Session

Expanding Access to Long Acting and Reversible Contraceptives (LARC)

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Abstract

Cascading effects of the Colorado Family Planning Initiative: Rapid growth in long-acting reversible contraceptive (LARC) use is associated with positive changes in maternal and infant health measures

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The Colorado Department of Public Health and Environment sought to determine the impact of a rapid increase in the use IUDs and implants, known as long-acting reversible contraceptives (LARC), on maternal and child health measures in Colorado. The state was a national leader in making these methods widely available in its Title X clinics at no or low cost through the Colorado Family Planning Initiative. Begun in 2009 with substantial private funding, the initiative removed the cost barrier for these very effective but expensive methods. In addition, funding helped to support updates to Title X clinic electronic medical record systems, and staff were trained to improve coding and billing and insurance enrollment in order to maximize third party reimbursement. Providers received training in the provision of LARC methods and promoted their use, building a network of champion LARC consultants, and contributing to widespread acceptance of LARC among women and providers both within and beyond the Title X network. Methods: We analyzed Title X clinic data for 2008 through 2015, state birth certificate and pregnancy termination data for 2009 through 2014, Pregnancy Risk Assessment Monitoring System (PRAMS) data for 2009 through 2013, and Behavioral Risk Factor Surveillance (BRFSS) data for 2012 through 2014. Results: The use of LARC methods grew from 6% to 33% of Title X clinic low-income contraceptive users between 2008 (before the Colorado Family Planning Initiative began) and 2015. Across the state, among contracepting women at all income levels, 26% were LARC users by 2014. Between 2009 and 2014, the state unintended pregnancy rate was reduced by an estimated 5% among all women, 40% among teens (ages 15-19) and 20% among young women (ages 20-24). Abortion rates fell 48% among teens and 18% among young women. The fertility rate fell 48% among teens and 20% among young women. Nonmarital births as a percentage of all births fell 9%. The second and higher order fertility rate fell 59% among teens and 24% among young women. Short interdelivery interval births fell 12% and the proportion of births to women who lacked a high school education fell 38%. All measures showed statistically significant changes over the 5-year period. In addition to positive impacts in maternal and child health, the Title X family planning program experienced rapid growth in Medicaid and private reimbursement as patient loads grew and contraceptive coverage expanded after the Affordable Care Act went into effect in January 2013. Program reimbursement more than tripled by the end of 2015, growing from $1.2 million in 2012 to $4.1 million, promising long-term LARC access and program sustainability. Conclusions: The Colorado Department of Public Health and Environment's Colorado Family Planning Initiative played a critical role in improving access in the state to the most effective methods of contraception, particularly among young low-income women. A number of common measures of maternal and infant health, in addition to reduced unintended pregnancy and fertility rates, showed significant improvements on a statewide level. Other states interested in reducing unintended pregnancy through increased use of LARC methods in Title X clinics may experience similar changes.

Public health or related public policy

Abstract

First six months: Developing an anticipatory counseling video for the levonorgestrel IUD

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Background: The levonogestrel intrauterine system (LNG-IUS) is growing in popularity and increasingly recommended by healthcare providers. During the first 6 months of LNG-IUS use women experience unpredictable bleeding and cramping that can lead to method discontinuation. Time constraints in patient visits often make provision of high quality counseling about expected side-effects challenging. Anticipatory counseling regarding side-effects has been shown to reduce method discontinuation among contraceptive shot users. Methods: We developed a novel video intervention to deliver anticipatory counseling about expected side effects of the LNG-IUS. Our development process included soliciting input from both family planning experts and from women. Seven focus groups were conducted with 49 women over age 18, who had a LNG-IUS placed within the last 6 months. Trained interviewers enacted the revised video script and sought focus group participants' views about the script. Results: Family planning experts provided evidence-based expertise on the video content as well as insights from clinical practice. Key findings from the focus groups including the following preferences for the video: (1) visual representations of data, (2) first-person accounts from LNG-IUS users who struggled with side effects to normalize difficult experiences, (3) accurate information on the range of potential side effects, from mild to more intense. Conclusion: Innovative strategies to improve the quality of counseling about LNG-IUS are needed in busy clinic settings to improve patient experiences and reduce method discontinuation. Using a process that sought both expert and patient input, we developed an evidence-based video that is responsive to patient preferences and needs.

