

# LARCS in nulliparous women and adolescents

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## OBJECTIVES

- Acceptability
- Options
- Risks/ benefits
- Dispelling the myths!



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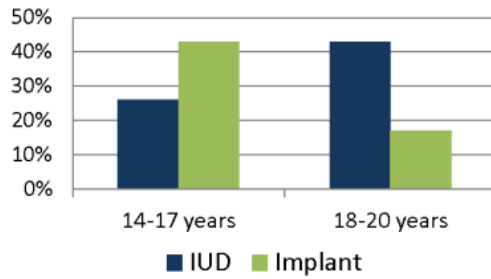


## Why do we care?

- 50% pregnancies in Australia are unintended
- Teenage fertility rate of 87 births per 1000 in some rural & remote areas
- The estimated abortion rate at 19 per 1000 women
- The Netherlands abortion rate of 8.7 per 1000 women

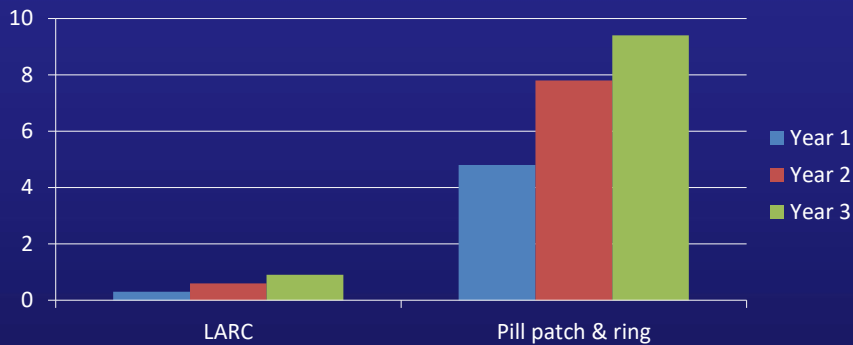
## What do young people choose?

Young women under the age of 21 were also interested in the IUD & implant. Over 40% of young women 14-17 years chose the implant, and over 40% of young women 18-20 years chose an IUD.



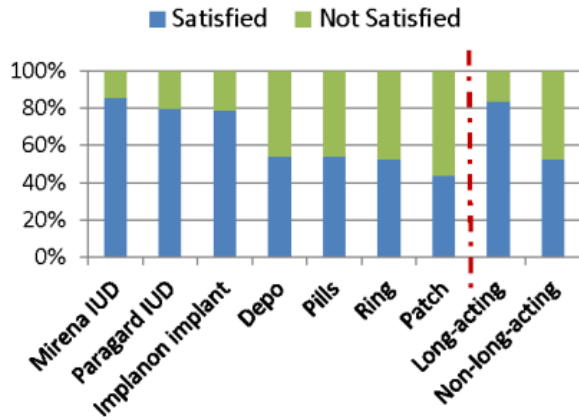
## Contraceptive CHOICE study - pregnancies

Cumulative % of women who became pregnant each year

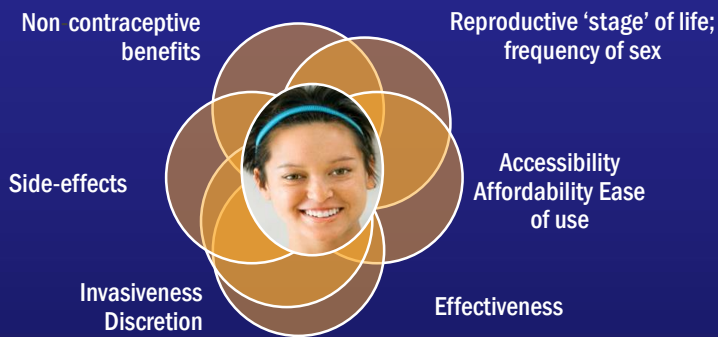


### ARE WOMEN SATISFIED WITH THEIR METHOD?

Women using LARC methods had the highest satisfaction at 1-year follow-up. Women who stopped their method were considered not satisfied.



## Contraceptive Choice: one size does not fit all



## Options Available To Young Women & Nulliparous Women

- ALL!
- IUDs: progestogen IUD and copper IUD
- Contraceptive implant
- Depo-injection
- LARCs are first-line methods
- NO INCREASE in complications with LARCs



## Is PID risk increased in adolescents and nullips with an IUD?

- Exclude Chlamydia & gonorrhoea at time of insertion
- Risk of PID is only at time of insertion
- Presence of IUD doesn't increase later PID risk
- Overall rate PID 1.6 per 1000 women-years
- PID < 1-2% patients with IUD regardless of IUD type or age



## Are IUDs too painful for nullips?

- Pain?
  - Studies quote average pain for nulliparous women from 3-7/10 at insertion (similar to multiparous women)
  - Recent US study suggests 20% young nulliparous women have moderate-severe pain a week later
  - Same study - 83% satisfied or very satisfied with IUD



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## The etonogestrel contraceptive implant



## Explaining bleeding with progestogen-only LARCs

- Provide accurate information about expected bleeding patterns
- Emphasise that troublesome bleeding is likely to improve with time
- Be proactive in offering management advice for troublesome bleeding
  - Actively encourage review of troublesome bleeding



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## Hormonal Injection

- 3 monthly
- Discreet
- 50% amenorrhoea 12 months, 75% ongoing
- Bone density: use second-line in <18 or >45, theoretical risk only
- Bone density changes reverse when stopped



## What about Condoms?

- No change in condom use among LARC users
- Condom use still employed, negotiation and separate factors identified

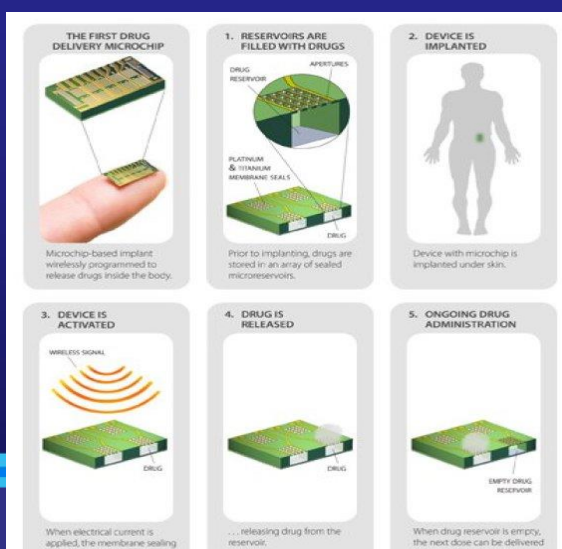


## NOW BACK TO SPINY MICE





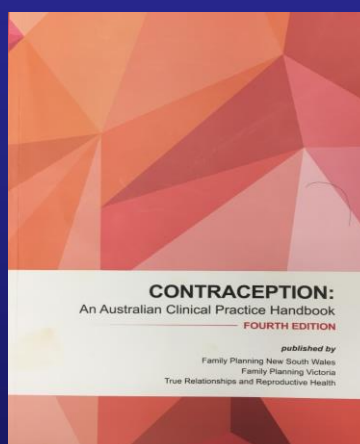
## THE FUTURE IS WIRELESS BIRTH CONTROL



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## Resources

- Faculty of Sexual & Reproductive Health Care  
– <http://www.fsrh.org/standards-and-guidance/>
- Australian Contraception Handbook 4<sup>th</sup> edition



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## Any questions?



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## REFERENCES

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