

## Long Acting Reversible Contraceptive Methods Policy Position Statement

- Key messages:** Provision of affordable, effective contraception is an essential cost-effective 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 required include:
    - Reducing the impact of unintended pregnancies through effective contraception as a public health goal.
    - Ensuring all people reproductive age receive education that is free of discrimination, enabling the choice of contraceptive options that are safe, reliable, affordable and acceptable.
    - Improving education of health care professionals regarding long acting reversible contraception and funding of services to enhance professional competency, reduce barriers to provision and support the use of these methods.
  3. Consumers' access to safe, affordable effective contraception, including long-acting reversible contraception, should be improved. This may require 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 Special Interest Group
- Date adopted:** 23 September 2021

# Long Acting Reversible Contraception 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 the promotion sexual and reproductive health resources, including contraception options to all people.
2. Moreover, the United Nations Sustainable Development Goals (SDGs) make specific reference to family planning in Goal 3 and 5. A comprehensive National Sexual and Reproductive Health Strategy should honour our commitment to the SDGs and be monitored against agreed indicators.
3. A comprehensive National Sexual and Reproductive Health Strategy would deliver the best outcomes for increasing awareness of and access to long-acting reversible contraception (LARC) methods.
4. All reproductive-aged people should receive evidence-based information about contraception, including LARC, to assist them to make informed choices. This should be free of discrimination or bias and available from a variety of sources.
5. LARC methods should be available at no cost to the patient, particularly for priority groups such as adolescents and people from under-served communities. This may require specialised settings and/or funding arrangements.
6. Health care professionals should be aware of the suitability and benefits of LARC methods and be confident in discussing these methods with their patients.
7. Health care professionals should be trained to insert and remove LARC devices. Those health professionals who are not trained to insert IUDs should have access to local referral pathways to ensure affordable and timely referral.
8. Primary care clinics should ensure that the practice team includes at least one practitioner is trained and 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</sup>. Members of the obstetric team 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. Sustainable Development Goal targets relate to LARC:
  - SDG 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.
  - SDG 5.6: Ensure universal access to sexual and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.

## PHAA Position Statement on Long Acting Reversible Contraceptive Methods

11. Reducing the rate and impact of unintended pregnancy through effective contraception use is a public health goal.
12. LARC is defined as any contraception method that requires administration less than once per month or cycle<sup>2-4</sup>. LARC methods include Progestogen-releasing subdermal implants, hormonal Levonorgestrel-releasing intrauterine devices (IUDs) and Copper-bearing IUDs.<sup>2, 4</sup>
13. LARC methods are the most effective at preventing unintended pregnancy and have high continuation and satisfaction rates<sup>5, 6</sup>.
14. 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>4, 7, 8</sup>.
15. 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>9</sup>.
16. 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<sup>10, 11</sup>. Same-day IUD placement as part of routine postpartum care has been implemented in public health settings and is feasible<sup>12</sup>.
17. Limited available data suggest that LARC uptake remains relatively low in Australia<sup>13, 14</sup>. However, there are no routinely collected contraception usage data that are reliable and comprehensive.
18. Increasing primary care provider training in LARC methods and enhancing rapid referral pathways to LARC insertion can increase access to LARC<sup>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 to raise awareness of LARC by health professionals and the community. The strategy should honour our commitment to the Sustainable Development Goals and be monitored against agreed indicators.
21. Accurate information about the full range of contraceptive options including LARC methods should be provided during all contraceptive consultations.
22. State, Territory and Federal Governments should ensure that all school health curricula include detailed information about the full range of contraceptive options including LARC methods.
23. Health professionals, including doctors and nurse practitioners, should have access to resources and training to improve their knowledge and practical skills on LARC methods and on how best to impart knowledge about contraceptive options to their patients, inclusive of adolescent-safe and gender-affirming care.
24. Adequate Medicare rebates and pharmaceutical benefits are required for contraceptive consultations, prescriptions, insertion and removal of LARC that do not lead to financial disincentives for health professionals or those seeking contraception. The role of registered nurses and endorsed midwives in these rebates and benefits need to be further explored.

25. Funding and service models to enhance immediate postpartum and post-abortion LARC provision and reduce barriers to access for people after pregnancy should be explored.
26. National data about LARC use should be routinely collected.

## PHAA resolves to:

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

1. A comprehensive National Sexual and Reproductive Health Strategy that includes LARC and addresses the domains identified in the Melbourne Proclamation and the Sustainable Development Goals.
2. Improved community education across the lifespan to support access to all suitable contraceptive options, including LARC methods.
3. Standardised education and in-service training for health care professionals (general practitioners, registered nurses, endorsed midwives, gynaecologists, sexual health doctors and pharmacists) that includes LARC methods and guidance on how to provide affirming, person-centred care to different patient populations, inclusive of identification of reproductive coercion and sexual assault.
4. Employing evidence-based strategies to reduce the barriers to LARC experienced by consumers.
5. Reducing the barriers to providing LARC experienced by health care professionals.

**Adopted 2018, revised 2021**

## References

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