

Whole Person Contraceptive Counseling

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Objectives:

1. Contraceptive options
2. Benefits vs. risks
3. Mechanism explained
4. Counseling
5. Individualized approach
6. Social media impact

Counseling

- Help individuals meet THEIR goals
- Include all of the information for informed decisions
- Shared decision making
- Offer a menu of options
- Discuss effectiveness
- Consider reproductive goals

PATH questions: pregnancy attitudes, timing, how important is prevention of pregnancy.

- Do you want (more) children at some point?
- When do you think that might be?
- How important is prevention until then?

Consider the individual

Any contraindications?

- a. Smoking status, VTE, migraine with aura

World Health Organization Medical Eligibility Criteria for Contraceptive Use and the US Medical Eligibility Criteria for Contraceptive Use are freely available.

Have the conversation

1. What is important to you?
2. Any idea how long you want the method to work?
3. Do you know what your preference is?
4. Do you have any concerns about the method?
5. Do you need to control symptoms and contraception?





Have the conversation

1. How effective is the method?
 - a. Discuss this clearly
 - b. Visual aids are helpful
 - c. Consider abortion acceptability and access
2. Will it impact bleeding?
3. Other side effects to consider
4. Non contraceptive benefits
5. Impact on sexual health
6. Effect on future fertility

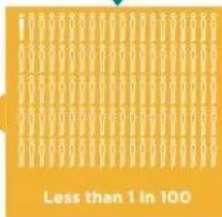
HOW WELL DOES BIRTH CONTROL WORK?

What's your chance of getting pregnant in a year?

★★★★★
Really, really well

Works as birth control... Up to 5 years Up to 8 years Up to 12 years Forever

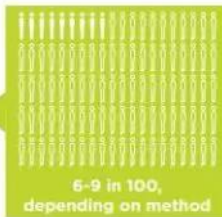


★★★★☆
Really well






For it to work best, use it... Every day Every week Every month Every 3 months



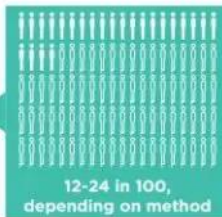
★★★☆☆
Pretty well






Can be used alone or with another method for STI protection.

For each of these methods to work, you or your partner have to use it every time you have sex.



More than 85 in 100 without birth control.



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¿QUÉ TAN BIEN FUNCIONAN LOS ANTICONCEPTIVOS?

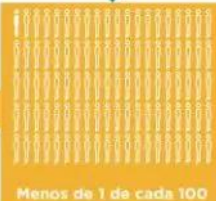
Muy, muy bien



Funciona como un método de anticonceptivo...

			
El implante	El DIU hormonal	El DIU de cobre	Esterilización
Hasta 5 años	Hasta 8 años	Hasta 12 años	Para siempre

¿Qué riesgo tengo de quedar embarazada en un año?



Muy bien



Para que funcione mejor, úsalo...

			
La pastilla	El parche	El anillo	La inyección
Cada día	Cada semana	Cada mes	Cada 3 meses



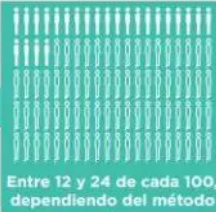
Bastante bien



Para que estos métodos funcionen, debes usarlos cada vez que tengas relaciones sexuales.

			
Eyacular fuera	Conocimiento de la fertilidad	El condón interno	El condón externo

Se puede usar sólo o junto con cualquier otro método para proteger de las ITS.



Más de 85 de cada 100 sin anticonceptivos.



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Mis and disinformation in media

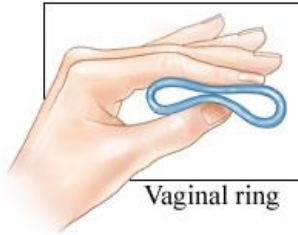
Social media is a platform for entertainment and for some education. Mis and disinformation impacts patient opinion. It is best to not dismiss what they have learned. Instead inform of the desire to give the most up to date information so they can make an informed decision for themselves. Acknowledging that it does not always align with what they have seen or heard. They should be given an opportunity to share what they have learned so this can be discussed as how this informs their decision making. Take time for this dynamic discussion.

Clinician Bias

Be cautious of bias.

Clinicians might not counsel on methods they have less experience with or do not provide in their clinic.

