

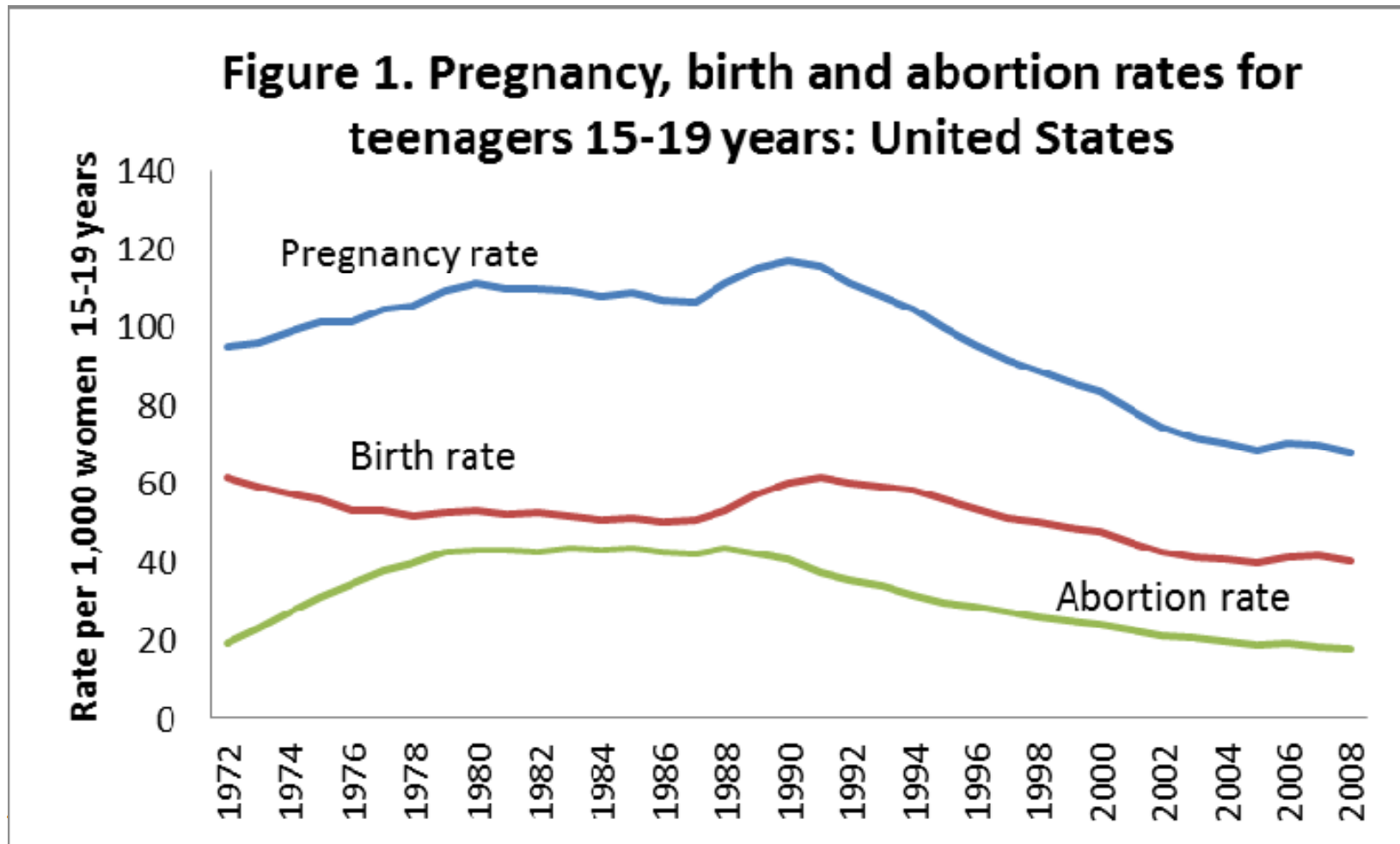
Adolescents and Long Acting Reversible Contraception

PHYSICIANS[®]
FOR REPRODUCTIVE
HEALTH



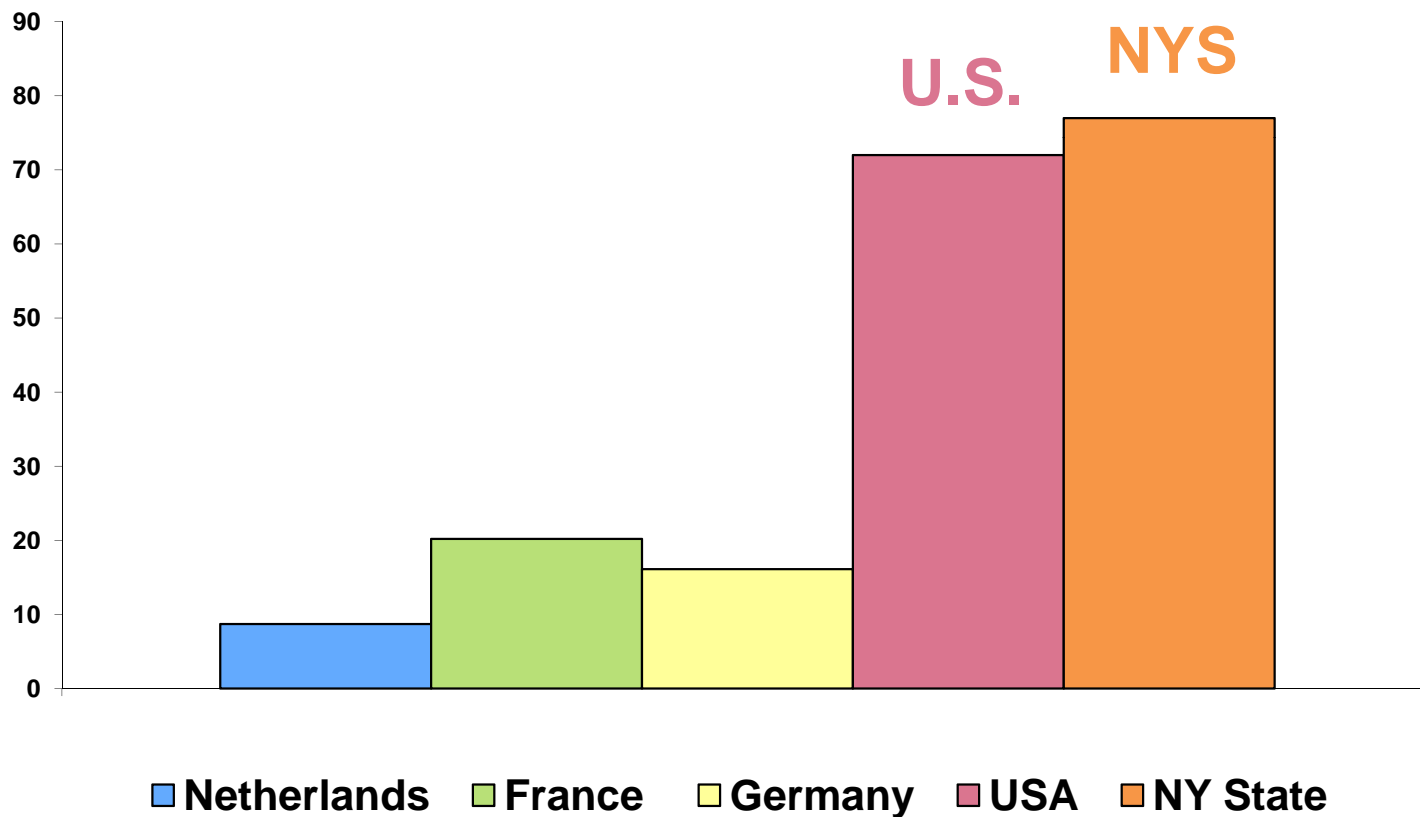
Adolescent
Reproductive &
Sexual
Health
Education
Program

