

# HEALTH TEAM WORKS CONTRACEPTION GUIDELINE

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Women's Health & Family Planning Conference  
*Friday, June 10, 2011*

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## Disclosures

*Eliza Buyers has nothing to disclose. She has no significant financial interests or other relationships with industry relative to the topics that will be discussed.*

# Learning Objectives

*(All in the Guideline & Tools)*

1. Discuss how to efficiently and effectively **integrate contraceptive counseling** into your patient visits.
2. Describe the **targeted clinical evaluation** required before providing contraception.
3. Understand, and adopt, the “**Quick Start**” protocol when initiating contraception.
4. Review which are the **most effective methods** and how to promote their use.
5. Consider techniques to help patients overcome **common barriers** to consistent contraceptive use.

# How To Find the Guideline and Tools

The screenshot shows the HealthTeamWorks website interface. At the top, there is a search bar and a navigation menu with links for 'About Us', 'Guidelines', 'Meaningful Use', 'Medical Home', 'Medical Neighborhood', 'Coach Training', and 'Services For:'. The 'Guidelines' section is highlighted in a green box on the left, containing links for 'Guidelines Overview' and 'Guidelines'. The main content area displays the 'Contraception' page, which includes an introduction, a list of statistics, a 'Guideline' section with a link to the 'Contraception Guideline' (January 2011), a 'Tools' section with various charts and tables, and a 'Patient Handouts' section with links to various contraceptive methods.

**With this guideline, providers can safely and easily provide contraception to all of their patients.**

*- Eliza Buyers, MD*

[www.healthteamworks.org](http://www.healthteamworks.org)

Guidelines

Contraception

*Start the Conversation...*

## Step 1: Ask About Birth Control

What are you doing about birth control?

- Assess at every visit (*not just “the well visit”*)
  - Limited time and resources? Be direct, use good tools.
- Confidentiality matters
  - Provider establishes and assures.

*At every visit,  
ask your patients:*

**What are  
you doing  
about birth  
control?**

### **Not using contraception or using inconsistently?**

- 85 out of 100 sexually active women will become pregnant within 1 year when not using contraception.
- Almost half of all pregnancies in the U.S. are unplanned.
- There is a safe and effective method for every woman.

### **Assure confidentiality.**

- Concerns about privacy are a major barrier to patient-provider communications.
- Minors in Colorado (anyone <18 yrs.) are legally authorized access to confidential services for contraception/Sexually Transmitted Infection (STI)/Human Immunodeficiency Virus (HIV) testing without parental consent. Always encourage communication with parents.

# What is Required Before Prescribing Contraception?

## Step 2: Targeted Clinical Evaluation

Medical history: *Most women can safely use any method.*

- Questions? U.S. Medical Eligibility Criteria (next slide)

Recommend indicated screening (*current guidelines*)

- Pap: age 21 no matter first intercourse, then q 2-3 yrs.
- Annual Chlamydia/Gonorrhea for women age 15-26.

### Targeted clinical evaluation

#### Screen for conditions that may require additional counseling.

- Refer to chart on U.S. Medical Eligibility Criteria for Contraceptive Use, 2010, if significant medical condition (link to chart: <http://www.healthteamworks.org/guidelines/contraception.html>).
- Conditions that limit use of methods with estrogen (Oral Contraceptive Pills, Patch, Ring): Smoking **and** ≥35 yrs. old; History of stroke/clot/thrombophilia; Uncontrolled hypertension; Migraine with aura.
- Refer to Health TeamWorks Preconception Guideline for other recommended screening for lifestyle and co-morbidities.

#### Pelvic exam not required to provide contraception.

- Start Pap screening at age 21 no matter age of first intercourse, then every 2-3 years.\*†
- CDC recommends annual screening for chlamydia/gonorrhea in sexually active women <26 years old.\*\*
  - Age alone is indication to screen, even in absence of symptoms or high-risk behaviors.†
  - High risk women of **any** age should be screened annually. †\*\*
  - Test via urine or self-collected vaginal swab.‡



## *Indicated Screening*

### *Pap Smear*



**NEW!**

- ***ACOG Practice Bulletin, Number 109 (Dec 2009)***
- ***Cervical Cancer Screening in Adolescents, ACOG Committee Opinion Number 463 (August 2010)***
- **Start cervical cancer screening at age 21.**

*Why?*

- ✧ Screening before age 21 does not change cancer rate in that age group or in older women
- ✧ Cervical cancer in women <21 is VERY rare.

Only exception: If HIV +, screen with onset of sexual activity.



## *Indicated Screening* Chlamydia

### *STD Treatment Guidelines CDC, 2010*

- Annual test for sexually active females ages 15-25.
  - Risk factor is AGE – not symptoms or behaviors.
- Use a NAAT (Nucleic Acid Amplification Test) from urine or self-collected vaginal swab.
  - Endocervical swab is least accurate (but still a good option) and may be easiest if pelvic exam indicated.
- *If infection:*
  1. *Treat patient and partner; no contact x 1 week*
  2. *Re-test in 3 months for re-infection (not “test of cure”)*

## Step 1: Ask About Birth Control

### After-Before-During (New?) Messages

## Step 2: Targeted Clinical Evaluation

- Unintended pregnancy is really common and - without effective birth control - it's very likely to occur.
- We can get you started on birth control now and without doing a pelvic exam.
- We can find a method that is safe and will work for you.
- It seems like you aren't interested now, but just call me if things change.

