

Improving Maternal Health and Birth Outcomes

Long Acting Reversible Contraception (LARC) Fact Sheet



Long Acting Reversible Contraceptives (LARCs) are methods of birth control, including intrauterine devices (IUDs) and implants, which prevent pregnancy for 3-12 years. LARCs are safe for all ages, and a person's ability to conceive returns immediately after removal. However, cost and lack of education about these methods has limited access to LARCs in Virginia. Increasing access to LARCs will improve maternal health and birth outcomes among Virginians, ultimately reducing costs.

LARCs Improve Health

LARCs reduce unintended pregnancy.

Unintended pregnancies can negatively affect the health, education, and earning potential for families, increasing the chance of birth defects, low birth weight, and lower educational attainment for parents and their children^{1,2}. The failure rate of LARCs is less than 1%³.

LARCs increase birth spacing.

Healthy birth spacing improves both maternal health and birth outcomes. Pregnancies that occur less than 18 months after a prior birth are at risk for negative health outcomes, including preterm birth, low birthweight, and birth complications. Preterm infants are at increased risk for developmental delays and lifelong health problems such as asthma, hearing or vision loss, or learning disabilities^{4,5,6}. By making contraception accessible, the Colorado Family Planning Initiative reduced rapid repeat births by 12%⁷.

LARCs Work Effectively

LARCs are very effective (99%) at reducing unintended pregnancy and work for 3-12 years³. Nationally, nearly half (49%) of all pregnancies are unintended, and a disproportionate number of these pregnancies occur among women aged 18 to 24 and low income women⁸.

Colorado's recent Family Planning Initiative made LARCs accessible to women at no cost, and found that when cost barriers were removed, patients were more likely to choose these highly effective methods. After five years, Colorado's teen birth rate and teen abortion rate were nearly cut in half. Colorado's abortion rate among women ages 20-24 fell by 21%⁷.

LARCs Save Money

LARCs have a demonstrated return on investment. It is estimated that every \$1 invested in family planning services saves \$7.09 in public expenditures⁹. When patients choose LARCs, the return on investment increases exponentially: if 10% of women aged 20-29 switched to LARCs, states could save \$288 million a year¹⁰.

Colorado estimates that by increasing access to LARCs, its Family Planning Initiative saved \$66.1-69.6 million in Medicaid, TANF, SNAP, and WIC expenditures⁸.

This document was created by the LARC Stakeholder Workgroup, a network of agencies who are working towards reducing unintended pregnancies among women of childbearing age and increasing access to quality comprehensive family planning services.

1 Centers for Disease Control and Prevention. (2007). Preconception and interconception health status of women who recently gave birth to a live-born infant—Pregnancy risk assessment monitoring system (PRAMS), United States, 26 reporting areas, 2004. *MMWR Weekly*, 56(SS-10), 1-40. Retrieved from <http://www.cdc.gov/mmwr/pdf/ss/ss5610.pdf>

2 Logan, C., et al. (2007). *The consequences of unintended childbearing: A white paper*. Washington, DC: Child Trends, Inc. Retrieved from <http://thenationalcampaign.org/sites/default/files/resource-primary-download/consequences.pdf>

3 Centers for Disease Control and Prevention. (2017). Contraception: How effective are birth control methods? Retrieved from <https://www.cdc.gov/reproductivehealth/contraception/index.htm>

4 DeFranco, E., et al. (2015). Influence of interpregnancy interval on neonatal morbidity. *American Journal of Obstetrics and Gynecology*, 212(3), 386 e-19.

5 Mayer, J. (1997). Unintended childbearing, maternal beliefs, and delay of prenatal care. *Birth*, 24(4), 247-252.

6 Orr, S., et al. (2000). Unintended pregnancy and preterm birth. *Pediatric Perinatal Epidemiology*, 14: 309-313.

7 Colorado Department of Public Health and Environment. (2017). *Taking the unintended out of pregnancy: Colorado's success with long-acting reversible contraception*. Retrieved from https://colorado.gov/pacific/sites/default/files/PSD_TitleX3_CFPI-Report.pdf

8 Finer, L. B. and Zolna, M. R. (2011). Unintended pregnancy in the United States: Incidence and disparities, 2006. *Contraception*, 84(5), 478-485.

9 Frost, J. J., et al. (2014). Return on investment: A fuller assessment of the benefits and cost savings of the US publicly funded family planning program. *The Millbank Quarterly*. doi: 10.1111/1468-0009.1208

10 Trussell, J., et al. (2013). Burden of unintended pregnancy in the United States: Potential savings with increased use of long-acting reversible contraception. *Contraception*, 87, 154-61.