GP briefing on barriers to using long-acting reversible contraception (LARC)

The following is based on an evidence review undertaken by Lincolnshire Public Health in September 2024.

Evidence shows the following barriers to using LARC:

Misconceptions and myths among both patients and healthcare professionals surrounding the device itself, the procedure, the effects on pregnancy complications and fertility, and who the devices are suitable for. Evidence shows a general lack of familiarity with LARCs, particularly when compared to the contraceptive pill, and a lack of understanding about the mechanism of action of LARCs, particularly concerning intrauterine contraception (IUC). A qualitative evidence synthesis by Linton et al. (2022) draws together studies that have asked individuals and/or providers about their views on LARC use in primary care. It finds patients reliant on social networks, rather than healthcare professionals, for information on contraception, resulting in LARCs becoming subject of anecdotal or 'friend of friend' reports. Negative reports and 'horror stories' featured heavily in most included studies, with patients appearing to be heavily influenced by these testimonies. Some testimonies reflected typical side effects of LARCs, while others referred to rare or unknown complications leading to misconceptions and misinformation about LARC.

Pain or fear of pain, relating mainly to IUC use. There are reported complaints about women being under-prepared for IUC procedure in terms of lack of warning or downplaying of pain levels from their clinician (Long and Grounds, 2022). This leads to an association of the process with unexpected pain, which may be communicated through social networks and discourage other women from the procedure. By contrast there is also evidence of women finding IUC procedures less painful than expected, when asked to rate their expectation of pain prior to insertion (Brima et al. 2015), and of high levels of satisfaction with IUC procedure despite experiences of moderate to severe pain (Hall and Kutler, 2015).

Lack of autonomy and fear of not being able to access removal. Patients report that they feel less control and autonomy with LARCs compared to other forms of contraception and this factor features heavily in decision making. The longer timeframe of LARC devices is appealing for some patients but represents a significant barrier to others (Linton et al. 2022). A study by Ferguson et al. (2020) into patient opinions about foreign body contraceptives found that women frequently expressed uncertainty about where IUCs reside in the body and concerns over how the devices interact with their anatomy and the possibility of harm or failure, as well as discomfort with the invisibility of the device itself and the ‘set and forget’ feature of LARCs. Evidence also shows that some women are reluctant to get an IUC or implant due to concern over the side effects they may experience, such as unpredictable effects on bleeding patterns, and this concern is exacerbated by difficulties with accessing removal appointments.

Recommendations for GPs:

1. Practices should ensure there is prompt access to LARC removal services. The service level set out in the GP LARC service specification is 4 weeks. Prompt access to removal will help to allay concerns around “foreign body” LARC devices and their side effects. It

will also support a person's sense of control and autonomy over their body and reproductive system, the lack of which is a known barrier to LARC insertion.

2. Clinicians should discuss misconceptions regarding LARC and barriers relating to personal autonomy during personalised conversations on contraceptive choice.
3. Clinicians should forewarn patients about, and not downplay, the potential for pain during IUC placement and to give them options to help manage it.
4. Practices should provide information to empower those who would otherwise discount LARCs from their contraceptive choices. Information should try to improve understanding of what LARCs are, how they work, their safety, and address any common myths and misconceptions that are raised during conversations on contraceptive choice.
5. Educational programs for general practice have had a significant impact on improving LARC provision (Linton et al. 2022). Practices should offer training to all providing contraception consultations (not just LARC fitters) aimed at improving contraception and empowering patient choice. Practice should consider appointing a LARC champion.