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 active reversible contraceptive methods is a priority in Australia, particularly for adolescents and women with low incomes. There is an urgent need for a comprehensive National Sexual and Reproductive Health Strategy.

Key policy positions:

1. Policies should be developed to prevent unintended pregnancies through effective contraceptive use.

2. All people of reproductive age should receive education that is free of discrimination, enabling the choice of contraceptive options that are safe, reliable, affordable and acceptable.

3. Education for patients and health care professionals regarding long acting reversible contraceptives should be improved to: improve their knowledge and understanding; reduce access barriers; and, support their use.

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

Responsibility: PHAA Women’s Special Interest Group

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PHAA affirms the following principles:

1. The 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.

2. A comprehensive National Sexual and Reproductive Health Strategy would deliver the best outcomes for increasing awareness of long acting reversible contraceptives (LARC) and access to them.

3. All people of reproductive age should receive evidence-based information about LARC to assist them to make informed choices.

4. All information and education provided should be free of discrimination or bias and available from a variety of sources, enabling individuals the choice between all suitable contraceptive options including LARC methods.

5. Governments should ensure universal access to affordable LARC methods, particularly for priority groups such as adolescents and women with low incomes. This may require specialised settings and funding arrangements.

6. As a basic competency, health professionals should be aware of the suitability and benefits of LARC methods to ensure these methods are provided within the range of contraception options in consultations.

7. Health professionals should be trained to insert and remove LARC devices, particularly IUC methods; or be able to provide suitable, affordable and timely referral pathways.

PHAA notes the following evidence:

8. Sustainable Development Goal targets relate to long acting reversible contraceptives:
   - 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.

9. Preventing unintended pregnancies through effective contraceptive use is a public health goal.
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10. Long Acting Reversible Contraception (LARC) is defined as any contraceptive that requires administration less than once per month or cycle.\textsuperscript{1-3} LARC methods include the progestogen-only subdermal implants and intrauterine contraceptive (IUC) methods – the hormonal levonorgestrel intrauterine and copper intrauterine devices.\textsuperscript{1,3}

11. LARC methods are the most effective at preventing unintended pregnancy and have high continuation and satisfaction rates.\textsuperscript{4} However, there are no routinely collected contraception usage data that are reliable and comprehensive in Australia.

12. LARC methods have very few contraindications, are easily reversible and have no impact on long term fertility.\textsuperscript{3,5}

13. Limited available data suggests that LARC uptake remains relatively low in Australia.\textsuperscript{6,7}

**PHAA seeks the following actions:**

14. 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.

15. Accurate information about the full range of contraceptive options including LARC methods should be provided during all contraceptive consultations.

16. 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.

17. 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.

18. 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 nurse practitioners in these rebates and benefits need to be further explored.

19. National data about LARC use should be routinely collected.

**PHAA resolves to:**

20. The PHAA will work with key stakeholders to improve the acceptability of and women’s access to LARC methods and will advocate for:

- A comprehensive sexual and reproductive health strategy that includes LARC and addresses the domains identified in the Melbourne Proclamation and the Sustainable Development Goals.
• Improved community education across the lifespan to support access to all suitable contraceptive options, including LARC methods.

• Standardised education and in-service training for health professionals (GPs, nurse practitioners, gynaecologists and sexual health doctors) that includes LARC methods.

• Reduction in barriers to LARC methods such as cost and geographic location.

ADOPTED 2018

References


