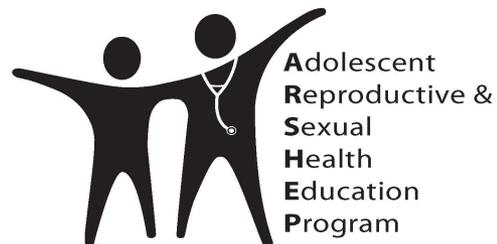


# Long-Acting Reversible Contraception: First Line Care for Adolescents



Rachael Phelps MD  
Medical Director  
Planned Parenthood of  
Central & Western New York

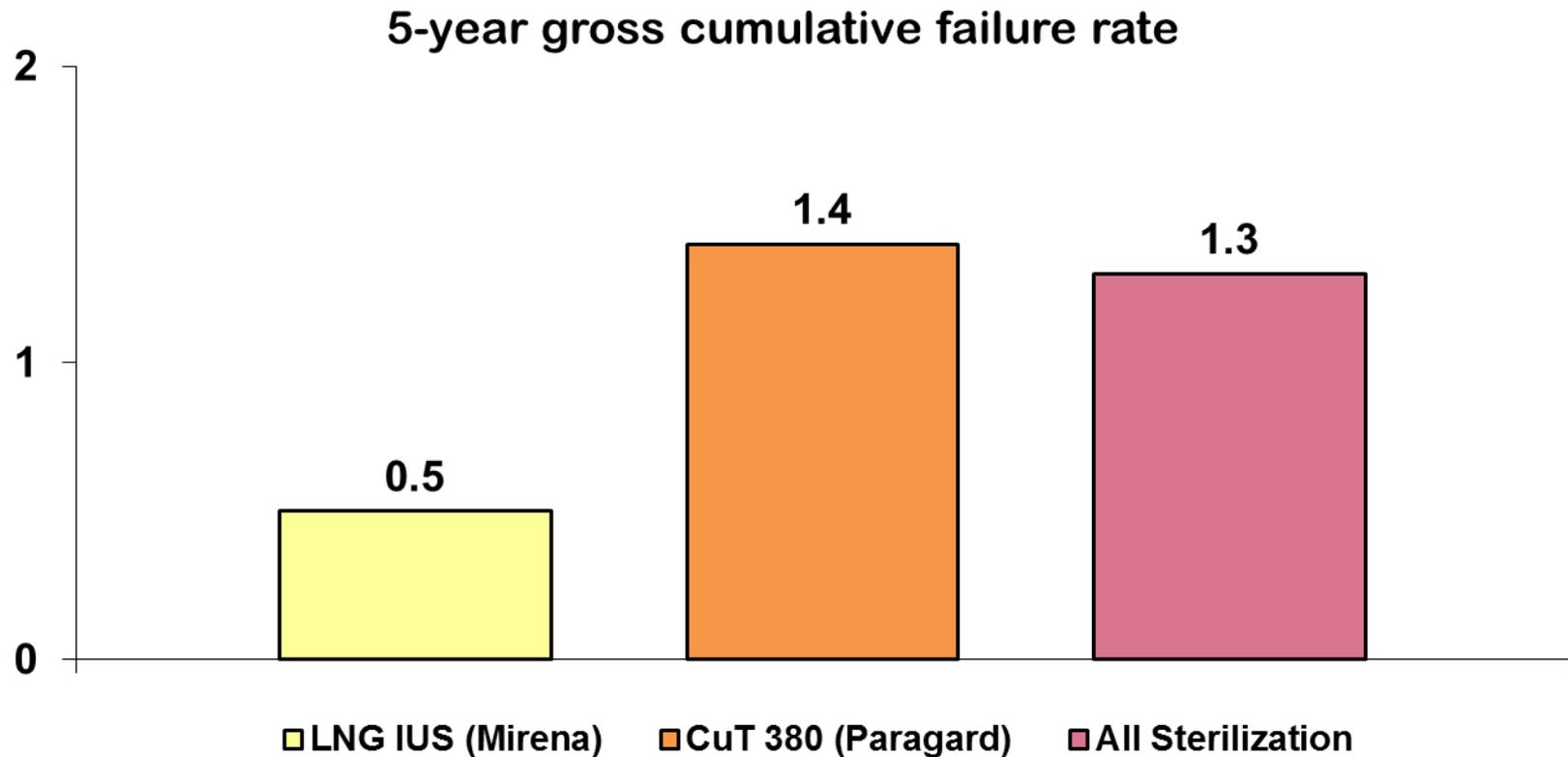
# Objectives

- Review lessons learned about LARC & teens from the Contraceptive Choice Project
- Describe the long-acting reversible contraception (LARC) methods available to adolescents
- Identify barriers and dispel common myths that impact LARC use among adolescents
- Review CDC US Medical Eligibility Criteria for LARC use in teens
- Review new recommendations from the CDC Selected Practice Recommendations for initiation of LARC methods

