

Tuesday March 21, 2017
Safe Healthy Strong Pre-Conference
Beyond LARCs: Addressing Contraceptive Access and Equity

Highly-effective contraceptives, often called Long-Acting Reversible Contraceptives (or LARCs), include hormonal and non-hormonal intrauterine devices (IUDs) and hormonal implants. Once placed by a health care provider, these contraceptive methods remain safe and effective for years. In fact, LARCs are often more effective than other contraceptive methods, such as birth control pills and condoms, because they do not rely on patient compliance. The American Association of Pediatrics (AAP) recommends LARCs for adolescents as an important means of preventing teen pregnancy.¹ Additionally, the American College of Obstetricians and Gynecologists (ACOG) encourages physicians to discuss LARCs with women of any reproductive age at risk for unintended pregnancy, regardless of a previous history of childbearing.²

However, it is important to consider that LARCs alone will not eliminate teen and unintended pregnancy. Decisions about sex, relationships, pregnancy, childbearing, and parenting are influenced by a broad range of individual, family, community, cultural, social, policy, and systems factors, including long-standing structural factors – such as racism, ableism, classism, and sexism – that contribute to health inequity over an individual lifetime and across generations.³ In order to support the reproductive autonomy of all individuals and communities, access to all contraceptive methods – including LARCs when they are desired by an individual – is certainly a key factor. Education about contraceptive methods must occur in a nondirective, unbiased manner in accordance with health behavior theory and evidence-based practices that support patient and client decisions about the contraceptive method that will work the best for them in the context of their own lives. In particular, client-centered communication skills can assist health care providers and other professionals with helping patients and clients resolve ambivalence about their pregnancy intentions, make informed decisions about contraceptive methods, and use contraceptive methods correctly and consistently.

The pre-conference session aims to build an understanding of the structural factors and systems that impede health equity. With that understanding, participants will spend time learning about current FDA approved contraceptive methods, including their effectiveness, benefits and possible risks. Participants will then practice motivational interviewing skills and evidence-based client education practices to help clients make the best decisions for themselves about contraception.

¹ American Association of Pediatrics. Policy statement: contraception for adolescents. *Pediatrics*. 2014;134(4):e1244-e1256.

² American College of Obstetricians and Gynecologists. Committee opinion, number 642: increasing access to contraceptive implants and intrauterine devices to reduce unintended pregnancy. *Obstetrics and Gynecology*. 2015;126:e44-e48.

³ Gubrium AC, Mann ES, Borrero S, *et al*. Realizing reproductive health equity needs more than long-acting reversible contraception (LARC). *American Journal of Public Health*. 2015;106(1):18-19.