AIM FOR THE BULLSEYE:

LARC AND PREGNANCY PREVENTION IN NC
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What is LARC?
L = Long
A = Acting
R = Reversible
C = Contraception
Learning Objectives

- Identify LARC methods
- Understand why LARCs are optimal, and who can use them
- Describe NC and national LARC trends
Learning Objectives, continued

- Learn best practice LARC counseling
- Describe how providers can train to insert LARC
- Identify barriers to LARC use in NC
Which birth control methods are LARC?
Intrauterine Device (IUD)

- ParaGard
- Mirena
- Skyla
- Liletta
Implant

- Implanon
- Nexplanon
What’s the big deal about LARC?
What’s the big deal about LARC?

✓ Most effective methods
What’s the big deal about LARC?

- Most effective methods
- Women use them longer
What’s the big deal about LARC?

- Most effective methods
- Women use them longer
- Women more satisfied
Who can use LARC?
Who can use LARC?

- Most women are medically able to use LARC, including:
  - Teens
  - Postpartum moms before they leave the hospital
Who can use LARC?: Teens

ACOG Committee Opinion, 2012:

“With top-tier effectiveness, high rates of satisfaction and continuation, and no need for daily adherence, LARC methods should be first-line recommendations for all women and adolescents”

http://www.acog.org/~/media/Committee%20Opinions/Committee%20on%20Adolescent%20Health%20Care/co539.pdf
Who can use LARC?: Teens

AAP Recommendation, 2014:

“...the first-line contraceptive choice for adolescents who choose not to be abstinent is a Long Acting Reversible Contraceptive (LARC), which is an intrauterine device or a subdermal implant. The past decade has demonstrated that LARCs, which provide 3 to 10 years of contraception, are safe for adolescents.”

Condoms still important for teens and adults!
Who can use LARC?: Postpartum Moms

Implant

- Can be inserted anytime between delivery and postpartum discharge¹

- ~ 50% of moms do not return for their postpartum appointment²

- Safe with breastfeeding¹

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1. From CDC’s MEC: http://www.cdc.gov/mmwr/pdf/rr/rr5904.pdf

7/22/2016
Who can use LARC?: Postpartum Moms

IUD

- Ideally inserted within 10 minutes of placenta being delivered, but can be inserted later – vaginal or cesarean

- Uterine sepsis (infection) only contraindication

- Safe with breastfeeding

From CDC’s MEC: http://www.cdc.gov/mmwr/pdf/rr/rr5904.pdf
Who can use LARC?: Postpartum Moms

IUD

- Higher rate of expulsion, but still worthwhile:
  - Most IUDs stay in place¹
  - ~ 50% of moms do not return for postpartum appointment²
  - Women happy with IUD insertion before postpartum discharge, and may keep IUD for longer¹

Who is using LARC in NC?

Current Trends
LARC at NC local health departments—ALL AGES

Percentage who use method

<table>
<thead>
<tr>
<th>Year</th>
<th>IUD</th>
<th>Implant</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>3.6</td>
<td>0</td>
</tr>
<tr>
<td>2008</td>
<td>4.7</td>
<td>1</td>
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<tr>
<td>2009</td>
<td>5.7</td>
<td>1.4</td>
</tr>
<tr>
<td>2010</td>
<td>6.7</td>
<td>1.1</td>
</tr>
<tr>
<td>2011</td>
<td>7.2</td>
<td>2.3</td>
</tr>
<tr>
<td>2012</td>
<td>8.2</td>
<td>3.1</td>
</tr>
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<td>2013</td>
<td>7</td>
<td>3.3</td>
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<tr>
<td>2014</td>
<td>6.8</td>
<td>3.2</td>
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<tr>
<td>2015</td>
<td>6.2</td>
<td>4</td>
</tr>
</tbody>
</table>
LARC at NC local health departments—TEENS

![Graph showing the percentage of teens using LARC methods from 2011 to 2015. The graph compares IUD and implant usage.]

HIS, FP 066 Report, FY2011 to FY 2015

7/22/2016
Peak Year of NC LARC use – Fiscal Year 2012, ALL AGES

Percentage who use method:

- Condoms: 13.1%
- IUD: 8.2%
- Injection: 3.1%
- Pills: 24.4%
- Implant: 31.7%
Peak Year of NC LARC use – Fiscal Year 2015, TEENS

Percentage who use method:
- IUD: 25%
- Implant: 7.1%
- Pills: 6.4%
- Injection: 2.3%
- Condoms: 24%
Who is Using LARC Nationally?

US Trends
Figure 2. Percent distribution of women aged 15–44, by current contraceptive status: United States, 2011–2013

- 38.3% of women not currently using contraception
- 61.7% of women currently using contraception

- Never had sexual intercourse or did not have sex in the past 3 months: 19.0%
- Pregnant, postpartum, or seeking pregnancy: 9.5%
- Nonuser who had sexual intercourse in the past 3 months: 6.9%
- All other nonusers: 2.9%
- Female sterilization: 15.5%
- Male sterilization: 5.1%
- Pill: 16.0%
- Male condom: 9.4%
- Long-acting reversible contraceptives: 7.2%
- Depo-Provera™, contraceptive ring, or patch: 4.4%
- All other contraceptive methods: 4.1%

*Additional reasons for nonuse, such as nonsurgical sterility, are shown in the accompanying data table.
*Other methods grouped in the category, such as withdrawal and natural family planning, are shown in the accompanying data table.

NOTES: Percentages may not add to 100 due to rounding. Women currently using more than one method were classified according to the most effective method they were using. Long-acting reversible contraceptives include contraceptive implants and intrauterine devices. Access data table for Figure 2 at: http://www.cdc.gov/nchs/data/databriefs/db173_table.pdf#2.