# Current Contraceptive Options: All Birth Control is not Equal

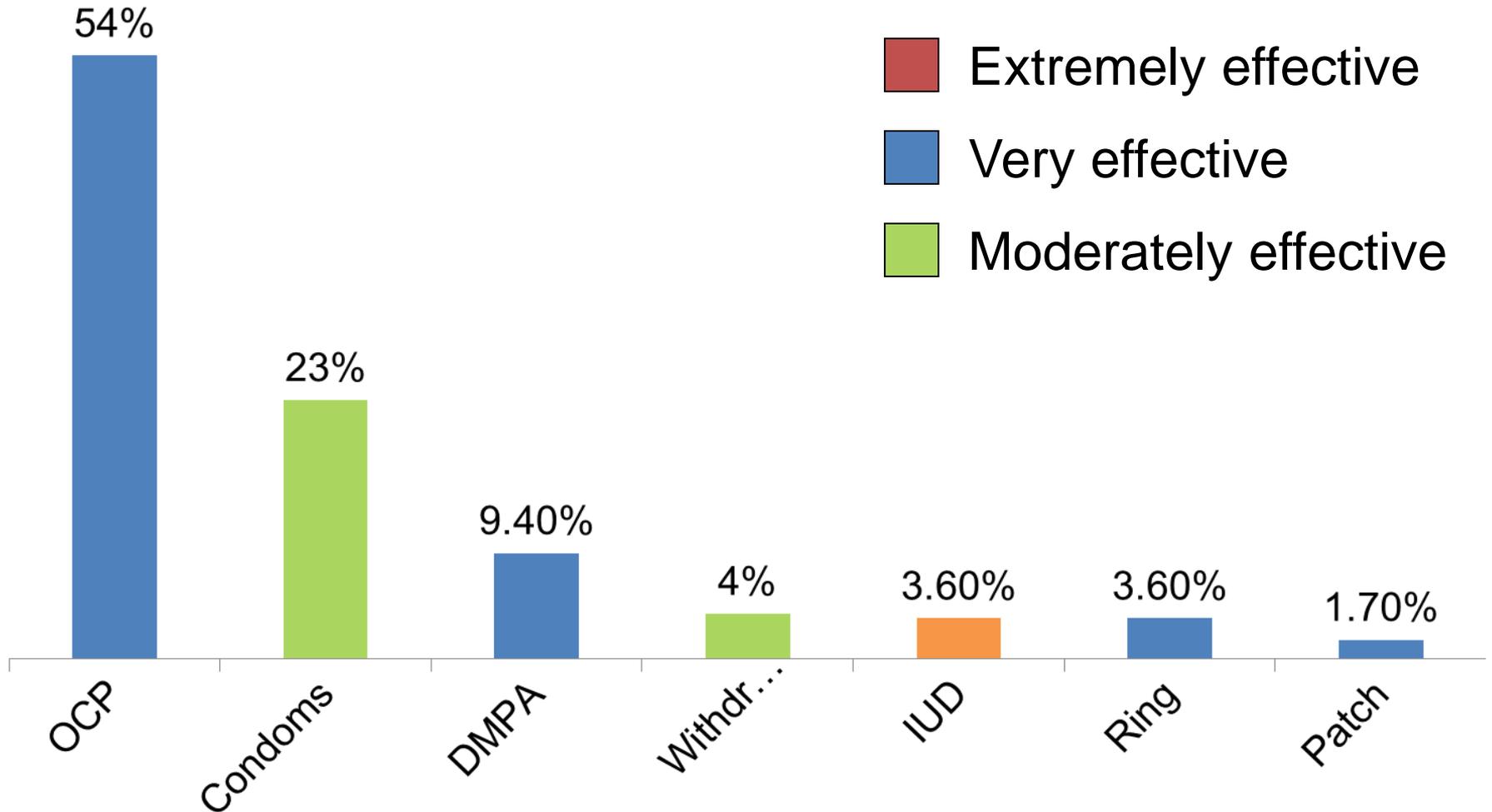
Extremely Effective	Very Effective	Moderately Effective	Effective
>99%	~91%–99%	~78%–98%	~72%–99%
<ul style="list-style-type: none"> <li>• Sterilization</li> <li>• Long-Acting Reversible Contraception:               <ul style="list-style-type: none"> <li>• Intrauterine Devices (IUDs)</li> <li>• Implants</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Pills</li> <li>• Ring</li> <li>• Patch</li> <li>• Injectable</li> </ul>	<ul style="list-style-type: none"> <li>• Male Condom</li> <li>• Withdrawal</li> <li>• Diaphragm</li> <li>• Female Condom</li> </ul>	<ul style="list-style-type: none"> <li>• Fertility awareness methods</li> <li>• Spermicide</li> </ul>

