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Ensuring Access to Long Acting Reversible Contraceptives (LARC) for Adolescents

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PolicyLab at The Children's Hospital of Philadelphia

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GOALS FOR TODAY

- Highlight adolescents' NEED for LARC methods
- Provide evidence that LARCS are SAFE
- Describe LARC methods
- Special considerations for use in adolescents
- Policy needs to improve access and utilization

FUNDING DISCLOSURES

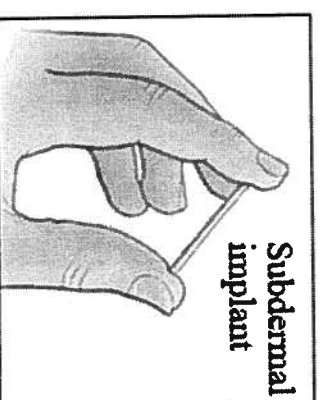
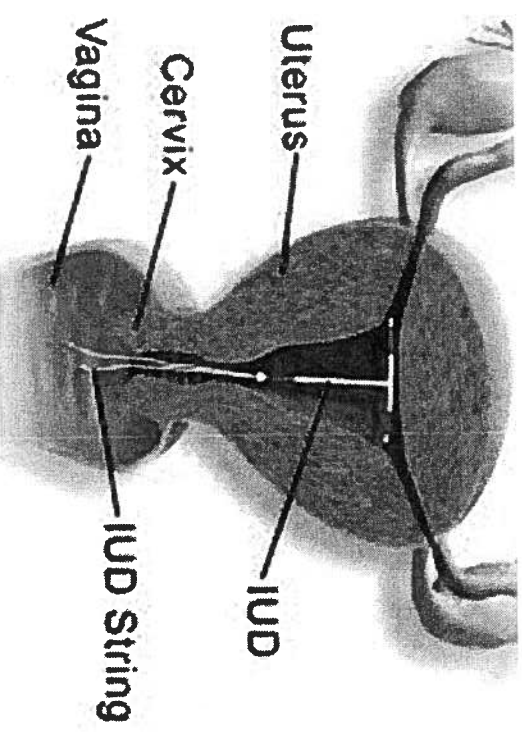
- Bayer Healthcare Pharmaceuticals
- National Institutes of Health
- Templeton Foundation
- Center of Excellence, University of Pennsylvania

WHAT IS A LARC?

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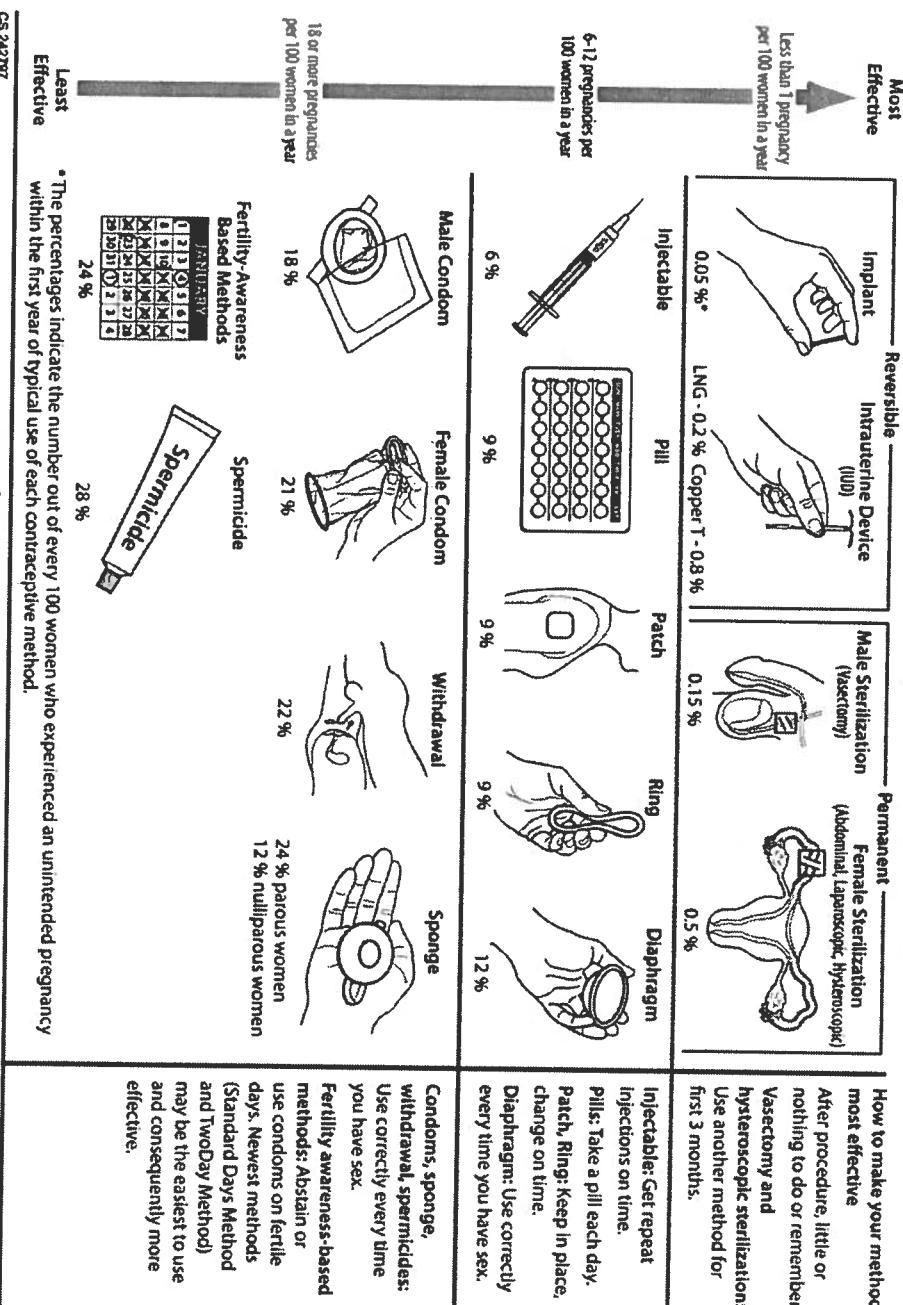
- L – Long
- A – Acting
- R – Reversible
- C – Contraceptive



