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[1] 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

[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.

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.

To sign the statement, please fill out the form found HERE.
For questions, please contact Sarah Christopherson at schristopherson@nwhn.org.

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

ACCESS Women's Health Justice
Action for Boston Community Development
Advocates for Youth
AIDS Foundation of Chicago
American Civil Liberties Union
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)
Conceivable Future
Desiree Alliance
Essential Access Health
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
New Mexico Perinatal Collaborative
New Voices for Reproductive Justice
New York Latina Advocacy Network
Our Bodies Ourselves
Pandora's Box Productions
Physicians for Reproductive Health
Planned Parenthood Federation of America

Mt. Baker Planned Parenthood
Planned Parenthood Hudson Peconic
Planned Parenthood Minnesota, North Dakota, South Dakota
Planned Parenthood Northern California
Planned Parenthood of Greater Ohio
Planned Parenthood of Middle and East Tennessee
Planned Parenthood of Nassau County
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 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 of Adolescent Health and Medicine (SAHM)
Southwest Women's Law Center
SPARK Reproductive Justice NOW!
St. John's Well Child and Family Center
Tapestry Health
Training in Early Abortion for Comprehensive Healthcare (TEACH)
Unitarian Universalist Association
Unitarian Universalist Pennsylvania Legislative Advocacy Network
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

This statement of principles is endorsed by the following individuals in order of date signed:

Samara Azam-Yu, M.B.A.
Executive Director, ACCESS Women's Health Justice

Dr. Carrie N. Baker
Associate Professor, Program for the Study of Women and Gender
Smith College

Dr. Rajani Bhatia
Assistant Professor, Women's, Gender & Sexuality Studies
University at Albany

Dr. Laura Briggs
Chair and Professor, Women, Gender, Sexuality Studies
University of Massachusetts Amherst

Ynanna Djehuty, Founder
These Waters Run Deep

Suzan Goodman MD MPH
Fellowship and Curriculum Director of the TEACH Program
Training Director for Beyond the Pill, University of California, San Francisco

Dr. Aline Gubrium
Associate Professor, Health Promotion and Policy
University of Massachusetts Amherst

Dr. Betsy Hartmann
Professor Emerita, Development Studies
Senior Policy Analyst, Population and Development Program
Hampshire College

Judy Norsigian
Co-founder and former Executive Director, Our Bodies Ourselves

John Peller, President & CEO
AIDS Foundation of Chicago

Dr. Krystal Redman
Executive Director, SPARK Reproductive Justice NOW!

Malika Redmond, MA
Founding Director, Women Engaged

Dorothy E. Roberts, J.D.
George A. Weiss University Professor of Law and Sociology

Raymond Pace & Sadie Tanner Mossell Alexander Professor of Civil Rights
Professor of Africana Studies
Founding Director, Program on Race, Science, and Society
University of Pennsylvania

Lynn Roberts, PhD, Assistant Professor
Community Health & Social Sciences Program
CUNY Graduate School of Public Health & Health Policy

Dominika Seidman, MD
University of California San Francisco

Jessica Terlikowski, Director
Prevention Technology Education, AIDS Foundation of Chicago

Joan Whitaker, Director
Action for Boston Community Development Family Planning Partnership

Alyssa N. Zucker, Ph.D.
Vada A. Yeomans Chair of Women's Studies
University of Florida

