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/Spermicides
- 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

Kaunitz AM. *Rev Endocrine Metab Dis,* 2002.

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

Group	Annual risk per 10,000 women (est.)
Non-pregnant OC non-users	0.4 – 1.1
OC users	1.0 – 3.0
Pregnant women	5.9

Adapted from Mishell DR Jr. *Contraception.* 1999.

Fatality Risk in Perspective

Pregnancy	1 : 7,500
Road traffic accident	1 : 8,000
Playing soccer	1 : 25,000
Railway accident	1 : 500,000
VTE in OC user age 20–24	1 : 500,000

Overton C, Katz M. *Practitioner*. 1999.
WHO Scientific Group, 1998.
Chang J. *Morbid Mortal Weekly Rep*. 2003.

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

Sulak PJ, et al. *Obstet Gynecol.* 1997.
Kaunitz AM. *Contraception.* 2000.
Sucato GS, Gold MA. *J Pediatr Adolesc Gynecol.* 2002.

Extended Regimen Candidates

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

Any woman who prefers to menstruate less frequently

Kaunitz AM. *Contraception.* 2000.
Sucato GS, Gold MA. *J Pediatr Adolesc Gynecol.* 2002.

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

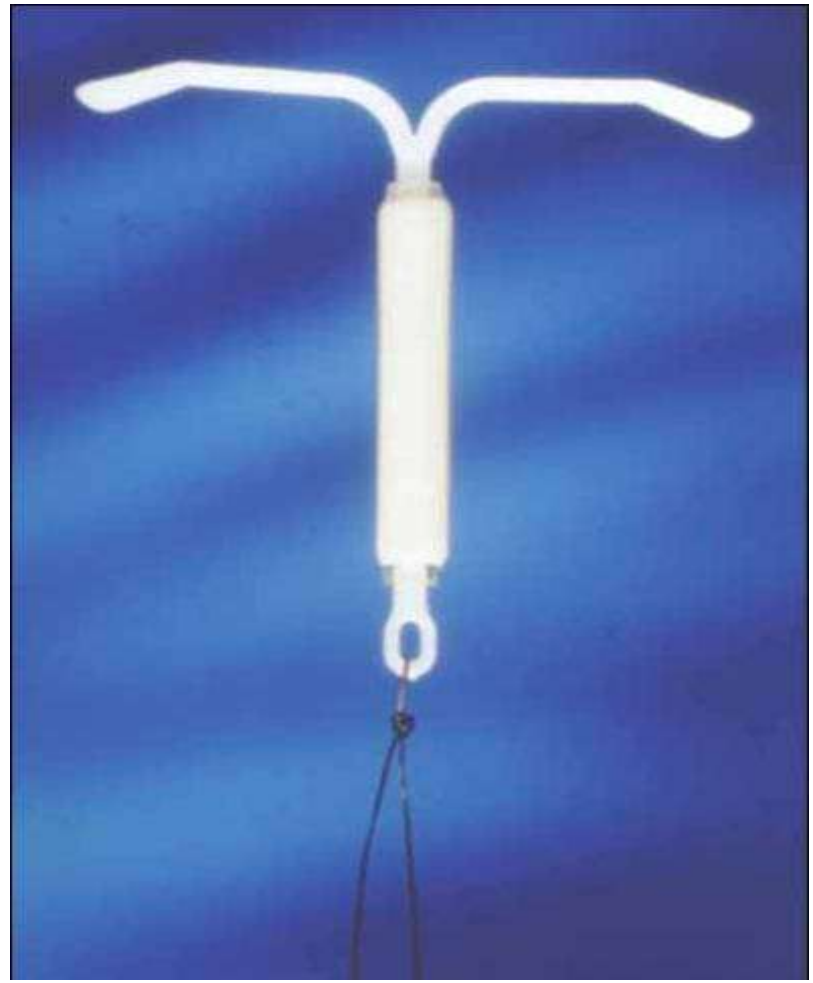
Anderson FD, Hait H. *Contraception.* 2003.
Seasonale® prescribing information. 2003.

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

Mirena® Prescribing Information. 2000.

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

Gardner, et al. *Lancet.* 2000.
Luukkainen T. *Steroids.* 2000. Hubacher D, Grimes DA. *Obstet Gynecol Surv.* 2002.

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

Mirena Product Information. 2000.

