CONTRACEPTION: CHOICES & OPTIONS

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Overview of unintended pregnancies/abortion
Communicating contraception
Contraceptive options
Evidence for LARC in Young Women

Unintended Pregnancy In Australia
51% of women responding to an Australian online survey indicated they had experienced an unplanned pregnancy

At the time of their unplanned pregnancy
63% were aged 24 years or younger

Approximately 200,000 unplanned pregnancies in Australia each year

21% of those were using more than one contraception method

Unintended Pregnancy & Motherhood
Interrupts education and uptake of work opportunities
Unexpected financial burden on the woman and her partner
Unplanned babies are at greater risk of adverse health outcomes
Higher risk of falling into or remaining in poverty

Outcomes Of Unintended Pregnancies

<table>
<thead>
<tr>
<th>OUTCOME</th>
<th>PERCENTAGE</th>
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<tbody>
<tr>
<td>MOTHERHOOD</td>
<td>56%</td>
</tr>
<tr>
<td>TERMINATIONS</td>
<td>29%</td>
</tr>
<tr>
<td>MISCARRIAGE</td>
<td>13%</td>
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<tr>
<td>ADOPTION</td>
<td>2%</td>
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Unintended Pregnancy & Motherhood

Abortion rate in 2003 was 19.7 per 1,000 women (15 - 44 yrs)

There: Medicare statistics provide a conservative estimate of elective terminations of pregnancy
The tail: Medicare statistics do not include abortions performed in public hospitals
In 2012, there were 61,593 rebates claimed for abortions performed

Synopsis

Acknowledged Contributions
Of Lynda Olive (MSD) And Jenny Leung In The Preparation of this Presentation
Contraception: Sub optimal Uptake?

Didn’t think they would get pregnant
Side effects and contraindications
Lack of partner support for contraception
Embarrassed to ask
Judgment affected by alcohol/drugs
Abuse/assault
Cost

Effective Communication / Counselling

Explore / Share / Promote positive behaviours
Motivational interviewing developed in 1970s by William Miller to address problem drinking

Essentials
Empathy and Reflective listening
Identifying discrepancies between behaviours and broader goals
Avoidance of confrontation/argumentation
Roll with resistance
Support self-confidence by increasing perceptions of ability to change

Applying ESP in Contraception

Explore any discrepancies between pregnancy intentions and contraceptive use
Desire to achieve or avoid pregnancy
Perceived risk of STIs
Contraceptive likes/dislikes
Consistency of use
What are some of the things that make it hard for you to use contraception?

Share information on physiology and contraceptive method use

Promote behaviours that reduce risk of unintended pregnancy/STIs

Steps for Effective Contraceptive Counselling

Tailor the counselling to the age and previous experiences
Education on transmission of STD
Anticipatory counselling in reference to side effects
Cover non-contraceptive benefits of hormonal contraception
Counter prevailing myths

Effectiveness of Contraceptives
Importance Of Informed Choice

Every patient has the right to receive accurate, balanced and comprehensive information

The increasing number of options increases the difficulty and responsibility for practitioners to provide full information

Contraceptive misuse is often a consequence of a lack of information and support

Contraception will be discontinued if women feel their opinions have not been heard

Medical Eligibility Criteria for the safe provision of contraception

MEC 1: No restriction on use of the method

MEC 2: Advantages generally outweigh the theoretical or proven risks

MEC 3: Theoretical or proven risks generally outweigh the advantages. Requires expert clinical judgement

MEC 4: Unacceptable risk if the method is used

Case study 1: Saida

Saida is a 23 year old woman requesting a repeat prescription of her combined contraceptive pill

On further questioning she tells you she is 1 week post parum and not keen to breast feed.

She used the COCP previously and is happy to get back on it as soon as possible.

She is a non-smoker, has no significant medical or surgical history and takes no regular medications. Her BMI is normal.

How would you manage this consultation?

