

Extended Abstract

Postpartum LARC use in low-risk women in CenteringPregnancy® versus traditional certified nurse midwife prenatal care

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Keywords: CenteringPregnancy®, group prenatal care, individual prenatal care, certified nursing midwife, LARC, contraception

Introduction

Contraception satisfaction and utilization is linked to pre-use clinical counseling. Group prenatal care may offer increased opportunity for education on postpartum contraception options. This study evaluated postpartum long acting reversible contraception (LARC) rates in women who attend CenteringPregnancy® group prenatal (CP) care versus individual prenatal care with Certified Nurse Midwives (CNM).

Methods

IRB approved, retrospective cohort study was conducted for all women who

participated in CP and CNM care between March 2012 and May 2016. Data collected included demographic and delivery information, contraceptive plan at discharge and at the postpartum visit. Descriptive statistics were performed with $P < .05$ considered significant.

Results

129 women participated in CP care and 982 women attended CNM care. CP LARC use rates at discharge were similar between the two groups (27.8% vs 34.4%, $P = .144$). More women attended their postpartum visit in the CP group (94.4% vs 83.2%, $P = 0.001$).

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Please cite this abstract as: Hoff T, Hahn P, Sharma D, Hardy-Fairbanks AJ, Stockdale CK. Postpartum LARC use in low-risk women in CenteringPregnancy® versus traditional certified nurse midwife prenatal care. *Proc Obstet Gynecol.* 2018;8(3):Article 27 [2 p.]. Available from: <http://ir.uiowa.edu/pog/> . Free full text article.

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LARC use rates at the postpartum visit were not statistically different (31.9% vs 33.3%, $P=0.764$).

Conclusion

Despite a higher education level, coverage available for LARC devices through private insurance and attending a greater number of prenatal visits among women who attended group

prenatal care at our institution, there was no significant impact on LARC use rates at delivery or at the postpartum visit.

Presented at "Complicated Maternal Fetal Medicine Cases," the University of Iowa Carver College of Medicine Ob/Gyn Postgraduate Conference, 2 November 2018, Hilton Garden Inn, Iowa City, Iowa.