Review of pelvic exams
Indications for pelvic exam
Techniques: Preparation

- Meet pt clothed
- Identify risks for difficult exam
- Explain the exam and purpose
- Answer questions
- Undressing, provide draping
- Wash hands
- Prep/examine equipment
- Lubricate speculum
- Get assistant, chaperone
TECHNIQUES:
Review: anatomy of a speculum...

- Sizes
- Plastic vs. Metal
- Different shapes
- Notice how the speculum opens...
- Note the two ways to separate blades
Proper draping
Techniques: Exam

- Position perineum at the end of the table
- Hand to knee, move along thigh to perineum
- Inspect external genitalia
- Open labia from posterior aspect to expose introitus with non-dominant hand using 2nd and 3rd fingers
- Ask permission before inserting speculum...WAIT FOR A RESPONSE
A) Angle of insertion at entry and B) Angle at full insertion
Open Speculum

Open speculum cupping cervix
Techniques: Exam

- Open the speculum before withdrawing
- As you withdraw, slowly allow the speculum to close to avoid pinching
- Help them up
- Provide tissue to clean
- Provide panty liner and warning if they are going to have spotting
For the distressed patient

- Valsalva maneuver
- Let the legs “fall out to the sides” and provide guidance
- Distraction: nurse, phone, picture
- Slow diaphragmatic breathing
Never, ever...

- Push thighs apart, however subtle
- Say "Just RELAX!"
- Force insertion against contracted perineum
- Continue with exam when a patient says "stop"
Navigating Contraception
Tulane University School of Medicine
Department of Family Medicine Curriculum
Rebekah Byrne, MD MPH
Objectives

- Become familiar with contraception options
- Use WHO/CDC categories for contraception eligibility
- Counsel patients on choosing the best method of contraception for them
Nearly Half of Pregnancies in the United States are Unintended.

Approximately 6.4 million pregnancies per year

http://www.reproductiveaccess.org/resource/contraception-update-evidence/
The Problems

Contraceptive Methods: US

http://www.reproductiveaccess.org/resource/contraception-update-evidence/
# One Year Failure Rates

<table>
<thead>
<tr>
<th>Effectiveness</th>
<th>Birth Control Type</th>
<th>Typical-Use Pregnancy Rate</th>
<th>Perfect-Use Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ineffective</td>
<td>Chance</td>
<td>85%</td>
<td>85%</td>
</tr>
<tr>
<td>Less Effective</td>
<td>Condoms</td>
<td>14%</td>
<td>3%</td>
</tr>
<tr>
<td>More Effective</td>
<td>Pill, patch, ring</td>
<td>8%</td>
<td>1-3%</td>
</tr>
<tr>
<td>Highly Effective</td>
<td>IUDs</td>
<td>0.8%-2%</td>
<td>0.8-2%</td>
</tr>
<tr>
<td></td>
<td>Injectable (Depo)</td>
<td>0.1-0.3%</td>
<td>0.1-0.3%</td>
</tr>
<tr>
<td></td>
<td>Implant/Sterilization</td>
<td>0.1-0.3%</td>
<td>0.1-0.3%</td>
</tr>
</tbody>
</table>

Contraception Options
Progestin Implant (Nexplanon)

<table>
<thead>
<tr>
<th>Method</th>
<th>How well does it work?</th>
<th>How to Use</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Implant (Nexplanon™)</td>
<td>&gt; 99%</td>
<td>A health care provider places it under the skin of the upper arm&lt;br&gt;It must be removed by a health care provider</td>
<td>Long lasting (up to 3 years)&lt;br&gt;No pill to take daily&lt;br&gt;Often decreases cramps&lt;br&gt;Can be used while breastfeeding&lt;br&gt;You can become pregnant right after it is removed</td>
<td>Can cause irregular bleeding&lt;br&gt;After 1 year, you may have no period at all&lt;br&gt;Does not protect against human immunodeficiency virus (HIV) or other sexually transmitted infections (STIs)</td>
</tr>
</tbody>
</table>

- Active hormone: etonorgestrel (68 mg)

