

# Strategies to Increase LARC Usage

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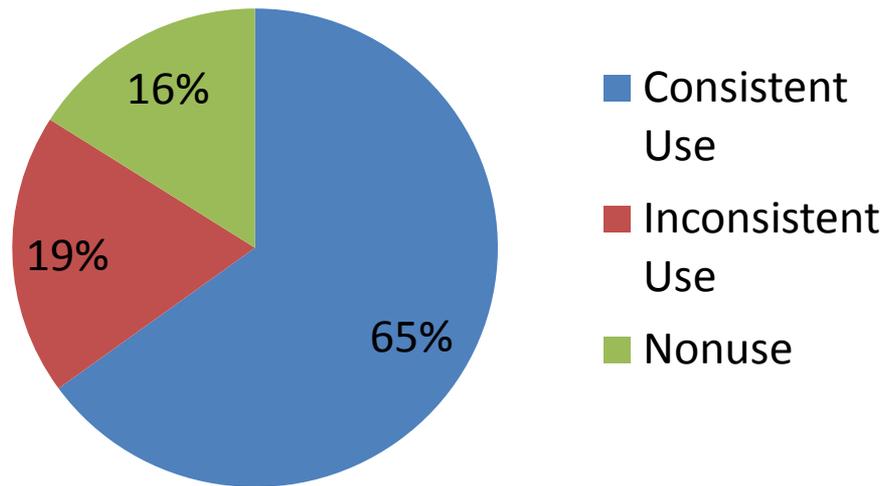
Reproductive Health Update Conference  
April 25<sup>th</sup>, 2014

# Objectives

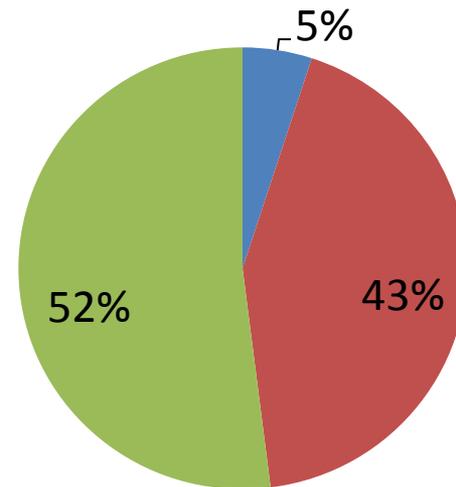
- Review recent literature regarding population-based and individual effects of increasing LARC uptake
- Discuss creating a LARC friendly health center environment
- Review the management of common side effects and complications

# Background

- Unintended pregnancy in the US:
  - 6.7 million pregnancies in US in 2010
    - 52% unintended



Consistency of method use all year.  
Women at risk (43 million)



Consistency in month of conception.  
Unintended pregnancies (3.1 million)

# How can we decrease unintended pregnancy?

- Increase access to the most effective methods
- Offer LARC methods as first-line methods to all eligible women
- Increase immediate postpartum and postabortal insertion of LARC devices
- Address provider-level barriers
- Educate patients about safety and efficacy regarding LARC
- Address system-level barriers:

# Current Method Mix

## Current use of contraceptive methods:

Percent of women 15-44 years of age using specified contraception in month of interview:

	2002 <sup>1</sup>	2006-2010 <sup>2</sup>
<b>Not currently using contraception (currently pregnant, postpartum, trying to get pregnant, not having sex, etc.)</b>	38.1%	37.8%
<b>Percent using any contraceptive method</b>	61.9%	62.2%
<b>Pill</b>	19.2%	17.1%
<b>Female sterilization</b>	16.7%	16.5%
<b>Male condom</b>	14.7%	10.2%
<b>Male sterilization</b>	6.3%	6.2%
<b>Intrauterine device (IUD)</b>	1.3%	3.5%
<b>Withdrawal</b>	5.4%	3.2%
<b>Depo-Provera™</b>	3.3%	2.3%

Note: In this table, women may report using more than one method, such as condom and pill.

## Study Primary Objectives



- To increase the acceptance and use of long-acting reversible contraceptive (LARC) methods among women of childbearing age
- To measure acceptability, satisfaction, side-effects, and rates of continuation across a variety of reversible contraceptive methods, including long-acting reversible methods