# IUDs as effective as sterilization ... but immediately reversible

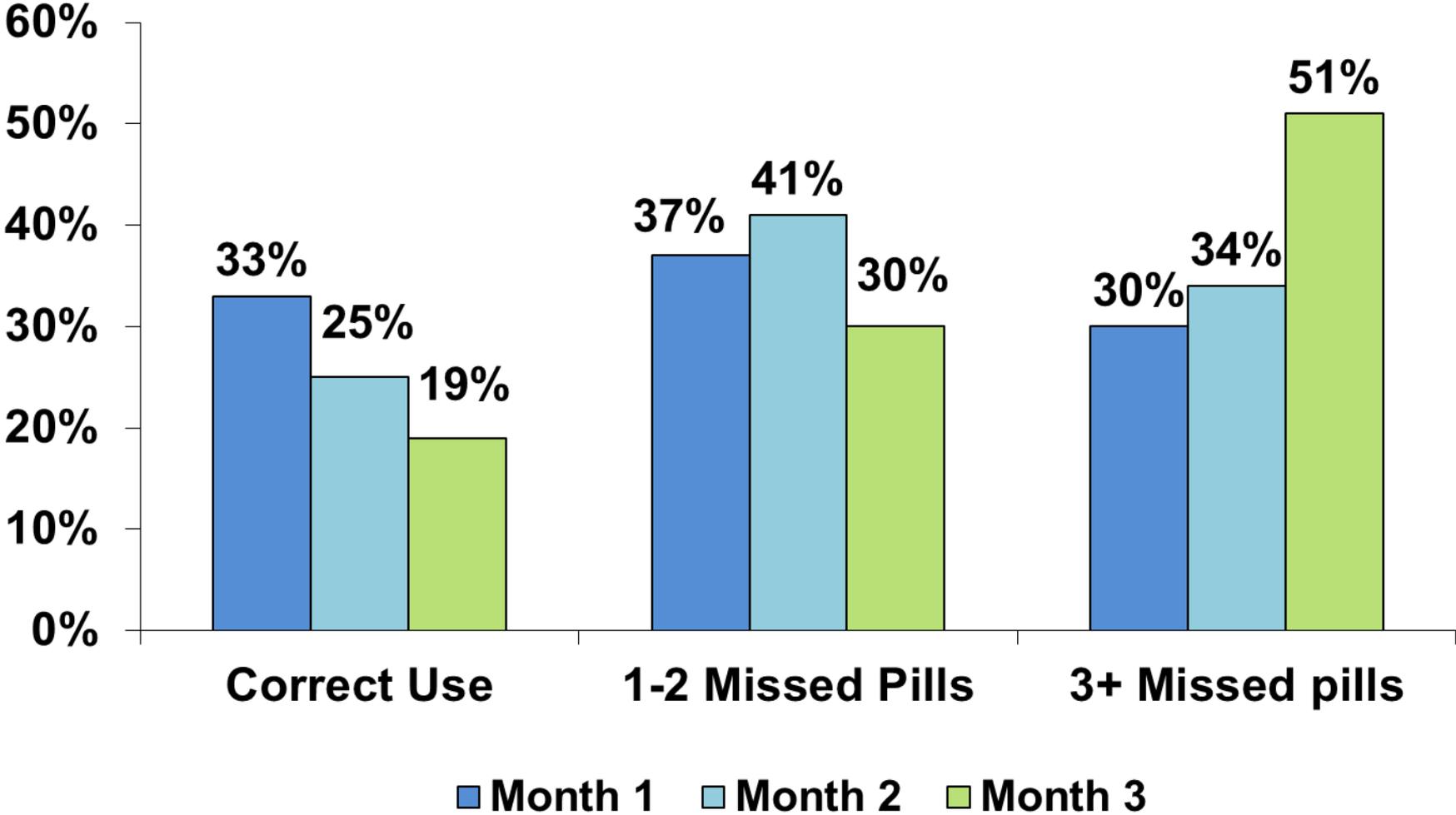


# What are Teens Using for Contraception?

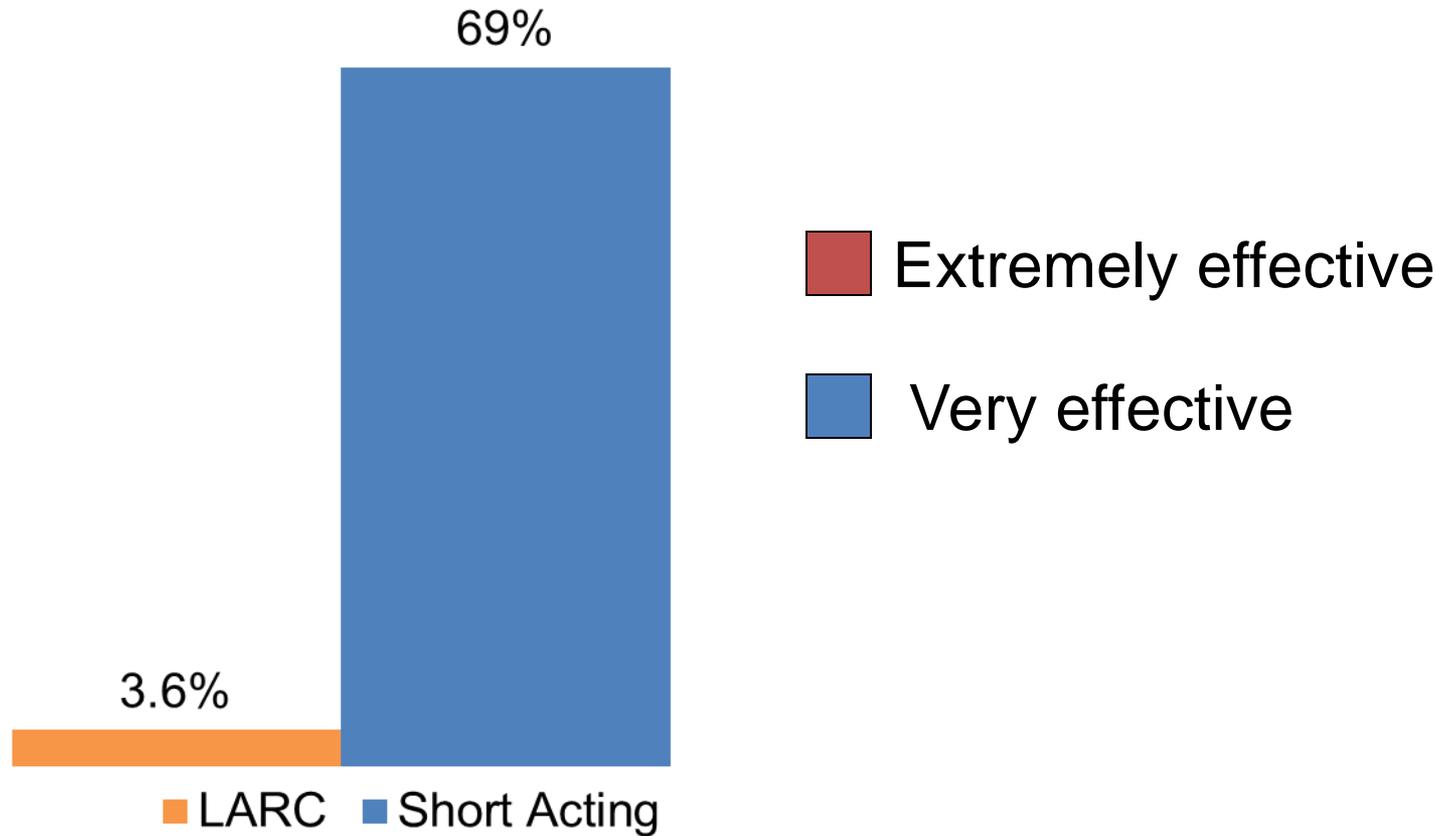
U.S. teens 15-19 yrs-CDC NSFG 2006-2008