Rates are Declining



Teen Pregnancy Rates Remain High

Teen Pregnancy Rates per 1,000 Teens ages 15-19



National Campaign and Advocates for Youth 2006-2008 data



UNFPA State of World
Populations 2011

All Birth Control is NOT Equal

**Extremely
effective**

Prevents
pregnancy
>99% of the
time

**Sterilization
IUD/IUS
Implants**

**Very
effective**

Prevents
pregnancy
~91-99% of
the time

**Pills
Patch
Ring
Injectables**

**Moderately
effective**

Prevents
pregnancy
~81-90% of
the time

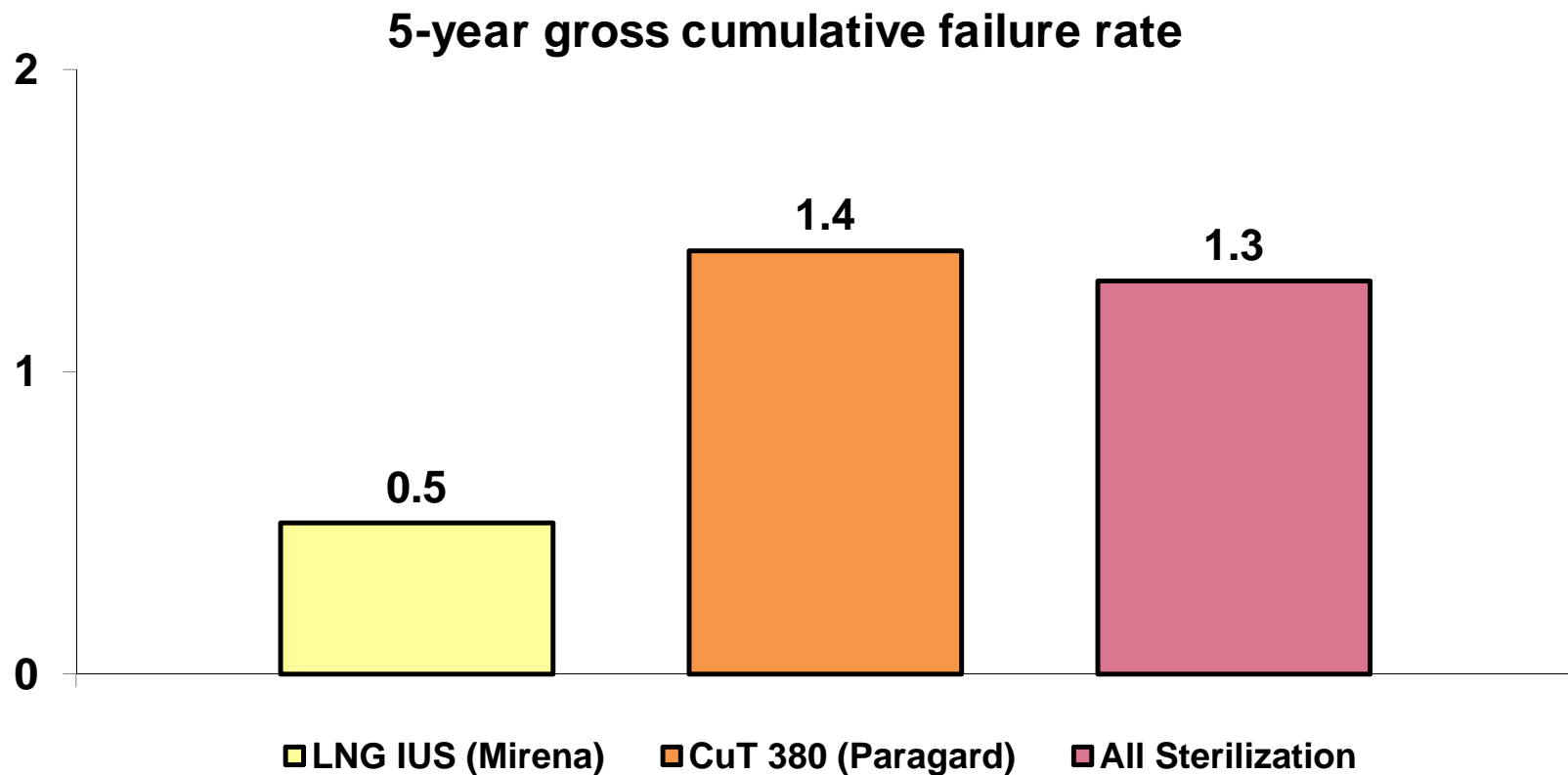
**Condom
Sponge
Diaphragm
Withdrawl**

Effective

Prevents
pregnancy
up to 80% of
the time

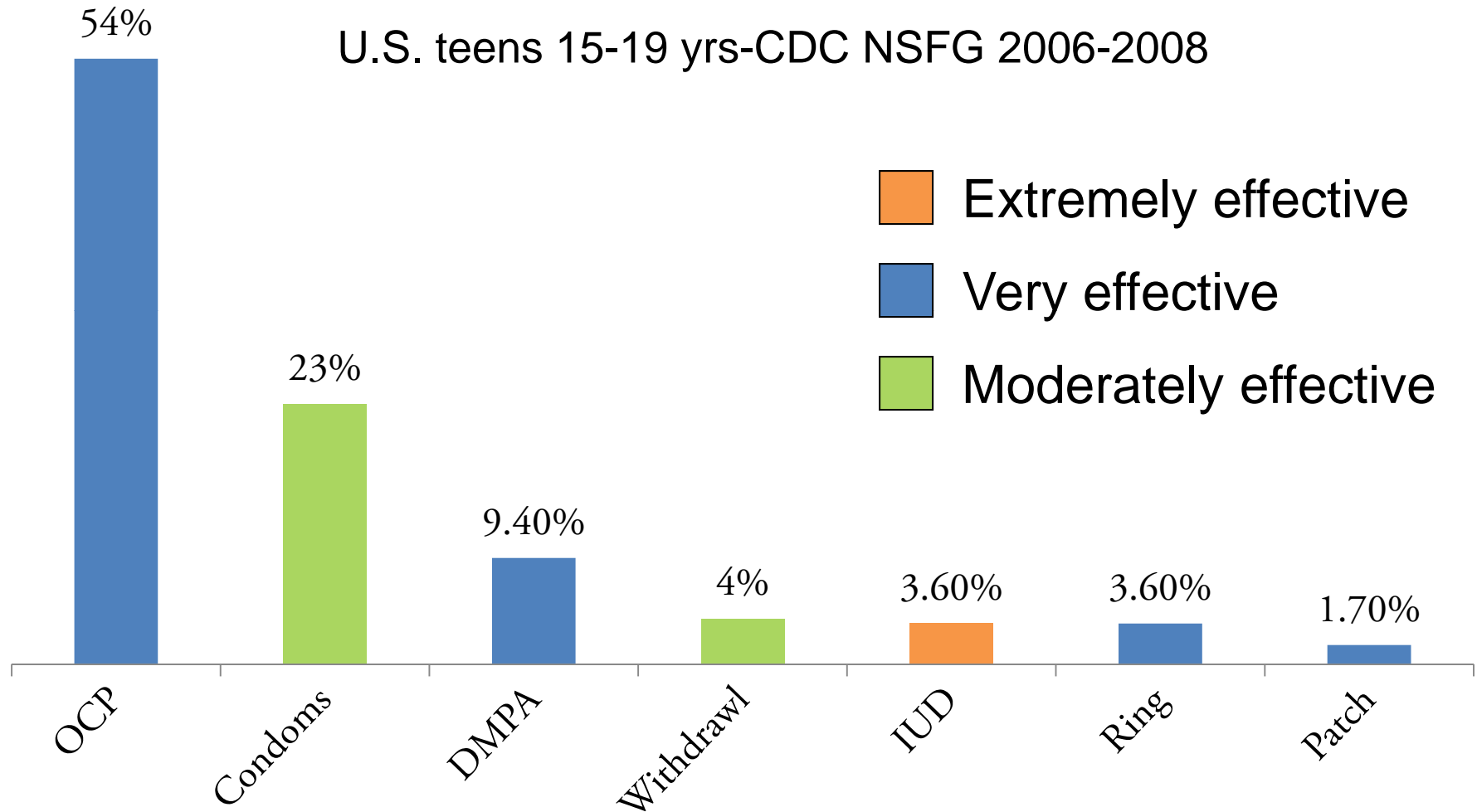
**Fertility
awareness
Cervical cap
Spermicide**

