

Contents

Foreword: Contraceptive Needs—A Gateway to the Obstetrician-Gynecologist's Office	xiii
William F. Rayburn	
Preface: Contraception	xv
Pamela S. Lotke and Bliss Kaneshiro	
Increasing Use of Long-Acting Reversible Contraception to Decrease Unplanned Pregnancy	557
Pamela S. Lotke	
<p>Unintended pregnancy remains high in the United States, accounting for one-half of pregnancies. Both contraceptive nonuse and imperfect use contribute to unplanned pregnancies. Long-acting reversible contraception (LARC) have greater efficacy than shorter acting methods. Data from large studies show that unplanned pregnancy rates are lower among women using LARC. However, overall use of LARC is low; of the reproductive age women using contraception, less than 10% are LARC users. Barriers include lack of knowledge and high up-front cost, and prevent more widespread use. Overcoming these barriers and increasing the number of women using LARC will decrease unplanned pregnancies and abortions.</p>	
Immediate Postpartum Intrauterine Contraception Insertion	569
Sarah W. Prager and Erin E. McCoy	
<p>The immediate postpartum period is a favorable time for initiating contraception because women who have recently given birth are often highly motivated to use contraception, pregnancy is excluded, and the hospital setting offers convenience for patients and providers. This article addresses immediate postpartum intrauterine contraception (IUC) insertion for copper and levonorgestrel IUC. Immediate postpartum IUC is safe and effective, with a majority of IUC devices retained at 6 and 12 months. There are increased rates of expulsion, compared with delayed postpartum insertion and interval insertion, which need to be weighed against the risk of patients not returning for postpartum follow-up.</p>	
Immediate Intrauterine Device Insertion Following Surgical Abortion	583
Eva Patil and Paula H. Bednarek	
<p>Placement of an intrauterine device (IUD) immediately after a first or second trimester surgical abortion is safe and convenient and decreases the risk of repeat unintended pregnancy. Immediate postabortion IUD placement is not recommended in the setting of postprocedure hemorrhage, uterine perforation, infection, or hematometra. Otherwise, there are few contraindications to IUD placement following surgical abortion. Sexually transmitted infection screening should follow US Centers for Disease Control and</p>	

Prevention guidelines. No additional antibiotics are needed beyond those used for the abortion. Placing immediate postabortion IUDs makes highly-effective long-acting reversible contraception more accessible to women.

Therapeutic Options for Unscheduled Bleeding Associated with Long-Acting Reversible Contraception

593

EmmaKate Friedlander and Bliss Kaneshiro

Long-acting reversible contraception (LARC) is the most effective form of reversible contraception. Although most women are satisfied with LARC methods, unscheduled bleeding and spotting are common reasons for method dissatisfaction and discontinuation. This systematic analysis of the current literature delineates treatment options for unscheduled bleeding related to LARC use. Although consistent results are lacking, all devices seem to have the best response to nonsteroidal antiinflammatory drugs for 5 to 7 days or the antifibrinolytic agent tranexamic acid. Additional studies are necessary to identify improved treatment interventions for unscheduled bleeding with LARC use.

Contraceptive Coverage and the Affordable Care Act

605

Mary Tschann and Reni Soon

A major goal of the Patient Protection and Affordable Care Act is reducing healthcare spending by shifting the focus of healthcare toward preventive care. Preventive services, including all FDA-approved contraception, must be provided to patients without cost-sharing under the ACA. No-cost contraception has been shown to increase uptake of highly effective birth control methods and reduce unintended pregnancy and abortion; however, some institutions and corporations argue that providing contraceptive coverage infringes on their religious beliefs. The contraceptive coverage mandate is evolving due to legal challenges, but it has already demonstrated success in reducing costs and improving access to contraception.

Over-the-Counter Access to Oral Contraceptives

619

Daniel Grossman

Making oral contraceptives (OCs) available over the counter (OTC) could help to reduce the high rate of unintended pregnancy in the United States. Surveys show widespread support for OTC access to OCs among US women. Studies indicate that women can accurately use checklists to identify contraindications to OCs. Continuation is as good or better among OTC users compared with women using OCs obtained by prescription. Women and clinicians have expressed concerns related to making OCs available OTC. These concerns can be addressed by existing data or through research required by the Food and Drug Administration as part of the application to make OCs available OTC.