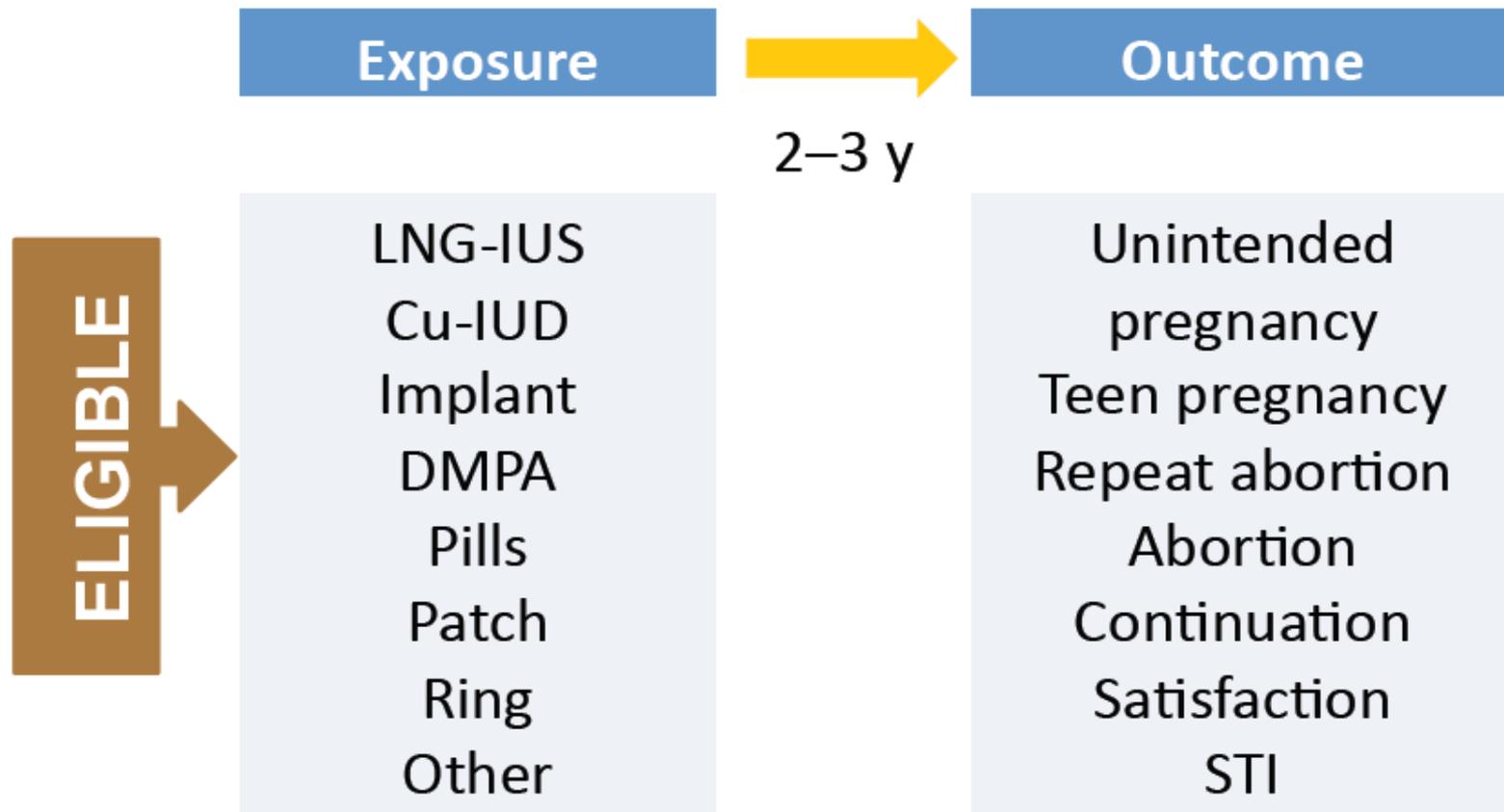


# Study Hypotheses

- Increase IUD use
  - Sentinel clinics from <2% to 6% or more
  - Post-abortion insertion <1% to 10% or more
- Increase implant use to 3% or more
- Observe higher 12-month continuation rates for LARC vs. other methods
- Population outcomes
  - Teen pregnancy decline by 10%
  - Repeat abortion decline by 10%



