# HORMONAL CONTRACEPTION

## Current Contraceptive Options and Approaches


**Nisha McKenzie, PA-C**

**CEO and Founder - Women's+ Health Collective**

AASECT Certified Sexuality Counselor

Menopause Society Certified Provider

ISSWSH Fellow


WOMEN'S+ HEALTH COLLECTIVE

# COMMON POTENTIAL CI'S

- Pregnancy
- Smoking status (namely if >=35 y/o)
- Cardiovascular conditions
  - HTN (even well controlled with meds)
  - VTA/clotting disorders
- Migraine with aura
- h/o hormone receptor positive cancer
- Postpartum/breastfeeding

WOMEN'S+ HEALTH COLLECTIVE

# CONSIDERATIONS

- Not all people capable of pregnancy identify as women
  - Important to consider counseling needs of trans, NB, and gender diverse folx
- Discussions should not focus solely on preventing unintended pregnancy
- Shared decision making
  - Acknowledge patient as expert on their body and preferences
  - HCP contributes medical knowledge/options and helps relate to pt preferences
  - Research has found that patients are more satisfied with medical experience and their method when shared decision-making is utilized
- “Do you happen to… (know if you’d like to try to conceive in the future, have a general timeline for when you might want to try to conceive, etc)”. Or - “are you planning future pregnancies, unsure, or no?”
- ”Do you have some ideas about what is important to you about your method of birth control?”

WOMEN'S+ HEALTH COLLECTIVE

# CHOOSING A COC

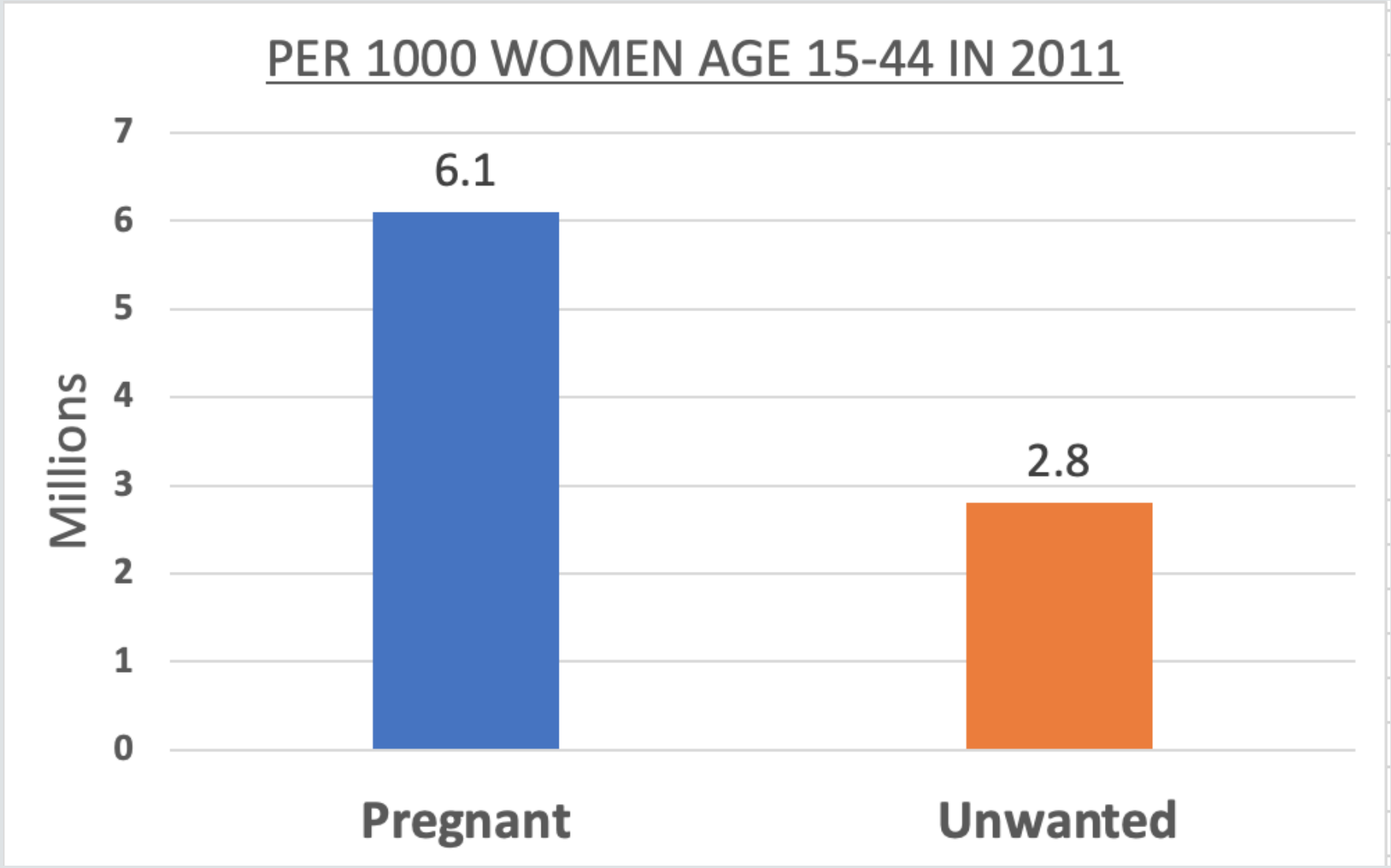
- Cost/accessibility
- Monophasic vs multiphasic
- Cyclic vs continuous dosing
  - Pt preference
  - Endometriosis/adenomyosis
- Ethinyl estradiol dose
  - <= 35 mcg for contraception (may use up to 50mcg for AUB)
- Progestin type
  - User's choice
  - Slightly increased risk VTE with newer progestins (desogestrel, drospirenone)
- 21/7 vs 24/4

WOMEN'S HEALTH COLLECTIVE

# COC MOA

- *Estrogen suppresses FSH to prevent folliculogenesis
- Inhibition of GnRH from hypothalamus
- Inhibition of LH and FSH
- Disruption of midcycle LH surge
- All leading to suppression of ovulation
- Estrogen helps control bleeding patterns by providing endometrial stability sufficient to produce regular withdrawal bleeding
- Progestins thin the endometrium, making it less suitable to implantation
  - They also thicken cervical mucus
  - They also impair tubal motility and peristalsis

# 45% OF PREGNANCIES ARE UNINTENDED




Guttmacher Institute

WOMEN'S HEALTH COLLECTIVE

# UNINTENDED PREGNANCY FACTS

- 10-15% of all sexually active women use no birth control method
- 2.8 million unintended pregnancies in 2011
  - 42% ended in abortion
- Unintended pregnancies disproportionately affect low income and minority communities (up to 112/1000 women)

**Finer and Zolna NEJM 2016, Guttmacher Institute 2019**

WOMEN'S HEALTH COLLECTIVE

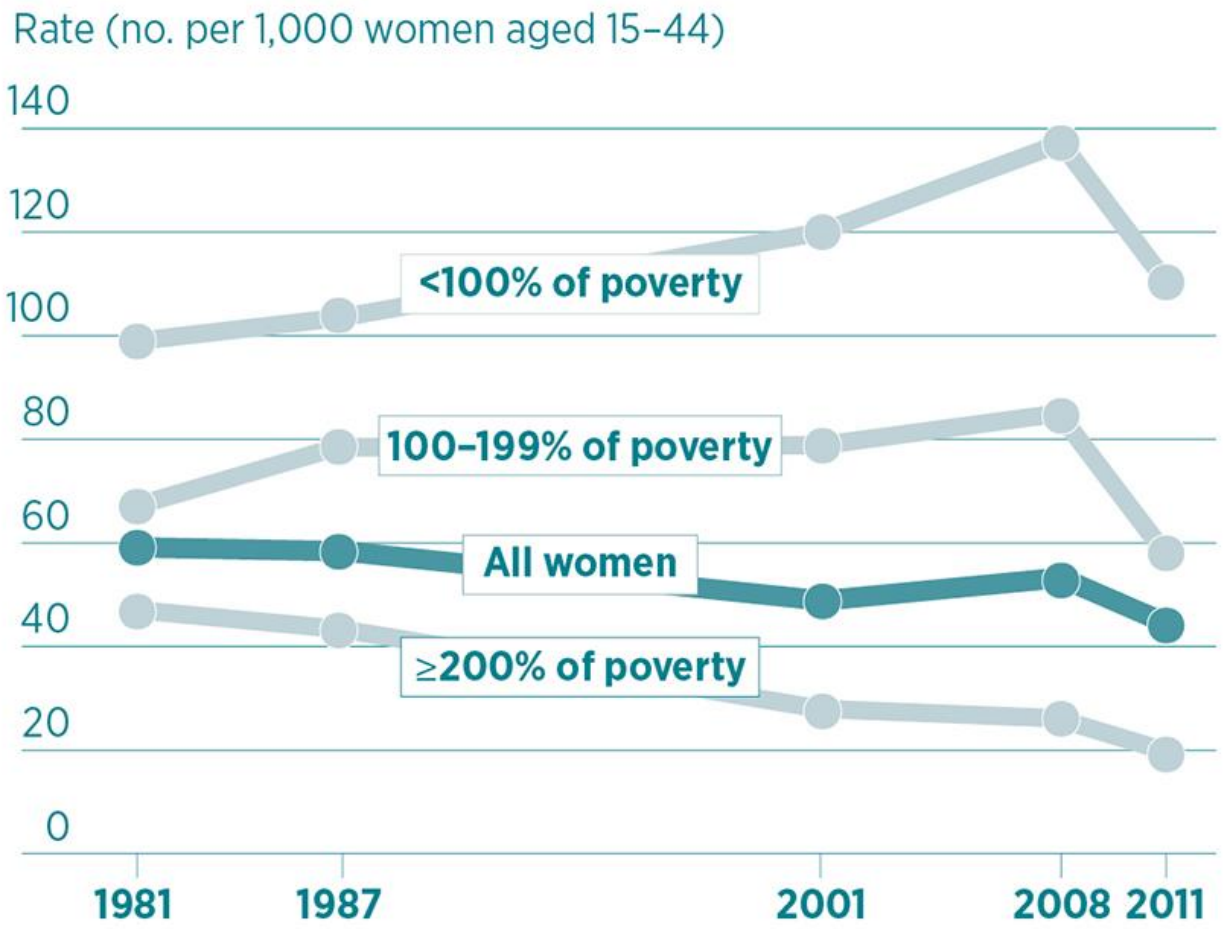
# UNINTENDED PREGNANCY FACTS

- The unintended pregnancy rate is significantly higher in the US than in many other developed countries
- The unplanned pregnancy rate in 2011 was 22/1,000 women aged 15-44
- The abortion rate in 2011 was 17/1,000 women aged 15-44 (Jones RK and Jerman J, Abortion incidence and service availability in the US, 2011, Perpectives on Sexual and Reproductive Health, 2014, 46(1):3-14, doi:10.1363/46e0414.)

