

Evidence Based Education

Contraception



Condom

Oral
Contraceptives

Patch

Ring

Shot

Implant

Hormonal
IUDs

Copper
IUD

Sterilization

Emergency
Contraception



Condoms

- Effectiveness? ✓
- How does it work? ⚙️
- How do you use it? ?
- Are periods affected? 📅
- Contraindications? ⚠️
- Benefits? 👍
- Side Effects? 👎
- Return to fertility? 👤
- Pearls? 🍪



Oral Contraceptives

- Effectiveness? ✓
- How does it work? ⚙️
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- Pearls? 🍪



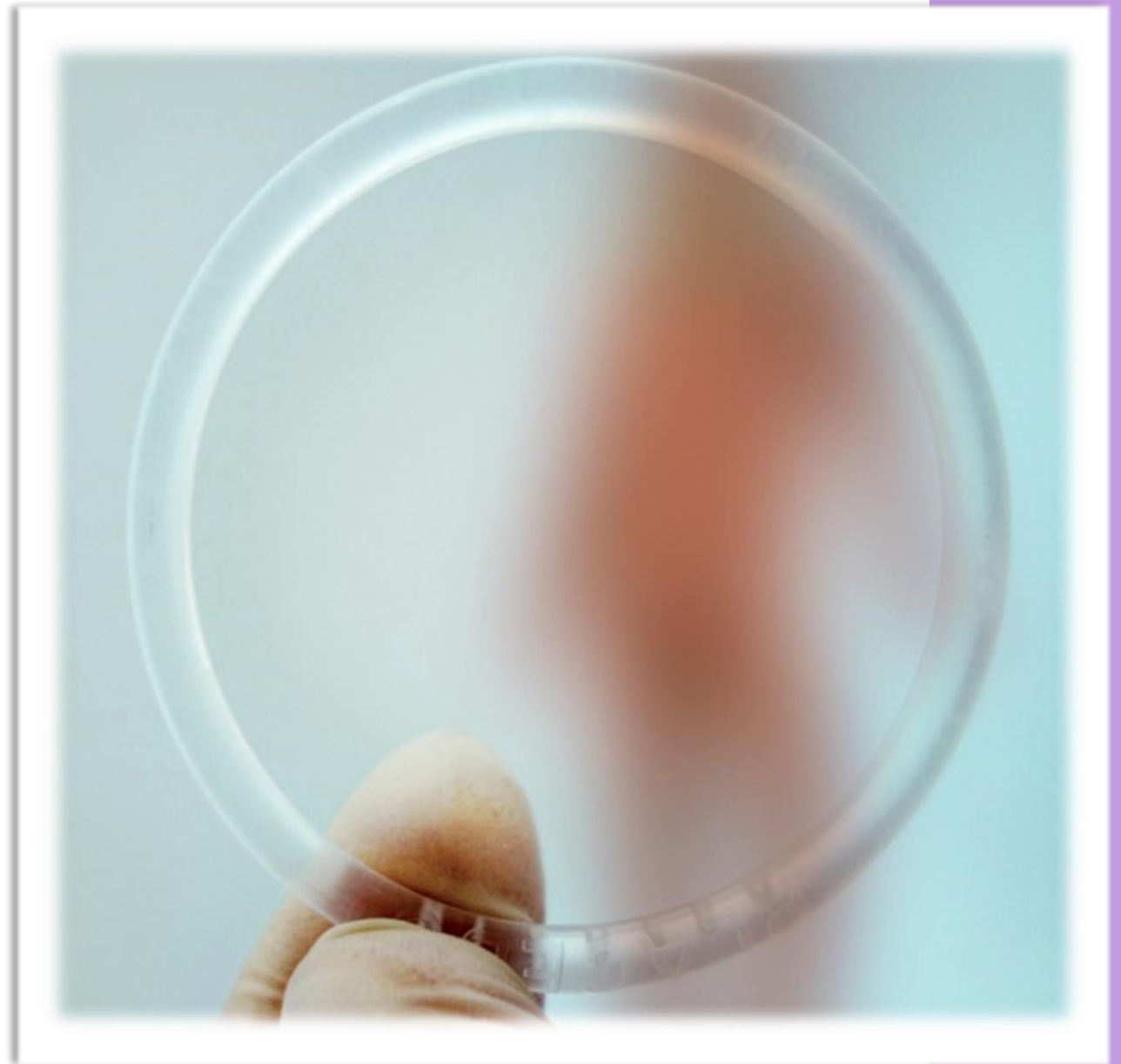
Patch

- Effectiveness? ✓
- How does it work? ⚙️
- How do you use it? ?
- Are periods affected? 📅
- Contraindications? ⚠️
- Benefits? 👍
- Side Effects? 👎
- Return to fertility? 👤
- Pearls? 🍪



Ring

- Effectiveness? ✓
- How does it work? ⚙️
- How do you use it? ?
- Are periods affected? 📅
- Contraindications? ⚠️
- Benefits? 👍
- Side Effects? 👎
- Return to fertility? 👤
- Pearls? 🐚



Shot

- Effectiveness? ✓
- How does it work? ⚙️
- How do you use it? ?
- Are periods affected? 📅
- Contraindications? ⚠️
- Benefits? 👍
- Side Effects? 👎
- Return to fertility? 👤
- Pearls? 🍪



Implant

- Effectiveness? ✓
- How does it work? ⚙️
- How do you use it? ?
- Are periods affected? 📅
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- Benefits? 👍
- Side Effects? 👎
- Return to fertility? 👤
- Pearls? 🍈



