Family Planning in the 21st Century

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Martha Reilly, MD
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Primary Care Conference – Peace Health
• There is nothing to disclose
Objectives

• Update on unintended pregnancy rates in the United States
• Explore LARC options for women of early adolescent age and perimenopausal age
• Update on new and upcoming contraceptives
• Primary care for your pts with h/o AB
• Tips on eliciting sexual history
Unintended Pregnancy – United States

“An intended pregnancy is one that was either mistimed or unwanted (45% of all pregnancies). If a woman did not want to become pregnant at the time the pregnancy occurred, but did want to become pregnant at some point in the future, the pregnancy is considered mistimed (27% of pregnancies). If a woman did not want to become pregnant then or at any time in the future, the pregnancy is considered unwanted (18% of pregnancies).”

--Guttmacher Institute
Unintended Pregnancy

• Age 15-19
  – Total birth rate 18/1000 (7% decline from 2017)
  – Total pregnancy rate 35/1000
  – Unintended pregnancy 79% age 15-17, 83% ag 18-19 (CDC, 2011)
  – 50% of teen mothers achieve HS diploma by age 22
  – Children of teen mothers have increased risk of incarceration, more health problems, lower school achievement

• Age > 35 (CDC, 2011)
  – Total pregnancy rate 47/1000
  – Unintended pregnancy rate 16/1000
  – Highest rate of preterm birth overall (14.5%)
  – Twice the risk of maternal mortality and morbidity as women <40 yo.

Not your grandmother’s LARC
**cCHOICE: 14-17 yo LARC use**

<table>
<thead>
<tr>
<th>Method</th>
<th>1 Year</th>
<th>2 Year</th>
<th>3 Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Levonorgestrel-20 IUD</td>
<td>87.3 (85.8–88.6)</td>
<td>76.7 (74.8–78.5)</td>
<td>69.8 (67.6–71.8)</td>
</tr>
<tr>
<td>Copper IUD</td>
<td>84.3 (80.7–87.3)</td>
<td>76.2 (72.1–79.9)</td>
<td>69.7 (65.1–73.7)</td>
</tr>
<tr>
<td>Implant</td>
<td>81.7 (78.3–84.7)</td>
<td>68.7 (64.7–72.3)</td>
<td>56.2 (51.8–60.3)</td>
</tr>
<tr>
<td>LARC methods overall</td>
<td>85.8 (84.5–87.0)</td>
<td>75.2 (73.6–76.7)</td>
<td>67.2 (65.4–68.9)</td>
</tr>
<tr>
<td>Non-LARC methods overall*</td>
<td>55.8 (54.2–59.4)</td>
<td>39.5 (36.9–42.1)</td>
<td>31.0 (28.5–33.5)</td>
</tr>
</tbody>
</table>

*Table 1. Long-Acting Reversible Contraception Continuation Rates From the CHOICE Project

**Abbreviations:** CHOICE, The Contraceptive CHOICE Project; IUD, intrauterine device; LARC, long-acting reversible contraception.

*Non-LARC methods were depot medroxyprogesterone acetate, oral contraceptive pills, contraceptive patch, and vaginal ring.

LARC Provision by Primary Care Providers -- Barriers

• Training
  – Survey\(^1\) of 862 PCPs in rural IL, WI: 35% placed IUC, 9% placed implants
    • 41% reported no training in IUC placement, 87% in implant placement
    • 50% referred to a provider in the same practice; 11-15% referred to a provider >25 miles away

• Focus on STI prevention for adolescents
  – Perception of high risk sexual behavior = not appropriate IUC candidate\(^2\)

• Providing maternity care associated with IUC and implant placement

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\(^1\)Lunde B, et al 2014
\(^2\)Rubin S et al 2013
Case 1: 14 yo G0

- New patient, presents for LNG-IUS for contraception
- Requests confidentiality
- LMP 7 days ago, menses regular
- Occasional condom use
- UCG negative today

WOULD YOU PLACE THE IUC? WHEN?
TODAY!

NO KIDDING!
Categories of Medical Eligibility Criteria for Contraceptive Use

U.S. MEC 1 = A condition for which there is no restriction for the use of the contraceptive method.

U.S. MEC 2 = A condition for which the advantages of using the method generally outweigh the theoretical or proven risks.

U.S. MEC 3 = A condition for which the theoretical or proven risks usually outweigh the advantages of using the method.

