

Background: Expanding contraceptive access in a Southern Texas border population can reduce the number of unintended and short-interval pregnancies, which have been associated with poor maternal and neonatal health outcomes. Healthcare encounters can be maximized to include immediate postpartum long-acting reversible contraception (IPP LARC) as an additive to the healthcare access many women have during pregnancy. The implementation of the IPP LARC Program allowed for the provision of accessible LARCs to fulfill the contraceptive needs of our patient population. This program was supported by Medicaid reimbursements and a private teaching grant that was awarded to the University of Texas Rio Grande Valley (UTRGV) Ob/Gyn residency program at Doctors Hospital at Renaissance (DHR).

Methods: Data was collected retrospectively from participants who received a LARC from 2/2017 to 7/2021 at DHR Women's Hospital after receiving IRB approval. Patient demographic information, such as age, gravidity, parity, delivery route, primary provider, and funding were assessed, along with LARC distribution and insertion timing. The reimbursement status for Medicaid-funded devices was obtained from the DHR Billing Department.

Results: A total of 467 LARCs were inserted under the IPP LARC Program over 4.5 years. Ages ranged from 13-57 years old. A total of 353 (76%) participants received primary care from the UTRGV Ob/Gyn Residency Program. All others were consults who had received care from private physicians at the DHR WH. A total of 314 (67.2%) implants and 153 (32.8%) IUDs were inserted and 313 (75%) devices were placed following a vaginal delivery, while 103 (25%) after a cesarean section. Majority (257 participants (55.2%)) lacked funding, while 193 (41.4%) had Medicaid, and 16 (3.4%) had private insurance.

Conclusion: The IPP LARC program provided for 467 participants, with majority of the recipients requesting immediate postpartum contraception. Most lacked adequate funding and many requests came from private providers wanting to provide patients with their desired postpartum contraceptive method. The program helped fulfill the contraceptive needs of this population by expanding access regardless of funding status. Follow-up studies should assess patient satisfaction and LARC continuation rates to help obtain future funding and promote expansion of the program.