

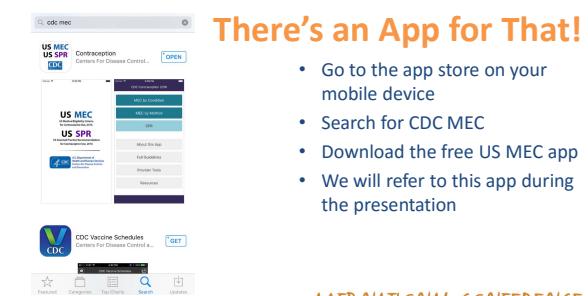


Update In Contraception: Best Practices

Patricia D. Chico, MD
Martha Simmons, MD



There's an App for That!



- Go to the app store on your mobile device
- Search for CDC MEC
- Download the free US MEC app
- We will refer to this app during the presentation

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Learning Objectives

- Define medical contraindications to contraceptive use using the CDC Medical Eligibility Criteria for Initiating Contraception
- Analyze these guidelines using the referenced literature
- Accurately discuss the risks and benefits of medically complex contraception care with both patients and colleagues

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**United States Medical Eligibility Criteria
for Contraceptive Use**

Risk Level	
1	Method can be used without restriction
2	Advantages generally outweigh theoretical or proven risk
3	Method usually not recommended unless other, more appropriate methods are not available or not acceptable
4	Method not to be used

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Amy



24 year old G2P0 female who comes to the office with a UTI

Past Medical History: 2 first trimester abortions

Social History: sexually active with one male partner

Tobacco use since age 16, smokes 1 pack per day (ppd)

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One Key Question

Do you want to become pregnant in the next year?

- If Yes, provide preconception counseling
- If No, ask permission to provide contraception information

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Amy

Your Birth Control Choices			
Method	How well does it work?	How to Use	Pros
Cons			
The Implant (Nexplanon)	> 99%	A health care provider places it under the skin of the upper arm. It must be removed by a health care provider.	Long lasting (up to 5 years) No pill to take daily Can be used while breastfeeding Can be used while pregnant right after it is removed
Progestin IUD (Mirena, Skyla, others)	> 99%	Must be placed in a woman's uterus by a health care provider. Usually removed by a health care provider.	May be left in place for 3-5 years No pill to take daily Can be used while breastfeeding May improve menstrual cramps and heavy bleeding Can be used while pregnant right after it is removed
Copper IUD (Paragard)	> 99%	Must be placed in a woman's uterus by a health care provider. Usually removed by a health care provider.	May cause lighter periods, spotting, and cramps No pill to take daily Can be used while breastfeeding May cause spotting between periods May cause cramps and heavier bleeding Does not prevent STDs or other STIs



www.reproductiveaccess.org AAFP NATIONAL CONFERENCE

Let's Use the App!

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Audience Response Slide:

The MEC level for the patch in smokers under age 35 is a 2.

What does this mean? Can Amy safely use the patch?

A. Yes
B. No

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Audience Response Slide Answer

The MEC level for the patch in smokers under age 35 is a 2.

What does this mean? Can Amy safely use the patch?

A. Yes
B. No

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What about antibiotics for her UTI?

- Most antibiotics do not decrease contraceptive efficacy
- The only antibiotic that does is Rifampin



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When Can Amy Start her Patch?

Most of the time, contraception can be quick started on the day of the office visit



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Key Points

- Use the “One Key Question” to assess for conception plans at every visit
- Most antibiotics do not affect the efficacy of contraception
- Use the Quick Start Algorithm to start contraception on the day of the visit

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Doreen

40 year-old G2P2

Would like to remove her copper IUD and try “the shot”

Past Medical History:

- asymptomatic gallstones
- cervical cancer awaiting treatment



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Let's Use the App!

Method	Category	Cervical cancer (awaiting treatment)		Comment
		1	2	
Cu-IUD	4	2	>	Concern exists about the increased risk for infection and bleeding at insertion. The IUD most likely will need to be removed at the time of treatment, but until then, the woman is at risk for pregnancy.
LNG-IUD	4	2	>	
Implants	2		>	
DMPA	2		>	Theoretical concern exists that POCs use might affect prognosis of the existing disease. While awaiting treatment, women may use POCs. In general, treatment of this condition can render a woman sterile.
POP	1		>	
CHCs	2		>	

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Let's Use the App Continued!

