

PCAI Website Quick Notes

Home

- **Rotating Carousel**
 - Increasing access to the full range of contraceptive methods can empower individuals and improve health outcomes.
 - Learn more: [What We Do](#)
 - We work to ensure all people have access to the full range of postpartum contraceptive options before leaving the hospital after a delivery.
 - Learn more: [What We Do](#)
 - The Postpartum Contraceptive Access Initiative supports immediate postpartum LARC implementation through onsite, individualized training.
 - Learn more: [What We Do](#)
- **Intro**
 - The **Postpartum Contraceptive Access Initiative** prepares obstetrician-gynecologists and other health providers to offer the full range of contraceptive methods after delivery through comprehensive, individualized trainings.
 - Expanding access to postpartum initiation of effective contraception, including LARC methods, can empower patients to choose a method right for them, and can reduce rapid repeat and unintended pregnancies to improve health outcomes.
 - More information: [What We Do](#)
- **The option of immediate postpartum LARC**
 - The immediate postpartum period can be a particularly favorable time to provide **long-acting reversible contraception**, and research shows that postpartum LARC provision is safe and effective
 - More information: [Immediate Postpartum LARC](#)
- Ready to request a training? [Submit here](#)

About Us

- **The American College of Obstetricians and Gynecologists**
 - The **American College of Obstetricians and Gynecologists** is the premier professional membership organization dedicated to the improvement of women's health. With more than 58,000 members, comprised of the nation's leading group of professionals providing health care for women, the College has served as the preeminent source of clinical guidance on women's health for over six decades. Composed of 12 districts and 95 sections, the College represents various geographical regions, countries, territories, and states in North and South America.
 - [ACOG Website](#)
- **The LARC Program**
 - Housed within the College, the **LARC Program** works to improve access to the full range of contraceptive methods in the United States by connecting providers, patients, and the public with the most up-to-date information and resources on LARC methods.
 - In working towards this mission, we:
 - Create, revise, and review clinical and educational materials
 - Advocate on behalf of providers and patients
 - Create educational and practice support tools
 - Advocate for reimbursement and coverage
 - Develop and provide educational outreach materials and training activities
 - Build relationships with family planning colleagues and organizations
 - Conduct research on LARC knowledge, attitudes, and practice patterns
 - Ready to request a training? [Submit here.](#)



What We Do

- **Our mission**
 - The mission of the Postpartum Contraceptive Access Initiative is to ensure all people have access to the full range of postpartum contraceptive methods before leaving the hospital after a delivery
- **Our approach**
 - PCAI prepares obstetrician-gynecologists and other health providers to offer the full range of contraceptive methods after delivery through comprehensive, individualized trainings.
 - The **immediate postpartum period** can be a particularly favorable time to provide LARC methods, and research shows that postpartum LARC provision is safe and effective. Expanding access to postpartum initiation of effective contraception, including LARC methods, can empower patients to choose the best method for them, and can reduce rapid repeat and unintended pregnancies to improve health outcomes.
 - Through onsite training and support, ACOG supports implementation of immediate postpartum LARC provision at participating sites, supporting access to the full range of contraceptive methods immediately postpartum. This can result in patients obtaining their desired contraceptive method and birth spacing while also having higher satisfaction and continuation rates with their choice of postpartum contraception.
 - The ACOG LARC Program created PCAI, in consultation with more than 20 family planning clinicians and experts, many of whom implemented immediate postpartum LARC at their own institution. The insights and best practices gleaned from these experts inform the PCAI program design.
- **Evidence-based program design**
 - PCAI uses an evidence-based, systems approach to offset implementation barriers. Key program components include:
 - *Three-pronged implementation model bolsters success and sustainability.* Evidence-based research supports the use of a tiered approach for implementing immediate postpartum LARC and ACOG believes this staged approach is crucial for successful implementation. These phases include:
 1. Exploration: This stage is the first and most important in assessing and establishing the foundation for a successful immediate postpartum LARC program.
 2. Installation: This stage covers preparation to offer immediate postpartum LARC.
 3. Implementation and Sustainability: This stage covers the piloting and adaptation phase of offering immediate postpartum LARC.
 - *Local leadership & insights inform individualized training plan.* Providers know their institution's needs the best. Therefore, prior to any onsite training, ACOG staff learn from local partners with on-the-ground insights and collaborate with them to create an individualized training plan for their institution through the completion of a needs assessment. Potential trainings include:
 1. Billing, Coding, & Payment for Immediate Postpartum LARC Services
 2. Contraceptive Counseling for the Immediate Postpartum Period
 3. Immediate Postpartum Contraception and Breastfeeding
 4. Immediate Postpartum LARC for Clinicians Doing Deliveries
 5. Immediate Postpartum LARC Implementation: Systems and Sustainability
 6. The Role of Nurses in Immediate Postpartum LARC Implementation

- Training partners have included: hospitals, health systems, residency programs, perinatal quality collaboratives, state-based initiatives, and other key partners.
 - *The importance of shared medical decision making highlighted in every training.* All PCAI trainings highlight the importance of patient autonomy and discuss ways to engage in shared medical decision making, which can increase patient engagement and reduce risk resulting in improved outcomes, satisfaction, and treatment adherence.
 - More information: [ACOG Committee Opinion #490: Partnering with Patients to Improve Safety](#)
 - *Train-the-trainer model fosters sustainability through a pool of trained, local clinicians.* PCAI uses a “train-the-trainer” model when a training is requested by a participating site. The “train-the-trainer” model builds a pool of trained clinicians who can both provide ongoing support onsite after the ACOG-provided training and teach others the knowledge and skills within their content area.
- Ready to request a training? [Submit here](#).

Postpartum Contraception: Options for Postpartum Contraception

- Options for postpartum contraception

Method	Pregnancy rate in 1 year	Special Considerations
Sterilization (male & female)	0.5%, 0.15%	- Permanent
Etonogestrel (ENG) Implant	0.05%	- Must be placed and removed by trained physician - Clinicians must attend manufacturer training prior to placement
IUD: Copper	0.8%	- Must be placed and removed by trained physician
IUD: Levonorgestrel (LNG)	0.2%	- Must be placed and removed by trained physician
Injectable (Medroxyprogesterone acetate)	6%	- Must obtain injection every 3 months
Lactational amenorrhea method (LAM)	2-8%	- May be impractical for many people - Must breastfeed infant frequently & exclusively; be amenorrhoeic and <6 months postpartum
Progestin-only pill (norethindrone)	9%	- Must take pill at same time every day with 3-hour late window
Estrogen/progestin combined pill, patch or ring	9%	- Must take pill at same time every day, change patch every week, or ring every month - Estrogen-containing methods are contraindicated with some medical conditions and immediately postpartum
Barrier methods	12-21%	- Must be used with every act of intercourse - Condoms are the only method that prevent STI transmission
Withdrawal	22%	- Continuation rates are low (46% at 1 year) - Requires active participation by a willing partner - Requires user involvement at every act of intercourse
Fertility awareness-based methods	22%	- Continuation rates are low (47% at 1 year) - Requires active participation by a willing partner - Requires daily action(s) - Requires lead time to increase effectiveness

- More information on postpartum contraception
 - [ACOG FAQ #500: Long-Acting Reversible Contraception Right After Childbirth](#)
 - [ACOG FAQ #194: Postpartum Birth Control](#)
 - [ACOG FAQ #184: Long-Acting Reversible Contraception \(LARC\): Intrauterine Device and Implant](#)
 - [ACOG FAQ #052: Postpartum Sterilization](#)
 - [ACOG FAQ #024: Fertility Awareness-Based Methods of Family Planning](#)

