

# LARC Services for Teens and Young Adults in Publicly Funded Clinics

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# Unintended pregnancy rates have increased overall

	2001	2006
<b>% of pregnancies unintended</b>	<b>48%</b>	<b>49%</b>
15-19	82%	82%
20-24	59%	64%
<b>Unintended pregnancy rate</b>	<b>50</b>	<b>52</b>
15-19	67	60
20-24	101	107

# Factors driving (changes in) unintended pregnancy

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- Sexual activity
- Fecundity
- Contraceptive use
- Desire for pregnancy
- Population composition

# What are LARC methods?

- Defined as a method that requires less than monthly administration
- Typically includes IUDs, implants, sometimes Depo
- Other characteristics
  - Limited user intervention = high compliance
  - High efficacy
  - High continuation rates (80%)
  - Few side effects

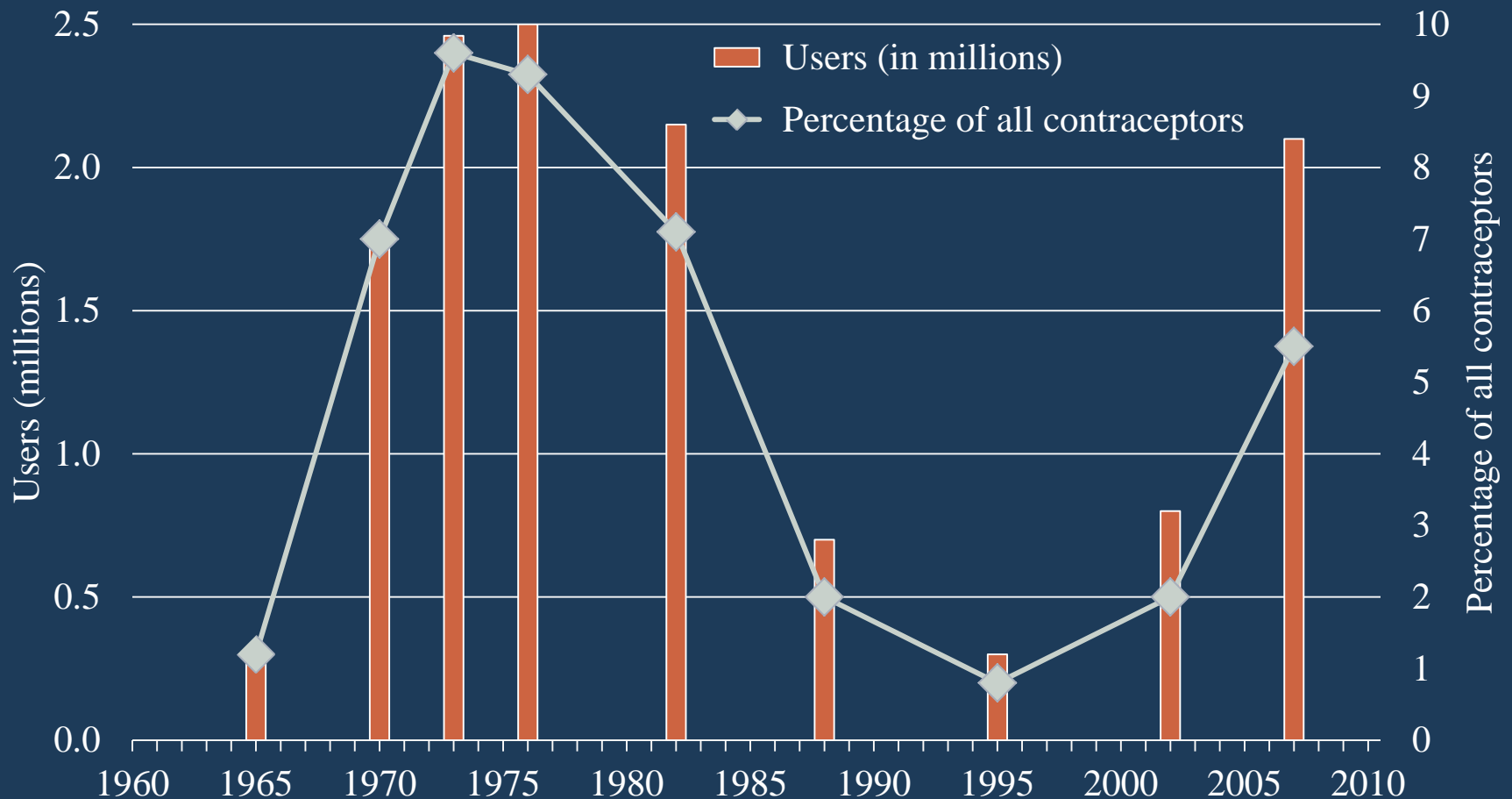


# Why focus on LARC methods?

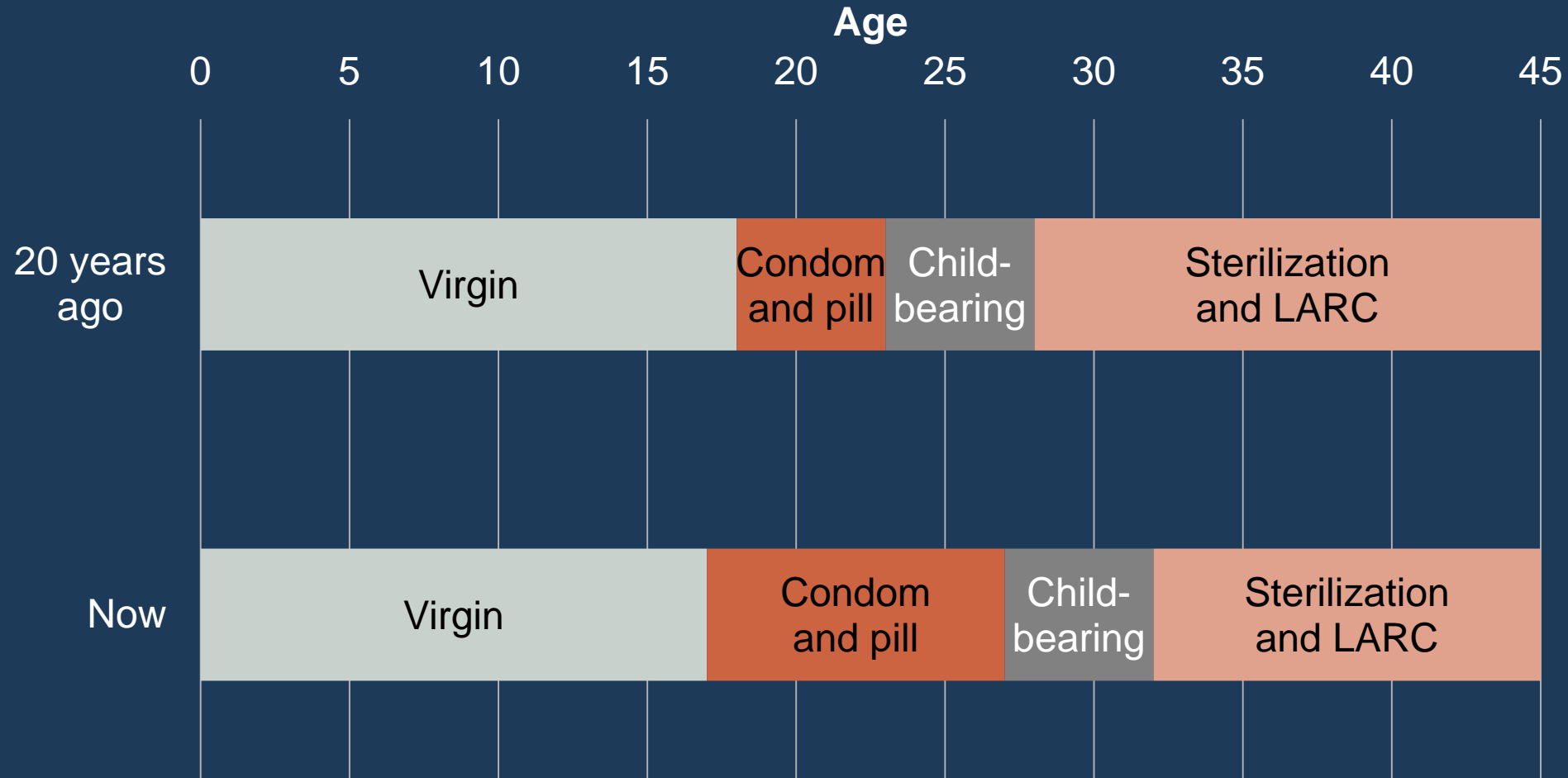
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- Persistent high rates of unintended pregnancy
- Evidence that inserting LARC methods post-abortion reduces repeat abortion rates
- High proportion of unintended pregnancies are due to incorrect or inconsistent method use rather than method failure
- LARC methods have high efficacy, high continuation rates, high satisfaction, and rapid return to fertility after removal