IUDs as effective as sterilization ... but immediately reversible

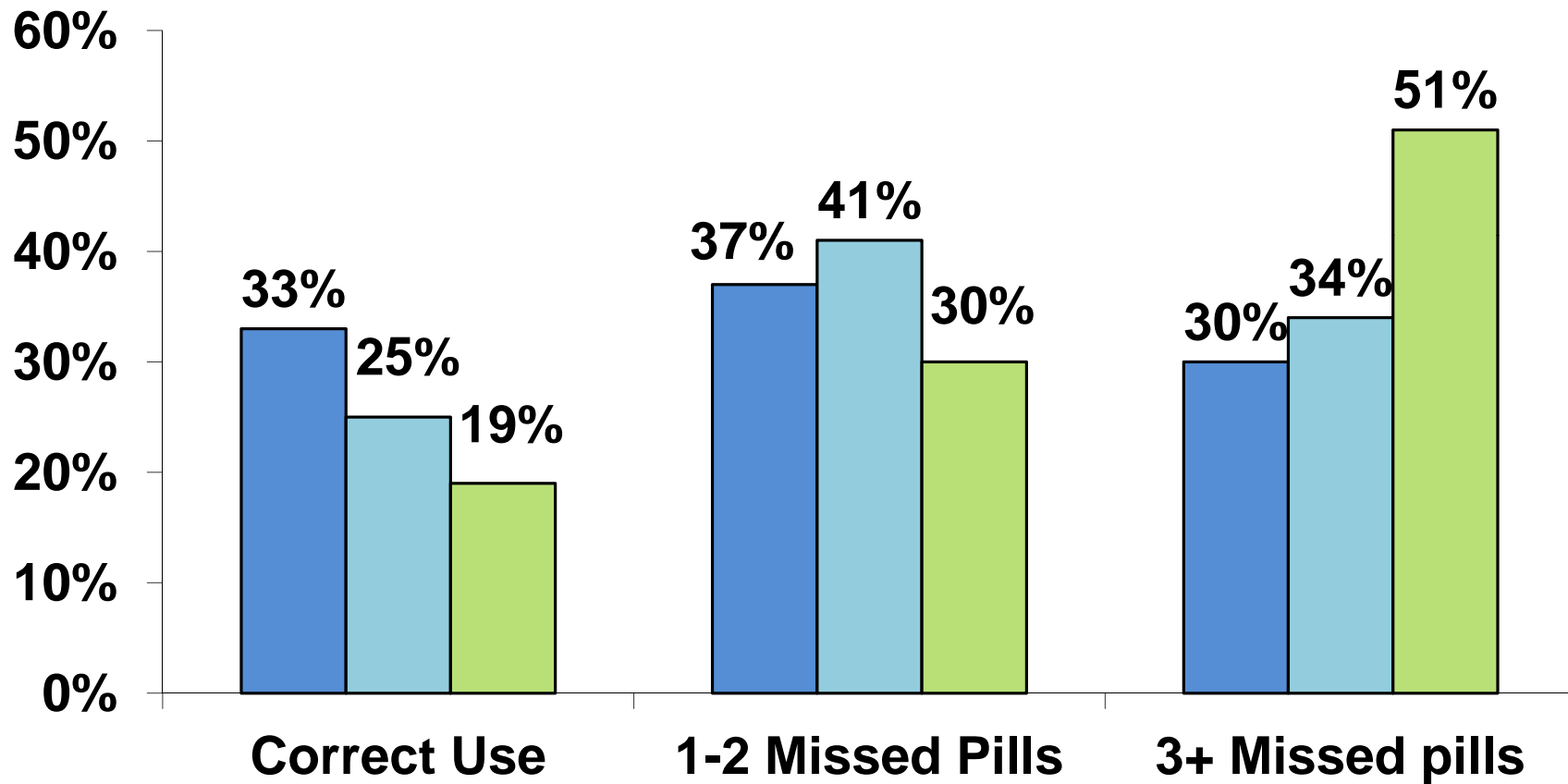


What are Teens Using for Contraception?

