

LONG-ACTING REVERSIBLE CONTRACEPTION IN ARKANSAS

JANUARY
2026

Effectiveness

In 2021, 32% of pregnancies among Arkansas women were unintended.¹ Long-acting reversible contraception (LARC) is the most effective form of reversible birth control available.² Methods that require daily, weekly, or monthly use are more likely to fail than intrauterine devices (IUDs) and implants.



**LARC
(implants and IUDs):**
Less than one pregnancy
per 100 users in a year.



**Pills, injections, rings,
and patches:**
6 to 12 pregnancies per
100 users in a year.



**Condoms, spermicide,
fertility-awareness based
methods:**
13 or more pregnancies per
100 users in a year.

11%

OF U.S. WOMEN AGES 15-49
USED A LARC METHOD IN
2022-2023.³



INCREASED ACCESS TO LARC IS
ASSOCIATED WITH A DECREASE
IN UNINTENDED PREGNANCIES.⁴

Access Barriers⁵



Provider Barriers

- Lack of LARC training and education.
- Misconceptions about patient eligibility despite clinical guidelines.
- Lack of time and workflow support for same-day provision of LARC.



Patient Barriers

- Low awareness or misinformation about LARC.
- Concerns about insertion pain and future fertility impacts.
- Personal or cultural beliefs that reduce interest in LARC.



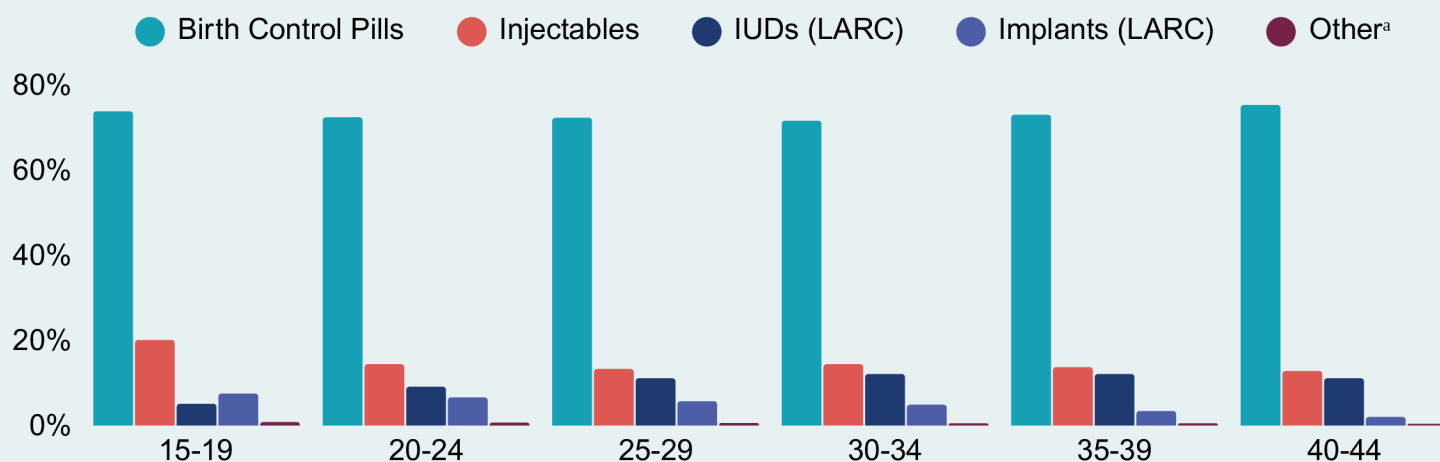
System Barriers

- High upfront cost of stocking LARC devices.
- Reimbursement complexities and billing challenges.
- Prior authorization requirements.

Use in Arkansas

ACHI analyzed medical and pharmacy claims data to determine the percentages of Arkansas women ages 15-44 who received contraceptive services or filled prescriptions for contraceptives in 2024. The LARC percentages reflect women who had devices placed or replaced during the year and do not reflect all women who had LARC in 2024. Despite its effectiveness, LARC made up a smaller share of contraceptive use than birth control pills or injectables.

