

Access to IUDs and Contraceptive Implants in Wisconsin



Long-acting reversible contraceptive methods, including the subdermal contraceptive implant and intrauterine devices (IUDs), are the most effective forms of birth control available.¹ Uptake of these methods remains low despite user satisfaction and recommendations from leading physician groups that they be offered to patients of all ages.^{2,3} An equitable approach would enable women to obtain these methods should they want, as well as have them removed when and should they want.



Synthesizing data from a statewide provider survey,⁴ a secret shopper survey of outpatient clinics^{5,7} and interviews with birthing hospitals,^{6,7} this brief examines barriers and pathways to accessing these methods in outpatient clinics and birthing facilities in Wisconsin's two largest urban counties (Dane and Milwaukee; dark blue in map) and a purposive sample of 10 rural counties (Adams, Bayfield, Burnett, Juneau, Menominee, Price, Sawyer, Trempealeau, Vilas; light blue in map). Complete methods and details can be found in referenced materials.

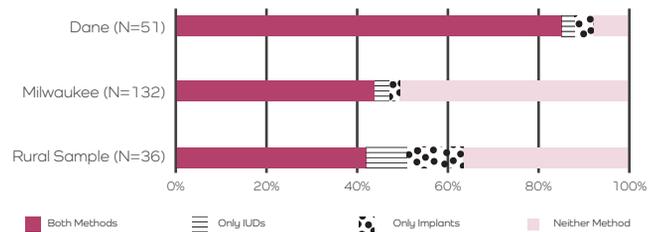
Key Findings:

- Access to IUDs and contraceptive implants varies widely between counties
- Outpatient clinics in Dane County offer IUDs and contraceptive implants with fewer barriers than clinics in Milwaukee County
- Rural clinics are more likely to offer same-day insertion with shorter wait times than clinics in urban Dane and Milwaukee counties
- Ob-gyn and midwifery providers are more likely to be skilled in IUD and contraceptive implant insertion than other specialties
- Many outpatient clinics require two appointments to obtain an IUD or contraceptive implant, with some also requiring menses for insertion
- Only two out of 12 birthing facilities surveyed offer IUDs and contraceptive implants in the immediate postpartum period

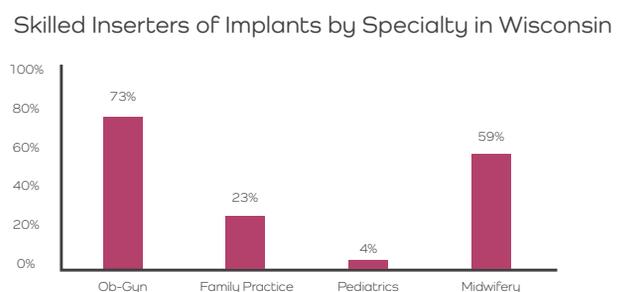
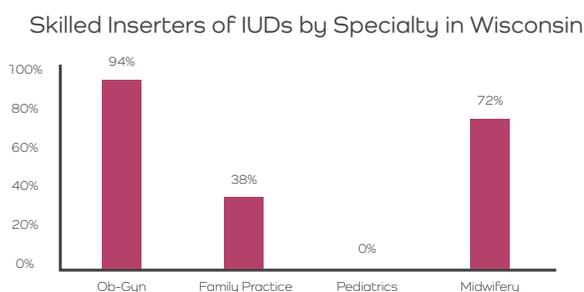
Access and Capacity in Outpatient Clinics

In Dane County, 86% (44 of 51) of outpatient clinics provide both the IUD and contraceptive implant, compared to 45% (60 of 132) in Milwaukee County. Among the 36 clinics surveyed in the 10 rural counties, 44% (16) offer both methods. Further details are in the figure to the right.