Implant is placed
underneath skin
of arm

LARC METHODS MOST EFFECTIVE

Effectiveness of Family Planning Methods



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

ENDORSED BY PROMINENT MEDICAL ORGANIZATIONS

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American Academy
of Pediatrics



SAHIM
SOCIETY FOR ADOLESCENT
HEALTH AND MEDICINE



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

COMMITTEE OPINION

Number 539 • October 2012

(Replaces Committee Opinion No. 392, December 2007)

Committee on Adolescent Health Care

Long-Acting Reversible Contraception Working Group

This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

Adolescents and Long-Acting Reversible Contraception: Implants and Intrauterine Devices

ABSTRACT: Long-acting reversible contraception (LARC)—intrauterine devices and the contraceptive implant—are safe and appropriate contraceptive methods for most women and adolescents. The LARC methods are top-tier contraceptives based on effectiveness, with pregnancy rates of less than 1% per year for perfect use and typical use. These contraceptives have the highest rates of satisfaction and continuation of all reversible contraceptives. Adolescents are at high risk of unintended pregnancy and may benefit from increased access to LARC methods.

INITIATION OF SEXUAL ACTIVITY DURING TEEN YEARS COMMON

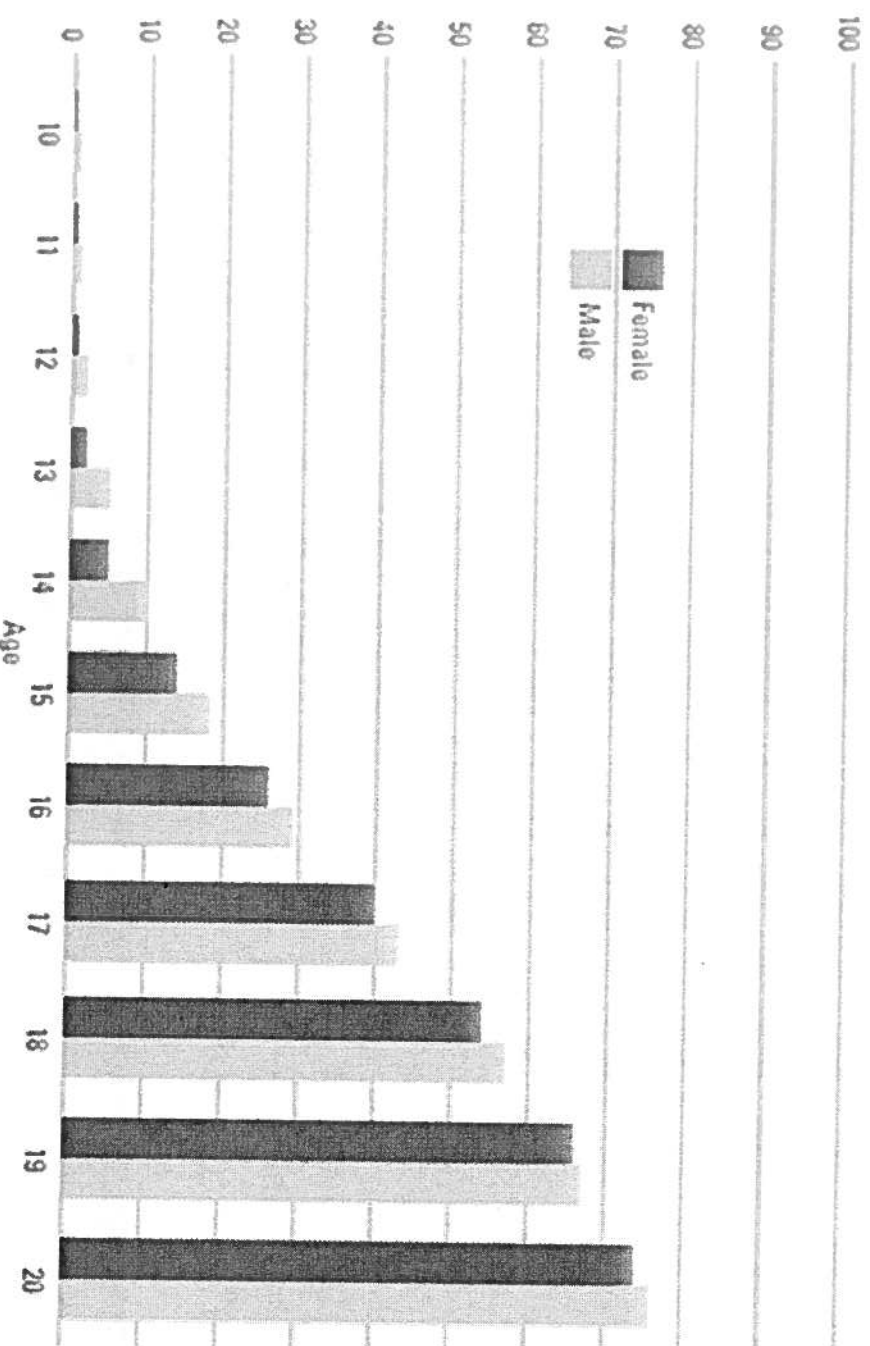
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Teen Sexual Activity

Adolescence is a time of rapid change.

