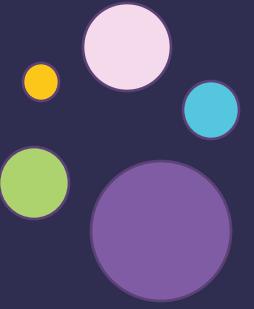


Increasing the uptake of long-acting reversible contraception in general practice: the Australian Contraceptive ChOice pRoject (ACCORd) cluster randomised controlled trial 3-year follow-up

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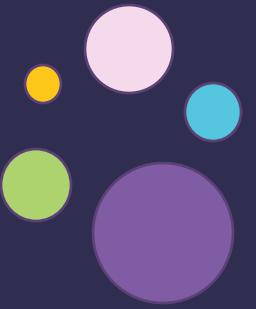


The results that will be discussed during
this presentation have not yet been
published
and are under embargo

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Background



- 1 in 4 women experience an unintended pregnancy
- Approximately one-third of these end in abortion¹
- Increased use of long-acting reversible contraceptives (LARCs) can reduce the rate of unintended pregnancy and abortion rates across a woman's reproductive life¹⁻⁴
- *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

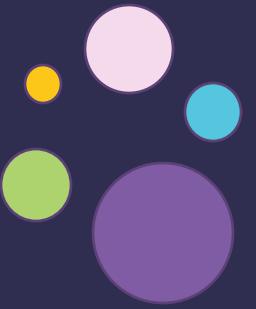


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- (2) Gyllenberg FK, Saloranta TH, But A, et al. (2018) Obstetrics & Gynecology;132(6);
- (3) Wellings K, Jones KG, Mercer CH, et al. (2013) The Lancet;382(9907):1807-16.
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- (5) Mazza D, Black K, Taft A, et al. (2016) BMJ Open;6(10):e012491;
- (6) Mazza D, Watson CJ, Taft A, et al. (2020) Obstetrics & Gynecology;222(4):S921.e1-S21.e13.

ACCORD Study Results

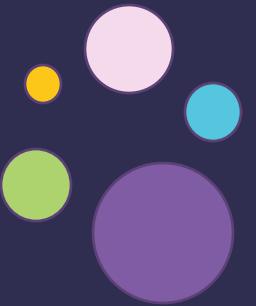
Aim



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

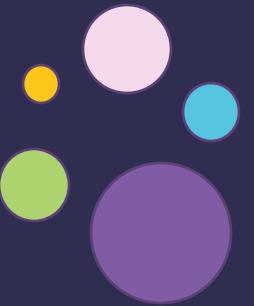
ACCORD Trial & Intervention Overview



- 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



Methods



 Participants: women patients of GPs in original trial

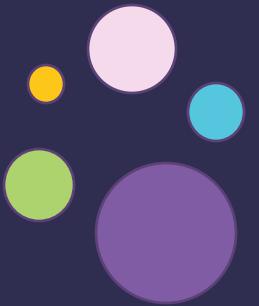
 Email invitation followed by phone call

 Complete an online survey

 Participants recruited August 2019-August 2020

 Analysis
▪ Logistic regression models

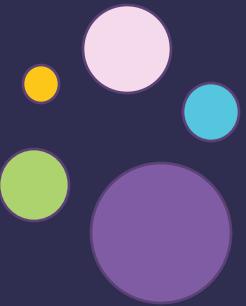




Results - Demographics

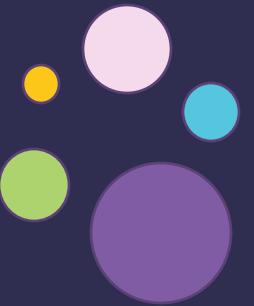
- Of the 705 women not actively withdrawn from ACCORD trial, 75% consented and completed the 3-year follow-up survey
- N = 531 participants
 - Intervention group: 229 participants
 - Control group: 302 participants
- Majority participants
 - < 35 years old (Intervention 73%, Control 80%)
 - No children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

Current use of method and satisfaction



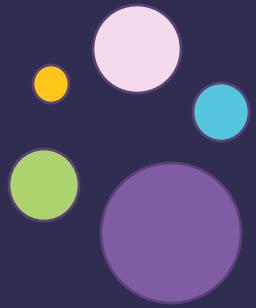
LARC and OCP users	Number of women with information available		Number (%) with outcome			
Currently using same method as at 6 months	LARC users at 6 months	OCP users at 6 months	LARC continuing users at 3 years	OCP continuing users at 3 years	Odds ratio (95% CI) §	P-value
	165	147	109 (66%)	81 (55%)	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

Outcomes among all women



	Number (%) with outcome		Odds ratio (95% CI) §	P-value
	Intervention group (N=229)	Control Group (N=302)		
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

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

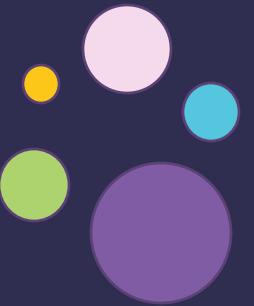
Strengths

- High cohort retention rate
- Effect of intervention demonstrated

Limitations

- Only carried out in metro Victoria

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

Thank you

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