## Intrauterine Device (IUD)

<table>
<thead>
<tr>
<th>Method</th>
<th>How well does it work?</th>
<th>How to Use</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Progestin IUD</strong></td>
<td>&gt; 99%</td>
<td>Must be placed in uterus by a health care provider</td>
<td>Mirena® may be left in place up to 7 years</td>
<td>May cause lighter periods, spotting, or no period at all</td>
</tr>
<tr>
<td>(Liletta®, Mirena®,</td>
<td></td>
<td>Usually removed by a health care provider</td>
<td>Skyla® and Liletta® may be left in place up to 3 years</td>
<td>Rarely, uterus is injured during placement</td>
</tr>
<tr>
<td>Skyla®)</td>
<td></td>
<td></td>
<td>No pill to take daily</td>
<td>Does not protect against HIV or other STIs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>May improve period cramps and bleeding</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Can be used while breastfeeding</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>You can become pregnant right after it is removed</td>
<td></td>
</tr>
<tr>
<td><strong>Copper IUD</strong></td>
<td>&gt; 99%</td>
<td>Must be placed in uterus by a health care provider</td>
<td>May be left in place for up to 12 years</td>
<td>May cause more cramps and heavier periods</td>
</tr>
<tr>
<td>(ParaGard®)</td>
<td></td>
<td>Usually removed by a health care provider</td>
<td>No pill to take daily</td>
<td>May cause spotting between periods</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Can be used while breastfeeding</td>
<td>Rarely, uterus is injured during placement</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>You can become pregnant right after it is removed</td>
<td>Does not protect against HIV or other STIs</td>
</tr>
</tbody>
</table>


# The Shot (Depo-Provera)

<table>
<thead>
<tr>
<th>Method</th>
<th>How well does it work?</th>
<th>How to Use</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Shot</strong></td>
<td>94-99%</td>
<td>Get shot every 3 months</td>
<td>Each shot works for 12 weeks</td>
<td>May cause spotting, no period, weight gain, depression, hair or skin changes, change in sex drive</td>
</tr>
<tr>
<td><strong>Depo-Provera</strong></td>
<td></td>
<td></td>
<td>Private</td>
<td>May cause delay in getting pregnant after you stop the shots</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Usually decreases periods</td>
<td>Side effects may last up to 6 months after you stop the shots</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Helps prevent cancer of the uterus</td>
<td>Does not protect against HIV or other STIs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No pill to take daily</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Can be used while breastfeeding</td>
<td></td>
</tr>
</tbody>
</table>


# The Patch and The Ring

<table>
<thead>
<tr>
<th>Method</th>
<th>How well does it work?</th>
<th>How to Use</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Patch</td>
<td>91-99%</td>
<td>Apply a new patch once a week for three weeks</td>
<td>Can make periods more regular and less painful</td>
<td>Can irritate skin under the patch</td>
</tr>
<tr>
<td>Ortho Evra®</td>
<td></td>
<td>No patch in week 4</td>
<td>No pill to take daily</td>
<td>May cause spotting the first 1-2 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>You can become pregnant right after stopping patch</td>
<td>Does not protect against HIV or other STIs</td>
</tr>
<tr>
<td>The Ring</td>
<td>91-99%</td>
<td>Insert a small ring into the vagina</td>
<td>One size fits all</td>
<td>Can increase vaginal discharge</td>
</tr>
<tr>
<td>Nuvaring®</td>
<td></td>
<td>Change ring each month</td>
<td>Private</td>
<td>May cause spotting the first 1-2 months of use</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Does not require spermicide</td>
<td>Does not protect against HIV or other STIs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Can make periods more regular and less painful</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No pill to take daily</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>You can become pregnant right after stopping the ring</td>
<td></td>
</tr>
</tbody>
</table>
# Oral Contraceptive Pills (OCPs)

<table>
<thead>
<tr>
<th>Method</th>
<th>How well does it work?</th>
<th>How to Use</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Pill</td>
<td>91-99%</td>
<td>Must take the pill daily</td>
<td>Can make periods more regular and less painful</td>
<td>May cause nausea, weight gain, headaches, change in sex drive – some of these can be relieved by changing to a new brand</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Can improve PMS symptoms</td>
<td>May cause spotting the first 1-2 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Can improve acne</td>
<td>Does not protect against HIV or other STIs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Helps prevent cancer of the ovaries</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>You can become pregnant right after stopping the pills</td>
<td></td>
</tr>
<tr>
<td>Progestin-Only Pills</td>
<td>91-99%</td>
<td>Must take the pill daily</td>
<td>Can be used while breastfeeding</td>
<td>Often causes spotting, which may last for many months</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>You can become pregnant right after stopping the pills</td>
<td>May cause depression, hair or skin changes, change in sex drive</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Does not protect against HIV or other STIs</td>
</tr>
</tbody>
</table>