Oral Contraceptives



Vaginal ring



Birth control pills



Birth control patch

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Table 1

Summary of Selected Currently Available Oral Contraceptives in the United States

Type	Progestin/estrogen	Brand	Progestin (mg)	Estrogen (mcg)	Packaging Notes
Combination Extended Cycle					
Levonorgestrel/ethinyl estradiol (EE)	Jolessa		0.15	30	
	LoSeasonique		0.1 none	20 10	84 active 7 inactive
	Seasonale		0.15	30	
	Seasonique		0.15 none	30 10	84 active 7 inactive
Combination Monophasic					
Norethindrone/EE, ferrous fumarate	Generess Fe		0.8	25	
	Junel Fe 1/20 ^{ab}		1	20	
	Junel Fe 24		1	20	24 active 4 inactive
	Lo Loestrin Fe		1 none	10 10	24 active 2 active
Norethindrone/EE	Junel 21 1/20 ^{ab}		1	20	
	Necon 0.5/35 ^c		0.5	35	
Levonorgestrel/EE	Lessina		0.1	20	
	Portia		0.15	30	
Norgestrel/EE	Low-Ogestrel		0.3	30	
	Ogestrel 0.5/50		0.5	50	
Desogestrel/EE Drospirenone/EE	Apri ^d		0.15	30	
	Yasmin ^e		3	20	
	Yaz		3	20	
Norgestimate/EE	Sprintec ^f		0.25	35	
Combination Monophasic With Folate					
Drospirenone/EE, Levomefolate calcium 451 mcg (active and inactive)	Beyaz		3	20	24 active 4 inactive
Combination Biphasic					
Norethindrone/EE	Necon 10/11		0.5	35	10 active
			1	35	11 active
Desogestrel/EE	Kariva		0.15	20	21 active
			none	10	5 active
Combination Triphasic					
Desogestrel/EE	Cyclessa		0.1	25	7 active
			0.125	25	7 active
			0.15	25	7 active
Norethindrone/EE	Necon 7/7/7 ^g		0.5	35	7 active
			0.75	35	7 active
			1	35	7 active
Norgestimate/EE	Ortho Tri-Cyclen ^h		0.18	35	7 active
			0.215	35	7 active
			0.25	35	7 active
	Ortho Tri-Cyclen Lo		0.18	25	7 active
			0.215	25	7 active
			0.25	25	7 active
Levonorgestrel/EE	Enpresse		0.05	30	6 active
			0.075	40	5 active
			0.125	30	10 active
Progestin Only					
Norethindrone	Camilla ⁱ		0.35	none	

Note: This is a summary of available products; for an exhaustive list, see Reference 32. ^a Also available as 1.5/30. ^b Also marketed as Microgestin. ^c Also available as 1B3. ^d Also marketed as Desogen and Reclipsen. ^e Also marketed as Ocella. ^f Also marketed as Ortho-Cyclen and Mononessa. ^g Also marketed as Norel 7/7/7 and Ortho-Novum 7/7/7. ^h Also marketed as Tri-Sprintec and Trinessa. ⁱ Also marketed as Errin, Jolivet, Nor-QD, Nova-be, Ortho Micronor. Fe: iron. Source: Reference 32.

Considerations in mechanism

Androgenic Activity of Progestins:

High androgenic activity: Norgestrel, Levonorgestrel

Moderate androgenic activity: Norethindrone

Little androgenic activity: Desogestrel, Norgestimate

Antiandrogenic and antimineralocorticoid activity: Drospirenone

Adverse Effects: Estrogen

Side effects most often related to estrogen:

Menstrual irregularities, headaches, nausea/vomiting, breast tenderness, weight gain, VTE risk, mood changes

Too High: nausea, headache, bloat, blood pressure changes, breast tenderness

Too Low: spotting, breakthrough bleeding (1-14)

Adverse Effects: Progestin

Side effects most often related to progestin:

Menstrual irregularities, water retention/weight gain, acne, hirsutism, mood changes, fatigue, headache

Too High: breast tenderness, fatigue, headache, mood changes

Too Low: Late cycle breakthrough bleeding (15-28)

Table 4

Managing Adverse Effects

Adverse Effect	Management Strategy
Bloating/fluid retention	<ul style="list-style-type: none">• Reduce estrogen dose• Change to progestin with mild diuretic effect (drospirenone)
Breakthrough bleeding	<ul style="list-style-type: none">• If EE dose 20 mcg, increase to maximum of 35 mcg• Change progestin if already taking EE dose of 30-35 mcg
Breast tenderness	<ul style="list-style-type: none">• Reduce estrogen or progestin dose• Change progestin (less androgenic with less water retention)• Consider OC with drospirenone
Dysmenorrhea	<ul style="list-style-type: none">• Extended-cycle regimen to decrease frequency of bleeding
Headache	<ul style="list-style-type: none">• Reduce estrogen dose and/or change progestin• If during hormone-free week, can consider extended-cycle OC
Nausea	<ul style="list-style-type: none">• Reduce estrogen dose• Take with food or at bedtime• Consider progestin-only contraceptive

EE: ethinyl estradiol; OC: oral contraceptive.