Medical Eligibility Criteria (1)

Medical Eligibility Criteria (2)

Medical Eligibility Criteria (3)
Contraceptive options: Advantages & Disadvantages

Leonie is 18 year old presents wanting to discuss her contraceptive options.
Which method do you feel most comfortable prescribing/recommending as the sole method of contraception?
- Combined hormonal contraceptive (pill or ring)
- Progestogen only pill
- Contraceptive implant
- IUD
- Contraceptive injection
- Non hormonal barrier options – condoms diaphragms

What factors would influence your decision?

Doubling Up With Condoms And An Effective Contraceptive Method

Condoms are the best protection against STIs but have a typical ‘contraceptive’ failure rate of 18% in the first year of use. The failure rate includes failure to use them for every episode of intercourse.

Doubling up with another effective contraceptive method can reduce the risk of both pregnancy and STIs – this is known as dual protection.

Use Of Condoms/Contraception At First Intercourse

Adolescents who use condoms at their sexual debut are more likely to use condoms in later sexual encounters and experience fewer STIs than those who don’t.

EMERGENCY CONTRACEPTION

Case study 3: Jane

Jane is a 22 year old student who presents to her pharmacist for emergency contraception. She now presents to you.

She is in a long-term relationship but ran out of condoms and had unprotected sex two days ago. She has a past history of two terminations.

Emergency Contraception With Levonorgestrel

Advantages
- Easy dosage schedule
- No prescription required
- Can be used any time in the cycle
- Well tolerated with low incidence of side effects
- Can be supplied in advance by a pharmacist or with a script from a doctor

Disadvantages
- Cost may be prohibitive for some women
- Effectiveness decreases with time (proven effectiveness to 96 hours)
- Does not provide ongoing contraception
- Affected by liver enzyme inducing drugs
- Non-menstrual bleed may be mistaken for menses
## Emergency Contraception with a Copper IUD

### Advantages
- Highly effective up to 120 hours following intercourse
- May be used for ongoing contraception
- Not affected by drug interactions or GI problems

### Disadvantages
- Inserted and removed by trained practitioner so significant limitations to access to this method
- Contraindications as for Copper IUDs
- Cost may be prohibitive for some women

Day 7 of the cycle is used as the earliest day of fertile ovulation and 5 days are allowed for implantation.

## Vaginal Ring Contraceptive

### Disadvantages vs. COCs
- Women unable to obtain a supply of more than 4 months at a time
- May cause local device-related symptoms eg. increased physiological vaginal discharge or discomfort
- Occasionally accidently expelled
- Some women dislike self-insertion of vaginal ring
- Requires user to remember to insert a new ring after the ring-free break (Can sign into SMS Mobile phone reminder system)
- Not available on the PBS

## Contraceptive implant

### Disadvantages
- Require procedure for insertion/removal
- Changes in bleeding patterns in all users
- Specific complications associated with procedure
- No protection from STIs but can be combined with condoms as required
- Initial costs can reduce access for some women
- Small risk of the implant moving a short distance from original position
- May be difficult to removal, particularly if initially inserted deeply

## Combined Oral Contraceptives

### Disadvantages
- Higher typical-use failure rates
- Are relatively expensive in some formulations (Some are not PBS listed)
- Have rare, but serious risks, including venous thromboembolism (VTE) and arterial disease, as a result of containing oestrogen
- Personal and family history are particularly important
- Have limited use with some common conditions e.g. migraine with aura (MEC4) and body mass index (BMI) ≥ 35kg/m² (MEC 3)

## Progestogen-only Pills

### Disadvantages
- Must be taken at the same time each day to maintain effectiveness
- May be less appropriate for women who find it difficult to adhere to precise scheduled pill taking
- May cause unpredictable bleeding patterns
- Provide no protection from STIs but can be used with condoms

## IUDs (1)

### Disadvantages
- Procedure required for insertion/removal
- Specific complications associated with the procedure
- Insertion may be moderately uncomfortable for some women
- Expulsion may occur - sometimes unrecognized
- Requires medical intervention to discontinue
- Provides no protection against STIs
- May have upfront costs that reduces access for some women
Advantages Cu-IUD/LNG-IUD Only