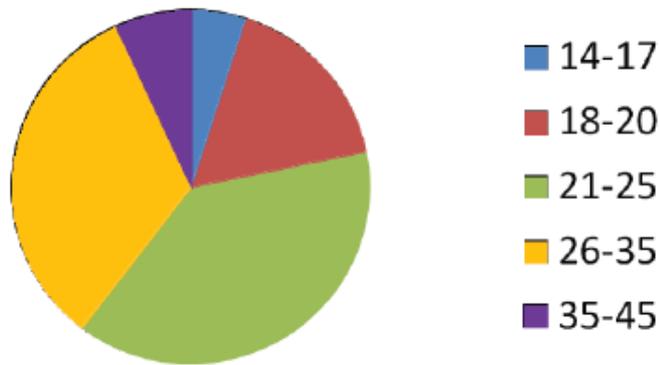
# Study Design: Prospective Cohort



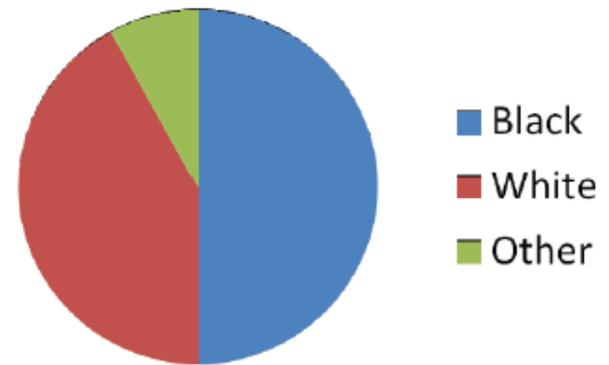


# CHOICE Study Participants

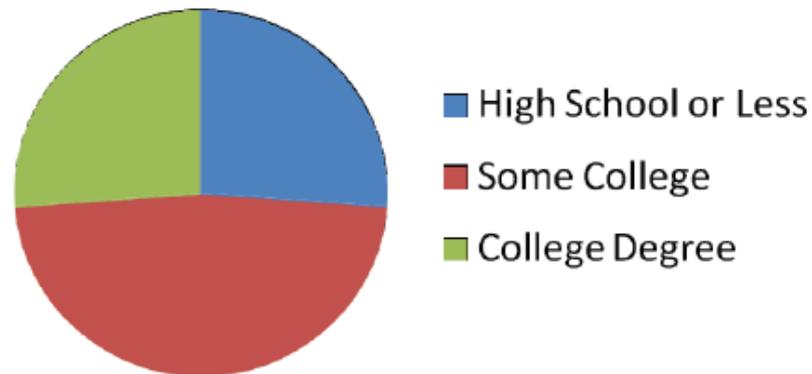
Age



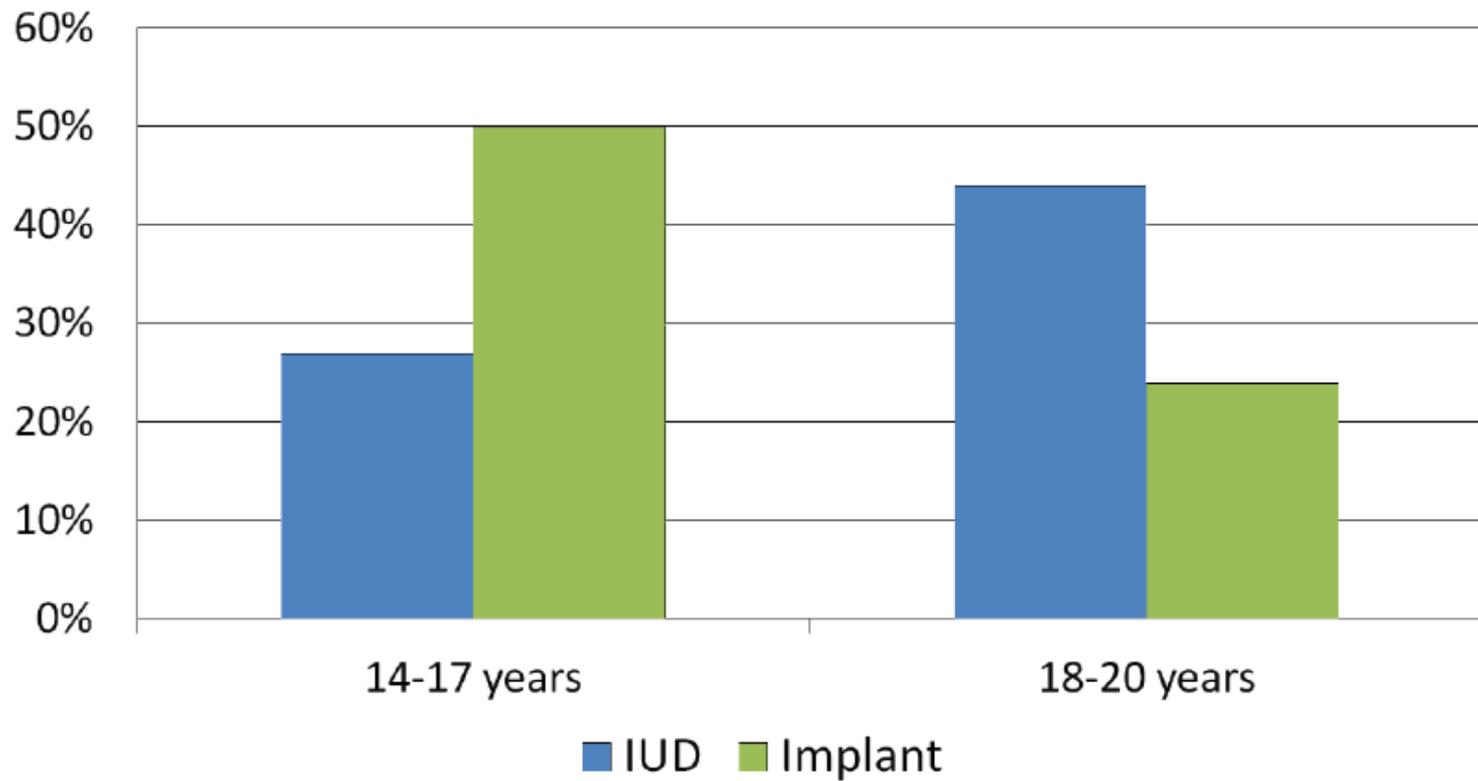
Race



Education



# Choice of LARC Methods among Adolescents



# Baseline Chosen Method

	%
LNG-IUS	46.0
Copper IUD	11.9
Implant	16.9
DMPA	6.9
Pills	9.4
Ring	7.0
Patch	1.8
Other	<1.0

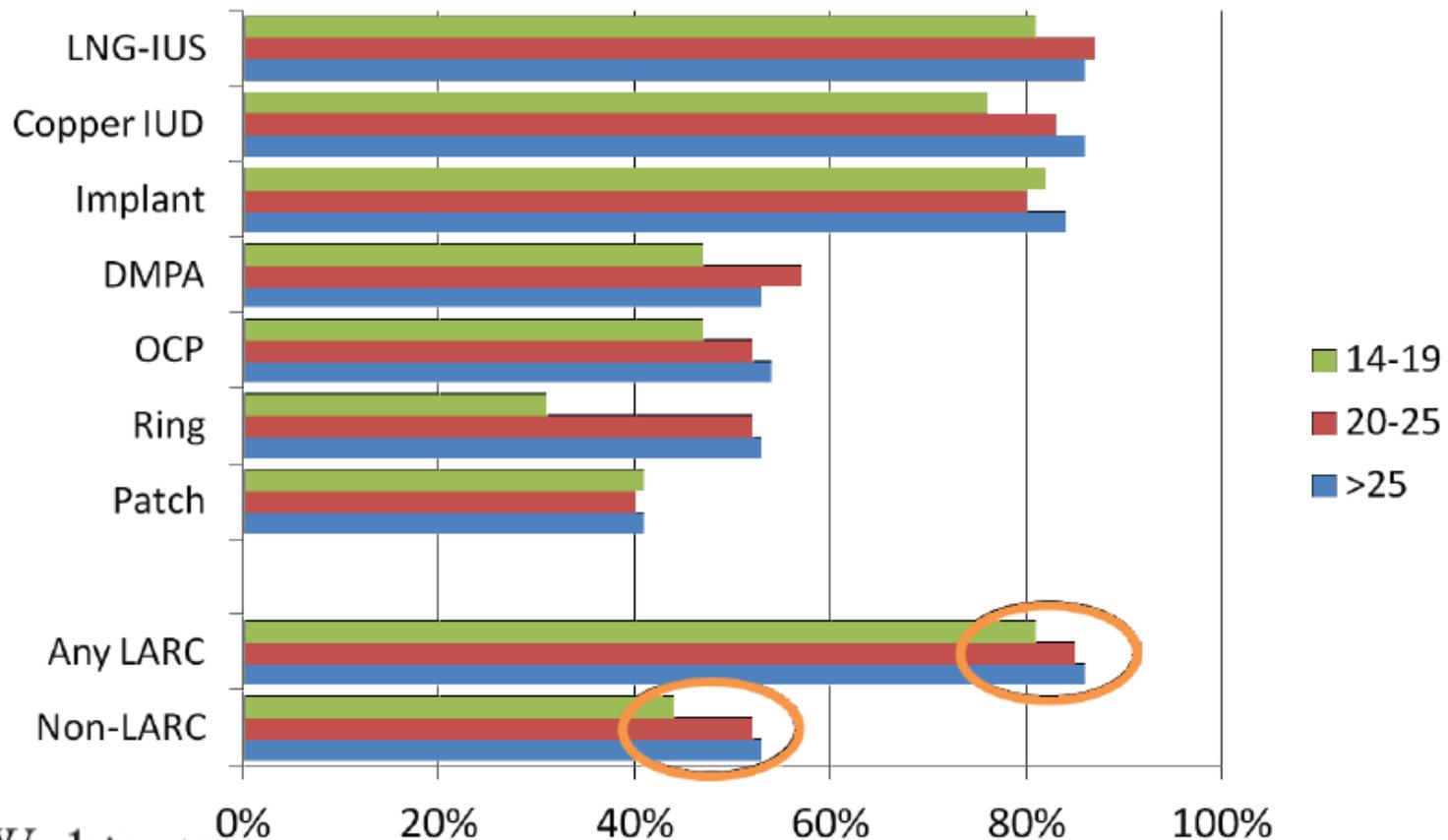
} 75%

# 12-Month Continuation

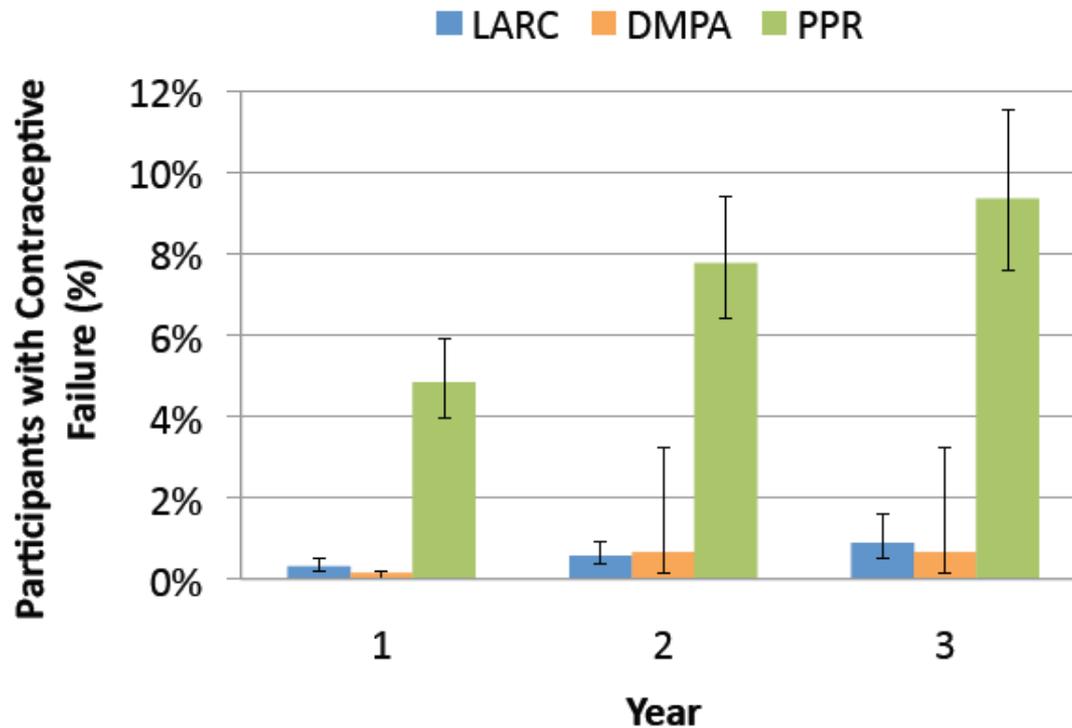
Method	Continuation Rate (%)
LNG-IUS	87.5
Copper IUD	84.1
Implant	83.3
Any LARC	86.2
DMPA	56.2
OCPs	55.0
Ring	54.2
Patch	49.5
Non-LARC	54.7