WOMEN'S HEALTH COLLECTIVE

UNINTENDED PREGNANCY RATES

# Unintended pregnancy is increasingly concentrated among low-income women.




www.guttmacher.org

WOMEN'S HEALTH COLLECTIVE

# CONTRACEPTIVE FACTS

- Between 2002 and 2012 we saw an increase in LARC use from 2 -12% (Guttmacher Institute)
- 83% of black women at risk of unintended pregnancy are currently using a contraceptive method, compared with 91% of their Hispanic and white peers, and 90% of their Asian peers (Jones J, Mosher W, Daniels K, Current contraceptive use in the United States, 2006-2010, and changes in patterns of use since 1995, *National Health Statistics Reports*, 2012, No.)
- In the US, average desired family size is 2 children. To achieve this, a woman must use contraceptives for roughly 3 decades (Sonfield A, Hasstedt K and Gold RB, *Moving Forward: Family Planning in the Era of Health Reform*: Guttmacher Institute, 2014)
- Couples who do not use any method of contraception have ~ 85% chance of experiencing a pregnancy over the course of a year (Sonfield A, Hasstedt K and Gold RB, *Moving Forward: Family Planning in the Era of Health Reform*: Guttmacher Institute, 2014)

WOMEN'S HEALTH COLLECTIVE

# CONTRACEPTIVE FACTS

- IUD is **45 times** as effective as oral contraceptives in preventing pregnancy
- IUD is **90 times** as effective as male condoms at preventing pregnancy

Brief of the Guttmacher Institute and Professor Sara Rosenbaum as *Amici Curiae* in Support of the Government, Kathleen Sebelius v. Hobby Lobby Stores, Inc and Conestoga Wood Specialties Corporation v. Kathleen Sebelius, Nos. 13-354 & 13-356, <http://www.guttmacher.org/media/guttmacher_scotus_amicus_brief.pdf>, accessed Aug. 18, 2014.

WOMEN'S HEALTH COLLECTIVE

## Most effective method used in the past month by U.S. women, 2018

| METHOD | No. of women | % of women aged 15–49 | % of sexually active women not seeking pregnancy aged 15–49 (N=46,355,763) | % of contraceptive users aged 15–49 (N=47,444,047) |
|---|---|---|---|---|
| Permanent female method* | 13,150,225 | 18.1 | 23.9 | 27.7 |
| Pill | 10,139,377 | 14.0 | 16.4 | 21.4 |
| Male condom | 6,125,842 | 8.4 | 13.2 | 12.9 |
| IUD | 6,101,248 | 8.4 | 12.0 | 12.9 |
| Partner vasectomy | 4,101,347 | 5.6 | 8.5 | 8.6 |
| Withdrawal | 2,666,523 | 3.7 | 5.8 | 5.6 |
| Implant | 1,459,234 | 2.0 | 2.6 | 3.1 |
| Injectable | 1,422,760 | 2.0 | 2.1 | 3.0 |
| Natural family planning | 1,241,390 | 1.7 | 2.6 | 2.6 |
| Vaginal ring | 594,391 | 0.8 | 1.2 | 1.3 |
| Patch | 225,504 | 0.3 | 0.4 | 0.5 |
| Emergency contraception | 95,021 | 0.1 | 0.2 | 0.2 |
| Other method† | 121,186 | 0.2 | 0.2 | 0.3 |
| No method | 25,219,648 | 34.7 | 11.0 | na |
| **Total** | **72,663,695** | **100.0** | **100.0** | **100.0** |

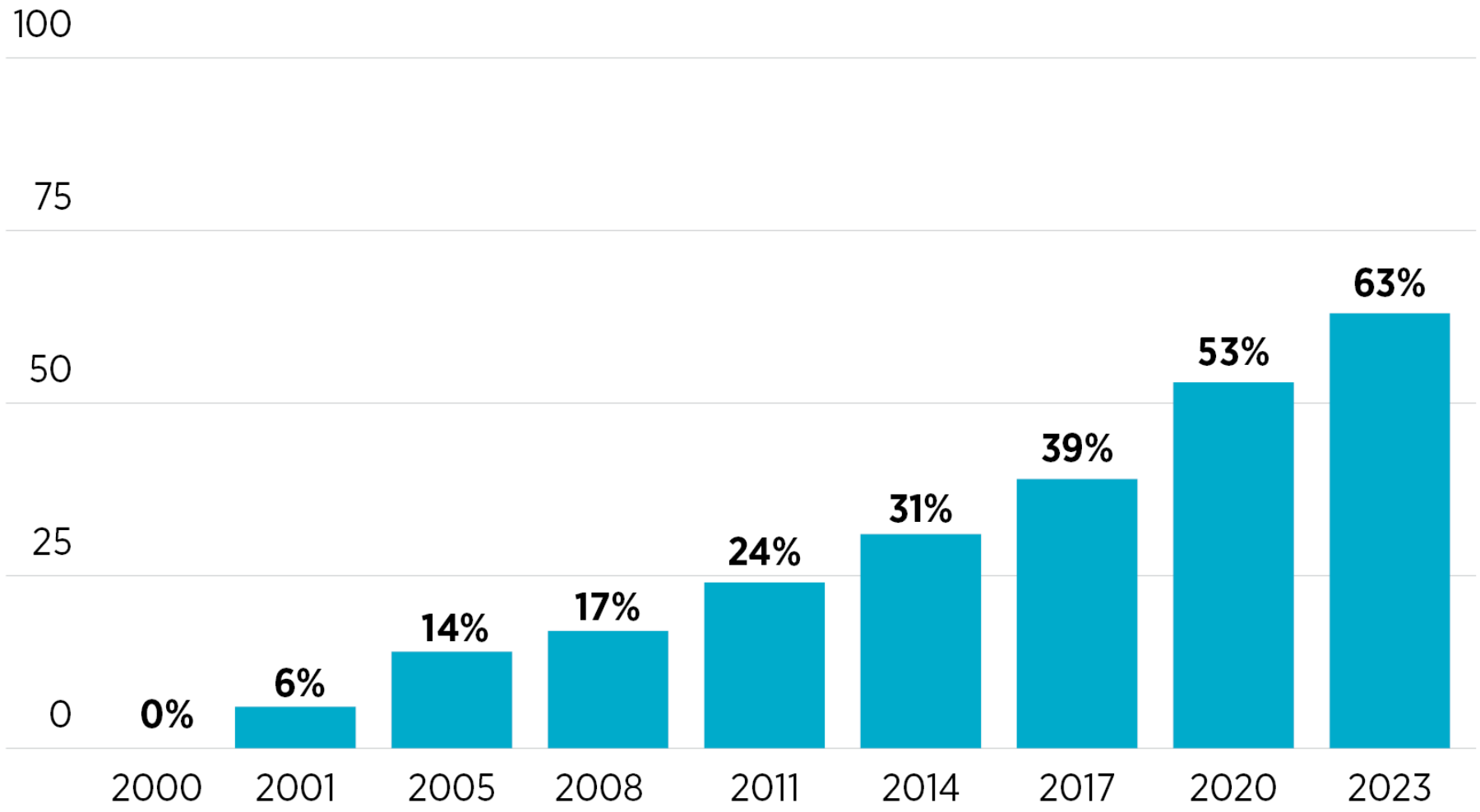
*Tubal ligation and tubal implants. †Diaphragm, internal (female) condom, foam, cervical cap, sponge, suppository, jelly, cream and other methods. *Notes:* "Sexually active women not seeking pregnancy" includes all women who report sexual activity in the previous three months; are not currently pregnant, seeking to become pregnant or postpartum; and are not noncontraceptively sterile. "Contraceptive users" includes all women who use a method, regardless of sexual activity. Percentages may not add to 100.0 because of rounding. na=not applicable. *Source:* reference 4.

