Long Acting Reversible Contraception: First Line Care for Adolescents

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Disclosures

► Melissa Kottke is a Nexplanon trainer for Merck

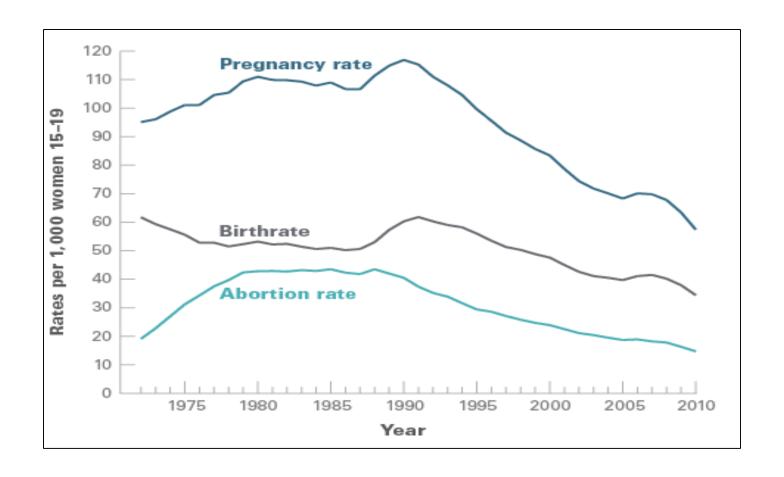


Objectives

- Describe the long acting reversible contraception (LARC) methods available to adolescents
- Provide counseling addressing the advantages and disadvantages of each method
- Identify barriers that impact LARC use among adolescents
- Discuss resources for provider training on LARC insertion and refer patients to LARC education and referral sources



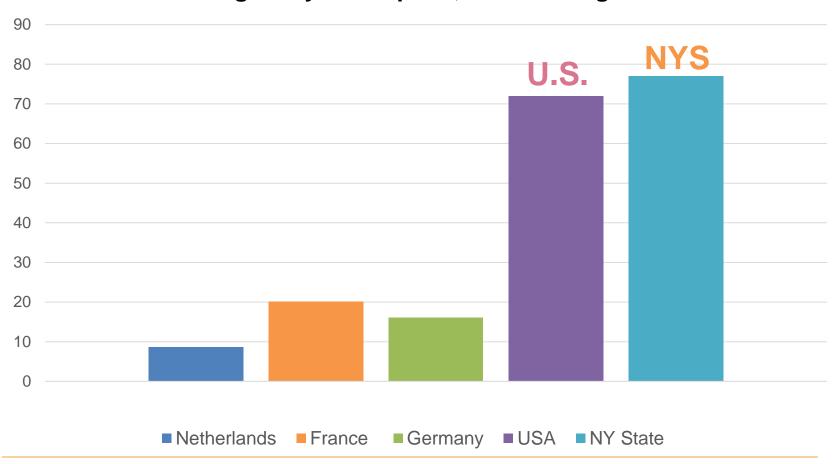
Teen Pregnancy, Birth and Abortion Rates Are Declining (15–19 year olds)





Teen Pregnancy Rates Remain High

Teen Pregnancy Rates per 1,000 Teens ages 15-19





Current Contraceptive Options

Extremely Effective	Very Effective	Moderately Effective	Effective
Prevents pregnancy >99% of the time	Prevents pregnancy ~91%–99%	Prevents pregnancy ~78%–98%	Prevents pregnancy ~72%–99%
Long Acting Reversible Contraception: Intrauterine Devices (IUDs) Implants Sterilization	PillsRingPatchInjectable	Male CondomWithdrawalDiaphragmFemale Condom	Fertility awareness methodsSpermicide



World's Best Birth Control

At Your Health Department

Birth Control Effectiveness
In 10,000 Women

DDEONANOICO

Risk
Less
Effective,

Ŧ	PREGNANCIES PER YEAR	LASTS	CONTAINS ESTROGEN?	PROGESTIN (micrograms)
Nexplanon	5	3 yrs		45
Male Sterilization	15	†		
Mirena IUD	20	5 yrs		20
Female Sterilization	50	†		
Paragard IUD	80	10 yrs		
Depo Shot	600	3 mos	// ***********************************	1,666
Minipill	900	1 day		350
Combination Pills*	900	1 day	YES*	200
Condom	1,800		35	28
Withdrawal	2,200			

DAILY

8,500

it may be desirable or even necessary to use another less risky method of birth control.