Providing Contraception to Adolescents

631

Shandhini Raidoo and Bliss Kaneshiro

Adolescents have high rates of unintended pregnancy and face unique reproductive health challenges. Providing confidential contraceptive

services to adolescents is important in reducing the rate of unintended pregnancy. Long-acting contraception such as the intrauterine device and contraceptive implant are recommended as first-line contraceptives for adolescents because they are highly effective with few side effects. The use of barrier methods to prevent sexually transmitted infections should be encouraged. Adolescents have limited knowledge of reproductive health and contraceptive options, and their sources of information are often unreliable. Access to contraception is available through a variety of resources that continue to expand.

Safety and Efficacy of Contraceptive Methods for Obese and Overweight Women 647

Pamela S. Lotke and Bliss Kaneshiro

Increasing rates of obesity have become a major public health challenge. Given the added health risks that obese women have during pregnancy, preventing unwanted pregnancy is imperative. Clinicians who provide contraception must understand the efficacy, risks, and the weight changes associated with various contraceptive methods. Despite differences in the pharmacokinetics and pharmacodynamics of hormonal contraceptives in overweight and obese women, efficacy does not appear to be severely impacted. Both estrogen-containing contraceptives and obesity increase the risk of venous thromboembolism, but the absolute risk remains acceptably low in reproductive age women.

Contraceptive Method Initiation: Using the Centers for Disease Control and Prevention Selected Practice Guidelines 659

Wan-Ju Wu and Alison Edelman

The US Selected Practice Recommendations is a companion document to the Medical Eligibility Criteria for Contraceptive Use that focuses on how providers can use contraceptive methods most effectively as well as problem-solve common issues that may arise. These guidelines serve to help clinicians provide contraception safely as well as to decrease barriers that prevent or delay a woman from obtaining a desired method. This article summarizes the Selected Practice Recommendations on timing of contraceptive initiation, examinations, and tests needed prior to starting a method and any necessary follow-up.

Why Stop Now? Extended and Continuous Regimens of Combined Hormonal Contraceptive Methods 669

Lyndsey S. Benson and Elizabeth A. Micks

Combined hormonal contraceptives (CHCs) have traditionally been prescribed in 28-day cycles, with 21 days of active hormones followed by a 7-day hormone-free interval. Extended and continuous CHC regimens, defined as regimens with greater than 28 days of active hormones, offer many benefits, including a decrease in estrogen-withdrawal symptoms and likely greater efficacy because of more reliable ovulation suppression. Bleeding profiles are favorable, and unscheduled bleeding decreases over time with these regimens. Extended and continuous regimens of combined oral contraceptives and the contraceptive vaginal ring are safe and have high user acceptability and satisfaction. However,

despite numerous benefits, extended and continuous CHC regimens are underused.

Does the Progestogen Used in Combined Hormonal Contraception Affect Venous Thrombosis Risk?

683

Leo Han and Jeffrey T. Jensen

Combined hormonal contraceptives (CHCs) use a combination of estrogen and progestogen to provide contraception. The most important risk of using CHCs is venous thromboembolism (VTE). It is unclear whether the type of progestogen used in a method augments that risk. Although the evidence supporting an increase in thrombosis risk is not conclusive, neither is the evidence supporting the benefit of newer progestogens in terms of tolerability or continuation. The benefits of CHCs outweigh the risks and the absolute risk of VTE remains small. A balanced discussion of potential risks and benefits of particular CHC formulations is warranted during contraception counseling.

Emergency Contraception: Do Your Patients Have a Plan B?

699

Holly Bullock and Jennifer Salcedo

Emergency contraception is used after unprotected sex, inadequately protected sex, or sexual assault to reduce the risk of pregnancy. Of emergency contraceptive methods available in the United States, the copper intrauterine device has the highest efficacy, followed by ulipristal acetate, levonorgestrel-containing emergency contraceptive pills, and the Yuzpe method. However, access to the most effective methods is limited. Although advanced prescription of emergency contraceptive pills and counseling on emergency contraception to all reproductive-aged women is recommended, women should be advised to contact their health care providers after taking emergency contraceptive pills to discuss possible copper intrauterine device placement and other follow-up.

Sterilization: A Review and Update

713

Chailee Moss and Michelle M. Isley

Sterilization is a frequently used method of contraception. Female sterilization is performed 3 times more frequently than male sterilization, and it can be performed immediately postpartum or as an interval procedure. Methods include mechanical occlusion, coagulation, or tubal excision. Female sterilization can be performed using an abdominal approach, or via laparoscopy or hysteroscopy. When an abdominal approach or laparoscopy is used, sterilization occurs immediately. When hysteroscopy is used, tubal occlusion occurs over time, and additional testing is needed to confirm tubal occlusion. Comprehensive counseling about sterilization should include discussion about male sterilization (vasectomy) and long-acting reversible contraceptive methods.

Index

725