

# Enhancing awareness, affordability and access to Long-Acting Reversible Contraceptive Methods

## Policy Position Statement

### Key messages:

The provision of affordable and effective contraception is an essential and economical health service that reduces the impact of unintended pregnancies on individuals, the health system, and society. Improving access to safe, affordable, long-acting reversible contraception methods is a priority in Australia, particularly for adolescents and people from under-served communities. There is an urgent need for a comprehensive national sexual and reproductive health strategy.

### Key policy positions:

1. A comprehensive national sexual and reproductive health strategy is required
2. Policy changes include:
  - Reducing the incidence of unintended pregnancies through effective contraception provision as a public health goal.
  - Ensuring all people of reproductive age receive evidence-informed education that is comprehensive, free of discrimination and non-coercive, enabling the informed choice of the available, safe, reliable, affordable, and acceptable contraceptive options.
  - Improving the education of health care professionals regarding long-acting reversible contraception and the funding of services to enhance professional competency to reduce barriers to provision and support the use of these contraceptive methods.
3. Consumer access to safe, affordable effective contraception, including long-acting reversible contraception, should be improved with specialised settings and/or funding arrangements.

### Audience:

Federal, State and Territory Governments, policy makers, program managers, other interested professional and non-government groups.

### Responsibility:

PHAA Women's Health Special Interest Group (SIG)

### Date adopted:

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# Enhancing Awareness, Affordability and Access to Long-Acting Reversible Contraceptive Methods

## Policy position statement

### PHAA affirms the following principles:

1. The National Women's Health Strategy of 2020-2030 sets a priority of "equitable access to timely, appropriate and affordable [sexual and reproductive health] care" and sets as a key measure of success an "Increase in the availability and uptake of Long-Acting Reversible Contraception (LARCs)".
2. The United Nations Sustainable Development Goals (SDGs), to which Australia is a signatory, make specific reference to family planning in [Goal 3 – Good Health and Wellbeing](#) and [Goal 5 – Gender Equality](#).
3. A comprehensive national sexual and reproductive health strategy would honour our commitment to the SDGs, enable monitoring against agreed indicators and deliver the best outcomes for increasing awareness of and access to affordable LARC methods.
4. LARC methods should be available at no cost to all those <26 years. Governments should additionally ensure universal access to LARC, particularly for priority population groups such as adolescents and people from under-served communities.
5. All reproductive-aged people should receive evidence-based information about contraception, including LARC, to assist them in making informed choices. This should be free of discrimination, coercion, or bias and available from a variety of sources.
6. Health professionals should be aware of the suitability and benefits of LARC methods and be confident in discussing these methods with their patients.
7. Doctors, nurses, midwives and Aboriginal and Torres Strait Islander health workers should be trained to insert and remove LARC devices. Those health professionals who are not trained to insert intrauterine devices (IUDs) should have access to local referral pathways to ensure affordable and timely care.
8. Primary care clinics should employ at least one practitioner who is trained and is maintaining competence in IUD insertion and removal.
9. Same-day or 'immediate' placement of a LARC device is increasingly being endorsed as an integral part of postpartum and post-abortion care (unless contraindicated).<sup>[1, 2]</sup> Members of the obstetric team including public maternity service and abortion providers should be aware of the suitability and safety of all LARC methods as immediate postpartum and/or post-abortion contraception.

