

Teen-centered Contraception

Yolanda

17 year-old high school senior

Requests pregnancy test, birth control pill

Had unprotected sex 4 days ago

Urine pregnancy test is negative.

What do you do next?



Emergency Contraception:

Levonorgestrel (Plan B & other brands)



**Take at once, up to 5 days after unprotected sex.
Lowers risk of pregnancy by 58-89%**

Ulipristal acetate: a new emergency contraceptive option



**Decreases risk of
unintended pregnancy by about 90%**

**Maintains nearly full efficacy
up to 5 days after unprotected
intercourse**

Hormonal EC: Mechanism of Action



Inhibits ovulation

Does NOT cause abortion

Hormonal Contraceptives

What is needed before prescribing?

Medical history
REQUIRED



Pap smear
Pelvic/breast exam
STI testing
Hemoglobin
NOT REQUIRED

Blood pressure
RECOMMENDED



Hormonal Contraceptives

Which teens can't use estrogen?

Estrogen contraindications:

- Migraine with aura
- Uncontrolled hypertension
- Postpartum < 6 weeks
- History of DVT

Smoking: NOT a contraindication
in women/teens under age 35



Yolanda is eligible for the pill.

**When should she start?
How many refills
should we give her?**



Liz

19-year-old healthy college student

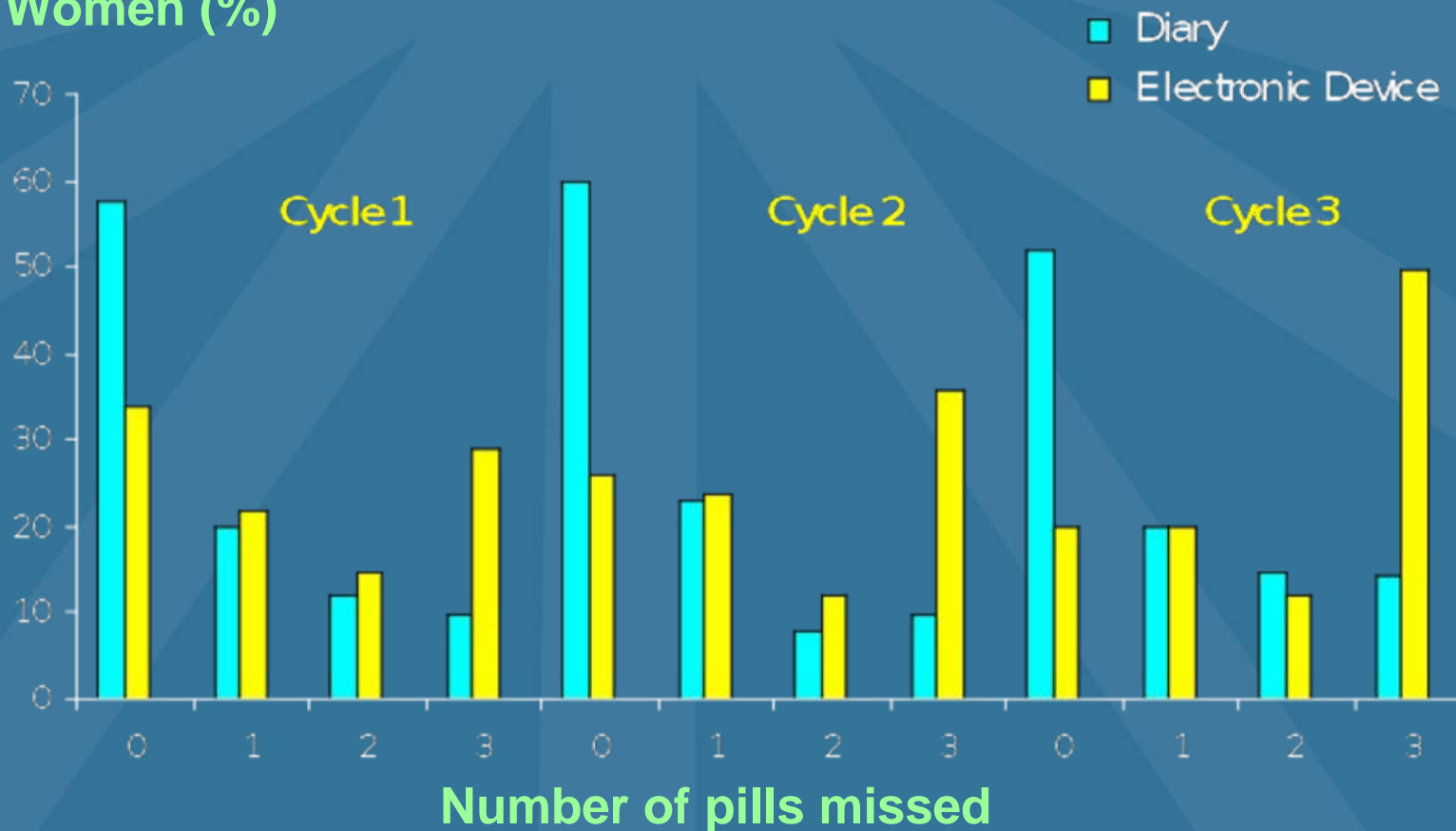
Takes oral contraceptive, but forgets pills often