U.S. MEC 4 = A condition that represents an unacceptable health risk if the contraceptive method is used.

Source: CDC. U.S. Medical Eligibility Criteria for Contraceptive Use. MMWR 2016;65(No. RR-3).

Abbreviation: U.S. MEC = U.S. Medical Eligibility Criteria for Contraceptive Use.

Menarche to <20 years for Cu-IUD and LNG-IUD

<table>
<thead>
<tr>
<th>Method</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cu-IUD</td>
<td>2</td>
</tr>
<tr>
<td>LNG-IUD</td>
<td>2</td>
</tr>
<tr>
<td>Implants</td>
<td>-</td>
</tr>
<tr>
<td>DMPA</td>
<td>-</td>
</tr>
<tr>
<td>POP</td>
<td>-</td>
</tr>
<tr>
<td>CHCs</td>
<td>-</td>
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</table>

Emergency Contraception

Additional Methods
How to be reasonably sure she is not pregnant

No s/s pregnancy and meets one of the following criteria:
• Is ≤ 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
• Is ≤ 7 days after SAB or induced abortion
• Is within 4 weeks PP
• Is fully or nearly fully breastfeeding, amenorrheic, and < 6 months PP
Not so sure? Consider the implant quick start!

| NEXPLANON-ETONORGESTREL  
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>(ENG-Implant)</td>
</tr>
<tr>
<td>0.05% failure</td>
</tr>
<tr>
<td>Initially 60mcg/d</td>
</tr>
<tr>
<td>25-30mcg/d in 3 years</td>
</tr>
<tr>
<td>Lasts <strong>4 years</strong> !</td>
</tr>
<tr>
<td>Thickens cervical mucus</td>
</tr>
<tr>
<td>Suppresses ovulation</td>
</tr>
</tbody>
</table>

![Imagen de Nexplanon](alamy_stock_photo)
What about confidentiality?

• Minors of any age are allowed to access birth control-related information and services as well as testing and treatment for sexually transmitted infections (STIs) including HIV, without parental consent (ORS 109.610, ORS 109.640)

• Effective contraceptive counseling and shared decision-making are keys to dispelling myths and reducing barriers to LARCs

What about cost?

Reproductive Health Equity Act HB 3391

• Signed August 2017
• The bill requires Oregon based commercial health benefit plans to cover a suite of preventive health services, such as pregnancy-related care, contraceptives, female and male sterilization, and abortion, without any cost-sharing requirements.
• Regardless of citizenship or immigration status
Don’t forget IUD as Emergency Contraception!

Copper IUD is the MOST effective EC
Case 2: 49 yo, G0

- Menarche age 11, q 28d x 3-4, now q 21-34 x 3-6 days, heavy with intermittent spotting
- Pelvic US unremarkable
- Hx abnormal Pap 1990, biopsy negative
- Sexually active with male and female partners; occasional condom use
- CBC for chronic back pain
- Family history of cardiovascular disease (M), stroke (F), breast cancer (MGM)
LARCS for Perimenopause

• 26 births / 1,000 women age > 40 yr, 1/3rd are unintended
• Increased risk for SAB, chromosomal anomalies, diabetes, hypertensive disorders of pregnancy, low birth weight, perinatal mortality
• Increase in age-related risks associated with contraception
  – CHC caution or contraindication in women ≥ 35 years with multiple cardiovascular risk factors
    • Smoking MEC 2-4
    • HTN MEC 3-4
    • DM with vascular disease MEC 3-4
    • Current or history of ischemic heart disease 3-4
LARCs for Perimenopause

- Treatment for abnormal uterine bleeding
  - 18% amenorrhea LNG-IUS
  - Leiomyomas: no decrease in size, depends on number, location, size
  - Reduction in bleeding similar to endometrial ablation
- Endometrial suppression for HT treatment of vasomotor symptoms
  - Endometrial protection for adjunctive estrogen use
- Contraindicated in women with personal history of active or recent (within 5 years) of breast cancer
- Discontinue at age 55

Miller et al 2018
Wildemeesch 2016
WHAT’S NEXT?

