



# Increasing Accessibility to Long-Acting Reversible Contraception in a Public Health Setting

Taylor H. DeBoer & Jennifer G. Hensley

## ABSTRACT

**Objective:** To increase access to long-acting reversible contraception (LARC) by developing and implementing evidence-based criteria for LARC insertions at a public health clinic.

**Design:** A quality improvement pilot project aimed to improve access to LARC for women of reproductive age and decrease associated costs.

**Setting/Local Problem:** Eligibility criteria for LARC at a public health clinic in rural Georgia required two clinic visits and unnecessary screening tests for women interested in these methods. These criteria limited eligibility of candidates who desired LARC, increased time between requests for and insertion of LARC, and increased costs.

**Participants:** A total of 15 women of reproductive age who were uninsured or underinsured had a LARC inserted during project implementation.

**Intervention/Measurements:** The average number of days between visits based on the old (2007) criteria was compared with the average number of days between visits after implementation of the new (2017) criteria, with

specific focus on the number of same-day LARC insertions. A secondary analysis of cost savings was calculated.

**Results:** After implementation of the 2017 criteria, a statistically significant ( $p < .01$ ) decrease in the mean number of days between request for and insertion of LARC was noted. Every woman who requested a LARC received it, and more than half of LARC insertions were provided the same day.

Furthermore, the clinic noted savings of nearly \$1,000 on LARC insertions. **Conclusion:** The wait time for LARC insertion substantially decreased, and more than half of women had a LARC inserted the same day they requested it. By decreasing the wait time between request for and insertion of a LARC and implementing a policy to advocate for same-day insertion, the 2017 criteria decreased women's risk for unintended pregnancy.

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**KEYWORDS:** contraception, LARC, long-acting reversible contraception, public health, quality improvement, same-day, unintended pregnancy

## CLINICAL IMPLICATIONS

- Unintended pregnancy rates remain high in the United States.
- Rates of unintended pregnancy are greatest among women between the ages of 18 and 24 years, women of lower socioeconomic status, and women who have not graduated high school.
- To decrease rates of unintended pregnancy, it is imperative to increase access and decrease barriers to contraception, specifically long-acting reversible contraception (LARC).
- Staff members at public health clinics are in an excellent position to address unintended pregnancy rates and provide increased access to LARC for women at greater risk for unintended pregnancy.
- This quality improvement pilot project is easily applicable in public health and other settings that provide family planning services and provides an example of how to increase access to LARC.



## Introduction

Long-acting reversible contraceptives (LARCs), which include intrauterine devices (IUDs) and the subdermal contraceptive implant, are safe and highly effective (Parks & Peipert, 2016). LARCs are highly effective because they are forgettable methods of contraception (i.e., they are not user dependent). Once placed, the risk of user error or gaps in contraceptive coverage is essentially zero (Parks & Peipert, 2016). The efficacy of LARCs has led to the Centers for Disease Control and Prevention (CDC) to recommend LARCs as a first-line contraceptive method (2015). Access to these contraceptive methods can be increased in an effort to decrease the U.S. rate of unintended and unwanted pregnancies.

Women frequently seek LARCs but encounter barriers to obtaining them, especially in a timely manner. A frequently cited study is the contraceptive CHOICE Project, a prospective cohort study conducted between 2007 and 2011 to increase use of LARC methods and decrease barriers to LARC access. Barriers included the cost of the LARC method and the requirement for two clinic visits: one for counseling and the other for insertion of the IUD or implant (McNicholas, Madden, Secura, & Peipert, 2014). When these barriers were minimized, 75% of the 9,256 women enrolled in the study chose a LARC method for contraception and experienced 20-fold fewer unintended pregnancies than those who did not choose a LARC method.

## Background

Nearly half (45%) of pregnancies in the United States are unintended (Finer & Zolna, 2016). Although not all unintended

pregnancies result in unloved children, in 2010 these unintended pregnancies contributed to an estimated \$21 billion in federal and state expenditures related to births, abortions, and miscarriages (Sonfield & Kost, 2015). Of U.S. women who reported an unintended pregnancy in 2011, 47.4% stated that they were not using contraception at the time of conception (CDC, 2011). In 2011 in the state of Georgia, 55.7% to 61.3% of pregnancies were unintended (CDC, 2011), costing the federal government \$687.7 million and the state \$229.7 million (Guttmacher Institute, n.d.-b).

Unintended pregnancy rates are greatest among women between the ages of 18 and 24 years, women who are of lower socioeconomic status, and women who have not graduated high school (Finer & Zolna, 2016). From their 2013 study, Sonfield and colleagues found that “economically disadvantaged women continue to have fewer opportunities than higher income women to realize the benefits linked to using effective contraception, specifically educational and economic achievement, stable [relationships] and success for their children” (p. 4). Delaying pregnancy with contraception can have positive effects on a woman’s educational and economic achievements (Sonfield, Hasstedt, Kavanaugh, & Anderson., 2013).

LARCs are highly effective because they are forgettable methods of contraception

## Candidates, Testing, and Timing for LARC Insertion

Use of LARC has limited contraindications; therefore, LARC can be considered appropriate for most women of reproductive age (American College of Obstetricians and Gynecologists [ACOG], 2017). These methods are convenient, highly

**Taylor H. DeBoer**, DNP, is a nurse practitioner at the Floyd County Health Department in Rome, GA. **Jennifer G. Hensley**, EdD, is an associate professor of clinical nursing at the University of Texas at Austin in Austin, TX. The authors report no conflicts of interest or relevant financial relationships. Address correspondence to: [taylor.deboer1@gmail.com](mailto:taylor.deboer1@gmail.com).

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