Contraception Update

Sara M. Pope, MD
LCDR, MC, USN
Madigan Faculty Development Fellowship
Tacoma, WA
Objectives

• Reviewed Old Business
• Examined New business
• Informed of Changes & Recommendations
• Considered the Future
...The best available evidence to address specific clinical issues...

U.S. Selected Practice Recommendations for Contraceptive Use, 2013
Adapted from the World Health Organization Selected Practice Recommendations for Contraceptive Use, 2nd Edition

...comprises recommendations that address a select group of common, yet sometimes controversial or complex, issues regarding initiation and use of specific contraceptive methods...
What **Has Not** Changed?

- 50% unintended pregnancy (UP) rate
  - Higher in adolescents, young women
  - Racial/ethnic minorities
  - Lower levels of education, income
- Increased risk for poor maternal-fetal outcomes
- Half occurred in women **NOT** using contraception, the other half of UPs were using contraception
- Expensive: $5 billion
So, What’s New?

NuvaRing Lawsuit Settlement: Will 95% of Women Agree to $100 Million NuvaRing Settlement Offer?

A $100 Million NuvaRing Lawsuit Settlement Proposed by Merck & Co. to Settle Thousands of Lawsuits Is Awaiting Approval by 95% of Women Plaintiffs

Columbus, OH (PRWEB) February 13, 2014

Mirena IUD Lawsuit Legal Center

• Mirena IUD lawsuits are being filed by women who suffered device migration, uterine perforation and other injuries.
• More than 70,000 reports of Mirena complications have been filed with the FDA since 2000.
• Promise to our clients: No Recovery; No Fees.
WITH OBAMACARE,
WOMEN STAY HEALTHY & SAVE MONEY

Insurance companies are now required to cover preventive care with no additional costs or co-pays.

<table>
<thead>
<tr>
<th>Service</th>
<th>Out of Pocket Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well-Woman Visit</td>
<td>$0</td>
</tr>
<tr>
<td>Pap test for Cervical Cancer</td>
<td>$0</td>
</tr>
<tr>
<td>FDA-Approved Birth Control</td>
<td>$0</td>
</tr>
<tr>
<td>Mammogram</td>
<td>$0</td>
</tr>
</tbody>
</table>

HEALTHCARE.GOV

#GETCOVERED
What’s Changed?

• Grace period for depot reinjection
• Evidence-based exams before starting
• Management of bleeding irregularities
• Modified missed pill algorithm
• When to start contraception s/p ECPs
• When to stop using contraceptives while not at risk for UP
Updates & Recommendations

• Grace period for depot re-injection
  – q3 months (13 wks), can give early
  – Repeat depot can be up to >2 wks late (15 weeks from last injection)
  – If >2 wks late, can proceed with injection if not pregnant, need to abstain/use additional contraception x 7 days
Less is Better...

- Exams to perform before starting contraceptives
  - **Injectables**: None
  - **Implant**: None
  - **POPs**: None
  - **IUD**: Bimanual exam
  - **CHCs**: Blood pressure
Management of Bleeding Irregularities

- **Injectables:** NSAIDs x 5-7 days
- **Implant:** NSAIDs x 5-7 days, COC x 10-20 days
- **POPs:** Reassurance, appropriate timing of dose
- **Cu-IUD:** NSAIDs x 5-7 days
- **LNG-IUD:** Reassurance
- **COCs:** Reassurance

*Consider alternative methods if bleeding persists*
If Missed Pill...

- **<24 hr**
  - Take pill ASAP
  - Continue taking remaining pills at usual time, fine to take 2
  - No additional contraception needed; EC usually not needed
  - Consider EC if earlier pills missed or in the last week of previous cycle

- **>24 hr <48 hr**

Adapted from Fig 2, CDC MMWR Vol. 62/No. 5, June 21, 2013
>2 consecutive pills missed, >48 hr

- Take most recent pill missed ASAP
- Continue taking remaining pills at usual time, fine to take 2
- Use back-up contraception/abstain
- If pills missed in last week:
  - Omit hormone free interval
  - Start new pack, if unable to, use back-up
- Consider EC

Adapted from Fig 2, CDC MMWR Vol. 62/No. 5, June 21, 2013
When to Initiate After ECP Use

• UPA
  – Any regular contraceptive method acceptable
  – Barrier/abstain x 14d or until next cycle
  – HCG if no withdrawal bleed in 3 wks

• LNG, COC
  – Any method acceptable
  – Barrier/abstain x 7d
  – HCG if no withdrawal bleed in 3 wks
When Can She Stop?

- ACOG, NAMS: contraception still needed for women >44 yo if desires avoiding pregnancy
- >45: most methods safe
- Consider risks in advanced reproductive age
  - Chronic disease
  - Hemorrhage, VTE, death
  - SAB, stillbirth, congenital anomalies
MALE BIRTH CONTROL PILL IN THE MAKING
A male birth control pill could be coming soon to a drug store near you.

Androgen Synthesis in the Gonadotropin-Suppressed Human Testes Can Be Markedly Suppressed by Ketoconazole


Male birth control pill could be possible in 10 years: researchers

Researchers in Australia were able to block sperm in mice without affecting their sexual health, and they believe this breakthrough could lead to the development of an oral contraceptive drug for men in the near future.

A New Combination of Testosterone and Nesterone Transdermal Gels for Male Hormonal Contraception

Niloufar Ilani, Mara Y. Roth, John K. Amory, Ronald S. Swerdloff, Clint Dart, Stephanie T. Page, William J. Bremner, Regine Sitruk-Ware, Narender Kumar, Diana L. Blithe, and Christina Wang
Take Home Points

• Unintended pregnancy is common
• Increased grace period with depot
• Very few exams needed before starting
• NSAIDs & reassurance go a long way
• Missing a few pills is okay
• Immediate initiation of ECPs is appropriate
• Male contraception....maybe in this lifetime
Objectives

• Reviewed Old Business
• Analyzed New business
• Informed of Changes & Recommendations
• Considered the Future
Questions?