# ABORTION FACTS

- Some 55% of people who obtained an abortion had previously had at least one birth (Jones RK, Medicaid's role in alleviating some of the financial burden of abortion: findings from the 2021–2022 Abortion Patient Survey, *Perspectives on Sexual and Reproductive Health*, 2024, https://doi.org/10.1111/psrh.12250.)
- The abortion rate in 2017 was 13.5 abortions per 1,000 women aged 15-44, down 8% from 14.6 per 1,000 in 2014. This is the lowest rate ever observed in the US. In 1973 when abortion became legal, the rate was 16.3/1,000.
- Approximately one in four women are expected to have an abortion by age 45, given 2020 abortion rates.
- In 2014, 51% of abortion patients were using a contraceptive method at the time they became pregnant, most commonly condoms (24%) or a short acting hormonal method (13%) (Jones RK, Reported contraceptive use in the month of becoming pregnant among US abortion patients in 2000 and 2014, *Contraception*, 2018)

WOMEN'S HEALTH COLLECTIVE

**Medication abortions accounted for almost two-thirds of all clinician-provided abortions in the United States in 2023.**

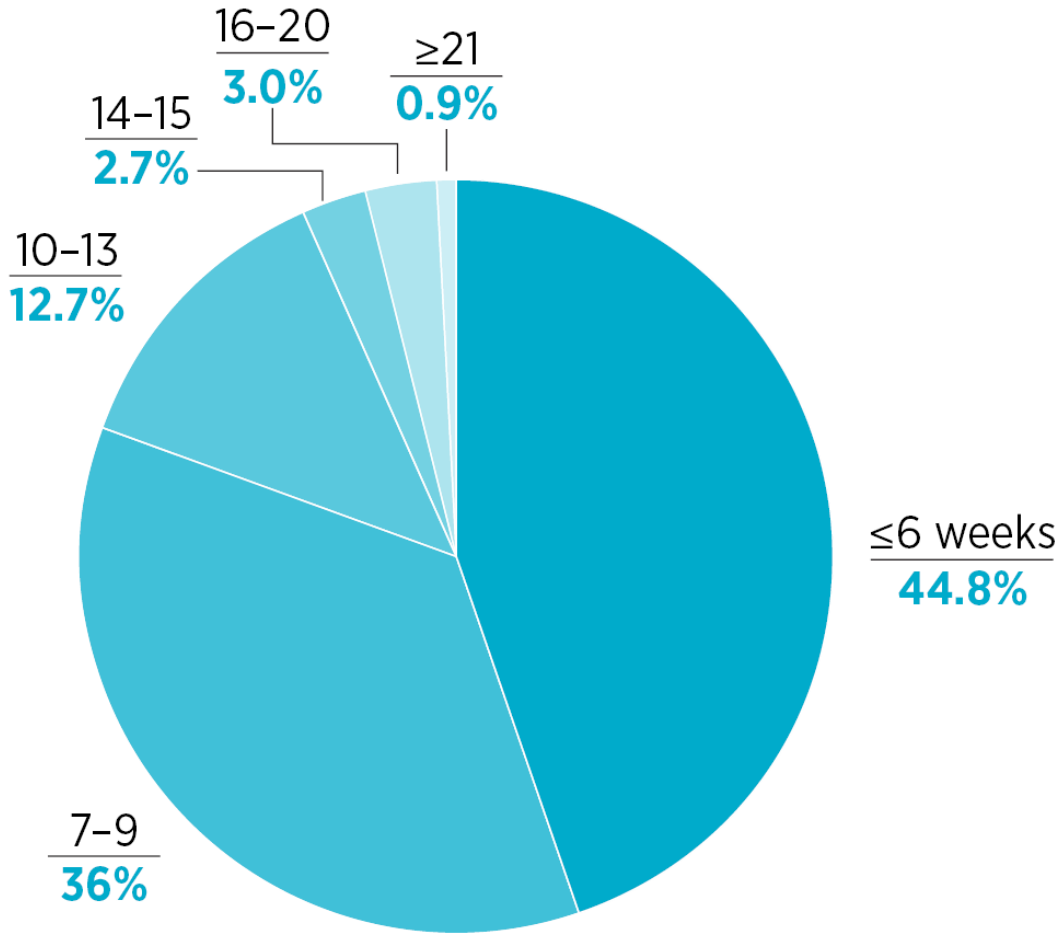



*Sources:* Guttmacher Abortion Provider Census and Monthly Abortion Provision Study.

guttmacher.org

WOMEN'S HEALTH COLLECTIVE

**In 2021, 81% of abortions in the formal US health care system occurred at nine weeks of pregnancy or earlier, and 94% occurred in the first 13 weeks.**




*Source:* Centers for Disease Control and Prevention, 2023.

# ABORTION FACTS:
## GUTTMACHER.ORG

- 27,000 more medication abortions were mailed in the 6 months after the Dobbs decision than the expected number had the ruling not been issued

  Per examination of ab pill distribution by online vendors, telehealth orgs, and community networks

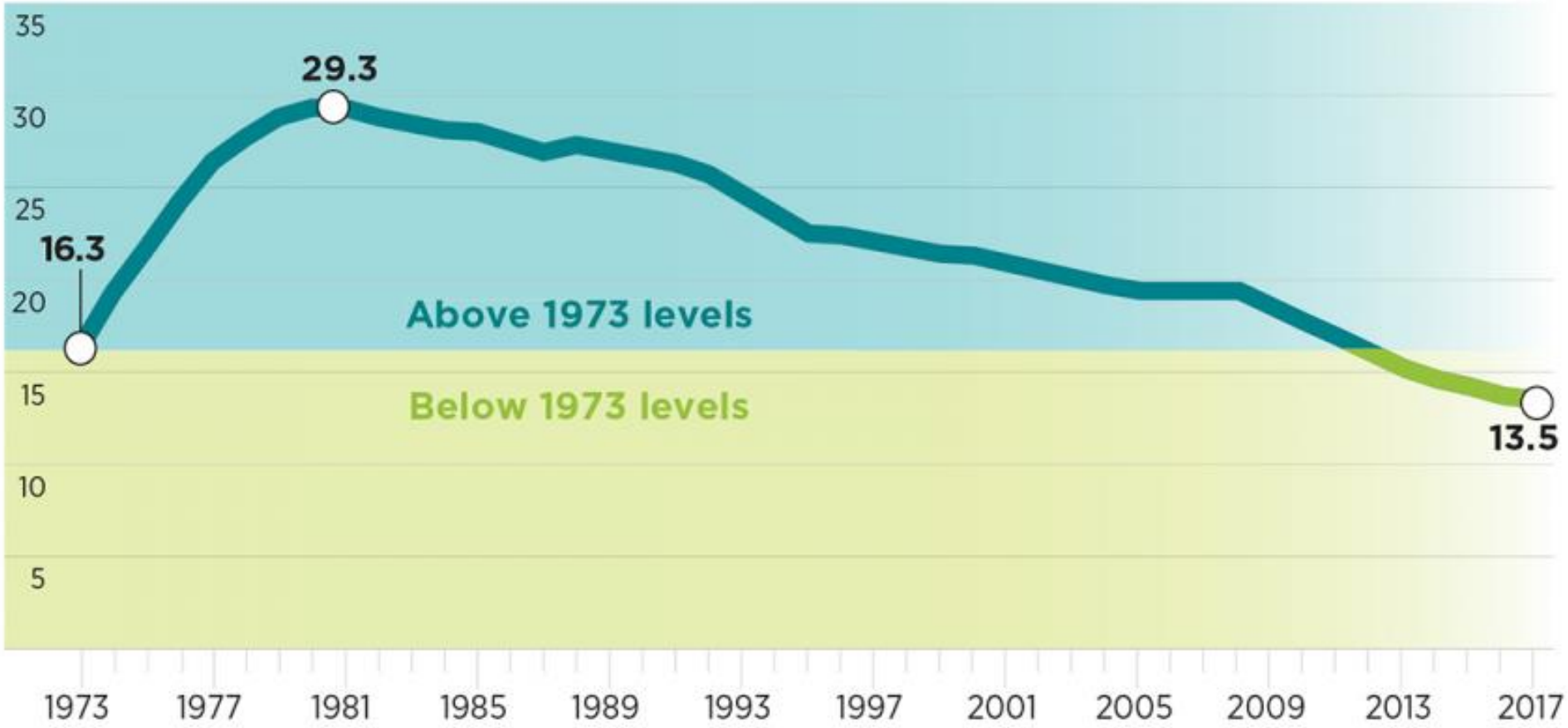
- The proportion of pts traveling to other states to obtain ab care has doubled (~1/5 in the 1st 6 mo of 2023, vs 1/10 in 2020)
- The number of abs in the US has increased
  - 11% increase in clinician-provided abs 2020-2023
- Prelim estimates on the risk of maternal mortality in the case of a national ab ban:
  - Maternal mortality would increase by 24%
  - Non-Hispanic Black birthing parents would see a 39% increase in maternal deaths

Stevenson, A. J., Root, L., & Menken, J. (2022, June 29). The maternal mortality consequences of losing abortion access. https://doi.org/10.31235/osf.io/7g29k

WOMEN'S HEALTH COLLECTIVE

TRENDS IN ABORTION

# The U.S. abortion rate reached a historic low in 2017.




No. of abortions per 1,000 women aged 15–44

www.guttmacher.org

WOMEN'S HEALTH COLLECTIVE

# WHO IS A CANDIDATE FOR A LARC?

WOMEN'S HEALTH COLLECTIVE

# IUD PROS AND CONS

## YAY

- Highly effective and easily reversible
- Very few CIs to placement (think uterine anomaly)
- Appropriate for nulliparous women, adolescents, and peri/postmeno
- Higher rates of satisfaction and compliance vs short acting contraceptives
- Low expulsion rates
  - LNG IUD 3.3%
  - Cu IUD 9.2%
- No increased risk of PID
- Local effect, not systemic (will not decrease systemic T)

## NAY

- Requires office visit to insert and remove
- Pain with insertion
- Limited data re: sexual side effects
  - CHOICE Project: no difference in desire
- LNG is androgenic, targets the AR
- Several reports/studies showing increased vaginal complaints/vaginitis with IUDs
- CU IUD shows increased in uterine bleeding and dysmenorrhea

