CONTRACEPTION: THINKING OUTSIDE THE BOX…OF PILLS

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IN GENERAL TERMS

- Hormonal
- LARCs (Long Acting Reversible Contraception)
- Barrier
- Knowledge of fertility/menstrual cycle
- Emergency Contraception
- Permanent Sterilization

TYPES

- Hormonal
  - Combined Estrogen/Progestin
    - OCPs (monophasic and triphasic)
    - Patch
    - Vaginal ring (Nuva-ring)
    - Cyclofem or Mesigyna (monthly injectible)
  - Progestin only
    - "Mini-Pill" (Norethindrone)
    - Depo Provera (Medroxyprogesterone)

TYPES

- LARCs
  - IUDs
    - Mirena, Skyla (Progestin, Levonorgestrel)
    - Paragard (Copper T380A)
  - Implant
    - Nexplanon (Progestin, Etonorgestrel)
      - (old version: Implanon)

TYPES

- Barrier methods
  - Condoms
  - Diaphragm
  - Sponge
  - Cervical Cap

ACOG
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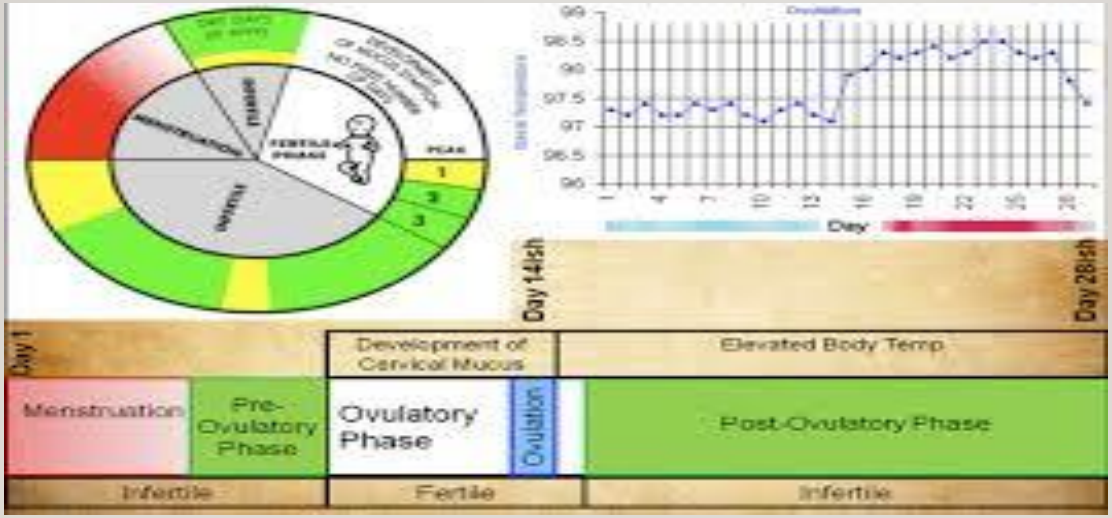
TYPES

- Fertility Awareness
  - Ex "Natural Family Planning"