# Helpful Tools (also convey the messages...)

## Patient handout

*What are you doing about birth control? Start a method today.*

**1** **Choosing a method: What matters most to me?**

- Cost:** Varies, but all methods are less costly than pregnancy.
- Privacy:** How private does my method need to be?
- I'm Breastfeeding:** I need a method that is safe for breastfeeding.
- Effectiveness:** How well does it prevent pregnancy?
- Convenience:** How often do I need to think about it?
- Other Benefits:** Many methods reduce bleeding/cramping.

**2** **Method Effectiveness: How many women out of 100 get pregnant in 1 year with typical use?**

- Most effective: IUD, Implant, Sterilization (less than 1 woman)
- Depo-Provera (2 women)
- Pill/Patch/Ring (8 women)
- Condom (15 women)
- Least effective: No contraception (85 women)

**3** **Choose a method and start today**

Birth Control Method	How to Use It	What's Good About It	Other Considerations
<b>Implant</b> <i>Implanon</i>	1 plastic rod placed under the skin of the arm	<ul style="list-style-type: none"> <li>Works for 3 years</li> <li>May have lighter or no periods</li> </ul>	<ul style="list-style-type: none"> <li>Can cause irregular bleeding</li> </ul>
<b>IUD</b> <i>Mirena</i> <i>ParaGard</i>	Placed into the uterus by a healthcare provider	<ul style="list-style-type: none"> <li>Works for 5 years</li> <li>Lighter or no periods</li> </ul>	<ul style="list-style-type: none"> <li>May cause spotting at first</li> </ul>
<b>Female Sterilization (Tubes tied)</b> <b>Male Sterilization (Vasectomy)</b>	Healthcare provider surgically cuts tubes to block eggs/sperm	<ul style="list-style-type: none"> <li>Permanent</li> </ul>	<ul style="list-style-type: none"> <li>Can't change your mind</li> </ul>
<b>Depo-Provera ("the shot")</b>	Injection every 3 months by a healthcare provider	<ul style="list-style-type: none"> <li>Lighter or no periods</li> </ul>	<ul style="list-style-type: none"> <li>May cause irregular bleeding at first</li> </ul>
<b>Ring (NuvaRing)</b>	Woman places the ring into the vagina once a month	<ul style="list-style-type: none"> <li>Can be used to regulate your period</li> </ul>	<ul style="list-style-type: none"> <li>May cause headaches and breast tenderness at first</li> </ul>
<b>Patch (OrthoPatch)</b>	Woman puts a new patch on once a week	<ul style="list-style-type: none"> <li>Less bleeding and cramps with periods</li> </ul>	<ul style="list-style-type: none"> <li>May increase risk of blood clots</li> </ul>
<b>Pill</b>	Woman takes one pill every day		<ul style="list-style-type: none"> <li>May cause irregular bleeding</li> </ul>
<b>Progestin-Only Pills (Minipill)</b>	Woman takes one pill every day		<ul style="list-style-type: none"> <li>May cause irregular bleeding</li> </ul>
<b>Male Condoms</b>	Man puts a new condom on his penis every time he has sex	<ul style="list-style-type: none"> <li>Protects against many sexually transmitted infections, including HIV</li> <li>Easy and cheap to buy</li> <li>Can use for anal and oral sex</li> </ul>	<ul style="list-style-type: none"> <li>Male partner must use every time to be effective</li> <li>Can break or slip off</li> </ul>
<b>Female Condoms</b>	Woman puts a new condom into her vagina every time she has sex	<ul style="list-style-type: none"> <li>Protects against many sexually transmitted infections, including HIV</li> </ul>	<ul style="list-style-type: none"> <li>More expensive than male condoms</li> </ul>
<b>Other Methods</b>	<ul style="list-style-type: none"> <li>Breastfeeding</li> <li>Fertility Awareness (Natural Family Planning)</li> <li>Sponge</li> <li>Diaphragm</li> <li>Withdrawal</li> <li>Spermicide</li> </ul>	<ul style="list-style-type: none"> <li>May be best option for some women</li> </ul>	<ul style="list-style-type: none"> <li>Very high failure rate (range from 16-32% of women will get pregnant during 1 year of use)</li> </ul>

For more information, go to [www.healthteamworks.org](http://www.healthteamworks.org)

## Wall chart/ poster

*What are you doing about birth control? Start a method today.*

**Choosing a method: What matters most to me?**

- Cost:** Varies, but all methods are less costly than pregnancy.
- Privacy:** How private does my method need to be?
- I'm Breastfeeding:** I need a method that is safe for breastfeeding.
- Effectiveness:** How well does it prevent pregnancy?
- Convenience:** How often do I need to think about it?
- Other Benefits:** Many methods reduce bleeding/cramping.