# 12-month Continuation: Adolescents Compared to Older Women



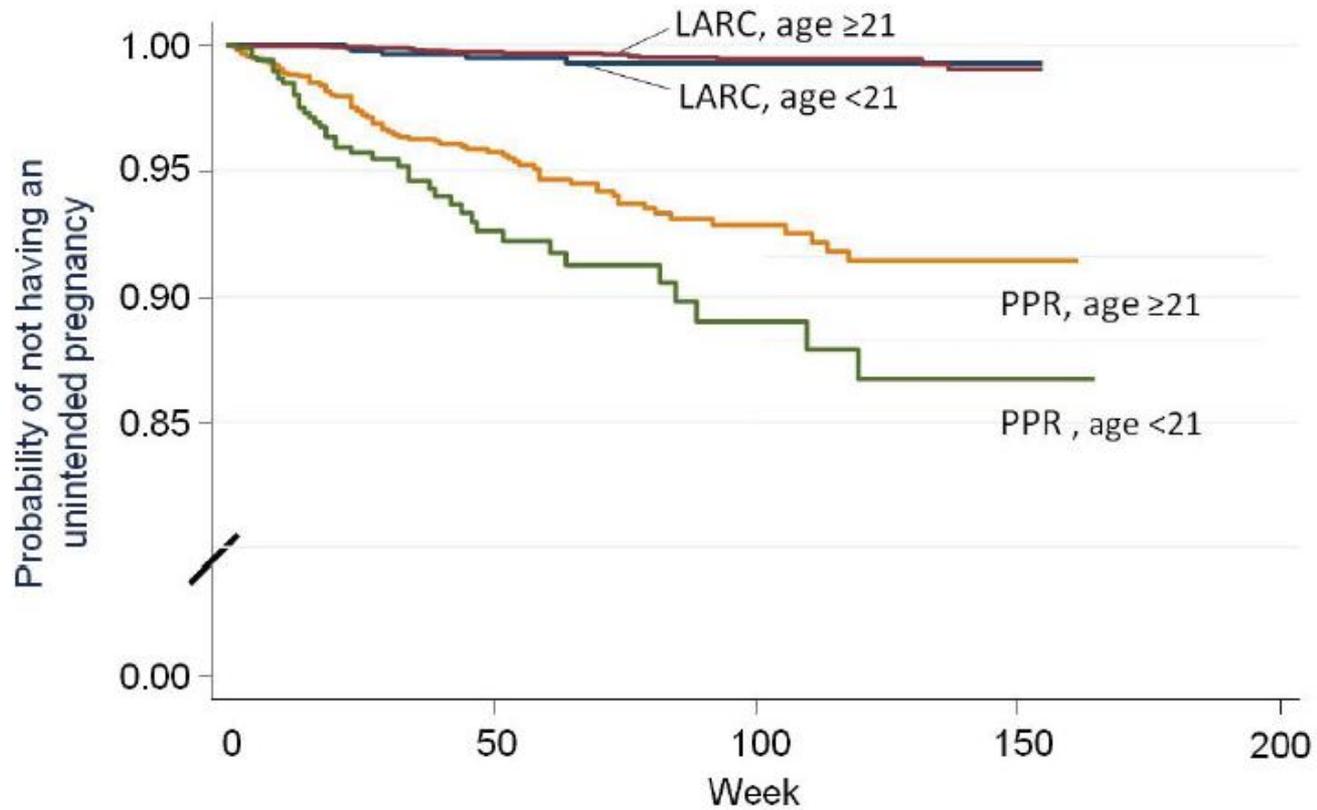
# Unintended Pregnancy by Contraceptive Method



