Increasing the uptake of long-acting reversible contraception in general practice: the Australian Contraceptive ChOice pRoject (ACCORd) cluster randomised controlled trial 3-year follow-up

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The results that will be discussed during this presentation have not yet been published
and are under embargo

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Background

- 1 in 4 women experience an unintended pregnancy
- Approximately one-third of these end in abortion[1]
- Increased use of long-acting reversible contraceptives (LARCs) can reduce the rate of unintended pregnancy and abortion rates across a woman's reproductive life[1-4]
- ***The Australian Contraceptive ChOice pRoject (ACCORd)***[5,6] trial focused on delivering efficacy-focused contraceptive counselling and rapid referral service for quick LARC insertion in the intervention group

ACCORd Study Results

References

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Aim

The purpose of this 3-year longitudinal follow-up study to the ACCORd trial was to assess the long-term efficacy of the intervention

- The primary outcome for this longitudinal follow-up study was the continuation rate of the use of LARC methods compared with non-LARC methods
- Secondary outcomes included the contraceptive method used, satisfaction with contraceptive choice, and the number of unintended pregnancies

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ACCORd Trial & Intervention Overview

- Metropolitan Melbourne, Australia
- GPs unit randomisation (N=57)
  - 25 Intervention GPs
  - 32 Control GPs
- Women recruited by GPs
- Intervention
  - Trained to deliver efficacy-focused contraceptive counselling
  - Rapid referral pathways to LARC insertion clinics

ACCORd Study Protocol

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Methods

- Participants: women patients of GPs in original trial
- Email invitation followed by phone call
- Complete an online survey
- Participants recruited August 2019-August 2020
- Analysis
  - Logistic regression models

ACCORd Follow-Up Study Protocol

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Results - Demographics

- Of the 705 women not actively withdrawn from ACCORd trial, 75% consented and completed the 3-year follow-up survey
- N = 531 participants
  - Intervention group: 229 participants
  - Control group: 302 participants
- Majority participants
  - < 35 years old (Intervention 73%, Control 80%)
  - No children (Intervention 69%, Control 74%)

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Current use of method and satisfaction

LARC and OCP users	Number of women with information available		Number (%) with outcome			
Currently using same method as at 6 months	LARC users at 6 months	OCP users at 6 months	LARC continuing users at 3 years	OCP continuing users at 3 years	Odds ratio (95% CI) §	P-value
	165	147	109 (66%)	81 (55%)	1.63 (1.06, 2.51)	0.027
Satisfaction with method	LARC continuing users at 3 years	OCP continuing users at 3 years	Very satisfied	Very satisfied	Odds ratio (95% CI) §	P-value
	109	81	89 (82)	51 (63)	4.29 (1.79, 10.27)	0.001

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Outcomes among all women

	Number (%) with outcome			
	Intervention group (N=229)	Control Group (N=302)	Odds ratio (95% CI) §	P-value
LARC use at 3 years	93 (41%)	84 (28%)	1.75 (1.10, 2.80)	0.019
Unintended pregnancy since start of trial	7 (3.1%)	19 (6.3%)	0.38 (0.16, 0.86)	0.021
Abortion since start of trial	2 (0.9%)	11 (3.6%)	0.10 (0.02, 0.50)	0.0051

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Discussion

- Sustained impact on continuation and uptake of LARC methods
- Rise in LARC use at 6-month and 12-month continued in 3-year follow-up
- Significantly higher continuation rate LARC vs OCP at 3-years also reported in the US CHOICE Project

Strengths

- High cohort retention rate
- Effect of intervention demonstrated

Limitations

- Only carried out in metro Victoria

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Implications

- Long term ***sustained impact*** of ACCORd trial was demonstrated
- ***Extended LARC education*** to GPs in primary care and ***rapid referral pathways*** result in ***greater uptake*** of efficacious methods
  - Higher satisfaction in method
  - Fewer unintended pregnancies
- ***Demonstrated effectiveness of the intervention*** in improving accessibility and delivery of LARC services
- Implementation across larger cohorts are necessary to determine whether uptake seen is sustained

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Thank you

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