# IUD use in the United States, 1965–2008



# What *might* be happening as childbearing shifts later?



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# Evidence on LARC methods and young women





# Professional opinion on IUDs has evolved

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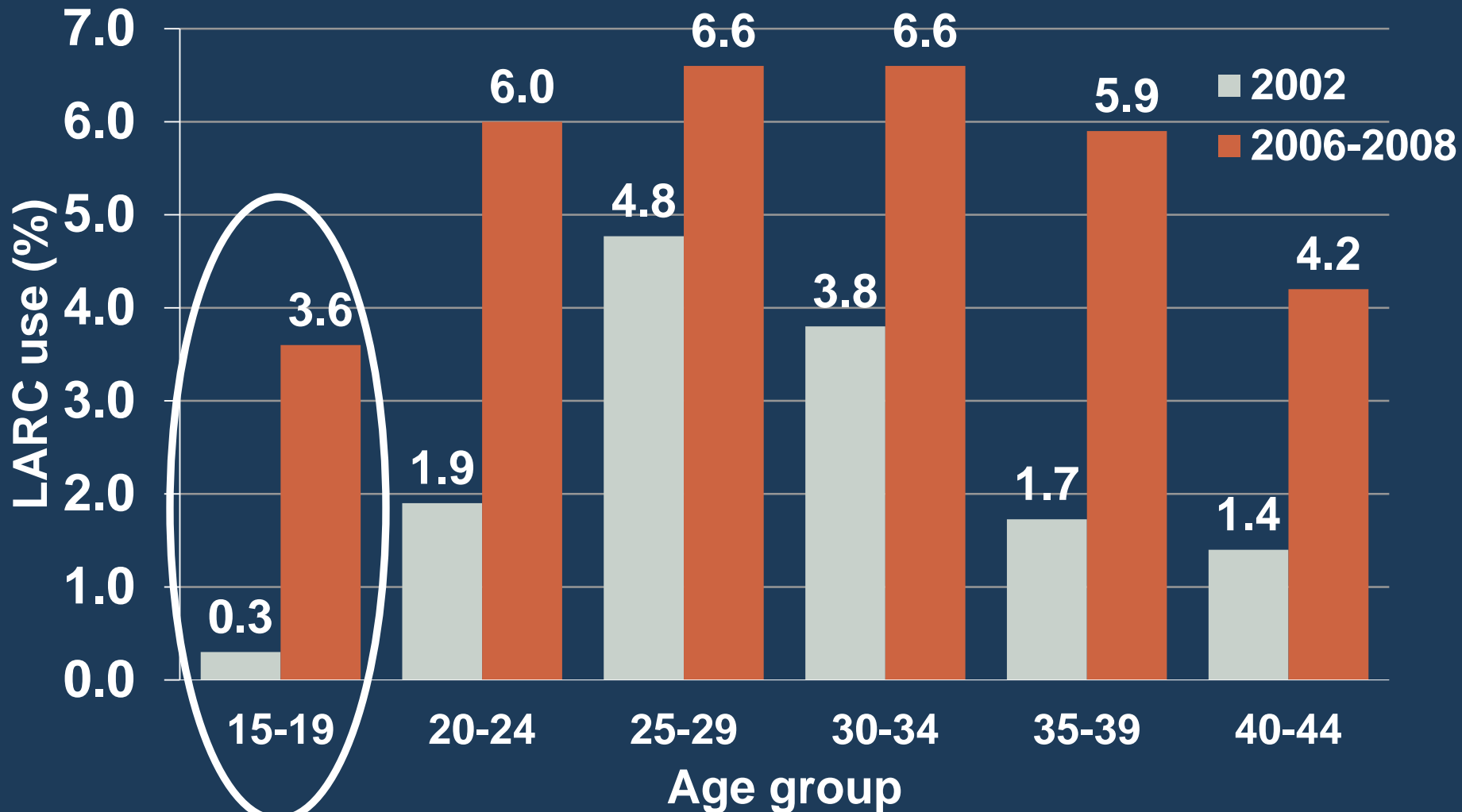
- ACOG 1992: IUD “especially suited” for older, parous, monogamous women
- ACOG 2005: IUD “should be considered for all women who seek a reliable, reversible contraceptive”
- ACOG 2007: IUDs “should be considered first-line choices for both nulliparous and parous adolescents”