WOMEN'S HEALTH COLLECTIVE

# IMPLANT PROS AND CONS

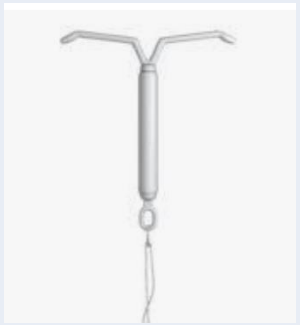
## YAY

- Prospective studies x 2 show improvement in FSFI/sexual function
- Low doses of circulating progestin suppresses ovulation
- Ease of placement (think pts with vaginismus or h/o abuse)

## NAY

- Does not have a significant impact on suppression of systemic estradiol
  - Explaining AUB (11%)
- Mood swings (2.3%)
- Weight gain (2.3%) (2.8lbs after 1yr, 3.7lbs after 2 yrs)
- Acne (1.3%)
- Requires training by Organon prior to ordering

WOMEN'S HEALTH COLLECTIVE

| Product | Device | FDA Approved Duration | FDA Approved Indication | Mechanism of Action |
|---|---|---|---|---|
| Etonogestrel Subdermal Implant<br>• Nexplanon 68mg |  | • 3 yrs | Contraception | Suppresses ovulation, increases viscosity of cervical mucous, alters endometrial lining |
| Levonorgestrel IUD<br>• Skyla 13.5mg (28x30mm)<br>• Kyleena 19.5mg<br>• Liletta 52mg (32x32mm)<br>• **Mirena 52mg** |   | • 3 years<br>• 5 years<br>• 8 years<br>• 8 years | • Contraception<br>• Contraception<br>• Contraception<br>• Contraception/ **Menorrhagia (5 years)** | Thickens cervical mucous, alters endometrial lining impairing implantation, may inhibit binding of sperm and egg |
| Copper IUD<br>• Paragard |  | • 10 years | Contraception (off label emergency contraception) | Copper ions toxic to sperm |

# LARC CONTINUATION RATES FROM THE CHOICE PROJECT

| Method | 1 Year | 2 Year | 3 Year |
|---|---|---|---|
| LNG IUD | 87.3 | 76.7 | 69.8 |
| Copper IUD | 84.3 | 76.2 | 69.7 |
| Implant | 81.7 | 68.7 | 56.2 |
| LARC methods overall | 85.8 | 75.2 | 67.2 |
| Non-LARC methods overall | 55.8 | 39.5 | 31.0 |

WOMEN'S HEALTH COLLECTIVE

# NON CONTRACEPTIVE COC HEALTH BENEFITS

Maguire K, et al AJOG 2011

- Menorrhagia/Heavy menstrual bleeding/Anemia
  - 40% decrease in blood loss after 3 months of use
- Dysmenorrhea
  - 66% decreased cramping
  - Low-dose pills improve menstrual pain over time
- Regulates bleeding pattern
- Ovarian cysts
- Cancer prevention
  - Ovarian, endometrial, colon

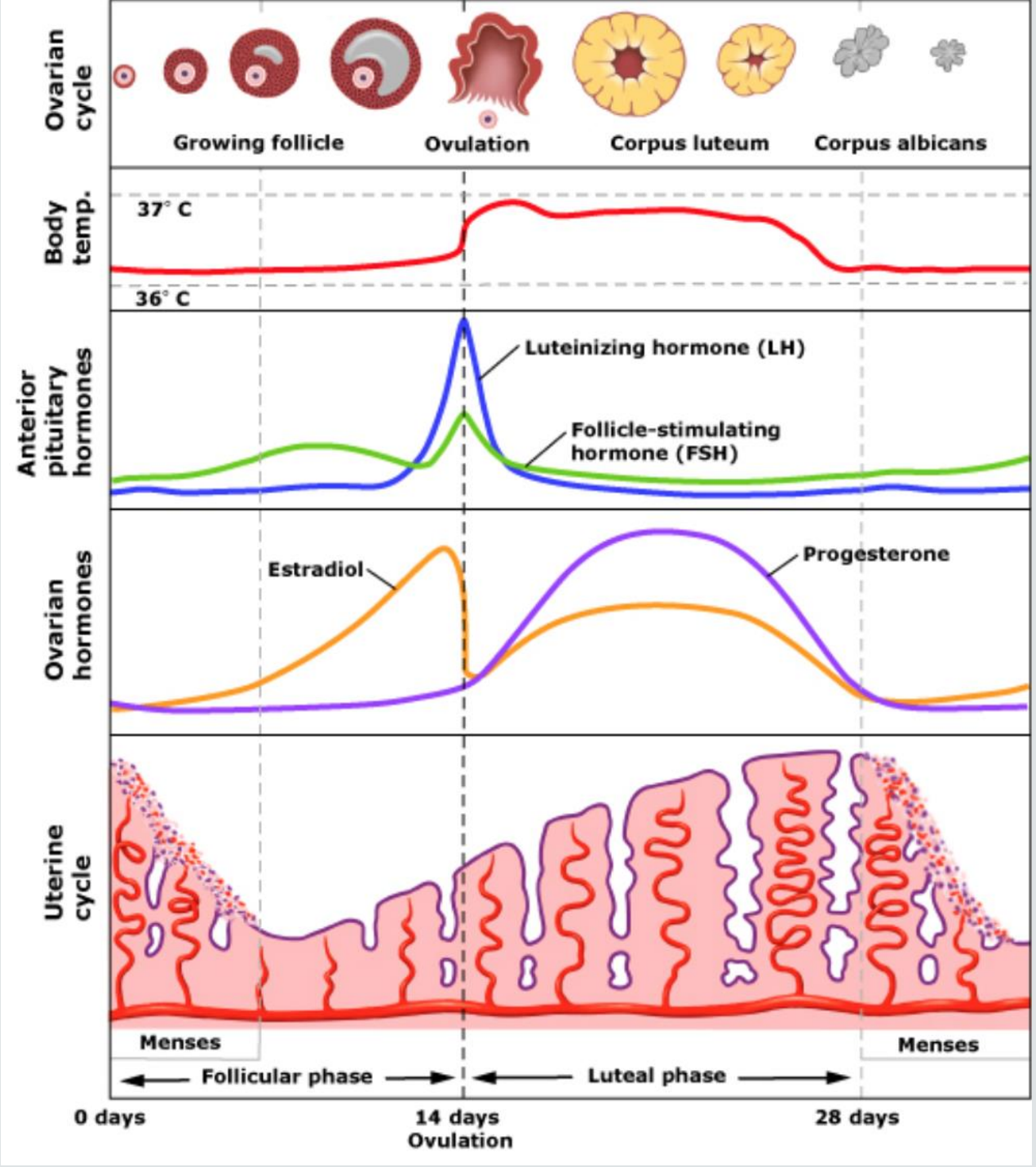
WOMEN'S HEALTH COLLECTIVE

# NON CONTRACEPTIVE COC HEALTH BENEFITS

Maguire K, et al AJOG 2011

- Bone
  - Women in their 40s show a 25% decrease in hip fractures later in life
  - Dose related effect on BMD
- Fibroids
  - Pain management and control of AUB related to leiomyoma
- PMDD
  - Most data on drospirenone containing OCPs
- Acne
  - Increased SHBG resulting in decreased free testosterone
  - 50% decrease in inflammatory lesions

WOMEN'S HEALTH COLLECTIVE




# MENSTRUAL CYCLE

WOMEN'S HEALTH COLLECTIVE

# The Takeaway: Know your OCP type

ISSWSH
International Society for the Study of Women's Sexual Health

- Almost all OCPs comprised of ethinyl estradiol
  - Stronger effect on hepatic (inc SHBG, HDL VLDL, Angiotensinogen)
  - more potent than estradiol, longer half life
  - 10, 20, 30, 35 mcg

| Estrogen | FSH | HDL-C | SHBG | CBG | Angio |
|---|---|---|---|---|---|
| $E_2$ | 100 | 100 | 100 | 100 | 100 |
| Estriol | 30 | 20 | | | |
| Estrone sulfate | 90 | 50 | 90 | 70 | 150 |
| CEE | 110 | 150 | 300 | 150 | 500 |
| Equilin sulfate | | 600 | 750 | 600 | 750 |
| **EE** | **12,000** | **40,000** | **50,000** | **60,000** | **35,000** |

Legend: Angio = angiotensinogen; CBG = cortisol-binding globulin;
CEE = conjugugated estrogens; EE = ethinyl estradiol; HDL-C = high density lipoprotein-cholesterol;
HF = hot flushes; SHBG = sex hormone-binding globulin.

WWW.ISSWSH.ORG

WOMEN'S HEALTH COLLECTIVE

# SHARED DECISION MAKING

- Individualize
  - Sexual history
  - Co-morbidities
  - Complex psychosocial and contextual factors
    - Stress, relationships, culture, interpersonal, body image, schedule, etc
  - Reproductive health goals
  - h/o tampon use?
  - Comfort with route of administration
  - Logistical and cost barriers
- ACOG has good video resources for shared decision making
- Address any misconceptions

WOMEN'S+ HEALTH COLLECTIVE

# MAIVE, 16 YEARS OLD

- Menarche at 12 years old
- Heavy menstrual bleeding and dysmenorrhea
- Frequency q 27-30 days, Duration 5-7 days
- Accompanied by her mom to today's visit
- Misses 2-3 days of school per month due to HMB and dysmenorrhea
- Denies being sexually active
- Hgb/Hct 12/36 (nml adolescent range 12-15/37-43)

WOMEN'S HEALTH COLLECTIVE

# PEDIATRIC LARC RECOMMENDATIONS

- ACOG
  - “LARCs have higher efficacy, higher continuation rates, and higher satisfaction rates compared with short-acting contraceptives among **adolescents** who choose to use them. Complications of intrauterine devices and contraceptive implants are rare and differ little between **adolescents** and women, which **makes these methods safe for adolescents**”
- AAP
  - “Pediatricians should counsel about and ensure access to a **broad range of contraceptive services for their adolescent patients**. This includes educating patients about all contraceptive methods that are safe and appropriate for them and describing the **most effective methods first**.”