### PHAA notes the following evidence:

10. LARC is defined as any contraception method that requires administration less than once per month or cycle. LARC methods include Progestogen-releasing subdermal implants, hormonal Levonorgestrel-releasing IUDs and copper-bearing IUDs.<sup>[3]</sup>

11. LARC methods are the most effective at preventing unintended pregnancy and have high continuation and satisfaction rates.<sup>[4, 5]</sup>
12. LARC methods have very few contraindications, are safe for use by most people including adolescents, are easily reversible and have no impact on long term fertility.<sup>[6]</sup>
13. Women have strong preferences for contraceptive products that are effective, safe, and recommended by their health providers.<sup>[7]</sup>
14. Unintended pregnancies occur among transgender men and gender-nonbinary persons taking testosterone who were assigned female at birth. Dysphoria may be triggered by regular menstruation, in addition to the regular administration and feminising effects of hormonal contraception, making LARC methods preferred by some transmasculine people.<sup>[8]</sup>
15. Same-day initiation of a LARC method postpartum, compared to other contraception methods or no method of birth control, reduces the odds of a subsequent pregnancy and is cost effective.<sup>[9, 10]</sup> Same-day IUD placement as part of routine postpartum care has been implemented in public health settings and is feasible.<sup>[11]</sup>
16. Early contraception provision, particularly LARC, is associated with reduced likelihood of repeat early medical abortion.<sup>[12]</sup>
17. There are no routinely collected population data on contraception usage that are reliable and comprehensive. The limited available data suggest that LARC uptake remains relatively low in Australia.<sup>[13]</sup>
18. Increasing primary care provider training in LARC methods and enhancing rapid and flexible referral pathways to LARC insertion can increase access to LARC.<sup>[14, 15]</sup> However, the lack of training pathways for IUD insertion and removal and lack of IUD insertion rebates are significant barriers to the provision of IUDs in primary care.
19. Nurse-led provision of LARC is a cost-effective way to increase access to these methods.<sup>[16]</sup>

### **PHAA seeks the following actions:**

20. A comprehensive national sexual and reproductive health strategy should be developed and include raising awareness of LARC by health professionals and the community. The strategy should honour our commitment to the SDGs and be monitored against agreed indicators.
21. LARC methods should be available at no cost to those <26 years.
22. All recommendations of the national Senate inquiry into the universal access to reproductive healthcare relevant to LARC must be implemented (2, 4, 5, 7, 8, 10, 17, 21, 22).<sup>[17]</sup>
23. State, Territory and Federal Governments should ensure that all school health curricula include sufficiently detailed information about the full range of contraceptive options including LARC methods.
24. Doctors, midwives, nurse practitioners and Aboriginal and Torres Strait Islander health workers should have access to resources and training to improve their knowledge and practical skills on LARC provision and on how best to impart knowledge about contraceptive options to their patients' unique needs.
25. Adequate remuneration and government subsidies are required to appropriately resource health professionals for contraceptive consultations, prescriptions, insertion and removal of LARC. Registered nurses, endorsed midwives, Aboriginal and Torres Strait Islander health workers and pharmacists need to be able to access Medicare rebate and the PBS to provide contraception.

26. Funding and service models should be provided to enhance immediate postpartum and post-abortion LARC provision and reduce barriers to access for people after pregnancy.
27. Funding and service models must be established to explore flexible models of LARC provision for people in regional, rural and remote settings, including nurse-led services and telehealth.
28. National data about LARC use should be routinely collected.

### PHAA resolves to:

The PHAA will work with key stakeholders to improve access to and awareness of LARC methods for all people, and will advocate for:

29. A comprehensive national sexual and reproductive health strategy that includes LARC and addresses the domains identified in the Melbourne Proclamation and the SDGs.
30. Access to LARC methods at no cost to those <26 years.
31. Improved community education across the lifespan to support access to all suitable contraceptive options, including LARC methods.
32. Standardised education and in-service training for general practitioners, registered nurses, endorsed midwives, gynaecologists, sexual health doctors and pharmacists and Aboriginal and Torres Strait Islander health workers that includes LARC methods and guidance on how to provide affirming, person-centred care to different populations, inclusive of identification of reproductive coercion and sexual assault.
33. Employing evidence-based strategies to reduce the barriers to LARC experienced by consumers.
34. Reducing the barriers to providing LARC experienced by health professionals.

**(Adopted 2018 and revised 2021 & 2024)**

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