**Birth Control Options: Choose a method**

Method Type	What is it? How does it work?	Strong Points	What have you heard? Here are the facts:	Other Considerations
<b>Levonorgestrel IUS (Mirena)</b>	What: Small, plastic device that sits inside the uterus. How: It prevents the ovaries from releasing the female egg.	<ul style="list-style-type: none"> <li>Very effective, safe, and forgettable.</li> <li>Works for 5 years but can remove anytime.</li> <li>Also treats heavy and painful menstrual bleeding.</li> <li>Other major periods very light or go away altogether after 2 years or so.</li> <li>2 out of 10 women will have lighter or no periods.</li> <li>Safe to use after having a baby and when breastfeeding.</li> </ul>	<ul style="list-style-type: none"> <li>IUSs are safer for women of all ages and not everyone who has not had children.</li> <li>IUSs are often the preferred method for women with medical conditions like high blood pressure.</li> </ul>	<ul style="list-style-type: none"> <li>Expect spotting and irregular bleeding during the first 3-6 months of use.</li> <li>Having no periods (or very light periods) is an expected benefit of this method and is not a cause for concern; the progestin in the IUS keeps the lining of the uterus very thin.</li> </ul>
<b>Copper T380 (ParaGard)</b>	What: Small, plastic rod that is inserted under the skin. How: The hormone progestin inside the implant prevents an egg from being released.	<ul style="list-style-type: none"> <li>Very effective, safe, and forgettable.</li> <li>Contains no hormones at all.</li> <li>Safe for 10 years but can remove anytime.</li> <li>Safe to use after having a baby and when breastfeeding.</li> </ul>	<ul style="list-style-type: none"> <li>Implant is safe for almost all women to use.</li> </ul>	<ul style="list-style-type: none"> <li>Some women may have heavier periods with the Copper IUS, especially in the first year; this usually improves with time.</li> </ul>
<b>Implant</b>	What: Small, plastic rod that is inserted under the skin. How: The hormone progestin inside the implant prevents an egg from being released.	<ul style="list-style-type: none"> <li>Very effective, safe, and forgettable.</li> <li>Use for 3 years but can remove anytime.</li> <li>Single-rod progestin to insert; pain, numbing, and needles.</li> <li>Safe to use after having a baby and when breastfeeding.</li> </ul>	<ul style="list-style-type: none"> <li>Implant is safe for almost all women to use.</li> </ul>	<ul style="list-style-type: none"> <li>Some women have irregular and frequent bleeding; some women have bleeding at first.</li> </ul>
<b>Female Sterilization (Tubes Tied)</b> <b>Male Sterilization (Vasectomy)</b>	What: The tubes are permanently and surgically closed. How: Male sperm cannot reach the female egg.	<ul style="list-style-type: none"> <li>Permanent method for women when no longer want to have children.</li> <li>Tubal ligation can be done with or without an epidural.</li> <li>Hysteroscopic methods are done through the uterus.</li> <li>Male vasectomy can be done in the office with local anesthesia.</li> <li>Safe after having a baby and when breastfeeding.</li> </ul>	<ul style="list-style-type: none"> <li>Permanent method for women when no longer want to have children.</li> <li>Tubal ligation can be done with or without an epidural.</li> <li>Hysteroscopic methods are done through the uterus.</li> <li>Male vasectomy can be done in the office with local anesthesia.</li> <li>Safe after having a baby and when breastfeeding.</li> </ul>	<ul style="list-style-type: none"> <li>Surgical procedures are required, check with your doctor to connect with a trained provider.</li> <li>May require the decision to be permanently method if young or not in a long-term relationship should strongly consider an alternative, reversible method.</li> </ul>
<b>Depo-Provera</b>	What: An injection every 3 months. How: The progestin hormone in the shot prevents an egg from being released.	<ul style="list-style-type: none"> <li>No pills, no trips to the pharmacy; instead, go to your provider every 3 months for an injection.</li> <li>May stop your periods after 6-8 months of continuous use; this is safe and expected.</li> <li>Can also be used to treat heavy, irregular, or painful bleeding.</li> <li>Safe to use after having a baby and when breastfeeding.</li> </ul>	<ul style="list-style-type: none"> <li>Very safe. Almost all women can safely use this method.</li> <li>Very effective. Very few pregnancies when taken every 3 months.</li> <li>Safe to use after having a baby and when breastfeeding.</li> <li>Safe to use after having a baby and when breastfeeding.</li> </ul>	<ul style="list-style-type: none"> <li>Irregular bleeding is common and expected in the first 6 months with continuous use, you are very likely to have no bleeding or periods.</li> <li>Need to track your health; check every 3 months.</li> <li>Some women will have increased appetite and weight gain and may gain weight.</li> <li>Weight gain can be managed with diet and exercise, but you may also want to consider another method if you are gaining too much weight while on Depo.</li> </ul>
<b>Ring (NuvaRing)</b>	What: A plastic cover that catches sperm and prevents contact. How: The sperm stay in the condom and do not reach a woman's vagina.	<ul style="list-style-type: none"> <li>Will keep bleeding and cramping, make periods more regular.</li> <li>Can improve acne and decrease PMS.</li> <li>Can be used to treat menstrual suppression (inserted patch) for every few months or have no scheduled bleeding).</li> </ul>	<ul style="list-style-type: none"> <li>Safe for almost all women.</li> <li>Do not cause weight gain.</li> <li>Do not cause hair loss.</li> <li>Do not cause increase in pregnancy risk.</li> <li>Do not cause breast cancer.</li> <li>Do not cause breast cancer (but actually reduce the risk of ovarian and cervical cancer).</li> </ul>	<ul style="list-style-type: none"> <li>Requires that you get refills every 1-3 months.</li> <li>Contraceptive coverage will only dispense a 1 month supply. Consider if this will be easy for you.</li> <li>May not depend on your insurance coverage; check with your pharmacist. Only brand names of the patch and ring are available at this time. For patch and ring, you may need a prescription for the patch and ring; you may need a prescription for the ring.</li> <li>Contraceptive coverage will only dispense a 1 month supply. Consider if this will be easy for you.</li> </ul>
