

Decreasing Unintended Pregnancies through use of Long Acting Reversible Contraception (LARC): A Statewide Needs Assessment



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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.

OBJECTIVES

- To ascertain current practice on the use of LARC methods by Vermont health care providers
- Identify gaps between the latest guidelines and recommendations on LARC and current knowledge and practice around the state
- To inform training sessions on LARC for providers in Vermont

METHODS

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

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

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

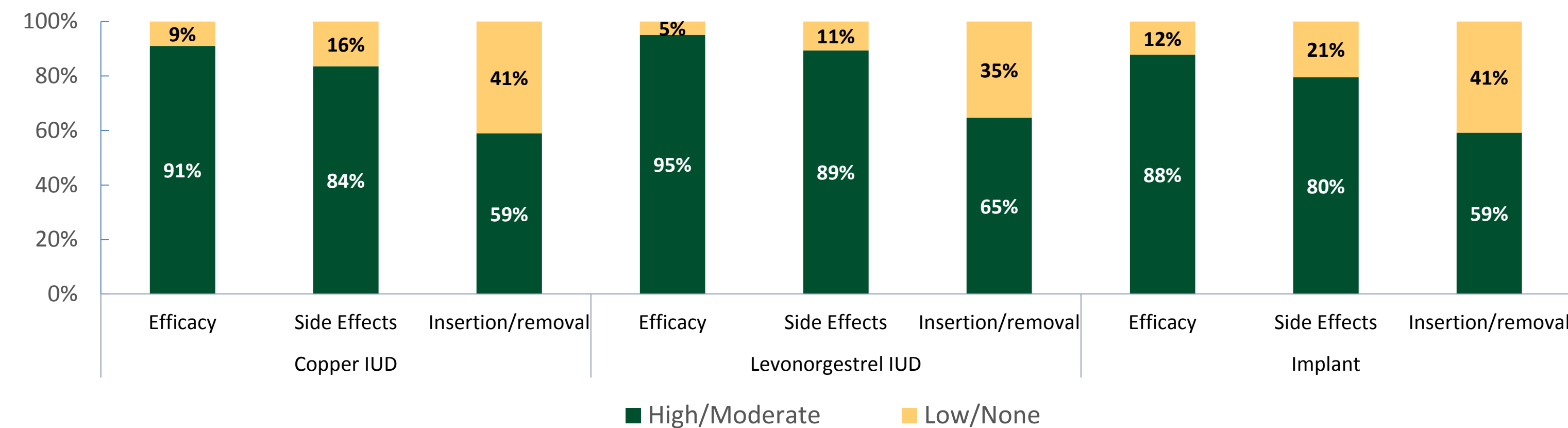
- Vermont Academy of Family Physicians
- American Congress of Obstetricians and Gynecologists, VT Chapter
- American Academy of Pediatrics, Vermont Chapter
- Vermont Medical Society
- Vermont Nurse Practitioner Association
- Physician Assistant Academy of Vermont

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



Current Practice:

- Most providers, 89%, provide contraceptive counseling to their patients.
- Of these providers, 39% insert IUDs, and 30% insert 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