Has trouble getting refills while at college, and now the pills are too expensive



Adherence with OCs: What Women Do!

Percent of Women (%)



Estrogen/progestin vaginal ring



- Active for at least 3 weeks
- Lowest estrogen dose: 15 mcg / day
- Same efficacy and contraindications as OCs
- May remove for up to 3 hours
- QuickStart same as with OCs



Estrogen / Progestin Patch



- 1 patch weekly for 3 weeks, then one week off
- Same efficacy & contraindications as OCs
- OK to shower, swim, exercise with patch on
- Failures in trials were in women over 198 pounds, but still rare
- Higher risk of clots? Conflicting studies...

Resa

16 years old

Doesn't want to get pregnant until she finishes school

Wants contraception that she can hide from her mom

What are her choices?



Progestin-Only Injection



Depo Provera & Bone Density

Weighing risks and benefits:

**No need to restrict
Depo Provera use**



Amy



18-year-old:

**New boyfriend
wants her to get
pregnant, but she
doesn't want a
child now.**



Intrauterine Devices

Which IUD is right for me?

	Copper IUD 	Progestin IUD 
Brand name	Paragard™	Mirena™
How long can you use it?	10-12 years	5-7 years
Does it contain hormones?	No	Yes: low dose of progestin (no estrogen)
Side effects	Heavy periods Cramps with your period	Spotting Less common: bloating, nausea, headaches, breast pain No period after a few months – this is not risky, and many women like it

IUD Myths Debunked

IUDs can be used safely by nulligravid women and teens!

IUDs DO NOT raise risk of PID.

IUDs DO NOT raise risk of infertility.

IUDs DO NOT raise risk of ectopic pregnancy.



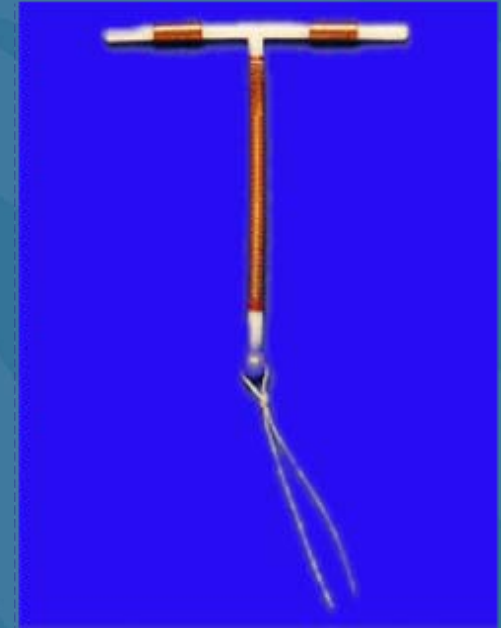
IUD Myths Debunked

IUDs DO NOT cause abortion.

OK to insert IUD at any point in the menstrual cycle.

