

ADDRESSING DISPARITIES IN REPRODUCTIVE HEALTH: A NEW INTRAUTERINE DEVICE SERVICE FOR TARGETED VULNERABLE POPULATION GROUPS AT A PUBLICLY FUNDED SEXUAL HEALTH SERVICE IN NEW SOUTH WALES, AUSTRALIA

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Background:

Increasing access to long-acting reversible contraception (LARC) is a globally recognised strategy to reduce unintended pregnancy. The National Women's Health Strategy 2020–2030 references LARC uptake to measure improvements in Australia's reproductive health. Vulnerable groups are <26 years, Aboriginal and Torres Strait Islander people (ATSI), sex workers, trans and gender diverse, culturally and linguistically diverse, sexual assault victims, or Medicare-ineligible. Intrauterine devices (IUDs) provide the most effective reversible contraception. Most people in Australia use either a less effective method or no contraception. Royal Prince Alfred Sexual Health (RPASH), a publicly funded sexual health service (PFSHS) in NSW, commenced an IUD service for targeted vulnerable groups in 2021.

Methods:

A retrospective audit was conducted 1 May 2021–1 May 2023. This audit analyses the demographics of patients accessing RPASH's IUD service and the safety and success rate of IUD insertions.

Results:

64 patients were assessed suitable for an IUD: 73% age <26 years; 22% reported sex work; 24% Medicare-ineligible, 6% post sexual assault, and 4% ATSI. 53 patients scheduled an IUD insertion at RPASH. 5 patients did not attend and were lost to follow-up, 2 attended elsewhere, and 1 opted for alternative LARC (contraceptive implant). 51 patients attended an IUD insertion appointment. 45 insertions were successful without procedural complication. 1 patient experienced cervical shock. 87% of patients had an IUD inserted within 4 weeks of their initial assessment. 82% chose LNG-IUD and 18% had Cu-IUD.

Conclusion:

This audit demonstrates IUD LARC service implementation can be successfully and implemented by a PFSHS in a targeted and vulnerable population group by removing barriers and increasing accessibility to essential reproductive care. This may inform other PFSHSs considering LARC service delivery/expansion. Contraception care is essential to integrated sexual and reproductive health care provided by PFSHSs. Increasing LARC uptake will reduce unintended pregnancy, and the potential financial and psychological impacts on individuals, their family, and community.

Disclosure of Interest Statement:

This research was conducted at RPASH without any additional external funding.