

# Improving access to contraception

Professor Danielle Mazza

MD, MBBS, FRACGP, DRANZCOG, Grad Dip Women's Health,  
GAICD

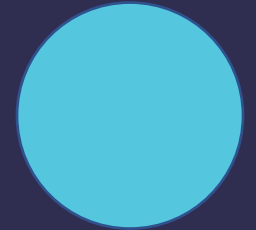
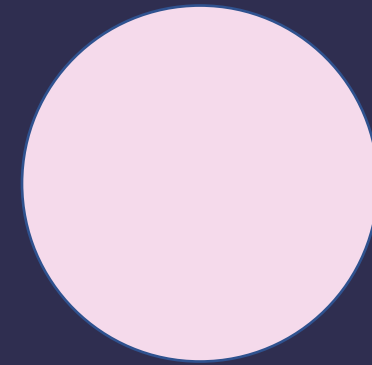
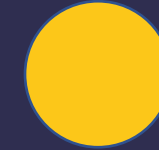
Head, Department of General Practice, Monash University

Director, NHMRC SPHERE Centre of Research Excellence  
Professor Kirsten Black

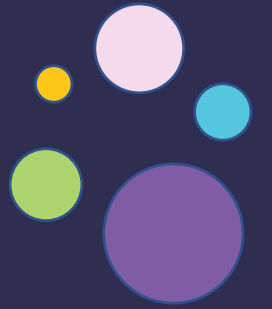
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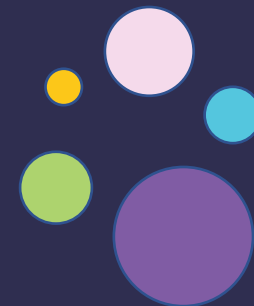
# Outline



- Reviewing evidence around
  - Unmet need for contraception
  - Barriers to access
  - Contraceptive decision making
- Present Australian based research aimed at addressing the gaps
  - Consumer information
  - Primary care pathways to LARC
  - Pharmacy involvement in contraception

What's the gap?





# Unintended pregnancy: how low can it go?

In 2015–2019, Australia

Australia

Of all pregnancies...

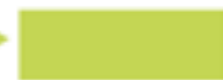


...45% were unintended.



Of all unintended pregnancies...

...43% ended in abortion.



Subregional average: 47%

Subregional average: 43%

In 2015–2019, Netherlands

Netherlands

Of all pregnancies...



...28% were unintended.



Of all unintended pregnancies...

...41% ended in abortion.



