New funding has been made available to improve uptake of contraceptive services by young people. Nerys Hairon explains how nurses can help to cut teenage pregnancies.

**IMPROVING ACCESS**

Some £14m will be available to fund innovative new ways of helping young people to access sexual health advice and contraception. Strategic health authorities will be asked to produce proposals and, if agreed, they could be granted funding to run pilots. Examples of ways in which the money could be used are:

- Offering contraception and more information at termination of pregnancy (ToP) clinics to prevent repeat procedures;
- Working with health visitors to target vulnerable young women – particularly teenage mothers;
- Providing condom kiosks in pharmacies.

This funding is in addition to the £130m invested in sexual health clinics and services over the past two years. A total of £12.8m of the new funding will be distributed to PCTs in their main allocations.

**LONG-ACTING REVERSIBLE METHODS**

NICE (2005) guidance on LARC outlined a number of key priorities for implementation for healthcare professionals, to improve contraception choices for women. These priorities focus on: contraceptive provision; counselling and provision of information; and training healthcare professionals in contraceptive care.

The guidance emphasised that women needing contraception should be given information about and offered a choice of all methods, including LARC. Contraceptive service providers should be aware that:

- All currently available LARC methods (intrauterine devices (IUDs), the intrauterine system (IUS), injectable contraceptives and implants) are more cost-effective than the combined oral contraceptive pill even at one year of use;
- IUDs, the IUS and implants are more cost-effective than injectable contraceptives;
Managing Contraception

Service providers who do not provide LARC within their own practice or service should have an agreed mechanism in place for referring women for this contraception. Healthcare staff providing intrauterine or subdermal contraceptives should receive training to develop and maintain the relevant skills to provide these methods.

The guidance (NICE, 2005) also contains a useful diagram illustrating the recommended care pathway for women requesting contraception, and a table outlining the features of different LARC methods to discuss with them. Another section contains information on appropriate choices and those not recommended for different groups of women according to age, childbirth, medication, medical history, and STI risk (see www.nice.org.uk for details on these factors). The women for whom all LARC methods are suitable are listed in the guidance (see box), and it contains practical details related to LARC, including fitting or administering the contraceptives.

PREVENTING TEENAGE PREGNANCIES

NICE (2007) guidance on sexual health contains two recommendations that focus on reducing the rate of conceptions in women under the age of 18.

The first recommendation on preventing unwanted pregnancies is aimed at nurses working in primary care, community contraceptive services, antenatal and postnatal care, ToP and GUM services, and school nurses. Where appropriate, these nurses should provide one-to-one sexual health advice on a range of issues to vulnerable young people under 18. Topics should include:

- How to prevent unwanted pregnancies and STIs;
- All methods of reversible contraception including LARC in line with NICE (2005) guidance;
- How to obtain and use emergency contraception.

Nurses should also provide supporting information in an appropriate format.

The second recommendation in the guidance is aimed at midwives and healthcare visitors who provide antenatal, postnatal, and child development services. These practitioners should regularly visit vulnerable young women under 18 years of age who are pregnant or already mothers, and should discuss with them how to prevent unwanted pregnancies and STIs. This discussion should cover:

- All methods of reversible contraception, including LARC, and how to obtain and use emergency contraception;
- Health promotion advice, in line with NICE (2006) guidance on postnatal care;
- Opportunities for returning to education, training, and employment in the future.

Again, practitioners should provide supporting information in an appropriate format and, where appropriate, they should also refer young women to relevant agencies, including services concerned with reintegration into education and work.

CONCLUSION

It is clear that practice nurses, school nurses, midwives, and health visitors can play a significant role in increasing contraceptive use among young people and promoting wider choice of methods. Increasing the use of LARC will reduce unwanted pregnancies. Nurses can also take the lead in setting up innovative new projects to improve access to contraception for young and vulnerable people.

LARC METHODS

All LARC methods are suitable for:

- Nulliparous women
- Women who are breastfeeding
- Women who have had a termination – at time of termination or later
- Women with BMI >30
- Women with HIV – encourage safer sex

Women with diabetes
- Women with migraine with or without aura – all progestogen-only methods may be used
- Women with contraindication to oestrogen

Choices for adolescents:
- IUD, IUS, implants: there are no specific restrictions to use with this group
- DMPA (Depo-Provera): care is needed, use only if other methods are unacceptable or unsuitable (refer to CSM advice, go to www.mhra.gov.uk).

Source: NICE (2005)