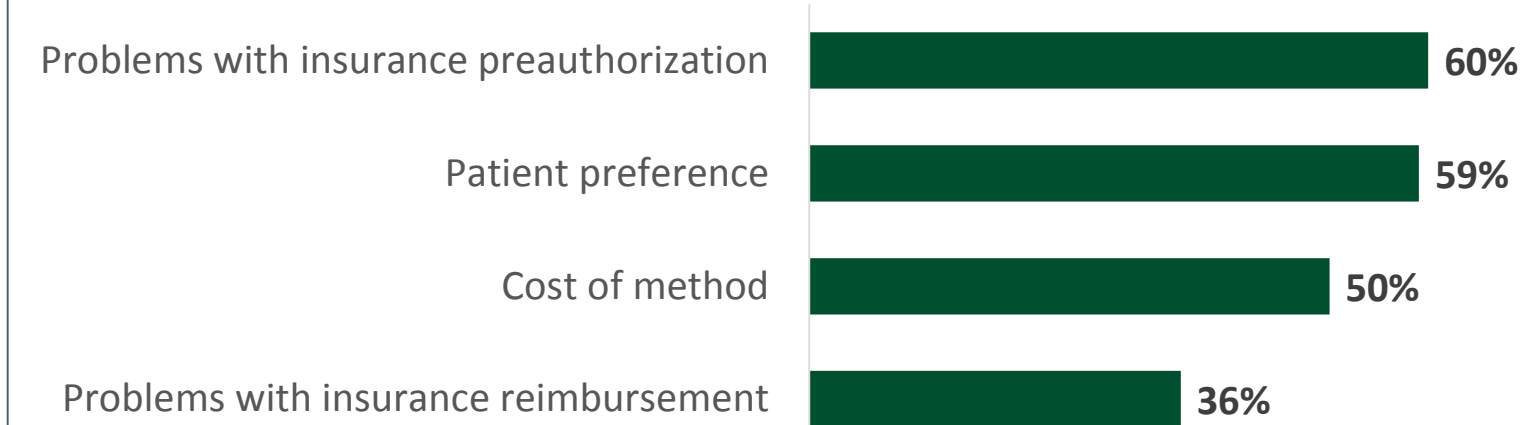


Figure 5. Barriers to Starting to Insert IUDs

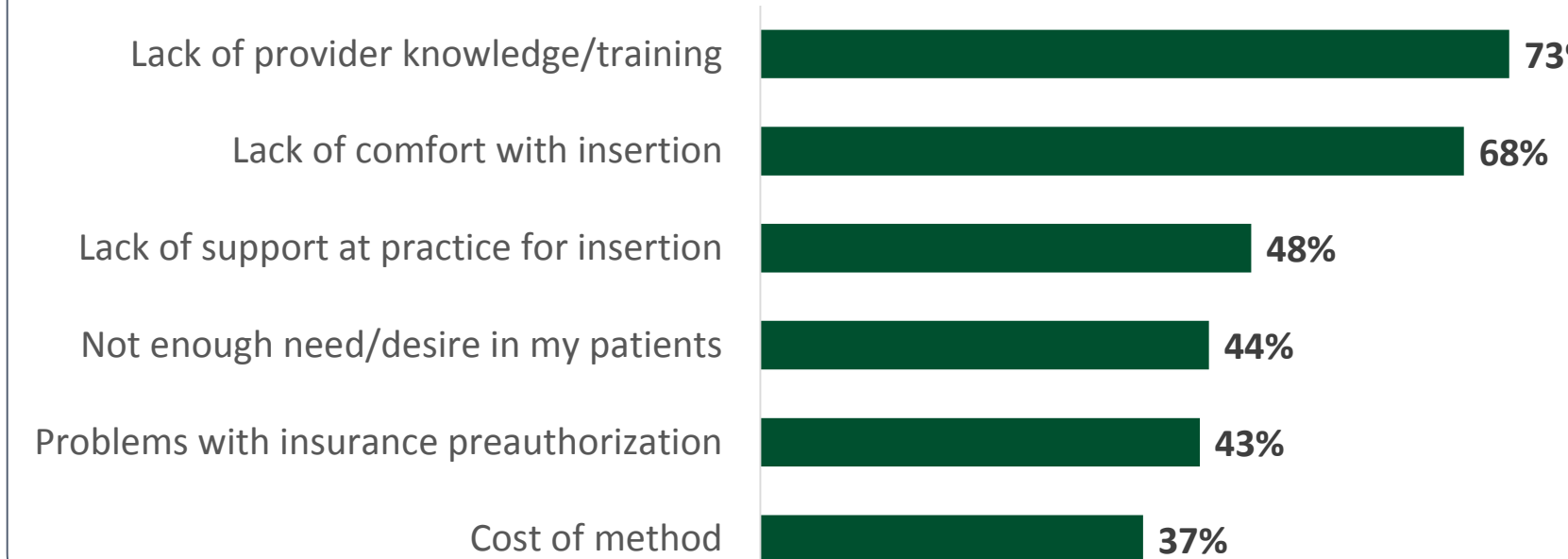


Figure 2. Frequency of Provider Discussion of LARC

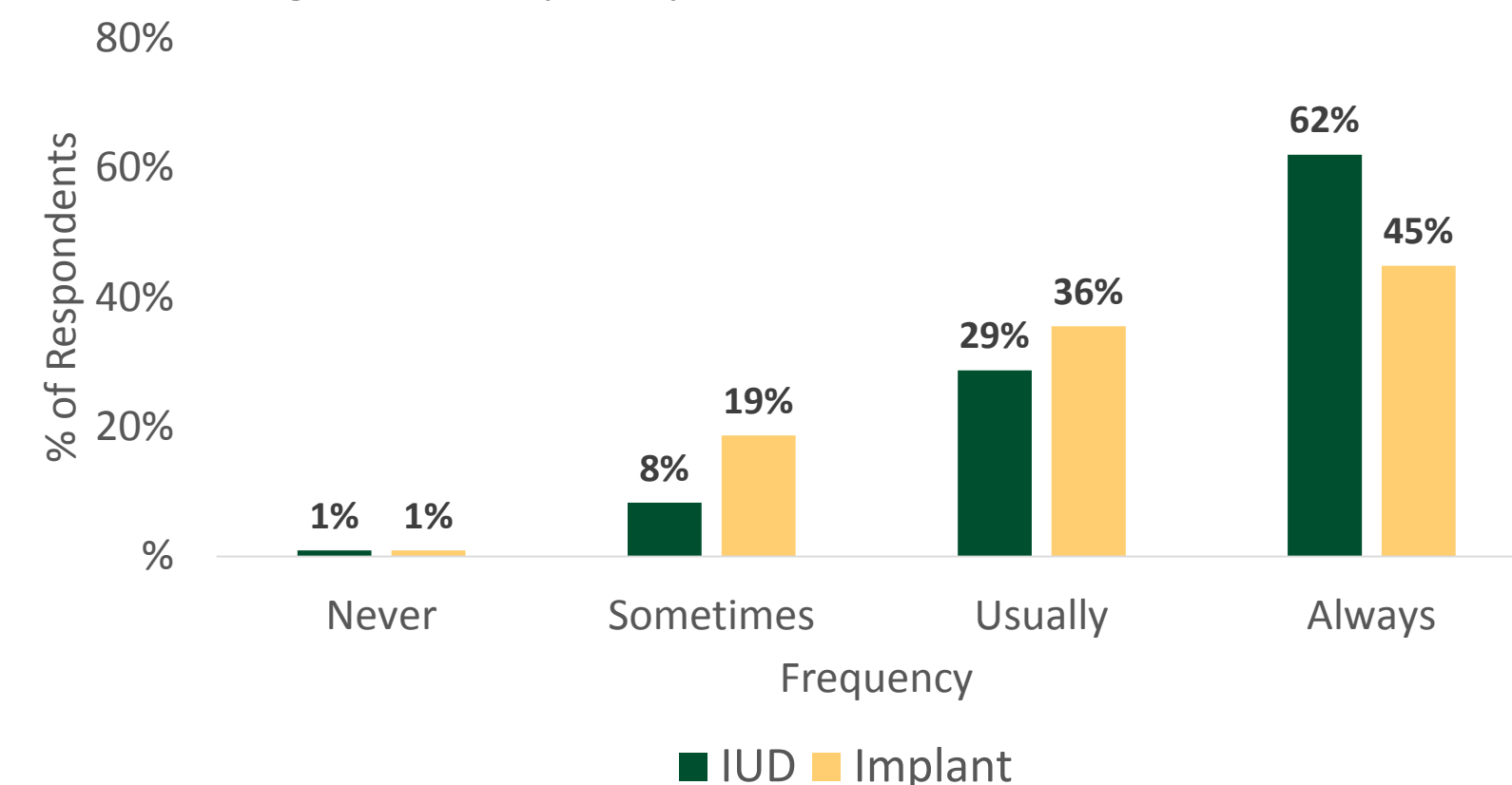


Figure 4. Barriers to Increasing Implant Use

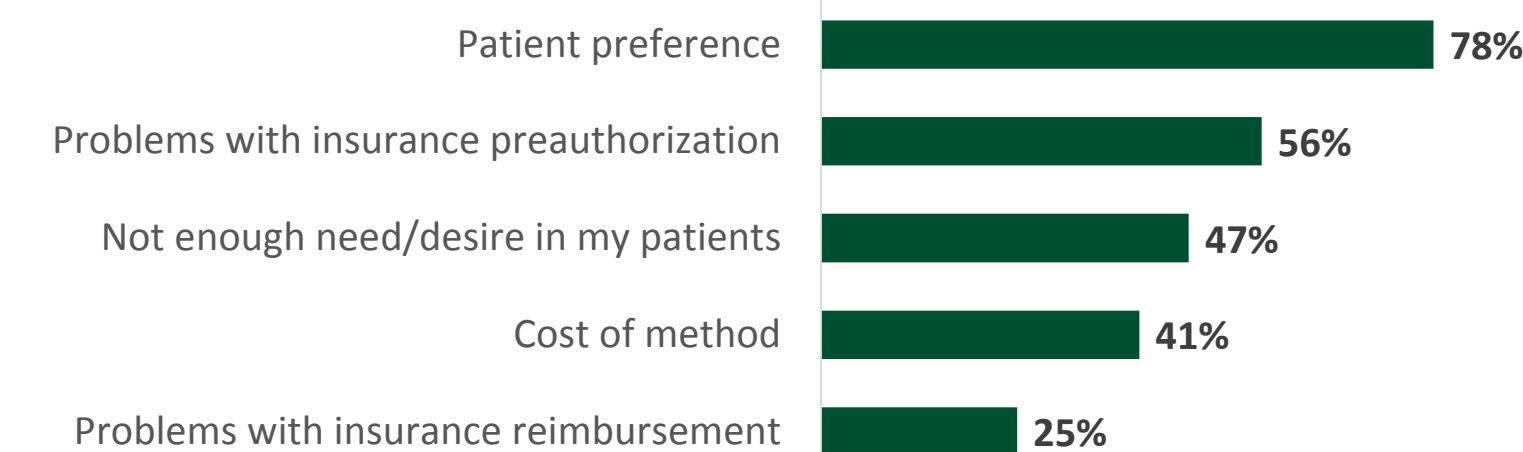


Figure 6. Barriers to Starting to Insert Implants



Demographics:

Table 1. Demographics of Survey Respondents

Professional Qualifications	Count	Percentage of Respondents
Attending Physician	83	66%
Fellow/Resident	7	6%
Nurse Practitioner	22	18%
Physician Assistant	11	9%
Other	2	2%
No answer	1	1%
Specialty	Count	Percentage of Respondents
OB/GYN or Women's Health	31	25%
Internal Medicine/Adult	9	7%
Family Medicine	43	34%
Pediatrics	36	29%
Other	5	4%
No answer	2	2%
Years in Practice	Count	Percentage of Respondents
0-5	35	28%
6-10	17	14%
11-15	12	10%
16-20	17	14%
21 or more	44	35%
No answer	1	1%

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.

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