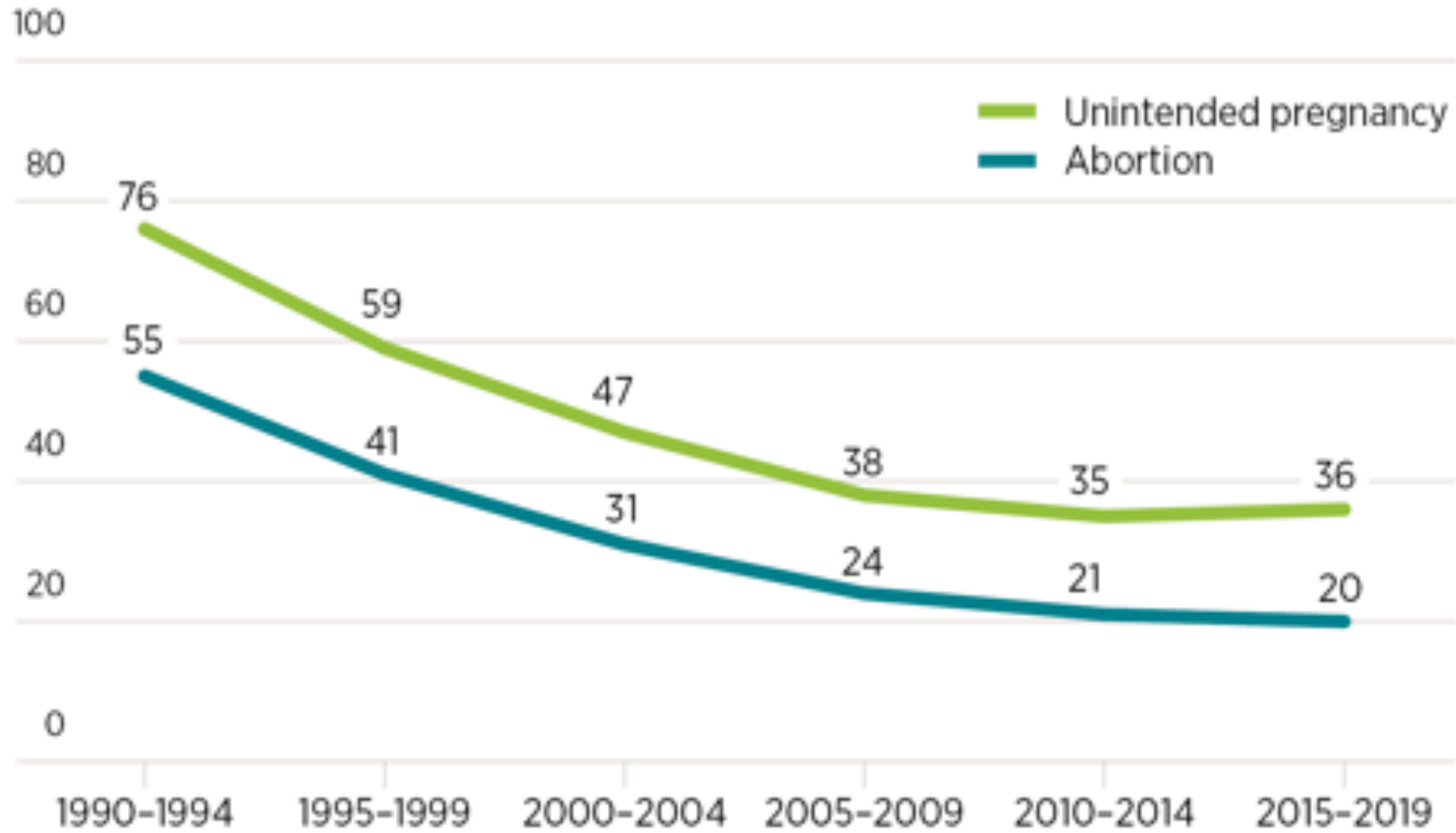
Subregional average: 36%

Subregional average: 38%

Source: Bearak J et al., [Country-specific estimates of unintended pregnancy and abortion incidence: a global comparative analysis of levels in 2015–2019](#), *BMJ Global Health*, 2022, 7(3).  
Guttmacher Institute, Australia country profile, 2022, <https://www.guttmacher.org/geography/oceania/australia>.

# In Europe, the unintended pregnancy rate declined by 53% over the past 30 years, while that of abortion declined by 64%

Average annual no. per 1,000 women aged 15-49



[guttmacher.org](http://guttmacher.org)

<https://www.guttmacher.org/fact-sheet/unintended-pregnancy-and-abortion-europe>



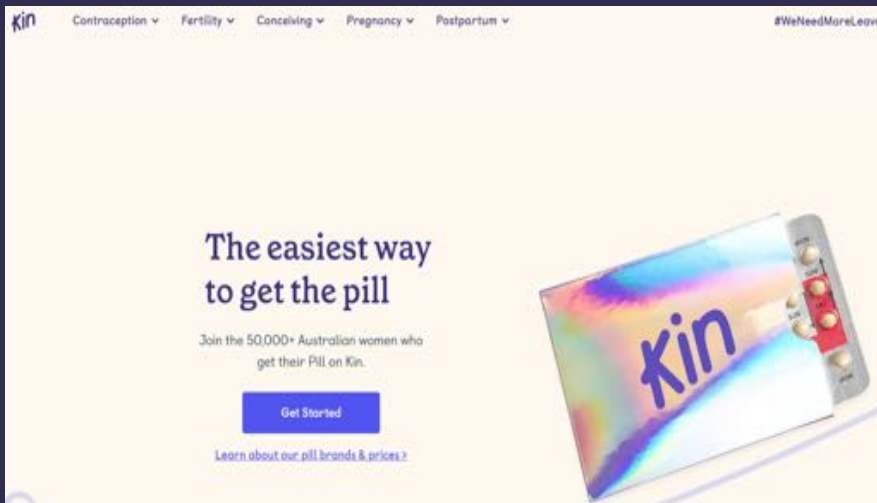
# What are the barriers to contraceptive access?



