

Good morning Pothida,

During my submission, Senator Larissa Waters asked me to provide more information about a study in the USA regarding LARCS and the increase in uptake when offered for free. Below is a link to the study, and attached is some of the data in tabulated form which I have used in presentation.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2910826/>

I have another update to provide Senator Waters which relates to discussions we had about MS-2 step prescribing for Medical Terminations of Pregnancy. Senator Waters did not request this information so I am not sure whether it is admissible. However, MS-Health have put several submissions in to the TGA about MS-2 step, and they sent me a link about it which I am sharing below:

<https://mailchi.mp/12272d7e0865/ms-health-impact-report-6226642?e=d1a2aed1fc>

Thanks,

Danielle

Danielle Haller

Regional Medical Officer - Southern



Baseline chosen method

	n=9256, %
LNG-IUS	46.0
Copper IUD	11.9
IMPLANON® (etonogestrel)	16.9
DMPA	6.9
Oral contraceptive pill	9.4
Vaginal ring	7.0
Patch	1.8
Other (natural/diaphragm)	<.01

75%

75% of all women will choose a LARC method if counselled properly

LNG-IUS = levonorgestrel intrauterine system; DMPA = depot medroxyprogesterone acetate



Teenage birth rates: 2010 -2011¹

	US Population (per 1,000 women)	CHOICE Project (per 1,000 women)
Teenagers (15-19 years)	34.3	6.3

- Teenage birth rates were evaluated as a proxy measure of unintended pregnancy since up to 80% of these births are unintended²



12-month continuation

Method	Continuation Rate (%)
LNG-IUS	87.5
Copper IUD	84.1
IMPLANON® (etonogestrel)	83.3
Any LARC	86.2
DMPA	56.2
Oral contraceptive pill	53.0
Vaginal Ring	51
Patch	42
Non-LARC	54.7

LNG-IUS = levonorgestrel intrauterine system; DMPA = depot medroxyprogesterone acetate