Contraception and the Periodic Well-Woman Visit

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Learning Objectives

- Describe contraceptive options available in the United States and Lao PDR
- Describe 3 strategies for individualized contraceptive care
Goals of the Well-Woman Visit

• Promote health, well-being, healthy lifestyle choices
• Facilitate early detection of female cancers, other problems, STIs
• Promote healthy pregnancy
• Prevent unintended pregnancy
Contraceptive Options Available in the U.S. Prior to 2000

- Abstinence
- Fertility awareness
- Barriers/Spermicidies
- Injectable (3 month)
- Intrauterine devices (IUD)
- Oral contraceptives
- Female sterilization
- Vasectomy
Combination Hormonal Methods: Non-contraceptive Health Benefits

Reduction in:

• Endometrial and ovarian cancers
• Dysmenorrhea, menorrhagia, menstrual cycle disorders
• Ectopic pregnancy, pelvic inflammatory disease
• Iron deficiency anemia
• Benign breast disorders
• Acne

Combination Hormonal Methods: Contraindications

• Smokers: age >35 years
• Hypertension: uncontrolled or age >35 years
• Diabetes: vascular disease or age >35 years
• Migraines: with aura
• Vascular disease: associated with Systemic Lupus Erythematosus (SLE)
Combination Hormonal Methods: Contraindications (continued)

- Personal history of breast cancer or thromboembolism
- Coronary artery or cerebrovascular disease
- Hepatic disease with abnormal liver function
- Cholestatic jaundice with prior pregnancy or contraceptive use
Addressing Patient Concerns About Combination Methods

• Future fertility
• Breast cancer
  – Not affected by OCs or DMPA
• Weight gain
  – No evidence that OCs cause weight gain
• Venous thromboembolism
  – Risk with OCs is half of risk during pregnancy
### Risk of Venous Thromboembolism

<table>
<thead>
<tr>
<th>Group</th>
<th>Annual risk per 10,000 women (est.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-pregnant OC non-users</td>
<td>0.4 – 1.1</td>
</tr>
<tr>
<td>OC users</td>
<td>1.0 – 3.0</td>
</tr>
<tr>
<td>Pregnant women</td>
<td>5.9</td>
</tr>
</tbody>
</table>

## Fatality Risk in Perspective

<table>
<thead>
<tr>
<th>Activity</th>
<th>Risk Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy</td>
<td>1 : 7,500</td>
</tr>
<tr>
<td>Road traffic accident</td>
<td>1 : 8,000</td>
</tr>
<tr>
<td>Playing soccer</td>
<td>1 : 25,000</td>
</tr>
<tr>
<td>Railway accident</td>
<td>1 : 500,000</td>
</tr>
<tr>
<td>VTE in OC user age 20–24</td>
<td>1 : 500,000</td>
</tr>
</tbody>
</table>

New Contraceptive Options Now Available in the U.S.

- New OC formulations and regimens
- Intrauterine system
- Non-surgical tubal occlusion
- Single – rod Implant

- Standard Days method (Cycle Beads)
- Transdermal patch
- Vaginal ring
Current Extended Regimen Options

• New extended OC options
  – Monophasic and phasic
  – Cyclical and continuous
  – Customized

• Progestin-only options
  – DMPA injection
  – Levonorgestrel IUD
  – Single-rod Implant
Advantages of Regulating Menses

• Reduced menorrhagia
  – Idiopathic
  – Uterine fibroids
  – Adenomyosis
  – Coagulation/hematologic problems

• Reduced menstrual-related symptoms

• Reduced dysmenorrhea
  – Primary
  – Endometriosis
  – Uterine fibroids
  – Adenomyosis

• Reduced anemia

Extended Regimen Candidates

• Athletes
• Women in the military
• Adolescents
• Mentally or physically handicapped women

Any woman who prefers to menstruate less frequently

Extended Regimen OC

• First available in 2003
• Brand name: Seasonale®
• Dedicated, extended 84/7 monophasic OC regimen
  – 150 mg levonorgestrel/30 mg ethinyl estradiol per active tablet
Extended Regimen OC