- [ACOG FAQ #022: Barrier Methods of Birth Control: Spermicide, Condom, Sponge, Diaphragm, and Cervical Cap](#)
- **CDC recommendations on contraceptive methods**
 - The Centers for Disease Control and Prevention (CDC) has published guidance regarding who can use various contraceptive methods, and clinical guidance for the initiation and use of specific contraceptive methods. Both the U.S. Medical Eligibility Criteria (MEC) and Selected Practice Recommendations (SPR) address the use of LARC methods immediately postpartum.
 - The CDC, in collaboration with the Office of Population Affairs at the U.S. Department of Health and Human Services, developed recommendations on how to provide family planning services so that individuals can achieve their desired number and spacing of children, increase the chances that a baby will be born healthy, and improve their health even if they choose not to have children. These recommendations are outlined in *Providing Quality Family Planning Services (QFP)*.
 - *U.S. Medical Eligibility Criteria (MEC), 2016*. The 2016 U.S. MEC includes recommendations for using specific contraceptive methods by women and men who have certain characteristics or medical conditions.
 - More information: [U.S. Medical Eligibility Criteria \(MEC\), 2016](#)
 - *U.S. Selected Practice Recommendations (SPR), 2016*. The 2016 U.S. SPR addresses a select group of common, yet sometimes controversial or complex, issues regarding initiation and use of specific contraceptive methods.
 - More information: [U.S. Selected Practice Recommendations \(SPR\), 2016](#)
 - *Providing Quality Family Planning Services (QFP)*. The QFP recommends how to provide family planning services so that individuals can achieve their desired number and spacing of children, increase the chances that a baby will be born healthy, and improve their health even if they choose to not have children.
 - More information: [Providing Quality Family Planning Services](#)

Postpartum Contraception: What is LARC?

- **What is LARC?**

- "LARC" stands for **long-acting reversible contraception**
- Two types of LARC methods available in the United States:
 - Intrauterine devices (IUDs)
 - Etonogestrel (ENG) implant
- Two advantages of LARC include:
 - LARC does not require ongoing effort for long-term and effective use
 - Rapid return to fertility after removal of device
- Disadvantage of LARC includes:
 - LARC must be placed and removed by a trained clinician, which may impact patient autonomy
- Learn more: [ACOG FAQ #184: Long-Acting Reversible Contraception \(LARC\): IUD and Implant](#)

- **Types of LARC**



Contraceptive implant: about the size of a match stick



Intrauterine device (IUD): about the size of a quarter

- **Levonorgestrel (LNG) IUD**

- Mechanism of action:
 - Prevent fertilization by changing the amount and viscosity of cervical mucus, making it impenetrable to sperm
- Evidence supports that LNG IUDs do not disrupt pregnancy and are not abortifacients
- Most women ovulate normally, but experience diminished menstrual bleeding because of the local effect of levonorgestrel on the endometrium
- 98.8% effective; the one-year typical use failure rate is 0.2 per 100 women

- **Copper IUD**

- Mechanism of action:
 - Inhibition of sperm migration
 - Change in transport speed of ovum
 - Damage or destruction of the ovum

- Evidence supports that the Copper IUD does not disrupt pregnancy and is not an abortifacient
- The most common adverse effects reported are abnormal bleeding and pain
- 99.2% effective, the one-year typical use failure rate is 0.8 per 100 women
- **Etonogestrel (ENG) Implant**
 - Mechanism of action:
 - Primary: ovulation suppression
 - Additional: thickening of cervical mucus and alteration of the endometrial lining
 - After implant insertion, changes in bleeding patterns are common and include amenorrhea or infrequent, frequent, or prolonged bleeding
 - Placed subdermally in upper arm; size 4cm x 2mm (comparable size to a match stick)
 - 99.9% effective, the one-year typical use failure rate is 0.05 per 100 women
- **Current LARC Methods**

Description	Brand Name of Method	Type of Method	FDA-Approved Duration of Use
Hormonal IUD	Kyleena [®]	19.5 mg LNG IUD	5 years
	Liletta [®]	52 mg LNG IUD	6 years
	Mirena [®]	52 mg LNG IUD	6 years
	Skyla [®]	13.5 mg LNG IUD	3 years
Copper IUD	Paragard [®]	Copper IUD	10 years
Contraceptive Implant	Nexplanon [®]	68 mg ENG implant	3 years

Postpartum Contraception: Immediate Postpartum LARC

- **What is immediate postpartum LARC?**
 - Immediate postpartum LARC refers to LARC initiation after delivery and before hospital discharge
 - **ACOG supports** immediate postpartum LARC insertion as a best practice, recognizing its role in preventing rapid repeat pregnancy and unintended pregnancy.
 - Immediate postpartum LARC:
 - Should be offered as an effective option for postpartum contraception
 - Can reduce unintended pregnancy and lengthen interpregnancy intervals
 - Patients should be counseled prenatally about immediate postpartum LARC, including its:
 - Advantages
 - Disadvantages
 - Risk of IUD expulsion
 - Contraindications and alternatives to follow for informed decision making
 - Learn more: [ACOG Committee Opinion #670: Immediate Postpartum Long-Acting Reversible Contraception](#)
- **Definitions: timing of LARC placement**
 1. Immediate Postplacental: Placement while still in the delivery room (within 10 minutes of placental delivery, when possible)
 2. Immediate Postpartum: Placement during hospital admission for delivery
 3. Postpartum: Placement within 6 weeks of delivery
 4. Interval Placement: Placement at any time during the menstrual cycle and not in relationship to the end of a pregnancy (or >6 weeks after delivery)
- **What are some advantages of immediate postpartum LARC?**
 1. LARC methods can lengthen interpregnancy intervals
 2. Patient is still in the midst of care and placement can be convenient for both patient and clinician
 3. Time limits on postpartum insurance coverage for some patients can limit access to postpartum contraception after discharge
 4. Patients are known not to be pregnant and many are motivated to avoid short-interval pregnancy
 5. Cost-effective despite higher IUD expulsion rates
 6. Patients using LARC methods have higher satisfaction and continuation rates
 7. Up to 40% of patients do not attend the postpartum visit and many face barriers to attending
 8. Up to 75% of patients who plan to use an IUD postpartum do not obtain it
 9. Some patients may attend the postpartum visit, but encounter barriers to receiving LARC, such as inability to pay, clinicians or clinics not offering LARC, or need for a repeat visit for placement
 - Learn more: [ACOG Committee Opinion #670: Immediate Postpartum Long-Acting Reversible Contraception](#)
- **What are some disadvantages and key considerations for IPP LARC?**
 1. Must be placed and removed by a trained clinician, which may impact patient autonomy
 2. Patient may lose insurance coverage postpartum, limiting access to removal services
 3. Possible contraindications
 4. Increased risk of expulsion, including unrecognized expulsion of IUD