$HR_{adj} = 22.3$   
 95% CI 14.0, 35.4

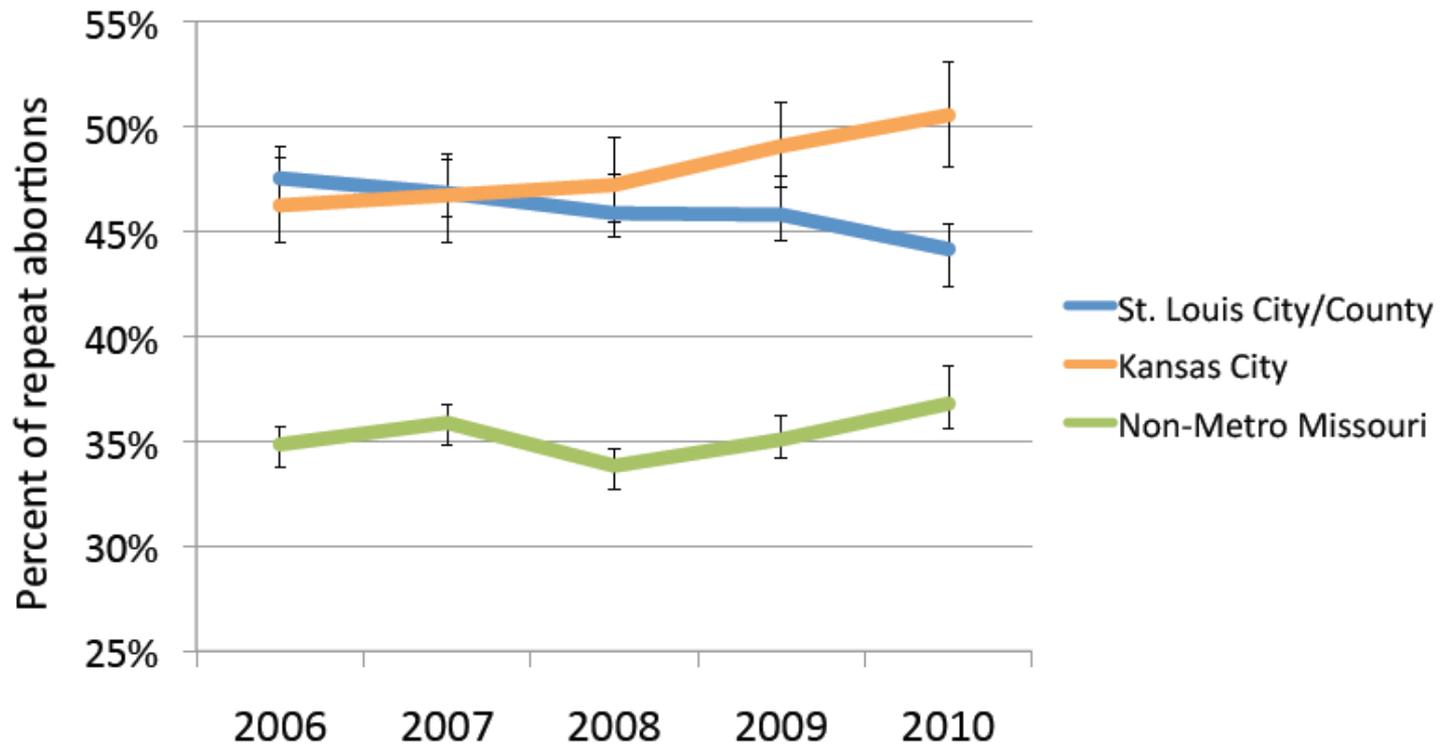


# Method Failure by Age





# Repeat Abortion 2006 - 2010



Test of Trend 2006-2010: STL,  $p=.002$ ; KC,  $p=.003$ ; Non-metro MO,  $p=.18$

# Main Findings from CHOICE

- Women overwhelmingly choose LARC
- LARC methods are associated with higher continuation & satisfaction than shorter-acting methods
  - Regardless of age
- LARC methods are associated with lower rates of unintended pregnancy
- Increasing LARC use can decrease unintended pregnancy in the population

# Successful Implementation of CHOICE Model



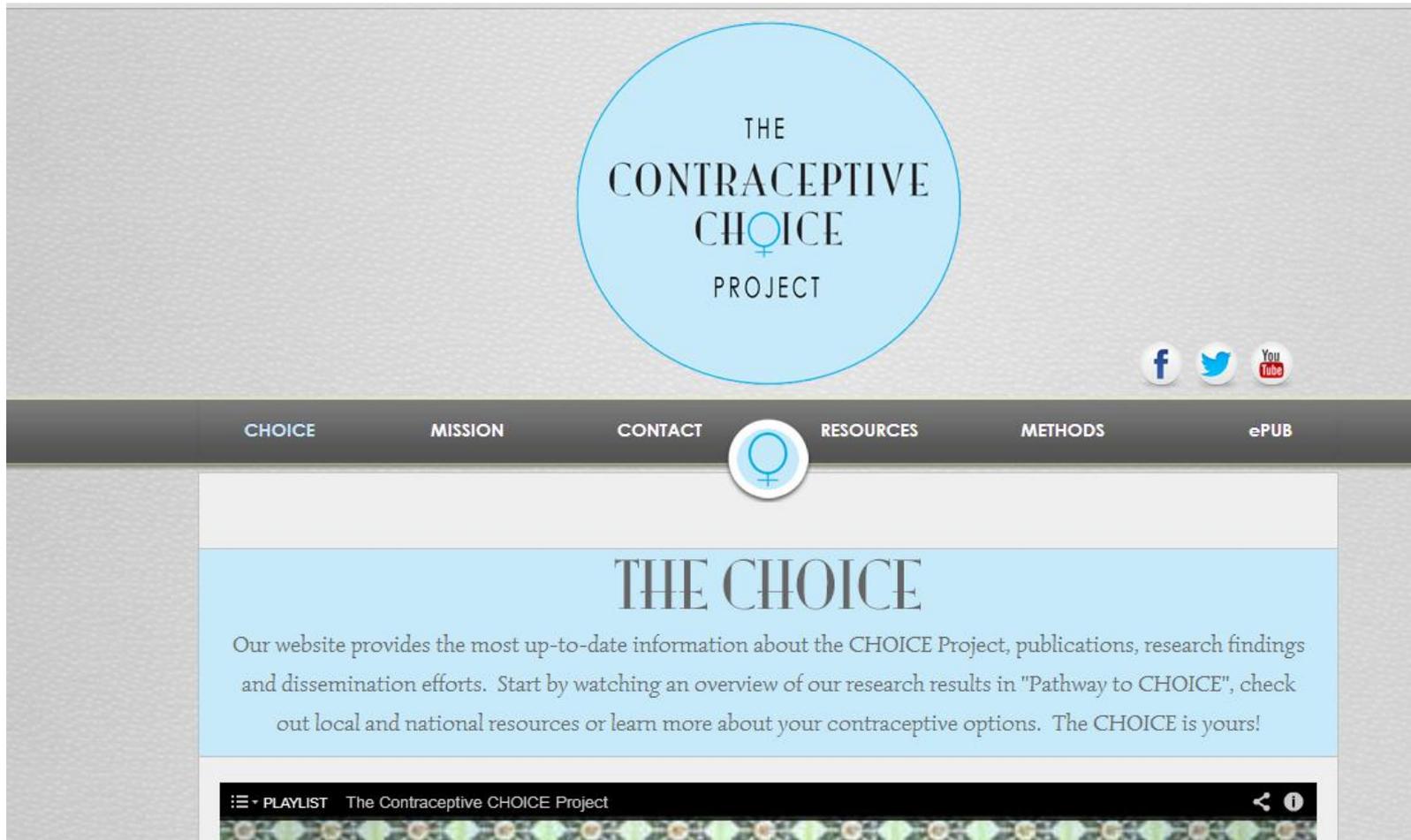
Key Element	Barrier	Facilitator
Education	Limited time for contraceptive counseling during appointment	Counseling provided by non-clinician trained in tiered-based counseling
Access	Outdated myths regarding teens as LARC candidates	Identify local “champion clinician” who is LARC proficient, trusted, and can dispel myths
Cost	Lack of reimbursement for contraceptive method, insertion & removal	Network with clinics that have identified how best to manage cost issue through effective billing or payer mix
	Up-front cost of stocking LARC methods for same-day insertions	Investigate ways to purchase a few methods that serve as temporary supply

