Fact Sheet

Strategies for Effective Patient Outreach on Long-Acting Reversible Contraception

Public health professionals often tout long-acting reversible contraception (LARC) as a highly effective means of preventing unintended pregnancies, which are linked to a variety of adverse outcomes, including delayed prenatal care and preterm birth.[1] The American Congress of Obstetricians and Gynecologists reports that LARC methods are 20 times more effective at preventing pregnancy than other forms of birth control, such as the pill, ring, and patch.[2] LARC includes non-hormonal copper intrauterine devices (IUDs), levonorgestrel-releasing IUDs, and single-rod etonogestrel implants.[3]

But emphasizing LARC's efficacy does not always resonate with consumers, who may be seeking different kinds of information to help them make the contraception choice that is right for them. To best educate women about their birth control options and increase access to LARC for women who want it, public health professionals, Medicaid programs, and healthcare providers should tailor their contraception messages based on women's reproductive goals and beliefs about having or not having children. This factsheet provides an overview of strategies that can help public health and healthcare professionals provide effective patient education and outreach on LARC to three audiences: teens and young women; pregnant women; and people at risk for Zika virus.

Teens and Young Women

In 2015, the National Campaign to Prevent Teen and Unplanned Pregnancy conducted a study of 70 women across the country, ranging from 18-29 years old, to determine best practices for creating a communications campaign to promote LARC among teens and young women.[4] The results were surprising. Many women had little knowledge about LARC, and were often unsure about the differences between IUDs and implants, demonstrating that public health and healthcare professionals are missing important opportunities to reach these audiences.

The study also revealed that participants didn't find arguments about LARC's effectiveness compelling because they already expected their birth control to be effective. By the same token, promoting IUDs and implants as long-acting was not a selling point because they were unsure of their long-term plans. Sometimes they even felt like LARC messaging was intimidating, creating pressure on them to make major decisions about when they wanted to have children.

Finally, the study found that participants were concerned about how LARC would feel when it was inserted and after, its side effects, and how it would affect their partners—questions that public health and healthcare professionals have not generally addressed in education and communication materials and counseling.

The National Campaign concluded that effective outreach to teens and young women about LARC means discussing LARC's benefits beyond efficacy and longevity. In addition to providing basic education about what LARC is and discussing side effects, public health and healthcare professionals can talk about how:

- LARC is convenient. Study participants liked that LARC methods were low-maintenance compared to taking the pill every day, or frequently replacing the ring or patch.

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- There is a non-hormonal LARC option with the copper IUD. Some women have experienced adverse reactions to hormonal birth control, which they want to avoid repeating.
- LARC can be inserted vaginally or subdermally. The study found that participants often had strong preferences between the two once they learned about them. For example, some found IUDs invasive and favored the implant. Others wanted to address their reproductive systems directly and preferred IUDs.

Pregnant Women

Placing LARC immediately postpartum can help families avoid the negative outcomes associated with having children born less than 18 months of one another, such as placental abruption, preterm birth, and low birth weight.[5] Immediate postpartum LARC insertion is an effective way to prevent these mistimed or unintended pregnancies because many women have limited access to healthcare and therefore, may not have postpartum doctor's visits at which they can discuss their family planning needs and receive LARC. Consequently, it is important for healthcare providers to discuss immediate postpartum LARC with pregnant women several weeks before their due dates, and ideally earlier in the pregnancy or before they become pregnant.

Effective counseling and education on immediate postpartum LARC must account for women's unique needs following birth. In 2010, the Denver Health and Hospital Authority created a patient information sheet that answers standard questions about immediate postpartum IUD insertion, details eligibility criteria, and provides instructions for immediate postpartum IUD care.[6] Based on the Denver Health one-pager, the following is a list of factors that public health professionals, Medicaid programs, and healthcare providers should consider covering in patient outreach on immediate postpartum LARC:

- When LARC are inserted post-birth and what the process is like. For example, the Denver Health sheet explains that immediate postpartum IUD placement takes place within 15 minutes of birth and the timing may reduce discomfort associated with insertion.
- The benefits of immediate postpartum LARC. These may include preventing the issues associated with mistimed subsequent pregnancies and protecting couples if they choose to have sex soon after birth. Other positive attributes to discuss include immediate postpartum LARC's efficacy, convenience, and reversibility when the patient is ready to have another child.
- The small risks associated with immediate postpartum LARC, such as higher expulsion rates versus insertion between 6-8 weeks[7] and unproven, but theoretical effects on breastfeeding.[8] This information may also include advice to healthcare providers on how they can engage in shared decisionmaking to help patients choose the best birth control for them.[9]
- Whom they can contact if they have questions about immediate postpartum LARC.