% of adolescents who have had sex by each age



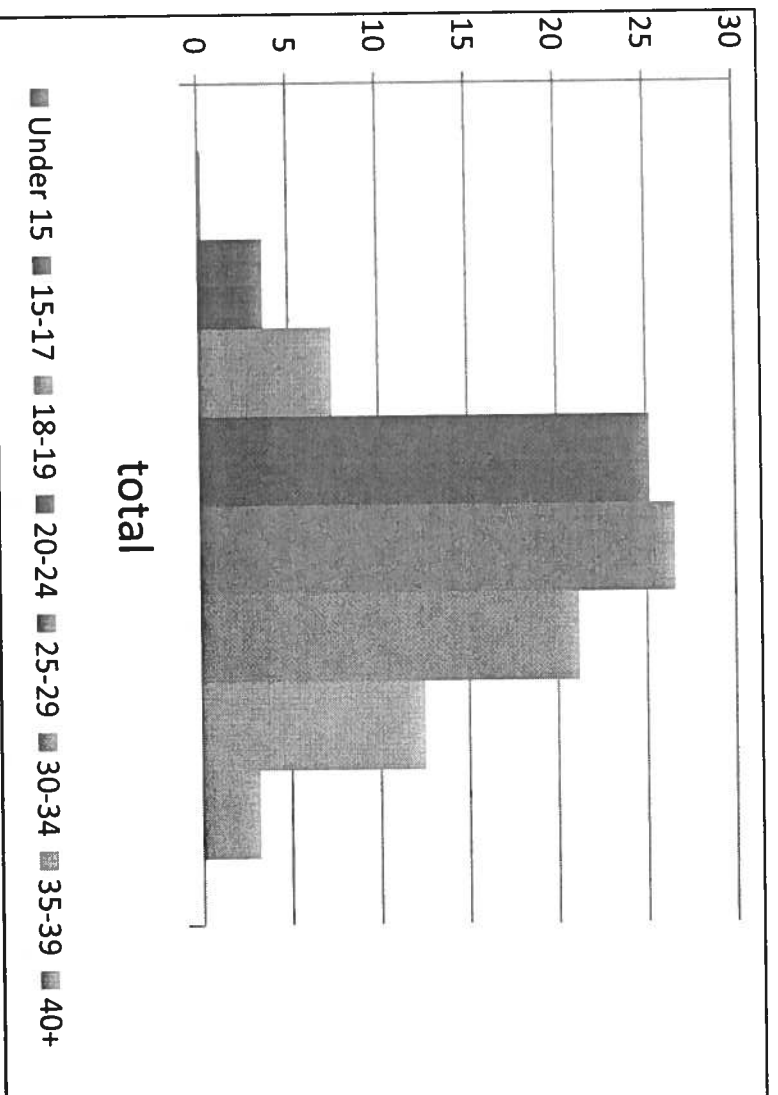
www.guttmacher.org

SMALL PROPORTION OF PREGNANCIES AMONG TEENS, BUT A BIG IMPACT

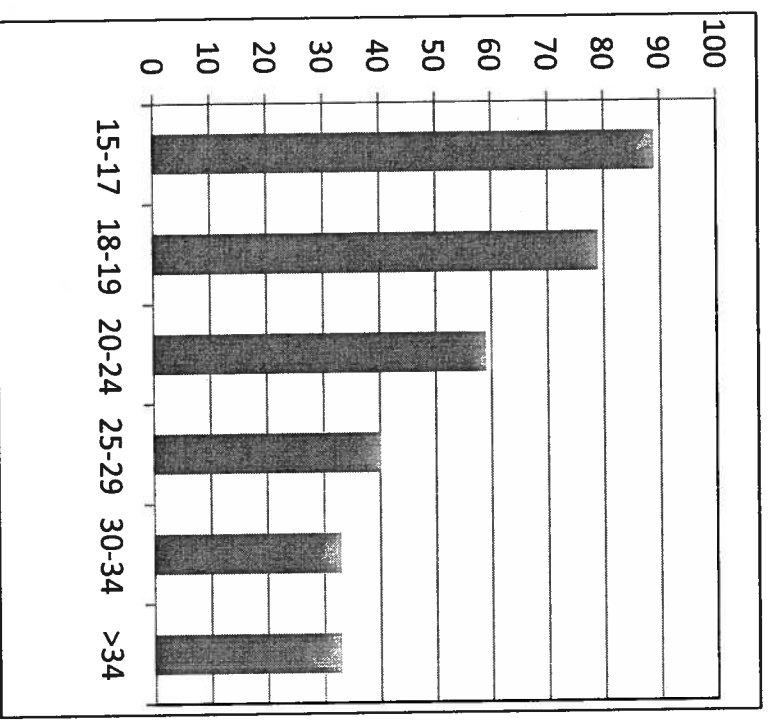
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Proportion of Pregnancies among U.S. Women by Age



Proportion of Unintended Pregnancies among U.S. Women by Age



SOURCES: CDC/NCHS, National Vital Statistics System and National Survey of Family Growth; CDC, Abortion Surveillance System; and Guttmacher Institute.

Finer, AJPH, 2014

**THERE ARE MANY REASONS AN
ADOLESCENT MAY USE A LARC**

- Contraception
 - General population
 - Postpartum
 - Postabortal
- Emergency contraception
- Menstrual problems
 - Heavy menstrual flow
 - Dysmenorrhea
- When estrogen medically contraindicated

WHAT IF LARC WAS AVAILABLE AT NO COST?

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- Funded by anonymous foundation
- Provided no-cost contraception to reproductive age women in St. Louis
- Of the 1,404 teen participants 72% chose a LARC
 - Pregnancy rate 34.0 per 1,000 vs national average of 158.5 per 1,000
 - Abortion rate was 9.7 per 1,000 vs national average of 41.5 per 1,000 teens