- Open the Dialogue Video:
  - <http://www.youtube.com/watch?v=VAtdg7f7M7w>



# CHOICE Website

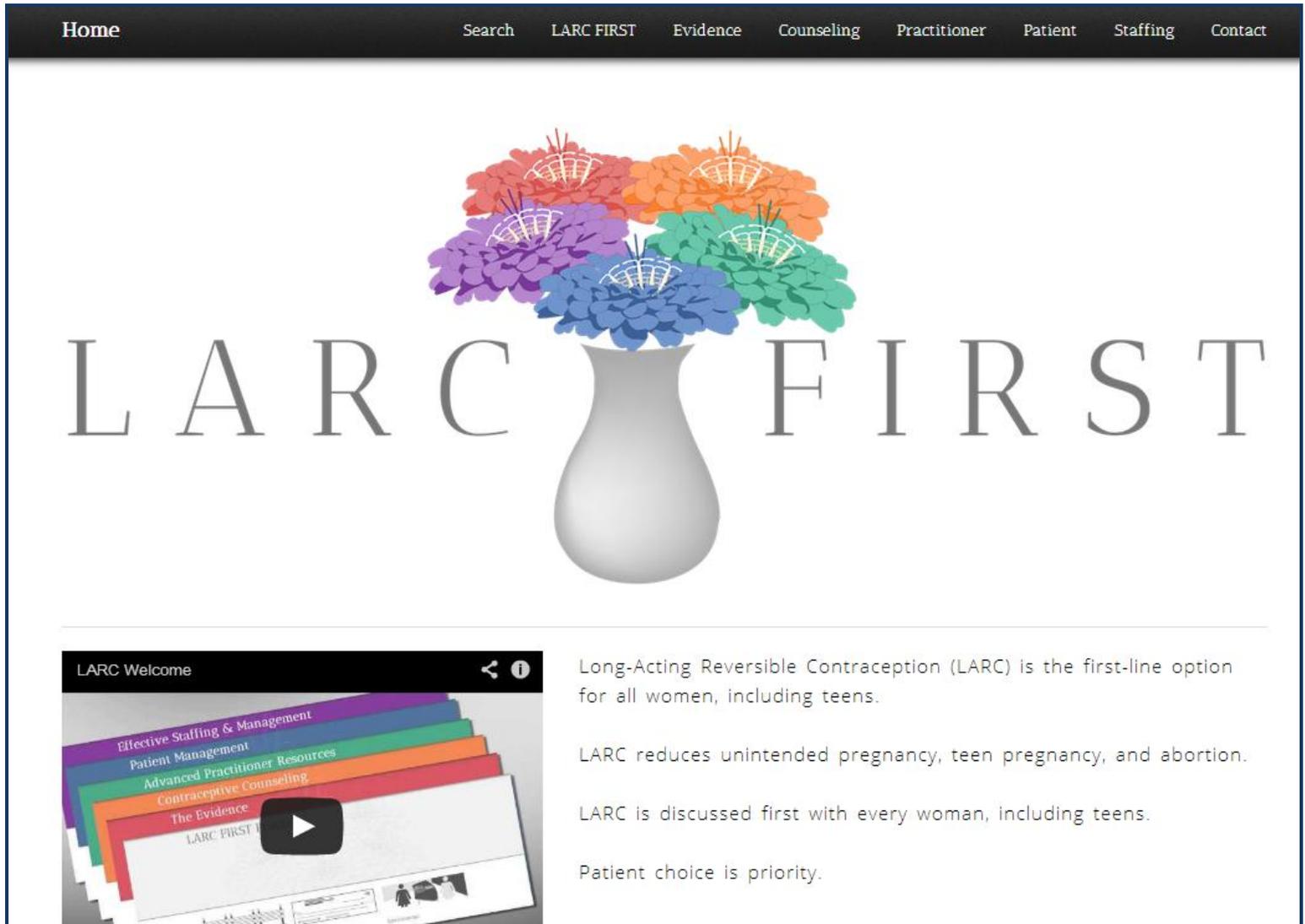
- <http://www.choiceproject.wustl.edu/#CHOICE>



The screenshot displays the homepage of the CHOICE Project website. At the top center, a light blue circle contains the text "THE CONTRACEPTIVE CHOICE PROJECT", with the letter "O" in "CHOICE" replaced by a female symbol. To the right of this circle are three social media icons for Facebook, Twitter, and YouTube. Below these is a dark grey navigation bar with white text for "CHOICE", "MISSION", "CONTACT", "RESOURCES", "METHODS", and "ePUB". A circular icon with a female symbol is positioned below the "CONTACT" link. The main content area features a light blue header with the text "THE CHOICE" in a large, serif font. Below this, a paragraph of text reads: "Our website provides the most up-to-date information about the CHOICE Project, publications, research findings and dissemination efforts. Start by watching an overview of our research results in 'Pathway to CHOICE', check out local and national resources or learn more about your contraceptive options. The CHOICE is yours!". At the bottom, a video player interface is visible, showing a "PLAYLIST" button and the title "The Contraceptive CHOICE Project".

# LARC FIRST WEBSITE

[www.larcfirst.com](http://www.larcfirst.com)



The screenshot shows the homepage of the LARC FIRST website. At the top is a dark navigation bar with white text for 'Home', 'Search', 'LARC FIRST', 'Evidence', 'Counseling', 'Practitioner', 'Patient', 'Staffing', and 'Contact'. The main content area features a large graphic of a grey vase filled with colorful flowers (red, orange, purple, blue, green) that form the letters 'LARC FIRST'. Below this is a video player with the title 'LARC Welcome' and a play button. To the right of the video are four lines of text: 'Long-Acting Reversible Contraception (LARC) is the first-line option for all women, including teens.', 'LARC reduces unintended pregnancy, teen pregnancy, and abortion.', 'LARC is discussed first with every woman, including teens.', and 'Patient choice is priority.'

LARC Welcome



Long-Acting Reversible Contraception (LARC) is the first-line option for all women, including teens.

LARC reduces unintended pregnancy, teen pregnancy, and abortion.

LARC is discussed first with every woman, including teens.

Patient choice is priority.

- Create a LARC-friendly culture
- RLP-focused counseling
- Client-centered interviewing;
  - GATHER method
- Review of the funding sources for LARC:
  - Insurance
  - FP Medicaid
  - Grant funding

# Marketing

**Take Control**  
Find out why these teens love their long-acting reversible contraception.  
[www.plannedparenthood.org/maryland](http://www.plannedparenthood.org/maryland) 410-576-1414



U.S. Department of Health and Human Services  
Division of Adolescent and Young Adult Health  
National Campaign on Abuse in the Home  
Planned Parenthood of Maryland



# GATHER

- **Greet** the patient politely and warmly
- **Ask** the patient about her family planning needs
- **Tell** the patient about all the options
- **Help** the patient make the decision that is best for her
- **Explain** how to use the approved method
- **Return** visits and follow-up should be discussed

- Qualities of a good counselor:
  - Empathetic
  - Respectful
  - Warm
  - Discreet
  - Honest
  - Attentive or listening
  - Unbiased
  - Understandable and clear
  - Unhurried

- Effective questioning
- Active listening
- Paraphrase, summarize and clarify
- Reflect and validate feelings
- Give clear information
- Arrive at agreement