No Method

^{*}Estrogen increases risk for stroke, heart attack, and blood clots. When estrogen is combined with other risks like:

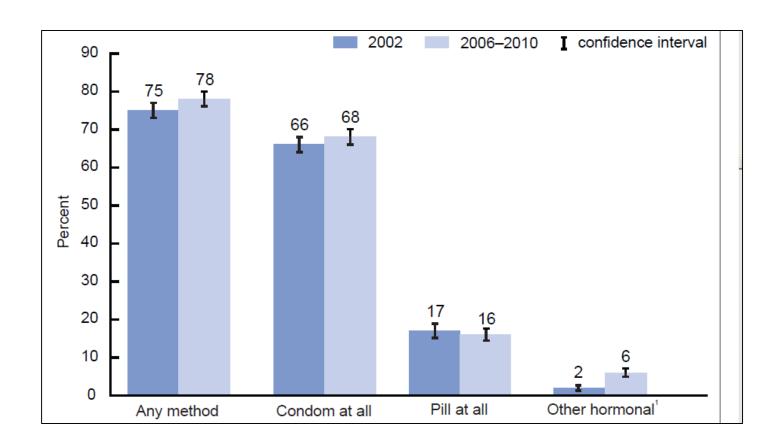
[•] Migraines with aura (visual or hearing changes) • Previous blood clots • Tobacco use • Obesity • High blood pressure

[•] Diabetes • Migraines without aura • Age over 40

[†] Irreversible

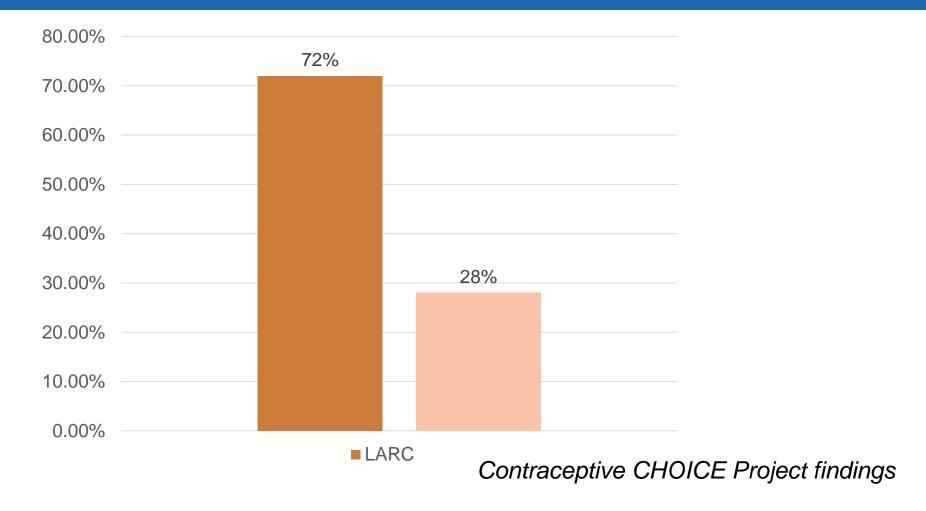
[©] Contraceptive Technology, 2011

What Birth Control are Teens Using?



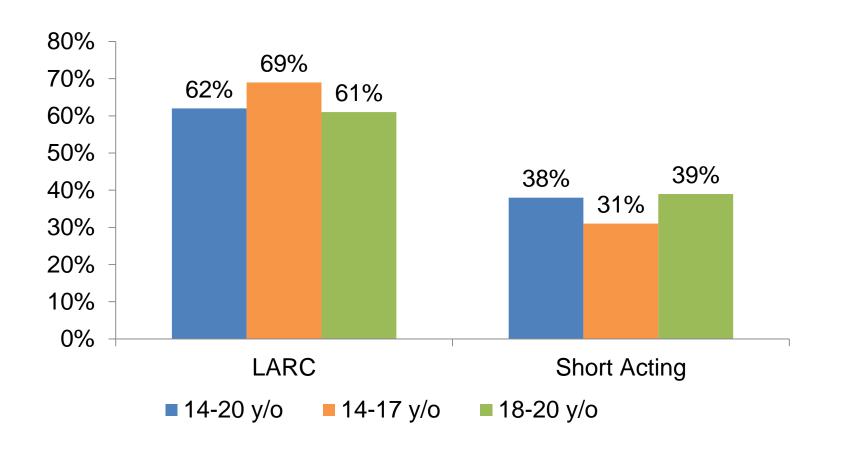


What Birth Control Would Teens Choose?