• Efficacy comparable to combination OCs or vaginal ring
• Requires clinician visit for prescription
• Safety profile comparable to OCs
• Contraindications/precautions same as for combination OCs

Extended Regimen: Myths

• Hormonal contraceptive users need to bleed each month
• Menstrual blood & iron build up without bleeding
• Uterine lining becomes unhealthy & needs to shed
• Extended use decreases future fertility
• Monthly menses needed to prove a woman is pregnant
Levonorgestrel Intrauterine System

- Brand name: Mirena® in USA
- First available: 2001
- T-shaped reservoir placed in uterine cavity
- Initially releases 20 μg of levonorgestrel (LNG) per day
LNG IUD: Characteristics

• Highly effective for 5 years
• Requires office visit for insertion/removal
• Initial irregular bleeding/spotting common
• Progestin-related side effects possible
LNG IUD: Non-contraceptive Health Benefits

• Improves menorrhagia, dysmenorrhea, anemia
• Decreases menstrual symptoms in women with uterine fibroids or adenomyosis
• May decrease risk of PID, ectopic pregnancy

LNG IUD: Candidates

• Women who seek safe, reliable, reversible, cost-effective, long-term contraception
• Women who are not candidates for, or prefer not to use, other reversible contraception
• Women contemplating sterilization who are not sure about making an irrevocable decision
• Women with menstrual symptoms that may improve with LNG IUD
LNG IUD: Side Effects

- Irregular bleeding, amenorrhea
- Ovarian cysts
- Androgenic skin changes

Dispelling Myths: IUDs

- Infections are a frequent problem
- IUDs increase risk of STIs
- IUDs cause tubal infertility, especially in nulligravida
- IUDs prevent implantation
- IUDs cause ectopic pregnancies
- U.S. women are not interested in intrauterine contraception
Non-Surgical Tubal Occlusion

• First available 2002
• Brand name: Essure®
• Tubal sterilization through hysteroscopic placement of micro-coil in fallopian tubes
Non-Surgical Tubal Occlusion

• No reported pregnancies to date
• Candidates: women seeking permanent non-surgical birth control
• Performed in operating room or clinic outpatient setting
Transdermal Patch

• First available 2002
• Brand name: OrthoEvra®
• Beige-colored patch applied once a week
  – Abdomen, buttock, upper outer arm, upper torso
• 150 μg norelgestromin/20 μg ethinyl estradiol delivered daily to systemic circulation

Transdermal Patch

- Efficacy comparable to OCs
  - Failure rates may be increased in women $\geq 90$ kg
- Fewer than 3% detach
- Eliminates need for daily pill-taking
- Young women may be able to use the patch
Transdermal Patch

• Side effects
  – Combination hormones in patch similar to OCs (e.g., headache, nausea)
  – Application site reactions
  – Breast tenderness

• Same contraindications as combination OCs

• Candidates: appropriate for women who desire the convenience of a once-weekly regimen

Vaginal Ring

• First available 2002
• Brand name: NuvaRing®
• Flexible, unfitted ring placed in vagina
• 120 µg etonorgestrel/15 µg ethinyl estradiol delivered daily to systemic circulation

NuvaRing® prescribing information. 2001.
Vaginal Ring

- Efficacy comparable to OCs
  - No data regarding effect of body weight on efficacy
- Fewer than 4% device-related events
- Eliminates need for daily pill-taking
- Women may be able to use the ring more consistently than OCs

Vaginal Ring

• Contraindications/side effects
  – Contraindications similar to OCs
  – Local effects: leukorrhea, vaginitis, device-related events
• Candidates: Appropriate for women who desire convenience of a 3-week regimen

NuvaRing® prescribing information. 2001.
Future Contraceptive Options (U.S.)