Outpatient IUD and Contraceptive Implant Provision
Dane, Milwaukee and Rural Sample Counties



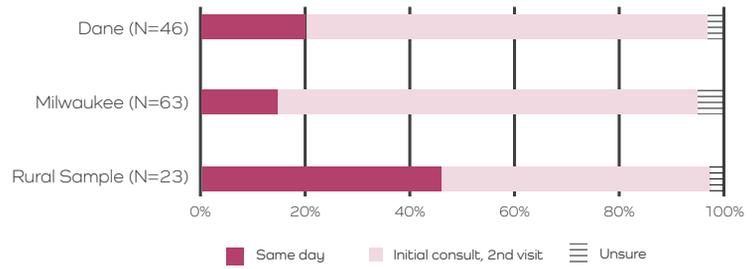
In a 2015 survey of 992 providers across Wisconsin, obstetrics-gynecology and midwifery providers were more likely to be skilled in IUD and contraceptive implant insertion than family practice and pediatrics providers.



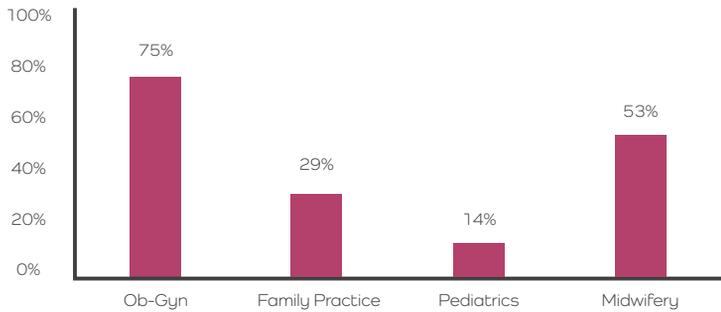
Barriers to Outpatient Access: Number of Appointments Needed

In an ideal state, patients are able to receive their contraceptive method of choice the same day as requested, without the burden of multiple visits.⁸ The secret shopper survey assessed how many appointments are required to obtain an IUD or contraceptive implant. In the two urban counties, the majority of clinics (78%) require two visits and only 17% offer same-day insertion. However, across the rural county clinics 48% offer same-day insertion and 48% require two appointments.

Number of Appointments Needed to Obtain an IUD or Implant
Dane, Milwaukee and Rural Sample Counties



Same Day IUD and Contraceptive Implant Insertion
by Specialty in Wisconsin



The provider survey found that statewide obstetrics-gynecology providers were more likely to report that their practice offers same-day IUD and/or contraceptive implant insertion (75%) than midwives (53%), family practice (29%) and pediatrics (14%).

Three percent of contraceptive providers in obstetrics-gynecology, 10% in family practice and midwifery and 21% in pediatrics reported that the requirement of a separate visit for insertion affects routine provision of IUDs and contraceptive implants “quite a bit” or “a great deal.”

Barriers to Outpatient Access: Wait Time

Longer waits for appointments reduce access to contraception. For those clinics that offer IUDs and/or contraceptive implants, the secret shopper survey asked how long it takes for a new patient to obtain an initial appointment for these services. Since in most cases two visits are required to obtain one of these methods, the actual wait time will exceed the average wait time for first appointment.

Among outpatient clinics that offer IUDs and/or contraceptive implants across the two urban counties, the mean wait time is 29 days and the median is 18 days. The wait time among clinics in the 10 rural counties was much less (mean 15 days and median 9 days).

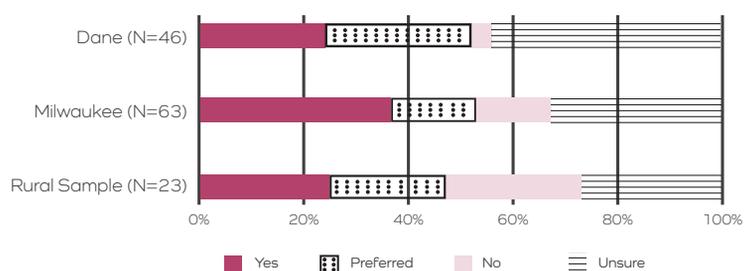
County	Mean Wait to First Appt
Dane	24 days
Milwaukee	31 days
Rural Counties	15 days

Barriers to Outpatient Access: Menses Requirement

An IUD can be safely inserted at any time during the menstrual cycle.⁹ Yet the secret shopper survey showed that some providers require or prefer menses for insertion. This requirement forces patients to coordinate appointments during their menstrual cycle.