# Consumer barriers- lack of information

## Lack of information

- Not being offered all options
- Online pharmacies – direct to consumer – lack of choice



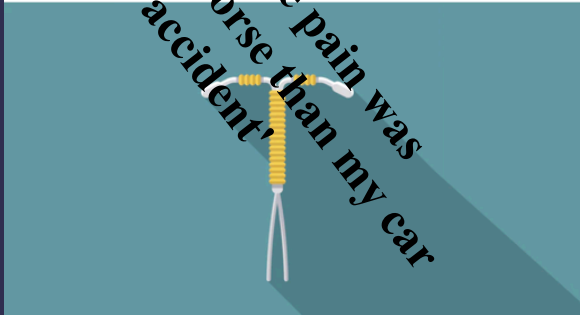
- 238 websites evaluated, 77% made no recommendation of LARC for adolescent females.
- 55 websites recommended LARC, only 40% specifically discussed its use in the adolescent population.
- 16% of websites recommending LARC discouraged their use in adolescents.



# Consumer barriers

The pain of getting an IUD can be excruciating. Why aren't there better relief options?

Claudia Long  
Posted 12 May 2022, updated 12 May 2022



Calls for better pain management for women choosing IUD as contraception

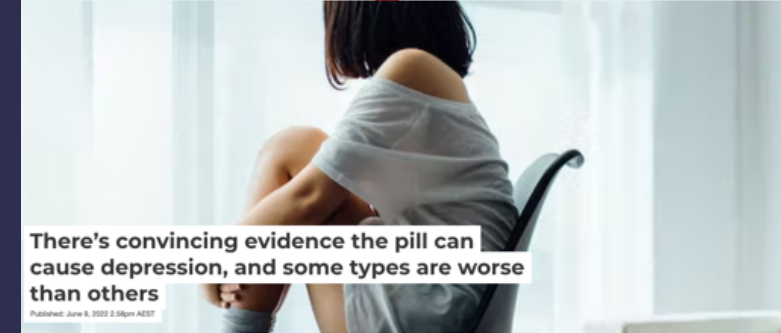
By Helena Burke  
Posted Sun 29 May 2022 at 8:11am, updated Mon 30 May 2022 at 7:15am



- 2-3 % decline in contraceptive market over last year
- Move to natural contraception
- Influence of partners, social networks and family
- Social media- worst case?

THE CONVERSATION  
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There's convincing evidence the pill can cause depression, and some types are worse than others

Published June 9, 2022 2:56pm AEST

Anthony Trankomason

Since the 1960s, "the pill" has been a popular choice of contraception for many women around the world. On February 1 1961, Australia became the second country in the world to enable access to the pill, thereby allowing women to have control over their fertility and separate sexual activity from reproduction, a major revolution.

Today, the pill is the most popular choice of contraception for Australian women.

The early pills caused many physical side effects such as nausea, vomiting and increased rates of blood clots – which were significant and concerning.

While newer generations of the pill have generally been improved in terms of

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Partners  
MONASH University

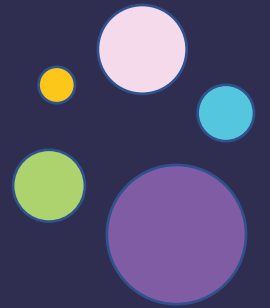
The Sydney Morning Herald

National | Sexual health

## As young women ditch the pill, specialists warn of 'natural' contraception risks

SUBSCRIBE

# Provider and system barriers



- Documented gaps between preference and use

Potter et al Contraception After Delivery Among Publicly Insured Women in Texas: Use Compared With Preference. *Obstet Gynecol.* 2017 Aug;130(2):393-402.

- Lack of knowledge and skills

Black K, Lotke P, Buhling KJ, et al. A review of barriers and myths preventing the more widespread use of intrauterine contraception in nulliparous women. *Eur J Contracept Reprod Health Care.* 2012;17(5):340–350.

- Limited opportunities for training

Turner R, Tapley A, Sweeney S, Magin P. Barriers to prescribing of long-acting reversible contraception (LARC) by general practitioner registrars: A cross-sectional questionnaire. *Aust N Z J Obstet Gynaecol.* 2021 Jun;61(3):469-473.