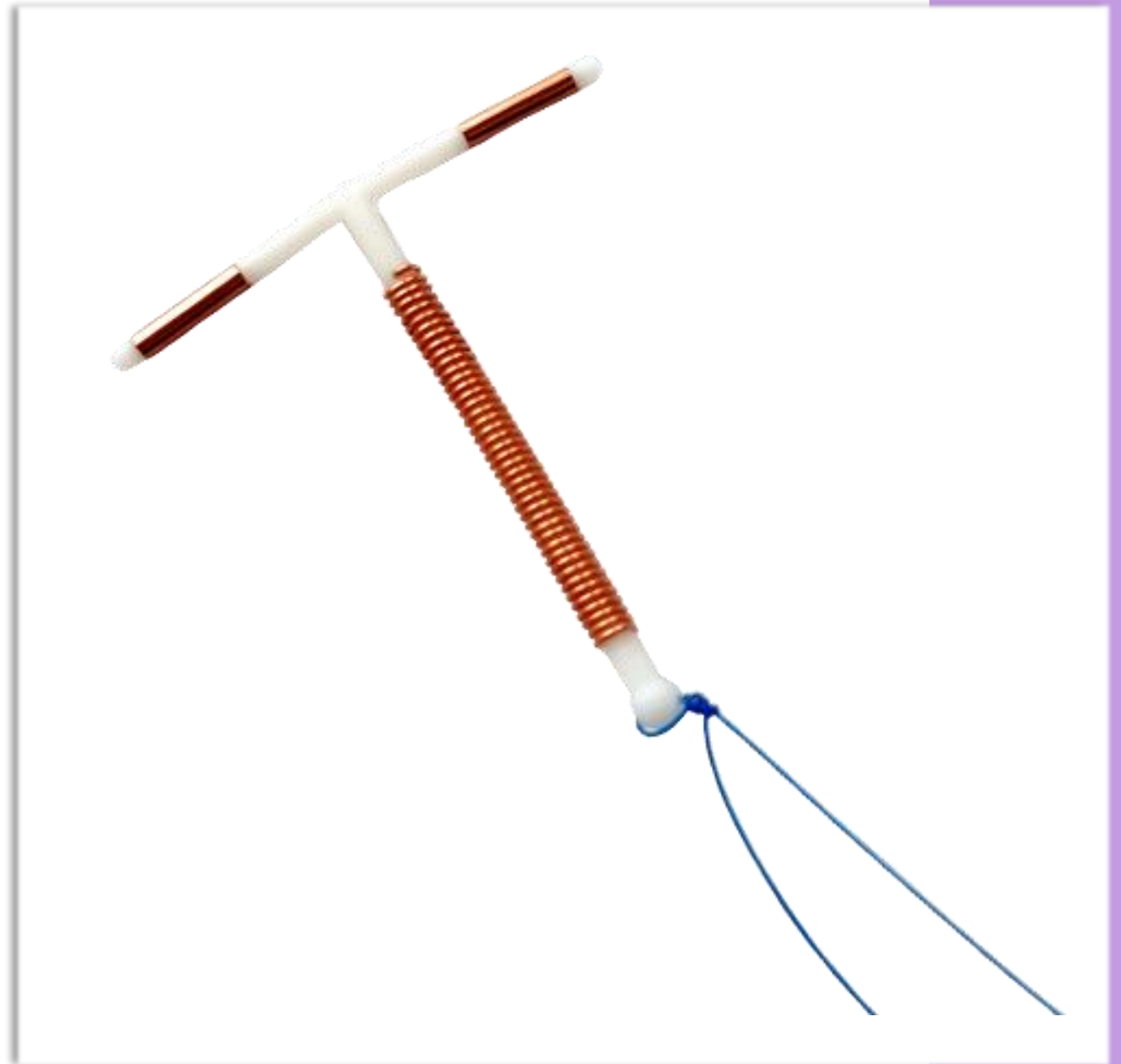
Hormonal IUDs

- Effectiveness? ✓
- How does it work? ⚙️
- How do you use it? ?
- Are periods affected? 📅
- Contraindications? ⚠️
- Benefits? 👍
- Side Effects? 👎
- Return to fertility? 👤
- Pearls? 🍪



Copper IUD

- Effectiveness? ✓
- How does it work? ⚙️
- How do you use it? ?
- Are periods affected? 📅
- Contraindications? ⚠️
- Benefits? 👍
- Side Effects? 👎
- Return to fertility? 👤
- Pearls? 🍪



Sterilization

- Effectiveness? ✓
- How does it work? ⚙️
- How do you use it? ?
- Are periods affected? 📅
- Contraindications? ⚠️
- Benefits? 👍
- Side Effects? 👎
- Return to fertility? 👤
- Pearls? 🍪



Emergency Contraception

- Effectiveness? ✓
- How does it work? ⚙️
- How do you use it? ?
- Are periods affected? 📅
- Contraindications? ⚠️
- Benefits? 👍
- Side Effects? 👎
- Return to fertility? 👤
- Pearls? 🍪



Condom

- ✓ External: 98% perfect use, 87% typical use
Internal: 95% perfect use, 79% typical use
- ⚙️ Blocks the sperm, some also lubricated with spermicide