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

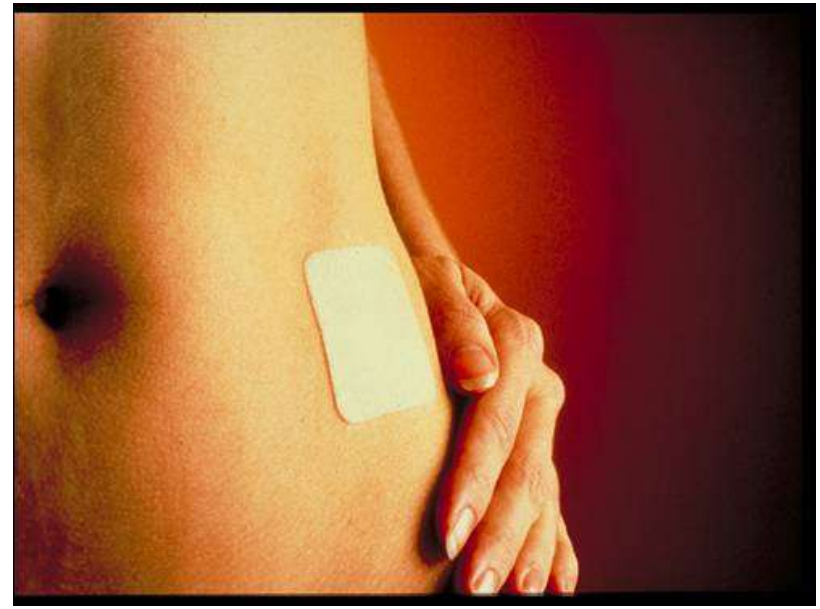
- First available 2002
- Brand name: Essure®
- Tubal sterilization through hysteroscopic placement of micro-coil in fallopian tubes

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



Ortho Evra™ Prescribing Information. Nov. 2001.

Transdermal Patch

- Efficacy comparable to OCs
  - Failure rates may be increased in women ≥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

Ortho Evra™ prescribing information. Nov. 2001.
Sibai BM, et al. *Fertil Steril*. 2002.

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

NuvaRing® prescribing information. 2001.
Roumen FJ, et al. *Hum Reprod.* 2001.

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

Henshaw SK. *Fam Plann Perspect.* 1998.
Trussell, et al. *Am J Public Health.* 1997.

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

Task Force on Postovulatory Methods of Fertility. *Lancet*. 1998.
Von Hertzen H, et al. *Lancet*. 2002.
Ellertson C, et al. *Obstet Gynecol*. 2003 a & b.

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

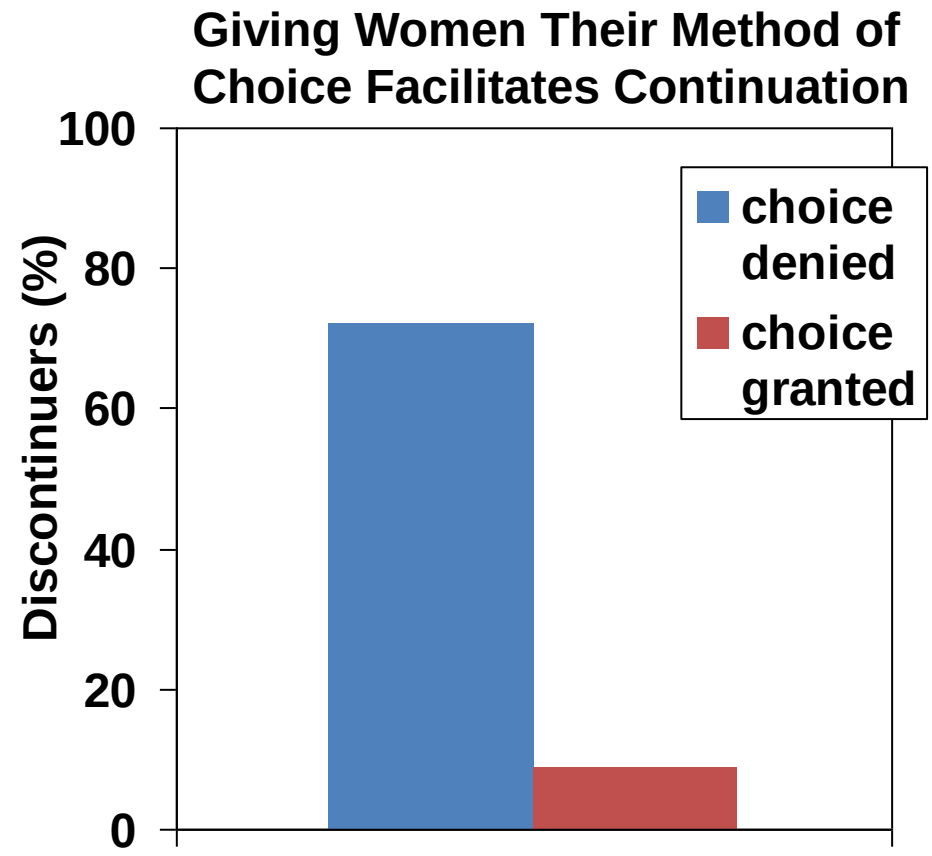
Post-EC Management

- 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)

World Health Organization 1998.

