



## Long-Acting Reversible Contraception Statement of Principles

We believe that people can and do make good decisions about the risks and benefits of drugs and medical devices when they have good information and supportive health care. We strongly support the inclusion of long-acting reversible contraceptive methods (LARCs) as part of a well-balanced mix of options, including barrier methods, oral contraceptives, and other alternatives. We reject efforts to direct women<sup>1</sup> toward any particular method and caution providers and public health officials against making assumptions based on race, ethnicity, age, ability, economic status, sexual orientation, or gender identity and expression. People should be given complete information and be supported in making the best decision for their health and other unique circumstances.

We call on the reproductive health, rights, and justice communities, including clinicians, professional associations, service providers, public health agencies, private funders and others to endorse the following principles.

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**We acknowledge the complex history of the provision of LARCs and seek to ensure that counseling is provided in a consistent and respectful manner that neither denies access nor coerces anyone into using a specific method.**

- Many of the same communities now aggressively targeted by public health officials for LARCs have also been subjected to a long history of sterilization abuse, particularly people of color, low-income and uninsured women, Indigenous women, immigrant women, women with disabilities, and people whose sexual expression was not respected.

**We commit to ensuring that people are provided comprehensive, scientifically accurate information about the full range of contraceptive options in a medically ethical and culturally competent manner in order to ensure that each person is supported in identifying the method that best meets their needs.**

- A one-size-fits-all focus on LARCs at the exclusion of a full discussion of other methods ignores the needs of each individual and the benefits that other contraceptive methods provide. A woman seeking care who is preemptively directed to a LARC may be better

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<sup>1</sup> While we use “woman” and “women” throughout this statement, we recognize that these terms do not encompass the full range of people who utilize contraception and who may be impacted by coercive practices. We also use the gender-inclusive “their” and “them” as singular pronouns.

served by a barrier method that reduces the spread of HIV and other sexually transmitted infections (STIs); a pill, patch, or ring that allows her to control her menstrual cycle; or any method that she can choose to stop using on her own without the approval of clinician.

- Women—particularly young women, elderly women, women of color, LGBTQ individuals, and low-income women—frequently report that clinicians talk down to them, do not take their questions seriously, and treat them as though they do not have the basic human right to determine what happens with their bodies. Only affordable coverage of all options and a comprehensive, medically accurate, and culturally competent discussion of them will ensure treatment of the whole human being and truly meet the health and life needs of every woman.

**Advocates and the medical community must balance efforts to emphasize contraception as part of a healthy sex life beyond the fear of unintended pregnancy with appropriate counseling and support for people who seek contraception for other health reasons.**

- The current focus on straight, cisgender women limits the health information given to people whose primary need may not be for preventing pregnancy, but for treating endometriosis, ovarian cysts, heavy or painful menstrual cycles, and more. This current focus also reinforces a limited set of public health outcomes that have been historically problematic, rather than respecting the bodily autonomy and rights of all women.
- Health care providers need good information to effectively consult with their patients. We seek to ensure access to training and up-to-date information on the benefits and possible drawbacks or limitations of any given option so that health professionals and clinic staff are able to provide the highest quality counseling for each and every patient.

**The decision to obtain a LARC should be made by each person on the basis of quality counseling that helps them identify what will work best for them. No one should be pressured into using a certain method or denied access based on limitations in health insurance for the insertion or removal of LARC devices.**

- Too often, providers receive biased promotional information from funders and pharmaceutical companies. It is critical that providers receive information that doesn't privilege LARC over other methods.
- Governments, foundations, and providers should reject explicit and implicit targets or goals for total numbers of LARCs inserted, which inappropriately bias the conversation between women and clinicians and can lead to coercion.
- Governments, foundations, and providers should reject incentives that limit patient choice, such as vouchers that can only be redeemed for LARCs.

**The decision to cease using a long-acting method should be made by each individual with support from their health professional without judgment or obstacles.**

- A woman who wants her LARC removed should have her decision respected and her LARC promptly removed, even if her clinician believes that she might ultimately be happy with the device if she were to wait.
- Removal of a LARC can be more demanding than insertion, but many women face significant obstacles when they want their LARC removed. Every clinic that offers a LARC should also have clinicians trained and able to remove LARCs and should offer appointments for removal at that same site. Likewise, providers should make clear that if women are not insured at the time they want their LARC removed, they may have to pay for removal out of pocket.
- When programs are implemented to increase access to LARCs, they should clearly address issues of removal, particularly how the needs of patients will be met if and when a program ends.

**The current enthusiasm for LARCs should not distract from the ongoing need to support other policies and programs that address the full scope of healthy sexuality.**

- Comprehensive sexuality education must be fully funded and supported.
- LARCs are an important addition to the range of options, but they are not the only option. The medical community must not only ensure access to and information about the full range of current methods, but also support continued research to develop new options to continue to improve quality of care and support women and families.

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Women should have the right and the ability to control their own fertility whether planning, preventing or terminating a pregnancy. Marginalized communities, and particularly women of color, have experienced many forms of reproductive oppression, from forced sterilization to restrictions on abortion access to coercive limits on their ability to have children, and they continue to face high rates of maternal mortality.

We believe articulating these principles is necessary to protect the bodily autonomy and to respect the agency, health and dignity of marginalized women so that those who have historically been oppressed or harmed feel safe when making reproductive decisions. This is a critical step forward. This is what reproductive justice looks like.