<b>Pill</b>	What: These methods (pills, patch, ring) deliver the hormones estrogen and progestin to your body.	<ul style="list-style-type: none"> <li>Will keep bleeding and cramping, make periods more regular.</li> <li>Can improve acne and decrease PMS.</li> <li>Can be used to treat menstrual suppression (inserted patch) for every few months or have no scheduled bleeding).</li> </ul>	<ul style="list-style-type: none"> <li>Safe for almost all women.</li> <li>Do not cause weight gain.</li> <li>Do not cause hair loss.</li> <li>Do not cause increase in pregnancy risk.</li> <li>Do not cause breast cancer.</li> <li>Do not cause breast cancer (but actually reduce the risk of ovarian and cervical cancer).</li> </ul>	<ul style="list-style-type: none"> <li>Requires that you get refills every 1-3 months.</li> <li>Contraceptive coverage will only dispense a 1 month supply. Consider if this will be easy for you.</li> <li>May not depend on your insurance coverage; check with your pharmacist. Only brand names of the patch and ring are available at this time. For patch and ring, you may need a prescription for the patch and ring; you may need a prescription for the ring.</li> <li>Contraceptive coverage will only dispense a 1 month supply. Consider if this will be easy for you.</li> </ul>
<b>Progestin-Only Pills (Minipill)</b>	What: A pill that contains the hormone progestin. How: Progestin causes the cervical mucus to thicken and blocks sperm.	<ul style="list-style-type: none"> <li>Safe to use after having a baby and when breastfeeding.</li> </ul>	<ul style="list-style-type: none"> <li>Safe to use after having a baby and when breastfeeding.</li> </ul>	<ul style="list-style-type: none"> <li>Need to take a pill every day; consider another method if you forget pills. Use condoms or don't have sex if you miss a pill.</li> </ul>
<b>Male Condoms</b>	What: A plastic cover that catches sperm and prevents contact. How: The sperm stay in the condom and do not reach a woman's vagina.	<ul style="list-style-type: none"> <li>Only method that prevents sexually transmitted infections (STIs).</li> <li>Over-The-Counter (OTC) engine can buy condoms at the pharmacy, grocery store, or whenever.</li> <li>Can be used to prevent infection during oral and anal sex.</li> <li>Safe to use after having a baby and when breastfeeding.</li> </ul>	<ul style="list-style-type: none"> <li>Adding your partner to use a condom does not mean that you protect them or are being "conservative" protect your health and the health of your partner.</li> <li>Condoms are very good at preventing pregnancy and sexually transmitted infections when they are used correctly and with every sexual encounter.</li> </ul>	<ul style="list-style-type: none"> <li>Some couples only use condoms right before ejaculation; this is not effective at preventing pregnancy and sexually transmitted infections, it is not or inside a woman's vagina.</li> <li>Some men and women may not want to use condoms because it doesn't feel natural, or it's uncomfortable or "gets in the way" of sex.</li> <li>Some men and women may not want to use condoms because it doesn't feel natural, or it's uncomfortable or "gets in the way" of sex.</li> <li>Some couples may not want to use condoms because it doesn't feel natural, or it's uncomfortable or "gets in the way" of sex.</li> </ul>
<b>Female Condoms</b>	What: A plastic cover that catches sperm and prevents contact. How: The sperm stay in the condom and do not reach a woman's vagina.	<ul style="list-style-type: none"> <li>Only method that prevents sexually transmitted infections (STIs).</li> <li>Over-The-Counter (OTC) engine can buy condoms at the pharmacy, grocery store, or whenever.</li> <li>Can be used to prevent infection during oral and anal sex.</li> <li>Safe to use after having a baby and when breastfeeding.</li> </ul>	<ul style="list-style-type: none"> <li>Adding your partner to use a condom does not mean that you protect them or are being "conservative" protect your health and the health of your partner.</li> <li>Condoms are very good at preventing pregnancy and sexually transmitted infections when they are used correctly and with every sexual encounter.</li> </ul>	<ul style="list-style-type: none"> <li>Some couples only use condoms right before ejaculation; this is not effective at preventing pregnancy and sexually transmitted infections, it is not or inside a woman's vagina.</li> <li>Some men and women may not want to use condoms because it doesn't feel natural, or it's uncomfortable or "gets in the way" of sex.</li> <li>Some men and women may not want to use condoms because it doesn't feel natural, or it's uncomfortable or "gets in the way" of sex.</li> <li>Some couples may not want to use condoms because it doesn't feel natural, or it's uncomfortable or "gets in the way" of sex.</li> </ul>
<b>Other Methods</b>	<ul style="list-style-type: none"> <li>Breastfeeding</li> <li>Fertility Awareness (Natural Family Planning)</li> <li>Sponge</li> <li>Diaphragm</li> <li>Withdrawal</li> <li>Spermicide</li> </ul>	<ul style="list-style-type: none"> <li>May be best option for some women.</li> </ul>	<ul style="list-style-type: none"> <li>High failure rate (over 1 out of every 5 women will get pregnant during 1 year of use).</li> </ul>	