- ? External: Over the penis. Internal: In the vagina or anus.
- 📅 Unaffected
- ⚠️ No absolute. Use non-latex if there is an allergy.
- 👍 STI prevention. Cheap, easy to find.
Decreased sensitivity can help with premature ejaculation.
- 👎 Usually none
- 👤 Immediate
- 👩 Don't use latex with oil-based lube, can break/slip off.
Internal can be inserted up to 2 hours before sex.



Oral Contraception

- ✓ 99.7% perfect use, 93% typical use
- ⚙️ Prevents ovulation, thickens cervical mucous
- ? Daily pill, active x 21d then placebo x 7d. Progestin only – same time daily.
- 📅 Menstrual regulation, may lighten flow and cramps.
- ⚠️ Combined: Smoking + > 35yo, uncontrolled HTN, breast cancer
VTE, CVA, migraine with aura, SLE. < 21d postpartum.
- 👍 Periods. May help acne. Easy to start/stop. Can choose to stop period.
- 👎 Sore breasts, nausea, spotting (usually improve after 2-3mo). Decreased libido.
- ♀️ Immediate
- 👛 Monophasic is the go-to.
 - Triphasic preferred if acne is primary concern.
 - Progestin-only (mini-pill) when breastfeeding, or if estrogen is C/I.