How Colorado Dropped Teen Birth Rate by 40 Percent in Four Years

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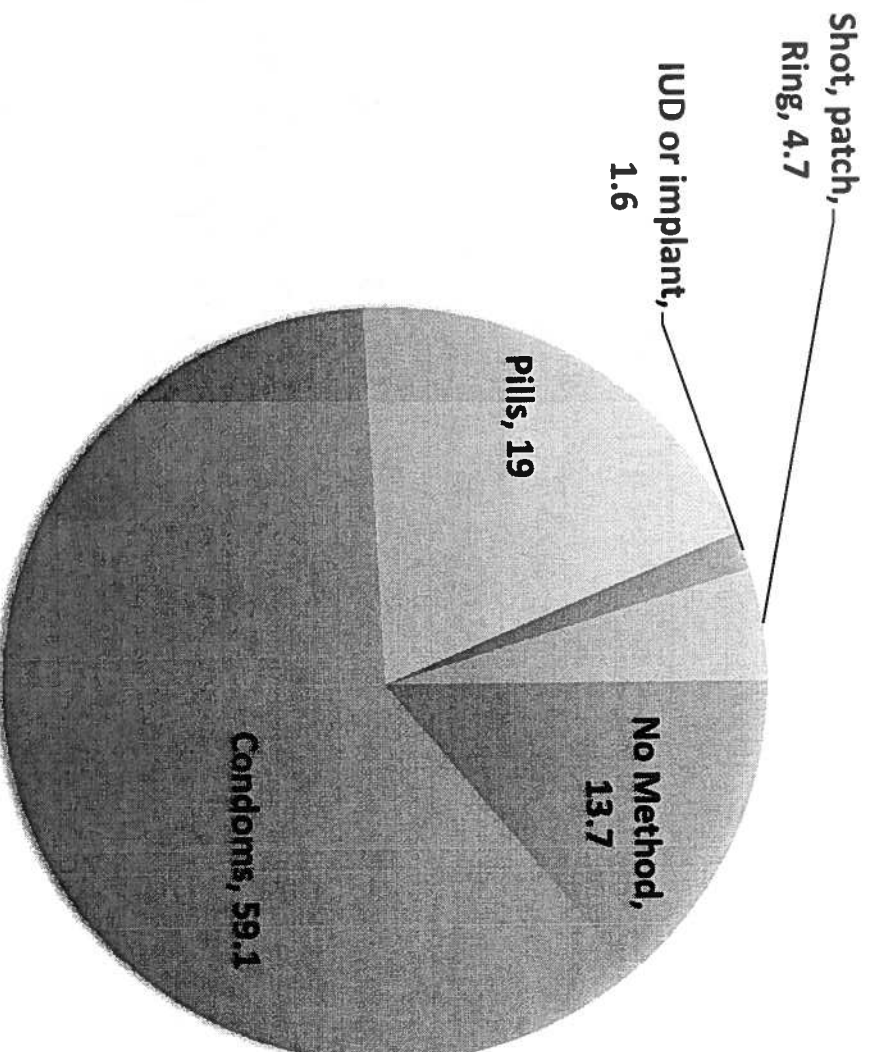
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- Since 2009, Colorado has provided 30,000 LARCs at low or no cost
- Teen abortion rate fell 35% between 2009 and 2012
- State saved \$42.5 million in health expenditures associated with teen births
- Teens 5X more likely to be pregnant again one year later if they did not receive an immediate postpartum IUD

Tocce KM, Sheeder JL, Teal SB. Rapid repeat pregnancy in adolescents: do immediate postpartum contraceptive implants make a difference? Am J Obstet Gynecol 2012;206:481.e1-7.

HOW OFTEN DO ADOLESCENTS USE A LARC?

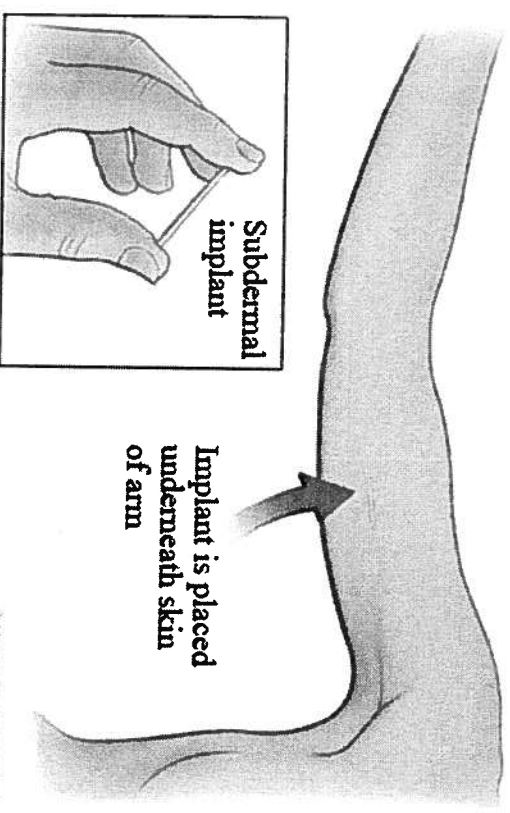
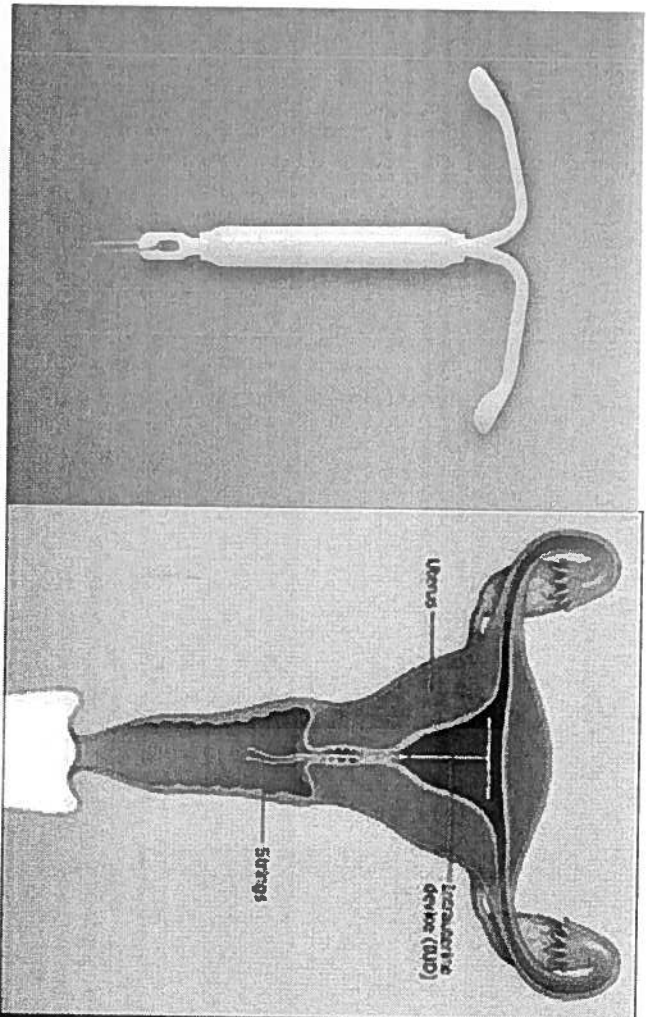
Percent of Adolescents Who Used Each Birth Control Method at Last Sex*



* Among the 34% of high school students who have been sexually active in the past 3 months

WHAT ARE LARC METHODS

- Intrauterine Contraception
 - Non-Hormonal
 - Paragard (1988)
 - Hormonal
 - Mirena IUS (2000)
 - Skyla (2013)
 - Liletta (2015)
- Subdermal Hormonal Implant
 - Nexplanon (2006)



DEVICE SPECIFIC INDICATIONS

Indication	Paragard	Mirena	Skyla	Nexplanon
Contraception	X (10-12 years)	X (5-7 years)	X (3 years)	X (3 years)
Menorrhagia	---	X	X	---
Emergency contraception	X (<u><</u> 72 hours unprotected sex)	---	---	---
Nulliparous women	X	---	X	X