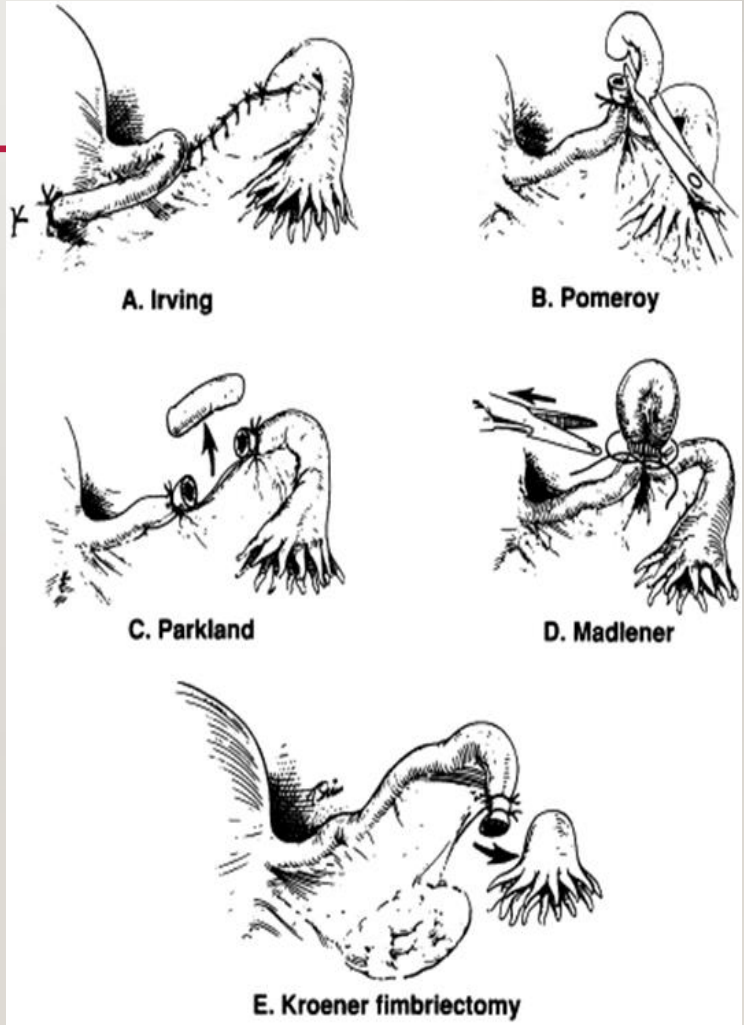


TYPES

- Emergency Contraception
  - Plan B
  - Ella
  - Paragard IUD

TYPES

- Permanent Sterilization
  - LTL
  - Essure
  - Vasectomy



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LET'S COMPARE

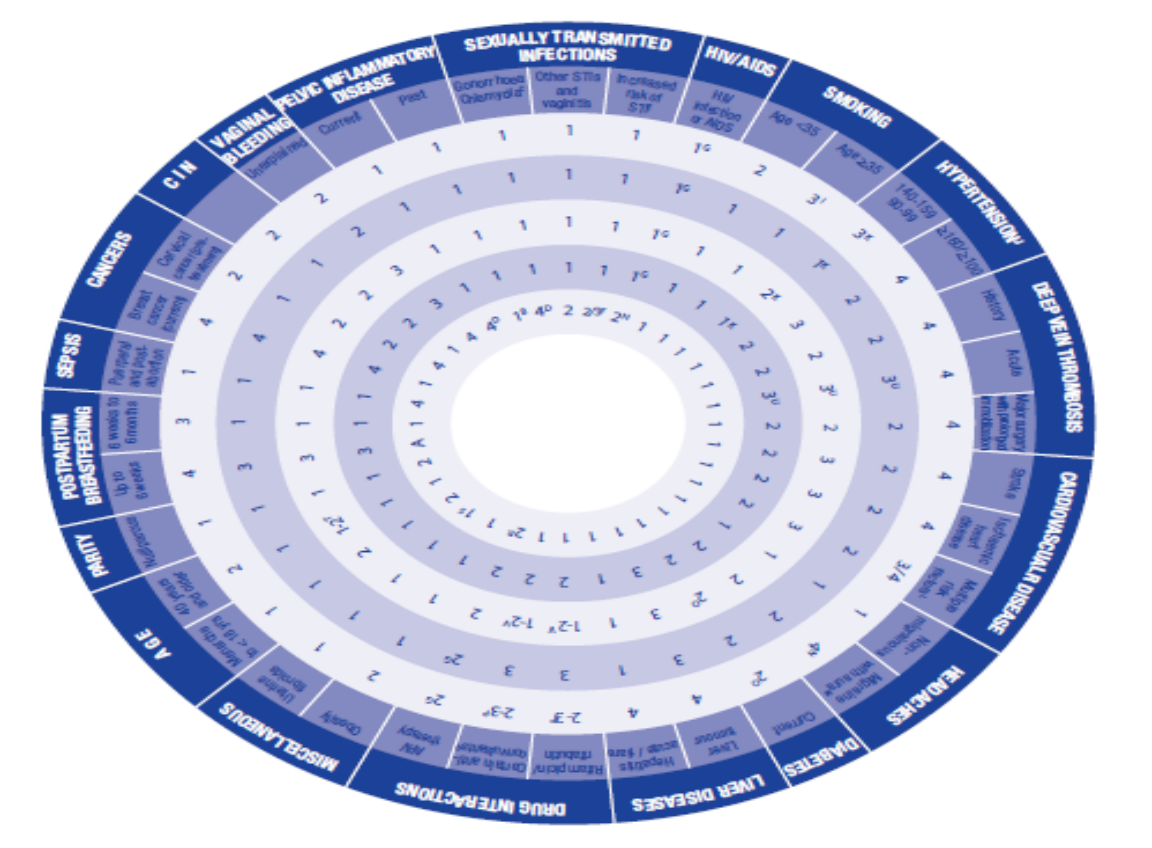
TABLE 1. Percentage of women experiencing an unintended pregnancy during the first year of typical use and the first year of perfect use of contraception and the percentage continuing use at the end of the first year — United States