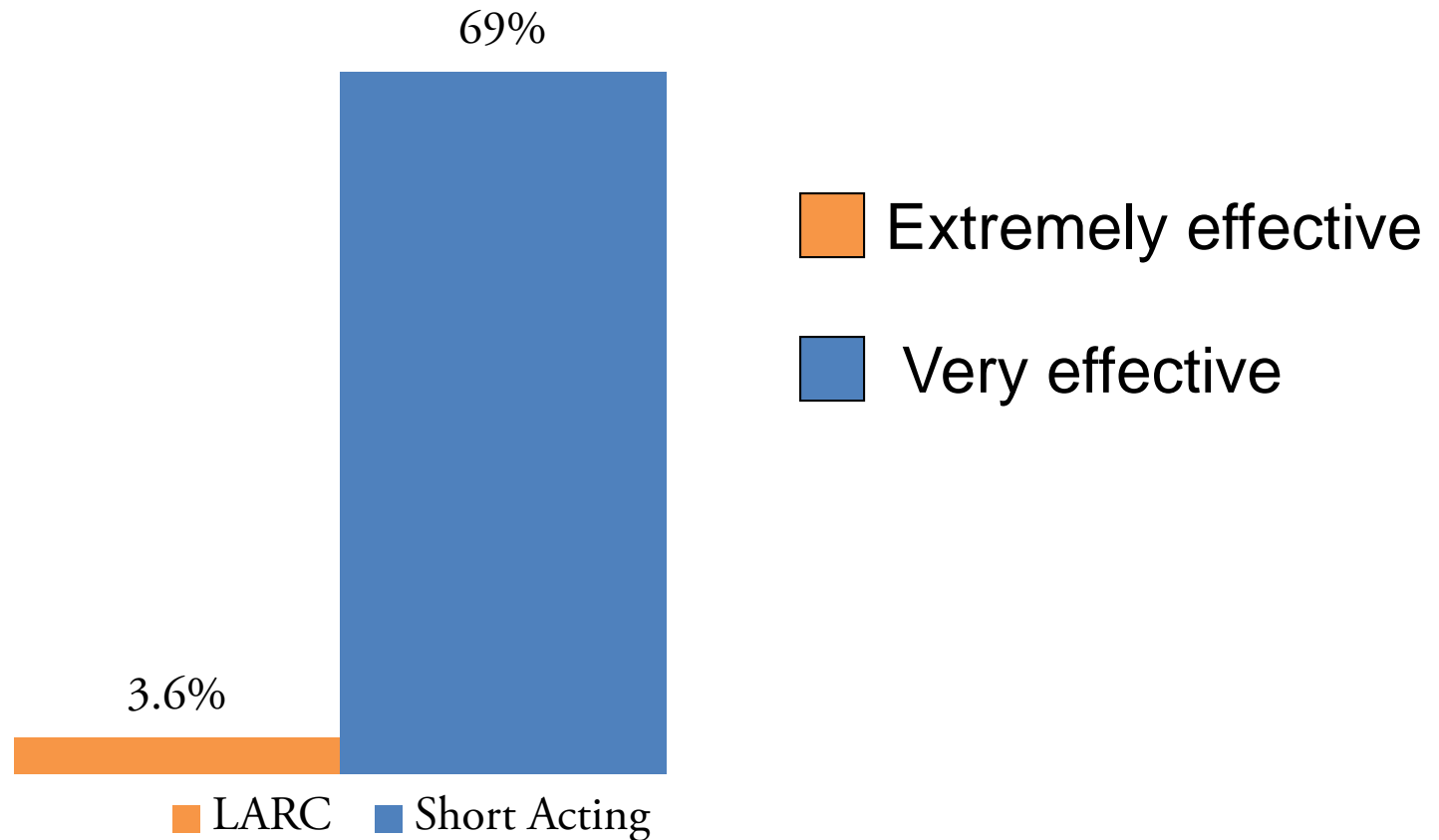
U.S. teens 15-19 yrs-CDC NSFG 2006-2008



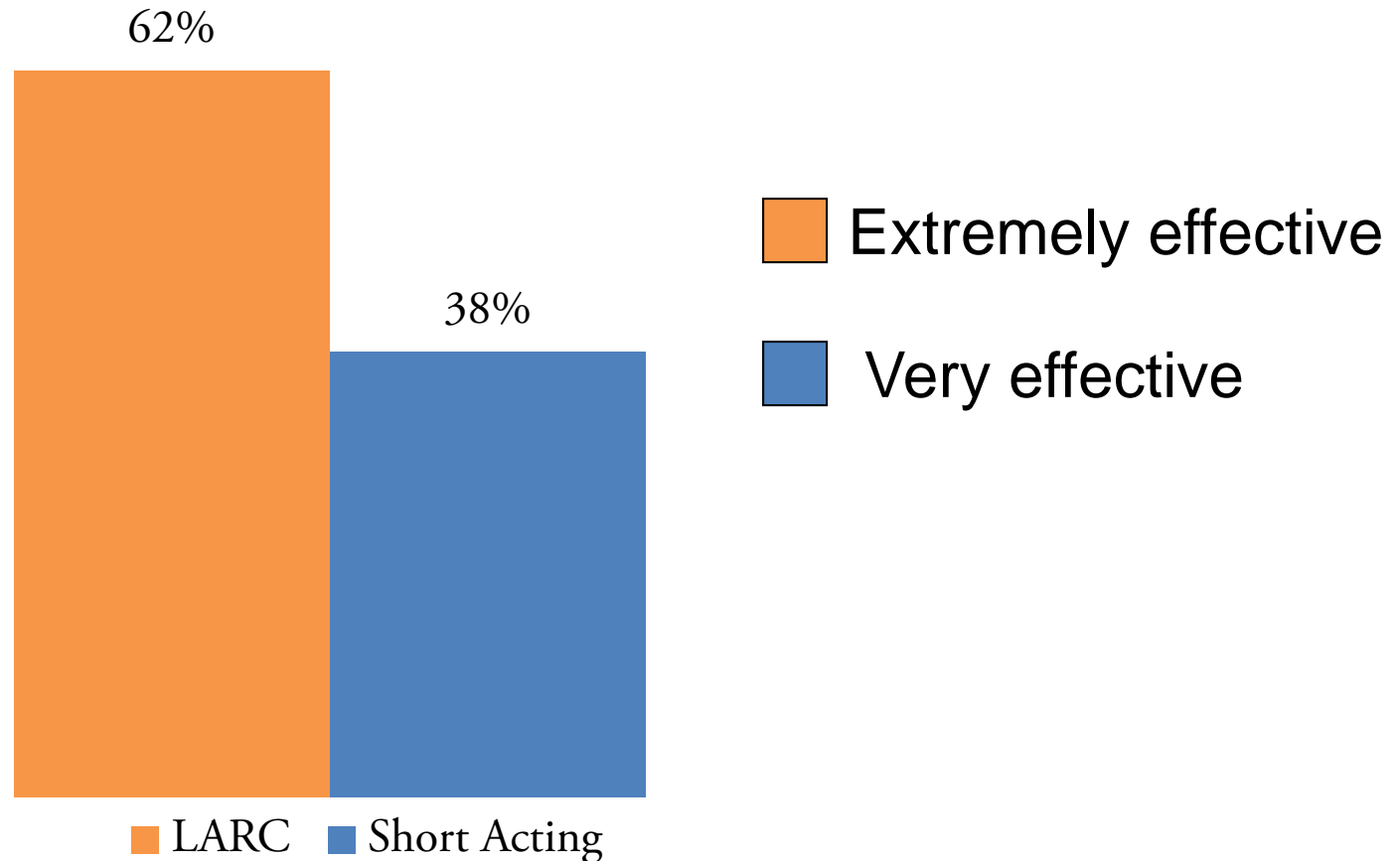
Most women forget pills



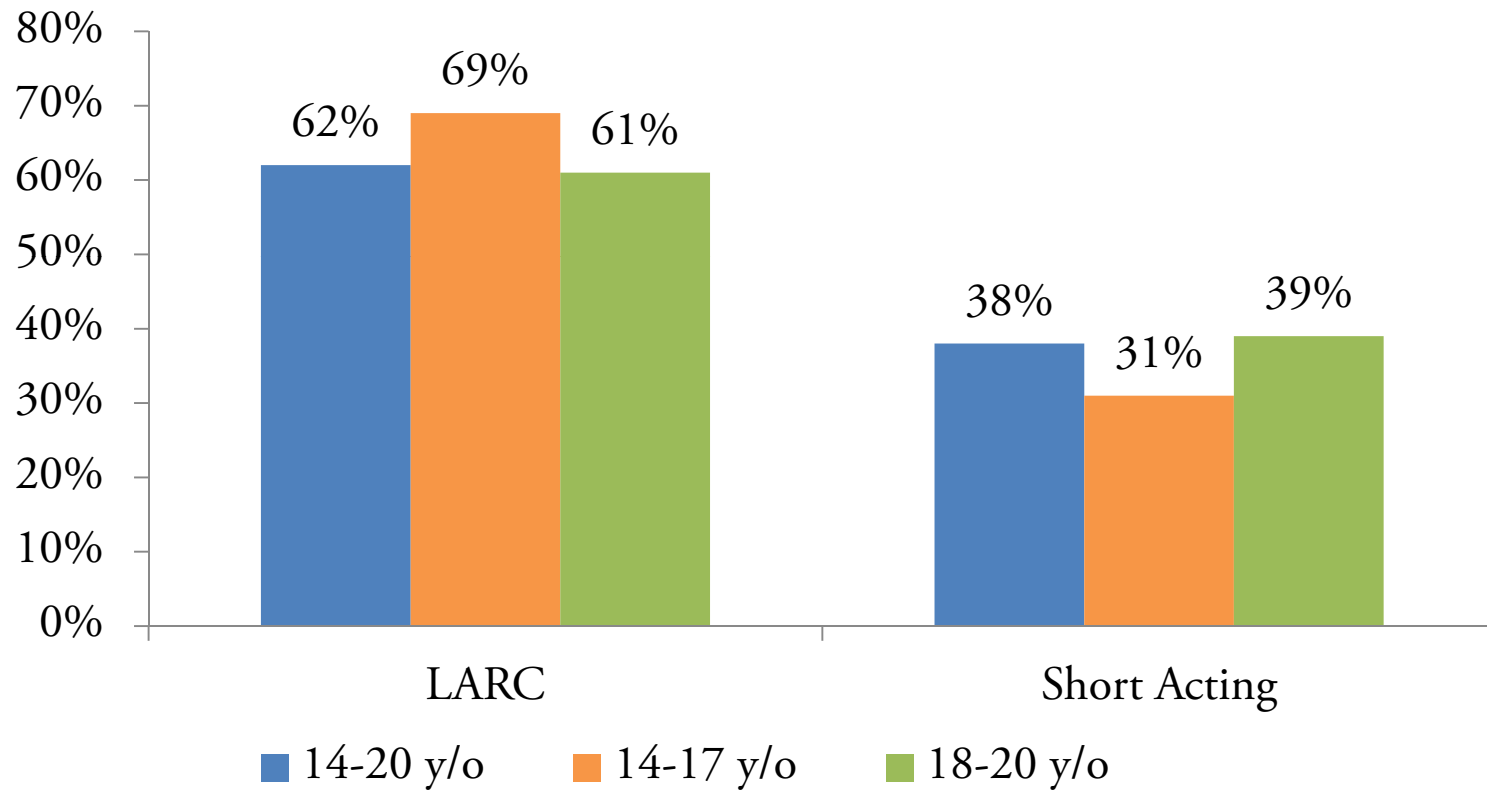
What birth control are teens using?



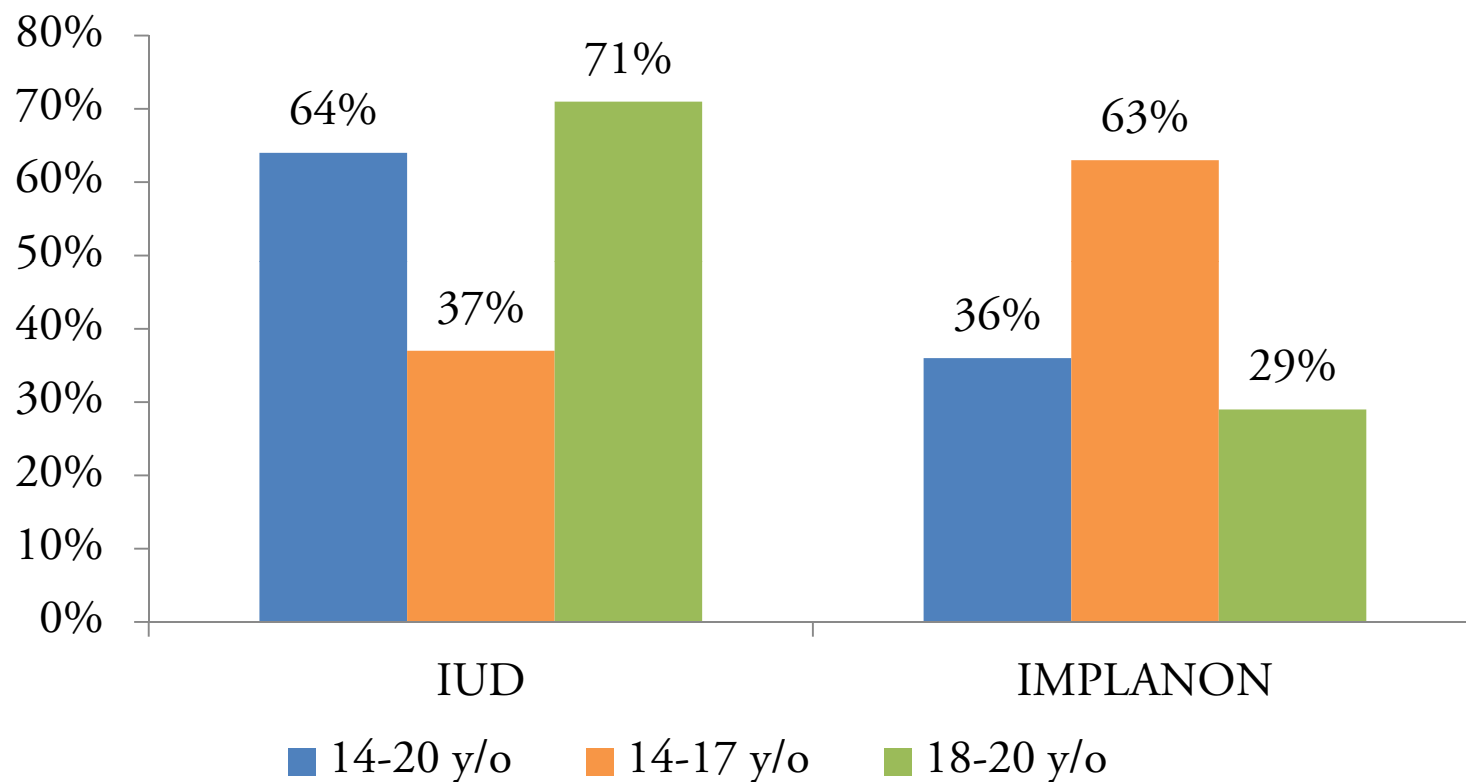
What birth control would teens choose?