# Clinical Guidelines for IUD Use in Nulliparous Women

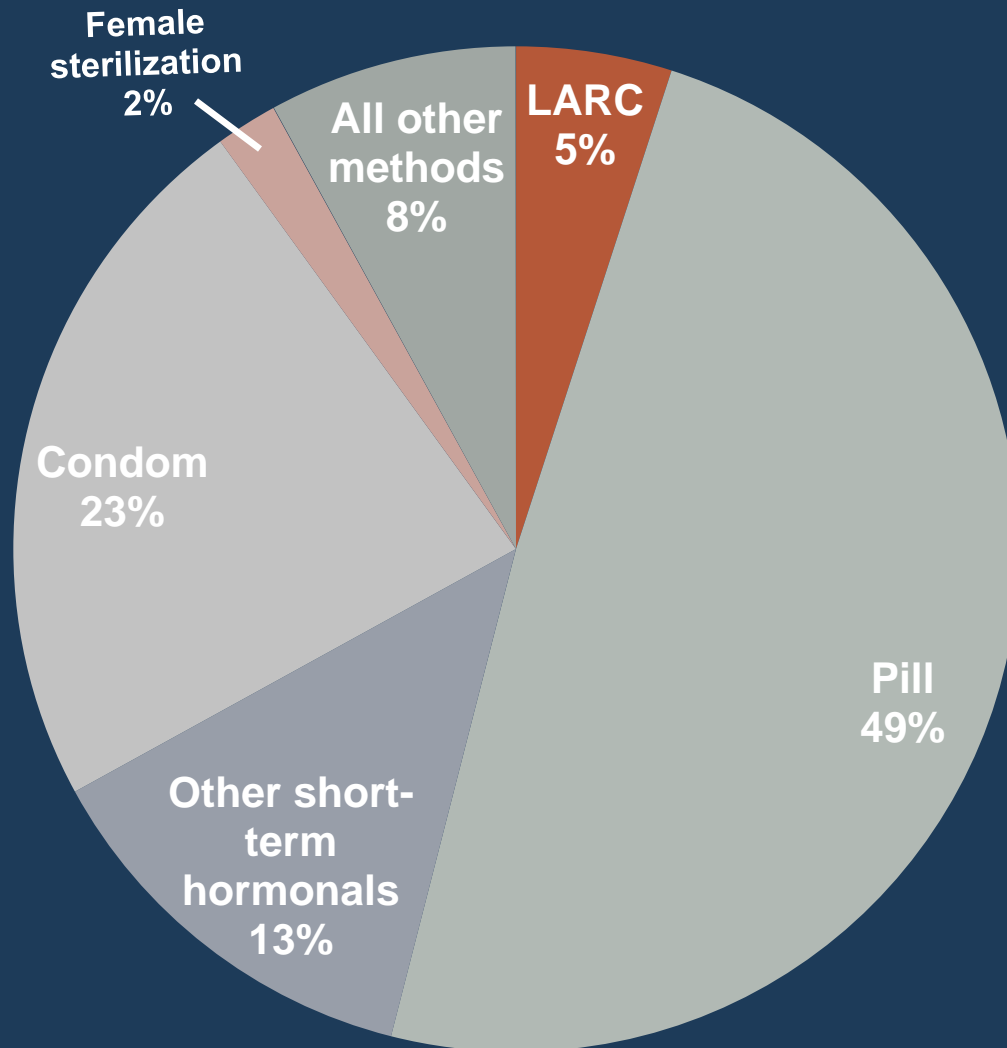
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- Mirena and Paragard are effective and safe
- IUDs have comparable or higher continuation rates compared to other methods
- IUDs do not increase risk of PID or infertility. Mirena may reduce risk
- Due to expulsion rates and bleeding profile, Mirena may be better tolerated than Paragard
- Insertion of an IUD may be more challenging in nulliparous women