5. Possibility of non-visualized strings and difficult removal
6. Health care provider bias may contribute to coercion

Clinical Considerations: Assessing Candidacy

- **LARC methods have few contraindications and should be offered routinely as safe and effective contraceptive options for most patients.**
 - Read more ACOG guidance:
 - [ACOG Practice Bulletin #186: Long-Acting Reversible Contraception: Implants and Intrauterine Devices](#)
 - [ACOG Committee Opinion #670: Immediate Postpartum Long-Acting Reversible Contraception](#)
- **CDC recommendations on contraceptive methods**
 - The Centers for Disease Control and Prevention (CDC) has published guidance regarding who can use various contraceptive methods, and clinical guidance for the initiation and use of specific contraceptive methods. Both the U.S. Medical Eligibility Criteria (MEC) and Selected Practice Recommendations (SPR) address the use of LARC methods immediately postpartum
 - The CDC, in collaboration with the Office of Population Affairs at the U.S. Department of Health and Human Services, developed recommendations on how to provide family planning services so that individuals can achieve their desired number and spacing of children, increase the chances that a baby will be born healthy, and improve their health even if they choose not to have children. These recommendations are outlines in Providing Quality Family Planning Services (QFP).
 - *U.S. Medical Eligibility Criteria (MEC), 2016.* The 2016 U.S. MEC includes recommendations for using specific contraceptive methods by women and men who have certain characteristic or medical conditions.
 - More information: [U.S. Medical Eligibility Criteria \(MEC\), 2016](#)
 - *U.S. Selected Practice Recommendations (SPR), 2016.* The 2016 U.S. SPR addresses a select group of common, yet sometime controversial or complex, issues regarding initiation and use of specific contraceptive methods.
 - More information: [U.S. Selected Practice Recommendations \(SPR\), 2016](#)
 - *Providing Quality Family Planning Services (QFP).* The QFP recommends how to provide family planning services so that individuals can achieve their desired number and spacing of children, increase the chances that a baby will be born health, and improve their health even if they choose to not have children.
 - More information: [Providing Quality Family Planning Services](#)

Clinical Considerations: Expulsion

- **ACOG supports immediate postpartum LARC insertion as a best practice, recognizing its role in preventing unintended and short-interval pregnancy.**
 - Despite the higher expulsion rate of immediate postpartum IUD placement over interval placement, evidence from clinical trials and from cost-benefit analyses strongly suggests the superiority of immediate placement in reduction of unintended pregnancy, especially for those at greatest risk of not having the recommended postpartum follow-up visit or those who may face barriers to obtaining an intended LARC device.
 - Expulsion rates for immediate postpartum IUD insertions are higher than for interval or postabortion insertions, vary by study, and may be as high as 10-27% (73-90% of women retain the device). Differences in expulsion rates are similar with manual insertion versus use of ring forceps, but may differ depending on the experience of the inserter.
 - Optimally, patients should be counseled prenatally about the option of immediate postpartum LARC. Using a **shared medical decision-making** approach, counseling should include advantages, risk of IUD expulsion, contraindications, and alternatives to allow for **informed decision making**.
 - Many patients experience barriers to interval LARC placement, such that the advantages of immediate placement may outweigh the disadvantages. As many as 40% of women do not return for a postpartum visit because of:
 - Childcare obligations
 - Inability to take time off at work
 - Unstable housing
 - Lack of transportation
 - Communication or language barrier
 - Lack of insurance coverage or potential expiration of Medicaid eligibility
 - Anyone who experiences or suspects expulsion should contact their health care provider and use a back-up contraceptive method. Replacement cost may vary by insurance plan.
 - Learn more about immediate postpartum IUD expulsion: **Immediate Postpartum LARC Bibliography Resource Digest**.

Clinical Considerations: Breastfeeding

- Given available evidence **ACOG recommends** that women who are considering immediate postpartum hormonal LARC should be **counseled** about the theoretical risk of reduced duration of breastfeeding, but that the preponderance of the evidence has not shown a negative effect on actual breastfeeding outcomes.
 - Systematic review findings show that progestin-only contraceptives do not appear to adversely affect a person's ability to successfully initiate and continue breastfeeding or an infant's growth and development.
 - There are theoretical concerns that exogenous progesterone could prevent lactogenesis, but observational studies of progestin-only contraceptives suggest no effect on successful initiation and continuation of breastfeeding or on infant growth and development.
 - The copper IUD lacks hormones, which avoids any theoretical effect on breastfeeding, and is classified as CDC MEC Category 1 (no restriction on use) for women who are breastfeeding.
 - ACOG recommends a **shared medical decision making** approach to contraceptive counselling.
 - Obstetric care providers should discuss the limitations and concerns associated with the use of hormonal LARC within the context of each women's desire to breastfeed and her risk of unplanned pregnancy so that she can make an autonomous and informed decision.
 - Read more ACOG guidance:
 - **ACOG Practice Bulletin #186: Long-Acting Reversible Contraception: Implants and Intrauterine Devices**
 - **ACOG Committee Opinion #670: Immediate Postpartum Long-Acting Reversible Contraception**

Clinical Considerations: Insertion & Removal

- **Immediate postpartum IUD insertions videos**
 - Click on the video clips below for instructions on immediate postpartum IUD insertion.
 - Excerpt from the [Immediate Post-Placental LARC Insertion video](#) by the [ACOG District II Task Force](#)
 - [LARC Insertion: Immediate Postpartum Period](#). This video is a part of the [ACOG LARC Program Video Series](#), which covers a variety of clinical topics related to the provision of LARC.
- **Postplacental IUD insertion**
 - Insertion of IUDs immediately postpartum requires a different set of skills for interval placement and varies by delivery method. Training is advised before provision of immediate postpartum IUD placement. No matter what insertion technique is used, it is key to ensure the IUD is placed at the fundus of the uterus to decrease chance of expulsion.
- **Implant Insertion**
 - The technique for implant placement immediately postpartum does not differ from that for interval insertion.
 - The FDA requires that all health care providers who perform implant insertions and removals receive training from Merck, the manufacturer of [Nexplanon](#). See the manufacturer's website for more information about the implant insertion process and training.
- For more information, please see our list of [immediate postpartum LARC toolkits](#).
- **Removal**
 - These videos are part of the [ACOG LARC Video Series](#), which covers a variety of clinical topics related to the provision of LARC.
 - [LARC Removal: IUD Removal](#)
 - [Easy Implant Removal](#)
 - The technique for removing a LARC device placed immediately postpartum does not differ from that for interval insertion.
 - Both the insertion and removal of a LARC device are reliant on a clinician, which can impact patient autonomy. A patient's right of refusal for initiating or discontinuing a method should be addressed by obstetrician-gynecologists and other health care providers. At no time should a patient be forced to use a method chosen by someone other than themselves, including a parent, guardian, partner, or health care provider. Clinicians should be aware of changes to insurance coverage in the postpartum period and how that may affect coverage of device removal for patients, and should discuss options for low or no-cost removal services, including Title X or other clinics.
 - Find more information on using [shared medical decision making](#) and a [reproductive justice framework](#) for contraceptive counseling [here](#).
 - ACOG guidance on the management of difficult IUD or contraceptive implant removals can be found [here](#).

Contraceptive Counseling: Shared Medical Decision Making

- **Shared medical decision making**
 - **Shared medical decision making** is a process in which the obstetrician-gynecologist or other health care provider shares with the patient all relevant risk and benefit information on all treatment alternatives and the patient shares with all relevant personal information that might make one treatment or side effect more or less tolerable than others.
 - It can increase patient engagement and reduce risk resulting in improved outcomes, satisfaction, and treatment adherence.
 - Decision making is a continuum with the obstetrician-gynecologist or other health care provider leading the discussion on one end, and with patients making the decision on the other end. Although medical knowledge is tipped toward the obstetrician-gynecologist or other health care provider end of the continuum, in shared medical decision making a middle ground is sought that incorporates sound medical care and a patient's personal preferences.
 - Patient-centered goals should also be considered in the decision-making process. Providers should share their clinical judgement on options and benefits.
 - Learn more: [ACOG Committee Opinion #490: Partnering with Patients to Improve Safety](#)
 - LARC Counseling Scenarios: Initiation of a Shared Decision Making Process
 - LARC Counseling Scenarios: Shared Decision Making Using a Decision Aid
- **Patient Education**
 - [ACOG FAQ #500: Using Long-Acting Reversible Contraception Right After Childbirth](#)
 - [ACOG FAQ #194: Postpartum Birth Control](#)
 - [ACOG FAQ #184: Long-Acting Reversible Contraception: Intrauterine Device and Implant](#)
 - [ACOG FAQ #052: Postpartum Sterilization](#)
 - [ACOG FAQ #024: Fertility Awareness-Based Methods of Family Planning](#)
 - [ACOG FAQ #022: Barrier Methods of Birth Control: Spermicide, Condom, Sponge, Diaphragm, and Cervical Cap](#)
 - [ACOG LARC Program Contraceptive Counseling Resource Digest](#)