Method	Women experiencing an unintended pregnancy within the first year of use		Women continuing use at 1 year[§]
	Typical use*	Perfect use†	
No method[¶]	85%	85%	
Spermicides[**]	29%	18%	42%
Withdrawal	27%	4%	43%
Fertility awareness–based methods	25%		51%
Standard Days method[††]		5%	
TwoDay method™[††]		4%	
Ovulation method[††]		3%	
Sponge			
Parous women	32%	20%	46%
Nulliparous women	16%	9%	57%
Diaphragm[§§]	16%	6%	57%
Condom[¶¶]			
Female (Reality®)	21%	5%	49%
Male	15%	2%	53%
Combined pill and progestin-only pill	8%	0.3%	68%
Evra patch®	8%	0.3%	68%
NuvaRing®	8%	0.3%	68%
Depo-Provera®	3%	0.3%	56%
Intrauterine device			
ParaGard® (copper T)	0.8%	0.6%	78%
Mirena® (LNG-IUS)	0.2%	0.2%	80%
Implanon®	0.05%	0.05%	84%
Female sterilization	0.5%	0.5%	100%
Male sterilization	0.15%	0.10%	100%
Emergency contraceptive pills[***]	Not applicable	Not applicable	Not applicable
Lactational amenorrhea methods[†††]	Not applicable	Not applicable	Not applicable

Adapted from Trussell J. Contraceptive efficacy. In Hatcher RA, Trussell J, Nelson AL, Cates W, Stewart FH, Kowal D. Contraceptive technology. 19th revised ed. New York, NY: Ardent Media; 2007.