Innovative LARC research: St. Louis

http://www.choiceproject.wustl.edu/
WHAT METHOD DID WOMEN CHOOSE?

This chart shows the birth control methods 9,256 women chose when they enrolled in CHOICE. Overall 75% of women chose a long-acting reversible contraceptive method (LARC: IUD or implant). Teens also chose LARC methods.
ARE WOMEN STILL USING THEIR METHOD?

Among women who chose a LARC method, 86% were still using their method at 1 year. Only 55% of women who chose non-long-acting methods were still using their method at 1 year.

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>HORMONAL IUD</td>
<td>88%</td>
</tr>
<tr>
<td>COPPER IUD</td>
<td>84%</td>
</tr>
<tr>
<td>IMPLANT</td>
<td>83%</td>
</tr>
<tr>
<td>SHOT</td>
<td>57%</td>
</tr>
<tr>
<td>PILLS</td>
<td>55%</td>
</tr>
<tr>
<td>RING</td>
<td>54%</td>
</tr>
<tr>
<td>PATCH</td>
<td>49%</td>
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<tr>
<td>LONG-ACTING METHODS</td>
<td>86%</td>
</tr>
<tr>
<td>NON-LONG-ACTING METHODS</td>
<td>55%</td>
</tr>
</tbody>
</table>
CHOICE Project:

Counseling + Methods
Available = LARC use

ARE WOMEN SATISFIED WITH THEIR METHOD?

Women using LARC had the highest satisfaction at 1-year follow-up. Women who stopped their method were considered not satisfied.
How do we teach/counsel patients on LARC?
Counseling: Step by Step

BOX 3. Steps in providing contraceptive services, including contraceptive counseling* and education

- Establish and maintain rapport with the client.
- Obtain clinical and social information from the client.
- Work with the client interactively to select the most effective and appropriate contraceptive method.
- Conduct a physical assessment related to contraceptive use, only when warranted.
- Provide the contraceptive method along with instructions about correct and consistent use, help the client develop a plan for using the selected method and for follow up, and confirm client understanding.

*Key principles of providing quality counseling including education have been outlined (Appendix C).
Counseling: Reproductive Life Plan

BOX 2. Recommended questions to ask when assessing a client's reproductive life plan

Providers should discuss a reproductive life plan with clients receiving contraceptive, pregnancy testing and counseling, basic infertility, sexually transmitted disease, and preconception health services in accordance with CDC’s recommendation that all persons capable of having a child should have a reproductive life plan. *

Providers should assess the client’s reproductive life plan by asking the client questions such as:

- Do you have any children now?
- Do you want to have (more) children?
- How many (more) children would you like to have and when?

Counseling: Tiered Approach

![Effectiveness of Family Planning Methods](http://www.cdc.gov/reproductivehealth/unintendedpregnancy/pdf/family-planning-methods-2014.pdf)
How do we train providers to insert LARC?
Training providers on LARC

Use the no-cost trainings provided by LARC pharmaceutical companies!
Training providers on LARC

Merck - Nexplanon, Implanon

- Providers can register for free, in-person trainings
- The trainings are a one-time session, and last around three hours total
- Providers must become certified via this Merck training before they can order implants
Training providers on LARC

Teva Pharmaceutical – ParaGard

- Providers can register for free Paragard in-services from sales reps
Training providers on LARC

Bayer Healthcare - Mirena, Skyla

- Providers should call Bayer’s Medical Information Specialist phone number – 888-842-2937
- After speaking with representative, representative will email a sales rep, who will contact provider to schedule Mirena/Skyla in-service time
- No cost for in-service
Training providers on LARC

Medicines 360 / Allergen - Liletta

- Providers can call Customer Relations at 855-545-3882, and choose option 9 for a Field Rep
- If there is a Field Rep in your area, you can make an appointment for an in-service at no cost
- You can also request a Field Rep online: https://www.lilettahcp.com/
- The website allows you to order a free demo kit and watch online insertion videos
Training providers on LARC

Other no cost, hands-on training options
Training providers on LARC

National Clinical Training Center (NCTC) for Family Planning, Title X - Preceptor Locator

- Includes IUD insertion and removal
- “The preceptor and preceptee will determine the number of days necessary for the preceptorship, depending on the learning needs of the preceptee. NCTC estimates that most preceptorships will require 2 to 3 days of individual instruction.”
Training providers on LARC

Collaborate with provider at another clinic to shadow

“See one, do one, teach one”
LARC barriers and solutions in NC
## LARC in NC

### Barrier

- Some providers hesitant to provide LARC, especially to teens

### Solution

- Provider education from other providers, clinic staff, national guidelines
LARC in NC

Barrier
- Providers not always using best practice approach to counseling

Solution
- Education and practice with best practice counseling:
  - Interactive approach
  - Reproductive life planning
  - Tiered counseling
## LARC in NC

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Solution</th>
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</thead>
<tbody>
<tr>
<td>Financial barriers to offering same-day LARC insertion</td>
<td>Encourage clinics to have LARC in stock and offer same-day insertion when appropriate</td>
</tr>
<tr>
<td></td>
<td>You can use your Maternal and Child Initiative funds to purchase LARC devices</td>
</tr>
<tr>
<td>Barrier</td>
<td>Solution</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Lack of funding for all patients who desire to use LARC</td>
<td>Support patients in Be Smart enrollment when eligible</td>
</tr>
<tr>
<td></td>
<td>Clinics seeking grant opportunities – Maternal and Child Health Initiative, Infant Mortality Reduction</td>
</tr>
</tbody>
</table>
Thank you for your time!

Presented by and for more information:

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