<2 years
• Other continuous regimen products

3–10 years
• Male hormonal and non-hormonal methods
• Microbicide gels/lotions
• Non-steroidal selective progestin agonists
Emergency Contraception: An Essential Safety Net

• 3.0 million unintended pregnancies annually in the United States
  – 49% of all pregnancies

• Emergency contraception
  – Reduces pregnancy risk by ≥74%
  – Averted ~51,000 abortions in 2000
  – Highly cost-effective

Advance Provision of EC Helps Reduce Unintended Pregnancies

• Advance EC prescription recommended for all women at risk for pregnancy

• Women on reversible methods can:
  – Forget to (or can’t) get prescription renewed
  – Stop using, thinking method is no longer needed
  – Have a condom break or slip

• Women may be more inclined to use a barrier with EC backup
Emergency Contraception

• High dose progestin-only pills
  – Brand name: Plan B in USA and Prostonyl here
  – 0.75 mg levonorgestrel – take 2 tablets

• Combined estrogen– progestin pills
  – Copper-T IUD insertion
  – Brand name: Paragard®
Emergency Contraception

More effective: Plan B®
• 1 tablet within 72 h; repeat in 12 h, or
• 2 tablets taken together

Least effective: Other Non-levonorgestrel OCs
• Regimen varies by product

Emergency Contraception

- EC pills shown to be effective up to 5 days after unprotected sex
- Most effective if taken as soon as possible after unprotected sex
- Consider advance provision
Post-EC Management

• During EC administration
  – Immediately: recommend condoms, diaphragm, spermicide
  – Day after completing EC: initiate OC, ring, patch (“Quick Start”)

• During next menstrual cycle
  – Consider longer-term hormonal methods (IUD, injectable)
Enhancing Contraceptive Continuation

- Strategies to facilitate continuation
  - Give women their method of choice
  - Provide high-quality care
  - Provide pretreatment and ongoing counseling

Pretreatment Counseling Enhances Contraceptive Continuation

Contraceptive Use in the USA: 2003

Percentage of Women Aged 15-50

- Sterilization (male and female)
- None
- Pill
- Condom
- Abstinence
- Injectable
- Patch
- Natural Family Planning
- IUD
- Other (diaphragm, ring, gel/foam, rods, EC)

Ortho Pharmaceutical. 2003 Annual Birth Control Study.
Optimizing Contraceptive Choice

• Start visit with discussion of future fertility plans
  – What are your childbearing plans?
• Discuss the patient’s positive and negative experiences
  – What has worked for you before?
  – What is your partner’s preference?
Barriers to Successful Contraceptive Use

• Poor clinician–patient communication
• Patient and partner barriers
• Clinician barriers
• Inadequate provision of contraceptive services
Effects of Miscommunication

• Miscommunication between patients and their health care provider(s) negatively affected use of a primary contraceptive method in 14% of women.

• 77% of women did not know about EC
Reducing Clinician–Patient Barriers

• Identify and address clinician and patient barriers to successful contraceptive use
  – Physical, sociopolitical, financial, behavioral
  – Cultural issues

• Provide non-threatening environment
  – “Stirrup-free” initiation
  – Comfortable environment

• Provide all appropriate information about existing and newer methods
Optimizing Contraceptive Choice: Determining Preferences

• Are you happy with your present contraceptive method?
• Have you heard about new methods?
• Would you like to try one of them or something else?
• Do you have any questions about anything?
• Did we meet your needs today?
Helping the Patient Succeed

• Do you understand that this contraceptive method must be used as prescribed?
• How long do you think you will use this birth control method?
• Can you think of any barriers to using this method as directed?
• Will you let me know about adverse reactions as they occur?
• Are you willing to return for follow-up visits?
Men: The Forgotten Component of Contraceptive Counseling

• Clinicians need to inform sexually active females and partners about
  – Condoms
  – Emergency contraception
  – Vasectomy
  – STI and HIV/AIDS prevention
Office Practice Tips

• Have a “demo” kit available
• Initiate OC use during office visit (Quick Start)
• Insert vaginal ring in the office
• Use IUD model, feel IUD
• Use diaphragm models; feel and insert diaphragm in office
Office Practice Tips

• Keep condom samples in office
• Provide emergency contraception
• Provide brief, simple, clear written instructions
• Provide simple protocols for correct use to improve patient confidence
• Avoid unnecessary follow-up
Summary: Contraception and the Well-Woman Visit

• Changing clinical guidance for well-woman visit
• Changing contraceptive options
• Streamlined, thoughtful approaches to provision of birth control services can maximize patient success
• Clinician’s challenge: integrate changes into an efficient, productive practice