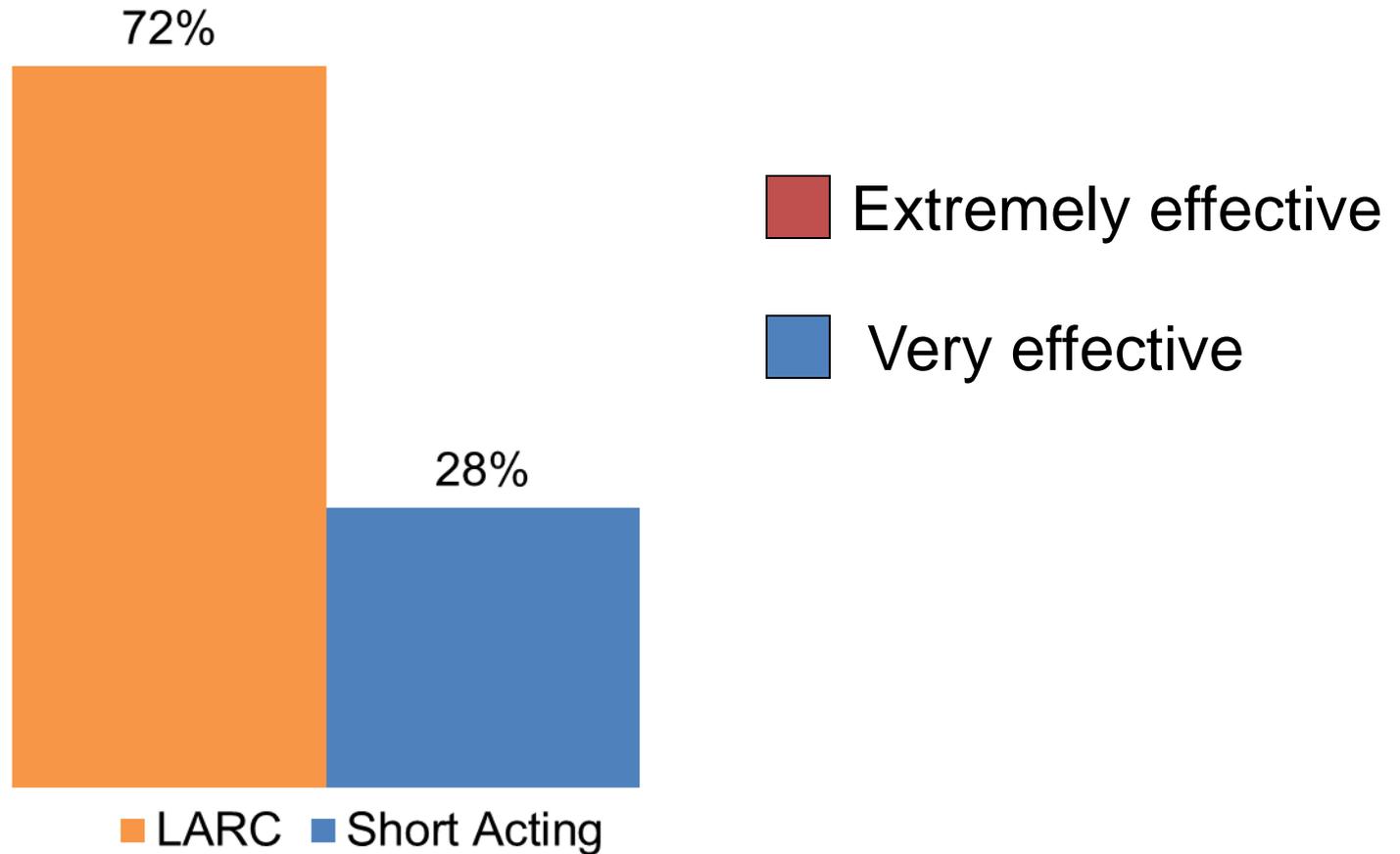
# Most Women Forget Pills



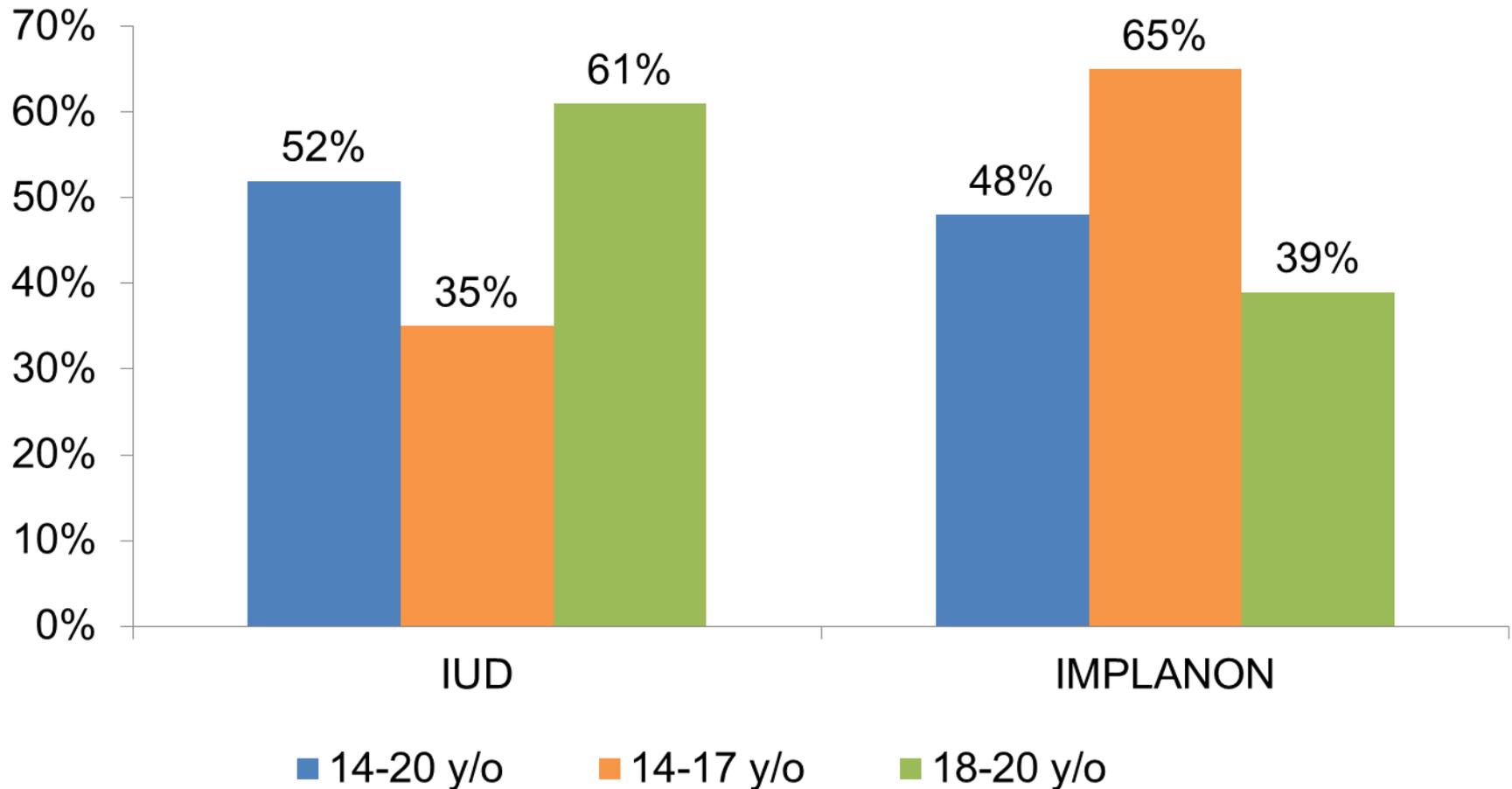
# What birth control are teens using?



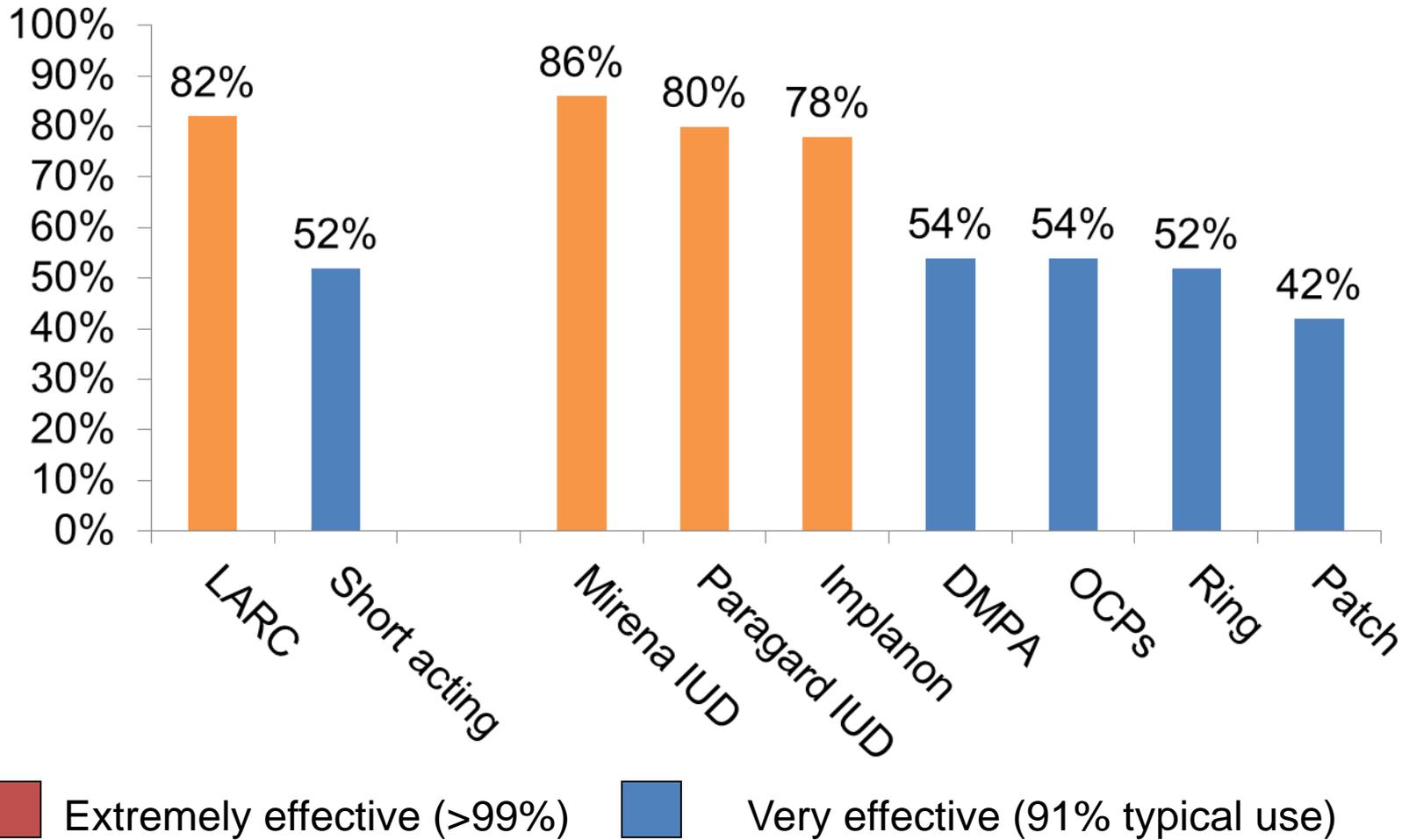
# What birth control would teens choose?