LARC

LONG-ACTING REVERSIBLE CONTRACEPTION

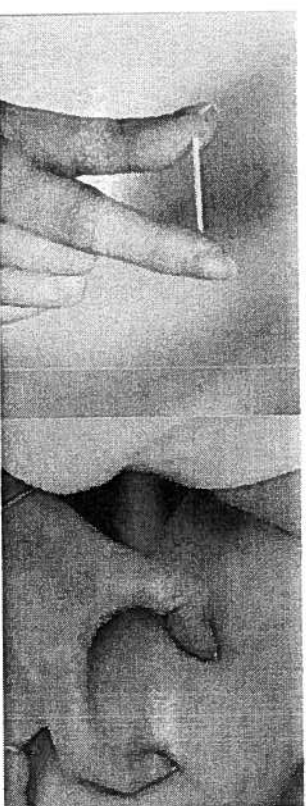
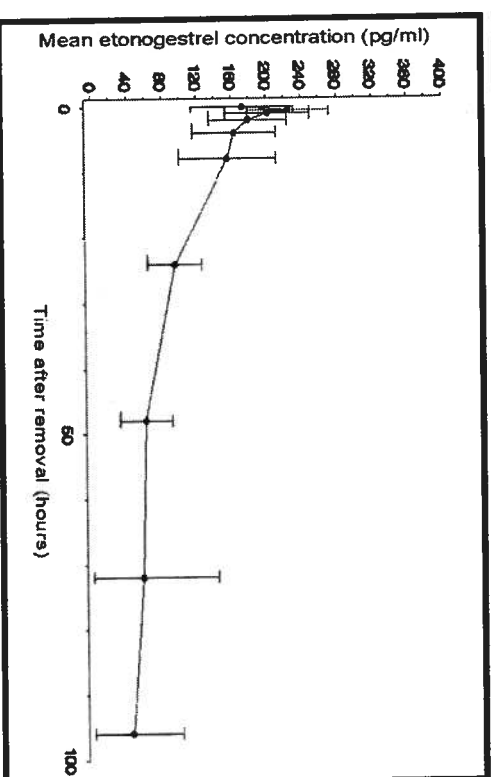
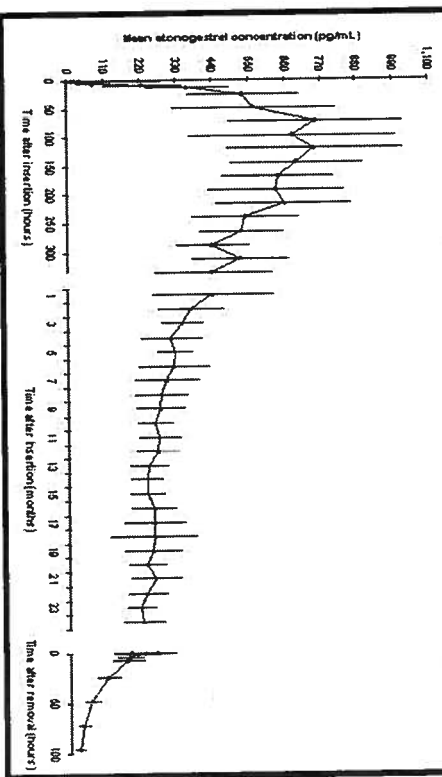
		INTRAUTERINE DEVICE (IUD)		IMPLANT	
	Mirena	ParaGard	Skylla	Nexplanon	
Active ingredient	Hormonal (levonorgestrel)	Copper-releasing	Hormonal (levonorgestrel)	Hormonal (etonogestrel)	
Effective time	Up to five years	Up to 10 years	Up to three years	Up to three years	
Failure rate in practice	0.2%	0.8%	0.2%	0.05%	
Year method was FDA approved	2000	1984	2013	2011	
Notable features	Also marketed for treatment of heavy menstrual bleeding	Marketed as the most effective reversible method that is hormone-free	Marketed specifically for women who have not given birth	Equipped with a preloaded applicator designed to ease insertion	
Common Side effects	Spotting, amenorrhea	Increase menstrual bleeding and cramps	Spotting	Irregular bleeding of variable duration	
Rare Side effects	Expulsion, infection, perforation, hormone effect	Expulsion, infection, perforation	Expulsion, infection, perforation, hormone effect	Deep placement, infection	

NEXPLANON

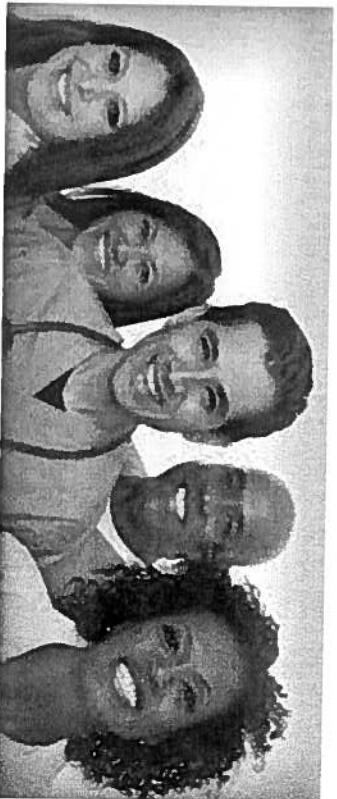
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- Vinyl-based frame with medication reservoir
- Duration – 3 year
- Mechanism
 - Inhibit ovulation and thicken cervical mucus
 - Rapid onset of action and rapidly reversible
- Side effects: pain, redness, swelling