To sign the statement, please fill out the form found [HERE](#).  
For questions, please contact Sarah Christopherson at [schristopherson@nwhn.org](mailto:schristopherson@nwhn.org).

**This statement of principles is endorsed by the following organizations in alphabetical order:**

AccessMatters  
ACCESS Women's Health Justice  
Action for Boston Community Development  
Advocates for Youth

AIDS Foundation of Chicago  
Association of Fertility Awareness Professionals  
American Civil Liberties Union  
AmeriCares Free Clinic-Norwalk  
Backline/All-Options  
Black Women for Wellness  
Black Women's Health Imperative  
CAIR Project  
California Latinas for Reproductive Justice  
Cambridge Health Alliance Sexual and Reproductive Health Program  
Center for Reproductive Rights  
Center on Reproductive Rights and Justice at University of California, Berkeley  
Civil Liberties and Public Policy (CLPP)  
Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR)  
Community Healthcare Network  
Conceivable Future  
Desiree Alliance  
Essential Access Health  
Feminist Women's Health Center  
Forward Together  
Harm Reduction Coalition  
Healthy Philadelphia  
Howard Brown Health Center  
Ibis Reproductive Health  
If/When/How  
Illinois Caucus for Adolescent Health  
In Our Own Voice: National Black Women's Reproductive Justice Agenda  
Jacobs Institute of Women's Health  
Latino Commission on AIDS  
Madre Tierra Latina Women Organization  
Midwives for Peace & Justice  
Mississippi Reproductive Freedom Fund  
NARAL Pro-Choice America  
NARAL Pro-Choice North Carolina  
NARAL Pro-Choice Oregon  
NARAL Pro-Choice Virginia  
National Asian Pacific American Women's Forum (NAPAWF)  
National Birth Equity Collaborative  
National Center for Lesbian Rights  
National Council of Jewish Women  
National Family Planning & Reproductive Health Association (NFPRHA)  
National Female Condom Coalition  
National Health Law Program  
National Institute for Reproductive Health  
National Latina Institute for Reproductive Health  
National Network of Abortion Funds  
National Organization for Women (NOW)  
National Organization for Women of New Jersey  
National Organization for Women Northern New Jersey Chapter

National Partnership for Women & Families  
National Women's Health Network  
National Women's Law Center  
NEWCAP, Inc  
New Mexico Perinatal Collaborative  
New Voices for Reproductive Justice  
New York City Department of Health and Mental Hygiene  
New York City LARC Access Task Force  
New York Latina Advocacy Network  
Nursing Students for Sexual & Reproductive Health  
Our Bodies Ourselves  
Pandora's Box Productions  
Physicians for Reproductive Health  
Planned Parenthood Federation of America  
Mt. Baker Planned Parenthood  
Planned Parenthood Great Plains  
Planned Parenthood Hudson Peconic  
Planned Parenthood Minnesota, North Dakota, South Dakota  
Planned Parenthood Mohawk Hudson  
Planned Parenthood Northern California  
Planned Parenthood of Greater Ohio  
Planned Parenthood of Middle and East Tennessee  
Planned Parenthood of Nassau County  
Planned Parenthood of New York City  
Planned Parenthood of Northern New England  
Planned Parenthood of South West and Central Florida  
Planned Parenthood of Southern New England  
Planned Parenthood of the Great Northwest and the Hawaiian Islands  
Planned Parenthood South Atlantic  
Planned Parenthood Southeast  
Planned Parenthood Southeastern Pennsylvania  
Planned Parenthood South Texas  
Population & Development Program at Hampshire College  
Positive Women's Network  
Prison Birth Project  
Pro-Choice Alliance for Responsible Research  
Program in Woman-Centered Contraception at University of California, San Francisco  
Provide Inc.  
Rainier Valley Community Clinic  
Religious Coalition for Reproductive Choice  
Religious Institute  
Reproaction  
Reproductive Health Access Project  
Reproductive Health Technologies Project (RHTP)  
Sacramento Sister Circle  
Seattle Medical and Wellness Clinic  
Sexual Health and Reproductive Equity Program, University of California, Berkeley  
Sexuality Information and Education Council of the United States (SIECUS)  
SisterLove

SisterReach  
 SisterSong: National Women of Color Reproductive Justice Collective  
 Society for Adolescent Health and Medicine (SAHM)  
 Southwest Women's Law Center  
 SPARK Reproductive Justice NOW!  
 St. John's Well Child and Family Center  
 Surge Reproductive Justice  
 Tapestry Health  
 THE ALLIANCE: State Advocates for Women's Rights & Gender Equality: California  
 Women's  
     Law Center • Gender Justice • Legal Voice • Southwest Women's Law Center •  
     Women's Law Project  
 Training in Early Abortion for Comprehensive Healthcare (TEACH)  
 Unitarian Universalist Association  
 Unitarian Universalist Legislative Ministry of New Jersey  
 Unitarian Universalist Pennsylvania Legislative Advocacy Network  
 Upstream USA  
 URGE: Unite for Reproductive & Gender Equity  
 Women Engaged  
 Women with a Vision  
 Women's Centers  
 Women's Health Specialists, Feminist Women's Health Centers  
 Woodhull Freedom Foundation  
 WV Free  
 Young Women United  
 YWCA of Greater Charleston

The American College of Obstetricians and Gynecologists supports the value of this document as an educational tool, January 2017.

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