- Decreased sustainability of insertion of LARC in primary care

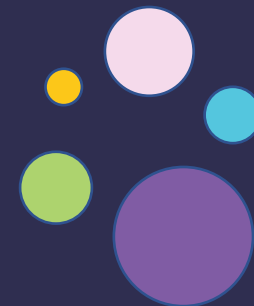
Stewart M, Digiusto E, Bateson D, South R, Black KI. Outcomes of intrauterine device insertion training for doctors working in primary care. *Aust Fam Physician.* 2016 Nov;45(11):837-841.

- Legislative barriers to provision

- Cost

# What are the solutions?





# Approaches to increasing access

- Increasing consumer health literacy
- Pharmacy based interventions
- Self management
- Provider based interventions
  - Community of practice
  - Training providers re counselling approaches
  - Rapid referral pathways to insertion
- System level interventions

**CONTRACEPTION choices** UCL

Contraceptive methods | What's right for me? | Videos | Did you know? | Contraception FAQs | [Contact Us](#) | [Help page](#)

What's right for me?  
Choose between different contraception methods

There are many types of contraception available and none are perfect. The Contraception Choices website provides honest information to help weigh up the pros and cons.

Contraception choices

Implant | Copper Coil | IUS (Mirena) | The Ring | Diaphragm

[View all methods](#)

How effective is contraception?  
Choose a method:


No contraception | Implant | IUS (Mirena) | Copper Coil | Injections | Combined Pill | Mini Pill | Patch

**healthline** Health Conditions | Discover | Plan | Connect

SEXUAL HEALTH | Sex Os | Identity | Pleasure | Birth control | Relationships

## 5 Birth Control Apps You Can Use to Track Your Cycle

Quick look | Different apps | How effective are they? | How do they work? | Best app for every user | Alternatives | FAQs | The bottom line



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Whether you need a new birth control prescription, STI testing, a Pap smear, or any other reproductive health service, our clinic finder will help you locate a health care provider near you.

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Depending on where you live, you may not even have to leave your house to get birth control.

[get it online](#)

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Abortion is a common and safe medical procedure that lets you end a pregnancy. Our national directory will help you find your nearest abortion providers.

[go to AbortionFinder.org](#)

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30k ratings in the App Store



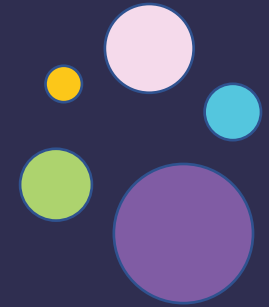
Your data is always protected | Best Birth Control App 2021 by **Healthline** | Best Birth Control App by **Bestapp.com**

### Introducing NC\* Birth Control

- Discover non-hormonal birth control that's side-effect-free.
- Switch to the first FDA cleared and CE marked birth control app.
- Learn the unique pattern of your cycle with tailored updates and insights.



# Extend Prefer



## Aim:

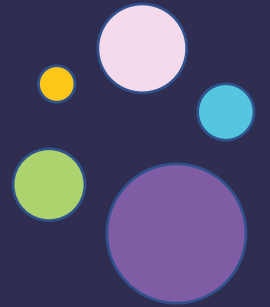
- to assess whether an online educational video describing all methods and their benefits, side effects and mode of action increased young women's contraceptive knowledge and LARC preference and use
- Facebook ads recruited women aged 16–25 years.
- Participants
  - completed the pre-video survey (S1),
  - watched the 11-min video,
  - then surveys immediately after (S2) & 6 months later (S3).
- Outcomes analysed using McNemar tests and multivariate logistic regression (GEE)



*This study was funded by a National Women's Health Strategy– Health Promotion Grant Opportunity 2019*

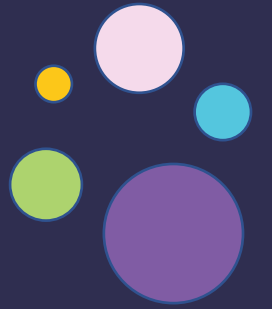
**Acknowledgement:**  
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nilab.hamidi@monash.edu  
sphere-extendprefer@monash.edu

# Results



- 322 participants watched the video, completed surveys before and after. 88% of those completed the survey at 6 months.
- Prior to watching the video *only 6% rated their knowledge about every method as high.*
- Knowledge improved at S2 for all methods (OR 10.0, 95% CI 5.9 to 17.1) and LARC (OR 4.2, 95% CI 3.1 to 5.7).
- LARC preference increased immediately after (OR 1.7, 95% CI 1.4 to 2.1) and at 6 months (OR 1.4, 95% CI 1.2 to 1.7),
- LARC uptake increased at 6 months (OR 1.3, 95% CI 1.11 to 1.5) driven by a 4.3% (n=12) absolute increase in IUD use (no change in implant use (p=0.8)).
- Proportion using no methods or non-prescription methods such as condoms and withdrawal did not change (OR 0.92, 95% CI 0.76 to 1.11).