Communication and informatics Public health or related research Social and behavioral sciences

Abstract

Unmet Demand for Long-Acting Reversible Contraception among Community College Students in Texas

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OBJECTIVE. Little is known about the contraceptive use and preferences of community college students, a population with large numbers of 18-24 year-olds, which has the highest rates of unintended pregnancies in the US. STUDY DESIGN. We conducted a survey of female students ages 18-24 in four community colleges in Texas, asking about contraceptive use, their preferred contraceptive method, and if not using or preferring long-acting reversible methods (LARC), their interest in using these methods. Results. Among 1,112 sexually active women, 54% preferred or were interested in using LARC, compared to only 9% who were actually using it; many women noted access barriers such as cost to explain their non-use of LARC. In multivariable-adjusted logistic regression analyses, women with children had significantly higher odds of using LARC, as did women whose usual source of care was a private doctor or hospital-based system. DISCUSSION: Roughly half of women in nearly all sociodemographic categories are interested in using LARC methods. Importantly, sociodemographic characteristics typically associated with higher risk of unintended pregnancy are not associated with a lower desire to use LARC methods. Indeed, the most common reasons women reported for not using their preferred method included cost and insurance barriers. If interest in LARC methods is relatively uniform and high among low-income community college women, increased access to LARC could have large impacts on unintended pregnancy among this population, since substantial unmet demand exists. The CHOICE project in St. Louis found that removing barriers to LARC and promoting LARC via counseling did lead to dramatic uptake in LARC methods. Another study in Texas also found substantial unmet demand for LARC among postpartum women. Our finding that women who usually

received care for contraceptive services from a private physician or a hospital system, or who had at least one child were more likely to receive a LARC method if they wanted one provides further evidence of barriers to LARC access. Women who receive care from a private doctor were more likely to be privately insured, and women who received care from a hospital system were in locations where those clinic systems have a robust infrastructure that facilitates women's access to highly effective contraceptive methods. Women who preferred LARC or had an interest in those methods who had at least one previous birth were more likely to use LARC methods than women who had not had a birth. Consistent with this finding, a recent survey of US obstetrician/gynecologists found that a substantial fraction believed that nulliparous women were not appropriate candidates for LARC, despite the fact that current medical evidence indicates that LARCs are safe and recommended for all women, including nulliparous women and adolescents. Thus, the lower utilization of LARC methods among nulliparous women could be due to medical professionals who are not following evidenced-based recommendations about LARC. Lower use among nulliparous women could also be due to lower levels of health care system connectedness among this population, since low-income women in Texas have relatively few options for and barriers to health care system access until they become pregnant. This study is one of the largest investigations of low-income women in a community college setting. On the whole, we find high levels of interest in LARC among this population, but we also find evidence of substantial barriers to realizing this interest as contraceptive use. CONCLUSIONS. Reducing access barriers to LARC could lead to its higher uptake for women who want to use these methods.

Assessment of individual and community needs for health education

Abstract

Preventing Unplanned Pregnancies: Factors Affecting Long-Acting Reversible Contraception (LARC) Uptake and Provision in the US

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It is estimated that almost half of all pregnancies in the United States are unplanned, a rate that is significantly higher than most developed countries. Unplanned pregnancies are a key public health indicator because of their links to poor neonatal outcomes such as low birth weight and preterm birth as well as their far-reaching negative effects on the economic and social stability of women and their families. Currently the most effective birth control methods on the US market are known as long acting reversible contraception (LARC), which include hormonal and non- hormonal intrauterine devices and the hormonal subdermal implants. Despite their high efficacy, these methods are the least commonly used among women desiring contraception. Several state-sponsored programs have shown that women who have access to a wide array of contraceptive methods and receive appropriate counseling choose LARC methods, significantly reducing unplanned pregnancy rates, abortion rates, and WIC spending. Additionally, LARC methods are safe and have been recommended by both the American Academy of Pediatrics and the American Congress of Obstetricians and Gynecologists as first-line contraceptive methods for all healthy women of reproductive age. Though LARC uptake is increasing, its prevalence is still quite low for several reasons: high initial costs (though LARC methods are among the most cost-effective methods of birth control in the long term); lingering stigma related to older, less effective LARC devices; and inconsistent clinician knowledge regarding the breadth of appropriate candidates for LARC. To better elucidate the risk of pregnancy with less effective non-LARC methods of birth control and barriers contributing to low levels of LARC uptake and provision, we wanted to more concretely quantify the use of these less effective non-LARC methods among women with a subsequent unplanned pregnancy and also look at patterns of clinician provision of less effective non-LARC forms of birth control. Using data from the National Survey of Family Growth from 2011-2013 and the National Ambulatory Medical Care Survey from 2009-2012, we estimated the prevalence of various birth control methods among women with unplanned pregnancies as well as the most prevalent types of birth control methods for which women see primary care clinicians. Among women with unplanned pregnancies (N = 1806), when asked what birth control method they were using the month pregnancy occurred, approximately 47.7% reported using a contraceptive method that was less effective than the LARC methods

and 50.3% reported using no contraceptive method at all. 1.9% of these women reported using a LARC method. We additionally found that that 67% to 88% of family planning visits to women's health primary care clinicians were related to counseling for or provision of less effective non-LARC methods of birth control based on billing data. This data demonstrates that non-LARC methods lend themselves more to subsequent failure and potential unplanned pregnancy in comparison to LARC methods and that clinician visits to space or avoid pregnancy are still focusing on these less-effective non-LARC methods according to billing data. This data demonstrates the need for further education of both women and clinicians on LARC methods and better elucidation of the barriers both groups face to LARC provision and uptake. Such information can help form sound policy and healthcare system management practices to facilitate LARC uptake and thus reduce the national unplanned pregnancy rate.