Contraceptive Counseling: Supporting Patient Autonomy

- **Supporting patient autonomy**
 - The U.S. has a history of contraceptive coercion and forced sterilization perpetrated against economically marginalized individuals and persons of color. Due to this history, certain communities, particularly communities of color, may mistrust clinicians and the broader health care system. Any counseling about postpartum contraception, especially sterilization or LARC, should be sensitive to this history and follow a **trauma-informed care framework**. LARC may impact the patient’s autonomy by giving the patient a decreased sense of control over their contraception, as a clinician is required for both device insertion and removal.
 - ACOG supports the use of a reproductive justice framework for contraceptive counseling, which is essential to providing equitable access to healthcare and maintaining patient autonomy.
 - Health care provider bias can contribute to coercion and undermine the trust in the patient-provider relationship. Providers are encouraged to self-reflect and address their own biases to provide patient-centered care that supports autonomous decision-making.
 - **ACOG supports the LARC Statement of Principles by SisterSong and the National Women’s Health Network (NWHN).**
 - The LARC Statement of Principles says, “We believe that people can do and make good decisions about the risks and benefits of drugs and medical devices when they have good information and supportive health care. We strongly support the inclusion of long-acting reversible contraceptive methods (LARCs) as part of a well-balanced mix of options, including barrier methods, oral contraceptives, and other alternatives. We reject efforts to direct women toward any particular method and caution providers and public health officials against making assumptions based on race, ethnicity, age, ability, economic status, sexual orientation, or gender identity and expression. People should be given complete information and be supported in making the best decision for their health and own unique circumstances.”
 - More information about the statement can be found on the NWHN’s page about **LARC**.
 - Citation: Dehlendorf C, Levy K, Kelley A, Grumbach K, Steinauer J. Women’s preferences for contraceptive counseling and decision making. *Contraception* 2013;88:250-6.
 - Learn more: **ACOG Committee Opinion #490: Partnering with Patients to Improve Safety**
 - LARC Counseling Scenarios: Responding to Patient Concerns
 - LARC Counseling Scenarios: Patient Requesting Implant Removal
- **Patient Education**
 - **ACOG FAQ #500: Using Long-Acting Reversible Contraception Right After Childbirth**
 - **ACOG FAQ #194: Postpartum Birth Control**
 - **ACOG FAQ #184: Long-Acting Reversible Contraception: Intrauterine Device and Implant**
 - **ACOG FAQ #052: Postpartum Sterilization**
 - **ACOG FAQ #024: Fertility Awareness-Based Methods of Family Planning**
 - **ACOG FAQ #022: Barrier Methods of Birth Control: Spermicide, Condom, Sponge, Diaphragm, and Cervical Cap**

Contraceptive Counseling: Counseling on Immediate Postpartum LARC

- **Counseling on immediate postpartum LARC**
 - Optimally, patients should be counseled prenatally about the option of immediate postpartum LARC, along with the full range of contraceptive options available. Counseling should include advantages, risk of intrauterine device (IUD) expulsion, provider reliance for insertion and removal, contraindications and alternatives for LARC to allow for informed decision making.
 - **Immediate postpartum LARC** should be offered as an effective option for postpartum contraception; there are few contraindications to postpartum IUDs and implants. Obstetrician-gynecologists and other health care providers should counsel patients about the convenience and effectiveness of immediate postpartum LARC, as well as the benefits of reducing unintended pregnancy and lengthening interpregnancy intervals.
 - Obstetrician-gynecologists and other obstetric care providers should include in their contraceptive counseling the increased risk of expulsion, including unrecognized expulsion, with immediate postpartum IUD insertion compared with interval IUD insertion. The counseling should highlight the impact on patient autonomy with the reliance on a provider for insertion and removal of LARC and discuss options for low or no-cost removal services.
 - Systems should be in place to ensure that people who desire LARC can receive it during the comprehensive postpartum visit if immediate postpartum LARC was not undertaken.
 - Learn more: [ACOG Committee Opinion #670: Immediate Postpartum LARC](#)
- **Timing of contraceptive counseling**
 - When is the best time to discuss postpartum contraception? Counseling can be provided at all times described below, depending on patient preferences and goals.
 - Prenatal Care – Optimally, counseling begins during this time
 - Intrapartum – Reinforce themes from prenatal counseling
 - Postpartum – Opportunity for more education
 - Learn more: [ACOG Committee Opinion #490: Partnering with Patients to Improve Safety](#)
- **More ACOG guidance on Contraceptive Counseling**
 - [ACOG Practice Bulletin #186: Long Acting Reversible Contraception: Implants and Intrauterine Devices](#)
 - [ACOG Committee Opinion #670: Immediate Postpartum Long-Acting Reversible Contraception](#)
 - [ACOG Committee Opinion #490: Partnering with Patients to Improve Safety](#)
 - [ACOG Committee Opinion #710: Counseling Adolescents about Contraception](#)
 - [ACOG Committee Opinion #587: Effective Patient-Physician Communication](#)
 - [ACOG Committee Opinion #699: Adolescent Pregnancy, Contraception, and Sexual Activity](#)
 - [ACOG Committee Opinion #736: Optimizing Postpartum Care](#)
 - [ACOG Committee Opinion #672: Clinical Challenges of Long-Acting Reversible Contraceptive Methods](#)
 - [ACOG LARC Program Contraceptive Counseling Resource Digest](#)
- Learn more about clinical considerations for providing LARC immediately postpartum
 - Learn more: [Clinical Considerations](#)

Implementation: Getting Started

- **Getting started**
 - Evidence-based research supports the use of a stage-based approach for successfully and sustainably implementing LARC immediately postpartum. One study, “**Implementing Immediate Postpartum Long-Acting Reversible Contraception Programs**” by Hofler, et al. found that
 - “Hospital teams report that implementing immediate postpartum LARC programs involved multiple departments and a number of important steps to consider. A stage-based approach to implementation and a standardized guide detailing these steps may provide the necessary structure for the complex process of implementing immediate postpartum LARC programs in the hospital setting”
 - “Lack of knowledge about LARC, financial concerns, and competing priorities were common barriers to program implementation. Hospitals that successfully implemented immediate postpartum LARC programs did so with a multidisciplinary approach. These hospitals more easily navigated barriers and unexpected steps using clear communication and problem-solving among team members.”
 - The three stages of immediate postpartum LARC implementation include **Exploration, Installation, and Implementation and Sustainability**.
 - Each of the three implementation stages is organized by the departments that may be involved in the implementation process and outlines potential tasks for each department. Different hospitals will have different implementation team members working on these steps, who in turn may involve other individuals from their department as needed.