For more information, see the HealthTeamWorks website: [www.healthteamworks.org](http://www.healthteamworks.org)

• Both available in English and Spanish.

# Birth Control Counseling

## 1-2-3

*What matters to you most?  
Let's look at the most effective methods..  
What method(s) are you interested in?  
What have you heard?*

### 1

**Choosing a method:** *What matters most to me?*

**Cost**  
*Varies, but all methods are less costly than pregnancy.*

**Effectiveness**  
*How well does it prevent pregnancy?*

**Privacy**  
*How private does my method need to be?*

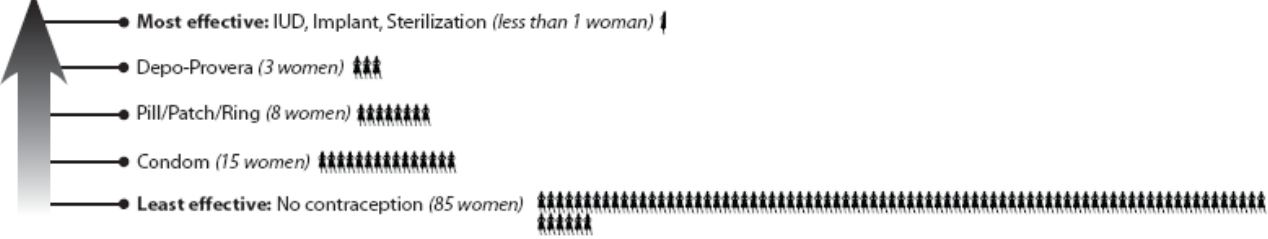
**Convenience**  
*How often do I need to think about it?*

**I'm Breastfeeding**   
*I need a method that is safe for breastfeeding.*

**Other Benefits**  
*Many methods reduce bleeding/cramping.*


### 2

**Method Effectiveness:** *How many women out of 100 get pregnant in 1 year with typical use?*



### 3

**Choose a method and start today**

Birth Control Method		How to Use It	What's Good About It	Other Considerations
	Implant / Implanon	1 plastic rod placed under the skin of the arm	<ul style="list-style-type: none"> <li>• Works for 3 years</li> <li>• May have lighter or no periods</li> </ul>	<ul style="list-style-type: none"> <li>• Can cause irregular bleeding</li> </ul>
	Mirena / ParaGard	Placed into the uterus by a healthcare provider	<ul style="list-style-type: none"> <li>• Works for 5 years</li> <li>• Lighter or no periods</li> <li>• Works for 10 years</li> </ul>	<ul style="list-style-type: none"> <li>• May cause spotting at first</li> <li>• May make periods heavier</li> <li>• May increase cramping</li> </ul>
Female Sterilization ( <i>Tubes tied</i> )		Healthcare provider surgically	<ul style="list-style-type: none"> <li>• Permanent</li> </ul>	<ul style="list-style-type: none"> <li>• Can't change your mind</li> </ul>

# Patient Tools

## Getting Started... (one page on each method)



### *Getting Started With Your **Birth Control Pills***

#### ★ *When should I start the pill?*

- ✓ Start your pill today or as soon as you get them from the pharmacy.
- ✓ You should take one pill at the same time each day. Think of setting an alarm on your cell phone to remind you to take it. It is OK to take it in the morning or the evening as long as it is about the same time every day.

#### ★ *What are the benefits of being on the pill?*

- ✓ There are many reasons why women take the pill besides preventing pregnancy. Some women use birth control pills to have: lighter periods, less cramping/pain, more regular periods, clearer skin, and reduced risk of uterine or ovarian cancer. For young women who start the pill for a medical reason (like heavy or irregular periods), they are **NO** more likely to have sexual intercourse at an earlier age.

#### ★ *What about all of the bad things that I've heard about birth control pills?*

- ✓ There are many myths/misconceptions about birth control pills that can make women reluctant to use them. Here are a few things that people say that are **NOT TRUE**...

*The pill makes you gain weight.* **NO.** There is no difference in weight gain between women using the pill or on a placebo (dummy pill). Weight gain is due to other factors (usually more calories consumed and less exercise).

*The pill makes it harder to get pregnant later on.* **NO.** The pill has no effect on having kids in the future.

*The pill is dangerous to use.* **NO.** The pill is safe for most healthy women.

*The pill doesn't really work.* **Yes it does.** The pill is VERY effective when taken every day; for typical use, there are 8 in 100 women who get pregnant in 1 year. The more pills that are missed, skipped, or if a pack is started late, the more likely that an unplanned pregnancy will occur.

*Antibiotics and other medicines interfere with the pill.* **No they don't.** Most medications (including antibiotics) do not increase the pill's failure rate. They only medicines that do interfere with the pill are certain ones used to treat Tuberculosis and some medications that prevent seizures.

## Step 3: Start a Method Today

- “Quick Start” Protocol for pills, patch, ring, Depo.
  - *Bottom line: start now unless positive pregnancy test today.*
- Client is being referred for an IUD, Implant, Sterilization?
  - Quick Start another method for now.

Start  
method  
today

### Start method today, using this “Quick Start” Protocol: <sup>§</sup>

- **WHY?** Women are more satisfied with their method if they start now instead of waiting until their next period.
- **HOW?** Instruct women to start their method TODAY (this includes pill, patch, ring, Depo) no matter the timing in the menstrual cycle. Backup method (like condoms) still recommended for the first week. Suggest Emergency Contraception (EC) if unprotected sex within past 5 days (see EC on reverse side).
- **Pregnancy test not needed if:**
  - Within the first 5 days of menstrual cycle, or
  - Currently using an effective method.
- **Pregnancy test recommended if:**
  - Unexpected or irregular bleeding, or “late” for menses.
  - Sexually active and not using consistent, effective method.
  - Unprotected sex in the last 14 days. Quick Start today if negative pregnancy test; repeat test in 2 weeks.
- **What is the risk of pregnancy with “Quick Start”?**
  - Studies indicate a 3% chance of pregnancy during the cycle that Quick Start is used.
  - Overall, risk is decreased because women can become pregnant while waiting to start their method.
  - Hormones in contraception do not cause birth defects or increase risk of miscarriage if pregnancy does occur.