Administer health education strategies, interventions and programs Advocacy for health and health education Basic medical science applied in public health Clinical medicine applied in public health Program planning Public health or related public policy

Abstract

Availability of Long-Acting Reversible Contraception in Kansas Health Departments

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Background: Unintended pregnancy persists as a public health problem in the United States. Local health departments (LHDs) could play an important role in preventing unintended pregnancy by promoting and providing long-acting reversible contraception (LARC, intrauterine devices [IUDs] and implants), particularly in rural states that may lack robust family planning service infrastructure. Objective: To determine the availability of LARC resources in LHDs in Kansas. Methods: Lead administrators of all 101 LHDs in Kansas were contacted to participate in a short, structured phone survey assessing family planning services, such as LARC availability, staff trained to place LARC, the process for obtaining LARC, and individual health department barriers to offering LARC. Results: Administrators of 98 LHDs agreed to be interviewed (97.0% response rate). Of these, 69.4% reported providing family planning services. Of the 68 LHDs that provide family planning services, 20.6% provide LARC (8.8% provide IUDs only and 11.8% provide IUDs and implants). Larger health departments (>5 staff members) were more likely to offer family planning services than smaller health departments (P<0.01). Health department size is associated with providing implants (P=0.02), keeping LARC on site (P=0.03), and having staff trained to insert LARC (P=0.02). Conclusion: Larger LHDs in Kansas are more likely to offer family planning services and are better equipped to place LARC methods. Smaller health departments in a rural state like Kansas could benefit from increased capacity to provide LARC to populations with limited general access to healthcare.

Provision of health care to the public Public health or related organizational policy, standards, or other guidelines Public health or related research

Abstract

Hormonal Contraception Use in College-Aged Women: Associations with Sexual and Relationship Satisfaction

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Background: Hormonal contraceptive methods available for women have some of the highest effectiveness rates. However, research has found mixed results about the association of hormonal methods with ratings of sexual function and satisfaction. Purpose: The purpose of this study was to 1) assess differences in sexual experiences between users of hormonal, barrier, dual, and non-use of contraceptive methods, and 2) explore the relationship between contraceptive methods, and women's experience of orgasm and sexual and relationship (S & R) satisfaction. Methodology: Women ages 18 to 25 years (N=414) completed an online survey about their contraceptive use, experience of orgasm (oral and vaginal sex), and S & R satisfaction. Chi-square, ANCOVA, and t-tests were performed, as appropriate, to examine these associations. Findings: No significant differences were found in orgasm during oral or vaginal sex between hormonal, barrier, dual, or non-use. When grouped into hormonal (HM) or barrier methods (BM), women who used HM were more likely to report orgasm at last receiving oral sex, as well as higher S & R satisfaction compared to women who used BM only. However, relationship type (casual/committed) and number of vaginal sex experiences with partner negated any differences by contraceptive method. Conclusions: Contrary to some previous research, we found no significant differences in sexual outcomes for women using HM and BM contraception, once additional factors were considered. As options for contraceptive methods increase and change it is important to continually assess how different methods may be impacting women's sexual health beyond prevention of unintended pregnancy; including orgasm, pleasure, and satisfaction.

Planning of health education strategies, interventions, and programs Public health or related research Social and behavioral sciences

Abstract

IUD and implant counseling in Community Health Care Centers

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Contraceptive counseling is important for helping patients choose a method that best meets their individual needs. Increasingly, community health centers (CHCs) are a primary source of care for the most marginalized populations. The extent to which CHCs are equipped to counsel their patients on IUDs and implants is unknown. As part of a larger project aimed at training CHC clinicians and staff on IUD and implant provision, we surveyed 124 participants from 11 CHC sites, prior to the training. Additionally we interviewed 20 CHC clinicians. Among survey respondents who provide contraceptive counseling (n=65), most said that they had adequate knowledge to counsel about the hormonal (90%), copper IUD (90%), and implant (79%); 60% felt they had adequate knowledge to counsel about the copper IUD as emergency contraception (EC). Nearly all (94%) reported that they had never felt pressured to offer their patients the IUD. The most common topics covered in counseling patients about the IUD and implant included number of years it can be used, expected bleeding patterns, and method effectiveness. Few respondents reported that they typically discussed the option of self-removal of the IUD. Findings from the qualitative interviews indicated that even among providers comfortable counseling on the copper IUD as EC, pressures to see a large volume of patients, unavailability of trained providers, and scheduling challenges, limited their opportunities to counsel on this method. CHC clinicians and staff may require additional training and support to offer IUDs and implants, and in particular the copper IUD as a form of emergency contraception.

Public health or related research