



National Women's Health Network and SisterSong LARC Statement of Principles

The [National Women's Health Network](#) and [SisterSong: National Women of Color Reproductive Justice Collective](#) developed the [LARC Statement of Principles](#) to guide providers, associations, public health officials, foundations, and governmental agencies to promote reproductive justice in all aspects of care, specifically as it relates to the provision of long-acting reversible contraceptives (LARCs). The Quality Institute thanks these organizations for their tremendous work in this field and for granting permission to disseminate this important message through the NJ-RHAP PACT.

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 women¹ 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.

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 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.

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.

For questions, please contact Sarah Christopherson at schristopherson@nwhn.org.



Endnote

¹ 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.