Patch

- ✓ 99.7% perfect use, 93% typical use
- ⚙️ Prevents ovulation, thickens cervical mucous
- ? Change patch once weekly (butt, stomach, arm, torso). 4th week no patch.
- 📅 Menstrual regulation, may lighten flow and cramps.
- ⚠️ Smoking + > 35yo, uncontrolled HTN, breast cancer
VTE, CVA, migraine with aura, SLE. < 21d postpartum.
- 👍 Less effort than daily pill. May reduce cramps and acne.
- 👎 Nausea, irregular bleeding, sore breasts (usually temporary).
Skin irritation, change in libido.
- ♀️ Immediate
- 👤 Not recommended if BMI > 30:
decreased effectiveness, potential increased risk of clots



Ring

- ✓ 99.7% perfect use, 93% typical use
- ⚙️ Prevents ovulation, thickens cervical mucous
- ? Small bendable ring into vagina x 3 weeks (similar to tampon).
4th week no ring.
- 📅 Menstrual regulation, may lighten flow and cramps.
- ⚠️ Smoking & > 35yo, uncontrolled HTN, breast cancer, VTE, CVA, migraine with aura, SLE. < 21d postpartum.
- 👍 Only remember something 2x/mo. Can choose to skip periods.
Lower hormone dose = fewer side effects.
- 👎 Nausea, irregular bleeding, sore breasts (usually temporary).
Increased vaginal discharge, irritation, or infection, change in libido.
- 👤 A few days after stopping
- 🌀 Monthly (NuvaRing) or yearly (Annovera) options.
- 🌀 If it falls out, wash with soap/water and reinsert.



Shot

- ✓ 99.8% perfect use, 96% typical use
- ⚙️ Prevents ovulation, thickens cervical mucous
- ? Injection every 3 months (monthly formulation available some places)
- 📅 Variable. May be irregular or stop.
- ⚠️ Breast cancer, SLE, uncontrolled HTN.
- 👍 Discrete. 4 shots per year. Can be used by women who can't use E.
- 👎 Irregular bleeding, increased appetite leading to weight gain.
- 👩 Possible as soon as 12wks after last injection, though may take up to 9mo
- 👶 Spotting improves with time, may take 6-9mo.
Same hormone as implant, may be a good trial if unsure.



Implant

- ✓ 99.9% perfect use, 99.9% typical use
- ⚙️ Prevents ovulation, thickens cervical mucous
- ? 4cm subdermal rod inserted by clinician in non-dominant arm
- 📅 Variable. Many have fewer lighter periods or none.
- ⚠️ Breast cancer, SLE with +Anti-phospholipid Ab's, decompensated cirrhosis.
- 👍 Discrete. Cramps often improve. Can be used by women who can't use E.
- 👎 Irregular bleeding, may improve with time.
 - Less common SE's (acne, appetite, sex drive, depression, HA, nausea, breasts, etc) often improve.
- 👤 Immediately after removal
- 🕒 FDA approved x 3 years, effective up to 4 years



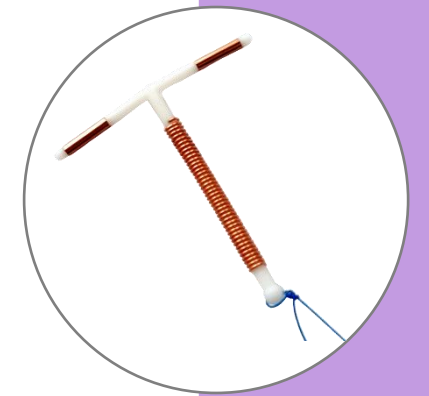
Hormonal IUDs

- ✓ 99.4-99.9% perfect use, 99.2-99.9% typical use
- ⚙️ Thickens cervical mucous
- ? Inserted by clinician
- 📅 May lessen or stop
- ⚠️ Pregnancy, distorted anatomy, current PID/purulent cervicitis, pelvic TB, cervical/endometrial cancer awaiting treatment. Breast cancer.
- 👍 Discrete. Stays 3-7 years depending on type. May lessen cramps/bleeding.
- 👎 Spotting (often improves). Rare – perforation, expulsion, infection
- 👤 Immediately after removal
- 👩 Can insert anytime during cycle, may be easier during period.
Stays in for colpo, LEEP.