WOMEN'S HEALTH COLLECTIVE

# CAN MINORS IN YOUR AREA CONSENT TO CONTRACEPTION?

## MOST STATES ALLOW MINORS TO CONSENT WITHOUT PARENTAL INVOLVEMENT

- 27 states and the District of Columbia explicitly allow all individuals to consent to contraceptive services or those at a specified age (such as 12 or 14) and older to consent to such care.
- 19 states allow only certain categories of people younger than 18 to consent to contraceptive services
- 4 states have no explicit policy or relevant case law

*https://www.guttmacher.org/state-policy/explore/overview-minors-consent-law

WOMEN'S+ HEALTH COLLECTIVE

# CURRENT POLICY IN YOUR STATE

In MI, people younger than age 18 may consent to:

| Contraceptive Services | STI Services | Prenatal Care | Adoption | Medical Care for Minor's Child | Abortion Services |
|---|---|---|---|---|---|
| Some | All | All | Parental consent | All | Parental consent |

https://www.guttmacher.org/state-policy/explore/overview-minors-consent-law

WOMEN'S HEALTH COLLECTIVE

# MAIVE

- Full discussion of risks, benefits and efficacy of each method as well as contraindications
- Maive and her mom participated in shared decision making and decided to proceed with oral contraceptives
- It is important to have discussion re: dosing/timing, expectations, potential side effects and what to do if she misses a pill
- Always use these opportunities to discuss safer sex and STI screening
- Follow up is scheduled for 3 months

WOMEN'S+ HEALTH COLLECTIVE

# Effectiveness of Family Planning Methods

**Most Effective**

Less than 1 pregnancy per 100 women in a year

6-12 pregnancies per 100 women in a year

18 or more pregnancies per 100 women in a year

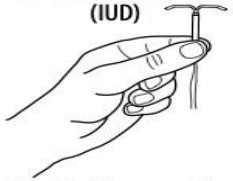
**Least Effective**

## Reversible

### Implant

0.05 %*

### Intrauterine Device (IUD)



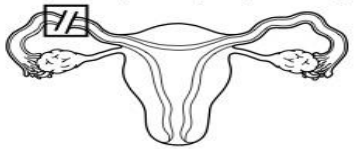
LNG - 0.2 %  Copper T - 0.8 %

## Permanent

### Male Sterilization (Vasectomy)

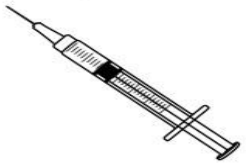
0.15 %

### Female Sterilization (Abdominal, Laparoscopic, Hysteroscopic)



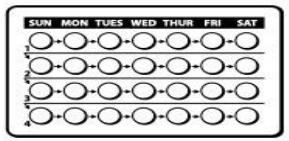
0.5 %

### Injectable



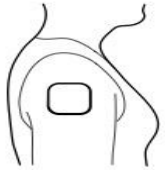
6 %

### Pill



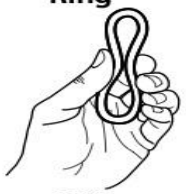

9 %

### Patch



9 %

### Ring

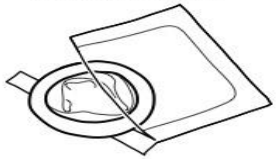


9 %

### Diaphragm

12 %

### Male Condom



18 %

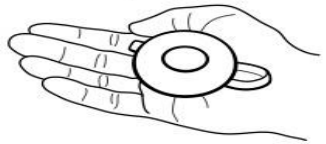
### Female Condom

21 %

### Withdrawal

22 %

### Sponge



24 % parous women
12 % nulliparous women

### Fertility-Awareness Based Methods


24 %

### Spermicide


28 %

* The percentages indicate the number out of every 100 women who experienced an unintended pregnancy within the first year of typical use of each contraceptive method.

**How to make your method most effective**

After procedure, little or nothing to do or remember.

**Vasectomy and hysteroscopic sterilization:** Use another method for first 3 months.

**Injectable:** Get repeat injections on time.

**Pills:** Take a pill each day.

**Patch, Ring:** Keep in place, change on time.

**Diaphragm:** Use correctly every time you have sex.

**Condoms, sponge, withdrawal, spermicides:** Use correctly every time you have sex.

**Fertility awareness-based methods:** Abstain or use condoms on fertile days. Newest methods (Standard Days Method and TwoDay Method) may be the easiest to use and consequently more effective.

CS 242797

**CONDOMS SHOULD ALWAYS BE USED TO REDUCE THE RISK OF SEXUALLY TRANSMITTED INFECTIONS.**

Other Methods of Contraception

**Lactational Amenorrhea Method:** LAM is a highly effective, temporary method of contraception.

**Emergency Contraception:** Emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy.

Adapted from World Health Organization (WHO) Department of Reproductive Health and Research, Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP). Knowledge for health project. Family planning: a global handbook for providers (2011 update). Baltimore, MD; Geneva, Switzerland: CCP and WHO; 2011; and Trussell J. Contraceptive failure in the United States. Contraception 2011;83:397–404.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

# MAIVE FOLLOW UP

- **3 months**
  - B/P WNL
  - Forgetting to take pill at same time every day – leading to breakthrough bleeding
  - Is now sexually active
    - Counsel regarding STIs
  - Discuss apps or reminders in phone to take pill at the same time
  - Also discuss other methods of contraception and bleeding control
  - She decided she would like to try a new app and work on taking it at the same time daily over the next few months

WOMEN'S HEALTH COLLECTIVE

# MAIVE FOLLOW UP

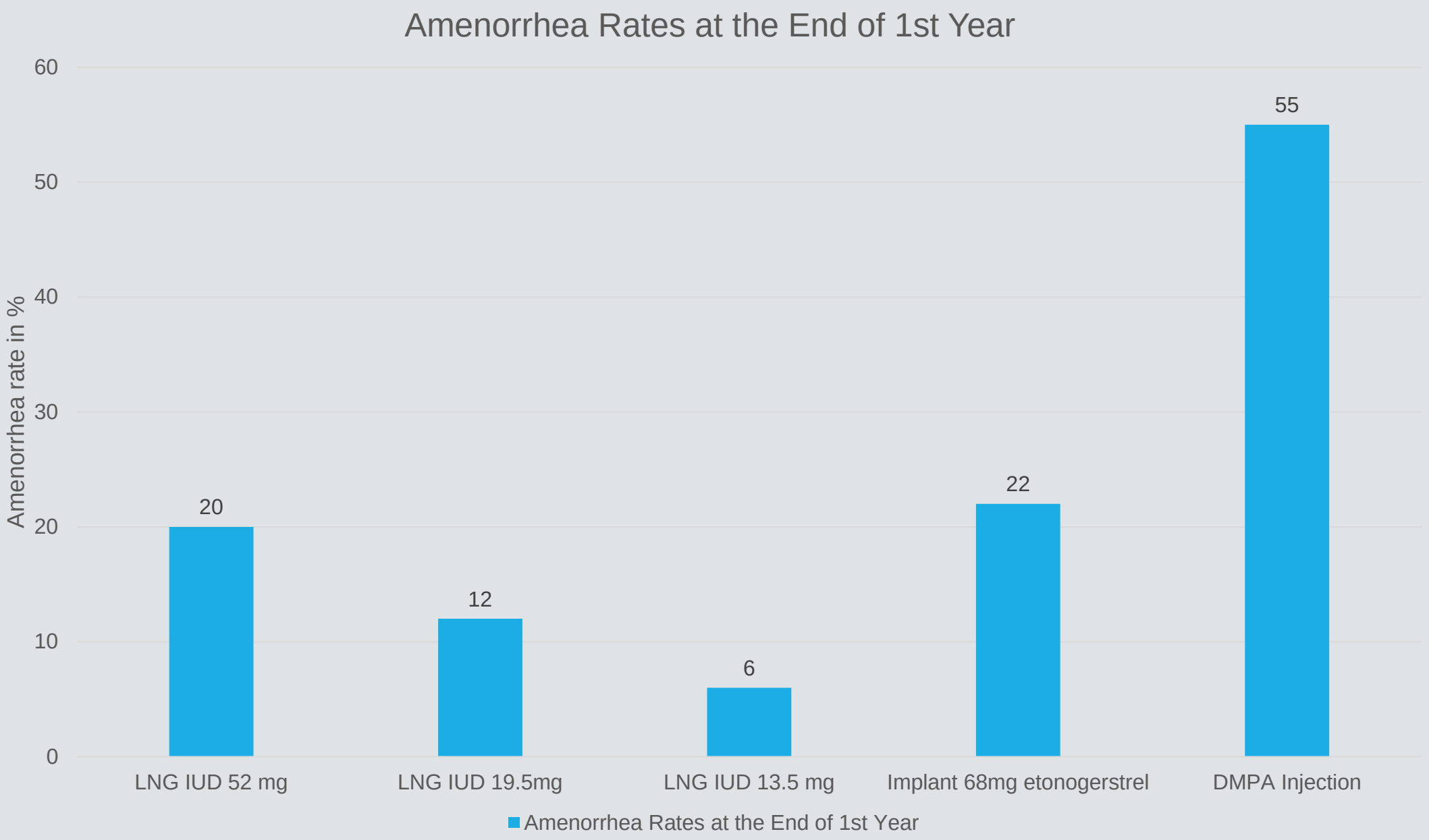
- **6 months**
  - B/P WNL
  - No longer having BTB, but still forgetting her pill often
  - Using condoms most of the time
    - Counsel regarding STIs
  - Discuss decreased efficacy with irregular use of the pill
  - Since she was forgetting so often, she stopped taking the pill completely about a month ago