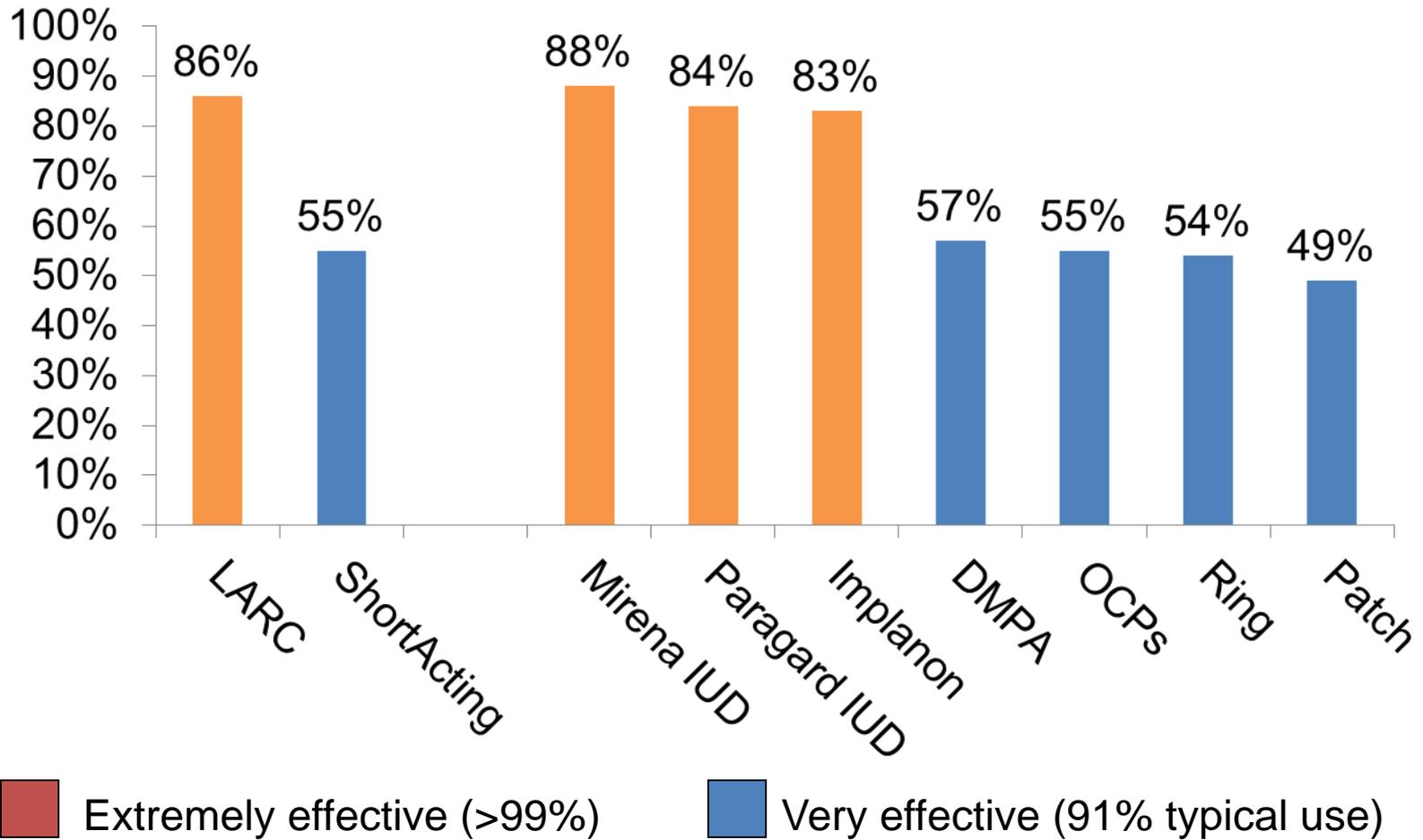
# Of Teens Choosing LARC... What Do Teens Choose?