CDC

WHO: MEDICAL ELIGIBILITY

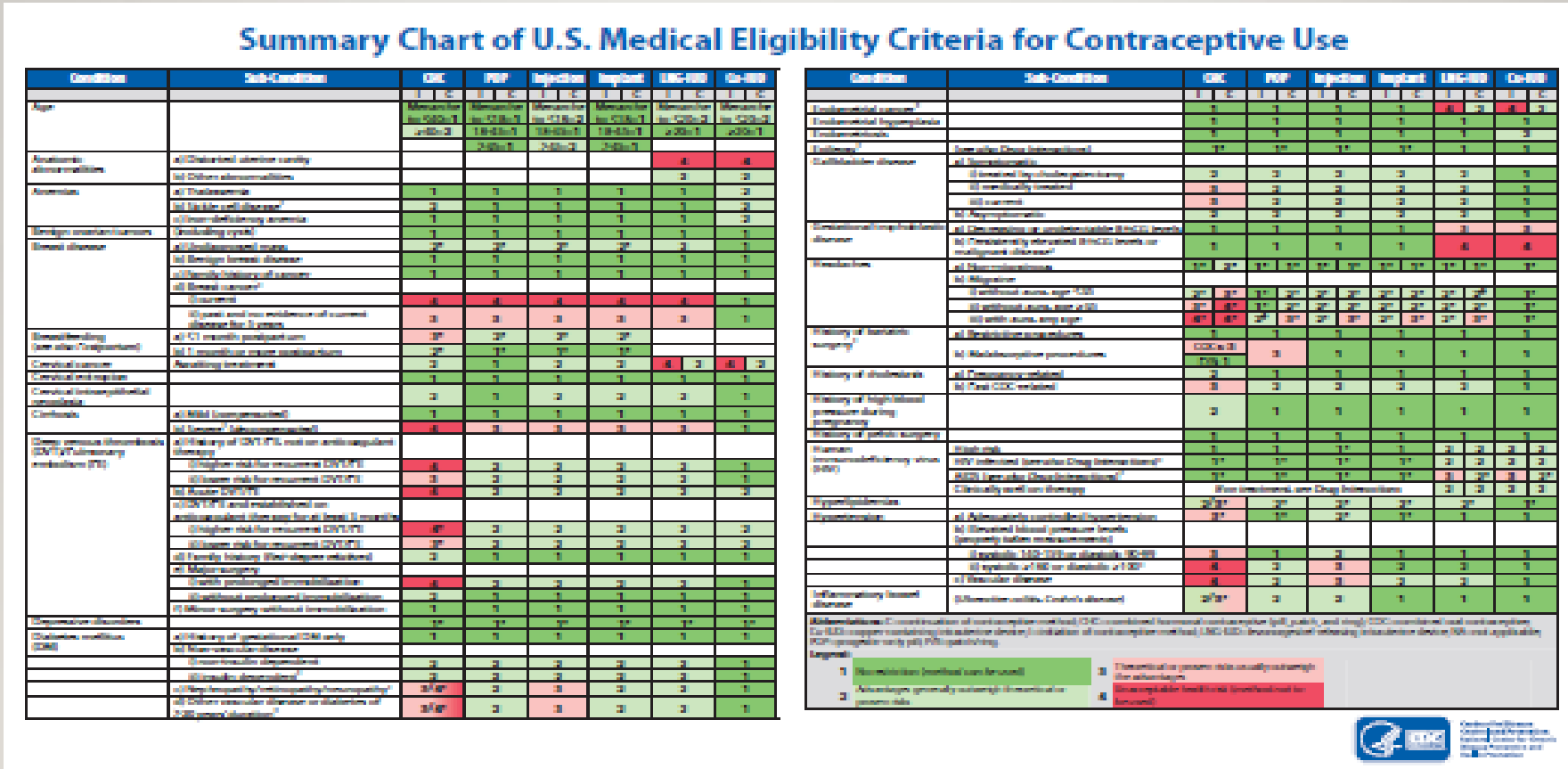


USING THE WHO MEDICAL ELIGIBILITY CRITERIA FOR CONTRACEPTIVE USE

Condition	COC/P/ CVR	CIC	POP	DMPA NET-EN	LNG/ ETG implants	Cu-IUD	LNG-IUD
Breastfeeding							
a) < 6 weeks postpartum	4	4	2[a]	3[a]	2[a]		
b) ≥ 6 weeks to < 6 months (primarily breastfeeding)	3	3	1	1	1		
c) ≥ 6 months postpartum	2	2	1	1	1		

WHO

CDC: MEDICAL ELIGIBILITY



ADOLESCENTS AND CONTRACEPTION

- LARCs most effective, reversible option
- Okay for Adolescents and Nulliparous
- Can be placed essentially any time

  (must r/o pregnancy)
  - Menstrual cycle
    - Back-up (depends)
  - Postpartum
    - Increased expulsion rates
    - Infection (3 mths)

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EX. GYNECOLOGIST'S VALENTINE'S CARD