# Conclusions



- Many young Australian women don't feel well informed about contraceptive options.
- The contraceptive education video, delivered via social media, increased:
  - self-reported contraceptive knowledge
  - IUD preference immediately after viewing
  - IUD uptake 6 months later.
- Focus should be given to how young women navigate contraceptive access after internet-based education, and strategies to increase access to preferred methods.



# Pharmacy base initiatives



Interventions improved access to contraceptive products but did not consistently reduce inequities

Pharmacy initiatives may not negate all barriers to access or reduce unintended pregnancy rates

More research needed...

49 → 80% EC, 14% contraception

## Reclassifying contraceptives as over-the-counter medicines to improve access

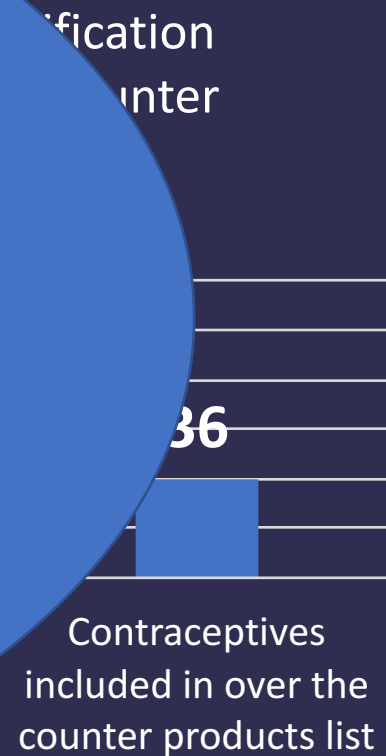
Anne Ammerdorffer,<sup>a</sup> Mark Laws,<sup>a</sup> Manjulaa Narasimhan,<sup>a</sup> Arinze Awiligwe,<sup>a</sup> Lester Chinery<sup>a</sup> & A M...

Ammerdorffer A, Laws M, Narasimhan M, Lucido B, Kijo A, Say L, Awiligwe A, Chinery L, Gülmezoglu AM. Reclassifying contraceptives as over-the-counter medicines to improve access. Bull World Health Organ. 2022 Aug 1;100(8):503-510.

(i) to assess national...  
changing oral con...  
contraceptives a...  
from prescripti...  
products;

(ii) to determine...  
the-counter medic...

To facilitate the over-the-counter availability of contraceptives, countries should consider adopting a formal regulatory procedure for reclassifying prescription-only contraceptives as over-the-counter contraceptives



# AusCAPPS Home

## The Australian Contraception and Abortion Primary Care Practitioner Support Network

A network for professionals working with women to optimise reproductive health.

### About this network

- ▶ How to use this network
- ▶ Meet the team
- ▶ Get in touch
- ▶ Our project and mission



Chat with peers and experts



Providers near you



Resource Library

### Tweets by @SPHERE\_CRE



Have you missed one of our recent webinars? Head to our website to catch up on this exciting learning opportunity! [medcast.com.au/communities/au](http://medcast.com.au/communities/au) ...@RACGP @APNurses @GPsSupervisors @FamPlanningNSW @sexualhealthvic @SPHERE\_CRE @mccogtraining @GPRALtd @GPTraining\_Vic @GPsDownUnder



Webinars & podcasts

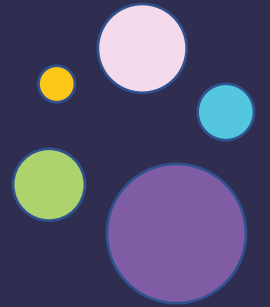


LARC & EMA training



Case study discussion

# AusCAPPS Network will:



- Connect you with GPs, pharmacists and nurses around Australia who also provide LARC and medical abortion services
- Provide access to training and education opportunities relating to LARC insertion and medical abortion provision
- Enable you to put your questions to our expert network
- Give you access to resources, guidelines, referral forms and patient handouts
- Keep you connected with the latest news and research related to LARC and medical abortion

Home Search in Medcast...