Across both urban and rural counties, about half of all clinics that offer IUDs require or prefer women to be menstruating for insertion.

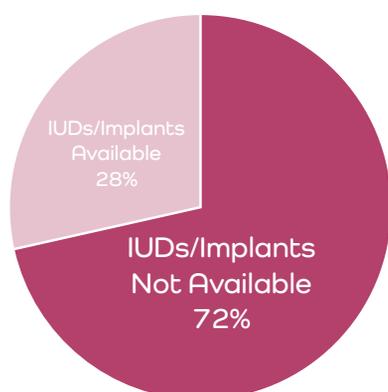
Outpatient Clinic Menses Requirement for IUD Insertion
Dane, Milwaukee and Rural Sample Counties



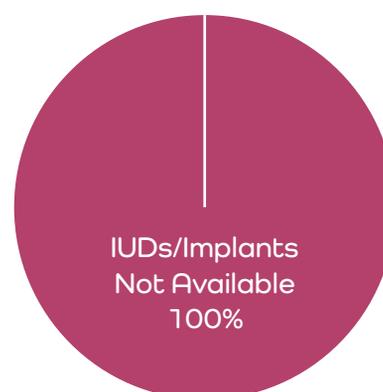
Immediate Postpartum Contraception

Inserting IUDs and contraceptive implants immediately postpartum, after placental delivery or before hospital discharge, is an evidence-based approach to protect from unintended pregnancy postpartum that is also convenient for patients.¹⁰ This is particularly important because 40% of women do not return for the 6-week postpartum obstetric visit when they might obtain contraception,¹¹ and an estimated 75% of women who plan to use an IUD and contraceptive implant postpartum do not obtain it.¹²

Immediate Postpartum IUD and Contraceptive Implant Availability in Dane and Milwaukee County Birthing Facilities



Immediate Postpartum IUD and Contraceptive Implant Availability across Birthing Facilities in Ten Rural Counties



Of the 10 birthing facilities in the two urban counties, one in Dane and one in Milwaukee County offer IUDs and contraceptive implants—meaning that 72% of births take place in facilities without these methods. Among the 10 rural counties, there are only two birthing facilities, neither of which offer IUDs and contraceptive implants immediately postpartum.

Barriers among the birthing facilities that do not provide IUDs and contraceptive implants include:

- **Reimbursement and stocking/supply issues**—lack of awareness of 2017 Wisconsin Medicaid policy change which provides reimbursement for immediate postpartum contraceptive devices.
- **Catholic affiliation**—service provision in these hospitals is governed by the Ethical and Religious Directives for Catholic Health Care Services,¹³ which prohibit contraception.
- **Lack of provider education and training**—lack of skill with insertion in the postpartum period, misconceptions about hormone-containing contraceptive methods and effect on lactation, hesitancy regarding high expulsion rates.

A major facilitator among the birthing facilities that do provide IUDs and contraceptive implants is having a provider champion to lead, coordinate and advocate for postpartum contraceptive provision and workflow redesign.

The statewide provider survey found that few prenatal care providers discuss immediate postpartum IUDs and contraceptive implants with their pregnant patients. Nine percent of prenatal/delivery providers reported discussing the hormonal IUD as a form of immediate postpartum contraception with “many” or “most” patients; 6%, the copper IUD; and 11%, the contraceptive implant, with no differences by specialty for any device. The table shows barriers to access unique to the immediate postpartum period identified in the provider survey.