LARCS-IUDS

- All work pre-implantation
- Copper ("proposed mechanisms")
  - Inhibit sperm
  - Change in ovum movement and viability (Pre and post-fertilization)
- Progestin
  - Similar to Copper +
  - Changes to Endometrium and Cervical mucus
  - >50% continue to ovulate

IMPLANT VIDEOS

- Mirena interactive video
  - http://www.mirena-us.com/about-mirena/see-mirena-up-close.php
- Mirena animation
  - https://www.youtube.com/watch?v=hlfV8tKgw6E
- Paragard animation
  - https://www.youtube.com/watch?v=FuPFbgSm0QQ
- Implanon insertion (similar to Nexplanon)
  - https://www.youtube.com/watch?v=ug7q_1RUMio
- Nexplanon insertion
  - https://www.youtube.com/watch?v=2ymC4cjgonI

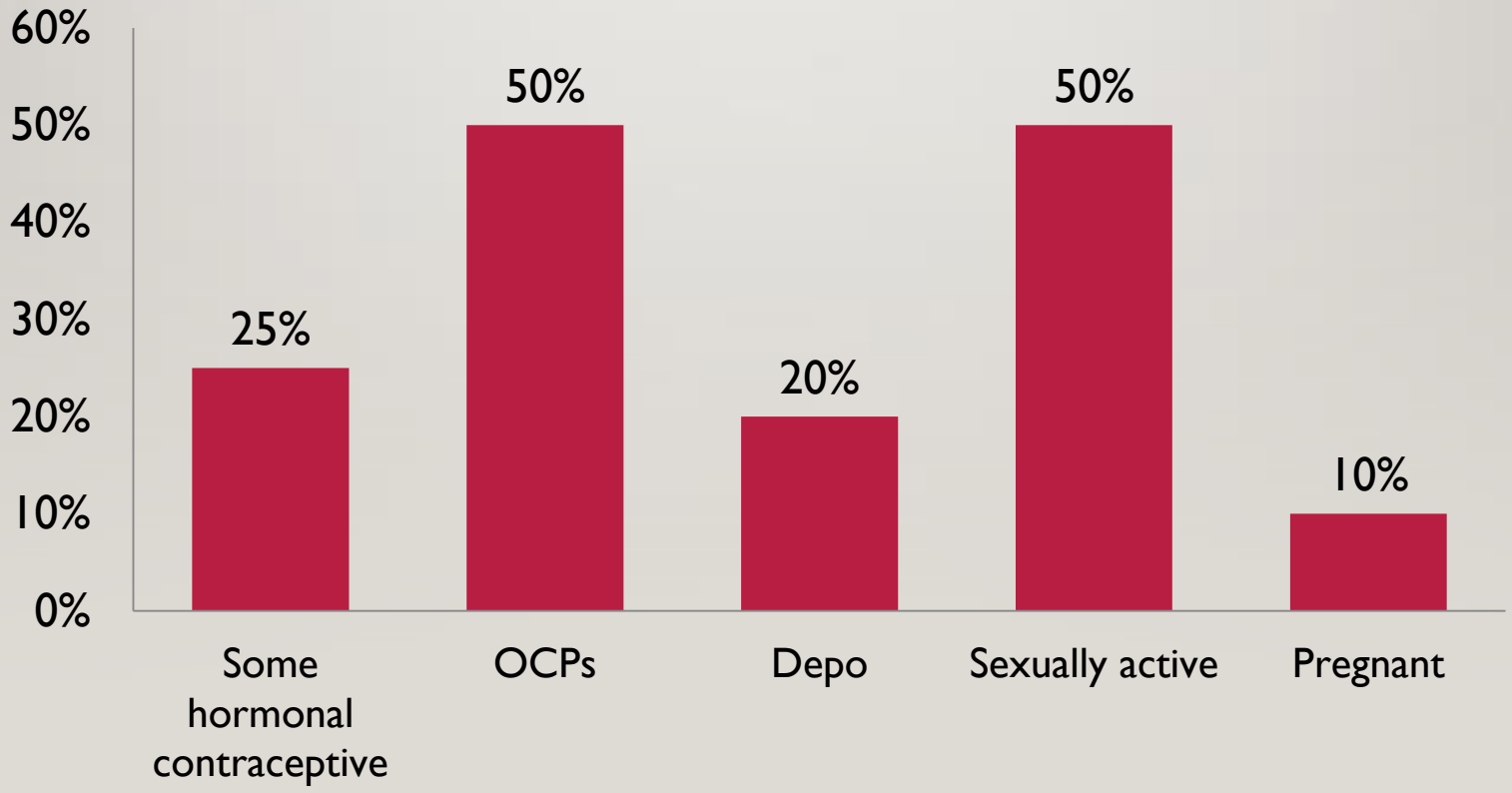
LARCS-IUDS

- Infection
  - Low vs High Risk for STI
    - Pre-placement testing
  - Most likely first 20 days post-insertion (PID)
    - Likely insertion, not STI

LARCS-IMPLANTS

- Most effective of the LARCs
- Nexplanon
  - Works at HPO→no ovulation
  - Also, possibly
    - Changes to Endometrium and Cervical mucus

ADOLESCENTS AND CONTRACEPTION



Bonny et al.

ADOLESCENTS AND CONTRACEPTION

- Benefits—assists with:
  - Menstrual flow
  - Pain
  - Acne
  - Ovarian cysts
  - PMS symptoms

Bonny et al.

ADOLESCENTS AND CONTRACEPTION

