

# LONG-ACTING REVERSIBLE CONTRACEPTION FOR TEENS

## LARC

methods are

- **Long lasting.** Can be used for 3 - 10 years, depending on method.
- **Highly effective.** The IUD and implant have failure rates of less than one percent, making them the most reliable non-permanent option.
- **"Whoops proof."** LARC methods are effective because there generally is no difference between typical use and perfect use, eliminating user error. This is especially important for adolescents, who may struggle to use other birth control methods correctly and reliably.
- **Reversible.** After discontinuing a LARC method, most women quickly regain their fertility.
- **A great investment.** Because they last for so long, LARC methods are often cheaper in the long-term than the birth control pill or other types of contraception, despite upfront cost.
- **Well-liked.** While all birth control methods may have side effects, LARC methods have high rates of user satisfaction and lower rates of discontinuation. For women who cannot tolerate hormonal birth control, the copper IUD is a hormone-free alternative.
- **Youth-friendly.** Appropriate for adolescents and women who have never had a baby. Can be used in the immediate postpartum period.

Long-acting reversible contraception (LARC) is the most effective option for non-permanent birth control. LARC methods available in the US include several brands of hormonal and non-hormonal intrauterine devices (IUDs), as well as a hormonal implant. Current clinical best practices strongly support these contraceptive methods for adolescents and young adults.

## SUPPORT

for adolescent LARC

### The American College of Obstetricians and Gynecologists:

"Obstetrician-gynecologists should counsel all sexually active adolescents who do not seek pregnancy on the range of reversible contraceptive methods, including LARC, and should help make these contraceptives readily accessible to them."

### American Academy of Pediatrics:

"Pediatricians should be able to educate adolescent patients about LARC methods, including the progestin implant and IUDs. Given the efficacy, safety, and ease of use, LARC methods should be considered first-line contraceptive choices for adolescents."

### Non-hormonal IUD

Paraguard  
Lasts 10+ years



### Hormonal IUD

Mirena, Kyleena, Skyla, Liletta  
Last 3-6 years



### Hormonal Implant

Nexplanon  
Lasts 3 years



For many years, LARC methods were usually offered only to adult women who already had given birth. However, the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists now recommend LARC methods as a first-line option for teens, due to their effectiveness and ease of use.

When given medically accurate contraceptive counseling with a focus on effectiveness rates, many teens and young adults want LARC methods. In the St. Louis CHOICE project, a large-scale research study that offered access to all contraceptive methods, more than 40 percent of teens aged 14-17 years chose the implant, and over 40 percent of young women 18-20 years chose an IUD. Teens had lower discontinuation rates with LARC compared to short-term contraception, and reported high levels of satisfaction with their chosen method. Contraceptive counseling always should be non-coercive and patient-centered, stressing the full range of options available. It should counsel on potential side effects and removal options if the method is not satisfactory. Teens may be particularly sensitive to some side effects, such as bleeding changes, and may need to experiment with several methods to find the one that works best for them.

The St. Louis project found that teens using the birth control pill, patch, or ring had a failure rate twice as high as adult women. This is because teens are especially likely to struggle with the logistics and responsibilities of many birth control methods, such as remembering to take a pill at the same time each day or return to a health clinic every three months for an injection. LARC methods are "whoops-proof", eliminating user error.

Texas has the highest rate of repeat teen pregnancies in the nation, making postpartum LARC a valuable tool to address this issue. Insertion of an IUD or contraceptive implant immediately after giving birth also reduces the chance of short-interval unplanned pregnancies for women of all ages.

Barriers to LARC access for both teens and adults persist in Texas, but resources exist to help clinicians and hospitals train staff in LARC counseling and insertion, provide technical assistance around revenue-positive billing and reimbursement, and support same-day LARC. Many clinics with successful LARC practices have had a "champion" driving organizational change.

Research suggests that the availability of contraception is a leading force in the amazing declines in teen pregnancy and birth. In Texas, the teen birth rate dropped by half between 2007 and 2016. However, many young women will experience unplanned pregnancy before they turn 20. By expanding access to the most effective, longest-lasting types of contraception, we can give teens tools to delay pregnancy until they are ready.

## THE FACTS

### on Teen Birth in Texas

- A baby was born to a teen mom in Texas once every **18 minutes** in 2016.
- Half of teen births take place in just **seven counties**: Harris, Dallas, Bexar, Tarrant, Hidalgo, El Paso, and Cameron.
- Texas has the **4th highest** teen birth rate and **highest** repeat teen birth rate nationwide.
- About **3%** of Texas teens aged 15-19 give birth each year.

## RESOURCES

### for LARC Providers



**ACOG LARC Help Desk:** Free technical assistance service and resource library, open to both ACOG Fellows and non-members.

[www.acog.org/LARChelpdesk](http://www.acog.org/LARChelpdesk)

**Texas LARC Toolkit:** A resource for Medicaid providers around LARC provision, billing, and reimbursement. Available on HHSC website.

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