- What method is right for you?
  - <http://www.youtube.com/watch?v=u9SHoy1C3tU>

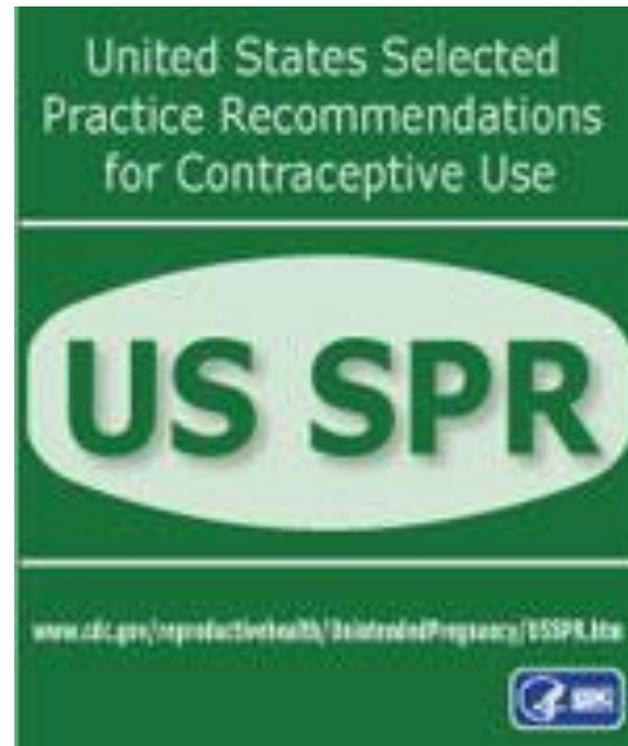
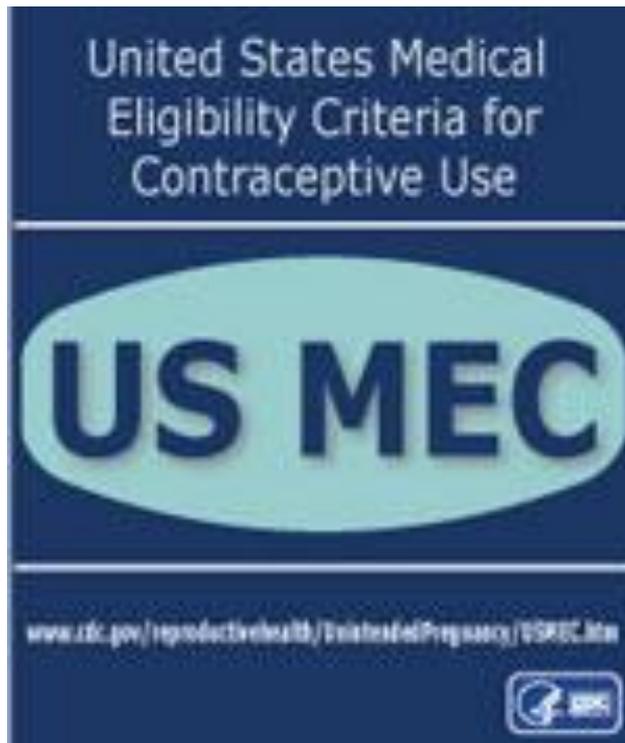
# Baltimore City 12 Month Data

LARC DEVICE	
<b>Family Planning Service</b>	
LNG-IUD	230
Copper IUD	101
Contraceptive Implant	241
<b>TOTAL</b>	<b>572</b>

- 2012 FP- 412 LARC devices:
  - 39% increase

- Scheduling:
  - Making appointments
  - Accommodating procedures in the health center flow
  - Converting EC patients into CU-IUD users
- Timing of insertion: How sure is sure enough?
- Patient misconceptions, beliefs and past experiences
- Cost:
  - Grant funding is great, but is it sustainable?
- Training and staff turnover
- Provider/staff frustration re: removals

# Practical Guidance



# Same Day Insertion

- How to be reasonably certain that a woman is not pregnant?
  - She has no symptoms or signs of pregnancy and meets any one of the following criteria:
    - Is  $\leq 7$  days after the start of normal menses
    - Has not had sexual intercourse since the start of last normal menses
    - Has been correctly and consistently using a reliable method of contraception
    - Is  $\leq 7$  days after spontaneous or induced abortion
    - Is within 4 weeks postpartum
    - Is fully or nearly fully breastfeeding, amenorrheic and  $< 6$  months postpartum

# Initiation of Cu-IUDs

- The Cu-IUD can be inserted any time it is reasonably certain the woman is not pregnant
- Within 5 days of the first act of unprotected sexual intercourse as EC
  - Within 12 days after LMP
- No need for back-up
- Switching from another method:
  - Insert immediately, no need to wait for menses
- If you cannot insert same-day, provide another method until pregnancy can be ruled out

- The LNG-IUD can be inserted any time it is reasonably certain the woman is not pregnant
- Need for back-up:
  - If inserted within 7 days since LMP, no back-up method is needed
  - If > 7 days from LMP, back-up should be used for 7 days
- Switching from another method:
  - Insert immediately, no need to wait for menses
  - Switching from Cu-IUD:
    - + unprotected intercourse, & > 5 days since LMP there is a theoretical risk of residual sperm. Consider providing EC with IUD insertion.
- If you cannot insert the same-day, provide another method until pregnancy can be ruled out

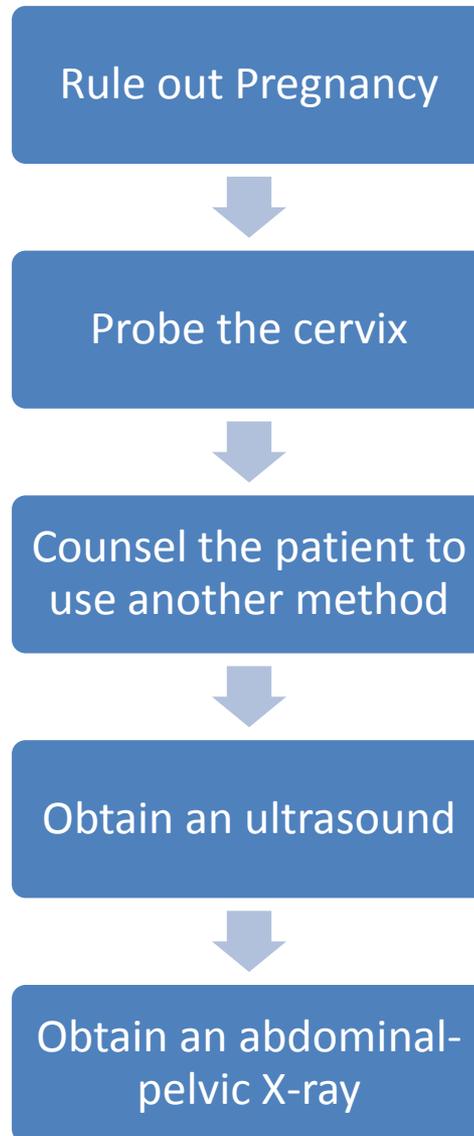
- Required exam/tests prior to insertion in young, healthy women:
  - A bimanual exam and cervical inspection are required prior to IUD insertion.
  - STD screening according to CDC guidelines
- Routine Follow-Up:
  - “Advise a woman to return at any time to discuss side effects of other problems, if she wants to change the method being used, and when it is time to remove or replace the contraceptive method. No routine follow-up is required.”