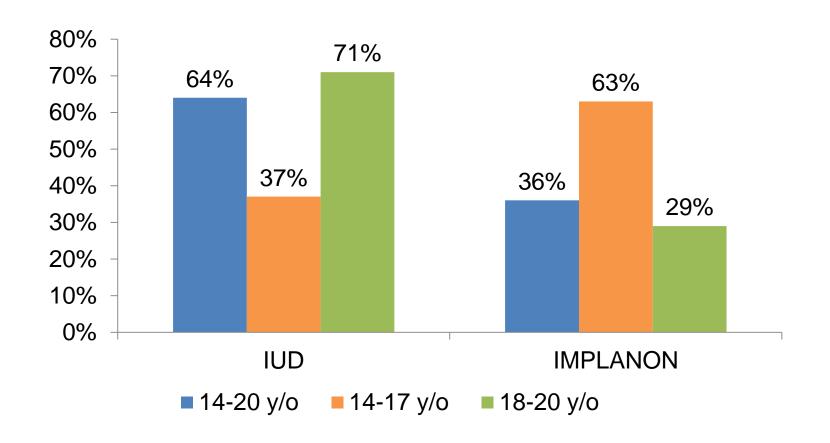


What Do Teens Choose?





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





Continuation Rates at 1 Year

HORMONAL IUD	88%
COPPER IUD	84%
IMPLANT	83%
SHOT	57%
PILLS	55%
RING	54%
PATCH	49%
LONG-ACTING METHODS	86%
NON-LONG-ACTING METHODS	55%



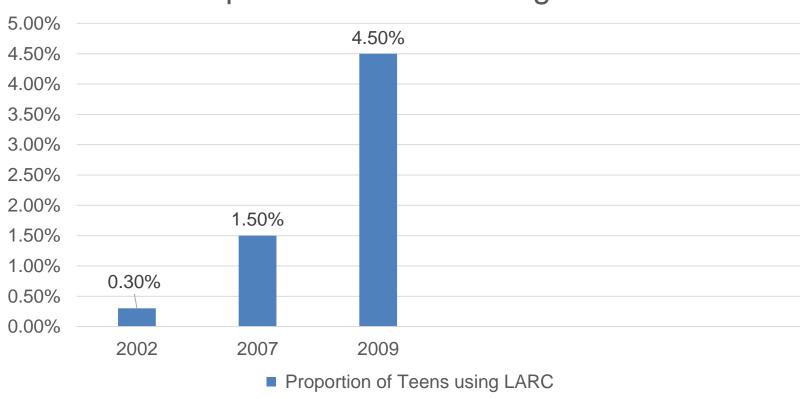
Are Women Satisfied with their Method?





LARC Use Increasing for Teens (15–19 years old)

Proportion of Teens using LARC







What is LARC?

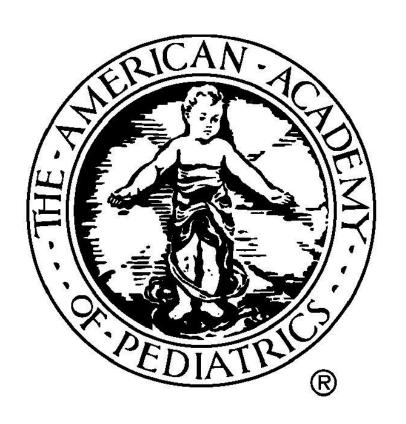
Long

Acting

Reversible

Contraception

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."

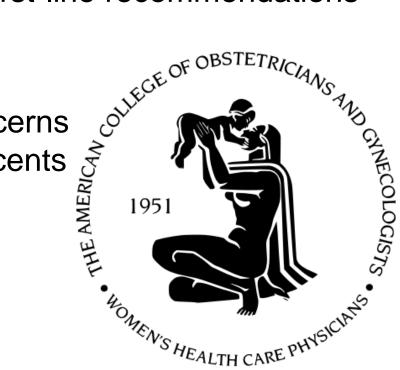




ACOG: LARC and Teens

"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."