Barriers to IUD/Implant Access in the Immediate Postpartum Period	Ob-Gyn (N=358)	Family Practice (N=86)	Midwifery (N=111)
Group practice call schedule rotation	16%	4%	14%
Coordination of IUD/implant services with delivery facility	38%	35%	46%
Delivery facility prohibition of IUD/implant	31%	36%	27%
Policies in my organization or practice related to immediate postpartum IUD/implant	34%	24%	31%

Data Sources and Methods

Statewide Provider Survey. In 2015, a statewide cross-sectional survey of providers licensed to practice obstetrics and gynecology, family medicine, pediatrics and midwifery was conducted to better understand provision of IUDs and contraceptive implants in Wisconsin.⁴ These specialties were selected for participation because of high likelihood of treating women of reproductive age. The sampling frame included 7,750 providers—1,002 ob-gyns, 323 midwives, 4,976 family physicians and 1,449 pediatricians. Sampling fractions for each specialty were 1.00 for ob-gyn (n=1,002) and midwifery (n=323), 0.20 for family practice (n=1,000) and 0.47 (n=675) for pediatrics for a total sample of 3,000 providers. Survey development and data analysis were a joint endeavor of the University of Wisconsin Department of Obstetrics and Gynecology and the State of Wisconsin Department of Health Services. This study was reviewed by the UW-Madison Institutional Review Board and deemed exempt.

Outpatient Secret Shopper Survey. Between January and June 2018, the UW Department of Obstetrics and Gynecology conducted secret shopper surveys regarding access to IUDs and contraceptive implants at outpatient clinics in the two largest urban counties⁵ and a purposive sample of 10 rural counties⁷ in Wisconsin. 219 clinics with the potential for offering IUDs or contraceptive implants were identified—including obstetrics and gynecology, internal medicine, family medicine, federally qualified health centers, family planning clinics and free clinics. Each clinic received a secret shopper call, in which staff assumed the role of a patient seeking an IUD or contraceptive implant. Based on guidance provided by the UW-Madison Institutional Review Board, the secret shopper surveys were determined to be not human subjects research.

Birthing Facility Interviews. Between November 2017 and June 2018, UW Department of Obstetrics and Gynecology staff conducted brief phone interviews with labor and delivery staff at all birthing facilities in the same two urban⁶ and 10 rural counties.⁷ Interviews focused on provision of IUDs or contraceptive implants in the immediate postpartum period. Based on guidance provided by the UW-Madison Institutional Review Board, these interviews were determined to be not human subjects research.

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- ²Kavanaugh M, Finer L. Changes in use of long-acting reversible contraceptive methods among United States women, 2009-2012. *Obstet Gynecol*. 2015;126(5):917-27.
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- ⁵Larson T, Williamson A, Ehrenthal D. It's a Process: Obtaining IUDs and Contraceptive Implants in Dane and Milwaukee County Outpatient Clinics. Available upon request.
- ⁶Larson T, Williamson A, Ehrenthal D. Availability of Immediate Postpartum IUDs and Contraceptive Implants in Dane and Milwaukee Birthing Facilities. Available upon request.
- ⁷Larson T, Williamson A, Ehrenthal D. Access to IUDs and Contraceptive Implants in Rural Wisconsin Outpatient Clinics and Birthing Facilities. Available upon request.
- ⁸Bergin A, Tristan S, Terplan M, et al. A missed opportunity for care: Two visit IUD insertion protocols inhibit placement. *Contraception* 2012;86(6):694-697.
- ⁹Whiteman M, Tyler C, Folger S et al. When can a woman have an intrauterine device inserted? A systematic review. *Contraception* 2013;87:666-73.
- ¹⁰Association of State and Territorial Health Officials. ASTHO Long Acting Reversible Contraception Immediately Postpartum Learning Community: Eight Strategies for Success. 2015.
- ¹¹American College of Obstetricians and Gynecologists. Committee Opinion 736. Optimizing Postpartum Care. 2018.
- ¹²American College of Obstetricians and Gynecologists. Committee Opinion No. 670. Immediate Postpartum Long-Acting Reversible Contraception. 2016.
- ¹³United States Conference of Catholic Bishops. Ethical and Religious Directives for Catholic Health Care Services. 6th ed. 2018.