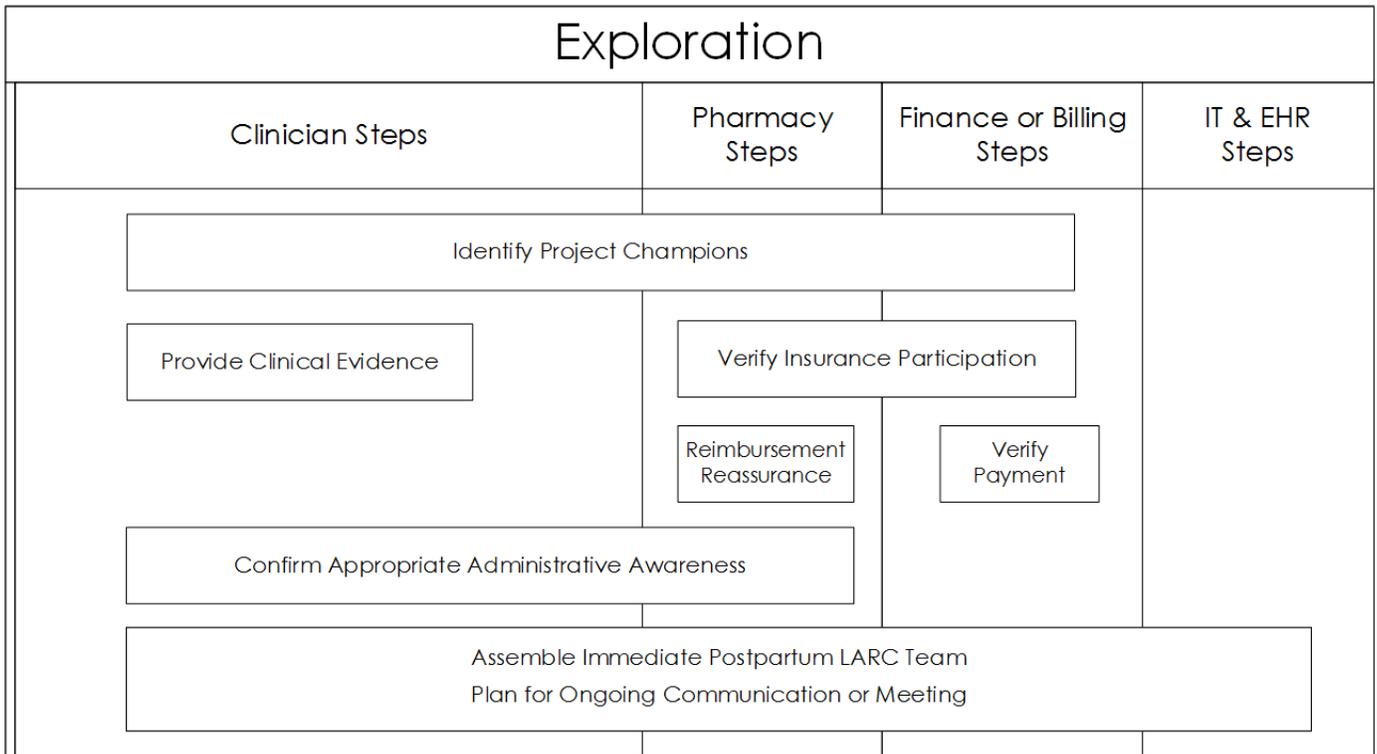
Department/Expertise	Potential Implementation Team Members
Clinical	Physicians, nurses (L&D & postpartum), midwives, or clinicians with administrative roles <i>Note: Some clinicians may hold formal roles on immediate postpartum LARC implementation teams. Others may be akin to “champions” who maintain the momentum and clinical relevance throughout implementation</i>
Pharmacy	Pharmacy directors, managers, or pharmacists dedicated to inpatient obstetrics
Finance or Billing	Individuals from revenue cycle management, financial administration, billing, coding, or similar business departments
Information Technology (IT) or Electronic Health Records (HER)	EHR team or IT personnel knowledgeable about the EHR and billing software used by their hospital
Others to Consider	OBGYN Department Chair, Medical Director, OBGYN and/or Family Medicine Residency Director, Family Planning Fellowship Director, Ryan Residency Training Program Director, lactation consultants, office staff, quality or compliance officer, other hospital leadership and/or representatives from private practices

- Find more implementation resources in our **Resource Library**
- Citation: Hofler LG, Cordes S, Cwiak CA, Goedken P, Jamieson DJ, Kottke M. Implementing immediate postpartum long-acting reversible contraception programs. *Obstet Gynecol* 2017;129:3-9. Reprinted with permission from Wolters Kluwer Health, Inc.



Implementation: First Stage - Exploration

- **First stage: Exploration**
 - The Exploration stage is the first and most important in assessing and establishing the foundation for a successful immediate postpartum LARC program.
- **Key steps by department**



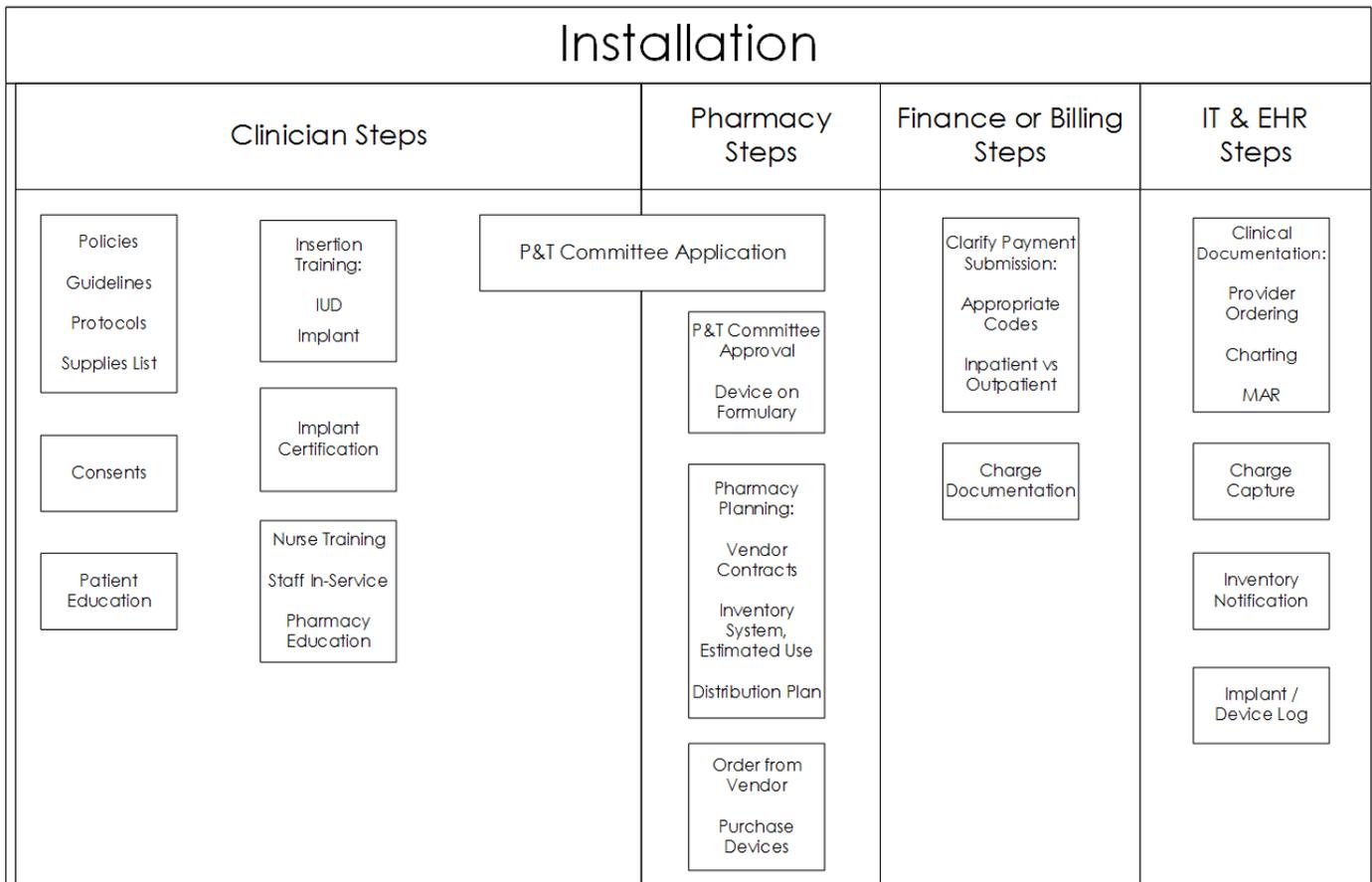
IT, Information Technology; EHR, Electronic Health Record; LARC, Long Acting Reversible Contraception