Copper IUD

- ✓ 99.4-99.9% perfect use, 99.2-99.9% typical use
- ⚙️ Thickens cervical mucous
- ? Inserted by clinician
- 📅 Often heavier, may cause intermenstrual spotting.
- ⚠️ Pregnancy, distorted anatomy, current PID/purulent cervicitis, pelvic TB, cervical/endometrial cancer awaiting treatment.
- 👍 Discrete. Only non-hormonal option. Longevity.
- 👎 May increase bleeding and cramps. Rare – perforation, expulsion, infection.
- 👤 Immediately after removal
- 👁️ FDA approved x 10 years, effective at least 12.
Can insert anytime during cycle, may be easier during period. Stays in for colpo, LEEP.



Sterilization

- ✓ > 99% perfect use, > 99% typical use
- ⚙️ Block/cut either the fallopian tubes (BTL) or vas deferens (vasectomy)
- ? Surgical. BTL – general anesthesia (OR). Vasectomy – local (clinic)
- 📁 Unaffected
- ⚠️ No absolute. General C/I for surgery.
- 👍 Permanent, highly effective. Non-hormonal.
- 👎 Surgical recovery
- 👤 Reversal is difficult for both
- 👁️ Vasectomy is safer and cheaper than tubal



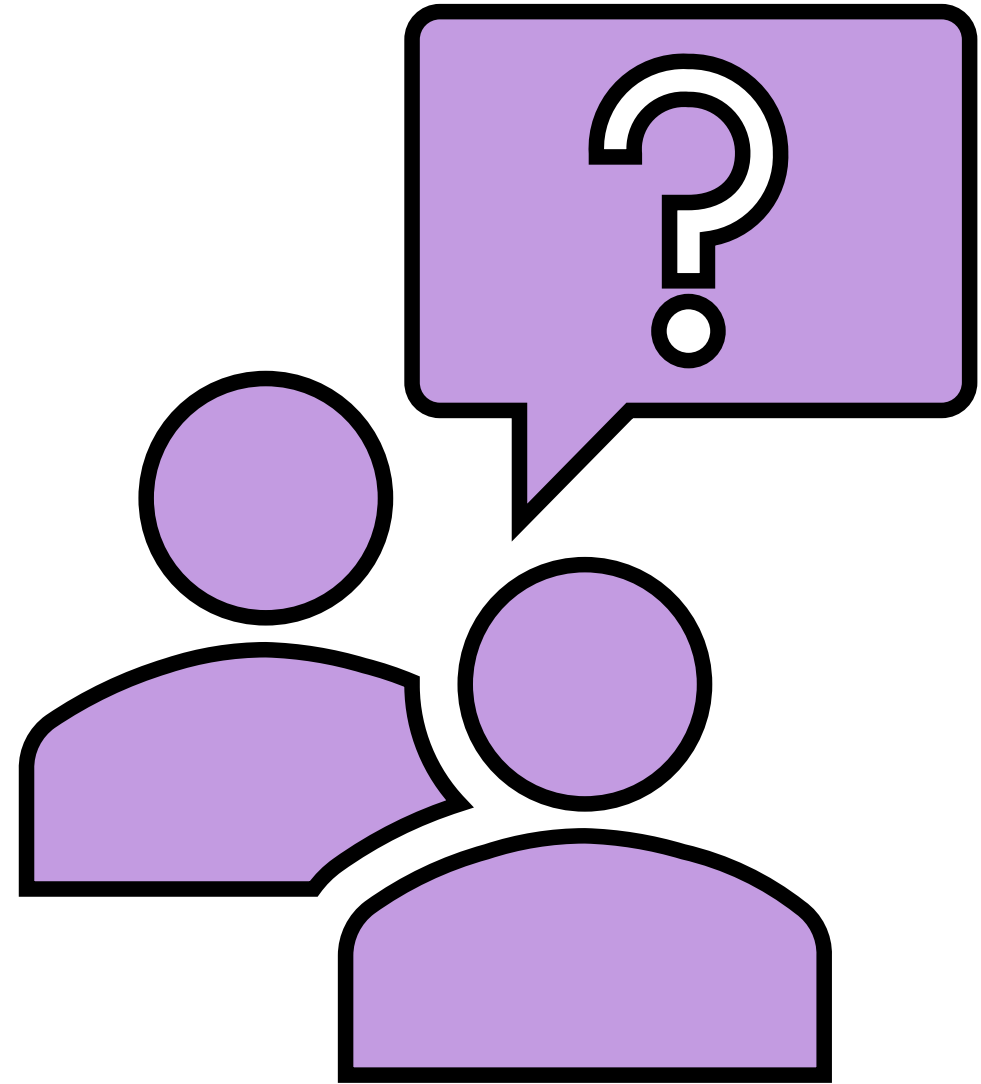
Emergency Contraception

- ✓ Paragard (99.9%) >> EC pills, ranges from 58-94%