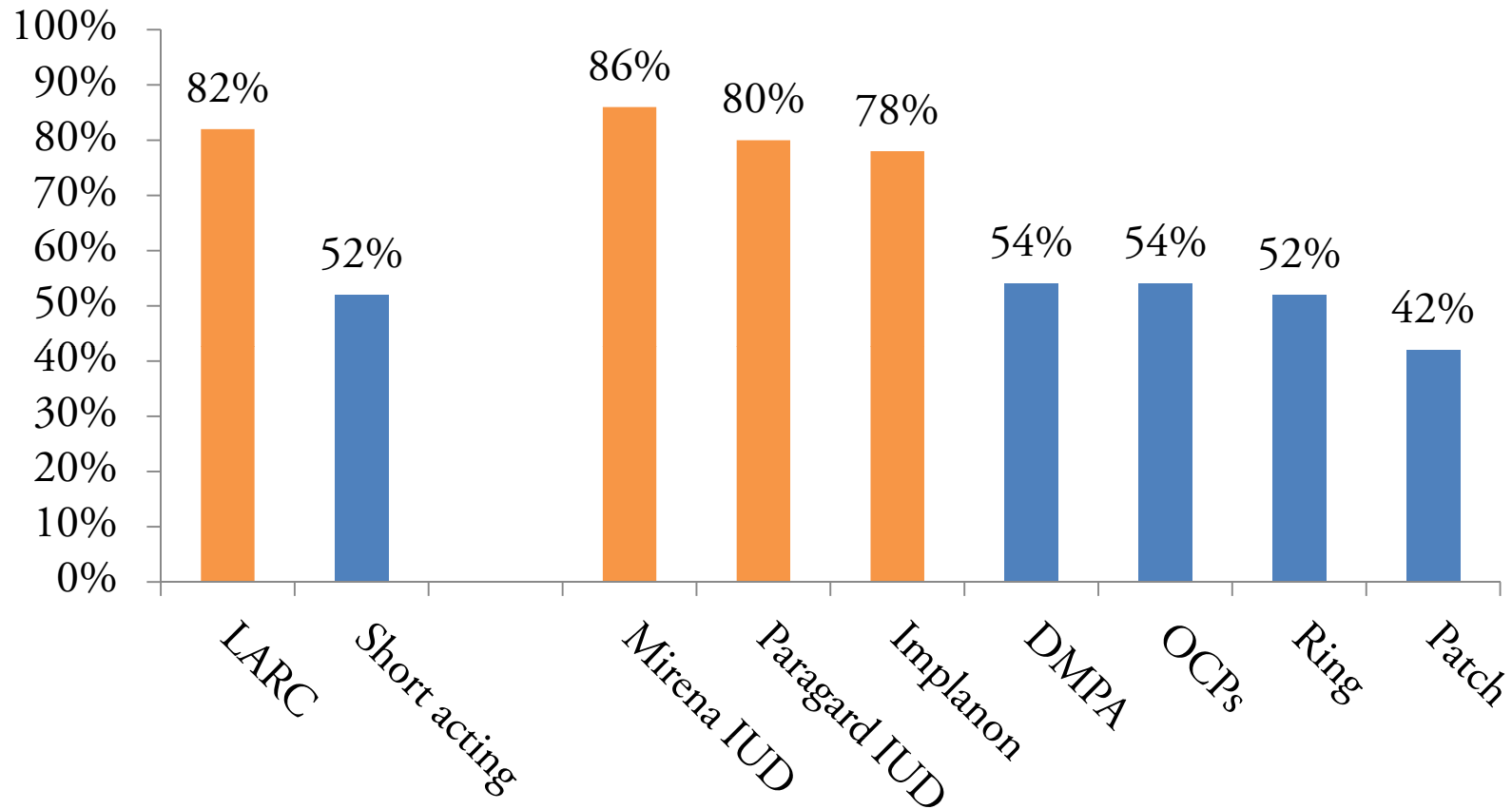
What do teens choose?




Of teens choosing LARC... what do teens choose?



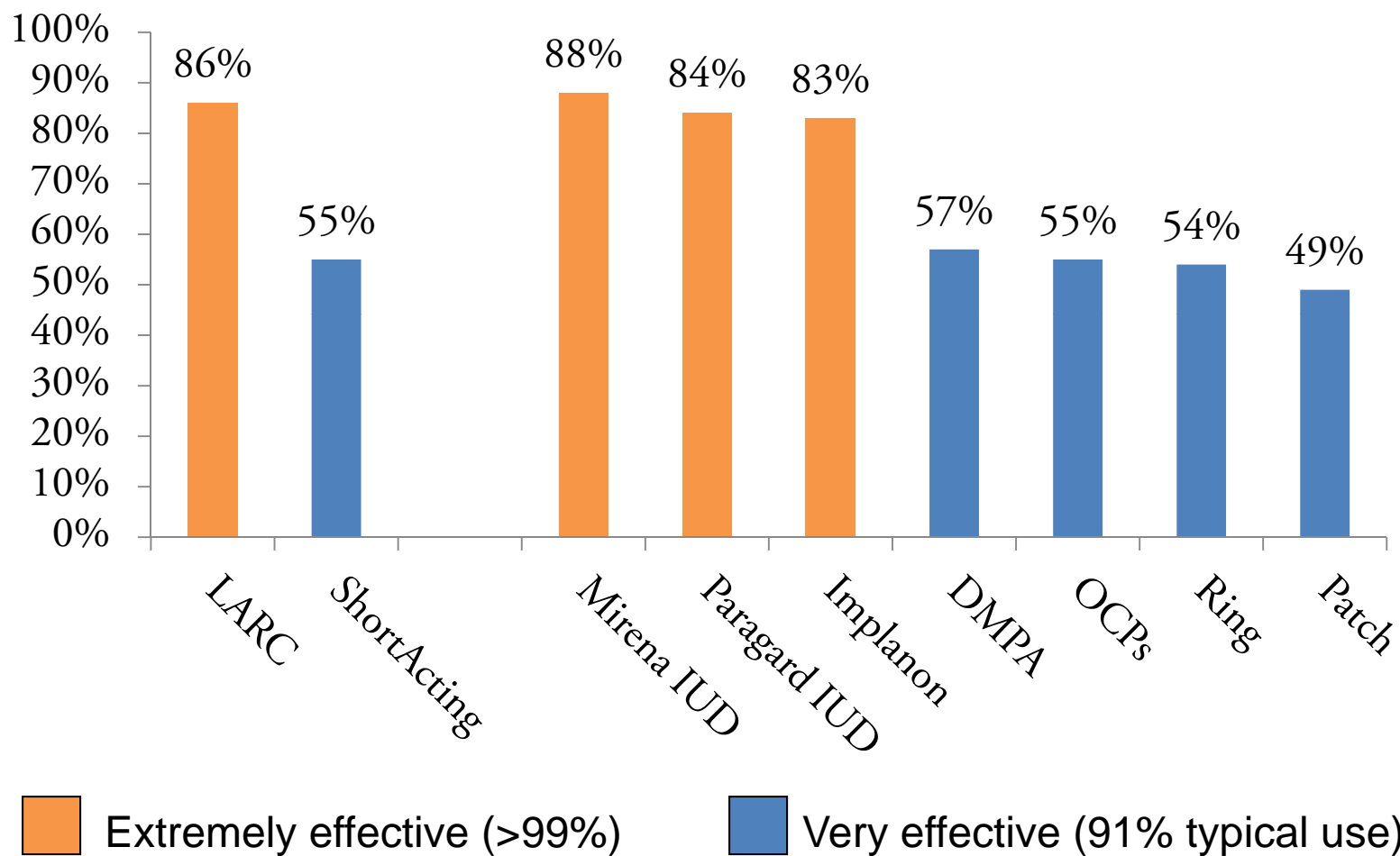
Satisfaction with method at 1 year



 Extremely effective (>99%)

 Very effective (91% typical use)

Continuation rates at 1 year



What is LARC?

SURE THE **PILL**

IS **REALLY**

EFFECTIVE. IF

YOU

REMEMBER

TO TAKE IT

EVERY DAY.