- **Key steps by task**
 1. Identify project champions
 - Examples of project champion roles may include physicians, nurses, midwifery, lactation consultants, pharmacy, hospital executives, hospital or departmental administration, finance, billing/coding, business coordinators, managers, medical records, and/or information systems. Clinical, pharmacy, and financial champions, are often the most important.
 - It is common and recommended that a physician or another clinician brings the idea of immediate postpartum LARC to the rest of the hospital and recruits other important individuals.
 2. Provide clinical evidence to educate others
 - Clinicians may educate other team members about immediate postpartum LARC, the clinical benefits, and the rationale for providing such a program.
 - Our Resource Library contains materials with answers to common clinical questions.
 3. Verify insurance participation
 - Individuals from pharmacy and/or finance or billing may require payment verification from payers.

- The ACOG LARC Program tracks all state Medicaid reimbursement policies [here](#).
4. Obtain reimbursement reassurance and verify payment
 - Individuals from pharmacy and/or finance or billing may request detailed information about expected device costs and reimbursement levels. Look to the LARC device manufacturers for information on device cost and your state Medicaid program for reimbursement information.
 5. Confirm appropriate administrative awareness
 - This step is hospital specific. Every hospital will have a different level of administrative involvement appropriate for its immediate postpartum LARC program. Education of non-clinical administrators about the importance of immediate postpartum LARC could be an important step.
 6. Assemble immediate postpartum LARC team and plan for ongoing communication
 - Establishing a project team and communication plan is the next step for successful program implementation. Individuals with clinical, pharmacy, and financial perspectives, often comprise the core of the immediate postpartum LARC team.
 - Clear roles and responsibilities and a communication plan become important to prepare for implementation amid competing priorities. This may occur within established contexts such as service-level meetings, or teams may create an immediate postpartum LARC team with its own communication schedule.
- Find more implementation resources [here](#).
 - Citation: *Hofler LG, Cordes S, Cwiak CA, Goedken P, Jamieson DJ, Kottke M. Implementing immediate postpartum long-acting reversible contraception programs. Obstet Gynecol 2017;129:3-9. Reprinted with permission from Wolters Kluwer Health, Inc.*

Implementation: Second Stage - Installation

- Second stage: Installation**
 - The second stage for immediate postpartum LARC implementation is installation, which includes preparations to offer immediate postpartum LARC. Regular communication is essential during the Installation Stage because the steps of implementing immediate postpartum LARC program are interconnected across departments. Regular communication about barriers encountered and steps completed is essential and a communication plan can be particularly helpful to offset staff turnover.
 - Steps may not progress linearly in the order presented, nor is each step required for successful program implementation. However, an overview of the process may help reduce difficulties caused by unanticipated steps.
- Key steps by department**



IT, Information Technology; EHR, Electronic Health Record; IUD, Intrauterine Device; P&T, Pharmacy and Therapeutics; MAR, Medication Administration Record

- Key steps by task**
 - Clinicians – Policies and Protocols
 - Policies, guidelines, protocols and supply lists: Creation of these documents often rests with clinicians. Relevant hospital documents may include policies, eligibility guidelines, placement guidelines, or clinical protocols for implant and IUD placement. This step should be tailored to each hospital’s process for new protocols. If you’re interested in receiving sample documents, please submit your request to the [ACOG LARC Program Help Desk](#).

- Consent forms: Each hospital should align their consent process with their institutional standards. **Contraceptive counseling** about immediate postpartum LARC should optimally begin during prenatal visits.
- Patient education materials: Relevant contraceptive counseling materials may include handouts specific to LARC methods focusing on placement timing, breastfeeding education, and/or post-discharge information. The **ACOG FAQ #500: Using a LARC Right After Childbirth** is written for patients and offers answers to common questions about immediate postpartum LARC.
- Find more about contraceptive counseling [here](#) and patient education and contraceptive counseling resources [here](#).

2. Clinicians – Training and Education

- Insertion training: Since postplacental IUD placement technique varies from interval placement, clinicians planning to offer immediate postpartum LARC may benefit from additional training.
 - See our training resources [here](#) and learn more about our onsite training [here](#).
- Implant certification: Clinicians planning to offer the implant must undergo a Food and Drug Administration-approved training provided by the manufacturer, who requires that only trained clinicians place the implant. Having documentation of training certification available can facilitate the hospital pharmacy ordering process.
- Nurse training, staff in-service, and pharmacy education: Nurse training may include background education, consent verification, medical administration record documentation, and patient education. Mother-baby unit staff may also require a brief introduction to immediate postpartum LARC and the tasks they may perform. Clinicians may be asked to provide information to LARC about pharmacists, or a pharmacy team member may educate the pharmacy department.

3. Pharmacy

- Pharmacy and Therapeutics Committee application: Pharmacists and clinicians often work together on their hospital's process to bring LARC onto the inpatient hospital formulary. The first step may include a Pharmacy and Therapeutics Committee application for each device. Clinicians may need to educate Pharmacy and Therapeutics Committee members about immediate postpartum LARC provision.
- Our **Immediate Postpartum LARC Resource Digest** contains links to helpful educational materials that include evidence and best practices for immediate postpartum LARC provision.
- Pharmacy and Therapeutics Committee approval and device on formulary: Pharmacists or clinicians may resolve committee requests. Clarity of responsibilities is important and final approval should be communicated to the implementation team.
- Pharmacy Planning:
 1. Vendor contracts: Hospital pharmacies may need to establish or negotiate new contracts with device manufacturers.
 2. Inventory and estimated use: Pharmacists may work with information technology staff to adapt existing inventory systems to immediate postpartum LARC. Clinicians and pharmacists may work together to estimate LARC use for appropriate order volume.
 3. Distribution plan: A LARC distribution and storage plan is critical for success. It is often convenient for IUDs to be stored in electronic medication dispensing systems within the

labor and delivery unit for timely access.