*In Summary...*

## **Page 1 of the Contraception Guideline**

- For healthy women, no testing is **REQUIRED** before initiating contraception. (And, start it today.)
  
- **Do recommend:**
  - ✓ Periodic well visits (check BP, other medical history)
  - ✓ Annual Chlamydia screening age 15-26 (urine)
  - ✓ Pap q 2-3 years, start age 21.

## Methods and Considerations

- Implant, IUD, Sterilization are top-tier methods.
- ★ Long-acting, reversible methods are safe for women of all ages including adolescents and women who have not had children.
- IUD is the preferred method for many women with serious medical conditions.

### Long-Acting Methods: *most effective methods and considerations*

Can be initiated: 1. anytime during the menstrual cycle if the woman is using another effective method, or 2. within the first five days of menses.  
If referring to another provider for these methods, start another method today.

Method	Considerations
Implant	Subdermal Arm Implant (Implanon®): Lasts 3 years. Progestin-only.
Intrauterine Devices	Mirena® (Levonorgestrel IUS): Lasts 5 years. Also indicated for the treatment of heavy bleeding. ParaGard® (Copper T): Lasts 10 years. Contains no hormones.
Sterilization	Male: Vasectomy Female: Tubal ligation. Hysteroscopic options: Essure® and Adiana®

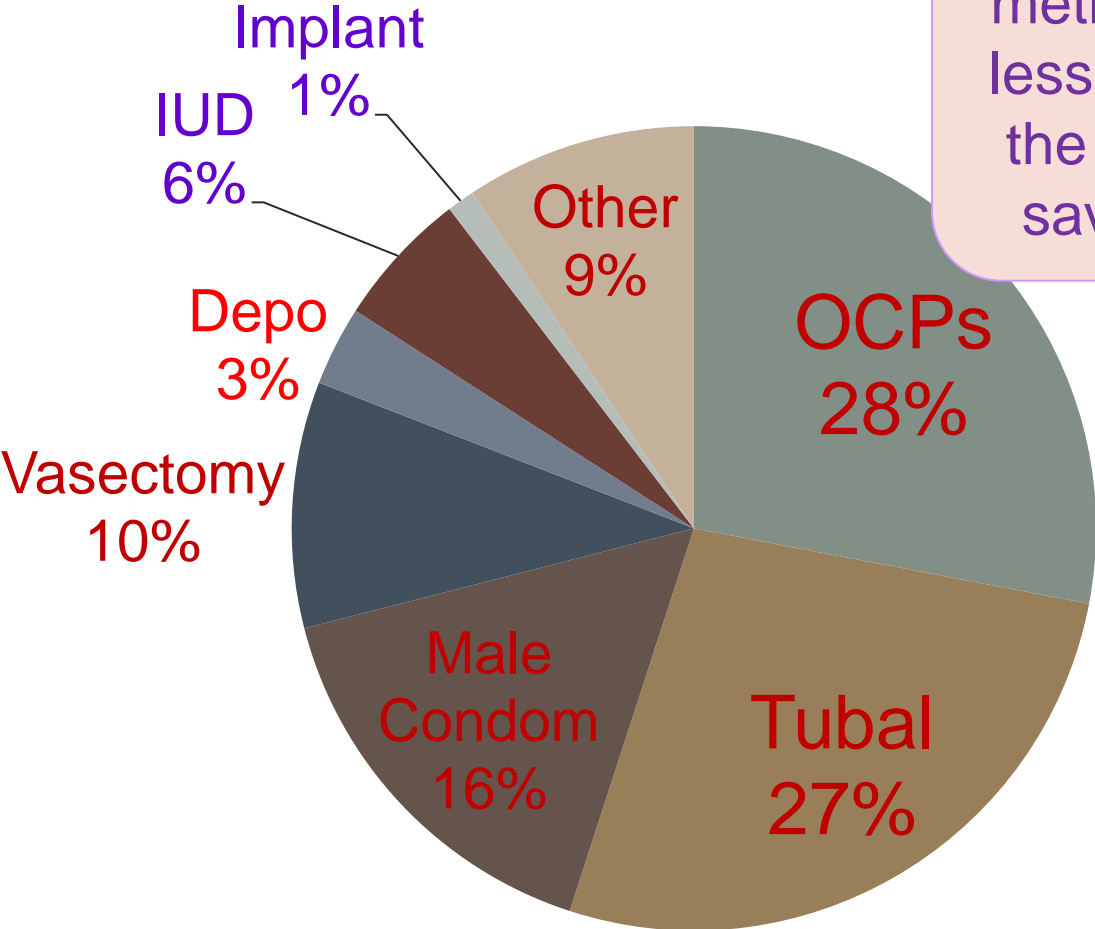
Long-acting, reversible methods are safe for women of all ages, including adolescents and women who have not had children.