FDA Approves the First One-Year Contraceptive Fully under a Woman's Control

An important step toward expanding contraceptive options for women

The only certified contraceptive app

CE 0123
NEW CONTRACEPTION FOR MALE-BODIES

• Male Hormonal Contraception
  – Combinations of testosterone and progesterone
  – Nestorone-Testosterone daily gel:
    • 2012 study showed 90% of men had suppressed sperm levels
    • Currently in a multi-center, multi-country trial
  – DMAU Pill: announced at the Endocrine Society meeting; no published study

• Nonsurgical vasectomy (RISUG)
YOUR PATIENT WHO HAS HAD AN ABORTION

Martha Reilly, MD
Who has had an abortion?  
(Abortion is Common)

- How is an abortion performed?  
  (Abortion is safe)

- What are the lifetime health consequences of abortion?
Good News!

Abortions are at historic lows, 14 per 1,000 women

Abortions per 1,000 women declined 25% between 2008 & 2014
GOOD NEWS

TRENDS IN ABORTION

In 2014, the U.S. abortion rate reached a historic low

Number of abortions per 1,000 women aged 15–44

www.guttmacher.org
In the U.S. 45% of pregnancies are unintended.

Of these, 40% end in elective abortion.
Who is your patient who has had an abortion?

• She is:
  • 24% of your female patients
  • Any color (39% of abortions were obtained by white women)
  • But black and Hispanic women are slightly more likely to choose abortion
She is:

- often poor - 75% at or near poverty
- often cites economic factors in her choice
• She is more likely to be young
• 34% of abortions in 2014 were obtained by women 20 - 24 yrs. of age
Her religion:

- 24% Catholic
- 17% Protestant
- 13% Evangelical
- 38% No affiliation
- 8% Other
Her reasons:

• 50% had no partner or felt they could not rely on their partner

• 75% were worried about responsibilities that took precedence over raising a new baby, other children, family dependents, school work
She is commonly already a mother

- 59% of abortions are obtained by women who already have children
Risks Of Abortion
Maternal Mortality in the USA

24 MATERNAL DEATHS PER 100,000 BIRTHS IN 2014

US Pregnancy-Related Mortality

Medical Abortion

7 Weeks 10 Weeks

97% Effective
Medication Abortion

• Mifepristone (RU486) (progesterone receptor blocker)

• Prostaglandin analogue follows in 21-48 hours
Medication Abortion Complications

- 0.2%
- Heavy Bleeding – 0.1%
- 1% require a D + E
- Infection <1%
  - generally treated with oral antibiotics
Who Provides Medication Abortions?
Surgical Abortion
Mortality Rate

• 0.7 per 100,000 Procedures
Long-term health

Consequences

of abortion
FACT CHECK: @ACOGAction and the American Cancer Society confirm: Abortion does not cause breast cancer.

ABORTION HAS:

NO IMPACT ON FUTURE FERTILITY.
Source: Reseland Hugue et al in Management of Unintended and Abnormal Pregnancy, 2009

NO HARM TO WOMEN’S MENTAL HEALTH.
Source: Academy of Medical Royal Colleges, 2011

NO RELATIONSHIP TO BREAST CANCER.
Source: American Cancer Society, 2014
ABORTION DOES NOT CAUSE MENTAL HEALTH HARM

Findings from a 5-year longitudinal study on the effects of having or being denied an abortion on women’s mental health & well-being

Denying women an abortion has negative effects on their mental health and well-being in the short-term. Women who were denied an abortion experienced more anxiety, lower self-esteem and less life satisfaction than women who had a wanted abortion.

There is no evidence of emerging mental health problems after having an abortion for at least five years. Women who had and women who were denied an abortion showed general improvements in their psychological well-being over time.

From: Bagas, MA, Upadhyay, U, McCulloch, GE, Foster, DG. Women’s mental health and well-being five years after receiving or being denied an abortion: A prospective, longitudinal cohort study. December, 2016. JAMA Psychiatry.
ALL-OPTIONS
pregnancy • parenting • abortion • adoption

1-888-493-0092
all-options.org

We’re here to listen - before, during, or after your experience with pregnancy, parenting, abortion, or adoption. Call us to find judgment-free support!
Sexual History taking

Tom Ewing, MD
Sexual History taking

<table>
<thead>
<tr>
<th>Preferred name/nickname:</th>
</tr>
</thead>
<tbody>
<tr>
<td>She/Her</td>
</tr>
<tr>
<td>Female/Woman</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender Identification:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female/Woman</td>
</tr>
<tr>
<td>TransMan/TransMale</td>
</tr>
</tbody>
</table>

Please complete this section if you are here today for an annual or well visit, STI testing, or STI symptoms:

**Sexual Practices / Sexually Transmitted Infection (STI) Risk** *(these questions are so we can assess your risks & advise screening)*

- Do you have sex with:  □ Male-bodied □ Female-bodied □ Both
- Types of Sexual activity (check all that apply):  □ Anal □ Oral □ Vaginal □ None □ Please ask
- Do you use condom?  □ Always □ Sometimes □ Never

<table>
<thead>
<tr>
<th>Have you ever had an STI (sexually transmitted infection)?</th>
<th>NO</th>
<th>YES</th>
<th>If Yes, what:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you had a new sexual partner since your last STI test?</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Have you been exposed to a STI?</td>
<td>□</td>
<td>□</td>
<td>Unknown</td>
</tr>
<tr>
<td>Have you had more than one sexual partner in the last year?</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Partner monogamous (your partner only has sex with you)?</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Does your partner have sex with:  □ Male-bodied □ Female-bodied □ Both □ Unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever used IV drugs?</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Have you ever shared needles?</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Does your partner(s) use IV drugs?</td>
<td>□</td>
<td>□</td>
<td>Unknown</td>
</tr>
</tbody>
</table>
LANE COUNTY

known for...
organic offerings,
craft beer...
and now, syphilis!

GET INFORMED

--- SyphAware.org
HEALTH CARE MADE EASY.

Health Services
- Well person exams & labs
- Breast exams
- Cervical cancer screening
- GYN infections/issues
- HPV vaccine (Gardasil)
- Mammogram referrals
- Pap test
- Urinary tract infections
- Colpo/LEEP

Sexually Transmitted Infections
Screenings for:
- Hepatitis B, C
- HIV
- Syphilis

Testing, diagnosis and, treatment of:
- Chlamydia
- Genital warts
- Gonorrhea
- Herpes
- Trichomoniasis (trich)

Birth Control
- Implant
- Patch
- Pill
- Shot (Depo)
- Vaginal ring (NuvaRing)
- IUD (Mirena & ParaGard)
- Diaphragm
- Emergency contraception (morning after pill)
- External condom (male)
- Vasectomies

Pregnancy
- Pregnancy tests
- Prenatal referrals
- All options counseling
- Therapeutic and Medication abortion services
- Adoption referrals

Easy Scheduling
Call 800-230-7526
Unintended pregnancy declines

Between 1981 and 2011, unintended pregnancy has become increasingly concentrated among poor and low-income women.

UNINTENDED PREGNANCY RATES

Rate (per 1,000 women aged 15–44)

140

120

100

<100% of poverty

100-199% of poverty

All women

≥200% of poverty

Measure 106: Vote No

- 106 proposes a Oregon constitutional amendment prohibiting use of tax dollars for the provision of abortion care.

- If the measure passes approx. a third of reproductively capable women in OR will lose coverage

- Every woman in Oregon should have access to the full range of reproductive health care, including abortion.

- Every woman in Oregon must be able to decide whether and when to become a parent — no matter how much money she makes, or how she is insured.

- Measure 106 is a backdoor ban on that choice.

Learn more & get involved: NoCutsToCare.com • @NoCut2Care • #NoCuts2Care
Resources

- **Contraceptive Choice Project** choiceproject.com
  - Compilation of tools use by the Choice Project to promote LARC in clinical practice • Counseling resources • Making clinic LARC friendly • Fact sheets, handouts, videos

  - Adolescent Experiences With Intrauterine Devices

- Apps:
  - US MEC/SPR – CDC contraception 2016
  - STD Treatment guidelines 2015 - CDC

- www.larcfirst.com
- Oregon Foundation for Reproductive Health
- www.onekeyquestion.org - Information and resources from the One Key Question Initiative- “would you like to become pregnant in the next year?”
- The National Campaign to Prevent Teen and Unplanned Pregnancy
- www.bedsider.org
- www.stayteen.org - Online contraceptive support network with provider and client tools and resources

- ACOG:
  - https://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Adolescent-Health-Care/Adolescent-Pregnancy-Contraception-and-Sexual-Activity
  - https://www.acog.org/Resources-And-Publications/Practice-Bulletins/Committee-on-Practice-Bulletins-Gynecology/Long-Acting-Reversible-Contraception-Implants-and-Intrauterine-Devices

- NoCutsToCare.com • @NoCut2Care • #NoCuts2Care
Thank You!

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