4. Purchase devices: The final pharmacy step is to obtain the devices.

4. Finance and Billing

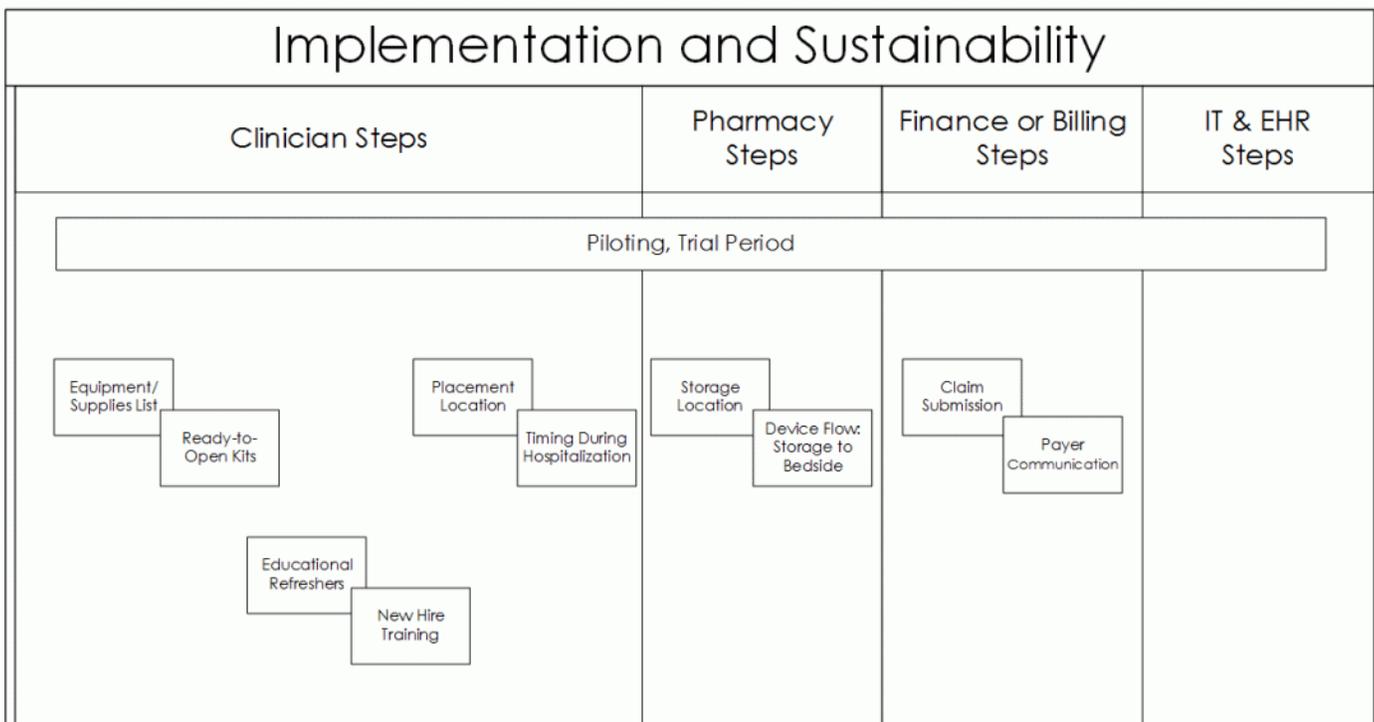
- Clarify payment submission: Finance or billing personnel may require communication from payers regarding appropriate charge codes for LARC devices, placement, and any modifiers or additional information to ensure timely placement.
- The ACOG LARC Program tracks all state Medicaid reimbursement policies [here](#).
- Charge documentation: Finance or billing personnel may work with information technology personnel to update their hospital's software for charge documentation and charge submission.

5. Information Technology and Electronic Health Record

- Information technology personnel are involved in preparing the electronic health record and related computer systems for documenting, tracking, and charging for LARC placement.
 - Clinical documentation: Computer systems adjustments for immediate postpartum LARC may not be extensive. Hospital processes for documenting consent, medication orders, procedural time-outs, medication administration, and clinical procedures can often be adapted to immediate postpartum LARC. Hospitals may consider creating electronic order sets with standard medications and supplies for IUD or implant placement.
 - Charge capture: This step is tailored to each hospital's existing charge capture processes and software. Information technology personnel can assist in integrating electronic health records and finance systems to adequately capture charges for device and placement. Simulation and close communication between financial and information technology personnel are particularly important to this segment of the revenue cycle.
 - Inventory notification: Information technology personnel can help adapt existing pharmacy inventory management systems to immediate postpartum LARC. These adaptations may include tracking LARC usage, updating numbers of devices in medication dispensing systems and alerting the pharmacy department about levels of devices in stock.
 - Device log: Hospitals may consider whether they need to create a log of individual devices that are placed. If so, information technology personnel may be able to streamline this process by capturing lot numbers from medication administration documentation.
- Find more implementation resources [here](#).
- Citation: *Hofler LG, Cordes S, Cwiak CA, Goedken P, Jamieson DJ, Kottke M. Implementing immediate postpartum long-acting reversible contraception programs. Obstet Gynecol 2017;129:3-9. Reprinted with permission from Wolters Kluwer Health, Inc.*

Implementation: Third Stage – Implementation and Sustainability

- Third stage: Implementation and Sustainability**
 - The third stage of immediate postpartum LARC implementation is implementation and sustainability. A successful immediate postpartum LARC program requires piloting and adaptation to be fully implemented and sustained. Each hospital will need to adjust the steps below to fit the circumstances at their institution.
 - Some hospitals may consider establishing immediate postpartum LARC programs offering only one type of device, with plans for expansion to other device, to pilot the process. Others may consider a low-volume trial period for troubleshooting the process. Frequent communication among implementation team members is essential to responding to challenges and improving immediate postpartum LARC programs.
- Key steps by department**



IT, Information Technology; EHR, Electronic Health Record

- Key steps by task**
 - Clinician Equipment and Supplies**
 - Like the office setting, clinicians may approach device placement by having a list of equipment and supplies to gather or by creating ready-to-open kits. Communication clinical personnel who gather supplies, information technology personnel who create electronic order sets, and pharmacists can be helpful in deciding which approach to try first and whether to test other approaches.
 - Clinical Education, Including Educational Refreshers and New Hire Training**
 - Once hospitals begin offering immediate postpartum LARC, clinicians may need updated about process changes, procedural reminders, or additional practice updates. Additionally, new staff requires education about the immediate postpartum LARC program and their role in it. The new

hire training process may prompt educational updates, and clinician refreshers may inform training for new staff members. This step applies to the pharmacy and finance departments, as well.

- See our training resources [here](#) and learn more about our onsite training [here](#).
3. Device Storage, Placement, and Timing
 - After a few postplacental IUD placements, the flow of devices through the hospital should be evaluated. Slow transport from IUD storage locations to the delivery room may trigger a change in IUD storage location. Contraceptive implant placement is less time-sensitive and may occur in any location.
 - Patient delays related to implant placement may require re-evaluation of placement timing, which could impact placement and storage locations. The physical layout of obstetrical care units, staffing capabilities, and clinician and pharmacist input can all inform the best placement and storage plan for each hospital.
 4. Claim Submission and Payer Communication
 - Financial processes may also require adjustment, and tracking early LARC orders, coding, charges, and payment claims with troubleshooting as needed is key to program sustainability.
 - After submitting the first LARC charges, finance or billing personnel should follow up to ensure correct payment and may need to communicate with insurers to identify whether they must charge or resubmit claims. As with any new program, this submission and communication process may require refinement.
- Find more implementation resources [here](#).
 - Citation: *Hofler LG, Cordes S, Cwiak CA, Goedken P, Jamieson DJ, Kootke M. Implementing immediate postpartum long-acting reversible contraception programs. Obstet Gynecol 2017;129:3-9. Reprinted with permission from Wolters Kluwer Health, Inc.*