- American Academy of Pediatrics states that LARCs should be first line
- American College of Obstetricians and Gynecologists states that LARC usage should be supported
- American Academy of Family Physicians supports LARC use, but barriers noted

AAP
ACOG

WHO:
TEEN REPRODUCTIVE HEALTH

- Pregnancy and its Complications
  - 2nd cause of death worldwide for15-19 yo globally
  - ~3 million unsafe abortions annually for girls age 15-19 resulting in maternal morbidity/mortality

- Babies born to mothers <20yo
  - 50% higher risk of stillbirth and neonatal death
  - Higher incidence of low birth weight babies and long term effects

BARRIERS TO LARC USAGE

- Cost (~$1000 for some)
- Skill level
- Fear
- Misinformation

Hathaway et al.


Father's gift to the daughter. He calls it the
"birth control blanket."

BARRIER MANAGEMENT: SYSTEM

- Cost
  - Advocacy with patients, payers, donors
- Know the flow of the office
  - Who handles what portion of the process (insurance, counseling)
- Postpartum
  - Managing visits
  - Immediate placement postpartum

Hathaway et al.

BARRIER MANAGEMENT: PROVIDERS

- Training
- Counseling
  - Tiered method-focused, less confusing
  - Consider communication style
  - Realistic patient expectations
  - May take several visits of discussion