WOMEN'S HEALTH COLLECTIVE

# POINTS TO CONSIDER

- Comfort with pelvic exam
  - Can patient use a tampon?
- Common side effects with each LARC
- History of keloid formation?
- Contraindications:
  - Pregnancy
  - Known or suspected breast cancer
  - Abnormal uterine morphology (IUD)
  - Acute pelvic inflammatory disease (IUD)
  - Hypersensitivity


WOMEN'S HEALTH COLLECTIVE

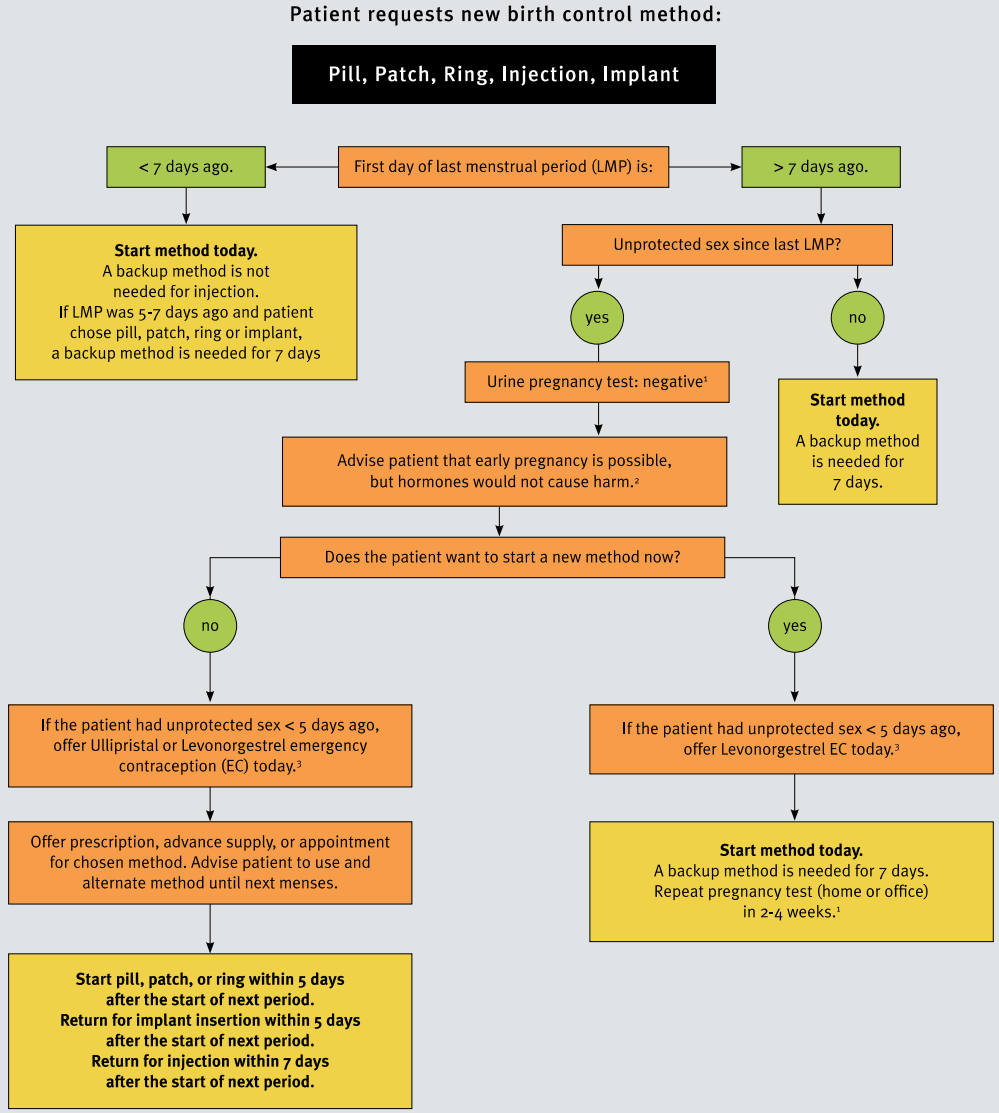



WOMEN'S HEALTH COLLECTIVE

- Maive’s LMP was about 2 weeks ago
- She has not had unprotected sex since her LMP
- Does she need back up contraception after implant?

WOMEN'S+ HEALTH COLLECTIVE

# Quick Start Algorithm for Hormonal Contraception[2]




1 If pregnancy test is positive, provide options counseling.

2 CDC advises that benefits of starting contraceptive likely exceed risk of early pregnancy.

3 For patients with body mass index over 25, levonorgestrel EC works no better than placebo. Ulipristal EC has higher efficacy than levonorgestrel EC for those who had unprotected sex 3-5 days ago. Because hormones may decrease the efficacy of ulipristal, the new method should be started no sooner than 5 days after ulipristal. Consider starting injection/IUD/implant sooner if benefit outweighs risk.

# REPRODUCTIVE HEALTH ACCESS PROJECT – QUICK START ALGORITHM

WOMEN'S+ HEALTH COLLECTIVE

# COMPARING LARCS

| LARC | Size | FDA Approved length of use | FDA Approved for HMB |
|---|---|---|---|
| Nexplanon (68 mg subdermal etonogestrel implant) | 4 cm long, 2 mm diameter | 3 years | |
| Paragard (Cu-IUD) | 32 mm x 36 mm | 10 years | |
| Mirena (*LNG-IUD, 52 mg) | 32 mm x 32 mm | 8 years | ✓ |
| Liletta (LNG-IUD, 52 mg) | 32 mm x 32 mm | 8 years | |
| Kyleena (LNG-IUD, 19.5 mg) | 28 mm x 30 mm | 5 years | |
| Skyla (LNG-IUD, 13.5 mg) | 28 mm x 30 mm | 3 years | |

*LNG = Levonorgestrel
FDA: https:/www.accessdata.fda.gov

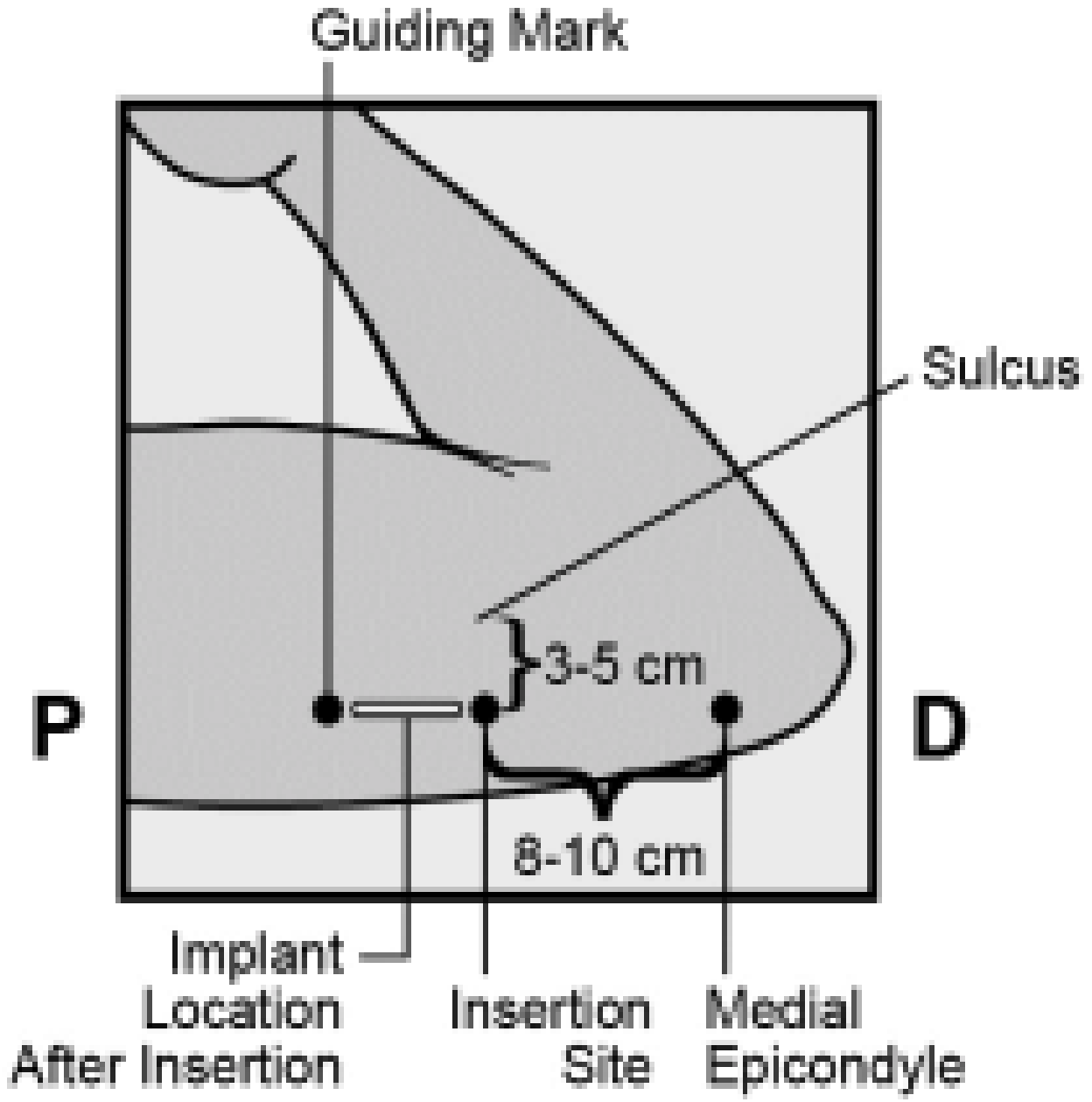
WOMEN'S HEALTH COLLECTIVE

# IMPLANTING ETONOGESTREL IMPLANT

1: Lying on back with non-dominant arm flexed at elbow and externally rotated so hand is under head