Long Acting Reversible Contraception (LARC) = IUDs and Implants

- Most effective methods: >99%
- Safest
 - No estrogen
 - Contraindications rare
- Highest patient satisfaction
 - ► (80% LARC vs 50% short acting)
- Highest continuation rates
 - ► (86% LARC vs. 55% short acting)
- Long-term protection—lasts 3–12 years
- Rapid return of fertility
- Most cost effective
- Least likely to be used by teens



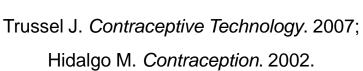
Levonorgestrel IUD (Mirena®)

Extremely Effective



- 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

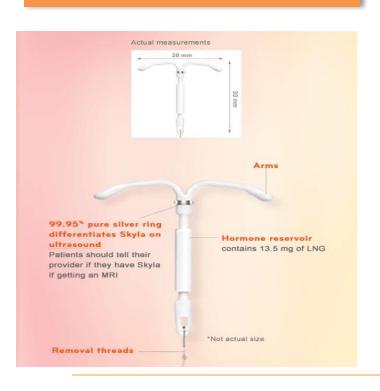






Levonorgestrel IUD (Skyla®)

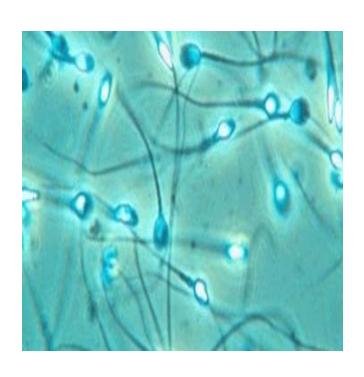
Extremely Effective



- 14 mcg levonorgestrel/day
- Progestin only method
- 3 years use
- Cost: ~\$300–\$650
- Smaller in size than Mirena
 - 1.1 x 1.2 in. (vs. 1.3 x 1.3 in)
 - Inserter tube 0.15 in. (vs. 0.19 in)
- More irregular bleeding than Mirena
 - Only 6% have amenorrhea at 1 yr



Mirena/Skyla: Mechanism of Action

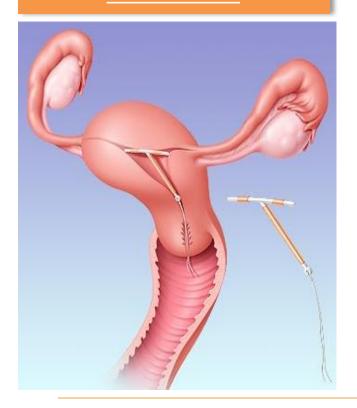


- Fertilization inhibition:
 - Cervical mucus thickened
 - Sperm motility and function inhibited
 - Weak foreign body reaction induced
 - Ovulation inhibited (in 5%–15% of cycles)



Copper-T IUD: Paragard®

Extremely Effective

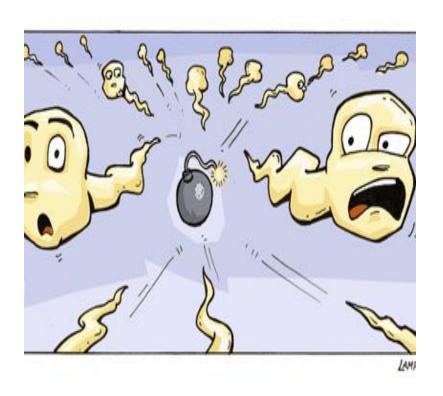


- Copper ions
- No hormones
- 12 years of use
- Cost: ~\$150–\$475
- 99% effective as EC
- Bleeding Pattern:
 - Menses regular
 - May be heavier, longer, crampier for first 6 months





Paragard: Mechanism of Action



Spermicidal

- Copper ions block sperm motility and enzymes needed to fertilize the egg
- Sterile inflammatory reaction in endometrium kill sperm



Which IUD Is the Best Choice?

Copper T IUD (Paragard)

- Want regular periods
- Want no hormones
- No h/o dysmenorrhea
- No h/o menorrhagia

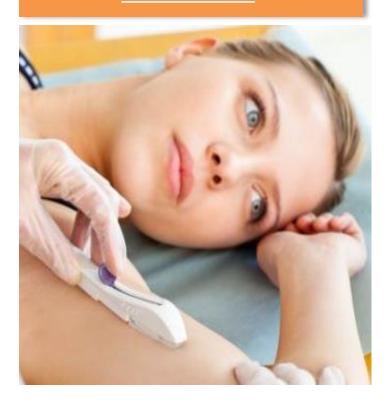
LNG IUD (Mirena)

- OK w/irregular bleeding
- OK w/amenorrhea
- H/O dysmenorrhea
- H/O menorrhagia



IMPLANT: Nexplanon (Implanon)