SPECIAL CONSIDERATIONS FOR LARC USE IN ADOLESCENTS



Provider Considerations

ISSUES

LARC
Knowledge

Counseling
Skills

Insertion Skills

Post-insertion
Management

SOLUTIONS

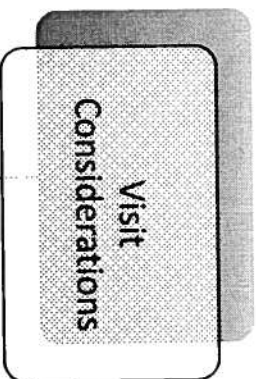
Education
Opportunities

Training

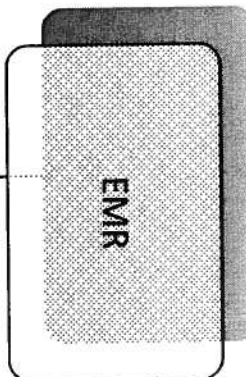
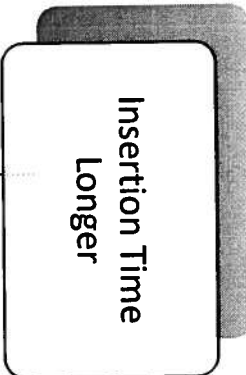
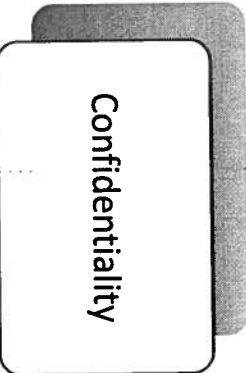
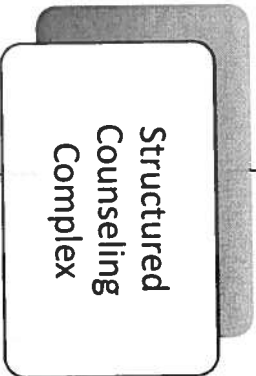
Training

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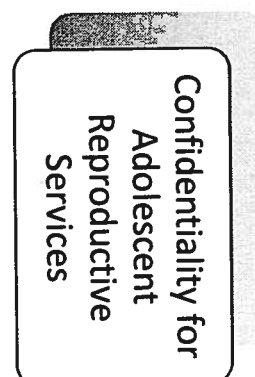
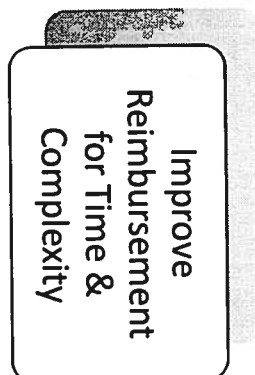
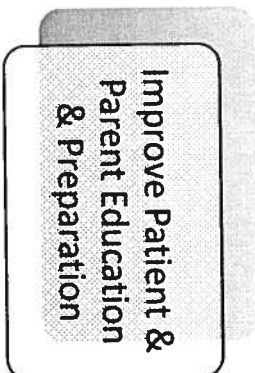
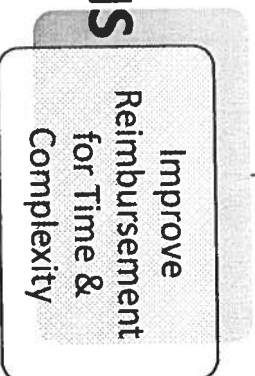
SPECIAL CONSIDERATIONS FOR LARC USE IN ADOLESCENTS