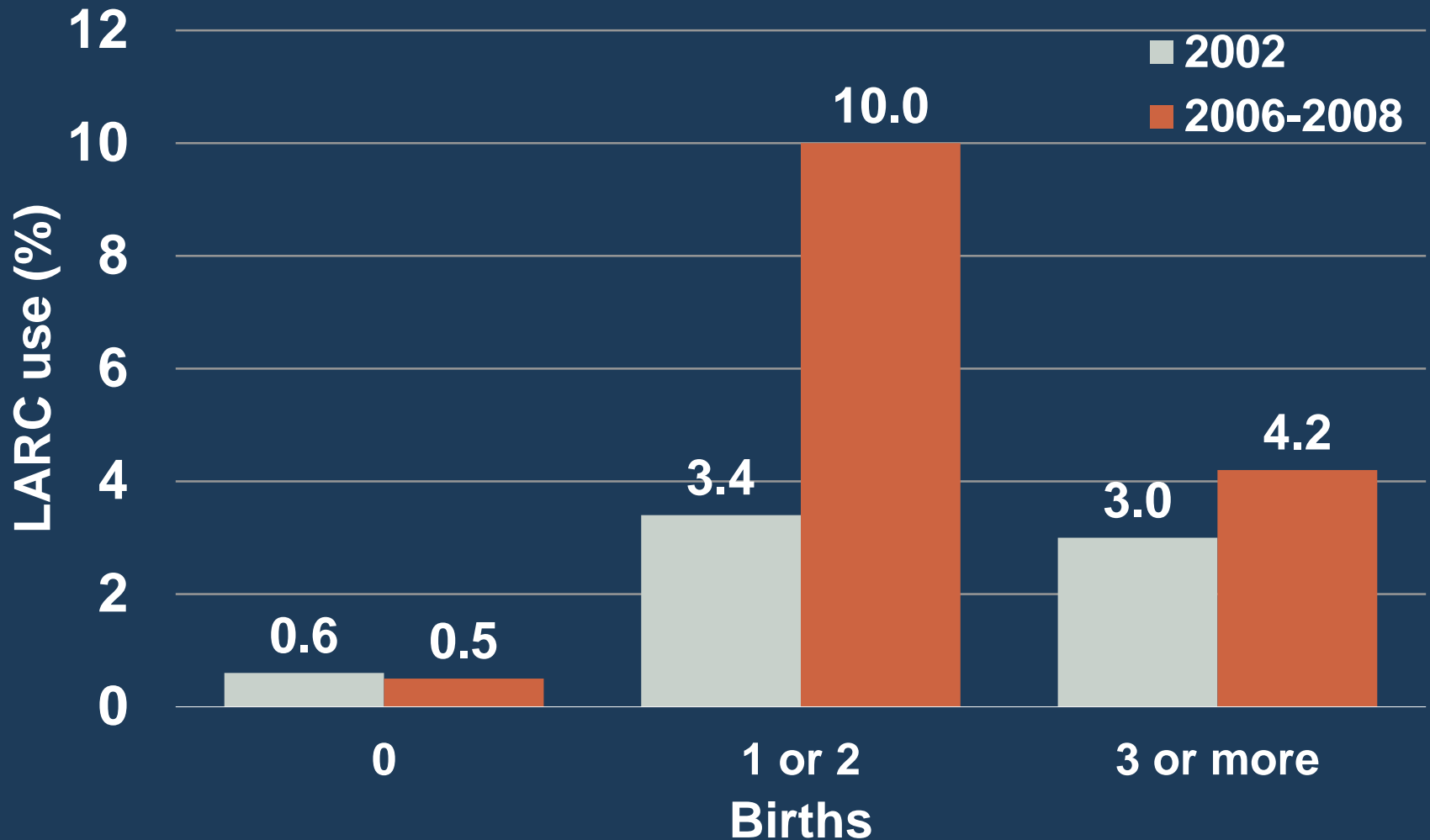
# Since 2002, LARC use has increased within all age groups