Extremely Effective

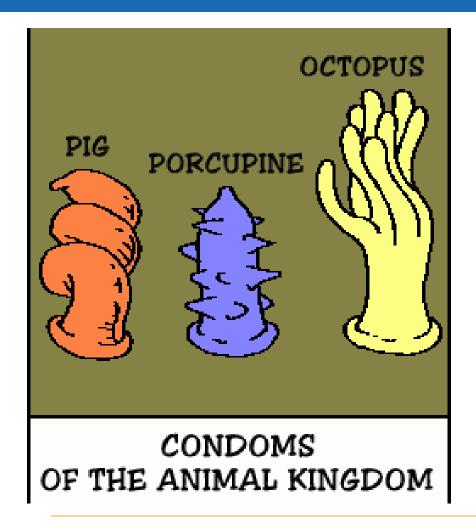


- Progesterone only (etonogestrel)
- ► Effective for 3 years
- ► Cost: ~\$300–\$600
- Mechanism: Inhibits ovulation
- ► Bleeding pattern:
 - ► Amenorrhea (22%)
 - Infrequent (34%)
 - 11% stop due to frequent bleeding





Dispelling Myths



- When providers or patients hold misperceptions about the risks associated with contraception...
- Teens' choices are unnecessarily limited



Myths

► IUDs cause PID and infertility

► IUDs are only for women who had a baby



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)
- Preexisting STI at time of insertion (not the IUD itself) increases risk
- =>R/O GC/CT in at risk women
 - In Asx teens may insert and screen



IUDs Do Not Cause Infertility... Chlamydia Does!

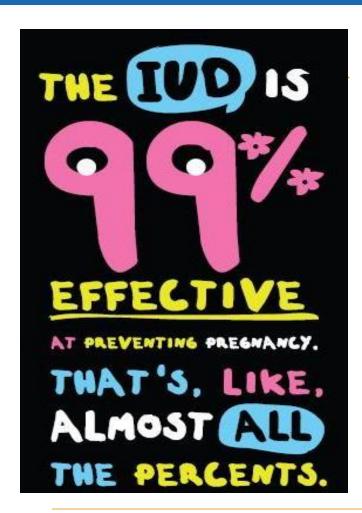




- ▶2000 women case-control
- ► IUD users NOT more likely to have infertility than gravid controls (OR = 0.9)
- ► Women with CT antibodies more likely to be infertile (OR = 2.4)
- ► IUD use is not related to infertility
- Chlamydia is related to infertility
- Similar results in multiple studies



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!



CDC: LARC and Teens

CDC USMEC: U.S. Medical Eligibility Criteria

Key: No restriction (method can be used) Advantages generally outweigh theoretical or proven risks Theoretical or proven risks usually outweigh the advantages Unacceptable health risk (method not to be used) Progestin-only pill Combined pill, Sub-condition Copper-IUD patch, ring Condition Injection **Implant** \mathbf{C} \mathbf{C} \mathbf{C} Menarche to Menarche to Age Menarche to Menarche to Menarche Menarche to <18=1 <18=2 <18=1 <20=2<20=2to <40=1>40=218-45=1 18-45=1 18-45=1 >20=1>20=1



IUDs Have VERY FEW Contraindications

- Current PID
- Current untreated mucopurulent cervicitis, 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

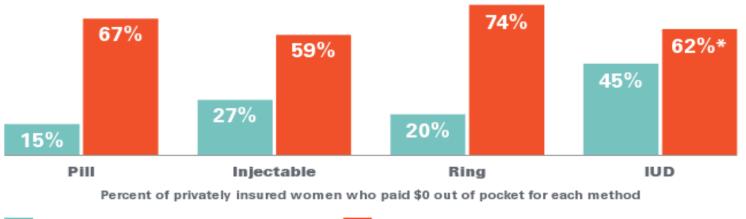
Important to know about class labeling of implant with CHC by FDA.



Making Contraception Affordable

The Affordable Care Act's contraceptive coverage guarantee is working...

Privately insured women are increasingly paying \$0 out of pocket for a range of contraceptive methods.



