Let’s Talk About Sex

An update on contraceptive options for your patients of reproductive age

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Disclosure

• I have no relevant financial or nonfinancial relationship(s) within the products or services described, reviewed, evaluated or compared in this presentation.
Sex and Pregnancy....

• What’s new????

According to CDC.GOV

• In the United States
  – In 2006, 49% of pregnancies were unintended
    • a slight increase from 48% in 2001.
  – Among women aged 19 years and younger, more than 4 out of 5 pregnancies were unintended.
  – Between 2001 and 2006, the proportion of pregnancies that were unintended—
    • Increased from 79% to 83% among women aged 18 and 19 years and from 59% to 64% among women aged 20–24 years.

Healthy People/Healthy Campus

• Healthy People 2020
  – Family Planning
    • **FP-1**: Increase the proportion of pregnancies that are intended
    • **FP-2**: Reduce the proportion of females experiencing pregnancy despite use of a reversible contraceptive method
    • **FP-11**: Increase the proportion of sexually active persons aged 15 to 19 years who use condoms and hormonal or intrauterine contraception to both prevent pregnancy and provide barrier protection against disease

Healthy People/Healthy Campus

• Healthy Campus 2020
  – Family Planning
    • **FP-1**: Decrease the proportion of female students who report an unintended pregnancy in the last 12 months.
    • **FP-3**: Increase the proportion of college university health services that report offering (dispensing, prescribing, or selling) emergency contraception.
    • **FP-6**: Increase the proportion of students or their partner who report using contraception during the last vaginal sexual intercourse.

What option(s) are best for my patients?
Benefits of Hormonal Contraception

- Pregnancy prevention
- Cycles typically become:
  - Shorter
  - Lighter
  - Regulated
- Acne control/prevention
- Prevention of ovarian cyst
- Cycle management

Things to consider

- Patient’s smoking status
- Other contraindications:
  - Hx of:
    - migraines with aura
    - blood clotting d/o
    - cancers
    - Heart health status (current and past BP)
    - Liver/Kidney status
- Weight influence
  - Some hormonal contraceptive options have weight indications.
    - BC Patch
    - Depo-Provera
- Patient Education is vital
Common Side Effects

• Headache
• Breast Tenderness
• Nausea/Vomiting
• Irregular bleeding (BTB)

*Special note for:
  Depo-Provera
  Implanon/Nexplanon
  Mirena
  Paragard

When to Start

• Depends on method
  – Traditional Sunday start
  – Quick start (same day start)
  – First day of menses
    • Start w/in first 5 days of menses
      – NuvaRing
      – Nexplanon

Hormonal BC options

• Orals (bka birth control pills)
• Patch
• Ring
• Injectable
• Implants
  – Implanon/Nexplanon
  – Mirena
  – Skyla
• Emergency Contraception
Non-hormonal options

• Condoms
  – Male and female
• Diaphragm
• Films/foams
• Implants
  – IUD (Paragard)
  – Essure
• Surgical options
  – Tubal ligation
  – Vasectomy

Orals
Orals

- Brand and generic options available.
- Most pills are a combination of estrogen/progestin.
- How to Prescribe?
  - One pill daily, at the same time of day
- Pill packs are designed to be started on Sunday
- Black Box Warning
- Advantages
- Disadvantages

Patch

- Brand and generic options.
  - Xulane (generic)
- Combination of estrogen/progestin.
- How to Prescribe?
  - One patch weekly x 3 weeks, 1 week off
- Advantages
- Disadvantages
  - Weight indication
Ring

http://www.nuvaring.com

- Brand option only.
- Combination of estrogen/progestin.
  - Only 15mcg of estrogen
- How to Prescribe?
  - Insert between days 1-5 of menses, leave in for 3 weeks. Remove first day of 4th week.
- Advantages
- Disadvantages

Injectable
Injectable

• Progestin only option
• How to Prescribe?
  – One injection every 11-13 weeks.
  – **What happens if patient is late for shot?**
• Advantages
• Disadvantages

Implantable:
Implanon/Nexplanon

[Image of Implanon/Nexplanon]

Implantable: Implanon/Nexplanon


• Progestin only option
• Implanon vs. Nexplanon
  – What’s the difference?
• Advantages
• Disadvantages
Implantable: Mirena

- Progestin only option
- Only FDA approved contraception for the treatment of endometriosis
- Not recommended for nulliparous women

Advantages

Disadvantages

Implantable: Skyla
Implantable: Skyla
http://www.skyla-us.com/index.php
- Progestin only option
- Recommended for nulliparous women
- Advantages
- Disadvantages

Implantable: Liletta
https://www.liletta.com/
- Progestin only option
- Can be used in multiparous or nulliparous women
- Advantages
- Disadvantages
Emergency Contraception

• 2013
  – FDA approves Plan B One-Step emergency contraceptive for use without a prescription for all women of child-bearing potential

Effective Rate for EC

Implantable: Paragard
Implantable: Paragard

- Hormone free, copper IUD
  - Mechanism of action
    - "Primarily by preventing the sperm from reaching and fertilizing the egg."
    - Creates a mildly inflamed/irritated endometrial lining that prevents implantation.
- Approved for use in nulliparous women
- Advantages
- Disadvantages

Implantable: Essure

http://www.essure.com/

- Permanent form of contraceptive
- Done in office typically
- Hormone free
  - Mechanism of action
    - http://www.youtube.com/watch?v=Ztxw0mgF8EE#t=81
- Advantages
- Disadvantages
Surgical:
Tubal Ligation

- Permanent blockage of the fallopian tubes.
  - Post partum, post abortion, or as an interval procedure.
- Methods
  - clips, rings, bands, and ligation or salpingectomy.
- Failures rate low
- Pregnancy after tubal
- Post tubal syndrome
- Advantages
- Disadvantages
Surgical:
Vasectomy
- Cuts or blocks both the right and left vas deferens.
  - No effect on sex drive, male hormone production, or sexual function.
- Two types - both outpatient
  - Conventional vasectomy
  - No scalpel method
- Failure rates similar to that of female sterilization.
- Reversal has a better chance of success when performed within 10 years of vasectomy.
- Advantages
- Disadvantages

What is covered by insurance?
- Plans must cover these services without charging a copayment or coinsurance when provided by an in-network provider
  - even if you haven’t met your deductible.
- Covered contraceptive methods
  - FDA-approved contraceptive methods including:
    - Barrier methods, like diaphragms and sponges
    - Hormonal methods, like birth control pills and vaginal rings
    - Implanted devices, like intrauterine devices (IUDs)
    - Emergency contraception, like Plan B® and ella®
    - Sterilization procedures
    - Patient education and counseling
- Plans aren’t required to cover drugs to induce abortions and services for male reproductive capacity, like vasectomies.

What if my patient(s) do not have insurance?
- Community resources
  - Planned Parenthood
  - Community based clinics
- Cost effective contraceptive options
  - Kroger/Walmart List
  - Patient Assistance Programs
    - ARCH
Thanks for your attention!