# But LARC methods are still unpopular among adolescent and young adult contraceptors



# Women who have had 1 or 2 births are most likely group to use LARC

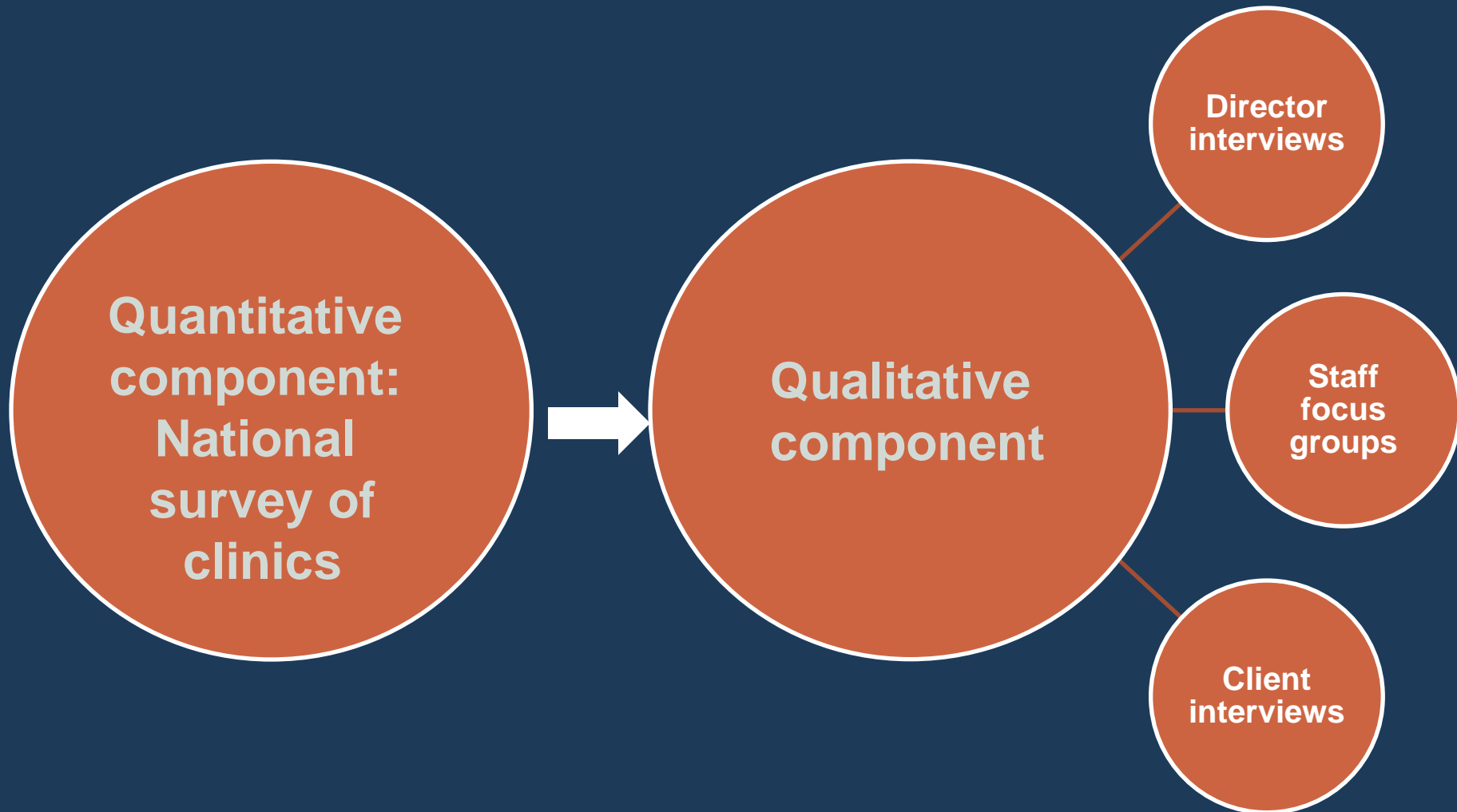


# Goal of Guttmacher study

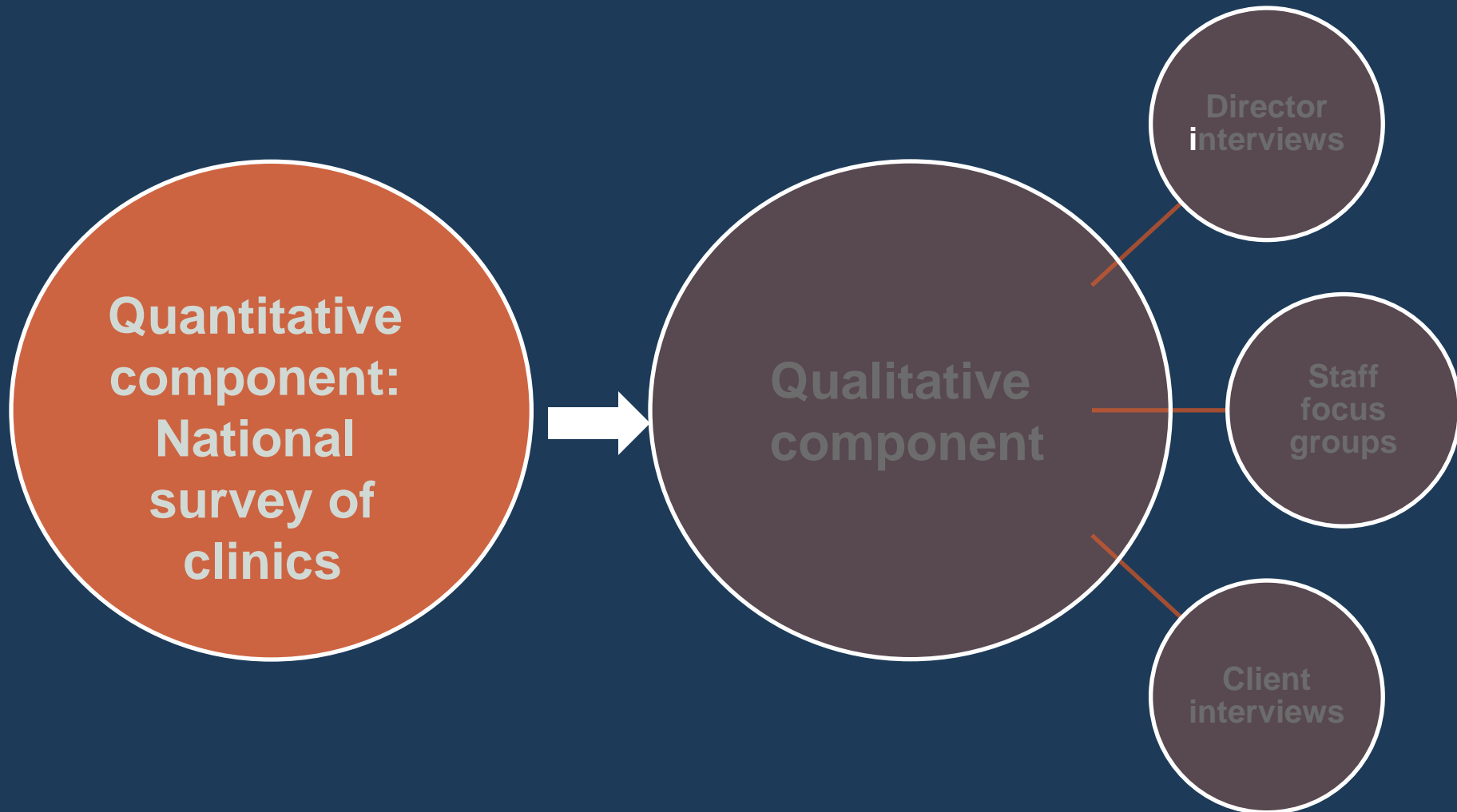
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- To what extent is the provision of LARC methods integrated into services for adolescents and young adults?
  - Key barriers
  - Effective strategies

