

# Long Acting Reversible Contraception (LARC) Position Statement

## Family Planning Alliance Australia Position

- All women seeking contraception must be given accurate evidence-based information on the safety, efficacy, advantages and disadvantages of all contraceptive options.
- All women seeking contraception must be assisted to make a choice based on their personal needs, preferences and medical suitability.
- LARC methods are highly effective, reversible forms of contraception.
- Improving access to LARC is an effective strategy in preventing unintended pregnancy.
- LARC is highly effective and safe for women across the reproductive life course, including younger women and those who have not had children.
- Intrauterine devices (IUD's) are safe and effective when inserted directly following delivery, and provide immediate birth control, but may have a higher expulsion rate.

## Background

A Long Action Reversible Contraception (LARC) method is one that requires administration less than once per month. LARC includes hormonal or copper-bearing intrauterine devices (IUDs), the hormonal contraceptive implant and the hormonal contraceptive injection Depot Medroxyprogesterone Acetate (DMPA). Due to its high discontinuation rate<sup>1</sup> and frequent administration schedule DMPA is not included within the scope of this statement. LARC is more effective in preventing unintended pregnancy and has higher continuation rates than shorter acting methods including the contraceptive pill.<sup>2</sup>

Intrauterine devices (IUDs) are highly effective contraception. IUDs inserted directly following delivery provide immediate birth control and may decrease unintended pregnancies,

including short-interval pregnancies, thereby mitigating health risks and associated economic burden<sup>3</sup> However may have a higher expulsion rate.<sup>4</sup>

<sup>5</sup>There are notable knowledge gaps among adolescents and young people regarding LARCs, such as eligibility criteria, the reversibility of long-acting options, and misconceptions regarding infertility. Clinicians should specifically counsel regarding the suitability for LARCs in nulliparous populations and that LARCs do not cause infertility.

Uptake of LARC in Australia is low in comparison to other developed countries.<sup>6,7</sup>

Whilst there is no routine national data collection on contraception usage, recent survey data suggests that implant, injectable and intrauterine device (IUD) methods combined are used by fewer than 10% of Australian women.<sup>8</sup> There is no conclusive evidence that identifies reasons why LARC uptake is low in Australia. Abortion rates are a proxy measure of the prevalence of unintended pregnancy.

There is no national data collection on the incidence of induced abortion in Australia. However, in 2004 the number was estimated to be 83,000 which equates to one abortion for every four known pregnancies.<sup>9</sup> Unintended pregnancy among Australian women is considered to be a significant public health issue.<sup>10</sup> Multiple factors influence a woman's decision to use LARC including access, lack of awareness and information as well as misconceptions about their safety and side-effects.

### **Family Planning Alliance Australia will advocate for increased usage of LARC through:**

- Building the contemporary Australian evidence base to determine rates of unintended pregnancy, abortion and contraceptive use as well barriers to LARC usage to inform the development of strategies to increase uptake.
- Awareness, information and education campaigns aimed at women and healthcare providers to accurately inform the community about suitability.
- Ensuring that accurate information about LARC is included in training courses for healthcare providers, including GPs and practice nurses.
- Increasing the capacity of nurses in the provision of LARC to increase access.
- Identifying incentives to increase LARC usage and bring about change.
- Promoting the development of nationally consistent data collections relevant to contraception and unintended pregnancy.<sup>11</sup>

- <sup>1</sup> O'Neil-Callahan, M, Peipert, J, Zhao, Q, Madden, T and Secura, G 2013, "Twenty-four-month continuation of reversible contraception", *Obstetrics and Gynecology*, vol. 122, no. 5, pp. 1083-91
- <sup>2</sup> Winner, B, Peipert, J, Zhao, Q, Buckel, C, Madden, T, Allsworth, J and Secura, G 2012, "Effectiveness of long-acting reversible contraception", *New England Journal of Medicine*, vol. 366, no. 21, pp. 1998-2007.
- <sup>3</sup> Rosa Bolling K, Wahdan Y, Warnock N, Lott J, Schoendorf J, Pisa F, Gomez-Espinosa E, Kistler K, Maiese B. Utilisation, effectiveness, and safety of immediate postpartum intrauterine device insertion: a systematic literature review. *BMJ Sex Reprod Health*. 2023 Apr;49(2):e1. doi: 10.1136/bmjsexrh-2022-201579. Epub 2022 Dec 9. PMID: 36600467; PMCID: PMC10176355.
- <sup>4</sup> Sothornwit J, Kaewrudee S, Lumbiganon P, Pattanittum P, Averbach SH. Immediate versus delayed postpartum insertion of contraceptive implant and IUD for contraception. *Cochrane Database Syst Rev*. 2022 Oct 27;10(10):CD011913. doi: 10.1002/14651858.CD011913.pub3. PMID: 36302159; PMCID: PMC9612833.
- <sup>5</sup> Kirubarajan A, Li X, Yau M, Yu C, Got T, Li Q, Huszti E, Leung S, Thangavelu N, Sobel M. Awareness, knowledge, and misconceptions of adolescents and young people regarding long-acting reversible contraceptives: a systematic review and meta-analysis. *Fertil Steril*. 2022 Jul;118(1):168-179. doi: 10.1016/j.fertnstert.2022.03.013. Epub 2022 May 28. PMID: 35637026.
- <sup>6</sup> Mazza D, Bateson D, Frearson M, Goldstone P, Kovacs G, Baber R. Current barriers and potential strategies to increase the use of long-acting reversible contraception (LARC) to reduce the rate of unintended pregnancies in Australia: An expert roundtable discussion. *Aust N Z J Obstet Gynaecol*. 2017 Apr;57(2):206-212. doi: 10.1111/ajo.12587. Epub 2017 Mar 10. PMID: 28294293.
- <sup>7</sup> Family Planning NSW. *Contraception in Australia 2005-2018*. Ashfield, Sydney: FPNSW; 2020.
- <sup>8</sup> As above
- <sup>9</sup> As above.
- <sup>10</sup> Angela J Taft, Mridula Shankar, Kirsten I Black, Danielle Mazza, Safeera Hussainy and Jayne C Lucke  
*Med J Aust* 2018; 209 (9): 407-408. || doi: 10.5694/mja17.01094
- <sup>11</sup> Black, K, Bateson, D and Harvey, C 2013, "Australian women need increased access to long-acting reversible contraception", *Medical Journal of Australia*, vol. 199, no. 5, pp. 317-8.