- **ACOG LARC Program Help Desk**
 - [ACOG LARC Program Help Desk](#)
 - Do you have a question about long-acting reversible contraception? Submit your questions online to the [LARC Program Help Desk](#), the ACOG LARC Program’s technical assistance response service.
- **Clinical Guidance**
 - [ACOG Practice Bulletin #186: Long-Acting Reversible Contraception: Implants and Intrauterine Devices](#)
 - [ACOG Committee Opinion #670: Immediate Postpartum Long-Acting Reversible Contraception](#)
 - [ACOG Committee Opinion #672: Clinical Challenges of Long-Acting Reversible Contraceptive Methods](#)
 - [ACOG Committee Opinion #642: Increasing Access to Contraceptive Implants and Intrauterine Devices to Reduce Unintended Pregnancy](#)
 - [ACOG Committee Opinion #615: Access to Contraception](#)
 - [ACOG Committee Opinion #735: Adolescents and LARC](#)
 - [ACOG Committee Opinion #710: Counseling Adolescents About Contraception](#)
 - [ACOG Committee Opinion #699: Adolescent Pregnancy, Contraception, and Sexual Activity](#)
 - [ACOG Committee Opinion #736: Optimizing Postpartum Care](#)
 - Learn more about immediate postpartum LARC clinical considerations [here](#)
- **Contraceptive counseling**
 - [ACOG Committee Opinion #710: Counseling Adolescents About Contraception](#)
 - [ACOG Committee Opinion #587: Effective Patient-Physician Communication](#)
 - [ACOG Committee Opinion #490: Partnering with Patients to Improve Safety](#)
 - [ACOG LARC Program Contraceptive Counseling Resource Digest](#)
 - [ACOG LARC Program Contraception Apps & Websites Resource Digest](#)
 - [ACOG District II Contraceptive Counseling & Reproductive Life Planning Algorithm](#)
 - [ACOG District II Dispelling LARC Myths & Misconceptions Fact Sheet](#)
 - Learn more about contraceptive counseling [here](#)
- **Patient education**
 - [ACOG FAQ #500: Long- Acting Reversible Contraception Right After Childbirth](#)
 - [ACOG FAQ #194: Postpartum Birth Control](#)
 - [ACOG FAQ #184: Long-Acting Reversible Contraception: Intrauterine Device and Implant](#)
 - [ACOG FAQ #052: Postpartum Sterilization](#)
 - [ACOG FAQ #024: Awareness-Based Methods of Family Planning](#)
 - [ACOG FAQ #022: Barrier Methods of Birth Control: Spermicide, Condom, Sponge, Diaphragm, and Cervical Cap](#)
- **Implementation, payment & policy**
 - The LARC Program has compiled two resource digests containing tools and research on immediate postpartum LARC:
 - [Immediate Postpartum LARC Implementation Resource Digest](#)
 - [Immediate Postpartum LARC Bibliography Resource Digest](#)
 - [ACOG LARC Program: Medicaid Reimbursement for Postpartum LARC by State](#)
 - [ACOG LARC Program Immediate Postpartum LARC Advocacy Checklist](#)
 - [ACOG LARC Program Immediate Postpartum LARC Policy Brief](#)



- [ACOG LARC Program LARC Quick Coding Guide](#)
- [ACOG LARC Program LARC Billing Quiz](#)

- [ACOG District II LARC Administrative & Infrastructure Support Checklist](#)
- [ACOG District II Quick Guide to LARC Reimbursement](#)
- [Intrauterine Devices and Implants: A Guide to Reimbursement](#)

- **Training**
 - PowerPoints
 - [Contraceptive Counseling for the Immediate Postpartum Period](#)
 - [Immediate Postpartum Contraception and Breastfeeding](#)
 - [Immediate Postpartum LARC for Clinicians Doing Deliveries](#)
 - [The Role of Nurses in Immediate Postpartum LARC Implementation](#)
 - [Interval and Immediate Postpartum LARC: Overview and Hands-On Practice for Residents](#)

 - Webinars
 - [Immediate Postpartum LARC for Clinicians Doing Deliveries](#)
 - [The Role of Nurses in Immediate Postpartum LARC Implementation](#)
 - [Contraceptive Counseling for the Immediate Postpartum Period](#)
 - [Postpartum Contraception and Breastfeeding](#)
 - [Interval and Immediate Postpartum LARC: Overview and Hands-On Practice for Residents](#)
 - [Immediate Postpartum LARC Implementation: Systems and Sustainability](#)

 - Videos
 - [ACOG LARC Video Series](#)
 - [ACOG District II LARC: Hospital-Based Physician Initiative Video Series](#)
 - [Immediate Postpartum IUD Insertion Videos](#)

- **Advocacy & policy**
 - Association of State and Territorial Health Officials
 - [Increasing Access to Contraception](#)
 - [Increasing Access to Contraception Learning Community: Nine Focus Areas for Success](#)
 - [LARC Fact Sheet](#)
 - [Strategies for Effective Patient Outreach on Long-Acting Reversible Contraception Fact Sheet](#)
 - Centers for Disease Control and Prevention (CDC)
 - [Medicaid Contraception Return on Investment Tool](#)
 - [Report: Working with State Health Departments on Emerging Issues in Maternal and Child Health – Immediate Postpartum Long-Acting Reversible Contraception](#)
 - [6|18 Initiative: Prevent Unintended Pregnancy](#)
 - Guttmacher Institute Face Sheets
 - [Contraceptive Use in the United States](#)
 - [Implementing Immediate Postpartum Long-Acting Reversible Contraception Programs](#)
 - Citation: Hofler, Lisa G, et al. "Implementing Immediate Postpartum Long-Acting Reversible Contraception Programs." *Obstetrics & Gynecology*, vol. 129, no. 1, Jan. 2017, pp. 3–9., doi:10.1097/aog.0000000000001922.
- **Contraceptive counseling**
 - Beyond the Pill Educational Materials
 - [Clinic and Provider Tools](#)
 - [Educational Materials for Patients and Students](#)
 - SisterSong and the National Women’s Health Network
 - [LARC Statement of Principles](#)
- **Payment**
 - Center for Medicare and Medicaid Services (CMS)
 - [Informational Bulletin: State Medicaid Payment Approaches to Improve Access to LARC](#)
 - [Letter: Medicaid Family Planning Services and Supplies](#)
 - Kaiser Family Foundation
 - [Medicaid Coverage of IUDs and Implants and Reimbursement Policy](#)
 - University of Michigan
 - [Reimbursement for Immediate Postpartum Contraception Outside the Global Fee: Improving Outcomes and Reducing Costs for Moms and Babies](#)
- **Toolkits**
 - [ACQUIRE Project Postpartum IUD Curriculum](#) (International Focus)
 - This curriculum from the [ACQUIRE Project](#) by EngenderHealth is a clinical course emphasizing the information needed to provide safe and effective postpartum IUD (PPIUD) services. The curriculum has been designed to be used by trainers who are skilled, experienced PPIUD providers and who have previously conducted skills training. Both a [Trainer’s Manual](#) and [Participant Handbook](#) are available for download.

- **ASTHO Guidance for Developing a Toolkit on Immediate Postpartum Long-Acting Reversible Contraception**
 - This guide from the Association of State and Territorial Health Officials (ASTHO) is designed as a roadmap for states developing their own toolkits to aid in the implementation of immediate postpartum LARC programs. Topics include first steps, choosing toolkit topics, gathering and collating toolkit information, marketing and dissemination, and additional resources

- **CARDEA Inserting LARC Immediately After Childbirth eLearning Course**
 - This course addresses the indications for LARC insertion immediately following childbirth. Participants view a video demonstration showcasing correct postpartum IUD insertion technique and learn best practices for insertion and managing complications. An optional video teaches participants how to construct a model for practicing the technique.

- **Jhpiego Providing Long-Acting Reversible Contraception Learning Resource Package (International Focus)**
 - **Group Based/Single Dose**
 - * The purpose of this learning research package is to provide health workers with a consolidated source of essential information on safe use of LARC
 - **Modular/Facility-Based**
 - * The purpose of this learning resource package is to provide trainers, facilitators and program staff with a comprehensive resource for high-quality LARC services using a modular, facility-based approach for training, capacity building, and mentorship.

- **State Postpartum LARC Toolkits**
 - Several state collaboratives have created toolkits to support postpartum LARC implementation:
 - * **Florida**
 - * **Indiana**
 - * **South Carolina**
 - * **Texas**
 - * **Virginia**
 - * **West Virginia**

- **Do you have an idea of a resource to add? Please email pcai@acog.org**

This resource was last updated on December 18th, 2020, please visit the PCAI website at <http://www.PCAIinitiative.org/> for the most updated version.

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