FAMILY PLANNING ALLIANCE AUSTRALIA

ACHIEVING CHANGE

Increasing the use of effective long acting reversible contraception (LARC)

2014

Family Planning Alliance Australia is the nation's peak body in reproductive and sexual health. It promotes advances in public health through policy insight and advocacy and represents leading health and education agencies across Australia.

Members of Family Planning Alliance Australia include State and Territory Family Planning Organisations:

- Sexual Health & Family Planning ACT
- Family Planning NSW
- Family Planning Welfare Association of The Northern Territory Incorporated
- Family Planning QLD
- SHine South Australia
- Family Planning Tasmania
- Family Planning Victoria

Family planning contraceptive services are provided within a rights-based framework which upholds the principles of diversity and equity.

Family Planning Organisations are committed to supporting all Australian women to be able to choose freely when, and if, to have children through the provision of high quality, best-practice contraceptive services. Services are structured around the evidence-based Contraception: an Australian Clinical Practice Handbook authored by Family Planning NSW, Family Planning Queensland and Family Planning Victoria. The handbook is used as a reference guide by a wide range of health professionals including General Practitioners (GPs), nurses, gynaecologists and pharmacists.

PURPOSE

This document informs Australian governments, professional health associations, decision makers and health care providers on the policy, legislative, regulatory, service delivery and funding decisions that need to be made to promote the uptake of Long Acting Reversible Contraception (LARC).

All women seeking contraception need accurate, evidence-based information about the safety, efficacy, advantages and disadvantages of all methods. They should be supported to make a choice based on their personal needs, preferences and medical suitability.

A recent survey of 2,000 women found that 51% had experienced an unintended pregnancy. Of those women, 49% continued the pregnancy, 31% had an abortion, 18% miscarried and 2% adopted out the child.[1]

International evidence shows LARC has the potential to reduce unintended pregnancy and abortion rates. However, despite the proven effectiveness of LARC, the use of oral contraception and sterilisation in Australia are higher than in other developed countries.[2]

1 *Family Planning New South Wales 2013, Reproductive and Sexual Health in Australia, Family Planning NSW, Ashfield, NSW.*
2 *Family Planning New South Wales 2013, Reproductive and Sexual Health in Australia, Family Planning NSW, Ashfield, NSW.*

WHAT IS LARC?

LARC is a contraceptive method that requires administration less than once a month and includes the:

- hormonal or copper-bearing Intrauterine Device (IUD)
- hormonal contraceptive implant
- hormonal contraceptive injection Depot Medroxyprogesterone (DMPA).

While fitting the broad definition of LARC, DMPA is not included for the purposes of this work due to its demonstrated high discontinuation rate[3] compared with IUDs and implants and the more frequent administration schedule.

LARC can be described as 'set and forget' methods because they don't require the user to frequently 'remember to do something', such as taking a daily pill or using a condom for contraception.

LARC uptake results in high continuation rates as well as high levels of effectiveness, with less than one pregnancy occurring in every 100 women using the method for three years. This is compared with up to nine pregnancies for every 100 women using the combined oral contraceptive pill over a three year period.[4] The hormonal IUD provides up to five years effective contraception, the copper-bearing IUD up to ten years and the implant up to three years.

With the exception of the copper-bearing IUD, LARC is subsidised through the Pharmaceutical Benefits Scheme (PBS). The implant and both types of IUD can be highly cost-effective, even within the first one to two years of use, compared to other contraceptive methods. LARC is not associated with any ongoing costs and does not require frequent visits to a General Practitioner (GP) or family planning clinic following insertion.

In addition to their contraceptive action, LARC can have additional benefits. For example, the hormonal IUD improves quality of life for many women by reducing heavy menstrual bleeding and menstrual pain.[5]

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3 *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.*

4 *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.*

5 *Fraser, I 2013, "Added health benefits of the levonorgestrel contraceptive intrauterine system and other hormonal contraceptive delivery systems", Contraception, vol. 87, no. 3, pp. 273-9.*

OVERCOMING MYTHS WITH EVIDENCE

Unintended pregnancy among Australian women is considered to be a significant public health issue[6]. Abortion rates are a proxy measure of the prevalence of unintended pregnancy. There is no routine 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. [7]

There are many myths about LARC that impact on the decision making of both women and their health care providers. Australian and international evidence shows that:

- LARC can be offered as a first-line contraceptive option for all women, including young women despite the misperception that IUDs are not suitable for this age group [8] [9]
- IUDs can be inserted without difficulty in a primary care setting, including for young women and those who have not had a child [10]
- It is safe to insert an implant or an IUD immediately after childbirth, including after a caesarean section and after an abortion, and not doing so increases the risk of rapid repeat pregnancies[11] [12] [13]

The majority of women have acceptable bleeding patterns when using an implant[14].

