The “Forgettable” Contraceptives: Maximizing and Managing LARC Use in Adolescents

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February 18, 2016

Why does adolescent contraception matter?

• 42% of young people ages 15-19 in the US have had sex
• 82% of all adolescent pregnancies (ages 15-19) are UNINTENDED
• Most teens who are sexually active report using SOME form of contraception – but usually condoms, withdrawal, or birth control pills – all of which have relatively high failure rates with typical use
• Use of LARCs (implants and IUDs) is very low among this population
What do the experts say about LARC use in adolescents?

- **ACOG Committee Opinion** Number 642, Oct. 2015:
  - “IUDs and the contraceptive implant are the best reversible methods for preventing unintended pregnancy, rapid repeat pregnancy, and abortion in young women.”
  - Counseling about LARC methods should occur at all health care provider visits with sexually active clients (“every client, every time”)

What do the experts say about LARC use in adolescents? (continued)

- **American Academy of Pediatrics**, Oct. 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”.
  - “Our role as clinicians is to ensure that teens have accurate knowledge about and the opportunity to use a LARC.”

- **CDC**: ([www.cdc.gov/vitalsigns](http://www.cdc.gov/vitalsigns))
  - “…(LARC) are the most effective types of birth control for teens.

The LARC Menu: Something to suit almost anyone?

- Nexplanon
- Liletta, Skyla
- Mirena
- Paragard

- All LARC methods are rapidly reversible, with no delay in return to fertility due to use of the method.
Are LARCs a “revolving door”?  

- No…..  
  - Higher continuance rate than other methods  
  - High satisfaction rate among adolescent users  
  - Pre-insertion counseling and on-going support are crucial to method success

Are there other advantages to LARC use?  

- YES!  
  - Few women are unable to use the methods

Are there other advantages to LARC use? (continued)  

- Continuation rate improved over short-term methods: 86% vs. 55% at 12 mo.  
- Cost effective among the three least expensive methods over a five year period  
- Colorado Family Planning Initiative:  
  - Site was clinics that served 95% of state’s total population  
  - LARCs provided by anonymous foundation at no cost to agency or client  
  - Staff and providers trained free of charge  
  - Used counseling similar to that of the CHOICE project
Are there other advantages to LARC use? (continued)

- LARC use increased fourfold over 3 years – from 4.5% to 19.4%
- Implant use increased fourfold
- IUD use increased almost threefold
- 620 young women had LARC before initiative, 8,435 young women afterward!
- Abortion rate decreased 18% among study enrollees, abortion rates increased 8% among non-enrollees
- Savings to Medicaid of $5.68 for every $1.00 spent
- In one year alone, savings in public funds was approximately $42.5 million

How can clinicians help assure successful LARC use in adolescents? Client-centered counseling is the key!!

- Contraceptive CHOICE Project success story:
  - https://www.youtube.com/user/WUSTLChoiceProject

General strategies for counseling

- Patient should remain clothed
- Use models whenever possible
- Drawings or illustrations
- Pause often to allow for questions
- Discuss myths and allay fears
- Review warning signs vs. normal side effects
- Reinforce important information throughout visit (i.e. bleeding pattern changes)
How can clinicians help assure successful LARC use in adolescents? Client-centered counseling is the key!! (continued)
– Offer the most effective methods FIRST!
– Personalize the message
– Use affirming statements
– Honestly discuss side effects
– Discuss advantages to LARC use
– Reassure that most side effects are completely normal and manageable
– Allow ample time for questions. Involve parents if appropriate. Significant others need to support method use as well.
– LARC counseling should occur with every client at every visit
– Ask about a Reproductive Life Plan

Motivate your patient to create a reproductive life plan.
  • Questions to ask your patient
    – Do you plan to have any (more) children at any time in your future?
      If YES:
        How many children would you like to have?
        How long would you like to wait until you or your partner become pregnant?
        What family planning method do you plan to use until you or your partner are ready to become pregnant?
        How sure are you that you will be able to use this method without any problems?
  • Action Plan:
    – Encourage your patient to make a plan and take action. Remind him/her that the plan doesn’t have to be set in stone.

