INTRODUCTION

Unintended pregnancies are a statewide concern. In Vermont, about 50% of all pregnancies are unintended, with rates as high as 81% in teens and 67% for women age 20-24 years. LARC, which includes intrauterine devices (IUDs) and implants, are among the most effective birth control methods available, and use of these methods has been shown to reduce unintended pregnancies, especially in teenagers. Unintended pregnancies have a statistically significant higher risk for low birth weight and preterm birth. By reducing unintended pregnancies, poor birth outcomes and infant mortality may decline.

METHODS

A small working group created a VT LARC needs assessment survey. Categories of questions include:

- Demographics
- Knowledge
- Current practice
- Attitudes
- Educational Needs

The survey was entered into the online survey tool LimeSurvey, and was sent to relevant health care providers throughout VT using professional organization listserve, including:

- Vermont Academy of Family Physicians
- American Congress of Obstetricians and Gynecologists, VT Chapter
- American Academy of Pediatrics, Vermont Chapter
- Vermont Medical Society
- Vermont Nurse Practitioner Association
- Physician Assistant Academy of Vermont

RESULTS

141 surveys were received, of which 126 (89%) were complete. Of the 126 responses, 122 (97%) of these providers were currently in clinical practice and completed the subsequent survey questions.

Knowledge:

![Figure 1. Reported Provider Knowledge of LARC Methods](image1)

Current Practice:

- Most providers, 89%, provide contraceptive counseling to their patients.
- Of these providers, 39% insert IUDs, and 30% use implants.
- Most providers usually or always discuss LARC, however only about one in three (35%) respondents always recommend LARC, either IUD or implant, as first-line contraception.

Barriers:

![Figure 3. Barriers to Increasing IUD Use](image2)

![Figure 4. Barriers to Increasing Implant Use](image3)

![Figure 5. Barriers to Starting to Insert IUDs](image4)

![Figure 6. Barriers to Starting to Insert Implants](image5)

CONCLUSION

- Providers consider themselves to be knowledgeable about LARC methods, however they do not always discuss LARC or recommend them first line.
- The main barriers to increasing the use of LARC are related to perceived patient preference, as well as cost and insurance concerns. Lack of provider knowledge and comfort with the methods is an additional barrier to starting to insert LARC.
- These barriers can be addressed through education and training.
- Webinars and in-person training sessions around LARC are planned, with the goal that providers will be able to offer their patients a wider range of highly effective contraception to increase their ability to plan and space pregnancies.

REFERENCES


CONTACT

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Demographics:

<table>
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<tr>
<th>Professional Qualifications</th>
<th>Count</th>
<th>Percentage of Respondents</th>
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<tr>
<td>Attending Physician</td>
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<tr>
<td>Fellow/Resident</td>
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<td>6%</td>
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<tr>
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<td>22</td>
<td>18%</td>
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<tr>
<td>Physician Assistant</td>
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<td>9%</td>
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<tr>
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</tr>
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<tr>
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100% 80% 60% 40% 20% 0%

Figure 2. Frequency of Provider Discussion of LARC

- Never: 1%
- Sometimes: 8%
- Usually: 23%
- Always: 68%

Efficacy Side Effects Insertion/removal

- Copper IUD
- Levonorgestrel IUD
- Implant

- High/Moderate
- Low/None

Figure 1. Reported Provider Knowledge of LARC Methods