

IN THIS ISSUE: Long Acting Reversible Contraceptives (LARCs)

Background

The average American woman will spend about three decades, or more than three-quarters of her reproductive life, trying to prevent an unintended pregnancy. An unintended pregnancy is defined as a pregnancy that is mistimed (did not desire pregnancy at the time pregnancy occurred but desires pregnancy in the future) or a pregnancy that is unwanted (woman did not desire pregnancy at time it occurred or any time in the future). It is estimated that 45% of pregnancies in the United States are unintended. Unintended pregnancy rates are highest among low-income women, minority women, and sexually active women aged 15-19.

Although the unintended pregnancy rate remains at 45%, there has been an 18% reduction between 2008 and 2011 in the unintended pregnancy rate (this is the most recent data available). The reduction of unintended pregnancies is multifactorial; however, the increased use of long acting reversible contraceptives (LARCs) has likely contributed¹. LARC use in women has increased from 2.4% in 2002 to 11.6% in 2012 and studies have shown that a key strategy in reducing unintended pregnancy rates for teens and women of childbearing age is an increase in awareness, availability, and access to LARCS¹.

In the United States there are two types of LARCs available: the contraceptive implant and the intrauterine device (IUD). The contraceptive implant is a single-rod implant containing etonogestrel and is currently approved for 3 years of use. There are 5 types of IUDs available: four that contain levonorgestrel and one that contains copper. The levonorgestrel containing IUDs are marketed under the brand names Mirena and Kyleena (approved for 5 years of use), Liletta (approved for 4 years of use), and Skyla (approved for 3 years of use). The copper containing IUD is currently approved for 10 years of use. Recent studies indicate that many of the LARCs provide effective pregnancy prevention for several years beyond their approved use.

Highlights

- ◆ LARCs are among the most effective family planning methods with a pregnancy rate of less than one pregnancy per 100 women in the first year.
- ◆ LARCs should be offered as a first-line contraceptive method for women as most are eligible for the implant or IUD.
- ◆ LARCS are a safe and effective contraceptive option for nulliparous women and adolescents.
- ◆ An IUD or an implant may be inserted at any point during the menstrual cycle as long as pregnancy may be reasonably excluded.

Effectiveness of LARCs:

The Centers for Disease Control and Prevention (CDC) considers LARCs to be one of the most effective methods of contraception with less than one pregnancy per 100 women in a year (See Figure 1). Reversible contraception is as effective or more effective than female sterilization when comparing the percentage of women experiencing an unintended pregnancy within the first year of use (See Figure 2). The CDC also recommends that women who are seeking reversible contraception be counseled using a tiered approach with the most effective method discussed before less effective methods.

LARCs are more effective than other methods of contraception because after insertion of an IUD or implant the woman has little to remember or do to maintain continuing protection against pregnancy. It is estimated that 41% of unintended pregnancies are the result of contraceptives that are used incorrectly or inconsistently. Thus, increased access and awareness to LARCs may effectively reduce the unintended pregnancy rate.

Figure 1

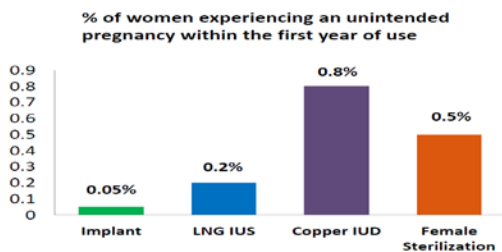


Check out below to download an enlarged picture.

https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6304a1.htm?s_cid=rr6304a1_w

Figure 2

Reversible Contraception that Works as Well as Sterilization



Appropriate candidates for LARC Use:

LARCs should be offered as a first-line contraceptive method for women as most are eligible for the implant or IUD. The *U.S. Medical Eligibility Criteria (MEC) for Contraceptive Use* is evidence-based guidance published by the CDC that provides medical eligibility criteria for contraceptive methods based on level of risk for an array of medical conditions and health characteristics (available at <https://www.cdc.gov/reproductivehealth/contraception/usmec.htm>). Additionally the CDC has also published guidance for the initiation, continuation and follow-up of contraceptive methods including LARCs (available at <https://www.cdc.gov/reproductivehealth/contraception/usspr.htm>).

Despite evidence-based information demonstrating LARCs to be a safe and effective method of contraception for most women, misinformation regarding LARC use remains a barrier.

Myth: IUDs and implants cannot be used by nulliparous women or adolescents.

Fact: Both nulliparous women and adolescents can safely use the implant or IUD. The US MEC classifies IUD use in this group as a Category 2 (benefits outweigh risks) and classifies the implant as a Category 1 (no restrictions).

Myth: A LARC can only be placed when a women is on her menses.

Fact: LARCs can be placed at any time in the menstrual cycle as long as pregnancy can be reasonably excluded. Additionally, the American College of Obstetricians and Gynecologists supports immediate postpartum and post-abortion (first trimester and second trimester) insertion of LARCs to reduce repeat, unintended pregnancies.

Myth: LARCs are too expensive.

Fact: When compared to short-acting methods such as oral contraceptives, LARC use has been shown to become cost neutral within 3 years of initiation.

Conclusion

The goal of The Washoe County Health District (WCHD) Family Planning Clinic, and all publicly funded family planning services, is to help women and their partners avoid pregnancies they do not desire and plan for the pregnancies they do desire. We strive to increase the awareness, availability, and access to LARCs for women in Washoe County.

WCHD helps clients identify birth control methods that are safe and effective and provides counseling to help the client choose an appropriate method that they will use correctly and consistently. A variety of contraceptive methods are provided in the Family Planning Clinic including the contraceptive implant, copper IUD and levonorgestrel IUD. As a Title X clinic we provide confidential services, including LARC placement, to adolescents. Title X is the only federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services. We believe that by offering comprehensive care and promoting access to contraceptive methods of choice, we can effectively support the health of women in Washoe County and prevent unintended pregnancies at the local, state and national level. Please contact the **Family Planning program at 775-328-2468** with any questions related to this Epi News.

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REFERENCES

- American Health Information Management Association. Why ICD-10 is Worth the Trouble. Retrieved November 6, 2015 from: http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_036866.hcsp?dDocName=bok1_036866
- Centers for Disease Control and Prevention. Providing Quality Family Planning Services. MMWR, Vol. 63, No. 4. April 25, 2014
- Unintended Pregnancy in the United States. (2017, September 20). Retrieved February 02, 2018, from <https://www.guttmacher.org/fact-sheet/unintended-pregnancy-united-states>