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■Title Body

Just Got Even Better

LARC, Amber family Truehart, MD planning

Amber Truehart, MD Family Planning Fellow University of Chicago, Chicago, IL ■ Title ■ Boodylege as I daily juggled remembering my oral contraceptive pills, classes, and extracurricular activities, I often daydreamed about an "ideal" contraceptive method. I envisioned this perfect method being implanted somewhere in my body. I would not have to remember anything on a daily, monthly, or even yearly basis. It would have few side effects and be reversible just by removal. Little did I know contraceptive methods very close to my "ideal" did exist and were about to be pushed into the spotlight.

The push came in the form of the contraceptive CHOICE project in St. Louis. This study showed, among other things, that when financial barriers are removed and the most effective options are promoted, the majority of women choose long-acting reversible contraception (LARC), are satisfied with this method and continue it. 1.2 This continuation has even been shown to decrease rates of unintended pregnancy and abortion. 3 Long-acting reversible contraception (LARC), including intrauterine devices and the subdermal implant, began to transform the world of family planning: LARC devices have few contraindications; 4 The American College of Obstetricians and Gynecologists (ACOG) recommends LARC methods as first-line options for both adolescents and nulliparous women; 5 furthermore, ACOG reports that postpartum and postabortal insertion is safe and effective. 6 So where do, you ask, is this LARC love fest going?

The article by McNicholas et al, published in the March 2015 issue of *Obstetrics & Gynecology*, ⁷ is where LARC is going. In this study, women willing to continue using their implant or 52 mg levonorgestrel IUD (LNG-IUD) beyond the FDA-approved duration (3 years and 5 years respectively) were followed prospectively. The goal of the study is to quantify the number of unintended pregnancies in these women using LARC for a prolonged time period. Preliminary findings presented only one pregnancy in 197.7 women-years of prolonged IUD use and zero pregnancies in 229.4 women-years of prolonged implant use. This low failure rate suggests that the implant and the LNG-IUD are highly effective for at least an additional year.

LARC just got even better. Prolonged LARC use offers women longer pregnancy prevention with one device and improves cost-effectiveness. In an age when the Supreme Court allows corporate exemptions from federally mandated contraception care, prolonged LARC use may become increasingly important. Many women's devices are reaching the FDA-approved expiration yet they may not have access to or be able to afford a new one. While we are fixing the bigger issues around contraception access, prolonged LARC use offers a potential short term solution.

As LARC methods get better (and better) it is important as ob-gyns that we make sure that all our patients have access to them. Recognizing that women should be making these decisions with those they trust--not politicians and employers--we must use our collective voice to protect women's contraceptive choices; it is in maintaining a broad array of choices, after all, where our patients will discover their "ideal" contraceptive method.

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