Evaluating the use of long acting contraceptives.

What can be done to improve uptake?

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Introduction

The National Institute of Clinical Excellence estimates that 30% of pregnancies in the UK are unplanned ¹, with approximately half of these being due to contraceptive failure ². Despite a reduction in the rate of unplanned pregnancies in England, the problem persists, particularly in the teenage population, with a large proportion of these conceptions being attributed to contraceptive failure.

The most widely used forms of contraception are the oral contraceptive pills (OCP) and male condoms ¹, but worryingly, these are the least effective methods when used typically ³, due to their dependence on user-compliance ^{4,5}. Long-acting reversible contraceptives are an alternative with much lower failure rates, which can be partially attributed to their reduced reliance on the user.

NICE defines a LARC as one that requires administration less than once per cycle or month and currently there are 4 products licensed for use in the UK; the copper IUD, the IUS, the progesterone implant and the progesterone-only injection. ¹ They state that all women requiring contraception should be given comprehensive information about each available method, including long- acting reversible contraception, enabling them to make an informed choice based on their specific needs and preferences. They emphasise that within 1 year, LARC are more cost- effective when compared to the OCP, with the IUD and IUS being more so than the injection or implant ¹.

Aims

To evaluate the uptake of LARC at a GP practice in North Manchester, by establishing whether there is a different in usage among age groups and comparing this to the national figures.

Methods

A literature search using PubMed highlighted important papers for review.

An audit was carried out in February 2016 at a GP practice in an area of Manchester with persistent high teenage pregnancy rates. Using the information collected, percentage uptake of LARC over the past year was compared to that of the oral contraceptive pill.

Results

Patient demographics were established, with this being divided into the age categories being investigated.

Table 1: Numerical data for the number of patients, in each age group starting on a particular form of contraception, over the preceding year.

Age	IUD/IUS	Injection	Implant	OCP
15-24	2	5	3	25
25-34	10	6	5	30
35-44	12	3	3	8
45-54	3	0	0	2
Total	27	14	11	65
LARC v OCP	52			65

Figure 2: A graphical representation of the number of patients, in each 10-year category, starting each form of contraception over the preceding year.

There is a remarkable difference in the number of women beginning to take the OCP in the women between the ages of 15-34 compared to those 35 and over, with the percentage being even higher in the youngest of the women. This can be more easily appreciated when concentrating on this group alone.

Figure 3: A graphical representation of women aged 15-24; depicting which method of contraception they chose to begin, over the preceding year.

Conclusions

LARC uptake remains low, despite its superior efficacy compared to the OCP. The figures within this practice are in line with the national statistics, which suggest that the use of LARC among under 25s is around 30%, increasing to a little over 50% in the over 35s ⁶. What this highlights is that this is a UK wide issue, but one that should be targeted locally as well as nationally.

The literature suggests that this is due to a number of reasons; including the attitude of our society towards the LARC and the ‘social norm’, which has deemed LARC to be a method of contraception to be used by the older generations ⁷. The other major factors were provider opinion, their skill ^{8,9} and the quality of information given during counselling.

Recommendations

It is evident that in order to continue reducing the rate of unwanted pregnancies, future direction should focus on increasing the uptake of LARC, particularly among the younger population of women. This should be a national target, but is one that needs to be addressed locally to achieve this change.

- All members of the practice should participate in appropriate counselling training, covering detailed information concerning each of the methods of contraception available.
- More time should be allocated for a detailed discussion of the different methods of contraception available for each woman.
- The conversation should be thoroughly recorded in the notes, along with a reason for decline, if appropriate/given. This will enable future audit to provide more focused exploration and directed approaches to improving uptake.
- With social media ¹⁰ holding such an influential role in the lives of young people today, it represents an invaluable prospect for future campaigning, both in this example and many other elements of healthcare.

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