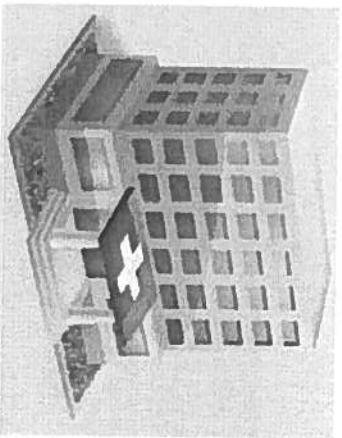
ISSUES



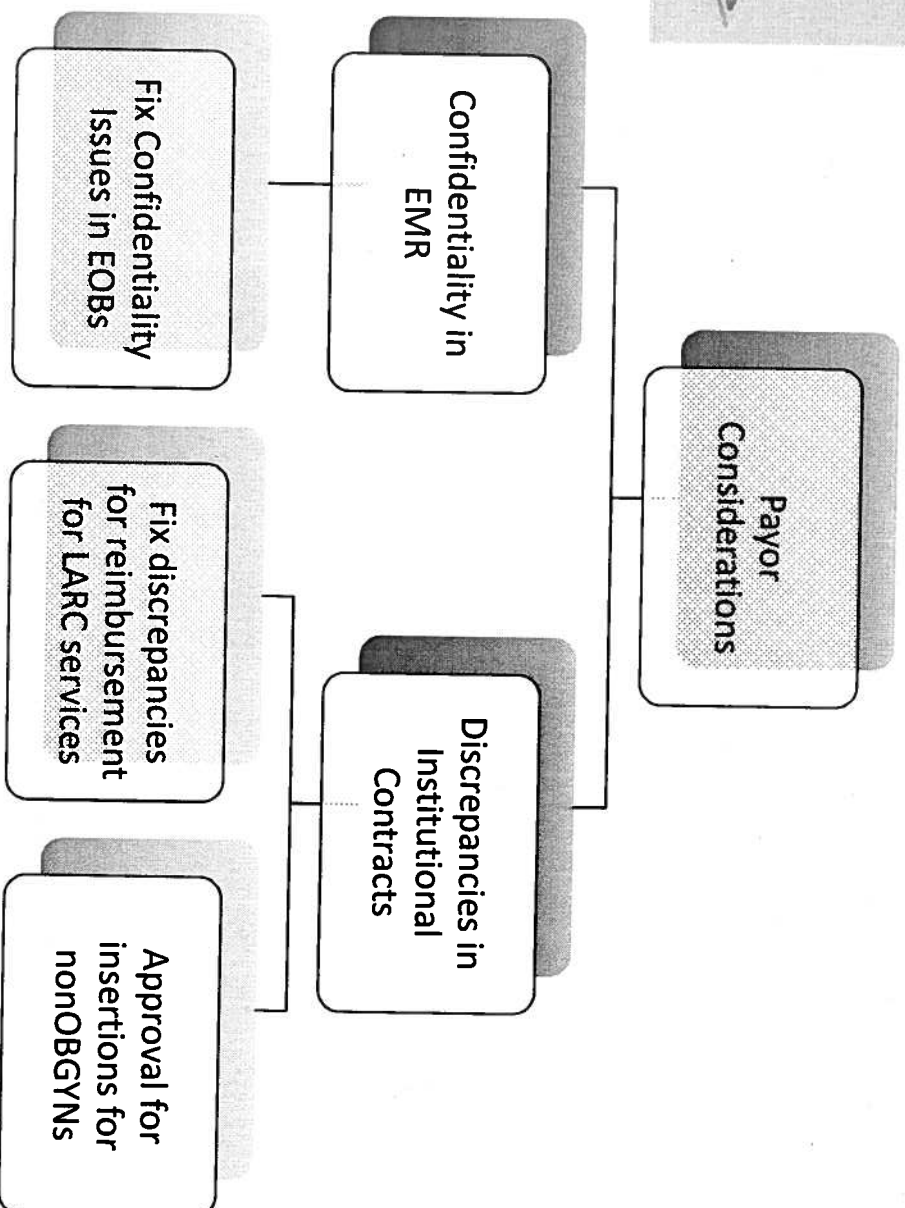
SOLUTIONS



SPECIAL CONSIDERATIONS FOR LARC USE IN ADOLESCENTS



ISSUES

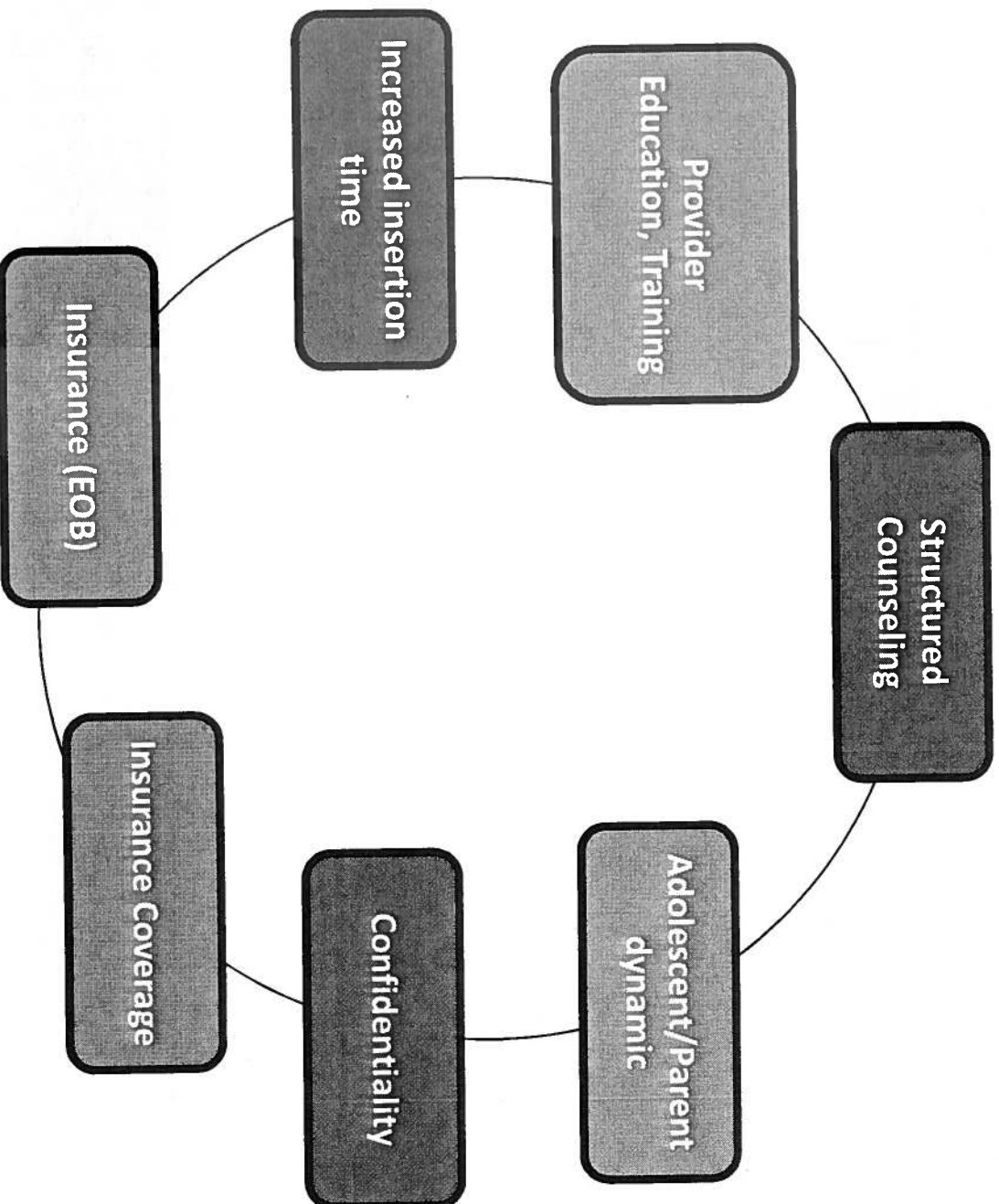


SOLUTIONS

SPECIAL CONSIDERATIONS FOR LARC USE IN ADOLESCENTS

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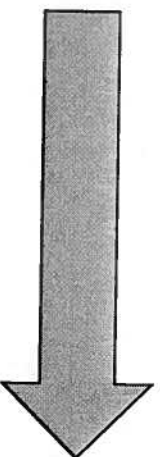
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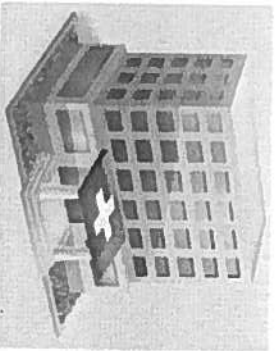
SOLUTIONS ARE POSSIBLE



Health Providers



- Access for non-OB/GYN providers to training in LARC placement
- Improve provider knowledge about indications for LARC use



Payers



- Fix confidentiality issues due to EOBS
- Fix discrepancies in facilities' contracts for reimbursement for LARC services
- Address high rates of service denials
- Improve reimbursement for adolescent services due to increased time & complexity of LARC services