# Mixed-method Approach



# Mixed-method approach



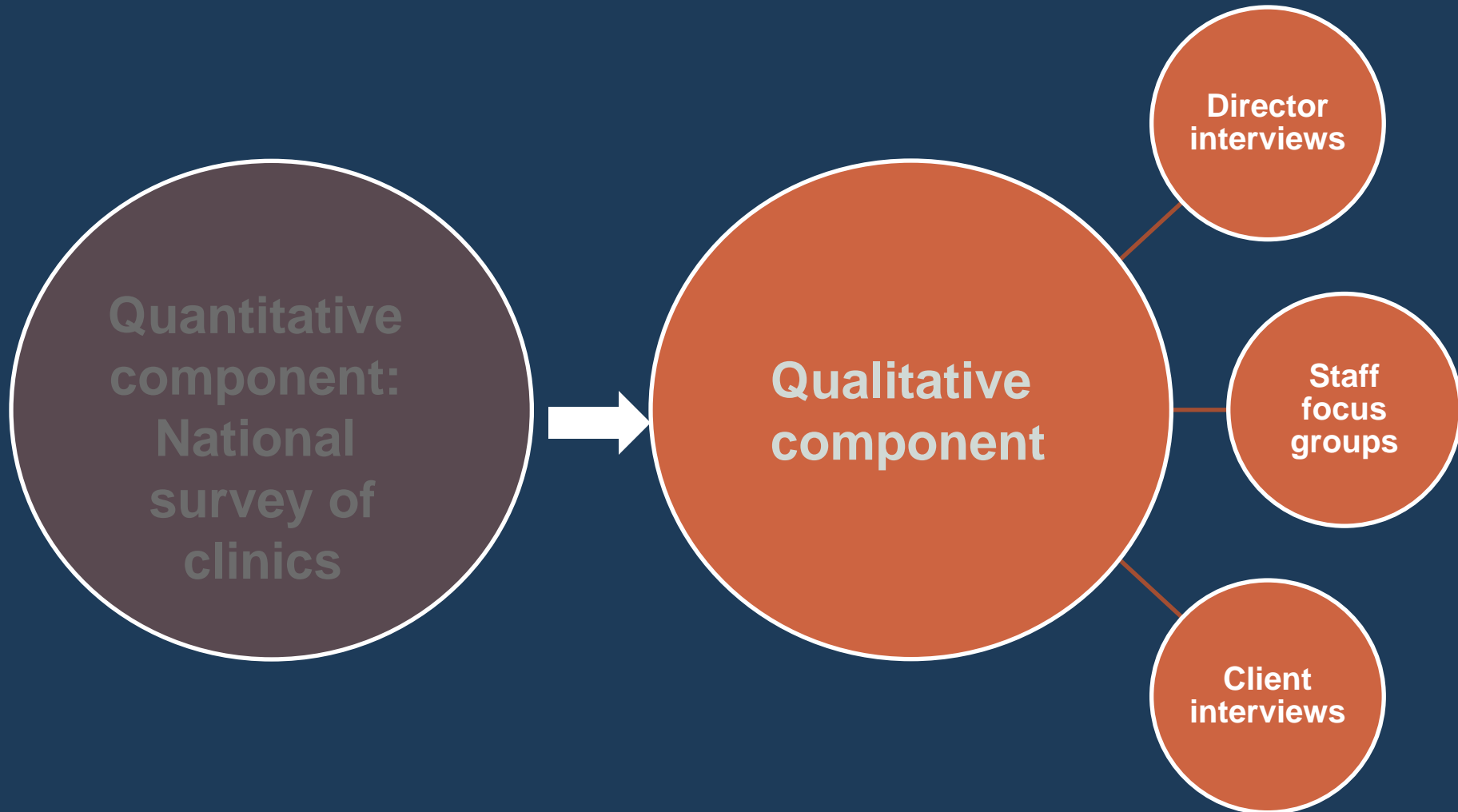


# Mixed-method approach: Quantitative survey of clinics

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- Look at outreach efforts and services tailored to adolescents and young adults
- Examine provision of LARC methods
  - Staff knowledge and training
  - Practice and protocols
  - Use, availability and costs
  - Interest in increased access
  - Barriers

# Mixed-method approach



# Mixed-method approach: **Qualitative component (coming soon)**

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- Identify Title X grantees with high and low LARC utilization among young women
- Grantees helped to identify clinic sites
- Conducted interviews/focus groups with
  - Clinic directors (N = 20)
  - Clinic staff (6 FGDs)
  - Clients (N = 48)

# Key issues for directors and clinic staff

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- Clinic approaches to reaching/serving adolescents, young adults generally
- Provision of LARC methods:
  - Attitudes
  - Workforce/training issues and needs
  - Counseling practices
  - Perceptions of patient attitudes and knowledge
  - Barriers and opportunities

# Key issues for clients

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- Clients' priorities re locating, choosing, and accessing services
- LARC methods:
  - Attitudes
  - Knowledge
  - Experience
  - Interest
  - Concerns
  - Perceived stigma

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**Thank you**

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