- Anticipatory guidance prior to insertion
- If clinically indicated, consider underlying GYN problem
- If no GYN problem found and the woman desires treatment:
  - NSAIDS for 5-7 days:
    - Celecoxib (Celebrex®) 200 mg QD
    - Mefenamic (Ponstel®) acid 500 mg TID
    - Ibuprofen 400- 600 mg q 4-6 hours

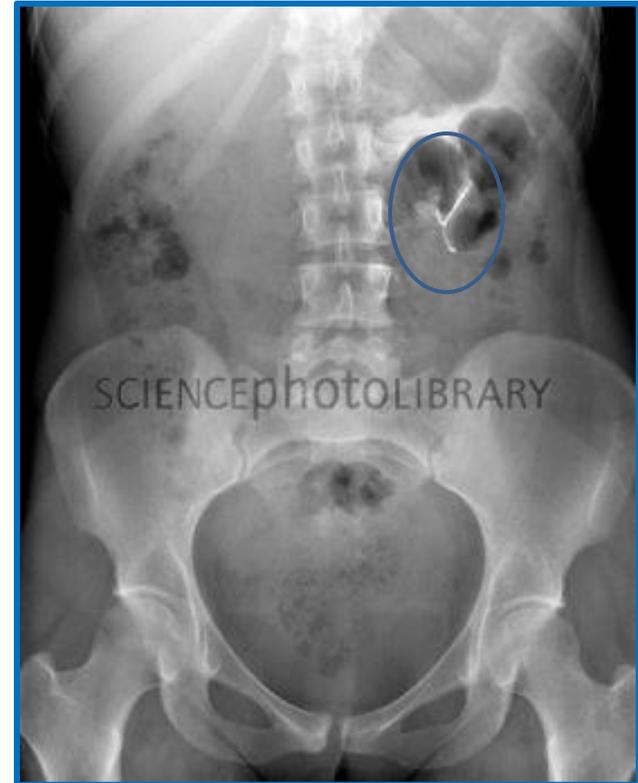
- Anticipatory guidance prior to insertion
- If clinically indicated, consider underlying GYN problem
- If no GYN problem found, and the woman finds it unacceptable, counsel her on alternative methods and offer another method, if desired
- Amenorrhea:
  - Provide reassurance
  - Rule out pregnancy if indicated

- Treat PID according to CDC guidelines
- IUD does not need to be removed immediately if the woman needs ongoing contraception
- Reassess the woman in 48-72 hours; if no clinical improvement, continue antibiotics and consider IUD removal.
- If the woman wants IUD removal at first encounter, start antibiotics prior to IUD removal
- If IUD is removed, consider EC pills if appropriate

# Missing Strings



# Missing Strings- IUD Imaging



# IUD & Pregnancy

- Evaluate for possible ectopic pregnancy
- Advise the woman re: risk of spontaneous abortion and preterm delivery if the IUD is left in situ
- IUD strings are visible or can be retrieved safely from the cervical canal:
  - remove the IUD
- IUD strings not visible:
  - Perform or refer for an ultrasound
  - Review warning signs

# Difficult IUD Removal

- No strings, follow algorithm. If IUD in situ, inform patient re: risks of instrumentation and removal.



IUD Hook

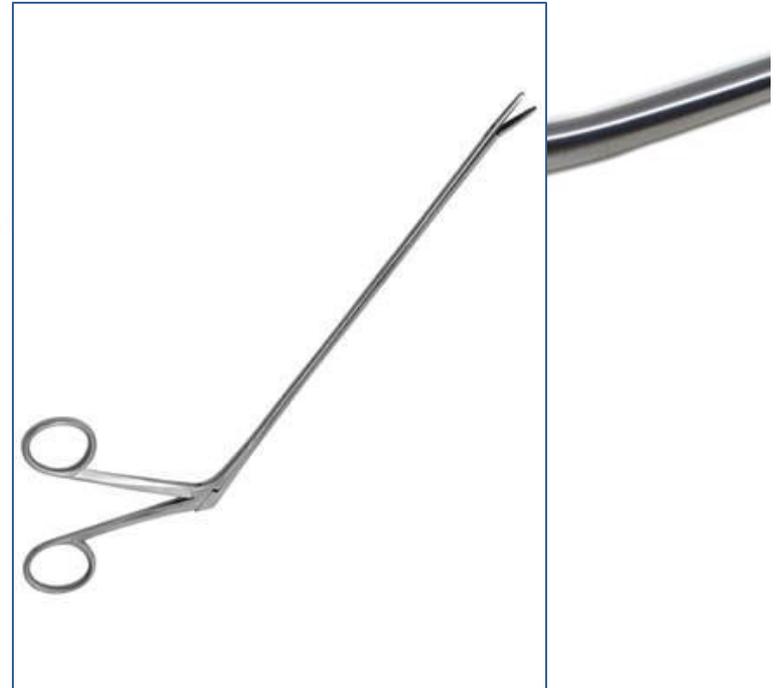


# Difficult IUD Removal

- No strings, follow algorithm. If IUD in situ, inform patient re: risks of instrumentation and removal.



Kelly Forceps



Alligator Forceps

# Initiation of Implants

- The implant can be inserted any time it is reasonably certain the woman is not pregnant
- Need for back-up:
  - None if inserted within 5 days from LMP
  - Insertion > 5 days from LMP, abstain or use a back-up method for 7 days
- Switching from an IUD and recent intercourse:
  - Keep IUD in for 7 days after implant has been inserted
  - Advise the woman to abstain from intercourse or use barrier method for 7 days prior to removal
  - Advise the woman to use EC pills at the time of insertion
- If uncertain, the benefits > risks. Consider inserting the implant at any time, with a follow-up pregnancy test in 2-4 weeks

- No examinations or tests are needed before insertion of an implant in young, healthy women.
- Routine follow-up after insertion is not recommended

- Prior to insertion, each woman should be advised regarding the likelihood of changes in bleeding pattern:
  - 22% amenorrhea
  - 34% infrequent spotting
  - 7% frequent bleeding
  - 18% prolonged bleeding
  
- Consider underlying GYN problem

- No underlying problem and woman wants treatment:
  - US SPR:
    - NSAIDs for 5-7 days
      - » Celecoxib (Celebrex®) 200 mg QD
      - » Mefenamic (Ponstel®) acid 500 mg TID
      - » Ibuprofen 400- 600 mg q 4-6 hours
    - **Low dose combined COC for 10-20 days**
    - Conjugated Estrogen (Premarin) 1.25 mg daily for 10-20 days
  - Other regimens:
    - Doxycycline 100 mg BID x 14 days
    - POPs x 3 months
    - Tranexamic acid 500 mg QD x 5 days
      - » Antifibrinolytic agent
      - » Prescribe with caution- may increase clotting risk

# Summary

- Increasing uptake of LARC is associated with improved contraceptive effectiveness for individual women as well as population-based decreases in repeat abortion and teen pregnancy.

# Summary

- Creating a LARC-friendly health center takes work and dedication (and it is worth it 😊)
- Focus areas:
  - Evidence-based patient education
  - Adequate supply of LARC devices
  - Provider training and support
  - Address scheduling and flow issues
  - Focus on EC visits: turn emergency into opportunity
  - Provide adequate support for LARC related problems

Thank You!

**QUESTIONS?**