OK to insert immediately post-partum or following surgical abortion

OK to test for STIs at time of insertion (& treat infections with IUD in place)



Progestin Implant

- Highly effective and rapidly reversible
- Discreet
- Not user-dependent
- Contain no estrogen
- Causes spotting



Counseling to Enhance Adherence

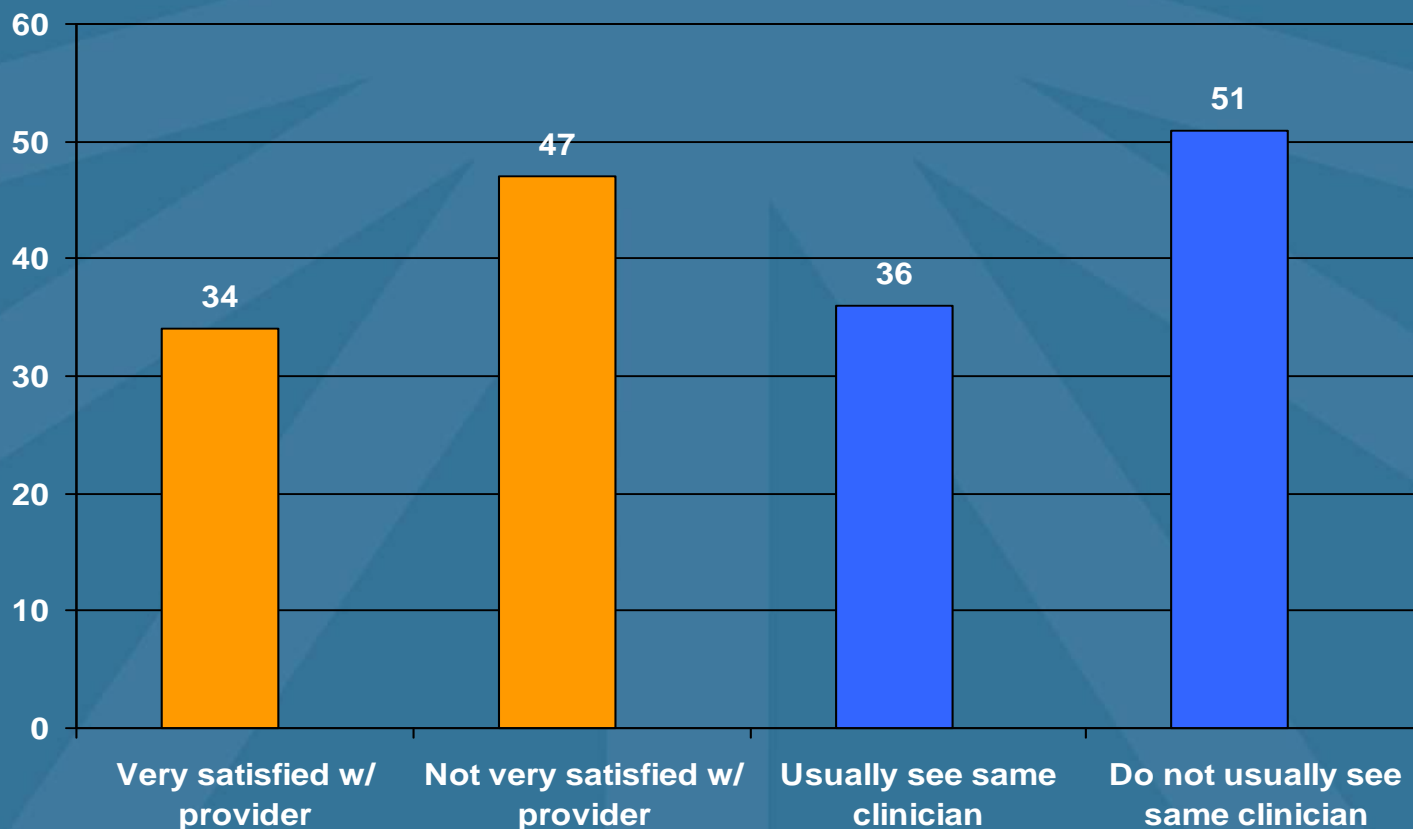


- **LISTEN** to her ideas about the best method.
- **EXPLORE** lifestyle issues that may impact adherence.
- **ENCOURAGE** her to call you with problems/concerns.