Most effective  
<1 pregnancy per 100 women in 1 year



All Providers: "Quick Start" Today

# Method Use Among Women (all ages) Who Practice Contraception in U.S. 2006-8



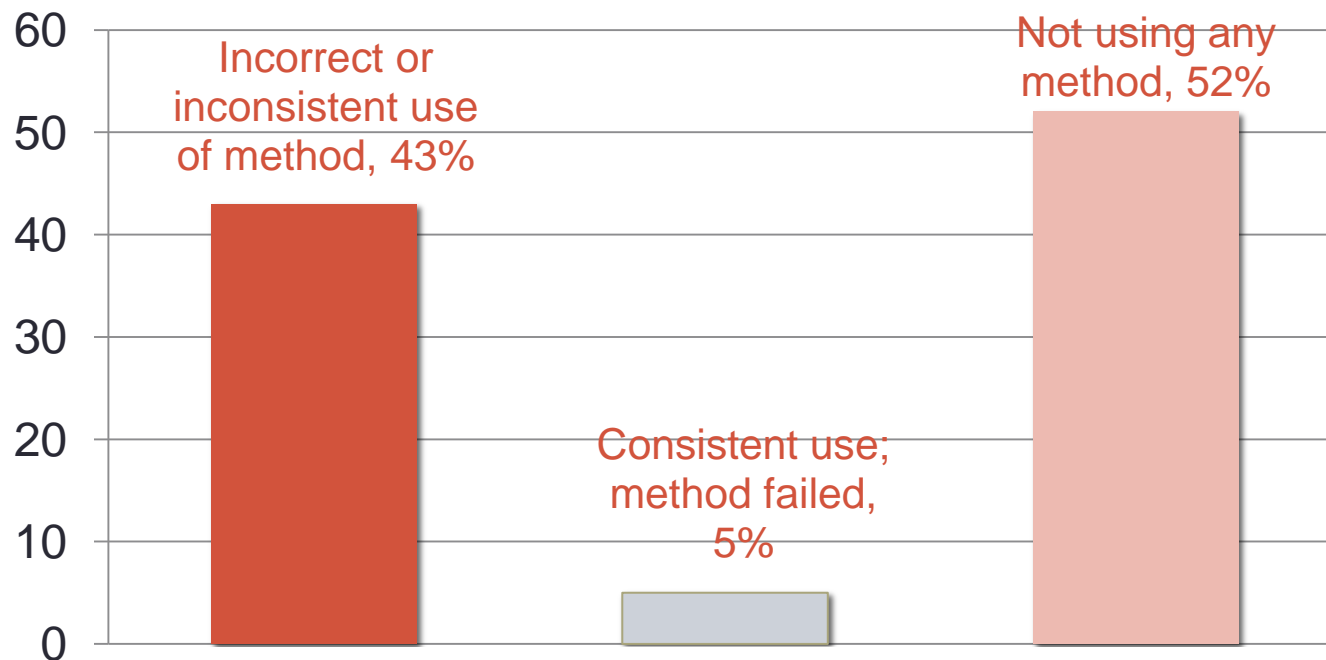
Long-acting, reversible methods (IUD & Implant) are less commonly used- but are the most effective and cost-saving methods over time.

Mosher WD and Jones J, Use of contraception in the United States: 1982–2008, *Vital and Health Statistics*, 2010, Series 23, No. 29.

# Unintended Pregnancy

- 50% of pregnancies unplanned; 82% for teens.
- Most young adults say they want to avoid a pregnancy now, but only half use contraception every time.

## *Unintended Pregnancy by Method Use:*



# Patient Tools

## *Getting Started... (IUD, Implant)*

- The counseling that is done when a method is provided predicts user satisfaction.
- Highest rates of user satisfaction of any hormonal method is with Levonorgestrel IUD.
- Very high rates of continuation/satisfaction with subdermal implant if counseled on bleeding changes (frequent bleeding to amenorrhea).



### *Getting Started With Your Implant (Implanon)*

#### ★ *What do I need to know before I get the implant?*

- ✓ Here are some important things to know about the implant:
  - You need to see a health provider for insertion and removal of the implant.
  - It works for 3 years. After 3 years, it should be removed (and you can have a new one placed if desired).
  - **Expect to have a change in your menstrual bleeding:** you may have no bleeding or irregular bleeding while using this method.

#### ★ *What should I expect on my arm where the implant was inserted?*

## Methods and Considerations

### Progestin Injection: Depo-Provera

- Repeat injection every 11-13 weeks
- Can give 16 weeks after previous injection without additional testing (risk of ovulation: <1%)
- ★ Can use for any duration (i.e., longer than 2 years) if method is best choice for patient.
  - ACOG Committee Opinion Number 415 (2008)
    - No role for DEXA scan; no data showing increase fracture risk.
    - Partial or full recovery (like pregnancy, breastfeeding).

### All Providers: "Quick Start" Today

Method	Considerations
Progestin Injection (Depo-Provera) ✓	<ul style="list-style-type: none"><li>• Repeat injection every 11-13 weeks. Can be given up to 16 weeks after previous injection.<sup>¶</sup></li><li>• Can use for any duration (i.e. longer than 2 years) if method is best choice for the patient.<sup>  </sup></li></ul>

# Methods and Considerations

- Estrogen + Progestin = OCPs, Ring, Patch
- Many non-contraceptive benefits.
- Address the issue (barrier) of refills.
  - Dispense #12 - insurance may limit to #1- #3.
  - Refill prn x 1 year; renew as needed- exam not required.
  - Screening indicated? Explain-document-encourage...and refill!

