IPP LARC is effective: 10%

Tocce et al. 2015
Supply + Demand

- Supply:
  - Reimbursement procedures/EMR
  - Device stocking
  - Provider training, willingness (Tocce et al., 2012)

- Demand
  - Women request postpartum LARC
  - Prenatal counseling
  - Prenatal documentation of wishes in EMR
  - Ensure referrals to hospitals providing LARC

Supply Side is not Enough

- Lack of demand from mothers may reflect lack of adequate prenatal counseling (Chacko et al., 2016).
- If patients are not educated on postpartum LARC and do not request it, providers perceive lack of demand (Tocce et al., 2015).
- Lack of provider advocacy for postpartum LARC cited as a primary reason why some states have chosen not to adopt reimbursement policies (Moniz et al., 2015).

Focus on supply-side factors (training providers, supplying devices, enabling reimbursement systems) is insufficient if patient demand for postpartum LARC is not present (Tocce et al 2012).

Crucial to focus on demand-side factors, e.g. helping young women to understand, ask for most effective contraceptive options available to them (Sheeder et al 2008).

How to generate demand?
Lack of Evidence-Based Strategies

- Federal funding streams require evidence-based programs
- Only 1 listed in OAH evidence-based practice database: Respeto/Proteger

Promising strategies

- Adolescent-focused reproductive health clinics (e.g. CO-CAMP, Houston- BCM teen health clinic)
- PREP innovative approaches funded projects:
  - Adult Identity Mentoring (AIM) for Teen Moms (Clark et al 2015)
    - Los Angeles
    - 9 sessions, 7 one-on-one in home
    - Logistical barriers + possible selves
    - 56% more likely to use LARC
  - Teen Options to Prevent Pregnancy (TOPP) (Office of Adolescent Health 2014)
    - Ohio
    - Monthly telephone motivational interviewing
    - Nurse home visits
    - Transportation, etc

New project

- Aim: design a teen-friendly protocol for immediate postpartum LARC in Texas

Step 1a: What works

- Demographic, social, psychological, and clinical factors that differentiate those that intend to use postpartum LARC versus a short-acting method

- Understand patient demand for postpartum LARC under conditions of
  - (a) universal availability of LARC devices, intensive counseling

- Research Question: Characteristics of Colorado teens who do/do not intend to use postpartum LARC despite having access to it?
Step 1b: Where are we starting in TX

- Understand patient demand for postpartum LARC under conditions of
  - (b) baseline pre-policy implementation in Texas, limited availability of LARC devices

- Research question: What individual factors influenced teens’ postpartum contraceptive wishes in Texas prior to the implementation of postpartum LARC?

Step 2: Insight from pregnant TX teens

- Interviews with pregnant teens across the state
  - Knowledge
  - Attitudes
  - Perceived barriers

Step 3: Protocol Development & Testing

- Based on HHSC protocol
- Developmentally appropriate for teens
- Expert feedback
- Implement & evaluate in 2 clinics
- Increased postpartum LARC insertion, retention, reduced repeat births?

Stay Tuned for Results!
References