Reducing Prematurity
Increasing Access to 17P and LARC
Today’s Objectives

1. To understand the role of 17P in reducing prematurity rates
2. To understand the important connection between birth spacing and birth outcomes
3. To understand the role of family planning counseling and LARC usage in adequate birth spacing
Today’s Goals

Participants will be able to:

1. List indications for usage of 17P in pregnant women
2. Assist eligible pregnant women in accessing 17P when prescribed
3. List two types of LARC birth control options
4. Assist women of childbearing age to access LARC and family planning services
March of Dimes - Prematurity Campaign
Roadmap Interventions

Seven emerging and established interventions have been selected based on evidence about their potential contribution to reducing the preterm birth rate:

1. Reducing non-medically indicated (elective) deliveries prior to 39 weeks
2. *Increasing use of progesterone for women with a history of prior preterm birth*
3. Reducing tobacco use among pregnant women
4. *Encouraging women to space pregnancies at least 18 months apart*
5. Increasing use of low-dose aspirin to prevent preeclampsia
6. Advancing interventions for women diagnosed with a short cervix
7. Reducing multiple births conceived through Assisted Reproductive Technology
Roadmap Intervention #2:

Increasing use of progesterone for women with a history of prior preterm birth
Preterm Labor and Premature Birth

These three risk factors are most likely to result in preterm labor and premature birth:

- *Experienced a premature birth in the past*
- Pregnancy with multiples (twins, triplets or more)
- Problems with the uterus or cervix during current pregnancy or in the past
17 Alpha-Hydroxyprogesterone Caproate (17P)

- 17P and Makena® are synthetic forms of injectable progesterone that help prevent repeat preterm birth in certain women
  - 17P is a compounded injectable available from some compounding and some hospital pharmacies, also available via home health services
- Use results in one-third reduction of subsequent preterm birth among eligible women receiving weekly injection
- History of underutilization per ACOG
Indications for Usage of 17P

- Previous, singleton, spontaneous preterm birth after 20 weeks gestation and current singleton pregnancy

- All eligible pregnant women should be counseled on the treatment, benefits and limitations, and importance of receiving their weekly injections
Prescribing and Accessing 17P

Coding for 17P or Makena treatment based on prescribing criteria and eligibility, use ICD 10 diagnosis code: Z87.51, *Preterm labor, personal history* (formerly ICD 9 code V13.21)

- To prescribe 17P, it is currently only available at compounding pharmacies
- Cost is under $100 for a 5-dose vial at compounding pharmacies
  - Patient usually pays out of pocket and the cost for the medication can be submitted to and may be reimbursed by her insurance plan
  - Some home health agencies offer weekly injections and nurse visit if approved by insurance; they can provide the medication
Prescribing and Accessing Makena

- To prescribe Makena, some local pharmacies carry the medication or visit the healthcare provider website link at [http://www.makenahcp.com/](http://www.makenahcp.com/) or call Makena Care Connection at 1-800-847-3418
  - Insurance benefits investigation and prior authorization, information on financial assistance for eligible patients, and status of a patient’s prescription

Dosage and Administration

- Administer 17P or Makena intramuscularly (IM) at a dose of 250 mg/1 mL once weekly.
- Begin weekly treatment between 16 weeks, 0 days and 20 weeks, 6 days of gestation.
- Continue administration once weekly IM injections until week 37 (through 36 weeks, 6 days) of gestation or delivery.
- Injections are usually administered at the OB/GYN provider office.
- May be administered via weekly home health nurse visits or other avenues agreeable to the healthcare provider and patient.
Roadmap Intervention #4:

Encouraging women to space pregnancies at least 18 months apart
Birth Spacing and Birth Outcomes

- Pregnancies that start less than 18 months after birth are associated with:
  - Preterm birth
  - Neonatal morbidity
  - Low birth weight

- In the U.S., between 2006 and 2010, about 33% of pregnancies among women with a previous live birth began less than 18 months after the prior birth.

- Access to family planning counseling and contraception plays a key role in birth spacing and reduced risk for poor birth outcomes.
Long Acting Reversible Contraception (LARC)

- Long-acting reversible contraceptives are methods of birth control that provide effective contraception for an extended period without requiring user action.

