



Maternal and Child Health Priority Overview

Long Acting Reversible Contraception (LARC)



Unintended pregnancies are linked with a number of negative health and economic consequences.¹ Because nearly half of all pregnancies in the United States are unintended, the Healthy People 2020 target for the nation is to increase the proportion of pregnancies that are intended from the baseline of 51.0% (2002) to 56.0% (2020).¹ Healthy People 2020 also set a goal to increase the percent of women aged 15-44 years who adopt or continue use of the *most effective* or *moderately effective* method of contraception.¹

Long Acting Reversible Contraception (LARC) are defined by the Association of State and Territorial Health Officials as “*highly effective forms of contraception and include intrauterine devices (IUDs) and the contraceptive implant, methods that are over 99 percent effective in preventing pregnancy.*”²

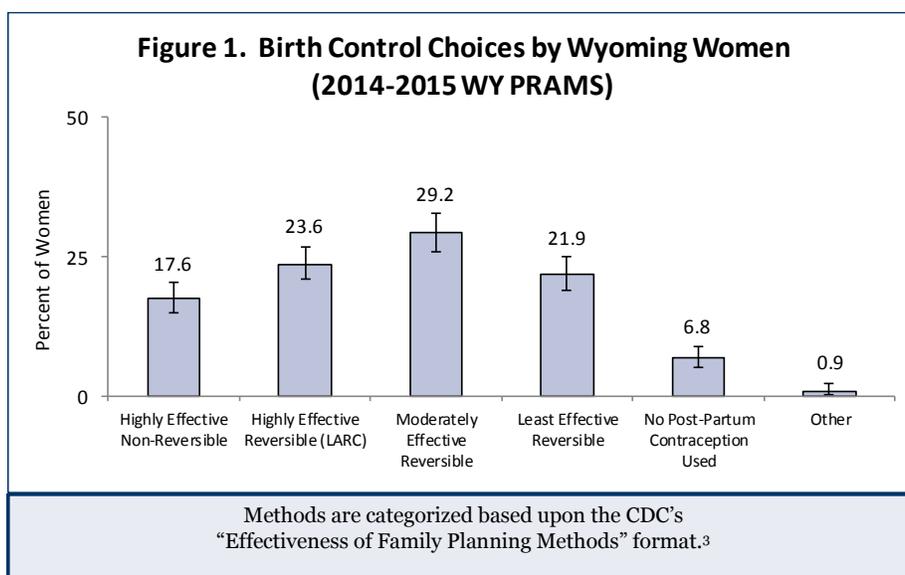
In 2015, the Wyoming Department of Health, Maternal and Child Health (MCH) Unit selected “*improve access to and use of effective family planning*” as a 2016-2020 state priority. Current efforts to address this new priority include providing resources and support to hospitals to increase capacity to provide immediate postpartum LARC.

LARC Use in Wyoming

PRAMS Data (Figure 1) illustrate the use of contraceptive choices after delivery. In 2014-2015, 23.6% of Wyoming women reported LARC use as compared to 19.9% in 2012-2013; an increase of 18.6%.

There was no significant difference in LARC use by race or ethnicity, however variations can be seen by maternal age, marital, and insurance status.

- Younger women (15-24) were more likely to be LARC users (31.4%) than older women (25+, 16.9%).
- Unmarried women were more likely to use LARC (32.6%) than married women (16.3%).
- Women who had their prenatal care covered by Medicaid were more likely to use LARC (29.4%) than were women with other types of insurance or no insurance (17.0%).



