Disclosures

- None.
**POLL**

- Do you regularly discuss healthy birth spacing and using birth control to achieve it with your patients/clients?
  A. Yes
  B. No, because I’m not sure what the recommendations are
  C. No, because my patients/clients aren’t interested
  D. No, other reason

**Beliefs About Birth Control After Baby**

- You can’t get pregnant if you’re breastfeeding.
- You can’t take hormones if you’re nursing.
- You have months before you have to think about this.
- You have to give your body time to settle.
- If you want to get pregnant again soon, long-acting birth control methods aren’t an option.

Pearson C. 5 Myths about birth control after baby, debunked. Huffington Parents Jan 19, 2016

[http://www.huffingtonpost.com/entry/5-myths-about-birth-control-after-baby-debunked_us_56990defe4b0ce4964247a9](http://www.huffingtonpost.com/entry/5-myths-about-birth-control-after-baby-debunked_us_56990defe4b0ce4964247a9)
Program Outline

- Why Birth Spacing?
- Safe Birth Control Options
  - Determining Safety
  - Birth Control Methods
  - Counseling
- Resources
  - Patient Education
  - Direct Pharmacy Access to Birth Control

Objectives

- Explain healthy birth spacing and why it's important.
- List the birth control options to achieve healthy birth spacing.
- Describe considerations for birth control use in the postpartum period.
**POLL**

- What is the minimum recommended interval from delivery to getting pregnant again?
  A. 6 months
  B. 12 months
  C. 18 months
  D. 24 months

**Why Birth Spacing?**

- Interpregnancy interval (IPI) = time from live birth to beginning of next pregnancy

- IPI < 18 months leads to adverse outcomes
  - Preterm birth
  - Low birth weight
  - Small for gestational age
  - Uterine rupture
  - Placental abruption
  - Placenta previa

Recommendation

- Space pregnancies by at least 18 months

How Are We Doing?

- Also known as pregnancy spacing

Pregnancy Spacing Among Women Aged 15-44 Years with a Previous Live Birth, * 2006-2010

- < 6 months: 6.4%
- 6 - <12 months: 12.2%
- 12 - <18 months: 14.5%
- ≥ 24 months: 54.7%
- 18 - <24 months: 12.2%

Percent of Women

Unintended Pregnancies

Women at Risk (43 Million in 2008)

- 14% Nonuse or long gaps in use
- 18% Inconsistent use
- 68% Consistent use

Unintended Pregnancies (3.1 Million)

- 5% Consistent use
- 54% Nonuse
- 41% Inconsistent use

By consistency of method use all year

By consistency of method use during month of conception

From Guttmacher Institute: http://www.guttmacher.org/pubs/fb_contr_use.html

Beliefs About Birth Control After Baby

- You can’t get pregnant if you’re breastfeeding.
- You have months before you have to think about this.


Not At Risk for Pregnancy? Only if…

CDC Selected Practice Recommendations for Contraceptive Use.

Family Planning

- Discuss family planning intentions, healthy birth spacing, and birth control during the pregnancy
- Effective and appropriate contraceptive methods
- Safe sexual practices and elimination of alcohol, illicit drugs, and smoking

Impact of postpartum contraception on preterm births

- For every month of contraceptive coverage, odds of a preterm birth decrease by 1.1%.
- Data from women in California with MediCal or FamilyPACT contraceptive coverage.

Safe Birth Control Options

Effectiveness of Contraception

Long acting reversible contraceptives (LARCs)

- Most Effective
  - Less than 1 pregnancy per 100 women in a year

- Least Effective
  - 18 or more pregnancies per 100 women in a year

- Injectable
  - Less than 1 pregnancy per 100 women in a year

- Pill
  - 6%

- Patch
  - 9%

- Ring
  - 9%

- Diaphragm
  - 12%

- Male Condom
  - 18%

- Female Condom
  - 21%

- Withdrawal
  - 22%

- Sponge
  - 24% parity women, 12% multiparous women

*The percentages indicate the number out of every 100 women who experienced an unintended pregnancy within the first year of typical use of each contraceptive method.
Effectiveness of Contraception