- The American Congress of Obstetricians and Gynecologists (ACOG) includes two types of birth control methods in the LARC category:
  - Intrauterine devices (IUD)
  - Subdermal implants
Why LARC?

- Nearly half of all pregnancies in the U.S. are unplanned.
- The IUD and implant are the most effective birth control forms available.
- Fewer than 1 in 100 women using an IUD or implant will become pregnant during the first year of typical use.
  - This rate is in the same range as sterilization.
- Over the long term, LARC methods are 20 times more effective than birth control pills, the patch, or the ring.
The Intrauterine Device (IUD)

- **Hormonal IUD**
  - (levonorgestrel-releasing IUD)
    - Liletta - lasts up to 3 years
    - Skyla - lasts up to 3 years
    - Kyleena - lasts up to 5 years
    - Mirena - lasts up to 5 years

- **Copper IUD**
  - (hormone-free IUD)
    - Paragard - lasts up to 10 years
The Implant

- **Nexplanon**
  lasts up to 3 years

- **Implanon**
  lasts up to 3 years
  (being phased out, replaced with Nexplanon)
Contraceptive Counseling - LARC First

- Contraceptive counseling provides accurate, unbiased information about all methods of birth control in order of effectiveness, from most to least
- LARC is the first-line option for all women, including teens
- Patient choice always remains priority
- Use of One Key Question® when providing contraceptive counseling
Use of One Key Question®

- The One Key Question® initiative (OKQ) comes from the Oregon Foundation for Reproductive Health

- **ASK:** “Would You Like to Become Pregnant in the Next Year?”

- Encourages all primary care and women’s health providers to routinely ask women about their reproductive health needs
  - Recognizes contraception as a core preventive service
  - Prenatal care is important but not sufficient for healthy pregnancies
  - Problems that affect the health of a pregnancy need to be addressed before a woman is pregnant through good preconception care
Family Planning Services

- Available at private providers, health clinics, Florida Department of Health (FDOH) in Broward County
- FDOH in Broward County offers comprehensive Family Planning services to include:
  - Annual Family Planning Physical Exam
  - Birth Control Options
  - Emergency Contraception Pill
  - Free Condoms
  - HIV Testing & Counseling
  - Male & Female Sterilization
  - Pap Screening
  - Preconception Counseling
  - Pregnancy Testing & Counseling
  - Referral and Follow-up
  - Sexually Transmitted Disease (STD) Counseling & Treatment

FDOH Family Planning Clinic Appointment Line 954-467-4705
Medicaid Family Planning Waiver Program

- Eligibility determined via the local health department (not DCF)
- Available for women who lost full Medicaid in the most recent 24 months
- Methods of birth control covered:
  - Birth control pills, patch, and vaginal ring
  - The Shot (Depo-Provera)
  - Implant (single rod implant)
  - Sterilization (tubes tied or blocked)
  - Intrauterine devices and systems (IUDs/IUSs)
- Covers annual family planning physical exam, pap screening, STD counseling and treatment, and more
- Highly underutilized benefit

Request a Family Planning Waiver Application 954-467-4700 x4464
Continuing the Work...

Challenges

- Many private OB/GYN providers do not accept the Medicaid Family Planning Waiver or Medicaid reimbursement rates for LARC insertion and cost of the device
- Some health plans/payers require authorization from the patient’s PCP to access family planning services
- Missed opportunities to initiate 17P therapy with eligible pregnant women
- Other

Opportunities

- Work with local hospitals to promote and provide Immediate Post-Partum LARC (IPP LARC)
- Work with health plans/payers to incentive healthcare providers for LARC and 17P, including IPP LARC
- Work with health plans/payers to remove referral requirement (barrier) to access family planning services
- Improve Medicaid reimbursement rates for LARC insertion, full reimbursement for cost of the device
- Continue Healthy Babies are Worth the Wait Fort Lauderdale Community Program
Patient Resources

Family Planning Information:
- http://www.onekeyquestion.org/youdecide/

LARC Patient Assistance/Savings Programs:
- http://www.archpatientassistance.com/
- https://www.lilettahcp.com/patients/savings-program
Healthcare Provider Resources

Contraceptive Counseling and LARC Coding
- http://www.onekeyquestion.org/

17P and Makena Information
- http://www.makenahcp.com/
References


Questions?

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