

# Long acting reversible contraception recommendation rates at a sexual health clinic

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## Introduction

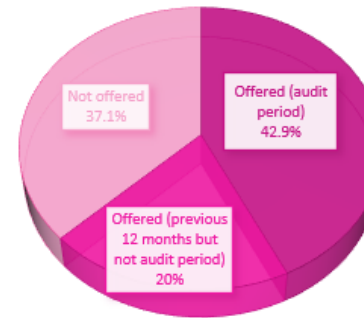
- Long acting reversible contraception (LARC) refers to intrauterine levonorgestrel and copper containing contraceptive devices, and contraceptive implants.<sup>1</sup>
- LARCs have many advantages including but not limited to: being the most effective reversible contraceptive methods, cost-effectiveness and very few contraindications.<sup>1</sup>
- Despite the many benefits, LARC uptake in Australia is relatively low.<sup>1</sup>
- The RANZCOG recommends offering LARCs as a first line contraceptive method.<sup>1</sup>
- We aimed to assess the proportion of patients recommended a LARC in our audit population.



## Methods

- Date range of 1st July to 31st August 2019 inclusive was selected
- Patients, none of whom had contraindications to all LARCs, who attended a contraception appointment at the sexual health clinic were retrospectively audited using electronic records
- Patients already using a LARC and repeat attendees within the time period were excluded
- 70 patients selected for audit

Figure: Documented LARC recommendation rates



## Results

- 30 of 70 patients (42.9%) were documented as being offered a LARC during the audit period.
- Of the 40 patients who were not documented as being offered a LARC:
  - 32 (80%) had been seen in the previous 12 months
    - 14 of 32 (43.8%) of these patients were documented as being offered a LARC in the preceding 12 months; (i.e. 44 of total 70 (62.9%) in 12 months)
  - 17 (42.5%) were currently using medroxyprogesterone injection as contraception

## Discussion

- Results highlight that the proportion of patients documented as being offered a LARC may be improved.
- During follow up appointments, clinicians seem less likely to offer LARCs. Though many patients were already using a method of contraception with high satisfaction such as medroxyprogesterone injection, which is considered by some authors to be a LARC.
- Given the significant advantages of LARCs, clinicians should endeavour to offer them, and address barriers to uptake.

## Reference

1. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Long acting reversible contraception C-Gyn 34 guideline. Jul 2017.