- ⚙️ Delays ovulation (follow it with abstinence or other birth control)
- ? Can be used up to 5d (120hrs) after unprotected intercourse.
3 pill options (Ella, Yuzpe, Plan B One-step/levonorgestrel), Paragard
- 📅 Next cycle may be early or late
- ⚠️ Pregnancy, distorted anatomy, current PID/purulent cervicitis, pelvic TB, cervical/endometrial cancer awaiting treatment. Breast cancer.
- 👍 Prevents the pregnancy (not the same as abortion pills).
- 👎 Paragard – increase flow, cramping. EC pills – nausea, vomiting, spotting
- 👤 Immediate
- 🕒 The earlier the better



Cases

1. 23yo G2P2 with a history of migraine with aura and iron deficiency anemia, requesting birth control that will also help with her heavy, painful periods.
2. 39yo G5P4014 with a history of HTN and DM (diagnosed 2 years ago), BP today is 160/102.
3. 44yo G4P4 recently diagnosed with breast cancer and concerned about unintended pregnancy while on chemotherapy.
4. 28yo G4P3013 with history of HIV on ART.
5. 26yo G3P3 currently smoking ½ ppd, requesting something to help make her periods more regular.
6. 31yo G5P3023 with a history of epilepsy on Keppra
7. 24yo G2P1011 with a history of DVT