Mrs. Barbara Moore
Bethlehem, PA

Christopherson Vichiola
Danbury, CT

Dennis Ruffer
Santa Clara, CA

Michelle Mosher
Denton, TX

Lisa Hughes
Galveston, TX

Mary V. Lisbon
Miami, FL

Leta A Dally
Chicago, IL

Mark Goldfield
Brooklyn, NY

Bonnie Richardson
Illinois

Marcia Bailey

Florida

Anna Forbes, MSS
Independent consultant
Kensington, MD

Julie Callahan
Brooklyn, NY

Gayla S. Keesee
Augusta, GA

Joan Smith
San Francisco, CA

Melissa Saunders
Lawrenceville

Rev. Jes Morgan
Pensacola Florida

Sarah Stewart

Dorothy Hasler
Sterling Heights, MI

Sophie Tramel
Fairfield, CA

Nicole Clark, LMSW
Nicole Clark Consulting
Brooklyn, NY 11202

Dea Smith
Loveland, CO

Alfredo Roldan-Flores
Newton, MA

Russ Ziegler
Chicago, IL

Marian F Iris Moore CNM
Sebastopol, CA

Ed Parks
Lawton, OK

Emelyn Erickson
Homeless Prenatal Program

San Francisco, CA

James A Clark Jr
Colorado

Amy Levi
RhN - Reproductive Health in Nursing
Albuquerque, NM

Julie Slater-Giglioli
West Hollywood, CA

Mrs. Elke Hoppenbrouwers
East Haven

Owen Gustafson
Minnesota

Alison R. Park
New York, NY

Sally Gwin-Satterlee
Felton, CA

Alexa Lesperance, Medical Student
Northern Ontario School of Medicine

Susan Spivack
Cobleskill, NY

Robert B. Kaplan
Port Angeles, WA

Ronald R Hammersley
Palm Bay, FL

John and Martha Stoltenberg
Elkhart Lake, WI

Sandra Mager
Rye, NY 10580

Suzanne Buckley, Reproductive Rights Advocate
Durham, NC

Wanda Ballentine
St. Paul, MN

Patricia Flynn-Williams
Midland, TX

Diana Wilkinson, RDH
Flagstaff, AZ

Delaine Powerful
Baltimore, MD /New York, NY

Maureen
Portland

Caitlin Williams
Durham, NC

Sara Birnel Henderon
New York, NY

Susan Margot Ecker
Malden MA

Leslie Cassidy
New York, NY

Debra Stulberg, MD
Chicago, IL

Fatima Cortez Todd
Los Angeles, CA

Freda Ballas
Oak Lawn

Tonya Katcher, MD
Washington, DC

Danit Brahver, MD
Cambridge Health Alliance

Whitney Wilson, MPH
San Francisco, CA

Aiden Harrington APN, CNM
Howard Brown Health
Chicago, IL

Sarah McNeil MD
Martinez, CA

Biftu Mengesha MD
University of California San Francisco
San Francisco, CA

Linda Hardy
Matawan, NJ

Bennett Lareau-Meredith NP
Director of Women's Health
South End Community Health Center
Boston, MA

Susan J. Waldman
Randolph, NJ

Natasha Vianna
Co-founder of #NoTeenShame
California

Cari Benbasset-Miller, MD
Boston, MA

Makeda Kamara CNM, MPH, APRN
St Croix, Virgin Islands

Silvia Beltran
Brooklyn, NY

Melissa Smith, M.D.
Texas

Abigail Reese, CNM
Albuquerque, NM

Alissa Perrucci, PhD, MPH
University of California San Francisco
San Francisco, CA

Carrie Pierce, MD
Klamath Falls, OR

Eshita Sharmin
Dallas, TX

Richard Johnson
Eugene, OR

Lawrence Crowley
Louisville, CO

Angela Oliver
Washington, DC

Rose Harris
Salt Lake City, UT

Diana L. Siegal
Topeka, KS

Nina Aronoff
Boston, MA

Renee Potik, NP
Fresno, CA

Jim Dailey

Peter Childs
California

Lynn Schneider
Naples, FL

Dave Frank
Des Moines, IA

Claire Carren
Colorado

Sandra Mager
Rye, NY

Helen Hays
Oregon City, OR

Bruce Hlodnicki, MD
Indianapolis, IN

Barbara Garcia
El Portal, CA

Susan Stiritz, PhD, MSW
St. Louis, MO

John Comella
Philadelphia, PA

Laura Bernstein
Hartsdale

Lisa Levenstein, Associate Professor of History
University of North Carolina at Greensboro
Chapel Hill, NC

Judith King, MD
Chicago, IL

Charlotte Pirch
California

Virginia F. Sendor, M.S.
Stamford, CT

Cathy Foxhoven
Bay Area

Suzanne Blancaflor
Windham, CT

Helena Likaj
New Orleans,LA

Karen Stamm
New York City

Laura Helfman
Coalmont

Adriane Fugh-Berman MD
Washington DC

Kathleen Gaffney MD MPH
New York

Dr. Flojaune Griffin Cofer
Reproductive Health Epidemiologist
Sacramento, CA

Priscilla Fairbank
Averill Park, NY

Freda Ballas
Dallas, TX

Ronald R Hammersley
Palm Bay, FL

Susan Margot Ecker
Malden, MA

Sally Barrett-Page
Boulder, CO

Ms. Alice B. Rasher
Mt. Kisco, NY

Thomas Tizard
Hawaii

Deborah St Julien WHNP, FNP
San Jose, CA

Carol Rogers, Director
Healthy Philadelplhia
Philadelphia, PA

Steven Kostis
New York, NY

Susan Elizabeth Davis
New York, NY

Gary Hull
Riverdale, UT

Juanita Hull
Riverdale, UT

Sally Gwin-Satterlee
Felton, CA

Debbie Rouse
Illinois

Christina Cherel, MPH
Washington, DC

Deborah Dill
ABCD Family Planning
Boston, MA

Sara Culver
New Haven, CT

Lauren Coy, MPH
San Francisco, CA

Jessica Coleman
Massachusetts General Hospital
Boston, MA

Peter F Davis
Greenfield, MA

Whitney Gray
Upper Marlboro, MD

Gulielma Leonard Fager
Baltimore, MD

M Healey
Boston, MA

Cori Blum, MD
Chicago, Illinois

Elizabeth A. Kissling, Ph.D.
Professor, Women's & Gender Studies
Eastern Washington University

J. Parker Dockray, MSW
Oakland, CA

Marcy Darnovsky
Center for Genetics and Society
Berkeley, CA

Emma Pliskin
New York City, NY

Grace Uomoto, RN BSN
Founder of Fearless Fertility, LLC
Seattle, WA

Mira Weil
Massachusetts

Martha Boisseau
Georgia

Ruth Romo, FNP

Susan Spivack
Cobleskill, NY

Miranda Dettmann, MPH
New York, NY

Alexander Michael Brammer
Kansas City