Increasing the Use of Long-Acting Reversible Contraceptives in Low-Income Women

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RESULTS

PURPOSE & AIMS

The purpose of this project was to increase long acting reversible contraception (LARC) uptake through the use of a standardized, evidence-based patient education tool.

BACKGROUND & SIGNIFICANCE

- Half of all pregnancies in the United States are unintended.
- Avoidable health care expenditures are estimated at $9.6-$12.6 billion dollars (Rodriguez, Evans & Espey, 2014).
- Applying effective interventions to decrease unintended pregnancies (UIP) is a national priority (ACOG, 2011).
- UIPs are highest among low-income women – strategies are needed to support intended pregnancies in this population (ACOG, 2011; Gressel et al., 2014).
- Research supports increasing the use of LARC as an effective strategy.
- LARCs are the most effective contraceptive methods and have the highest rates of continuation among all methods of contraception (ACOG, 2014; Peipert et al., 2014).
- Lack of patient/provider knowledge, high upfront costs, and myths/misconceptions have deterred many women from choosing LARC (ACOG, 2014; ACOG, 2011; Tang et al., 2014).

Methods

IRB Approval
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Project Site
Private OB/GYN Clinic

Target Population
Low-income women requesting contraceptive counseling

Intervention
- Script from the Contraceptive CHOICE project was read to participants
- The script has been validated with over 10,000 study participants (Peipert et al., 2014; Tang et al., 2014).
- RCT demonstrated a significant increase in intent to use LARC among participants who heard the script.

The Script

One of our objectives is to be sure women are aware of all contraceptive options, especially the most effective, reversible, long-acting methods. These methods include intruterine contraception (the IUD or IUC) and the subdermal implant called Nexplanon.

- IUD or IUC are completely reversible contraceptive methods placed in the uterus. There are two types of IUD. One is hormonal and lasts up to 5 years (Mirena). The other, ParaGard, is non-hormonal, contains copper, and can last up to 10 years. Both may be removed at any time if you wish to become pregnant or want to switch to a new method. They are very safe and have the highest satisfaction and continuation rates of any contraceptive method.
- Nexplanon is a single flexible plastic rod placed under the skin of your upper arm. It is hormonal and lasts up to 3 years. It may also be removed if you wish to become pregnant or would like to switch to a different method.

Do you have any questions about these methods?

RESULTS

Pre-Intervention (n=158) Post-Intervention (n=175)

| LARC Uptake & Contraceptive Counseling | 27 (17%) | 64 (37%) |
| AHCCCS Patients & Contraceptive Counseling | 11 (47.8%) | 16 (9%) |
| LARC Uptake & AHCCCS Patients | 6 (54%) | 1 (100%) |

EBP Project (n=5)

| Contraceptive CHOICE (n=9,256) |
| Age | 26-42 (80%) | 19-25 (> 50%) |
| Ethnicity | White/Non-Hispanic/Other (80%) | Majority “other” |
| Marital Status | 100% single | n/a |

LARC uptake

80% 75%

CONCLUSIONS

Brief factual information about effective/reliable contraception:
- Dispels myths/fears
- Is essential for informed consent
- Supports patients’ couples’ reproductive life plans
- Reduces unintended pregnancy

Future Research

- Trials with participants from all racial, ethnic, age, and socio-economic groups

Implications for NPs

- Use structured counseling with patients
- Employ concepts of shared decision making (Dehlendorf, Krajewski & Borrero, 2014; George, DeCristofaro, Dumas & Murphy, 2015)
REFERENCES