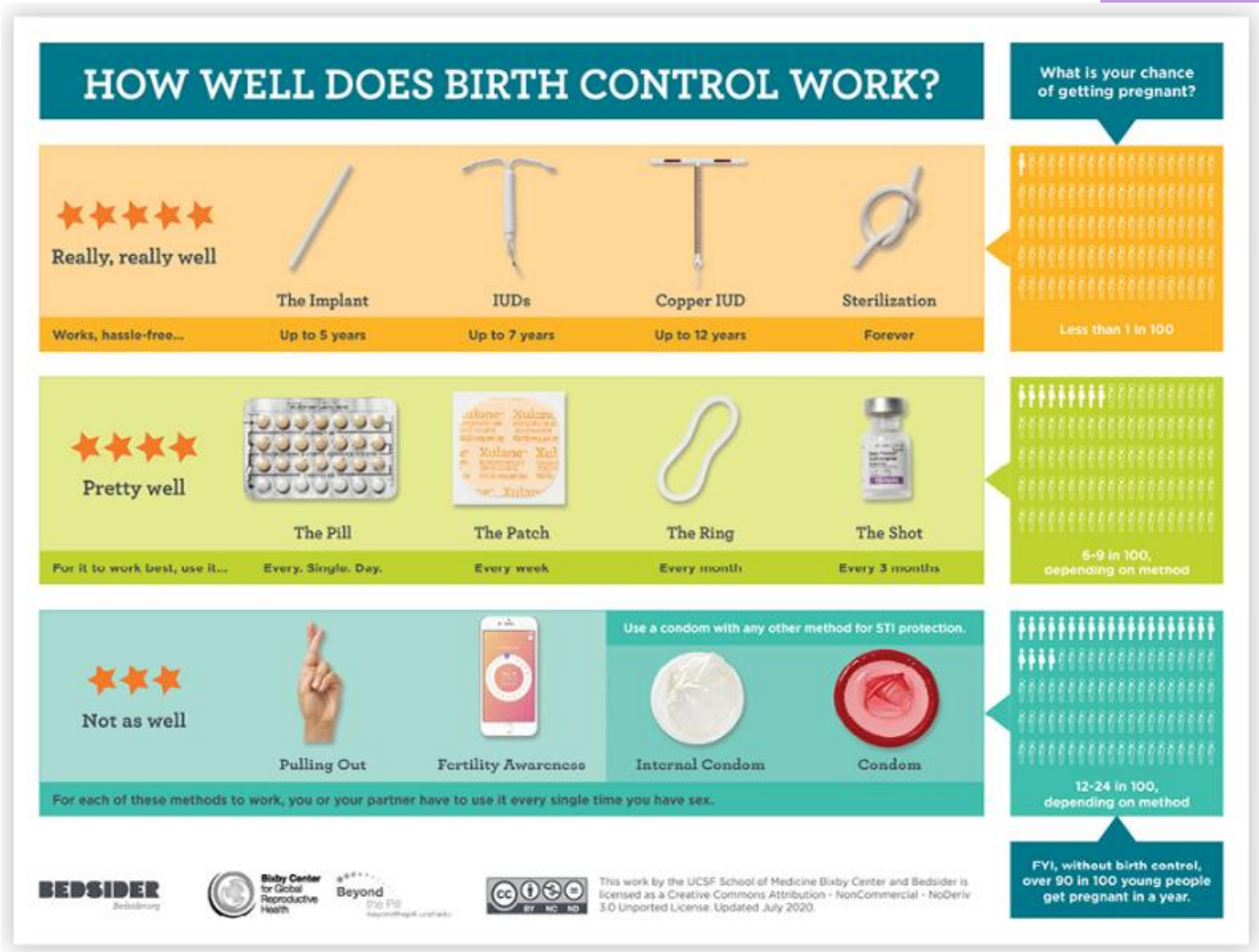


Cases Key

1. Hormonal IUD recommended. Implant may also help. No estrogen due to migraine with aura.
2. No estrogen due to HTN, avoid depo until under better control. IUD, implant, or progestin-only pill preferred.
3. Copper IUD – only option for breast cancer.
4. All methods are safe with all antiretrovirals other than Fosamprenavir (combined hormonal options not recommended with this one).
5. Any method is safe. Combined hormonal C/I if smoking and > 35yo.
6. All methods are safe with Keppra. Other AEDs – look it up.
7. No estrogen due to DVT. Other methods are safe.