All Groups > AusCAPPs Discussion

## AusCAPPs Discussion

1062 members 37 questions 251 posts

← [CLICK HERE to go back to AusCAPPs home](#)

Welcome to the AusCAPPs chat and discussion space. Here you can post questions, topics for discussion, news or interesting research, and get involved in our fortnightly case study specific clinical question to our expert network, and you can post anonymously if you wish. Have a question, issue or feedback about this community? Please contact [AusCAPPs.trial@monash.edu](mailto:AusCAPPs.trial@monash.edu).

Discussion Case Study Question

What do you want to discuss?

Add Topics Post

Recent Activity All Types

Sharon updated an hour ago

Discussion EMA Nurses General Practitioners

AusCAPPs Trial 3 followers Posted 2 hours ago

Are you a GP thinking of providing early medical abortion but not sure where to start?

### Providers Near You

**How to use this page:** The map below contains links to each state's abortion provider database, which you can search to find early medical abortion providers located near you. Further down the page you can search for other members of this community based on their PIN. Click their name to connect and chat directly.

#### Australian Early Medical Abortion Providers

Please select your state:



#### Members of this support network

Click on the respective state to view the list of providers in the state

[Australian Capital Territory](#)
[New South Wales](#)
[Northern Territory](#)
[Queensland](#)
[South Australia](#)
[Tasmania](#)
[Victoria](#)
[Western Australia](#)

#### Australian Capital Territory

Primary Health Network	Profession	Name	MS2step Prescriber/Dispenser?	Insert IUDs	Remove IUDs	Insert Implants	Remove Implants
Australian Capital Territory	Medical Practitioner		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Australian Capital Territory	Medical Practitioner		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Members (1062)



## LARC & EMA training

### IUD insertion/removal

NSW

FPNSW IUD Insertion Training - For Doctors, Nurses, Midwives

VIC

SHV Copper IUD Insertion Course - For Doctors, Nurses, Midwives

SHV IUD Insertion Course - For Doctors, Nurse Practitioners

QLD

IRIS In Practice GP IUD Insertion Training - For GPs and Nurse Practitioners

True Assisting IUD Insertion For Health Professionals - For Doctors, Nurses

NT

FPWNT Implanon and Intrauterine Contraceptive Device Insertion and Removal Training - For Doctors

WA

SHQ IUD Training - For Doctors, Nurse Practitioners, Nurses, Midwives

SA

SHINE SA IUD Insertion Training - For GPs, OBCyn

TAS

FPT IUD Training

ACT

SHFPACT IUD Insertion Workshop For GPs - For GPs

### Implant insertion/removal

## Webinars



**Research presentation - Approaches to delivering LARC and EM**  
Release date: 1st August 2022

The first of the research presentation series, Dr Caroline Harvey discusses practice and primary care.

**RACGP/AusCAPPs webinar 3 - Preparing your practice to deliver**  
Host: Dr Amy Moten, RACGP  
Release date: 6th June 2022

This webinar featured Dr Richard Mayes as he highlighted the considerable resources, training and preparation for medical abortion. This includes patient

**RACGP/AusCAPPs webinar 2 - GPs and medical abortion - Chall**  
Host: Dr Amy Moten, RACGP  
Release date: 17th April 2022

This webinar featured Dr Miranda Sherley as she discussed the challenges abortion services across different parts of Australia.

## Podcasts



**Practice Manager tips for LARC and EMA service delivery in General Practices**  
Host: Dr Karen Freilich  
Release date: 17th July 2022

We are delighted to be joined by Kerri Haines who provides us with insight into the role of a Practice Manager in the provision of LARC and EMA services in General Practice. Kerri Haines is the Practice Manager of Thirou Medical Practice. Kerri has been a Practice Manager for 6 years and is passionate about provision sexual and reproductive health services.