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6 *Guttmacher Institute 2013, Unintended pregnancy in the United States, Guttmacher Institute, New York, <http://www.guttmacher.org/pubs/FB-Unintended-Pregnancy-US.pdf*
7 *Family Planning New South Wales 2013, Reproductive and Sexual Health in Australia, Family Planning NSW, Ashfield, NSW.*
8 *Andersson, K, Odlind, V and Rybo, G 1994, "Levonorgestrel-releasing and copper-releasing (Nova T) IUDs during five years of use: a randomized comparative trial", Contraception, vol. 49, no. 1, pp. 56-72*
9 *Harvey, C, Bateson, D, Wattimena, J and Black, K 2012, "Ease of intrauterine contraceptive device insertion in family planning settings", Australian and New Zealand Journal of Obstetrics and Gynaecology, vol. 52, no. 6, pp. 534-9.*
10 *Harvey, C, Bateson, D, Wattimena, J and Black, K 2012, "Ease of intrauterine contraceptive device insertion in family planning settings", Australian and New Zealand Journal of Obstetrics and Gynaecology, vol. 52, no. 6, pp. 534-9.*
11 *Mwalwanda, C and Black, K 2013, "Immediate post-partum initiation of intrauterine contraception and implants: a review of the safety and guidelines for use", Australian and New Zealand Journal of Obstetrics and Gynaecology, vol. 53, no. 4, pp. 331-7.*
12 *Grimes, D, Lopez, L, Schulz, K, Van Vliet, H and Stanwood, N 2010, "Immediate post-partum insertion of intrauterine devices", Cochrane Database of Systematic Reviews, Issue 5, Art. No. CD003036.*
13 *Levi, E, Cantillo, E, Ades, V, Banks, E and Murthy, A 2012, "Immediate postplacental IUD insertion at cesarean delivery: a prospective cohort study", Contraception, vol. 86, no. 2, pp. 102-5.*
14 *Darney, P, Patel, A, Rosen, K, Shapiro, L and Kaunitz, A 2009, "Safety and efficacy of a single-rod etonogestrel implant (Implanon): results from 11 international clinical trials", Fertility and Sterility, vol. 91, no. 5, pp. 1646-53.*

BARRIERS TO THE USE OF LARC

Recent survey data suggest that LARC is used by fewer than 10% of Australian women.[15] Only 15% of contraceptive consultations in general practice in 2011 involved a LARC method compared with 69% for the combined oral contraceptive pill.[16]

International studies have found the following barriers to LARC uptake:

- lack of knowledge about the efficacy of LARC in comparison to other methods of contraception[17]
- health care providers' concerns about the safety of IUD use, especially in nulliparous younger women.[18]

Although research into the barriers to LARC uptake in Australia is limited, a 2013 study found the following barriers to LARC uptake:[19]

- a delay in accurate knowledge of LARC methods among healthcare providers
- insufficient training of healthcare providers in LARC insertion
- a lack of awareness amongst women of the benefits of LARC.

The 2014 survey: **Understanding Fertility Management in Contemporary Australia**[20] supports international findings that there is a lack of knowledge about the efficacy of LARC. Most participants had heard of contraceptive implants (80%) and IUDs (72%) but most would not consider using implants (73%) or IUDs (78%) and did not think implants (55%) or IUDs (59%) were reliable. The survey did not investigate the reasons why participants would not consider an implant or IUD and why they thought they were unreliable.

The lack of contemporary Australian evidence that identifies barriers to LARC uptake is a significant issue. Such evidence is needed to inform strategies to increase uptake, including awareness campaigns and changes to policy.

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15 *Family Planning New South Wales 2013, Reproductive and Sexual Health in Australia, Family Planning NSW, Ashfield, NSW.*
16 *Mazza, D, Harrison, C, Taft, A, Brijnath, B, Britt, H, Hobbs, M, Stewart, K and Hussainy, S 2012, "Current contraceptive management in Australian general practice: an analysis of BEACH data", Medical Journal of Australia, vol. 197, no. 2, pp. 110-114.*
17 *Eisenberg, D, Secura, G, Madden, T, Allsworth, J, Zhao, Q and Peipert, J 2012, "Knowledge of contraceptive effectiveness", American Journal of Obstetrics and Gynecology, vol. 206, no. 6, pp. 479.e1-9.*
18 *Black, K, Lotke, P, Lira, J, Peers, T and Zite, N 2013, "Global survey of healthcare practitioners' beliefs and practices around intrauterine contraceptive method use in nulliparous women", Contraception, vol. 88, no. 5, pp. 650-656.*
19 *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*
20 *Holton, S, Kirkman, M, Rowe, H, Bayly, C, Jordan, L, McBain, J, McNamee, K, Sinnott, V and Fisher, J 2014, "Attitudes to long-acting reversible contraceptives: Understanding fertility management in contemporary Australia survey", paper presented at the PHAA 2nd National Sexual and Reproductive Health Conference in Melbourne, Australia, 18-19 November 2014*

PROMOTING LARC UPTAKE IN AUSTRALIA

Family Planning Alliance Australia advocates for the increase in LARC uptake through:

1. building the contemporary Australian evidence base to inform policy about LARC usage and promotion of LARC
2. ensuring the views of women and healthcare providers inform strategies aimed at reducing the barriers to LARC uptake
3. increased funding for LARC research and promotion activities from governments and the public and private sectors
4. development of collaborations between governments, the community, the private sector and other relevant stakeholders to develop strategies to increase LARC uptake
5. development of awareness, information and education campaigns aimed at women and healthcare promote the use of LARC
6. ensuring accurate information about LARC is included in training courses for healthcare providers
7. encouraging participation in accredited training courses by healthcare providers, including GPs and practice nurses, to improve access to services by women
8. identifying incentives for women and healthcare providers to increase LARC uptake
9. development of nationally consistent data collections relevant to contraception and unintended pregnancy.

AUSTRALIAN FAMILY PLANNING ORGANISATIONS

Sexual Health and Family Planning ACT
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Family Planning NSW
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