People at Risk for Zika Virus

In 2015, Brazilian authorities reported that the country was experiencing an increase in the number of babies born with microcephaly, a rare birth defect in which an infant is born with a small head.[10,11] CDC announced in April 2016 that Zika virus was causing the rise in cases of microcephaly and other brain birth defects.[12] As of publication, Zika has been locally transmitted in the United States, in Florida and some U.S. territories.[13] The disease is likely to spread, however, so public health professionals, Medicaid programs, and healthcare providers should focus patient outreach efforts on Zika prevention and LARC.

CDC has emphasized that approaches to preventing Zika-related birth defects will differ depending on whether a person is already pregnant, wants to conceive, or does not want to conceive at the time.[14] While prevention efforts for patients who want to conceive will focus on other means, such as avoiding mosquito bites,[15] public health professionals, Medicaid programs, and healthcare providers can share information about LARC with patients who do not want to conceive or want to delay conception. Effective patient outreach on Zika and LARC can include:[16]

- Having healthcare providers ask patients in Zika-affected areas, or who plan to travel to a Zika-affected region, about their reproductive goals, such as when they may want to conceive.
- Providing education about how Zika is transmitted. The Zika virus can be transmitted through sex.[17] For patients who do not wish to conceive, LARC can be a good choice for longer term pregnancy protection. For patients who do wish to conceive, discussing other forms of contraception, particularly after a potential Zika infection, is critical.
- Providing education about Zika, including what is known about the disease and what is unknown. For example, CDC has established that Zika can cause severe fetal defects, but there is currently no way of determining whether Zika will pass from an infected mother to her fetus.[18]
- Discussing why LARC may be a good contraception option during an outbreak that causes birth defects. LARC's longevity could be particularly compelling to people who want effective, convenient contraception that they can use through a Zika outbreak.

Patient Outreach Resources

The following is a list of resources that fulfill many of the patient outreach recommendations described above, and which may be instructive as public health professionals, Medicaid programs, and healthcare providers craft their own patient outreach efforts.

- The Reproductive Health Access Project's "Your Birth Control Choices" chart covers pros and cons that the National Campaign study found interest many women, but LARC education materials have not consistently highlighted.

- The Association of Reproductive Health Professionals (ARHP) created factsheets about the Copper T IUD (Spanish version) and Hormonal IUD (Spanish version).

- ARHP also produced two factsheets, "Is the Non-Hormonal IUD Right for You?" and "Is the Hormonal IUD Right for You?," and tailored them to African American and Latina patients.

- The National Association of Nurse Practitioners in Women's Health offers a two-part continuing education (CE) newsletter series, "Implementing Best Practices for Same-Day IUD Insertion," which helps clinicians promote LARC among their patients and meets CE requirements.

- Colorado's BeforePlay.org campaign provides a variety of resources on birth control, such as a sexual health video library that includes videos and radio spots on LARC.

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[2] American College of Obstetricians and Gynecologists. "Long-Acting Reversible Contraception (LARC): IUD and Implant." Available at: http://www.acog.org/Patients/FAQs/Long-Acting-Reversible-Contraception-LARC-IUD-and-Implant. Accessed on 6-29-2016.
[3] American College of Obstetricians and Gynecologists, Committee on Adolescent Health Care Long-Acting Reversible Contraception Working Group. "Adolescents and Long-Acting Reversible Contraception: Implants and Intrauterine Devices." Committee opinion. October 2012. Available at: http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Adolescent-Health-Care/Adolescents-and-Long-Acting-Reversible-Contraception. Accessed on 5-19-2016.
[4] The National Campaign to Prevent Teen and Unplanned Pregnancy. "Whoops Proof Birth Control: How to Reach Women and Increase Their Positive Regard for the Most Effective Methods of Contraception." 2015. Available at: https://thenationalcampaign.org/sites/default/files/resource-primary-download/whoops_proof_insights.pdf. Accessed on 6-29-2016.
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[9] *Id*.
[10] European Centre for Disease Prevention and Control. "Zika outbreak in the Americas and the Pacific." Available at: http://ecdc.europa.eu/en/healthtopics/zika_virus_infection/zika-outbreak/Pages/zika-outbreak.aspx. Accessed on 6-30-2016.
[11] CDC. "Zika and Pregnancy." Available at: http://www.cdc.gov/zika/pregnancy/question-answers.html. Accessed on 6-30-2016.
[12] CDC. "CDC Concludes Zika Causes Microcephaly and Other Birth Defects." Available at: http://www.cdc.gov/media/releases/2016/s0413-zika-microcephaly.html. Accessed on 6-30-2016.
[13] CDC. "Zika virus disease in the United States, 2015–2016." Available at: http://www.cdc.gov/zika/intheus/maps-zika-us.html. Accessed on 8-17-2016.
[14] CDC. "The Importance of Pregnancy Planning in Areas with Active Zika Transmission." Available at: http://www.cdc.gov/zika/pdfs/postzap-familyplanning.pdf. Accessed on 6-30-2016.
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