Summary: Effectiveness



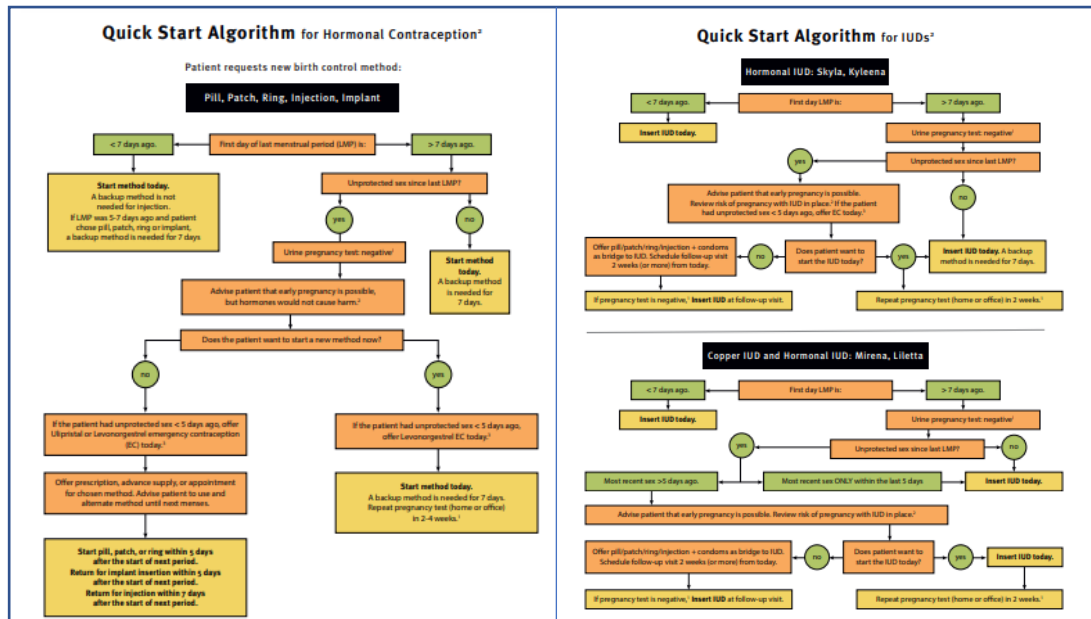
Summary/Additional Resources



Quick Start Algorithm



Medical Eligibility Criteria



Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use

Condition	Sub-Condition	Cu IUD		LNG-IUD		Implant		DMPA		POP		ONC	
		1	2	1	2	1	2	1	2	1	2	1	2
Age		Menarche to <20 yrs	Menarche to <20 yrs	Menarche to <18 yrs	Menarche to <18 yrs	Menarche to <18 yrs	Menarche to <18 yrs	Menarche to <18 yrs	Menarche to <18 yrs	Menarche to <18 yrs	Menarche to <18 yrs	Menarche to <18 yrs	Menarche to <18 yrs
Anatomical abnormalities	a) Distorted uterine cavity	4	4	4	4	4	4	4	4	4	4	4	4
Anemias	a) Thalassemia	2	1	1	1	1	1	1	1	1	1	1	1
Breast disease	a) Undiagnosed mass	1	2	2	2	2	2	2	2	2	2	2	2
Breastfeeding	a) First and no evidence of current disease for 5 years	1	3	3	3	3	3	3	3	3	3	3	3
Cervical cancer	a) In situ	4	2	4	2	4	2	4	2	4	2	4	2
Cervical ectropion	a) Cervical intraepithelial neoplasia	1	1	1	1	1	1	1	1	1	1	1	1
Deep venous thrombosis (DVT)/pulmonary embolism (PE)	a) History of DVT/PE, not receiving anticoagulant therapy	1	2	2	2	2	2	2	2	2	2	2	2
Depressive disorders	a) History of DVT/PE, not receiving anticoagulant therapy	1	1	1	1	1	1	1	1	1	1	1	1
Diabetes	a) History of gestational disease	1	1	1	1	1	1	1	1	1	1	1	1
Dysmenorrhea	a) Symptomatic	1	2	2	2	2	2	2	2	2	2	2	2
Endometrial hyperplasia	a) Suspected	4	2	4	2	4	2	4	2	4	2	4	2
Endometriosis	a) Suspected	1	1	1	1	1	1	1	1	1	1	1	1
Epilepsy	a) Suspected	1	1	1	1	1	1	1	1	1	1	1	1
Garibaldi disease	a) Suspected	1	2	2	2	2	2	2	2	2	2	2	2
Gestational trophoblastic disease	a) Suspected	1	2	2	2	2	2	2	2	2	2	2	2
Headaches	a) Migraine	1	1	1	1	1	1	1	1	1	1	1	1
History of bariatric surgery	a) Restrictive procedures	1	1	1	1	1	1	1	1	1	1	1	1
History of cholelithiasis	a) Phlegmy related	1	1	1	1	1	1	1	1	1	1	1	1
History of high blood pressure during pregnancy	a) Past	1	1	1	1	1	1	1	1	1	1	1	1
History of pelvic surgery	a) High risk for HIV	1	1	1	1	1	1	1	1	1	1	1	1
History of pelvic surgery	a) HIV infection	1	1	1	1	1	1	1	1	1	1	1	1
History of pelvic surgery	a) HIV infection	1	1	1	1	1	1	1	1	1	1	1	1