Cu-IUD only
- Good choice for women where hormonal methods are contraindicated or for women looking for a non-hormonal method
- Can be used as EC if inserted within 120 hours after UPSI
- Is immediately effective in action

Levonorgestrel-IUD only
- Delivers reduction in menstrual bleeding over time
- Particularly suited for women requiring management of heavy menstrual bleeding or for those who find increased bleeding to be a problem with Copper IUDs

Contraceptive Injection

Disadvantages
- Cannot be reversed or withdrawn once given
- May delay the return to fertility after cessation of use
- May produce unacceptable vaginal bleeding patterns
- May cause a decrease in bone density that is likely to be reversible
- Provides no protection from STIs - can be combined with condoms

Why LARC In Young People?

Emergency contraception rarely used
An average of 18 acts of unprotected intercourse leading up to conception in a study of US women seeking an abortion

Reasons for unprotected intercourse:
- thinking one could not get pregnant (42%)
- difficulties procuring a contraceptive method (40%)
- not planning to have sex (38%)

The Contraceptive Method Used Influences The Continuation Rates

Women who experience pregnancy during the first year of use: Data are estimations for first year of typical use of the method. Based on US Survey Data. Not head-to-head studies

Adapted from Trussell J. 2011

These estimates were derived from the experience of women in the 1995 National Survey of Family Growth (NSFG) or the 1995 and 2002 NSFGs. Estimates of first-year continuation rates for methods of contraception available in the United States.

GC = oral contraceptive (progestogen-only and combined pills). IUD = intrauterine device. IUS-LNG = intrauterine system-levonorgestrel

LONG ACTING REVERSIBLE CONTRACEPTION FOR YOUNG PATIENT

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The UK Policy Initiative: Teenage Pregnancy Strategy

Conception rates/abortion rates and LARC usage in the UK

The Contraceptive Choice Project

To Remove The Financial Barriers To Contraception, Promote The Most Effective Methods Of Birth Control, Reduce Unintended Pregnancy

The Contraceptive Choice Project

- Over 9,000 women aged 14-45 who wished to avoid pregnancy were counselled regarding all reversible contraceptive methods available and then offered any method they wanted, at no cost.

- Women who chose short acting methods were 20 times more likely to experience an unplanned pregnancy than those using LARC.

- Under 20s using short acting methods were twice as likely to experience failure as older women.

- 75% of women chose LARC.

- Young women under the age of 21 were also interested in the IUD and implant.

- >40% of young women 14-17 years chose the implant.

- >40% of young women 18-20 years chose an IUD.

- Continuation rate at 12 months:
  - LARC = 86%
  - Short acting methods = 55%

- Continuation rate at 24 months:
  - LARC = 77%
  - Short acting methods = 41%

- Unplanned Pregnancy rate: Choice Participants 35/1000, Background rate 52/1000

- Abortion rate: Choice Participants 6/1000, Background rate 20/1000

1999 Teenage Pregnancy Strategy

Rates of conceptions to women aged under 18 years in England and Wales, 1999-2008
The Contraceptive Choice Project

- Teen Pregnancy rate:
  - Choice participants 34/1000

- Teen Birth rate:
  - Choice Participants 19.4/1000

- Teen Abortion rate:
  - Choice Participants 9.7/1000
  - Background rate 41.5/1000

LARC Use In Australia

- Less than 10% of Australian women use long acting methods
- Less than 1/6 contraceptive consultations involved LARC

“Multiple factors influence a woman’s decision to use LARC, including access lack of awareness and information as well as misconceptions about their safety and side effects”

FAMILY PLANNING ALLIANCE AUSTRALIA POSITION

All women seeking contraception must be given accurate evidence-based information on the safety, efficacy, advantages and disadvantages of all contraceptive options.

All women seeking contraception must be assisted to make a choice based on their personal needs, preferences and medical suitability.

LARC methods are highly effective, reversible forms of contraception.

Improving access to LARC is an effective strategy in preventing unintended pregnancy.

LARC is highly effective and safe for women across the reproductive life course, including younger women and those who have not had children.

THANK YOU