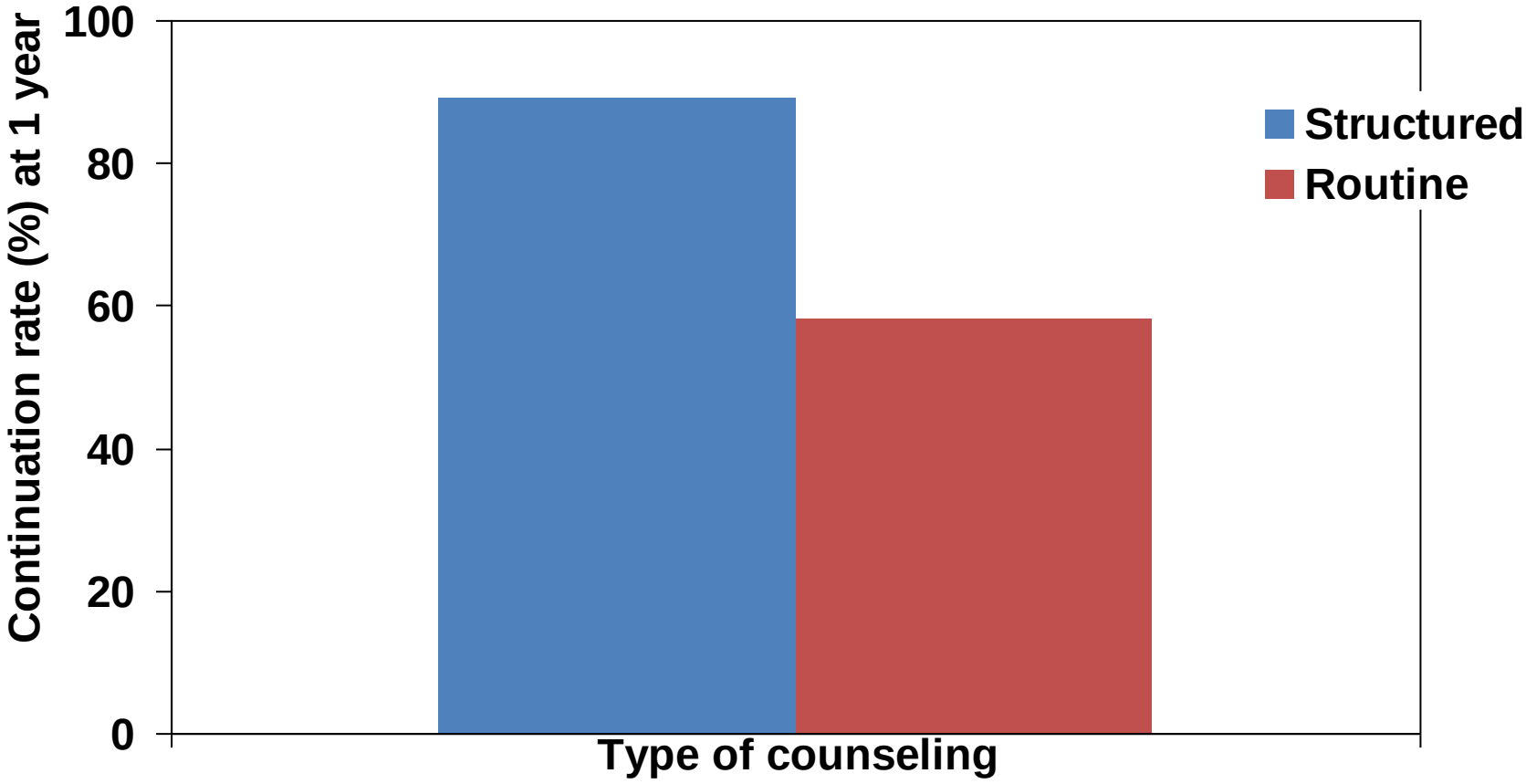
Enhancing Contraceptive Continuation

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



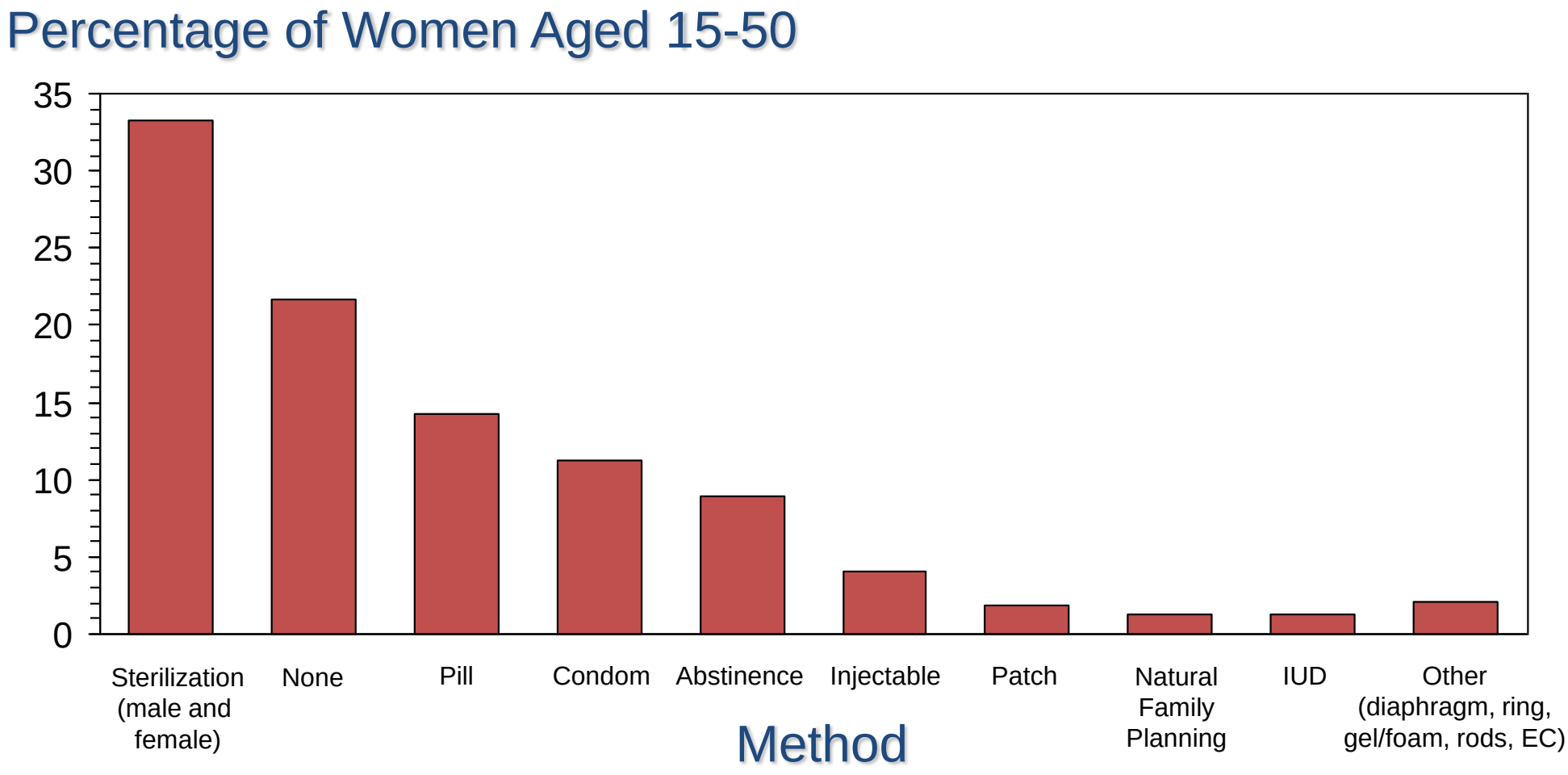
Pariani S, et al. *Stud Fam Plann.* 1991.
RamaRao S, et al. *Int Fam Plann Perspect.* 2003. Lei ZW, et al. *Contraception*. 1996.

Pretreatment Counseling Enhances Contraceptive Continuation



Lei Z-W, et al. *Contraception.* 1996.

Contraceptive Use in the USA: 2003



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?

Branden PS. *J Nurse-Midwifery.* 1998.

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