Motivate your patient to create a reproductive life plan. (continued)
  • Questions to ask your patient
    – Do you plan to have any (more) children at any time in your future?
      If NO:
        What family planning method will you use to avoid pregnancy?
        How sure are you that you will be able to use this method without any problems?
        People’s plans change. Is it possible that you or your partner could ever decide to become pregnant?
  • Action Plan:
    – Encourage your patient to make a plan and take action. Remind him/her that the plan doesn’t have to be set in stone.
Method-Specific Counseling:
What You Might Say to the Patient:

Subdermal Implant – Nexplanon

• Subdermal Implant (Nexplanon)
  – Most highly effective method
  – 3 years or more
  – Thin, flexible, non-latex rod
  – Releases hormone in a very small dose daily
  – Placed in upper inner arm
  – Can be felt but usually not seen
  – The hormone stops your ovary from releasing an egg
  – Can cause irregular bleeding – most common side effect
  – Encourage client to accept bleeding as a possibility prior to insertion
  – Describe insertion in very basic terms
Levonorgestrel IUDs

- Mirena (5+ year effectiveness)
- Skyla (3+ year effectiveness)
- Liletta (3+ year effectiveness)
  - Up to 5 – 7 years of protection. About 99.8% effective
  - Releases a small dose of hormone into the uterus (womb) that makes the mucus in your cervix thick, creating a “plug” that keeps sperm from getting inside the uterus
  - This hormone also keeps the lining of your uterus very thin
  - May have irregular bleeding especially at first
  - After 6 months, most people notice that their periods have definitely gotten lighter and shorter. Some people will stop having a period altogether after 6 months.
  - The IUD is a T-shaped device that fits in the palm of your hand. It is inserted during a pelvic exam. You may feel some strong cramps and pinching sensations while it is being inserted.

Copper IUD (Paragard)
• Copper IUD (Paragard) (10+ years)
  – Another IUD but has copper wire around the device instead of hormones
  – Works by causing a reaction between sperm and egg with the copper in the IUD
  – Interferes with the sperms’ ability to “swim”
  – Some women have heavier periods and more cramping during the first few months after this type of IUD is inserted.
  – Good for those who do not want to use hormones.

Timing of Insertion

• LARCs can be inserted at any time during the menstrual cycle, however, if started at any time other than the first 7 days of a normal cycle, the provider needs to be reasonably certain that the woman is not pregnant.

How to Be Reasonably Certain That a Woman is Not Pregnant

• Is ≤7 days after the start of normal menses
• Has not had sexual intercourse since the start of last normal menses
• Has been correctly and consistently using a reliable method of contraception
• Is ≤7 days after spontaneous or induced abortion
• Is within 4 weeks postpartum
• Is fully or nearly fully breastfeeding, amenorrheic, and <6 months postpartum
Same-day Insertions

– Provide an opportunity to provide most highly effective birth control and decreased the chance of an unplanned pregnancy
– Insertion at time of adolescent’s initial visit should be the STANDARD
– In most cases, it may not be appropriate to ask the client to come back for another appointment
– No need to delay insertion until onset of menses
– No need for STI testing prior to IUD insertion (can be done at insertion)
– CDC MEC guidance: Only pap finding that would preclude IUD placement is “cervical cancer awaiting treatment”.

Nexplanon Insertion:

• Provider Concerns:
  – Depth of insertion
  – Failed insertion of implant
  – Difficult removals

• Client Concerns:
  – Most common side effect is bleeding – irregular, unscheduled, erratic
  – Solutions:
    • Reassurance
    • Bring into clinic for visit and face-to-face discussion
    • Reinforcement of normalcy
    • Myths and misconceptions
    • Medical management of bleeding

IUD Insertions:

• Provider Concerns:
  – Difficult insertions
  – Appropriate candidates

• Trouble-shooting Common Complaints
  – With all LARC methods, strategic and focused pre-insertion counseling can be the key to tolerance of common side effects.
“VERBICAINE”

• A highly effective means of alleviating clients’ fears and dispelling common myths surrounding LARC use.
  – Don’t fall into the trap of removing the device at the first sign of dissatisfaction.
  – Engage the client in a positive discussion, if possible.
    • Present possible scenarios to engage client
    • Offer alternatives to removal

Barriers to LARC Use

• Patient
  – Inadequate or inaccurate knowledge regarding the methods
  – Financial concerns
  – Confidentiality concerns

• Provider
  – Up-front costs of devices
  – Inaccurate knowledge regarding use in adolescents
  – Lack of training in placement and removal of devices.

In Summary: What Can We Do to Promote LARC USE and PREVENT UNPLANNED TEEN PREGNANCY?

• Healthcare providers can:
  – Encourage teens to remain abstinent or practice secondary abstinence whenever possible
  – Recognize LARC as a first-line, safe, and effective method of contraception for teens
  – Seek training in LARC insertions, become comfortable with managing side effects, become comfortable having the conversation with teens about birth control
  – Maintain adequate supplies for LARC insertions (same day insertions), explore funding options to make LARC accessible to all clients