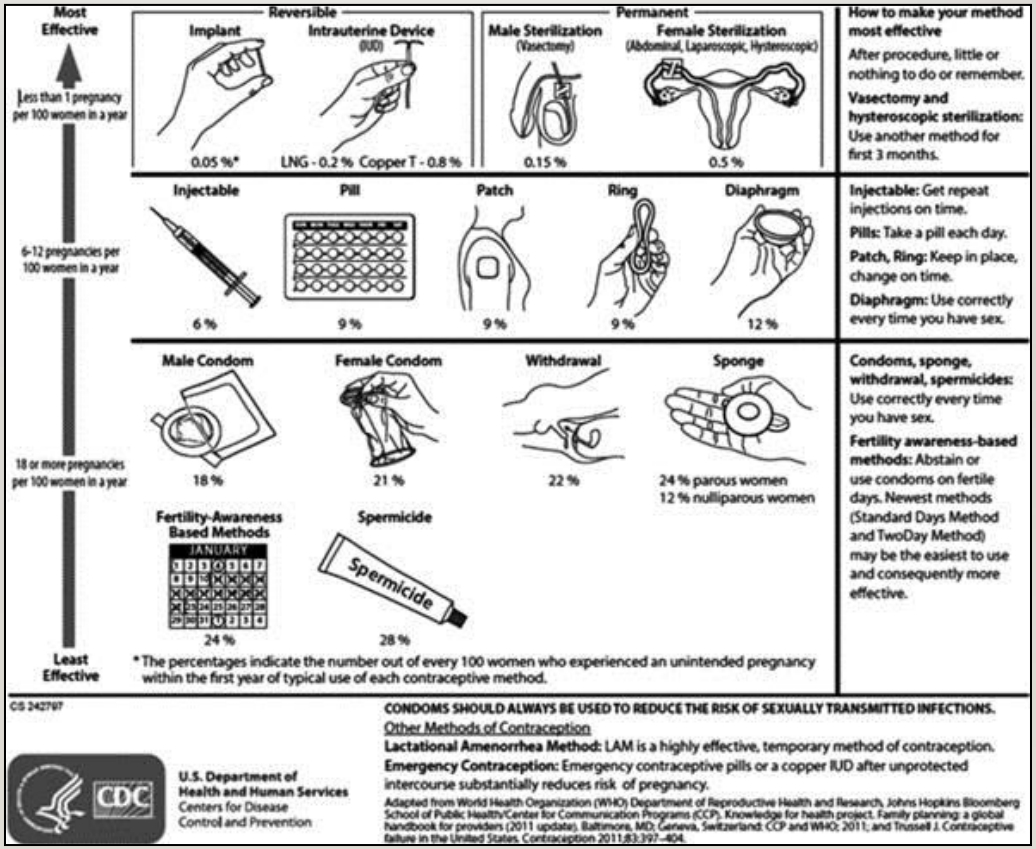
Hathaway et al.

BARRIER MANAGEMENT: PATIENTS

- Clarify misconceptions
- Create an environment conducive for patient learning (ex. Adolescent friendly)

Hathaway et al.

COUNSELING: TIERED METHOD



Hathaway et al.

COUNSELING: COMMUNICATION STYLE

	Do's	Dont's
Relational communication	Develop appropriate level of closeness with patients in order to foster therapeutic relationship Build trust, including respectfully addressing patients' concerns about contraceptive methods Work to optimize decision-making dynamic, including incorporating aspects of shared decision making such as focusing on patient preferences for features of contraceptive methods	Dismiss patients' concerns Pressure women to use a specific method Assume that efficacy is the only, or most important, contraceptive feature that should be factored into choice of a method for all women Use self-disclosure as a means to direct patients to a specific method
Task-oriented communication	Offer adequate, evidence-based counseling about side effects Anticipate and address barriers to consistent and correct contraceptive use Ensure advance provision of emergency contraception to all sexually active women Address (mis)perceptions of low susceptibility to pregnancy Counsel about dual protection for women at risk for STIs, including addressing self-efficacy for negotiating condom use Consider screening for reproductive coercion and offer harm reduction strategies	Encourage women to be concerned about the potential for side effects for which there is no evidence of an association with a given method Neglect to consider role of limited health literacy and numeracy on understanding of contraceptive efficacy Neglect to consider role of limited health literacy and numeracy on understanding of contraceptive efficacy Use abstract concepts to switching methods if a patient is dissatisfied Use abstract concepts such as percent or relative risk when communicating about risks and contraceptive effectiveness
Address disparities in contraceptive counseling	Foster awareness of one's own biases and work to consciously overcome their impact on behavior	Assume that a lack of conscious stereotyping eliminates the potential effect of bias on health communication

Dehlendorf et al.

COMMUNICATING WITH PATIENTS

- Partner with the patient
- Quality, not just Quantity
- Build trust
- Share the decision making process
- Ensure patient understands side effects
- Care with Risk/Benefit discussion
- Anticipate problems (continuation, "trouble shooting)
- Ask about coercion/abuse

Dehlendorf et al.

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