## Barrier Methods

<table>
<thead>
<tr>
<th>Method</th>
<th>How well does it work?</th>
<th>How to Use</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male/External Condom</td>
<td>82-98%</td>
<td>Use a new condom each time you have sex</td>
<td>Can buy at many stores</td>
<td>Can decrease sensation&lt;br&gt;Can cause loss of erection&lt;br&gt;Can break or slip off</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Use a polyurethane condom if allergic to latex</td>
<td>Can put on as part of sex play/foreplay</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Can help prevent early ejaculation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Can be used for oral, vaginal, and anal sex</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Protects against HIV and other STIs</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Can be used while breastfeeding</td>
<td></td>
</tr>
<tr>
<td>Female/Internal Condom</td>
<td>79-95%</td>
<td>Use a new condom each time you have sex</td>
<td>Can buy at many stores</td>
<td>Can decrease sensation&lt;br&gt;May be noisy&lt;br&gt;May be hard to insert&lt;br&gt;May slip out of place during sex</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Use extra lubrication as needed</td>
<td>Can put in as part of sex play/foreplay</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Can be used for anal and vaginal sex</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>May increase pleasure when used for vaginal sex</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Good for people with latex allergy</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Protects against HIV and other STIs</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Can be used while breastfeeding</td>
<td></td>
</tr>
<tr>
<td>Diaphragm</td>
<td>88-94%</td>
<td>Must be used each time you have sex</td>
<td>Can last several years</td>
<td>Using spermicide may raise the risk of getting HIV&lt;br&gt;Should not be used with vaginal bleeding or infection&lt;br&gt;Raises risk of bladder infection</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Must be used with spermicide</td>
<td>Costs very little to use</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>A health care provider will fit you and show you how to use it</td>
<td>May protect against some infections, but <strong>not HIV</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Can be used while breastfeeding</td>
<td></td>
</tr>
<tr>
<td>Method</td>
<td>How well does it work?</td>
<td>How to Use</td>
<td>Pros</td>
<td>Cons</td>
</tr>
<tr>
<td>----------------------</td>
<td>------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>-------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| **Rhythm**           | 76-99%                 | Predict fertile days by: taking temperature daily, checking vaginal mucus for changes, and/or keeping a record of your periods | Costs little  
Can be used while breastfeeding  
Can help with avoiding or trying to become pregnant | Must use another method during fertile days  
Does not work well if your periods are irregular  
Many things to remember with this method  
Does not protect against HIV or other STIs |
| Natural Family Planning, Fertility Awareness |                        | It works best if you use more than one of these  
Avoid sex or use condoms/spermicide during fertile days |                                           |                                                                                                |
| **Withdrawal**       | 78-96%                 | Pull penis out of vagina before ejaculation (that is, before coming)       | Costs nothing  
Can be used while breastfeeding | Less pleasure for some  
Does not work if penis is not pulled out in time  
Does not protect against HIV or other STIs  
Must interrupt sex |
| Pull-out             |                        |                                                                           |                                           |                                                                                                |
## Spermicide

<table>
<thead>
<tr>
<th>Method</th>
<th>How well does it work?</th>
<th>How to Use</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spermicide</td>
<td>72-82%</td>
<td>Insert more spermicide each time you have sex</td>
<td>Can buy at many stores</td>
<td>May raise the risk of getting HIV</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Can be put in as part of sex play/foreplay</td>
<td>May irritate vagina, penis</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Comes in many forms: cream, gel, sponge, foam, inserts, film</td>
<td>Cream, gel, and foam can be messy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Can be used while breastfeeding</td>
<td></td>
</tr>
</tbody>
</table>
Abstinence

Only useful if actually abstinent.
What type of contraception is right for my patient?
Hormonal Contraceptives: What is needed before prescribing?

