

Increasing Use of Long-Acting Reversible Contraception to Decrease Unplanned Pregnancy



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KEYWORDS

- Long-acting reversible contraception • Unintended pregnancy • Contraception
- Contraception counseling • Family planning

KEY POINTS

- Unintended pregnancy rates remain high in the United States, accounting for one-half of pregnancies.
- Women using short-acting contraception are 21 times more likely than women using long-acting reversible contraceptives (LARC) to have an unplanned pregnancy.
- Adolescents under 21 years old are twice as likely to have an unplanned pregnancy using short-acting methods than women 21 and over.
- Barriers include lack of knowledge and excess cost at the level of the woman, health care provider, and health care system.
- Overcoming these barriers and increasing the number of women using LARC will help to decrease unplanned pregnancies.

INTRODUCTION

Despite modern contraceptive methods, the unplanned pregnancy rate in the United States remains persistently high. The decline in the unplanned pregnancy rates from the 1980s and 1990s stalled by the turn of the century, and even worsened slightly between 2001 and 2006. Rates of unintended pregnancy are differentially distributed based on demographic factors. Just more than 10% of women 18 to 24 years of age experience an unplanned pregnancy each year, which is double the average for all women. Black women experience twice the rate of unplanned pregnancies as white women, and women with incomes below 100% of the federal poverty level have

Disclosures: Dr P. Lotke serves on an international advisory board for Bayer Healthcare and as a clinical trainer for Nexplanon (Merck).

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5 times the rate of unplanned pregnancies as women with incomes at or above 200% of the poverty level.¹

In the past few years, we have reason for optimism. A steady increase in the number of women using long-acting reversible contraception (LARC) including the contraceptive implant and intrauterine devices (IUD) has been noted. From 2002 to 2009, LARC use among reproductive age women more than tripled, from 2.4% to 8.5%.² Because LARC requires no effort after insertion to remain highly effective, efficacy with “typical” use approaches that of “perfect use.”³ The contraceptive failure risk is 20 times greater in women using short-acting methods than in women using LARC.⁴ Greater efficacy, as well as higher continuation rates and satisfaction with LARC compared with other methods,^{5–8} have resulted in decreased rates of unintended pregnancy among LARC users.^{4,9–12}

EFFICACY OF LONG-ACTING REVERSIBLE CONTRACEPTION VERSUS SHORT-ACTING METHODS

A sizable body of evidence demonstrates greater efficacy of LARC than other methods of contraception. Most of this benefit comes from the difference between “typical” versus “perfect” use. Trussell³ compared data from the literature on contraceptive efficacy in the research setting (perfect use) to estimates of efficacy from the National Survey of Family Growth in 1995 and 2002 (typical use). In these surveys, women self-reported their contraceptive method as well as lapses in use. Women who use condoms occasionally but not always are counted among condom users, and active pills users are counted together with women whose prescriptions have lapsed or have not picked up refills for some time.³ Based on these “real-world” scenarios, the failure rate was 9% for the pill, patch, or ring. This is significantly higher than the 0.3% failure rates with perfect use reported in studies, and also higher than the typical failure rates with LARC (Table 1).³ Other data on failure rates emerge from women seeking

Method	Typical Use (% Pregnant in First Year of Use)	Perfect Use (% Pregnant in First Year of Use)	Continuation at 1 y
No method	85	85	—
Withdrawal	22	4	46
Male condom	18	2	43
Combined pills and progestin only pill	9	0.3	67
Evra patch	9	0.3	67
NuvaRing	9	0.3	67
Depo-Provera	6	0.2	56
ParaGard IUD	0.8	0.6	78
Mirena (LNG) IUD	0.2	0.2	80
Implanon	0.05	0.05	84
Female sterilization	0.5	0.5	100
Male sterilization	0.15	0.10	100

Abbreviation: IUD, intrauterine device.

Data from Trussell J. Contraceptive failure in the United States. *Contraception* 2011;83(5):398.

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