**Nurse-led roles in LARC and MTOP**  
Host: Dr Karen Freilich  
Release date: 12th April 2022

Larissa Hudson is a Nurse Educator and Sexual and Reproductive Health Nurse at Sexual Health Victoria (formerly Family Planning Victoria). She is passionate about reproductive health rights and has worked in early and late term abortion (both MTOP and STOP) across the UK and Australia. She is hoping that more people will take up the mantle to provide termination of pregnancy in our community and thinks anyone involved in the area already is a health care super star!



**Providing a Comprehensive Medical Abortion Consultation**  
Host: Dr Karen Freilich  
Release date: 16th February 2022

Dr Melissa (Lisa) Brown is a GP at Thirou Medical Practice in the Wollongong Area. She is passionate about providing affordable and easily accessible medical terminations, IUD insertions and contraceptive advice in a primary care setting. Dr Brown joins us to explain and advise how to provide a comprehensive medical abortion consultation in general practice.



**Setting up a medical abortion service in general practice**  
Host: Dr Karen Freilich  
Release date: 25th January 2022

The first podcast of 2022 is about setting up a medical abortion service in general practice. Dr Belinda Minc is a GP supervisor with a special interest in women's health. She was integral in establishing and running the medical abortion service at Airle Women's Clinic in Melbourne. We discuss how to set up a medical abortion service in general practice including logistics, risks, and practicalities.

## Resources

### Downloadable Guides:

- How to start an EMA service in your practice
- How to become a certified MS-2 Step Dispenser
- How to start an IUD insertion provision in your practice
- How to start implant insertion and removal in your practice
- Providing contraceptive counselling
- Patient information for Pharmacists

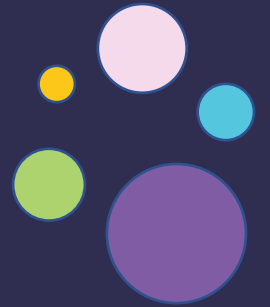
Search Resources...

Checklist or Consent Form Select states Select clinical areas

#### Checklist or Consent Form All

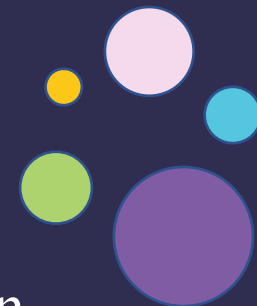
- MS2step - Medical abortion and patient information and consent 2022
- QLD Health - Conscientious Objection Checklist 2018
- QLD Health - Emergency Department Termination of Pregnancy 2018
- RACGP - Implanon NXT checklist and consent form 2011
- RACGP - IUD/US Checklist and Patient Confirmation Form 2020
- RACGP - IUD/US Patient Post-Insertion Checklist 2020
- RACGP - IUD/US Patient Pre-Insertion Checklist and Confirmation 2020
- RACGP - IUD/US Practitioner Checklist 2020
- SHV - IUD Equipment and Suppliers 2019

# Video walkthrough of AusCAPPS



# The Australian Contraceptive ChOice pRoject (ACCORd)

Cluster RCT testing the efficacy of a complex intervention in general practice on increasing LARC uptake



## The ACCORd intervention: two components



### Training on "Effectiveness based" contraceptive counselling

- 6-hour, online training
- Adapted CHOICE videos and resources to the Australian context



### Rapid referral to LARC insertion

- Online booking system installed on GP desktop for appointment with study gynaecologists

### Control FPs

- No training on effectiveness based contraceptive counselling
- No access to rapid referral for LARC insertion
- Conducted regular contraception consultations

### Efficacy of contraception methods Showing typical use for methods available in Australia



Open Access Protocol

BMJ Open Increasing the uptake of long-acting reversible contraception in general practice: the Australian Contraceptive ChOice pRoject (ACCORd) cluster randomised controlled trial protocol

Danielle Mazza,<sup>1</sup> Kirsten Black,<sup>2</sup> Angela Tait,<sup>3</sup> Jayne Lucke,<sup>4</sup> Kevin McGeehan,<sup>5</sup> Marion Haas,<sup>6</sup> Heather McKay,<sup>7</sup> Jeffery F Polpert<sup>8</sup>



SPHERE

## LONG ACTING REVERSIBLE CONTRACEPTION (LARC)

LARCs are one of the **most effective** forms of reversible contraception with a reported **failure rate of less than 1%**<sup>2</sup>

### LARC UPTAKE IN WOMEN AGED 15-44 IN 2018

**10.8%**

were using LARC as a method of contraception<sup>2</sup>

(based on duration of contraceptive method and published continuation rates)<sup>2</sup>