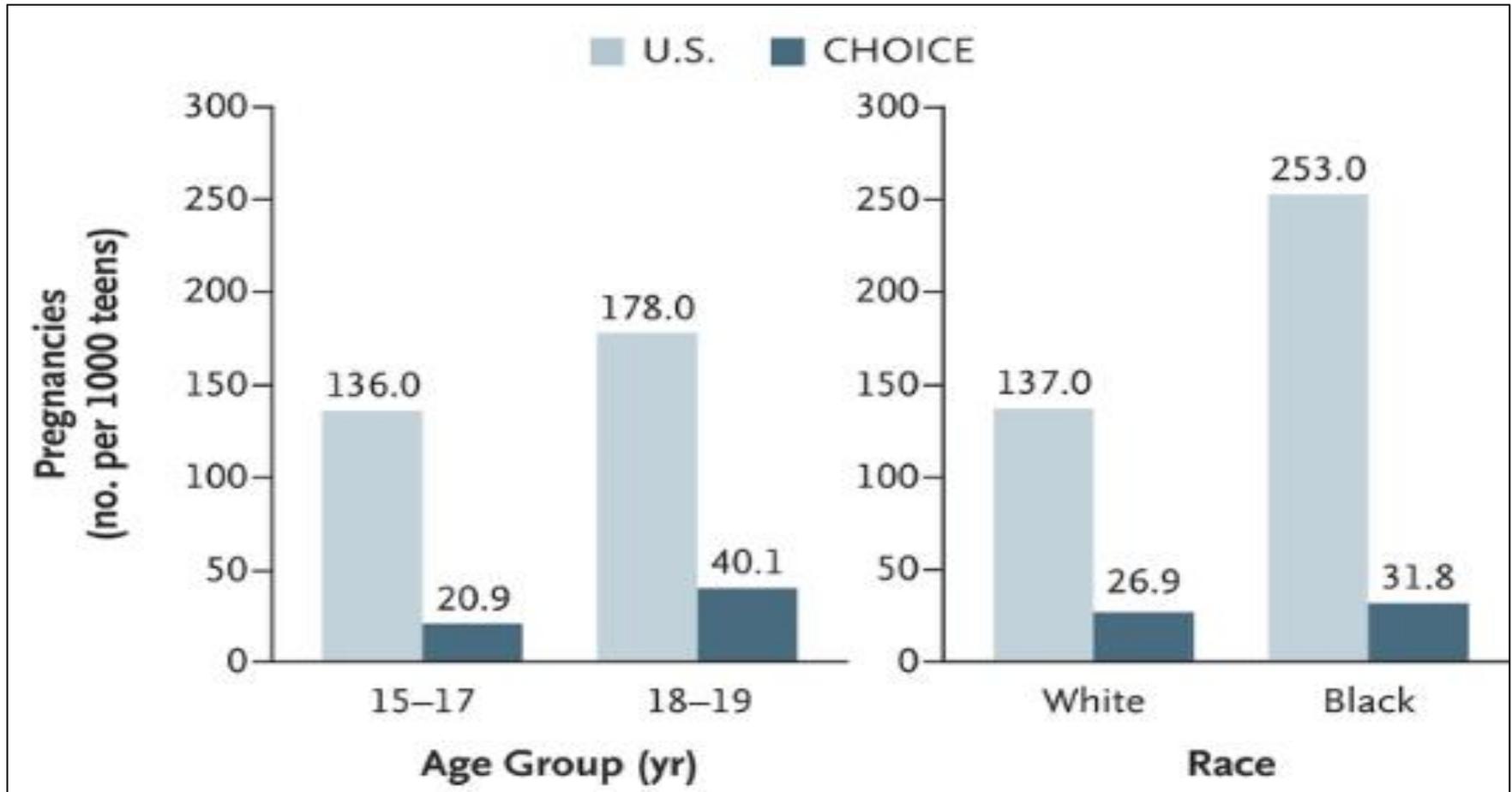
# LARC has HIGHEST Satisfaction



# LARC has HIGHEST Continuation



# Pregnancy Rates in Sexually Active Teens





What is LARC?

Long-

Acting

Reversible

Contraception

# Long Acting Reversible Contraception (LARC) = IUDs & Implants



- Most effective methods: >99%
- Safest
  - No estrogen
  - Contraindications rare
- Highest patient satisfaction
- Highest continuation rates
- Long-term protection (3-12 years)
- Rapid return of fertility
- Most cost effective
- Least likely to be used by teens

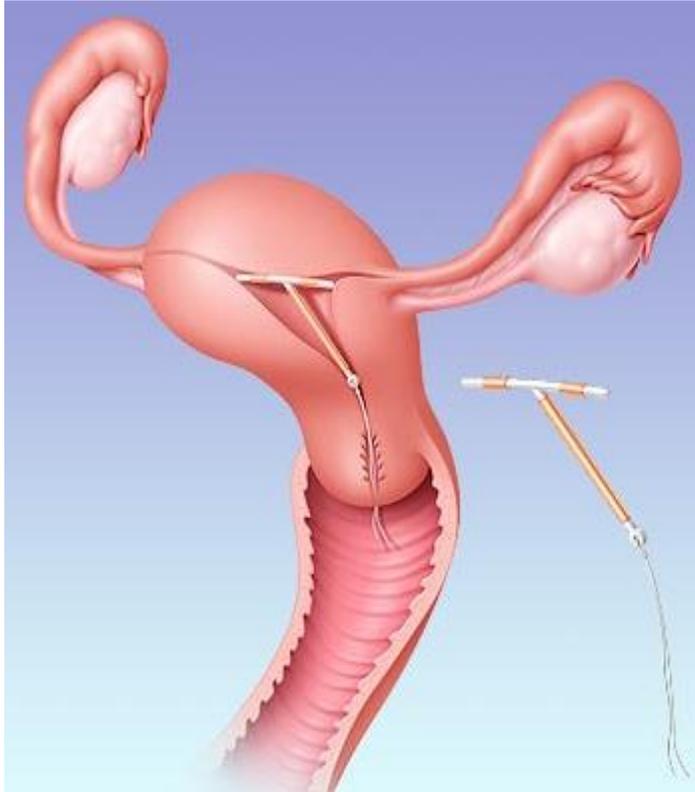
# Levonorgestrel IUD (Mirena®)



- 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



# Copper-T IUD: Paragard®



- 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



# 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

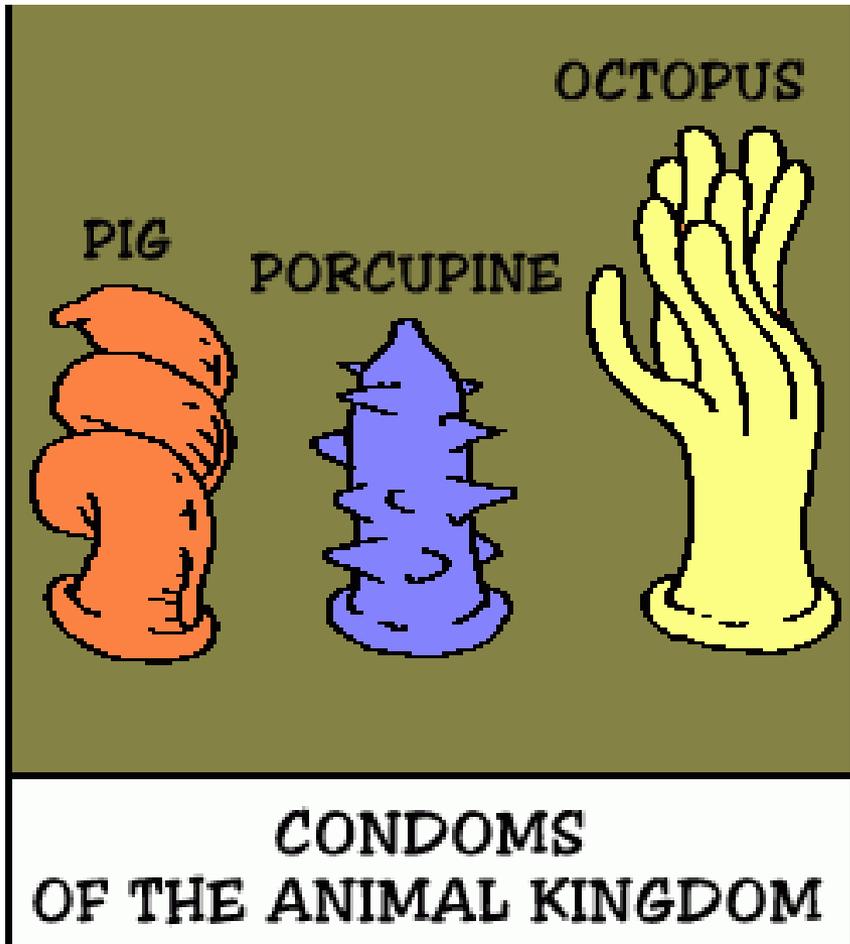
# Implant: Nexplanon®



- 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 restricted

# 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)
- Screen for GC/CT in at risk teens
  - In Asx teens: Recommendation is to screen and insert same day
  - No need to wait for result to insert unless mucopurulent cervicitis or known exposure
- PID is **NOT** an indication for IUC removal
- GC/CT **NOT** an indication for IUC removal

