Long-Acting Reversible Contraception (LARC) Services by Pharmacists and Other Healthcare Professionals: A Scoping Review

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Introduction

• 1 in 5 Canadian women have an unintended pregnancy.
• LARC, including intrauterine contraception, implants, and injectables, is the most effective method of reversible contraception.
• Increasing LARC use could reduce the rate of unintended pregnancies.
• No review has been published identifying existing programs aimed at increasing LARC use.

Objective

To describe LARC services that have been provided by healthcare professionals including pharmacists, physicians, nurses, and other providers.

Methods

Design: A scoping review was conducted following the PRISMA and JBI Manual for Evidence Synthesis guidelines. Protocol registered on OSF Registries.

Search: The search was run by a medical librarian on MEDLINE, EMBASE, CINAHL, and Cochrane Library, and Google Scholar (inception to Jan 6 2021). Search terms focused on three concepts: LARC, provider, and program/service.

Screening: Completed by two reviewers per criteria (see Table 1) using Covidence.

Data Extraction: Completed by two reviewers using Excel.

This review is currently ongoing.

Discussion

Studies varied in their design, location, LARC methods provided, and providers involved. Most commonly there were multiple provider types involved, multiple LARC methods offered, and interventions were delivered at community levels.

Interventions were primarily multi-faceted and included a combination of provider education about LARC methods and their placement, patient counseling, and referral networks.

Studies frequently had multiple reported outcomes. All but two studies demonstrated an increase in LARC uptake by patients, increased provider knowledge about LARC methods, or both. Two studies found no effect on LARC uptake, but one was comparing delivery of DMPA by different providers and the results were positive.

Only two studies identified at this point have included pharmacists. This suggests there may be opportunities for pharmacist-led interventions.

Limitations

• This is an ongoing study. As articles are screened the results may change.
• Quality analysis of the included articles was not undertaken by the reviewers. No discussion about article quality can be included in this review.
• While pharmacists were intended to be the focus of this review, only 2 articles included pharmacists. This may limit the applicability to future pharmacy research.

Conclusions

Preliminary analysis of the data shows positive effects on LARC uptake and other outcomes with provider-led programs.

Results of this scoping review will be used to guide future pharmacy research around LARC and its use.

Results

Figure 1. PRISMA Flowchart

Figure 2. Provider Type

Figure 3. Study Types

Figure 4. LARC Type

Table 1. Inclusion/Exclusion Criteria

Table 2. Study Characteristics

Table 3. Study Interventions

Table 4. Study Outcomes

Table 5. Study Outcomes

References