Highly Effective Non-Reversible: Tubal Ligation, Vasectomy. **Highly Effective Reversible (LARC):** Implant, Intrauterine Device (IUD). **Moderately Effective Reversible:** Injectable, Birth Control Pill, Patch, Ring, Diaphragm. **Least Effective Reversible:** Male and Female Condom, Sponge, Spermicide, Withdrawal, Fertility Awareness-Based Methods

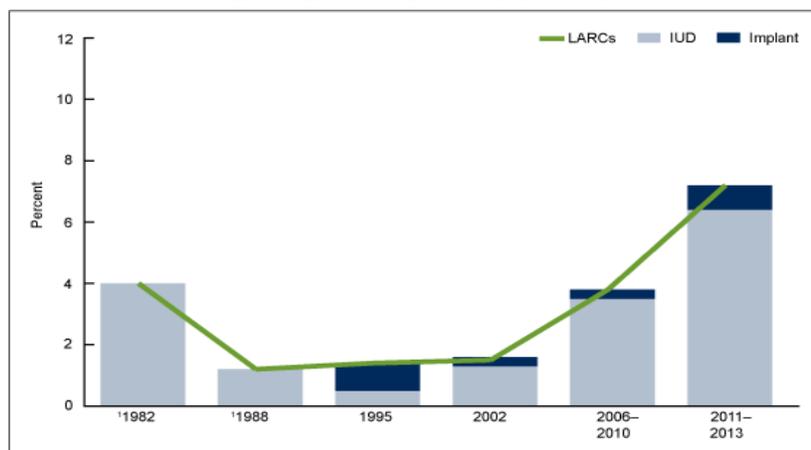


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Trends in current long-acting contraceptive use, by device, United States ⁵



The Association of State and Territorial Health Officials ³ report that the following barriers may present challenges for women who wish to use LARC.

Patient Barriers⁴

- General lack of awareness about effectiveness and safety.
- Substantial up-front costs.

Provider Barriers⁴

- Lack of provider knowledge on medical eligibility.
- Lack of confidence about device placement.
- Misperceptions and misinformation about required testing prior to placement.

Systemic Barriers⁴

- High costs that may not be fully covered by insurance.
- The need for multiple visits to conduct the initial medical exam, device insertion, and follow-up.
- Provider ability/willingness ability to stock LARC due to challenges in reimbursement

References and Resources:

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3. Centers for Disease Control and Prevention (CDC) Division of Reproductive Health. Effectiveness of Family Planning Methods. Accessed 08/03/2016 at <http://www.cdc.gov/reproductivehealth/contraception/index.htm>
4. ASTHO. 2014. Fact Sheet. Long-Acting Reversible Contraception. Accessed 08/01/2016 at <http://www.astho.org/LARC-Fact-Sheet/>
5. Branum AM & Jones J. (2015) Trends in Long-acting Reversible Contraception Use Among U.S. Women aged 15-44. Data Brief. National Center for Health Statistics. Accessed 08/04/2016 at <http://www.cdc.gov/nchs/data/databriefs/dbi188.htm>
6. Boulet SL, D'Angelo DV, Morrow B, et al. Contraceptive Use Among Nonpregnant and Postpartum Women at Risk for Unintended Pregnancy, and Female High School Students, in the Context of Zika Preparedness—United States, 2011-2013 and 2015. *MMWR Morb Mortal Wkly Rep* 2016;65(30):780-787. DOI: <http://dx.doi.org/10.15585/mmwr.mm6530e2>
7. National Institute for Children's Health Quality 2016. Strategies to Increase Access to Long-Acting Reversible Contraception (LARC) in Medicaid. Accessed 08/01/2016. Available at: http://www.nichq.org/childrens-health/infant-health/resources/strategies_to_increase_access_to_long_acting_reversible_contraception

Trends in LARC Use: U.S. and Wyoming

LARC use has been trending upwards since the early 2000's nationwide (graph at left).⁵

A recent CDC study on LARC use showed substantial variation by state. For women of reproductive age (18-44) LARC use ranged from 5.5% to 18.9%. For women who recently gave birth to a live-born infant, postpartum LARC use varied from 6.9% to 30.5%.⁶

Data from 2014-2015 Wyoming PRAMS reports overall use of postpartum LARC at 23.6%.

Among women who recently delivered a live-born infant and who report use of postpartum birth control, 20.0% report that they use an IUD while 7.0% report the use of a contraceptive implant.

Information about strategies to address LARC use is available from the National Institute for Children's Health Quality.⁷



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