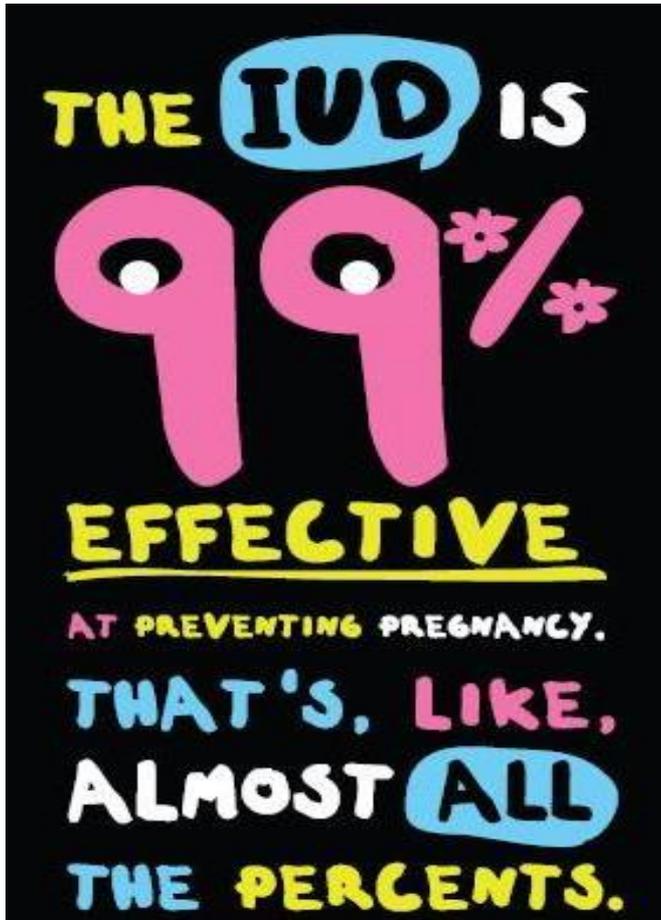
Svensson L, et al. *JAMA*. 1984; Sivin I, et al. *Contraception*. 1991; Farley T, et al. *Lancet*. 1992.

# 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!

# AAP: LARC and Teens



- “Given the efficacy, safety, and ease of use, LARC methods should be considered first-line contraceptive choices for adolescents.”
- “Pediatricians should be able to educate patients about LARC methods...”

# ACOG: IUDs and 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 and Teens

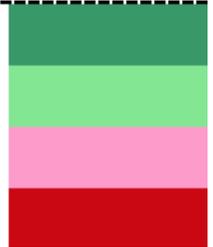
- “With top-tier effectiveness, high rates of satisfaction and continuation, and no need for daily adherence, LARC methods should be first-line recommendations for adolescents.”
- “Health care providers’ concerns about LARC use by adolescents are a barrier to access.”



# CDC: LARC and Teens

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
- Current (known) untreated 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.

# CDC US Medical Eligibility Criteria (USMEC)

IUDs & Implants are a USMEC 1/2  
for ALL of the following conditions:

- **Nulliparity**
- **Adolescence**
- **CIN**
- **Obesity**
- **Postpartum**
- **Breastfeeding**
- **Diabetes**
- **HIV**
- **Depression**
- **Stroke/DVT**
- **PID (continuation)**
- **STI (continuation)**

# Initiation of IMPLANTS: CDC SPR

- EXAM/TESTS needed prior to insertion: NONE
- TIMING: ANYTIME (including postpartum)
  - Waiting for menses is not necessary
  - Switching from another method=> Back-up x 1 week
  - Quick start
    - Perform Urine pregnancy test- if negative => insert
    - Recommend back-up method for 1 week
    - Repeat Pregnancy test in 2-4 weeks
  - “For contraceptive methods other than IUDs, the benefits of starting to use a contraceptive method likely exceed any risk, even in situations in which the health-care provider is uncertain whether the woman is pregnant.” CDC US SPR

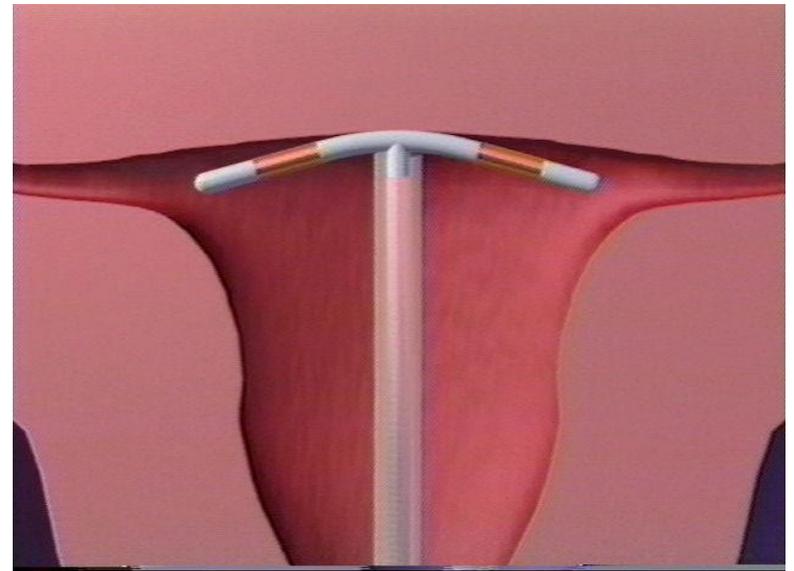
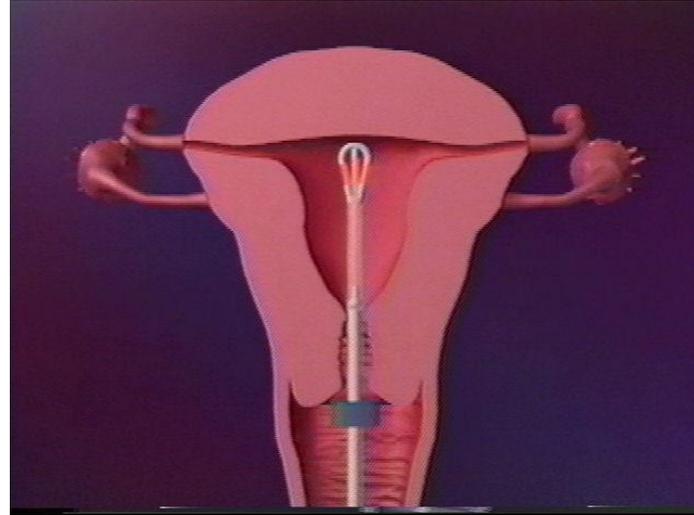
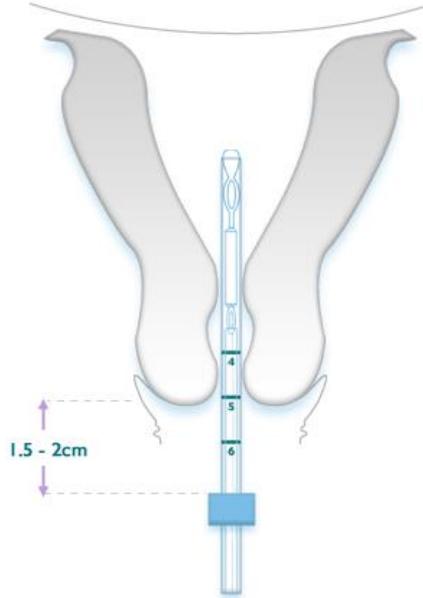
# Initiation of IUDs: CDC SPR