Medical history **REQUIRED**

Blood pressure **RECOMMENDED**

Pap smear
Pelvic/breast exam
STI testing
Hemoglobin **NOT REQUIRED**


[http://www.reproductiveaccess.org/resource/contraception-update-evidence/]
Developed by WHO to define risk of birth control use with common medical conditions

Adopted by CDC for US in 2010

Risk of unintended pregnancy with given condition weighed against risk of method with given condition
WHO / CDC Medical Eligibility Criteria for Contraceptive Use

- Full reports condensed into summary table: www.reproductiveaccess.org
- Also check CDC and WHO
- Risk levels 1-4:

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Method can be used without restriction</td>
</tr>
<tr>
<td>2</td>
<td>Advantages generally outweigh theoretical or proven risks</td>
</tr>
<tr>
<td>3</td>
<td>Method not usually recommended unless other, more appropriate methods are not available or not acceptable</td>
</tr>
<tr>
<td>4</td>
<td>Method not to be used</td>
</tr>
</tbody>
</table>

## WHO / CDC Medical Eligibility Criteria for Contraceptive Use

### Medical Eligibility for Initiating Contraception: Absolute and Relative Contraindications

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Method can be used without restriction</td>
</tr>
<tr>
<td>2</td>
<td>Advantages generally outweigh theoretical or proven risks</td>
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<tr>
<td>3</td>
<td>Method not usually recommended unless other, more appropriate methods are not available or not acceptable</td>
</tr>
<tr>
<td>4</td>
<td>Method not to be used</td>
</tr>
</tbody>
</table>

These contraceptive methods do not protect against sexually transmitted infections (STIs). Condoms should be used to protect against STIs.

For more information, see: [WHO/Reproductive Health](http://www.reproductiveaccess.org/contraception/downloads/chart.pdf) and [CDC Contraception](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6026a3.htm?s_cid=mm6026a3_w)

### Condition | Qualifier for condition | Estrogen/progestin: pill, patch, ring | Progestin-only: pill | Progestin-only: injection | Progestin-only: implant | Progestin IUD | Copper IUD |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>&lt; 18</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>18-40</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>40-45</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>&gt; 45</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Anemia</td>
<td>Thalassemia</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Sickle cell disease</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Iron-deficiency anemia</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Bariatric surgery</td>
<td>Stomach restrictive procedures, including lap band</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Malabsorptive procedures, including gastric bypass</td>
<td>3 $^*$</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Breast cancer</td>
<td>Family history of cancer</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Current</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>In past, no evidence of disease for &gt; 5 years</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

$^*$Pill: 3 Patch or ring: 1

What Does \textit{She} Want?

- What has she heard about birth control?
- What are her friends using?

http://www.reproductiveaccess.org/resource/contraception-update-evidence/
Impact of Choice

% of Women Continuing Contraceptive Use at 1 Year

Choice Granted: 72.2%
Choice Denied: 8.9%

http://www.reproductiveaccess.org/resource/contraception-update-evidence/
Counseling to Enhance Adherence

- LISTEN to her ideas about the best method.
- EXPLORE lifestyle issues that impact adherence.
- Discuss highly effective contraception
- ENCOURAGE her to call you with problems/concerns.

http://www.reproductiveaccess.org/resource/contraception-update-evidence/
How to start contraception
Quick Start Algorithm

Woman requests a new birth control method:

1. Pill, Patch, Ring, Injection

First day of last menstrual period (LMP) is:

≤ 5 days ago

Start method today

> 5 days ago

Unprotected sex since LMP:

≤ 5 days ago

> 5 days ago

Both < and > 5 days ago

None

Urine pregnancy test: negative**

Offer hormonal EC today*

Advise that negative pregnancy test is not conclusive, but hormones will not harm embryo

Offer hormonal EC today*

Start pill/patch/ring/injection today, use back-up method 1st week

Patient wants to start new method now?

Quick Start Algorithm, Continued

Patient wants to start new method now?

- **yes**
  - Start pill/patch/ring/injection, use back up method 1st week
  - **Timing:** start new method TODAY even if taking EC today
  - Two weeks later, urine pregnancy test is negative; continue pill/patch/ring/injection

- **no**
  - Give prescription for chosen method; advise patient to use barrier method until next menses
  - Start pill/patch/ring on 1st day of menses; return for injection within 5 days of menses

---

* Because hormonal EC is not 100% effective, check urine pregnancy test 2 weeks after EC use.
** If pregnancy test is positive, provide options counseling.