Source: Reference 18.

Long acting reversible contraceptives

Highly reliable, easy to use, cost effective, non surgical option to prevent pregnancy as effective as surgical sterilization.

Options: IUD hormonal and non hormonal and Implant

IUD Mechanism of Action

Foreign body effect: sterile inflammatory reaction occurs which is toxic to sperm and ova.

Copper: the addition of copper enhances cytotoxic inflammatory response within the endometrium prevents fertilization by impacting sperm migration and viability.

Levonorgestrel (LNG): the addition of LNG thickens cervical mucus, causes endometrial decidualization and glandular atrophy

IUD Mechanism of Action

Ovulation:

Copper IUDs do not impact ovulation.

LNG IUD users are mostly ovulatory.

With initial insertion ovulation may decrease then returns to normal over time. During the first year of LNG 52mg IUD users ovulated in 45% of cycles while lower dose IUDS ovulated in 88-97% of cycles

NOT an abortifacient: There are no studies that show IUDs disrupt implanted pregnancy

IUD Benefits and Risks

Benefits:

Effective >99% effective in preventing pregnancy

Easy to use, don't need to remember to take it

Long acting, lasts up to 10yrs

Reversible, removal is easier than placement

Ok for nulliparous and teens,

Reduced risk of endometrial cancer, cervical and ovarian cancer

Risk: complication or pregnancy with IUD is low. Insertion pain and complication can occur.

IUD Counseling

Copper:

Can result in a heavier more painful bleed

LNG:

Can result in a light menstrual cycle or no menstrual cycle at all

Locally acting (almost non hormonal)

IUD Placement

Many fear pain associated with placement:

Provide options:

Pre medication, lidocaine gel, cervical block or nitrous assist.

Consider alternatives:

A tenaculum is sometimes needed, other times a long Alice clamp can work and is less traumatic.

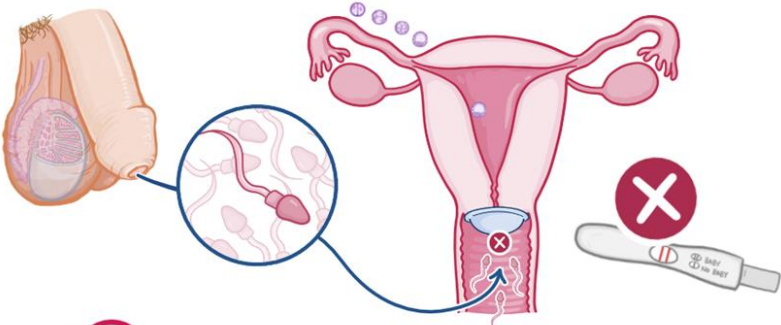
Arm Implant

Etonogestrel implant is a single rod progestin implant placed subdermally in the inner upper forearm. This has 68mg of circulating progestin and lasts 3yrs.

Mechanism: causes changes in cervical mucus and tubal motility. High doses also inhibit gonadotropin secretion thereby inhibiting follicular maturation and ovulation.

Bleeding pattern: who knows! It is all over the place.

Barrier methods




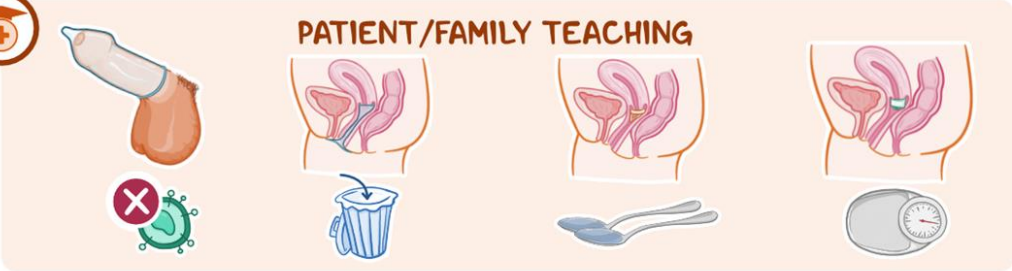
 **CHEMICAL**



 **PHYSICAL**



 **PATIENT/FAMILY TEACHING**



Non hormonal gel

Lactic acid + Citric acid + Potassium bitartrate Gel:

An on demand method of contraception in females of reproductive potential. Not effective when administered after intercourse.

Administration and Dosage: 1 prefilled single dose applicator 5g vaginally immediately before or up to one hour before each episode of intercourse

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6. Social media impact ✓

Resources

1. Krempasky C, Harris M, Abern L, Grimstad F. *Obstet Gynecol* 2020;222:134
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