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QUESTIONS
AND
COMMENTS

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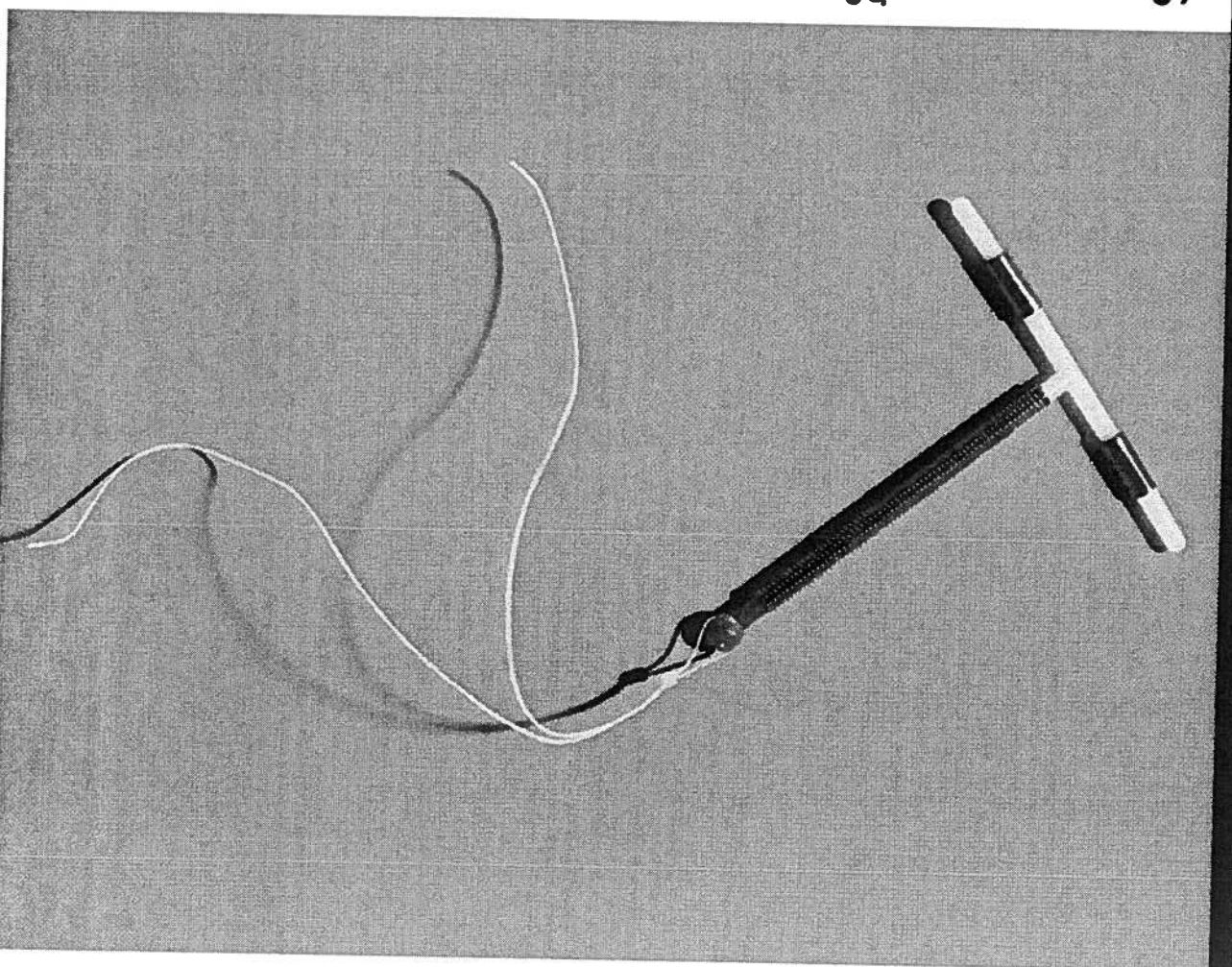
www.policylab.chop.edu

NON HORMONAL IUD: COPPER-T, PARAGARD

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- Approved for up to 10 years
- Mechanism
 - Prevent fertilization
 - Reduce sperm action and egg maturation
 - Inhospitable environment in uterus
- Side effects: heavy periods and cramps

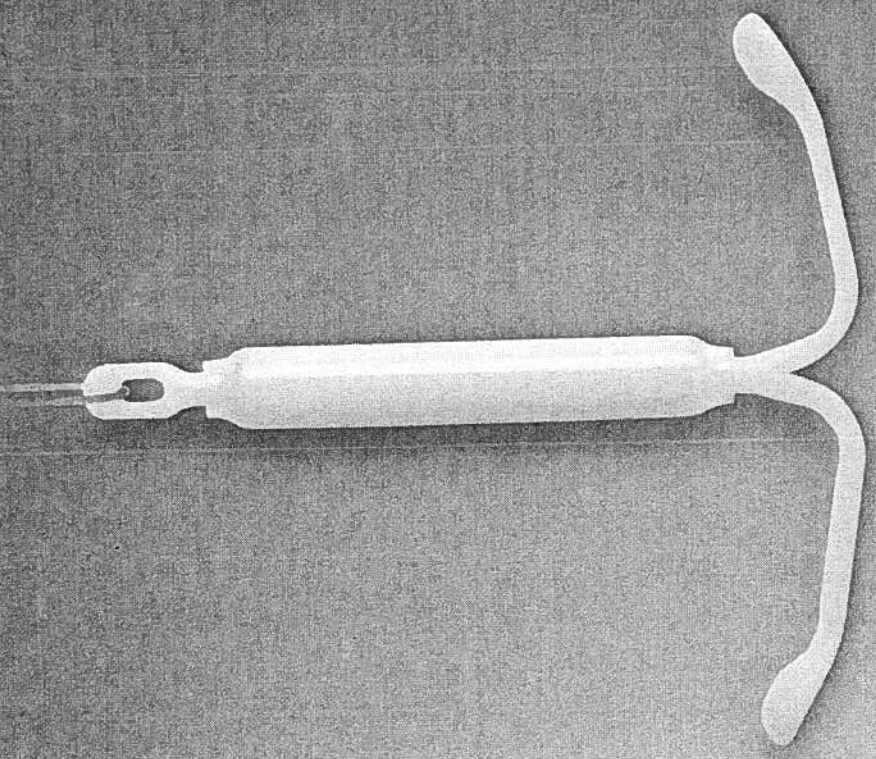


HORMONAL IUD: MIRENA & LILETTA

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- Duration 5-7 years
- Location hormones = minimal side effects
- Mechanism
 - Thicken cervical mucous
 - Inhibition of sperm action
 - Inhospitable uterine environment
- Side effects
 - Common: pain with insertion, cramps, spotting, amenorrhea
 - Rare: mood change, acne, infection, expulsion, perforation



SKYLA

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- T-shaped frame with medication reservoir
- Duration – 3 years
- Mechanism, side effects, failure rate similar to Mirena