Quick Start Algorithm

2. Progestin IUD or Implant

First day of LMP is:

- ≤ 5 days ago:
  - Insert IUD/implant today

- > 5 days ago:
  - Urine pregnancy test: negative*
    - Unprotected sex since LMP?
      - yes**:
        - Patient declines pill/patch/ring as a bridge to the IUD/implant, understands risk of early pregnancy, and wants IUD/implant today
        - Insert IUD/implant today

      - no:
        - Insert IUD/implant today

    - Two weeks later, urine pregnancy test is negative*:
      - Insert IUD/implant today, 2 weeks after initial visit

  - Patient prefers pill/patch/ring as a bridge to the IUD/implant

* As needed.
** Eligibility criteria vary by location and product.
Quick Start Algorithm

3. Copper IUD

First day of last menstrual period (LMP) is:

- ≤ 5 days ago
  - Insert IUD today

- > 5 days ago
  - Urine pregnancy test: negative*
    - Unprotected sex since LMP?
      - ≤ 5 days ago
        - Insert IUD today for EC and ongoing contraception
      - > 5 days ago or both < and > 5 days ago
        - Patient declines pill/patch/ring as a bridge to the IUD, understands risk of early pregnancy, and wants IUD today
          - Insert IUD today
      - None
        - Patient prefers pill/patch/ring as a bridge to the IUD
          - Two weeks later, urine pregnancy test is negative*
            - Insert IUD today
        - Two weeks later, urine pregnancy test is negative*
          - Insert IUD today, 2 weeks after initial visit
What about emergency contraception (EC)?
Emergency Contraception: Levonorgestrel (Plan B)

- Decreases risk of unintended pregnancy by 58-89%
- Does not disrupt or harm an implanted pregnancy
- Looses efficacy at BMI > 25
- No medical contra-indications!
- Available OTC
- Efficacy up to 120 hours after unprotected sex but wanes after 72 hours

http://www.reproductiveaccess.org/resource/contraception-update-evidence/
Ulipristal Acetate: A New Emergency Contraceptive Option

• Decreases risk of unintended pregnancy by 90%

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

• **Looses efficacy at BMI > 35**


Highest Efficacy EC:

Copper IUD (inserted up to 5 days after unprotected sex)

http://www.reproductiveaccess.org/resource/contraception-update-evidence/
Patient cases
Yolanda

- 16 year-old high school student, c/o UTI symptoms
- Had unprotected sex 4 days ago
- Urine pregnancy test is negative.

What do you do next?

http://www.reproductiveaccess.org/resource/contraception-update-evidence/
Opportunity knocks!

(1) Test for UTI/STDs, treat accordingly
(2) Get medical history (negative)
(3) Ask about contraceptive needs!

http://www.reproductiveaccess.org/resource/contraception-update-evidence/
What Does *She* Want?

- What has she heard about birth control?
- What are her friends using?
- For teens, strongly encourage highly effective, long acting contraception options (IUD, Nexplanon)

What Does She Want?

• She’s interested in the IUD, but can she get an IUD today?

http://www.reproductiveaccess.org/resource/contraception-update-evidence/
Quick Start Algorithm

2. Progestin IUD or Implant

First day of LMP is:

- ≤ 5 days ago
  - Insert IUD/implant today

- > 5 days ago
  - Urine pregnancy test: negative*
    - Unprotected sex since LMP?
      - yes**
        - Patient declines pill/patch/ring as a bridge to the IUD/implant, understands risk of early pregnancy, and wants IUD/implant today
        - Insert IUD/implant today
      - no
        - Patient prefers pill/patch/ring as a bridge to the IUD/implant
          - Two weeks later, urine pregnancy test is negative*
          - Insert IUD/implant today
          - Two weeks later, urine pregnancy test is negative*
          - Insert IUD/implant today, 2 weeks after initial visit

What Does She Want?

- She decides to do the shot today and come back in 2 weeks for a pregnancy test and possible IUD insertion
Should Yolanda get a prescription for EC, too?

Amy

- 36-year-old G0P0
- Smoker (1 ppd), otherwise healthy without any significant family history
- Normal BMI, BP
- What are her options if she is not ready to quit smoking?

http://www.reproductiveaccess.org/resource/contraception-update-evidence/
### Smoking and Contraceptive Use

<table>
<thead>
<tr>
<th>Condition</th>
<th>Qualifier for condition</th>
<th>Estrogen/progestin: pill, patch, ring</th>
<th>Progestin-only: pill</th>
<th>Progestin-only: injection</th>
<th>Progestin-only: implant</th>
<th>Progestin IUD</th>
<th>Copper IUD</th>
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<tr>
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<td></td>
<td>Age &gt; 35, &gt; 15 cigarettes/day</td>
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<td>1</td>
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<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Liz

• 21-year-old healthy college student, works evenings and weekends

• Using oral contraceptive, but forgets pills often

• Has trouble getting refills with her schedule

• BMI 38
What about contraception in obese women?

