Contraceptives

The goal is to offer counseling appropriate for anyone with the potential for pregnancy. Use a shared decision-making model, starting with the individual's goals for contraception with sensitivity to health equity and future family planning desires. The choice of contraceptive method can be complex and is likely to change over time. In reviewing options, consider medical history, lifestyle, reproductive goals and timing, and preferences that meet patient needs at the present time. Be sure that patient objectives are aligned with the contraceptive method chosen and support optimal health outcomes

Counseling Needs for Targeted Populations

- Healthy adolescent issues to consider in decision-making are: acne, weight gain, and ability to be compliant with the method chosen.
- Obesity increases metabolic rate, clearance of hepatically-metabolized drugs, circulating blood volume, and absorption of contraceptive steroids in adipose tissue. As a result, individuals with obesity may take longer to achieve a therapeutic level of contraceptive hormones.

Clinical Considerations

- **Medical History**: Assess for contraindications such as a history of thromboembolic disorders, hypertension, smoking status, cardiovascular conditions including hypertension, and migraine with aura.
- **Lifestyle and Preferences**: Consider ease of use, partner involvement, and individual needs.
- **Future Pregnancy Plan:** Discuss plans for future pregnancy and the reversibility of the chosen method.
- **Side Effects and Non-contraceptive Benefits:** Review potential side effects and any health benefits (e.g., reduced menstrual bleeding, reduced risk for certain reproductive cancers).

Contraceptives

Oral Contraceptives (The Pill)

Types: Combined oral contraceptives (COCs) and progestin-only pills (POPs).

- Appropriate for:
  - COCs: Healthy, non-smoking patients under 35 years.
  - POPs: Patients who are breastfeeding, individuals who cannot take estrogen, or those with a history of migraine with aura.
- Contraindications:
  - COCs: History of thromboembolic disorders, severe hypertension, smoking and over age 35, history of or high risk for breast cancer, liver disease, migraine with aura.
  - POPs: Active liver disease, current breast cancer, undiagnosed abnormal uterine bleeding.
- Considerations:
  - COCs: Must be taken daily, possible side effects include nausea, breast tenderness, weight gain, and increased risk of blood clots.
  - POPs: Must be taken at the same time every day, potential for irregular bleeding, and are slightly less effective than COCs.

Intrauterine Devices (IUDs)

Types: Copper IUD and Hormonal IUD (levonorgestrel).

- Appropriate for:
  - Copper IUD: Patients seeking long-term, non-hormonal contraception.
  - Hormonal IUD: Patients with heavy menstrual bleeding, dysmenorrhea, or those seeking long-term contraception (3-7 years depending on the type).
- Contraindications:
  - Active pelvic infection, unexplained vaginal bleeding, uterine conditions (eg, fibroids), current breast cancer (hormonal IUD).
- Considerations:
  - Copper IUD: Can cause heavier menstrual bleeding and cramping, risk of expulsion or perforation.

Contraceptive Implants

Type: Single-rod implant (etonogestrel).

- Appropriate for:
  - Patients seeking long-term (up to 3 years), reversible contraception.
  - Those who prefer not to take daily or monthly contraception.
- Contraindications:
  - Active liver disease, current breast cancer, unexplained vaginal bleeding.
- Considerations:
  - Irregular bleeding, potential for insertion and removal complications, hormonal side effects such as weight gain, mood swings, and acne.

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Contraceptives

Vaginal Ring

Types: 1-month etonogestrel/ethinyl estradiol; 1-year segesterone acetate/ethinyl estradiol.

Appropriate for:

- Patients who prefer a monthly or yearly regimen vs daily pill or weekly patch.

- Contraindications:
  - History of thromboembolic disorders, severe hypertension, smoking and age over 35, breast cancer, liver disease, migraine with aura.
- Considerations::
  - Vaginal irritation or discharge, potential for expulsion, higher risk of blood clots compared to oral contraceptives.

Barrier Methods

Types: Condom (male and female), diaphragm, cervical cap, sponges.

Appropriate for:

- Patients or couples seeking non-hormonal, on-demand contraception.
- Individuals seeking protection against sexually transmitted diseases (STDs) – condoms only

- Contraindications:
  - Latex allergy (for latex condoms), recurrent urinary tract infections (diaphragms, cervical caps), history of toxic shock syndrome.
- Considerations:
  - Must be used correctly every time for efficacy, potential for decreased sensation (condom), possibility of breaking, need for proper fit.

Emergency Contraception

Types: Morning-after pill/Plan B (levonorgestrel, ulipristal acetate), copper IUD.

(*For use within 3-5 days post-intercourse but most effective the earlier it's taken)*

Appropriate for: Individuals seeking to prevent pregnancy after unprotected intercourse or contraceptive failure.

- Contraindications:
  - ECs: Known or suspected pregnancy.
  - Copper IUD: Active pelvic infection, unexplained vaginal bleeding, uterine abnormalities.
- Considerations:
  - ECs: Temporary side effects such as nausea, fatigue, headache, menstrual changes.
  - Copper IUD: Requires medical insertion, potential for heavier bleeding and cramping.

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Contraceptives

Sterilization

Types: Tubal ligation, vasectomy.

Appropriate for:

- Individuals who are certain they do not want future pregnancies.

- Contraindications:
  - Undecided about future pregnancy, high surgical risk.
- Considerations:
  - Permanent, surgical risks (eg, infection, bleeding), and the potential for regret if circumstances change.

Natural Family Planning

Types: Calendar method, basal body temperature monitoring, cervical mucus method.

Appropriate for:

- Individuals seeking non-hormonal contraceptive methods.
- Those willing to track fertility signs meticulously.

- Contraindications:
  - Irregular menstrual cycles, inability to consistently, and accurately monitor fertility signs.
- Considerations:
  - Requires daily monitoring and discipline, less effective for irregular cycles, partner cooperation.

Sources:
CDC Contraceptive Guidance for Health Care Providers.
UptoDate. Contraception: Counseling and Selection.

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