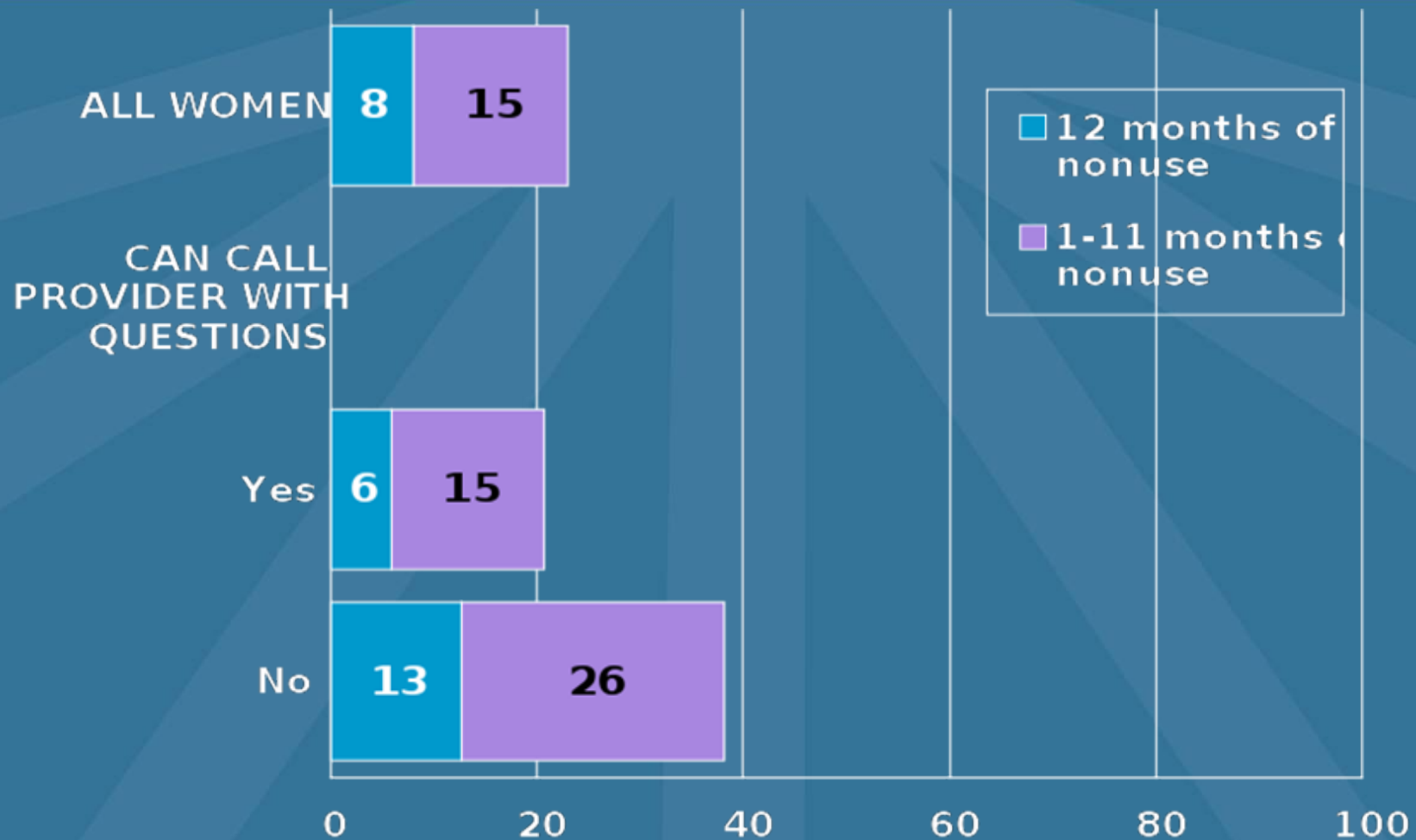


Inconsistent pill use is linked to: low level of satisfaction with provider & low continuity of care.



Percent of pill users who missed one or more pills during the past three months

Feeling unable to call a provider with questions is linked to contraceptive non-use.



% of at-risk women experiencing contraceptive non-use in the past year

Take-home message: Be pro-active with contraception!

DE-LINK pap smears from birth control prescriptions.

ROUTINELY prescribe 1-year supply with 3 packs at a time.

Use Quickstart.

Ask about contraceptive needs at all types of visits.

Emphasize high-efficacy methods, but honor women's choice whenever possible.



References and Resources

- Hatcher et al, Contraceptive Technology 2007
- Managing Contraception – book online @ www.managingcontraception.org
- Medical Eligibility Criteria for Contraceptive Use 2010 by WHO www.who.int/reproductive-health
- Association of Reproductive Health Professionals www.arhp.org
- Alan Guttmacher Institute www.agi-usa.org
- Planned Parenthood www.plannedparenthood.org
- The Cochrane Collaboration www.cochrane.org
- www.Not-2-Late.com
- Reproductive Health Access Project www.reproductiveaccess.org