**How well does birth control work?**

- **Really, really well**
  - The Implant (Depo-Provera)
  - IUD (Mirena)
  - IUD (other)
  - Sterilization, for men and women

  - Works, hassle-free, for up to...
    - 5 years
    - 5 years
    - 12 years
    - Forever

- **Okay**
  - The Pill
  - The Patch
  - The Ring
  - The Shot (Depo-Provera)

  - For it to work best, use it...
    - Every Single Day
    - Every Week
    - Every Month
    - Every 3 Months

- **Not so well**
  - Withdrawal
  - Diaphragm
  - Fertility Awareness
  - Condom, for men and women

  - For each of these methods to work, you or your partner have to use it every single time you have sex.

Which Methods Are Women Using?

Figure 2. Percent distribution of women aged 15–44, by current contraceptive status: United States, 2011–2013

- 38.3% of women not currently using contraception
- 19.0%
- 9.5%
- 6.9%
- 2.9%
- 15.5%
- 5.1%
- 16.0%
- 4.4%
- 4.1%

- 61.7% of women currently using contraception

- Never had sexual intercourse or did not have sex in the past 3 months
- Pregnant, postpartum, or seeking pregnancy
- Nonuser who had sexual intercourse in the past 3 months
- All other nonusers
- Female sterilization
- Male sterilization
- Pill
- Male condom
- Long-acting reversible contraceptives
- DMPA-Provera™, contraceptive ring, or patch
- All other contraceptive methods

### Considerations

- Desire for children in the future and when
- Medical conditions and medications
- Breastfeeding
- Values (hormones, devices,)
- Lifestyle (partner involvement, simplicity of regimen)

### Nonhormonal Contraception: Condoms

- **Male Condom**
- **Female condom**
  - Covers the base of the penis and some external female genitalia and is more resistant to tears ⇒ better protection against genital ulcer diseases.
  - Only woman-initiated method with dual protection ⇒ Empowers women to negotiate safer sex with their partner(s).
Counseling on Correct Condom Use

- Use a new condom for every act of vaginal, anal and oral sex—throughout the entire sex act (from start to finish). Before any genital contact, put the condom on the tip of the erect penis with the rolled side out.
- If the condom does not have a reservoir tip, pinch the tip enough to leave a half-inch space for semen to collect. Holding the tip, unroll the condom all the way to the base of the erect penis.
- After ejaculation and before the penis gets soft, grip the rim of the condom and carefully withdraw. Then gently pull the condom off the penis, making sure that semen doesn’t spill out.
- If you feel the condom break at any point during sexual activity, stop immediately, withdraw, remove the broken condom, and put on a new condom.

Nonhormonal Contraception: Diaphragm

- Caya Diaphragm
  - One size fits most (80% of women)
  - No fitting required
  - Requires prescription
  - Use with spermicide jelly
  - Leave in place for 6 hours after sex
Hormonal Contraception: Short-acting

- **Combined (estrogen/progestin)**
  - Pills daily, patch Q week, ring Q 3-4 weeks
  - Women experiencing an unintended pregnancy in 1st year \( \Rightarrow 9\% \) (typical use)

- **Progestin-only pills**
  - Daily
  - Women experiencing an unintended pregnancy in 1st year \( \Rightarrow 9\% \) (typical use)

- **Depot medroxyprogesterone acetate (DMPA)**
  - IM injection Q 12 weeks
  - Women experiencing an unintended pregnancy in 1st year \( \Rightarrow 6\% \) (typical use)
Long-Acting Contraception

- Etonogestrel implant (Nexplanon)
  - Q 3 years
  - Women experiencing an unintended pregnancy in 1st year ⇒ 0.05% (typical use)

- Levonorgestrel IUD (Mirena, Skyla, Liletta)
  - Q 3-5 years
  - Women experiencing an unintended pregnancy in 1st year ⇒ 0.2% (typical use)

- Copper* IUD (Paragard) [*nonhormonal]
  - Q 10 years
  - Women experiencing an unintended pregnancy in 1st year ⇒ 0.8% (typical use)