**6.3%**

were using a hormonal intrauterine device (IUD)<sup>2</sup>

148,076 PBS claims for contraceptive implant<sup>1</sup>



**4.5%**

were using an etonorgestrel implant<sup>2</sup>

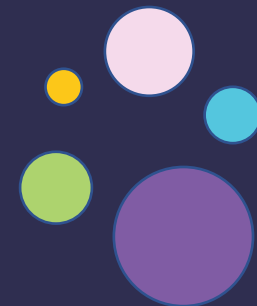
118,870 PBS claims for contraceptive implant<sup>1</sup>



#### REFERENCES

1. Australian Government Services Australia. Pharmaceutical Benefits Schedule Item Reports 2018. Available from: [http://medicarestatistics.humanresources.gov.au/statistics/pbs\\_item.jsp](http://medicarestatistics.humanresources.gov.au/statistics/pbs_item.jsp)
2. Groeskwilak et al (2021). Changes in use of hormonal long-acting reversible contraceptive methods in Australia between 2006 and 2018: A population-based study. *ANZJOG*, 61 (1): 128-134.





# ACCORd: Increasing LARC uptake through general practice

	intervention	control	significance
4 weeks	19.3%	12.9%	RR 2.0; 95% CI 1.1-3.9; P=0.033
6 months	44.4%	29.3%	RR 1.6; 95% CI 1.2-2.17; P=0.001
12 months	46.6%	32.8%	RR 1.5; 95% CI 1.2-2.0; P=0.0015
3 years	41%	28%	RR 1.75; 95% CI 1.10-2.80); P=0.019

Intervention versus control participants had significantly fewer:

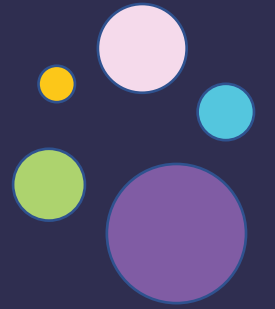
- **unintended pregnancies** (3.1% and 6.3%; odds ratio (95% CI)=0.38 (0.16, 0.86), P=0.021) and
- **abortions** (0.9% and 3.6%; odds ratio (95% CI)=0.10 (0.02, 0.50), P=0.0051).

Mazza D, Watson CJ, Taft A, Lucke J, McGeehan K, Haas M, McNamee K, Peipert JF, Black KI. Increasing long-acting reversible contraceptives: the Australian Contraceptive CHOice pRoject (ACCORd) cluster randomized trial. Am J Obstet Gynecol. 2020 Apr;222(4S):S921.e1-S921.e13.



# The ORIENT Study

ImprOving Rural and regional accEss to long acting reversible contraception and medical abortion through nurse-led models of care, Tasksharing and telehealth.

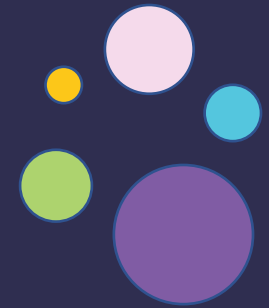


**Aim:** To assess the effectiveness of a nurse-led model of care (involving task-sharing, and where appropriate implant insertion by nurses and telehealth) in general practice for improving women's uptake of LARC and access to medical abortion in rural and regional areas

**Design:** a five-year pragmatic cluster RCT with a stepped-wedge approach in 32 rural and regional practices

**Implementation Support:**

- Training in implant insertion and removal
- Online education
- Academic Detailing
- Support through the AusCAPPs online Community of Practice



- Builds on ACCORd and Bridge-IT
- **Aim:** To assess the effectiveness of a pharmacy based intervention at increasing uptake of effective (hormonal or intrauterine) contraception post ECP or medical abortion
- **Design:** Four year step wedge trial involving 21 pharmacies in rural and regional areas

### The ALLIANCE community pharmacy intervention

Comprehensive contraceptive counselling to women presenting for EC or EMA

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Billed consultation in a private room within pharmacy

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Referral to local hormonal contraception provider/prescriber using a referral template, if appropriate

### Implementation support for pharmacies

- Online education
- Academic detailing delivered to pharmacists
- Access to the AusCAPPS online community of practice
- Identification of referral pathways to LARC insertion

# Questions?