2: ID insertion site 8-10 cm proximal to medial epicondyle and 3-5 cm posterior to (below) sulcus between biceps and triceps (so overlying triceps)

3: Use surgical marker to mark insertion site and a spot 5cm proximal for guide



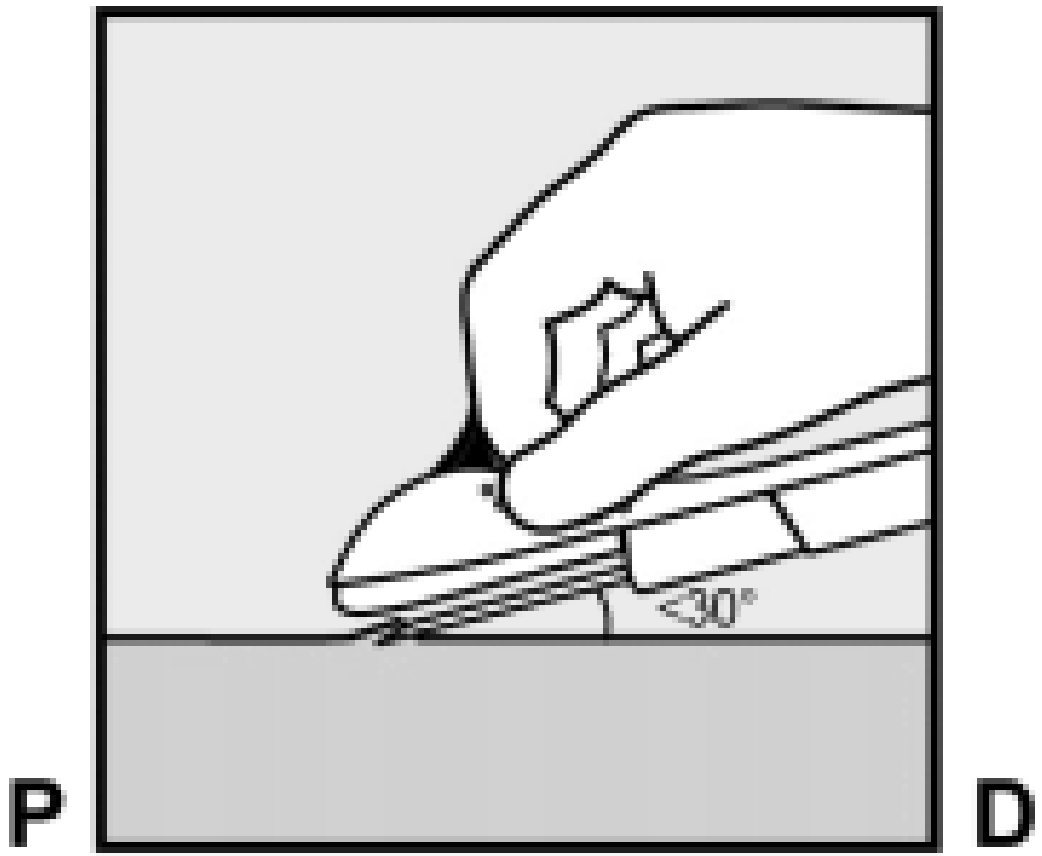
# IMPLANTING ETONOGESTREL IMPLANT

4: Clean with antiseptic solution from insertion site to guide mark

5: Anesthetize insertion area

6: Remove protection cap and view white implant inside tip of needle

7: Puncture skin with tip of needle slightly angled < 30 degrees




WOMEN'S HEALTH COLLECTIVE

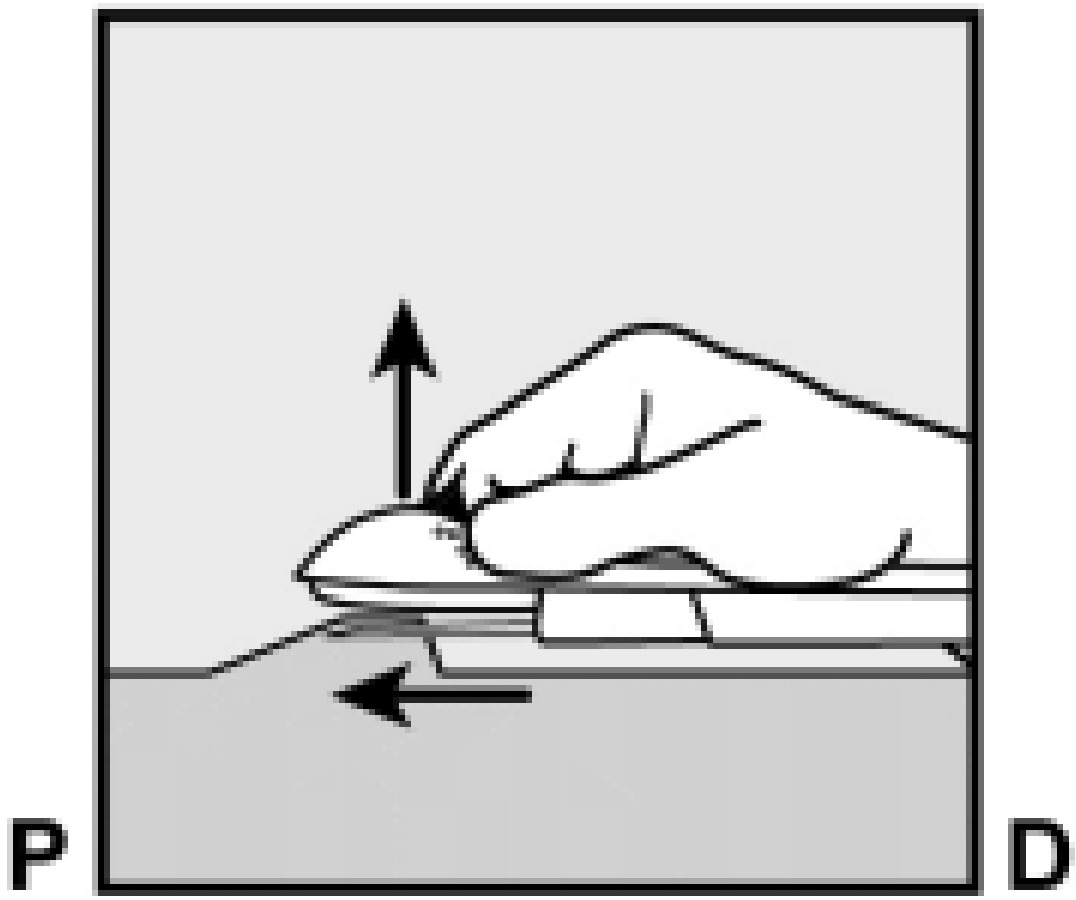
# IMPLANTING ETONOGESTREL IMPLANT

8: Insert until bevel is just beneath skin, then lower applicator to horizontal position and lift

9: Unlock the purple slider by pushing it slightly down and pulling it fully back

10: Apply butterfly bandaid or steri-strip

11: apply pressure bandage to be left in place clean and dry for 24 hours




WOMEN'S+ HEALTH COLLECTIVE

# MAIVE FOLLOW UP

- **1 year**
  - Very happy with her choice of the implant
  - Over the past 6 months she has been diagnosed with Bipolar II Disorder
  - She was started on Lamotrigine
- Can she continue this method of contraception?
- Are there any new recommendations based on the addition of this new medication?

WOMEN'S HEALTH COLLECTIVE

# MEDICAL ELIGIBILITY CRITERIA FOR INITIATING CONTRACEPTION

| Condition | Sub-Condition | Cu-IUD | LNG-IUD | Implant | DMPA | POP | CHC |
|---|---|---|---|---|---|---|---|
| Anticonvulsant therapy | a) Certain anticonvulsants (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine) | 1 | 1 | 2* | 1* | 3* | 3* |
| | b) Lamotrigine | 1 | 1 | 1 | 1 | 1 | 3* |

| Key: | |
|---|---|
| 1 No restriction (method can be used) | 3 Theoretical or proven risks usually outweigh the advantages |
| 2 Advantages generally outweigh theoretical or proven risks | 4 Unacceptable health risk (method not to be used) |

https://www.cdc.gov/reproductivehealth/contraception/pdf/summary-chart-us-medical-eligibility-criteria_508tagged.pdf

WOMEN'S HEALTH COLLECTIVE

# MEC APP


WOMEN'S HEALTH COLLECTIVE

# ZURI

| | |
|---|---|
| **Patient History** | ▪ **42 and recently single**<br>▪ **Previous husband had a vasectomy**<br>▪ **Cycles becoming variable – frequency ranging every 3-6 weeks**<br>▪ **She considers her flow to be normal**<br>▪ **HTN controlled (124/78)**<br>▪ **12 pack year history – quit smoking 10 years ago**<br>▪ **Migraines with aura**<br>▪ **G2P2**<br>▪ **BMI 31kg/m$^2$** |
| Current medications | ▪ Lisinopril 10mg qd<br>▪ M=Ca 600mg with Vitamin Dr 1000 IUs |
| Contraceptive history | ▪ Infertility – conceived twice with IUI<br>▪ Used OCPs x 5 yrs prior to trying to conceive |