- Recommend most effective methods: IUD, Nexplanon
- CDC/WHO: Advantages of use of estrogen containing methods generally outweigh risks
- Some evidence that efficacy of patch decreases with weight >90kg, combined OCP with BMI >35
- Remember that Depo is associated with weight gain
Take Home

• Ask about contraceptive needs at all types of visits with women of reproductive age.

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

• Use WHO Eligibility criteria to help make recommendations

http://www.reproductiveaccess.org/resource/contraception-update-evidence/
Questions??????
References

- Hatcher et al, *Contraceptive Technology 2007*
- Managing Contraception – book online @ www.managingcontraception.org
- CDC/WHO Medical Eligibility Criteria for Contraceptive Use 2010 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
Hands on Contraception Workshop
Ensure pt is good candidate

Absolute Contraindications

Any IUD
Possible or confirmed pregnancy
Severe distortion of the uterine cavity (such as by fibroids or anatomic anomalies) that precludes IUD insertion
Acute, recent (within 3 months) or recurrent uterine infection (includes sexually transmitted, postpartum and postabortion infections)
Untreated cervicitis
Active genital actinomycoses

Contraindications to use of the Cu T 380A IUD
Wilson’s disease
Known copper allergy

Contraindications to use of the LNG 20 IUD
Known allergy to levonorgestrel
Acute liver disease or liver tumor
Known or suspected carcinoma of the breast
Ensure pt is good candidate

2. Progestin IUD or Implant

First day of LMP is:

- ≤ 5 days ago
  - Insert IUD/implant today

- > 5 days ago
  - Urine pregnancy test: negative*
    - Unprotected sex since LMP?
      - yes**: Patient declines pill/patch/ring as a bridge to the IUD/implant, understands risk of early pregnancy, and wants IUD/implant today
      - no: Insert IUD/implant today

    - Two weeks later, urine pregnancy test is negative*
Consent: Counsel pt on risks, benefits, alternatives to IUD placement

Benefits:
- 0.8% risk of pregnancy
- Long term: 5-7 yrs of efficacy
- Decreases cramping, bleeding long term (Mirena, Skyla)
- Can be used while breastfeeding
- Not user dependent
- Private
- Form of contraception most chosen by health professionals

Potential Side Effects:
- Changes in bleeding: Spotting, lighter or no periods after 2-6 months (Mirena, Skyla)
- Heavier bleeding, worse cramps, longer periods (Paraguard)
- Cramping for few months after insertion
- 5-10% HA, acne, depression, heavy or prolonged bleeding
- <5% vaginal discharge, breast pain or tenderness, weight gain, allergic reaction, expulsion, pain during intercourse, change in sex drive, nausea, partner discomfort

Serious but uncommon side effects:
- PID which may result in life threatening infection, infertility, ectopic pregnancy, or chronic pain
- Perforation resulting in abdominal placement, ineffective contraception, damage to internal organs requiring surgery
- Expulsion or displacement

Sign consent w/ pt.
Prior to placement

1. Try to get them to come in during their menstrual cycle
2. Ensure insurance approved
3. Ensure pap up to date
4. Test for chlamydia, gonorrhea (within the past month)
5. Pre-medicate with NSAIDS, Misoprostol
6. Get urine pregnancy test
Gather Equipment

- Sterile tray
- Speculum/light
- IUD
- sterile gloves
- antiseptic
- tenaculum
- sound
- ringed forceps
- long curved scissors
- long Q tips to stop bleeding

Ensure everything in working order!
Video
After placement

• Give pt copy of IUD handout provided by manufacturer including the Lot # and the date by which they need to remove their IUD
• Review signs of complications (signs of infection, heavy bleeding, severe pain)
• Recommend pt check for strings monthly to ensure proper placement
• If Mirena/Skyla, need 1 week of backup contraception
• Have her return in 4-6 weeks for placement check
Questions??????
Your turn!