Long

Acting

Reversible

Contraception

Long Acting Reversible Contraception (LARC) = IUDs & Implants

- ▶ **Most effective methods: >99%**
- ▶ **Safest**
 - ▶ **No estrogen**
 - ▶ **Contraindications rare**
- ▶ **Highest patient satisfaction**
 - ▶ **(80% LARC vs 50% short acting)**
- ▶ **Highest continuation rates**
 - ▶ **(86% LARC vs. 55% short acting)**
- ▶ **Long-term protection last 3-12 years**
- ▶ **Rapid return of fertility**
- ▶ **Most cost effective**
- ▶ **Least likely to be used by teens**

Levonorgestrel IUD (MIRENA)

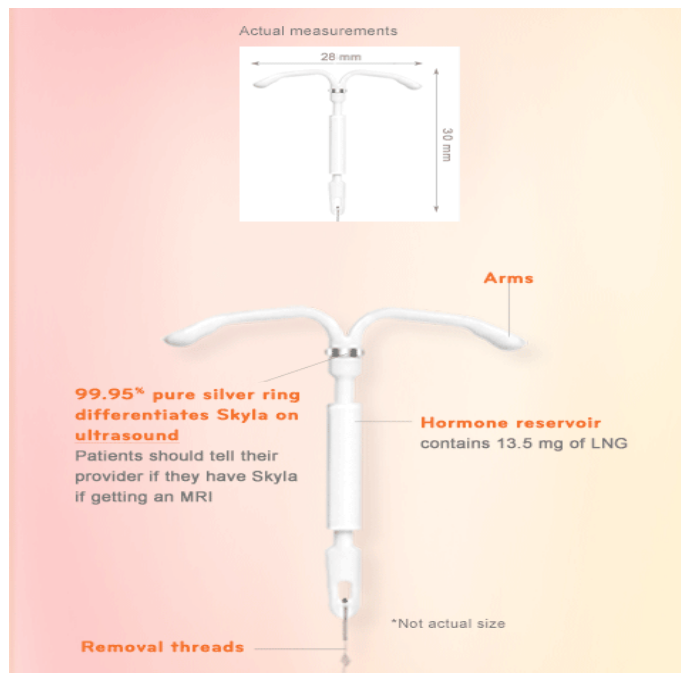
Extremely
Effective



- 20 mcg levonorgestrel/day
- Progestin only method
- 5 years use
- Cost : ~\$300-700
- Bleeding pattern:
 - Light spotting initially:
 - 25% at 6 months
 - ~10% at 1 year
 - Amenorrhea: in
 - 44% by 6 months
 - 50% by 12 months

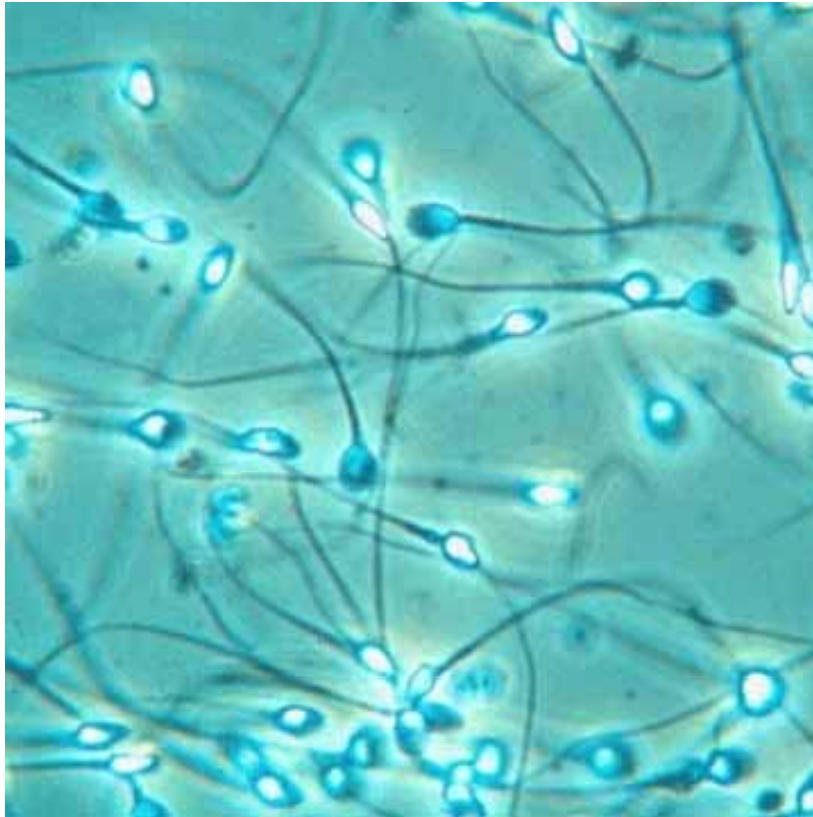
Levonorgestrel IUD (Skyla)

Extremely
Effective



- 14 mcg levonorgestrel/day
- Progestin only method
- 3 years use
- Cost : ~\$300-650
- Smaller in size than Mirena
 - 1.1 x 1.2 in. (vs. 1.3 x 1.3 in)
 - Inserter tube 0.15 in. (vs. 0.19 in)
- More irregular bleeding than Mirena
 - Only 6% have amenorrhea at 1 yr

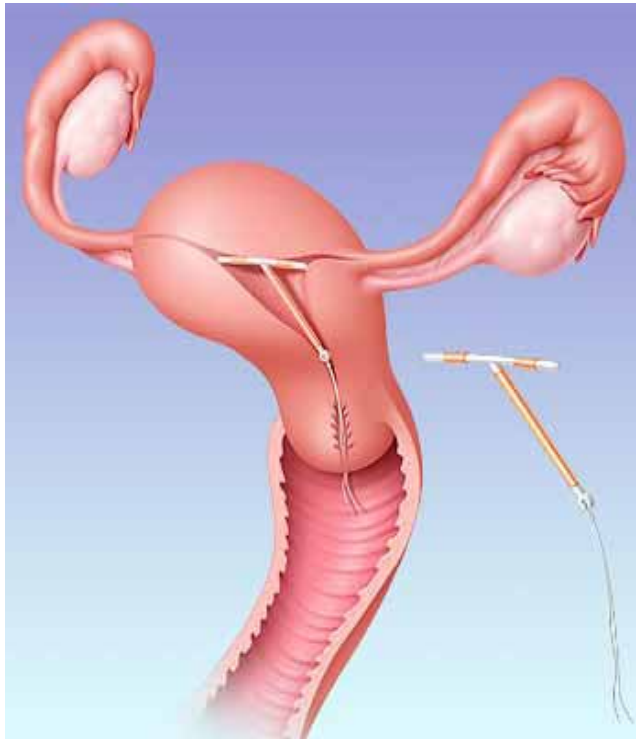
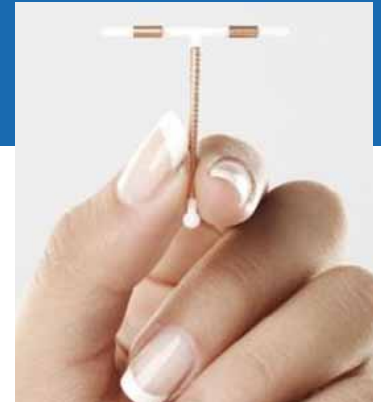
Mirena/Skyla: Mechanism of action



- ▶ **Fertilization inhibition:**
 - ▶ **Cervical mucus thickened**
 - ▶ **Sperm motility and function inhibited**
 - ▶ **Weak foreign body reaction induced**
 - ▶ **Ovulation inhibited (in 5-15% of cycles)**

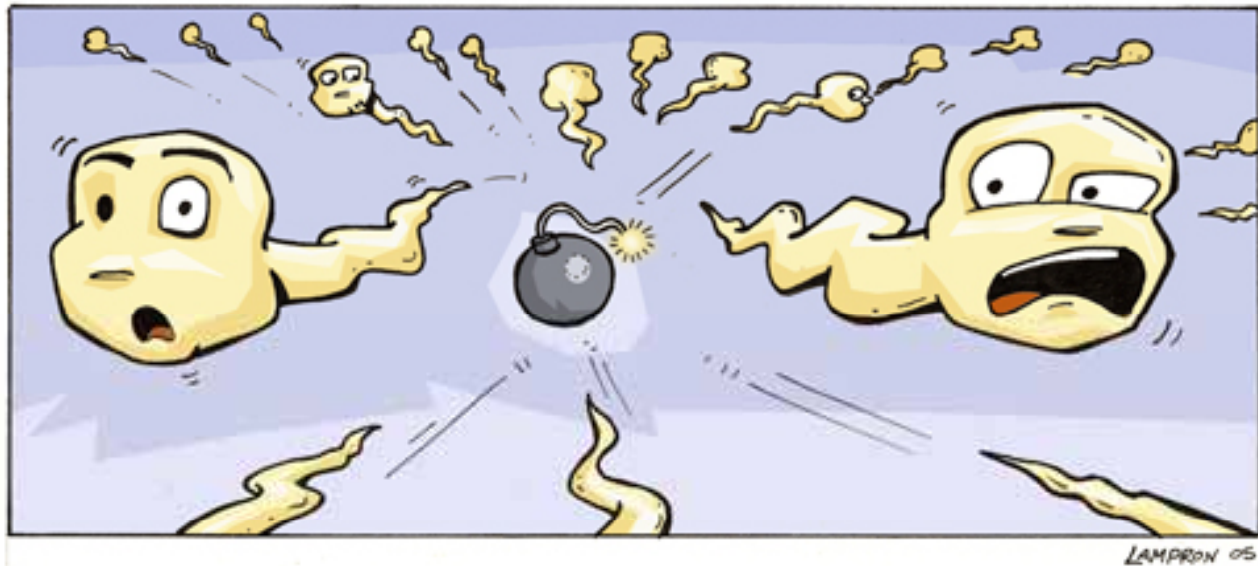
Copper-T IUD: PARAGARD

Extremely
Effective



- Copper ions
- No hormones
- 12 years of use
- Cost: ~\$150-475
- 99% effective as EC
- Bleeding Pattern:
 - Menses regular
 - May be heavier, longer, crampier for first 6 months

Paragard: mechanism of action



▶ Spermicidal

- ▶ Copper ions block sperm motility and enzymes needed to fertilize the egg
- ▶ Sterile inflammatory reaction in endometrium kill sperm

Which IUD is the best choice?

