

Foreword

Contraceptive Needs— A Gateway to the Obstetrician- Gynecologist's Office



William F. Rayburn, MD, MBA
Consulting Editor

This issue of *Obstetrics and Gynecology Clinics of North America*, edited by Dr Pamela Lotke and Dr Bliss Kaneshiro, identifies the best topics for discussion about contraception. Most reproductive-aged women will seek out contraceptive care, which often serves as a gateway to the obstetrician-gynecologist office. Despite the fact that two-thirds to three-quarters of reproductive-age women use some form of contraception in the United States, approximately half of all pregnancies (6.7 million annually) are unintended. Therefore, an update about the spectrum of contraception methods is essential to readers of the *Obstetrics and Gynecology Clinics of North America*.

The editors have compiled an excellent list of topics worthy of our attention and sought the expertise of competent authors specializing in family planning. Multiple methods of contraception are highlighted in this issue, ranging from intrauterine contraception immediately postpartum or following surgical abortion, to emergency contraception, and sterilization. Our patients should be encouraged to choose a method from the most effective options while considering adverse events, length of use, and noncontraceptive benefits.

Throughout the issue, the authors encourage the reader to consider the following topics: when to begin contraception, how to manage women with medical issues (such as venous thrombosis risk), and return to fertility after discontinuation. The importance of counseling and strategies to enhance compliance are emphasized. The issue nicely addresses pertinent questions relating to age (especially adolescence), obesity, need for a Plan B, and when to discontinue contraception (or why stop?).

Current topics of particular interest to the reader deal with over-the-counter access to oral contraceptives, new guidelines from the Centers for Disease Control and Prevention (CDC), and contraceptive coverage and costs under the Affordable Care Act

mandate. Many absolute and relative contraindications to hormonal contraception, according to the CDC, are described in detail. Basics for patient education in plain language are also emphasized. Emergency contraception for those using barrier contraception and short-acting hormonal methods should be part of that discussion.

I appreciate this contemporary overview compiled by Dr Lotke and Dr Kaneshiro. Strategies presented in this issue are especially relevant. While breast and pelvic exams and screening for sexually transmitted diseases and cervical cancer are important, most groups, including the American College of Obstetricians and Gynecologists, World Health Organization, and Royal College of Obstetricians and Gynecologists, agree that these procedures are not necessary before beginning or reinitiating a method of contraception. Furthermore, I anticipate that contraceptive technology will advance in the ensuing decade with fewer adverse events and improved compliance. We look forward to a timely update in another 5 years about the best contraceptive methods that provide our patients with high levels of satisfaction and continuation.

William F. Rayburn, MD, MBA
Continuing Medical Education &
Professional Development
MSC10 5580
1 University of New Mexico
Albuquerque, NM 87131-0001, USA

E-mail address:
wrayburn@salud.unm.edu