<p><b>Estrogen and Progestin</b></p>	<ul style="list-style-type: none"> <li>• Patient needs to obtain refills frequently and use as directed to be effective.</li> <li>• Indicated to treat acne, PMS, heavy periods, cramping, pain, regulate bleeding.</li> <li>• Can be prescribed to reduce or eliminate periods with extended or continuous use.</li> </ul>		
<p>Write to dispense up to a 12 month supply. Women who pay out of pocket can choose to make fewer trips to the pharmacy. Many insurers (like Medicaid) will provide a 3 month supply. <b>Not having refills is a common reason for method failure.</b></p>	<p><b>Oral Contraceptive Pills:</b> Start w/ most cost-effective pill; despite advertising, blinded studies show little or no difference between pill brands in efficacy or side effects.</p> <div data-bbox="473 1135 763 1278" style="border: 1px solid black; padding: 5px;"> <p><b>Rx</b> : <i>Generic or Brand*</i>                  Sig: 1 tab po QD                  Disp: up to 12 months                  Refills: prn x 1 year</p> </div> <div data-bbox="473 1306 975 1392" style="background-color: #006633; color: white; padding: 5px; border-radius: 10px;"> <p>Healthy women do not need to be seen by their provider each year for birth control refills.</p> </div>	<p><b>Vaginal Ring (NuvaRing®):</b> Hormones are released into the blood stream through a vaginal ring.</p> <div data-bbox="1004 1135 1294 1349" style="border: 1px solid black; padding: 5px;"> <p><b>Rx</b> : <i>NuvaRing®</i>                  Sig: insert vaginally for 21 days; remove x 7 days; repeat w/ new ring                  Disp: up to 12 months                  Refills: prn x 1 year</p> </div>	<p><b>Patch (Ortho Evra®):</b> Hormones are released into the bloodstream through a skin patch.</p> <div data-bbox="1352 1135 1642 1328" style="border: 1px solid black; padding: 5px;"> <p><b>Rx</b> : <i>OrthoEvra®</i>                  Sig: apply weekly x 3 weeks; off x 7 days; repeat                  Disp: up to 12s months                  Refills: prn x 1 year</p> </div>

# Methods and Considerations

- Progestin Only Pills
  - Active pill every day; not as effective as OCPs.
- Condoms
  - Very effective if used consistently and correctly.
  - Typical use: 15 pregnancies per 100 women in 1 year.
  - Only methods that provides STI protection.
  - Health Team Works “Condoms and Safer Sex” handout

**Less effective**  
About 15 pregnancies per 100 women in one year

<b>Progestin Only Pills</b> ✓	<ul style="list-style-type: none"><li>• Need to take an active pill every day; no placebo week.</li><li>• Also called a “mini pill.”</li></ul>
<b>Condoms</b> ✓	<ul style="list-style-type: none"><li>• <b>Only method that prevents STIs.</b> Male latex condoms are 99% effective in preventing HIV with correct, consistent use.</li><li>• Can also be used to prevent infection during oral and anal sex.</li><li>• Encourage use with all other methods for prevention of STIs.</li></ul>

# Emergency Contraception (EC)

Mechanism of action: prevents ovulation.

- Has no effect if fertilization has occurred.
- Has no effect if implantation has occurred.

Recommend if unprotected sex in last 120 hrs (5 days).

- No exam or testing needed; no medical condition that precludes use.
- RX: Levonorgestrel 1.5mg x 1 dose.
- Start another method, check pregnancy test in 2 wks.

## EMERGENCY CONTRACEPTION (EC)

1. **Recommend** to any woman with unprotected intercourse in the last 120 hours (= 5 days).
2. **No exam, no testing needed.** No medical condition (or age) that precludes use.
3. **Provide information and Rx if needed.**
  - Available over the counter to anyone age 17 or older. (Generic: Next Choice; Brand: Plan B One Step®, EllaOne®)
  - For anyone 16 years or younger write/call Rx.
  - Works by delaying ovulation; not harmful if already pregnant.
  - See Health TeamWorks website for EC information, patient handout, and a list of oral contraceptive pills that can be used as EC.
4. **Recommend "Quick Start" contraceptive method.** Start method now and perform pregnancy test in 2 weeks.

**Rx** : Levonorgestrel 1.5 mg  
Sig: 1.5 mg po x 1  
dose  
Disp: 1  
Refills: prn

## Summary Points

- Ask about birth control.
- Start a method today.
- Long-acting, reversible methods are:
  - Top-tier in efficacy
  - Safe for almost all women
  - Majorly under-utilized.
- Recognize/address common barriers (*misperceptions to outdated protocols...*) that decrease effective contraceptive use.

## Additional Resources



### *Leading Organizations in Family Planning/Research*

- World Health Organization (WHO)
- Center for Disease Control (CDC)
- American College of OB/GYNs (ACOG)
- Association of Reproductive Health Professionals (ARHP)
- Alan Guttmacher Institute (AGI)

### *Other resources*

- U.S. Medical Eligibility Criteria (WHO, CDC)
- Contraceptive Technology (Many authors and experts)
- Family Planning Handbook (WHO, John Hopkins)
  - Free and on-line: [www.fphandbook.org](http://www.fphandbook.org)

# QUESTIONS AND DISCUSSION

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