

Publication Summary



Long Acting Reversible Methods of Contraception (LARC) – Key Clinical Indicator

Year ending March 2011

Publication date – 26 July 2011

Revised – 09 November 2011 (with addition of previously omitted NHS Lothian data)

About this Release

This is the sixth publication of the long acting reversible methods of contraception (LARC) Key Clinical Indicator (KCI) which monitors the proportion of women of reproductive age using long-acting reversible methods of contraception in each NHS board.

The LARC KCI for 2010 data was originally published in July 2011 with data omitted for NHS Lothian due to data quality issues. This subsequently meant that overall Scotland totals could not be reported. In this issue all the NHS Lothian data are included and for the first time, overall Scotland totals are given for each contraceptive method and for all the very long acting methods.

Key Points

- The uptake of LARC continues to increase.
- The uptake of very long acting methods (the contraceptive implant, IUDs (the coil) and Mirena® (IUS)) in Scotland increased from 56.7 per 1000 women aged 15-49 in 2009/10 to 64.0 in 2010/11/
- The majority (10 out of 14) of NHS boards have increased their uptake of these very long acting or 'lasting' methods.
- The contraceptive implant continues to be the most popular method of LARC.

Background

[Respect and Responsibility: Strategy and Action Plan for Improving Sexual Health](#) highlighted the need to monitor sexual health service development both nationally and at an NHS board level. A set of Key Clinical Indicators (KCIs) have been developed for this purpose and are managed/reported by the Data Augmentation for Sexual Health (DASH) project at ISD.

The indicators helped to inform the development of the NHS Quality Improvement Scotland (now known as Healthcare Improvement Scotland) Sexual Health Clinical Standards and NHS boards are encouraged to utilise the KCI reports to monitor their progress against these standards.

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Further Information

Further information can be found in the [Full Publication Report](#) or on the [ISD website](#)

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