IUD Myths

<table>
<thead>
<tr>
<th>Myth</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>STD/PID risk</td>
<td>X</td>
</tr>
<tr>
<td>Infertility risk</td>
<td>X</td>
</tr>
<tr>
<td>Ectopic pregnancy risk</td>
<td>X</td>
</tr>
<tr>
<td>Monogamy requirement</td>
<td>X</td>
</tr>
<tr>
<td>Not for use in teens</td>
<td>X</td>
</tr>
<tr>
<td>Parous requirement</td>
<td>X</td>
</tr>
<tr>
<td>Postpartum/Post-abortion delay</td>
<td>X</td>
</tr>
</tbody>
</table>

Permanent Contraception

- Options
  - Postpartum procedure
  - Interval (outside the postpartum period) procedure
  - Nonsurgical

- Cost and/or waiting periods can be barriers

Medical Eligibility Criteria for Contraceptive Use

- CDC published U.S. criteria in June ‘10
  - Based on the 4th edition of the World Health Organization guidelines from ‘09
  - Adapted for US women by panel of experts and CDC

- Recommendations for the use of specific contraceptives by women who have particular characteristics/medical conditions

http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/USMEC.htm
US Medical Eligibility Criteria: Organization

• Criteria are organized according to:
  – Contraceptive method
  – Patient characteristics (age, smoking status, etc.)
  – Preexisting conditions (hypertension, epilepsy, etc.)

• Criteria use a numeric scheme to provide the recommendations for contraceptives being used for contraceptive purposes only, not for treatment of medical conditions


US Medical Eligibility Criteria: Categories

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No restriction for the use of the contraceptive method for a woman with that medical condition</td>
</tr>
<tr>
<td>2</td>
<td>Advantages of using the method generally outweigh the theoretical or proven risks</td>
</tr>
<tr>
<td>3</td>
<td>Theoretical or proven risks of the method usually outweigh the advantages – or that there are no other methods that are available or acceptable to the women with that medical condition</td>
</tr>
<tr>
<td>4</td>
<td>Unacceptable health risk if the contraceptive method is used by a woman with that medical condition</td>
</tr>
</tbody>
</table>

Beliefs About Birth Control After Baby

- You can’t take hormones if you’re nursing.
- You have to give your body time to settle.
Safety Postpartum*  
*Does not consider other medical conditions or patient characteristics that should be evaluated separately

<table>
<thead>
<tr>
<th>Condition</th>
<th>Sub-condition</th>
<th>Combined pill, patch, ring</th>
<th>Progestin-only pill</th>
<th>Injection</th>
<th>Implant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postpartum</td>
<td>&lt; 21 days (non-breastfeeding)</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>&lt; 21 days (breastfeeding)</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>21-42 (non-breastfeeding)</td>
<td>2</td>
<td>3+</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>21-29 (breastfeeding)</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>30-42 (breastfeeding)</td>
<td>2</td>
<td>3+</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

+ With risk factors for VTE (age 35+, immobility, BMI 30+, smoking, etc)

Beliefs About Birth Control After Baby

- If you want to get pregnant again soon, long-acting birth control methods aren’t an option.
Safety Postpartum

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<th>LNG – IUD</th>
<th>Copper – IUD</th>
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<tbody>
<tr>
<td>Postpartum (in breastfeeding or non-breastfeeding women, including post-cesarean section)</td>
<td>&lt; 10 minutes after delivery of the placenta</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postpartum (in breastfeeding or non-breastfeeding women, including post-cesarean section)</td>
<td>10 minutes after delivery of the placenta to &lt; 4 weeks</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postpartum (in breastfeeding or non-breastfeeding women, including post-cesarean section)</td>
<td>≥ 4 weeks</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Puerperal Sepsis</td>
<td></td>
<td>4</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

POLL

- Alicia: 21-year-old. PMH: delivered 1st baby 2 days ago. Current medication: PNV daily. BP 106/58 HR 80 Wt 140 lb Ht 66 in. Which birth control method would not be safe for her?
  A. Combined pills, patch, or ring
  B. Progestin-only pills
  C. Injection (DMPA)
  D. Implant
  E. Levonorgestrel IUD
  F. Copper IUD
Alicia’s Eligibility

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<td></td>
<td>2</td>
<td>1</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>&gt; 4 weeks</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Puerperal Sepsis</td>
<td></td>
<td>4</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Oops!
Emergency Contraception

“...birth control that prevents pregnancy after sex...”