Contraceptive Methods Provided to Arkansas Women by Age, 2024



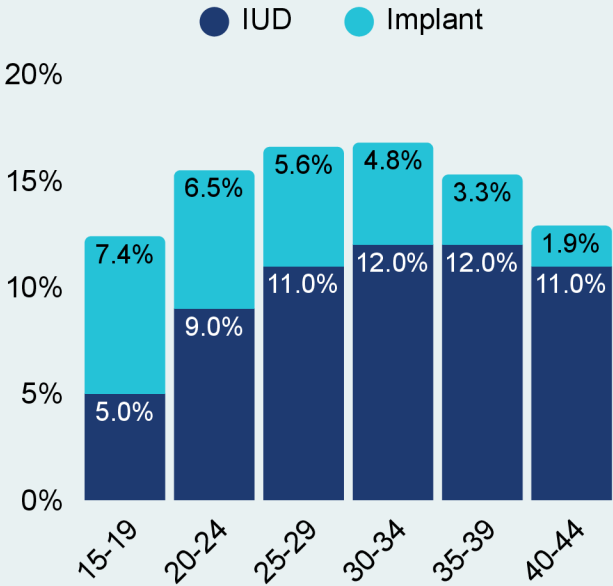
¹⁻⁷ For references, visit www.achi.net/publications/LARC

^a "Other" includes birth control patches, vaginal rings, cervical caps, diaphragms, etc.
Source: Arkansas Healthcare Transparency Initiative's All-Payer Claims Database.

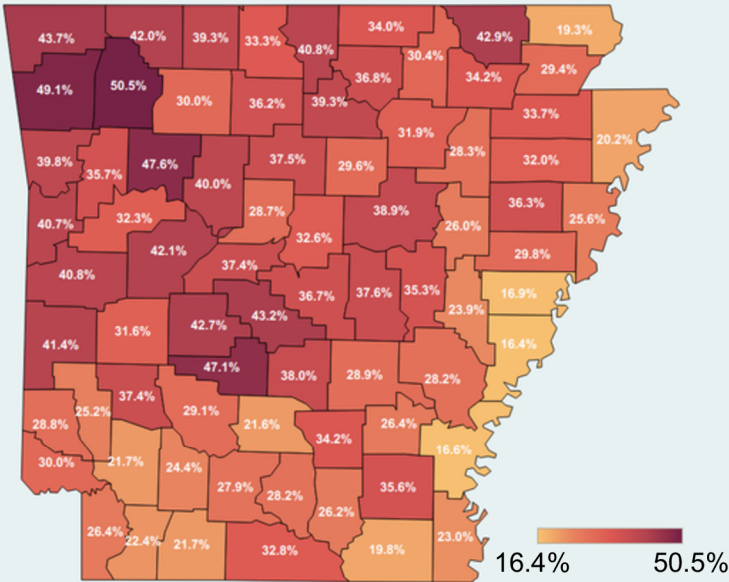
Use in Arkansas (Continued)

Among Arkansas women ages 15-44 in 2024, IUD placement was most common among women in their 20s and 30s, while implant placement was most common among teenagers. A geographic comparison shows that among women who received non-pharmacy contraceptive services, those residing in Northwest Arkansas were more likely to receive LARC, while women residing in eastern (Delta) counties were less likely to receive LARC.

IUD and Implant Placement Among Arkansas Women by Age, 2024

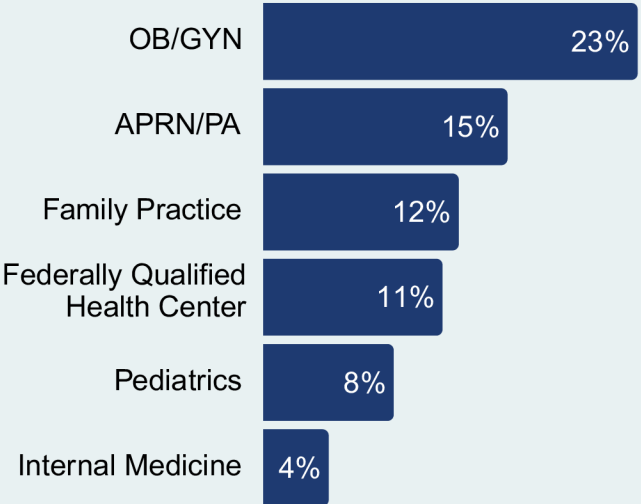


Among Women Who Received Non-Pharmacy Contraceptive Services, Share Who Received LARC, By County of Residence, 2024



Women receiving care from OB/GYNs were the most likely to receive LARC, followed by those seen by nurse practitioners (APRNs) and physician assistants (PAs). Among a subset of 18,518 women who gave birth in 2024, about 10% had a LARC device placed within one year of birth, but only 2% received one during the birth hospitalization or immediately postpartum (within three days). The American College of Obstetricians and Gynecologists recommends that immediate postpartum LARC placement be offered as an effective option for postpartum contraception.⁶ Act 581 of 2023 allows Arkansas providers to be reimbursed separately by Medicaid for immediate postpartum LARC placement.⁷

Percentage of Arkansas Women Receiving LARC by Provider Type, 2024



Percentage of Arkansas Women With Postpartum LARC Placement, 2024

