Background / Purpose

Rates of unintended pregnancies in Australia high1.

Long Acting Reversible Contraception (LARC) methods (intrauterine devices (IUD)/implants) effective in reducing unintended pregnancy2.

LARC use in Australia is low compared to comparable middle-to-high income countries1.

Specialised training required to insert IUD – training opportunities limited.

Access to skilled IUD inserters in primary health settings is a barrier to wider IUD uptake by women3.

GPs traditionally work in ‘silos’ and operate competitive businesses, only referring to specialists.

Aims of GPIIN Project:
+ Identify, develop, train, implement, support and evaluate four General Practice (GP) Intrauterine Device (IUD) inserter networks in QLD/NSW
+ offer models for sustainable upslanding of GPIINs to other geographic locations across Australia

Approach
Identified 4 network locations (QLD, 3; NSW, 1).
Resources & Protocols Developed
Referral protocols and tools
IUD Inserter Network kit
Network Implementation
Co-ordination, Education, Support
Mixed Methods Evaluation
Quantitative analysis IUD activity
Qualitative interviews with Network facilitators and GPs

Outcomes and Impacts

GP consults with patient; IUD chosen and need for insertion referral identified
Identification and referral to local network GP IUD inserter
1st Consultation: Patient assessment preparation for insertion
2nd Consultation: IUD insertion
3rd Consultation: 2 week post IUD insertion follow-up

Figure 1: Factors identified as contributing to successful GPIIN

Figure 2: Refined GP-to-GP Referral Pathway

Innovation & Significance
Timely innovative rethinking of “local referral pathways” to build and enhance GP-to-GP referral networks is needed to progress establishing GPIIN networks in different settings across Australia.

Development of streamlined local referral pathways and GP communities of practice could increase IUD access for women.

Future activity: Involve Primary Health Networks to continue building this GP-to-GP referral model.

References

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