Copper T IUD (Paragard)

- Want regular periods
- Want no hormones
- No h/o dysmenorrhea
- No h/o menorrhagia

LNG IUD (Mirena)

- ▶ OK w/irregular bleeding
- ▶ OK w/amenorrhea
- ▶ H/O dysmenorrhea
- ▶ H/O menorrhagia

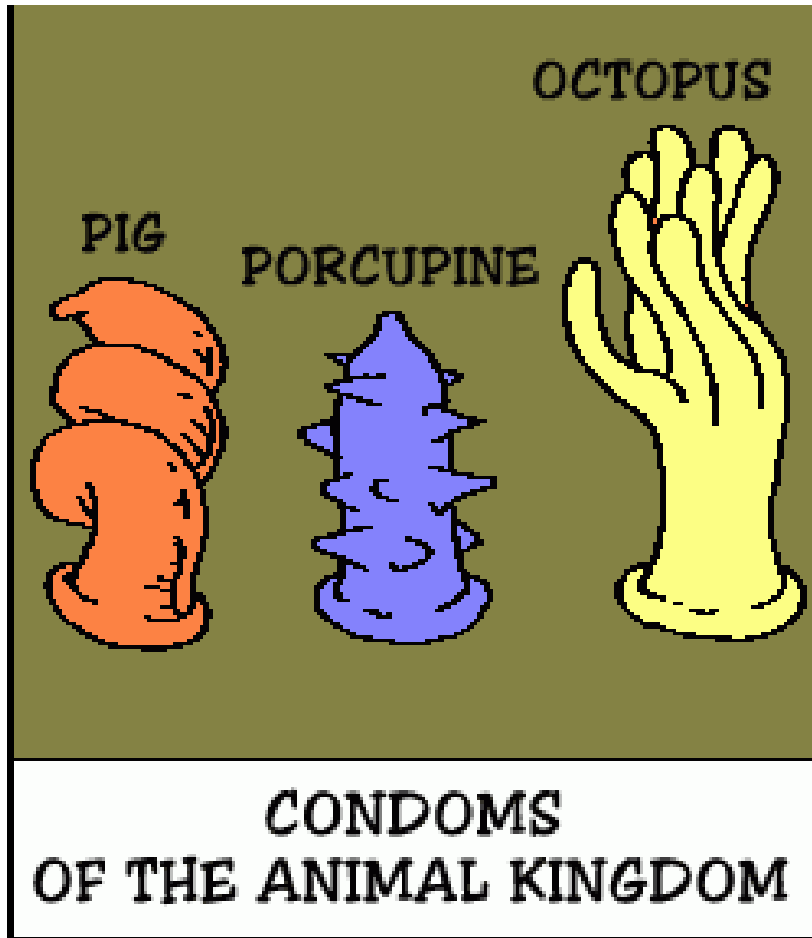
Extremely
Effective

IMPLANT: Nexplanon (Implanon)



- ▶ Progesterone only (etonogestrel)
- ▶ Effective for 3 years
- ▶ Cost: ~\$300-600
- ▶ Mechanism: Inhibits ovulation
- ▶ Bleeding pattern:
 - ▶ Amenorrhea (22%)
 - ▶ Infrequent (34%)
 - ▶ 11% stop due to frequent bleeding

Dispelling myths



When providers or patients hold misperceptions about the risks associated with contraception...

Teens' choices are unnecessarily limited

Myths

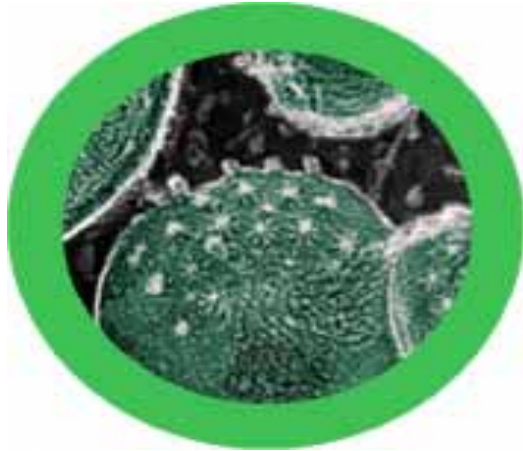
- ▶ IUDs cause PID and Infertility
- ▶ IUDs are only for women who had had a baby

IUDs do NOT cause PID



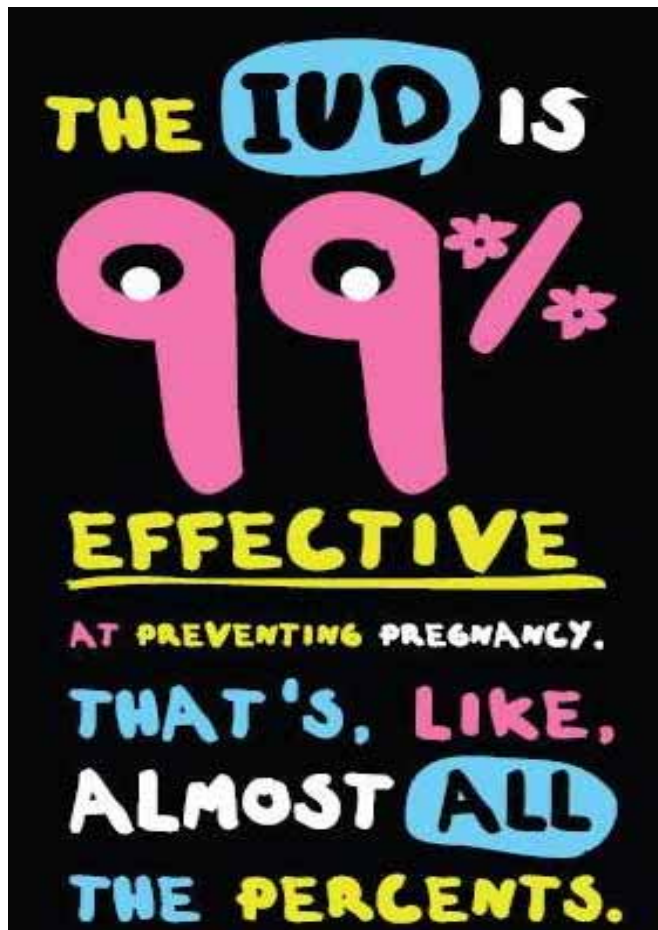
- ▶ PID incidence for IUD users similar to that of general population
 - ▶ Risk increased only during first month after insertion, still extremely low (1/1000)
 - ▶ Preexisting STI at time of insertion (not the IUD itself) increases risk
- => R/O GC/CT in at risk women
- In Asx teens may insert & screen

IUDs do not cause infertility... Chlamydia does!



- ▶ 2000 women case-control
- ▶ IUD users **NOT** more likely to have infertility than gravid controls (OR=0.9)
- ▶ Women with CT antibodies more likely to be infertile (OR=2.4)
- ▶ IUD use is not related to infertility
- ▶ Chlamydia is related to infertility
- ▶ Similar results in multiple studies

Almost ALL TEENS can use IUDs



WHO CAN USE IUDS:

- ▶ Teens? **YES!**
- ▶ Never been pregnant? **YES!**
- ▶ Multiple partners? **YES!**
- ▶ History of STD? **YES!**
- ▶ History of PID? **YES!**
- ▶ History of ectopic? **YES!**

ACOG: IUDs & teens



- ▶ *“Intrauterine devices are safe to use among adolescents.”*
- ▶ *“Intrauterine devices do not increase an adolescent’s risk of infertility.”*
- ▶ *“Intrauterine devices may be inserted without technical difficulty in most adolescents and nulliparous women.”*

ACOG: LARC & teens



- ▶ “With top-tier effectiveness, high rates of satisfaction and continuation, and no need for daily adherence, LARC methods should be first-line recommendations for adolescents.”
- ▶ “Health care providers’ concerns about LARC use by adolescents are a barrier to access.”