WOMEN'S HEALTH COLLECTIVE

# ZURI

- **Shared decision making**
  - Decrease risk of unintended pregnancy
  - Not interested in a permanent option
  - Discuss hormonal impact on blood pressure
  - Variable cycle length
  - Discuss risks of hormone use with migraines
  - STI counseling/testing
  - Previous infertility – dispel myths
- Zuri is very interested in a LARC
  - Discuss differences, common side effects (copper vs LNG), and implant
  - Remind increased risk of IUD displacement with use of menstrual cup

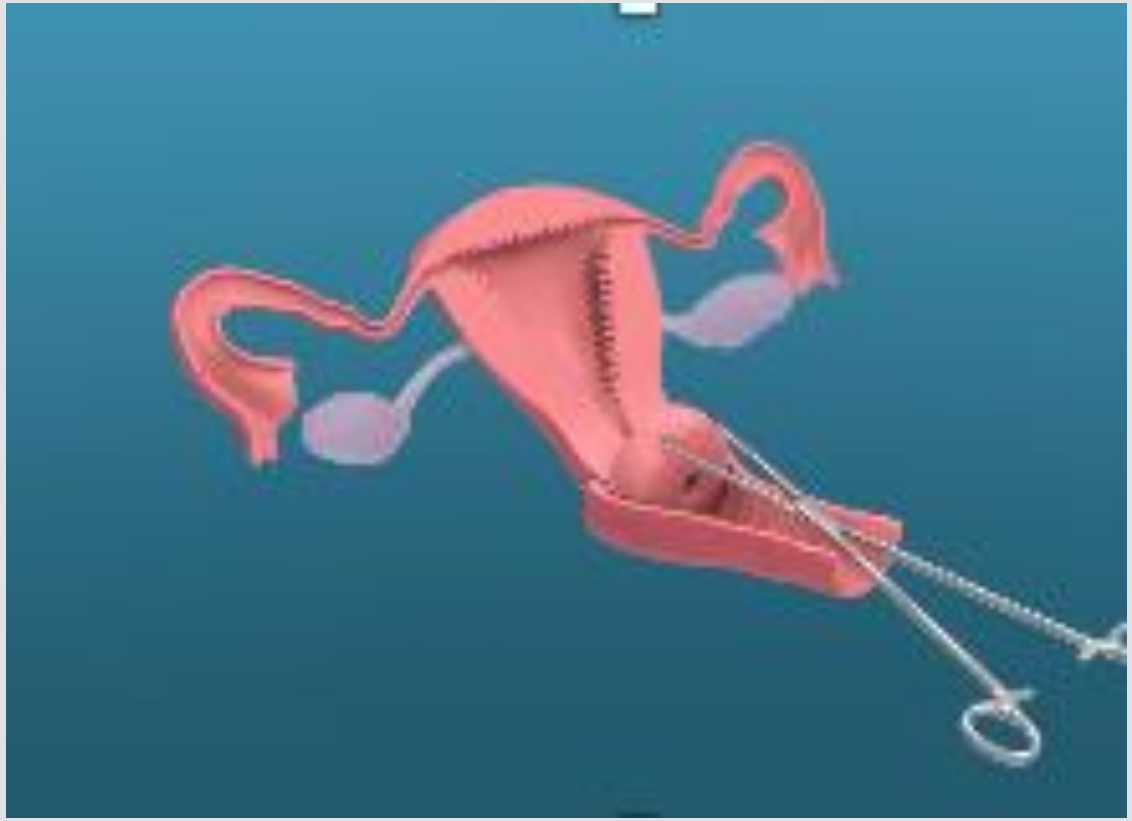
WOMEN'S+ HEALTH COLLECTIVE

# MEDICAL ELIGIBILITY CRITERIA

| Condition | Sub-Condition | Cu-IUD | | LNG-IUD | | Implant | | DMPA | | POP | | CHC | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | I | C | I | C | I | C | I | C | I | C | I | C |
| Hypertension | a) Adequately controlled hypertension | 1* | | 1* | | 1* | | 2* | | 1* | | 3* | |
| | b) Elevated blood pressure levels (*properly taken measurements*) | | | | | | | | | | | | |
| | i) Systolic 140-159 or diastolic 90-99 | 1* | | 1* | | 1* | | 2* | | 1* | | 3* | |
| | ii) Systolic ≥160 or diastolic ≥100‡ | 1* | | 2* | | 2* | | 3* | | 2* | | 4* | |
| | c) Vascular disease | 1* | | 2* | | 2* | | 3* | | 2* | | 4* | |
| Headaches | a) Nonmigraine (mild or severe) | 1 | | 1 | | 1 | | 1 | | 1 | | 1* | |
| | b) Migraine | | | | | | | | | | | | |
| | i) Without aura (includes menstrual migraine) | 1 | | 1 | | 1 | | 1 | | 1 | | 2* | |
| | ii) With aura | 1 | | 1 | | 1 | | 1 | | 1 | | 4* | |

WOMEN'S HEALTH COLLECTIVE

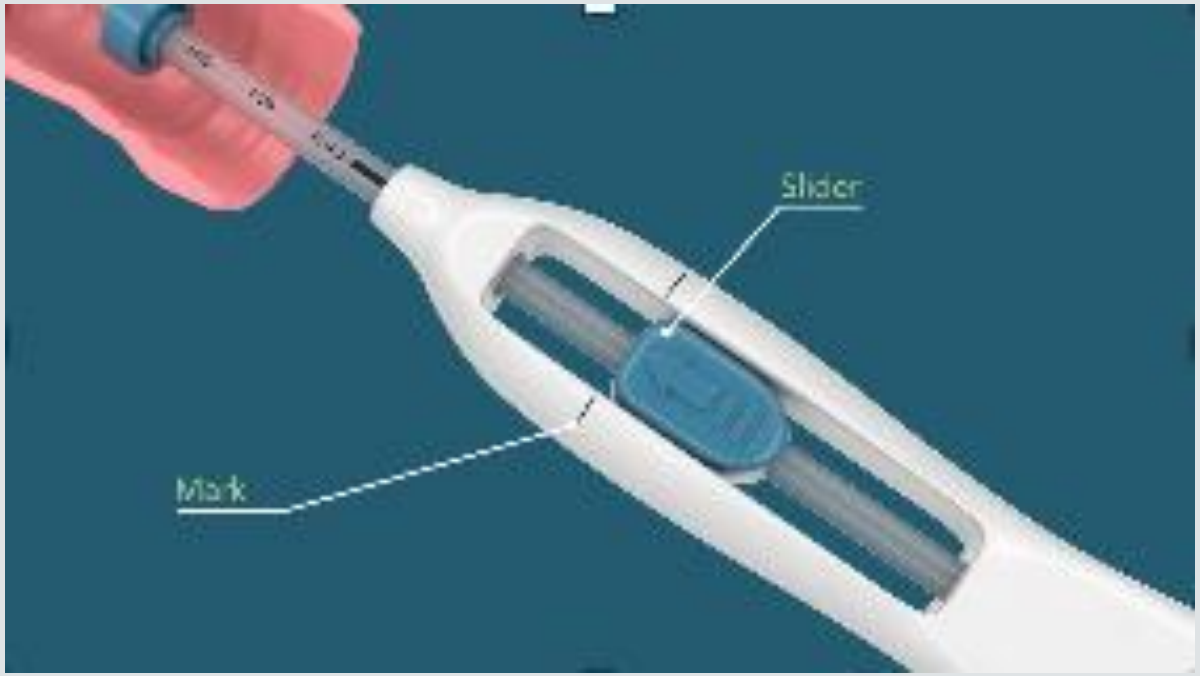
# IUD INSERTION TECHNIQUE



- Insert appropriately sized speculum (gracious use of lube)
- Apply antiseptic to cervix
- Tenaculum gently placed at anterior or posterior lip of cervix
- Gentle traction to align uterine cavity
- Sound to note uterine depth with metal or plastic sound
- Maintain sterility of portion to enter uterine cavity (use packaging to move flange)

WOMEN'S HEALTH COLLECTIVE

# IUD INSERTION TECHNIQUE




- Insert IUD to either:
  - 2cm prior to depth set on flange
  - To fundus, then withdraw 2cm
- Pull back slider to marks on the insertion device deploying arms into cavity
- Advance device to fundus as noted on flange
- Then pull slider entirely back to the bottom of the window
- Slowly remove insertion device
- Cut strings to 3-4 cm

WOMEN'S HEALTH COLLECTIVE

# CHALLENGING IUD INSERTION TIPS

- Consider repositioning – farther down on table, larger speculum, moving light
- Use tenaculum – may also reposition based on angle of uterus
- Use dilators
- Consider misoprostol, NSAIDs, anxiolytics, nitrous oxide
- Consider referral and insertion under sedation/imaging
- Consider ultrasound, MRI, CT after difficult insertion if concerns for perforation

WOMEN'S+ HEALTH COLLECTIVE

# ZURI RECOMMENDATIONS AND MONITORING

- Zuri proceeded with LNG 52mg IUD insertion
- Recommend follow up within 1-3 months
  - Assess response/satisfaction
  - Check strings
  - Assess B/P, migraines
  - Address sexuality/STI testing again
- Check strings at home after each bleed or prn
- Annual strings checks in the clinic

WOMEN'S+ HEALTH COLLECTIVE

# ZURI FOLLOW UP

- Zuri returns 6 years after insertion (now 48 yrs old)
- No concerns with IUD – has been happy with her response – rare and light bleeding only
- New male partner – he has also had a vasectomy
- Migraines and B/P still well controlled
- Is she a candidate for another LNG IUD?

WOMEN'S+ HEALTH COLLECTIVE