Definition of Pregnancy

“...the period of time from confirmation of implantation until expulsion or extraction of the fetus.”

“...the state of a female after conception until termination of the gestation; not synonymous with fertilization; synonym: implantation.”

American College of Obstetricians & Gynecologists
**EC Use and Underuse**


22% have ever used ECPs

The percentage of female teenagers who ever used emergency contraception increased in 2006–2010 and in 2011–2013 (p < 0.05)


---

**Who May Benefit from EC?**

Any woman of reproductive age experiencing...

- Contraceptive failure
  - Condom breaks
  - Missed oral contraceptive pills
  - Expulsion of IUD or vaginal ring
  - Patch fell off for long period of time
  - Displacement of barrier method (diaphragm)

- No contraception used
  - Unplanned intercourse
  - No contraception available

- Sexual assault (forced intercourse/rape)

- Exposure to teratogen
Effectiveness of EC Methods

- Contraceptive effectiveness is defined as the proportionate reduction in pregnancies with use of a contraceptive method.
- Reduction in pregnancy risk after single coital act (if 1000 women have unprotected sex)...

<table>
<thead>
<tr>
<th>Method</th>
<th># of Pregnancies</th>
<th>% Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>No treatment</td>
<td>80</td>
<td>-</td>
</tr>
<tr>
<td>Combined ECPs</td>
<td>20</td>
<td>75%</td>
</tr>
<tr>
<td>Levonorgestrel</td>
<td>10</td>
<td>89%</td>
</tr>
<tr>
<td>Ulipristal</td>
<td>5</td>
<td>94%</td>
</tr>
<tr>
<td>Copper IUD</td>
<td>1</td>
<td>99%</td>
</tr>
</tbody>
</table>

- Within 120 hours (5 days)
- May be less effective in overweight and obese women
- No drug interactions
- Safe for use during breastfeeding
- After use, resume usual method of birth control same day
- Over-the-counter for all ages (men or women can purchase)
Ulipristal Acetate

- Within 120 hours (5 days)
- More effective than levonorgestrel (Plan B) if more than 72 hours since unprotected intercourse
- CYP3A4 substrate, so potential drug-drug interactions
- May reduce action of other hormonal contraceptives
  - Must use back up method/abstain for remainder of menstrual cycle with hormonal contraceptive methods
  - Nonhormonal agents effective immediate
- Requires Rx
Minors’ Rights

- Minor may consent to health care related to prevention or treatment of pregnancy
  - Including prenatal vitamins, emergency contraception, contraception, abortion

- Patient is competent to make own decisions if
  1. Understands nature and consequence of his/her medical condition and proposed treatment
  2. Can communicate his/her decision

Pharmacy Access to Birth Control

- Methods
  - Pills
  - Patch
  - Ring
  - Injection

- Steps
  - Patient fills out medical history questionnaire
  - Blood pressure measurement

- Medication $ same with pharmacist Rx as physician Rx
Resources for You

- Association of Reproductive Health Professionals (ARHP): www.arhp.org
- CDC – U.S. Medical Eligibility Criteria (US MEC) for Contraceptive Use: http://www.cdc.gov/reproductivehealth/unintendedpregnancy/usmec.htm
- CDC – U.S. Selected Practice Recommendations (US SPR) for Contraceptive Use: http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/USSPR.htm

Resources for Patients

- Association of Reproductive Health Professionals
  - http://www.arhp.org/
  - Contraception and sexual health information
- Bedsider (for teens and young adults)
  - http://bedsider.org
  - Contraception and sexual health information
  - Birth control text message reminders
  - Available in English and Spanish
- Emergency Contraception
  - 1-888-NOT-2-LATE (emergency contraception hotline)
  - www.not-2-late.com
Questions?

Contact Info: Sally Rafie – srafie@ucsd.edu

Thank you