



Long acting reversible contraceptive methods can reduce unintended pregnancies in Australia

EMBARGOED UNTIL 7am 26 September 2017

‘Increased access to long acting reversible contraceptive methods, or “LARCs”, can reduce unintended pregnancies in Australia’, says Alison Verhoeven, Chief Executive of the Australian Healthcare and Hospitals Association (AHHA).

AHHA has released a [Consensus Statement on the use of LARCs](#), reflecting the views of consumers and leading health professionals and experts attending a recent AHHA workshop on this topic.

‘When we talk of LARCs we mean progestogen-only implant and hormonal and copper intrauterine devices (IUDs)’, Ms Verhoeven said.

‘The uptake of LARCs is low in Australia—yet clinical and other experts, both here and internationally, recommend them as the most effective reversible contraceptive, within the context of informed choice.

‘The release of the contraceptive pill in 1961 led to huge changes in women’s lives as they assumed control over their reproductive future. The pill continues to be used widely—estimates for primary contraceptive method for Australian women are that 33% use oral contraceptives, 30% condoms, and 19% sterilisation.

‘But despite this, unintended pregnancy remains a significant health issue. Around 60% of Australian women who have had an unintended pregnancy were using contraception—most notably the pill (43%) and condoms (22%). The problem with the pill was usually a missed dose.

‘Although they will not suit everyone, LARCs are a more effective less user-dependent method of contraception’, Ms Verhoeven said.

‘They are also more cost-effective to the health system—but still have some way to go in terms of being used as a genuine contraception alternative.

‘There are several barriers to best-practice contraceptive management for women in Australia, ranging from lack of knowledge and support systems among consumers and professionals to financial barriers.

‘Participants at our workshop felt that all levels of government across the health, social and education sectors, as well as consumers, health professionals, and professional colleges and associations, had roles and responsibilities in reducing unintended pregnancies.

‘As a first step, women must be supported to make an informed choice about contraception. This starts from secondary school age onwards, through mechanisms such as education programs in schools and national clinical guidelines.

‘Then, changes to financing and models of care are needed to ensure equitable access to LARCs. This includes MBS items for insertions and removals that adequately reflect the cost of providing the service, as well as taking into account the public health benefit.

‘Training programs for health professionals in implant and IUD insertion and removal should be made easily available. In particular, nurses, midwives and nurse practitioners can and should have increased involvement in LARC procedures.

‘We also need to develop better national data sources on contraceptive use and pregnancy outcomes. This will help ensure that policy development and needs assessments are evidence-based’, Ms Verhoeven said.

The development of the consensus statement and communication was supported by funding from Merck Sharp & Dohme (MSD).

The Australian Healthcare and Hospitals Association is the national peak body for public and not-for-profit hospitals, community and primary healthcare services. Visit the AHHA at www.ahha.asn.au.

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