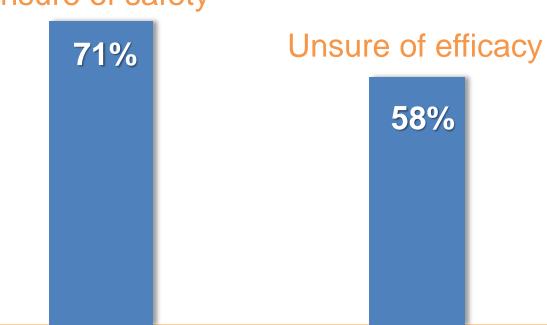




Young Pregnant Women Lack Knowledge about IUDs

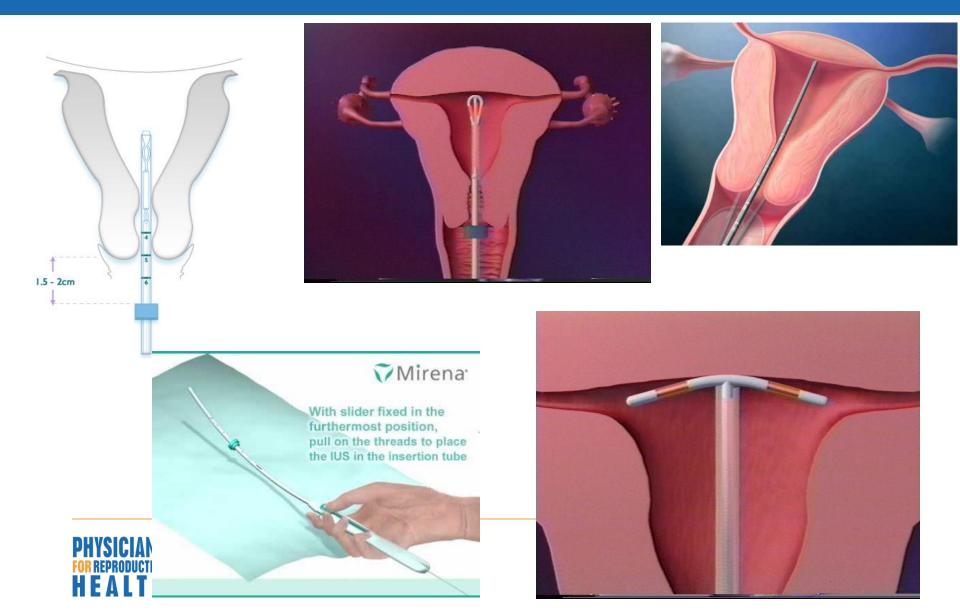
How safe/effective are IUDs compared to pills, injections, or tubal sterilization?







IUD Insertion: What to Expect?

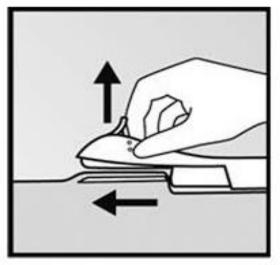


Implant Insertion: What to Expect?











Training to Insert Implants

- Training available exclusively through Merck
- ► Those trained in Implanon® can be trained online to insert and remove Nexplanon®
- www.nexplanon-usa.com/en/hcp/services-andsupport/request-training/index.asp



Referring Teens for LARC

- Planned Parenthood
- Family Planning Clinics
- Ob/gyn
- LARC Locator
 - ▶ larc.arhp.org





LARC Specific Resources

- In-service UCSF Bixby Center LARC training:
 <u>bixbycenter.ucsf.edu/research/cd_and_fp/larc.html</u>
- www.acog.org/About-ACOG/ACOG-Departments/Long-Acting-Reversible-Contraception
- www.love-my-larc.org/live/larc-awareness-week
- <u>www.teensource.org/birth-control/long-acting-reversible-methods</u>
- www.safeandeffective.org/pages
- <u>bedsider.org/methods/iud#details_tab</u>



Provider Resources

- <u>www.prh.org</u>—Physicians for Reproductive Health
- www.aap.org—The American Academy of Pediatrics
- <u>www.acog.org</u>—The American College of Obstetricians and Gynecologists
- <u>www.adolescenthealth.org</u>—The Society for Adolescent Health and Medicine
- <u>www.aclu.org/reproductiverights</u>—The Reproductive Freedom Project of the American Civil Liberties Union
- <u>www.advocatesforyouth.org</u>—Advocates for Youth
- <u>www.guttmacher.org</u>—Guttmacher Institute
- www.cahl.org—Center for Adolescent Health and the Law
- janefondacenter.emory.edu—The Jane Fonda Center of Emory University
- <u>www.siecus.org</u>—The Sexuality Information and Education Council of the United States
- <u>www.arhp.org</u>—The Association of Reproductive Health Professionals



Please Complete Your Evaluations Now