CDC: LARC & teens

CDC USMEC: U.S. Medical Eligibility Criteria

Key:

- 1 No restriction (method can be used)
- 2 Advantages generally outweigh theoretical or proven risks
- 3 Theoretical or proven risks usually outweigh the advantages
- 4 Unacceptable health risk (method not to be used)



Condition	Sub-condition	Combined pill, patch, ring		Progestin-only pill		Injection		Implant		LNG-IUD		Copper-IUD	
		I	C	I	C	I	C	I	C	I	C	I	C
Age		Menarche to <40=1		Menarche to <18=1		Menarche to <18=2		Menarche to <18=1		Menarche to <20=2		Menarche to <20=2	
		>40=2		18-45=1		18-45=1		18-45=1		>20=1		>20=1	

IUDs have VERY FEW contraindications

- ▶ **Current** PID
- ▶ **Current** untreated mucopurulent cervicitis, gonorrhea, or chlamydia
- ▶ Post abortion/partum infection in past 3 mo.
- ▶ Current or suspected pregnancy
- ▶ Anatomically distorted uterine cavity
- ▶ Wilson's disease (Paragard)
 - ▶ Other: Uncommon issues for TEENS
 - Known cervical or uterine cancer
 - Known Breast Cancer (Mirena only)
 - Genital bleeding of unknown etiology

IMPLANT: Only ONE Contraindication

- ▶ **Current Breast Cancer**

- ▶ **Important to know about Class labeling of implant with CHC by FDA.**

Young pregnant women lack knowledge about IUDs

How safe/effective are IUDs compared to pills, injections, or tubal sterilization?

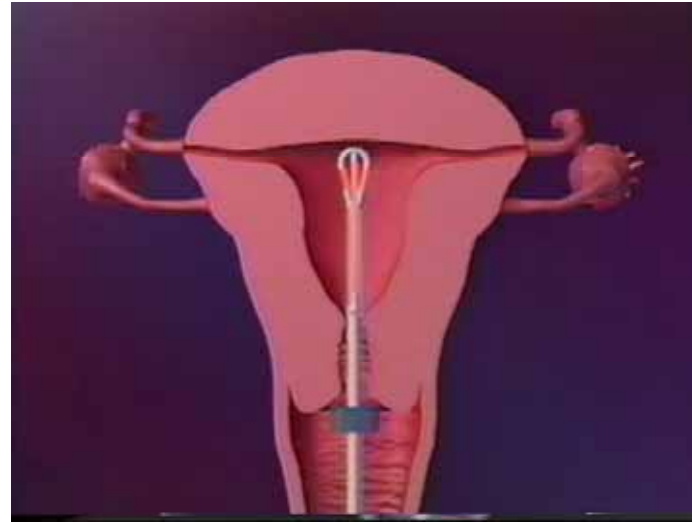
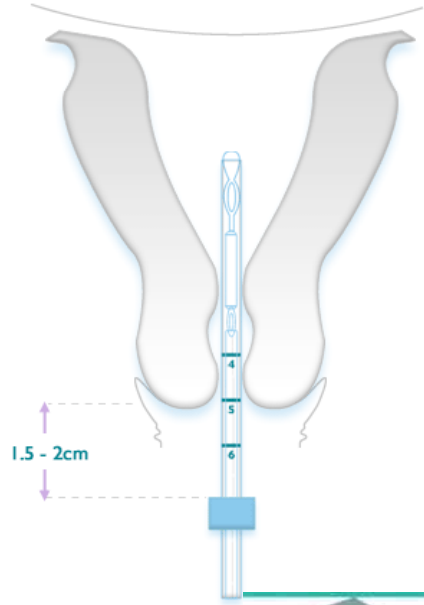
Unsure of safety



Unsure of efficacy



IUC insertion: What to expect?

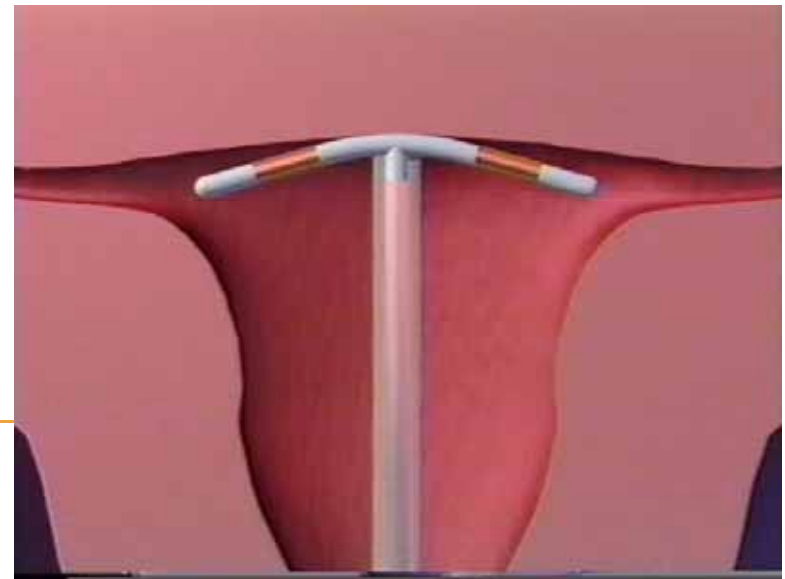


Mirena[®]

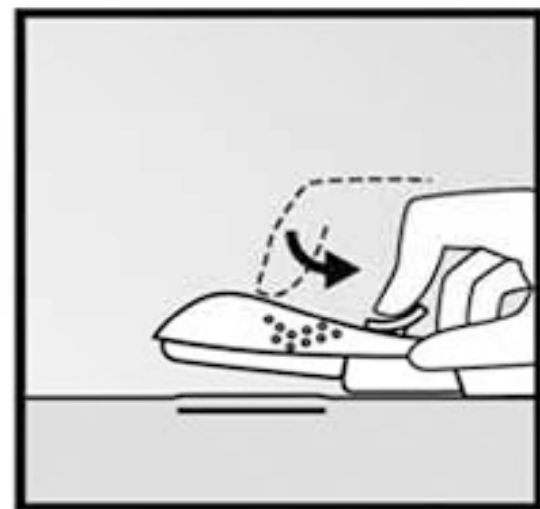
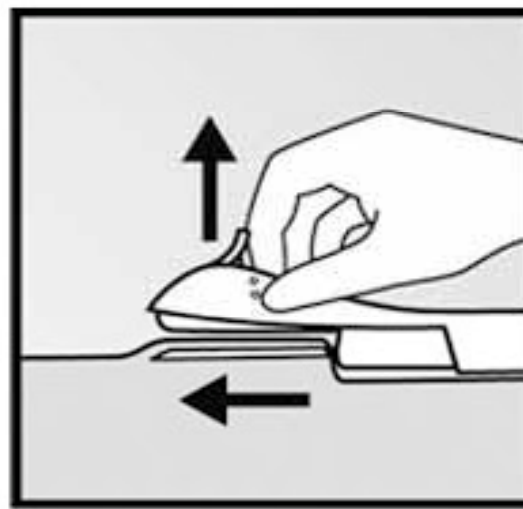
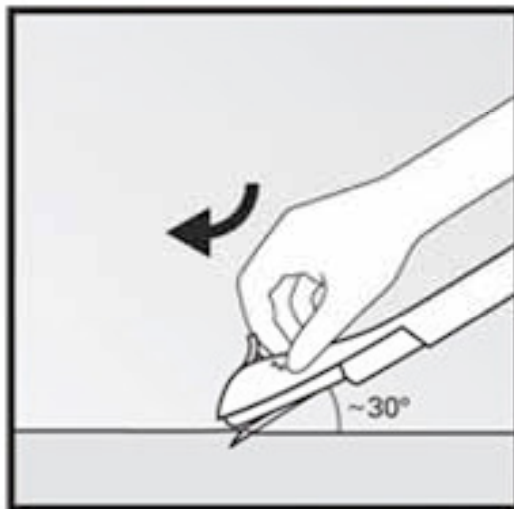
With slider fixed in the furthest position, pull on the threads to place the IUS in the insertion tube

PHYSICIAN FOR REPRODUCTIVE HEALTH

An illustration of a hand holding the insertion tube of the Mirena IUS. The tube is curved, and the IUS is visible at the end. The text above explains that the slider is fixed and the threads are pulled to insert the device.



Implant insertion: What to expect?



Training to insert implants

- ▶ Training available exclusively through Merck
- ▶ Those trained in Implanon can be trained online to insert and remove Nexplanon
- ▶ <http://www.nexplanon-usa.com/en/hcp/services-and-support/request-training/index.asp>

Referring teens for LARC

- ▶ Planned Parenthood
- ▶ Family Planning Clinics
- ▶ Ob/gyn
- ▶ LARC Locator
 - ▶ <http://larc.arhp.org/>



Making LARC affordable

- ▶ **Family Planning Benefits Program (FPBP) (NEW YORK)**
 - ▶ On site screening at most PP & FP clinics
 - ▶ Confidential
 - ▶ Presumptive Eligibility for teens
 - ▶ Insured teens may apply for confidentiality
 - ▶ LARC is FREE!!!!
 - ▶ Watch the full webinar on FPBP at nypath.org

- ▶ Contraceptive coverage under ACA

Please complete your evaluations now