Gallbladder disease		
b. Asymptomatic		
Method	Category	Certification
Cu-IUD	1	>
LNG-IUD	2	>
Implants	2	>
DMPA	2	>
POP	2	>
CHCs	2	>



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Audience Response Slide

Can Doreen have the DMPA Injection?

- Does $2+2 = 2$ or 3 or 4 ?
- a. $2+2 = 4$, DMPA is contraindicated
- b. $2+2 = 2$, Doreen can have DMPA
- c. $2+2 = 3$, We can do better than DMPA

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Audience Response Slide Answer

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- a. $2+2 = 4$, DMPA is contraindicated
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- c. $2+2 = 3$, We can do better than DMPA

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Pathway Matters!

- $2 + 2$ can equal 2 if the pathophysiologic pathways are separate
- Progestin only methods are almost always safer than combined estrogen/progestin methods



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Rosa

16 year old G0P0 with a history of sickle cell disease presents to your office to discuss contraception.

Thinks she would like to try the IUD "without hormones"

Past Medical History:

- Sickle Cell Disease
- Pelvic Inflammatory Disease (PID) 1 year ago



She had unprotected sex 4 days ago, last menstrual period (LMP) is 3 weeks ago

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Let's Use the App!

- Age 16
- Nulliparous
- Sickle Cell Disease
- History of PID



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Audience Response Slide

Can Rosa have the Cu-IUD?

- a. Yes
- b. No



<http://lactaskforce.org/IUDBasics>

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Audience Response Slide Answer

Can Rosa have the Cu-IUD?

- a. Yes**
- b. No



<http://lactaskforce.org/IUDBasics>

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Very Few Absolute Contraindications to the Cu-IUD (Category 4)

- Distorted Uterine Cavity
- Cervical Cancer Awaiting Treatment
- Endometrial Cancer
- Undiagnosed Abnormal Uterine Bleeding
- Active PID
- Purulent Cervicitis
- Active Pregnancy

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What About Her Unprotected Sex?



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What About Her Unprotected Sex?

Offer Emergency Contraception!



Cu-IUD	Levonorgestrel 1.5mg	Ulipristal Acetate 30mg
5 days after unprotected intercourse	3 days after unprotected intercourse	5 days after unprotected intercourse
No BMI restrictions	Decreased Efficacy BMI >25, Weight 155lb	Decreased Efficacy BMI >30

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Key Points

- IUDs can be first line for teens and nulliparous patients
- Current PID and active cervicitis are contraindications for IUD placement.
- A history of PID and/or STIs or increased risk is not a contraindication
- Remember to ask about last unprotected sex and offer emergency contraception if indicated

*Both ACOG and AAP have policy statements that LARC is safe in teens and should be offered

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Audrey

33 year old G3P3 taking COCPs who tells you that her rheumatologist says she needs to stop her birth control.

Past Medical History:

- Migraines without aura for many years
- Newly diagnosed with Lupus, so far uncomplicated. Antiphospholipid Ab negative.



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Audience Response Slide

What do you think? Is Audrey's rheumatologist right, can she continue her oral contraceptive pills?

- Yes
- No
- Maybe

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Audience Response Slide Answer

What do you think? Is Audrey's rheumatologist right, can she continue her oral contraceptive pills?

- a. Yes
- b. No**
- c. Maybe

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Remember that Pathway Matters!

- Migraines without aura are a 2
- Uncomplicated Lupus is a 2
- However, the pathway for both of these is increased risk of stroke
- So in this case, $2+2 = 4$

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What can she use?

Method			Category	Effectiveness	Contraindications	Risk
I. Without aura (this category of migraine includes menstrual migraine)						
Co-IUD	1	>				
LNG-IUD	1	>				
Implants	+	>				
DMPA	1	>				
POP	1	>				
CHCs	2*	>				

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Key Points

- Remember to assess pathway of any recommendation > “2”
- Pregnancy is always a higher risk than any birth control method
- Vasectomy is an option to recommend!

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Resources

- Contraception, the App!
- ReproductiveAccess.org
- Bedsider.org
- Spot On App (by Planned Parenthood)



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Q&A

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Medical Students

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