- **EXAM/TESTS** needed prior to insertion:
  - Bimanual exam to assess size and position of uterus
  - Cervical inspection to assess for signs of infection
  - STD screening per CDC guidelines
    - “Screening can be performed at the time of IUD insertion and insertion should not be delayed” --CDC SPR
  - **NOT** indicated: Hb/Hct, CBE, Pap
- **TIMING**: **Anytime** it is reasonably certain that a teen/woman is not pregnant
  - IUDs DO NOT need to be inserted on menses

# How To Be Reasonably Certain that a Woman Is Not Pregnant

- $\leq 7$  days after the start of normal menses
- Has not had sexual intercourse since the start of last normal menses
- Has been correctly and consistently using a reliable method of contraception
- $\leq 7$  days after spontaneous or induced abortion
- Is within 4 weeks postpartum
- Is fully or nearly fully breastfeeding, amenorrheic, and  $< 6$  months postpartum
  - Mirena => Back-up x 1weeks
  - Paragard => Immediately effective, no back-up needed

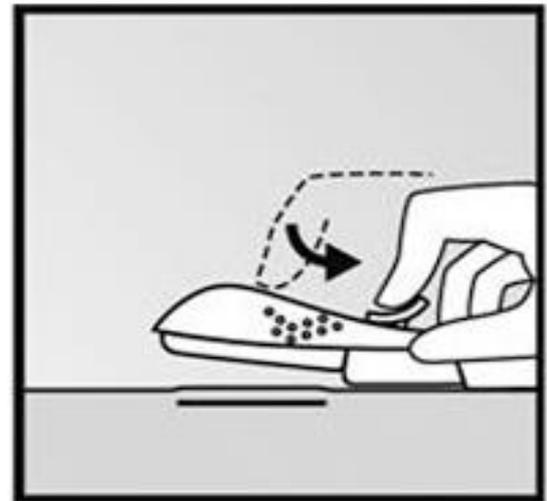
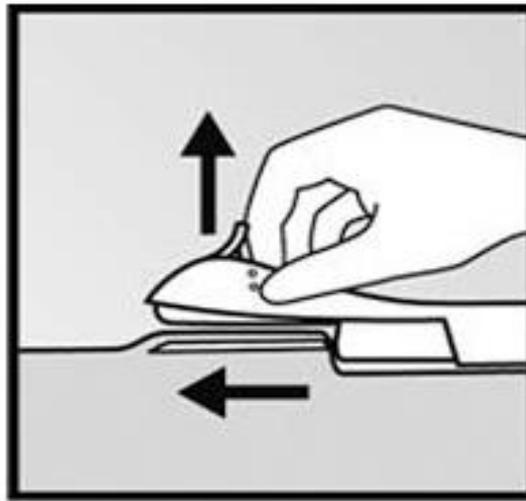
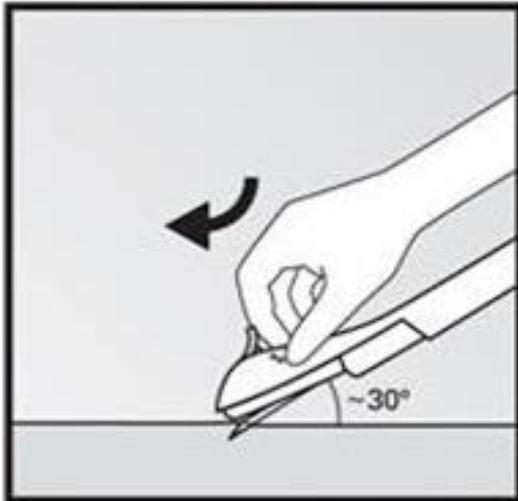
# IUD Insertion: What to Expect?



# Implant Insertion: What to Expect?



© AP



# LARC-Specific Resources

- LARC Locator
  - [larc.arhp.org](http://larc.arhp.org)
- Bedsider
  - <http://bedsider.org/methods>
- Centers for Disease Control-US Medical Eligibility Criteria
  - <http://www.cdc.gov/reproductivehealth/unintendedpregnancy/usmec.htm>
- Centers for Disease Control-US Selected Practice Recommendations
  - <http://www.cdc.gov/reproductivehealth/unintendedpregnancy/usspr.htm>
- Contraceptive Technology
  - <http://www.contraceptivetechnology.org/>
- Managing Contraception
  - <http://managingcontraception.com/>
- The Contraceptive Choice Project
  - <http://www.choiceproject.wustl.edu/>



# Provider Resources and Organizational Partners

- [www.advocatesforyouth.org](http://www.advocatesforyouth.org) Advocates for Youth
- [www.aap.org](http://www.aap.org) American Academy of Pediatricians
- [www.aclu.org/reproductive-freedom](http://www.aclu.org/reproductive-freedom) American Civil Liberties Union  
Reproductive Freedom Project
- [www.acog.org](http://www.acog.org) American College of Obstetricians and Gynecologists
- [www.arhp.org](http://www.arhp.org) Association of Reproductive Health Professionals
- [www.cahl.org](http://www.cahl.org) Center for Adolescent Health and the Law
- [www.glma.org](http://www.glma.org) Gay and Lesbian Medical Association

# Provider Resources and Organizational Partners

- [www.guttmacher.org](http://www.guttmacher.org) Guttmacher Institute
- [janefondacenter.emory.edu](http://janefondacenter.emory.edu) Jane Fonda Center at Emory University
- [www.msm.edu](http://www.msm.edu) Morehouse School of Medicine
- [www.prochoiceny.org/projects-campaigns/torch.shtml](http://www.prochoiceny.org/projects-campaigns/torch.shtml) NARAL Pro-Choice New York Teen Outreach Reproductive Challenge (TORCH)
- [www.naspag.org](http://www.naspag.org) North American Society of Pediatric and Adolescent Gynecology
- [www.prh.org](http://www.prh.org) Physicians for Reproductive Health

# Provider Resources and Organizational Partners

- [www.siecus.org](http://www.siecus.org) Sexuality Information and Education Council of the United States
- [www.adolescenthealth.org](http://www.adolescenthealth.org) Society for Adolescent Health and Medicine
- [www.plannedparenthood.org](http://www.plannedparenthood.org) Planned Parenthood Federation of America
- [www.reproductiveaccess.org](http://www.reproductiveaccess.org) Reproductive Health Access Project
- [www.spence-chapin.org](http://www.spence-chapin.org) Spence-Chapin Adoption Services



**Adolescent  
Reproductive &  
Sexual  
Health  
Education  
Program**