



Appendix

This appendix was part of the submitted manuscript and has been peer reviewed. It is posted as supplied by the authors.

Appendix to: 8 Griffiths EK, Marley JV, Friello D, Atkinson DN. Uptake of long acting, reversible contraception in three remote Aboriginal communities: a population-based study. *Med J Aust* 2016; 205: 21-25. doi: 10.5694/mja16.00073.

Appendix: Studies reporting continuation rates of etonogestrel implants

Study details				Reported continuation rates (95% CI, if reported)		
Authors	Cohort	Analytic sample size	Follow-up duration	1 year	2 years	3 years
Our study	Retrospective audit, three remote Aboriginal communities, Australia	170	Mean follow-up, 20 months	87% (81–92%)	72% (63–78%)	51% (41–60%)
Objuru et al 2016 ¹	Retrospective cohort study, outpatient hospital adolescent clinic, USA	116	36 months	78%	50%	40%
Diedrich JT. et al 2015 ²	Prospective cohort study, Contraceptive CHOICE Project cohort, USA.	3203 [†]	24–36 months	81.7% (78.3–84.7%)	68.7% (64.7–72.3%)	56.2% (51.8–60.3%)
Teunssen et al 2014 ³	Retrospective consecutive cohort study, hospital outpatient clinics, the Netherlands	214	36 months	72% (56–89%)	53% (42–68%)	25% (22–28%)
Arribas-Mir et al 2009 ⁴	Prospective cohort study, university health centre, Spain	356	36 months	91%	74.7%	Not reported
Harvey et al 2009 ⁵	Retrospective audit, family planning clinics, Australia	767	36 months	69%*	50%*	14%*
Lakha and Glasier 2006 ⁶	Prospective cohort study, family planning clinics, Scotland	324	33 months	75% (69–79%)	59% (52–63%)	Beyond duration of follow-up
Flores et al 2005 ⁷	Prospective cohort study, multisite hospital outpatient and primary care clinics, Mexico	417	36 months	78%	67%	61%
Weisberg and Fraser 2005 ⁸	Prospective cohort study, general practice population, Australia	651	12 months	65%	Beyond duration of follow-up	Beyond duration of follow-up

* Estimated values displayed in this table; authors also reported observed values. † Includes users of etonogestrel implant and intra-uterine devices; disaggregated sample size not given, but continuation rates specific to etonogestrel implants.

References

1. Obijuru L, Bumpus S, Auinger P, et al. Etonogestrel implants in adolescents: experience, satisfaction, and continuation. *J Adolesc Health* 2016; 58: 284-289.
2. Diedrich JT, Zhao Q, Madden T, et al. Three-year continuation of reversible contraception. *Am J Obstet Gynecol* 2015; 213: 662.e1-662.e8.
3. Teunissen AM, Grimm B, Roumen FJ. Continuation rates of the subdermal contraceptive Implanon® and associated influencing factors. *Eur J Contracept Reprod Health Care* 2014; 19: 15-21.
4. Arribas-Mir L, Rueda-Lozano D, Agrela-Cardona M, et al. Insertion and 3-year follow-up experience of 372 etonogestrel subdermal contraceptive implants by family physicians in Granada, Spain. *Contraception* 2009; 80: 457-462.
5. Harvey C, Seib C, Lucke J. Continuation rates and reasons for removal among Implanon users accessing two family planning clinics in Queensland, Australia. *Contraception* 2009; 80: 527-532.
6. Lakha F, Glasier AF. Continuation rates of Implanon in the UK: data from an observational study in a clinical setting. *Contraception* 2006; 74: 287-289.
7. Flores JB, Balderas ML, Bonilla MC, et al. Clinical experience and acceptability of the etonogestrel subdermal contraceptive implant. *Int J Gynaecol Obstet* 2005; 90: 228-233.
8. Weisberg E, Fraser I. Australian women's experience with Implanon. *Aust Fam Physician* 2005; 34: 694-696.