

Let's talk pregnancy avoidance maneuvers.

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If you have decided that getting pregnancy is not an option, for whatever reason, there is an assortment of options and to hear them all would be overwhelming. We normally present these options in categories including barrier methods, hormonal birth control, non-hormonal types and permanent options (more information on permanent options coming soon!). While birth control pills are the most prevalent in our current culture, a trend has developed to promote long-acting, reversible contraceptives (LARC) for the very group who need them most. Young, active women with better things to think about than taking a pill every day may benefit from hearing that there are safe, reversible options that can last for 3 to 10 years. In fact, any couple can benefit from not having to remember to take a pill or put on a condom so LARC may be for you too!

There are 3 LARC methods including the copper T380A intrauterine contraceptive device (IUCD) that lasts up to 10 years, the levonorgestrel IUCD that lasts up to 5 years and the etonogestrel single-rod contraceptive implant that lasts up to 3 years. Typical use (that includes forgetting to take your pill) pregnancy rates are lower for LARCs than for oral contraceptives or barrier methods. Over a 5 year period, these methods are all cheaper than other methods we often forget to use. Also attractive, these methods can be used immediately after delivery or after a miscarriage or abortion, giving women time to think between pregnancies. In studies, LARC methods have a higher continuation rate (86%) than birth control pills (55%) and, therefore, work better overall. If you have questions about these options, consult with your healthcare provider who has accurate information and not with the internet.

Condoms should be used together with spermicidal foam to provide adequate contraception and protection from infection. Unfortunately, for teens using condoms, only half reported consistent use in the past month. Cervical caps and diaphragms seem to be a thing of the past but, along those lines, single use contraceptive sponges impregnated with spermicide are available at any drug store. These methods fail for many reasons, mostly their lack of immediate availability when they are needed and they are prone to breakage or slippage.

Birth control pills vary according to the dose of the estrogen component, usually 20, 30 or 35 mcg ethinyl estradiol which are all considered low dose, and type of progesterone (norethisterone, norgestrel, levonorgestrel, desogestrel, gestodene, norgestimate and drospirenone in order of generation – other names include norethindrone, ethynodiol – only slight difference in their chemical composition). Although less effective, progesterone-only pills are available for anyone wishing to avoid estrogen. A very rare but important risk is blood clot formation with potential for stroke, associated with the estrogen component of a pill. Consider that lifestyle

factors, heredity, weight, smoking and lack of exercise all alter the risk of blood clot formation. If at risk, a woman should use a non-hormonal or progesterone-only form of birth control such as an IUCD or injection progesterone (depo-provera). The pill, essentially, tricks the body into thinking it is pregnant thereby inhibiting ovulation. Some real benefits of a birth control pill are reduced blood loss, reduced cramping, less ovarian cyst formation, reduced acne, regular and light menstrual cycles and, over time, a reduction of ovarian and uterine cancer. There are hormone patches and vaginal rings that function in a similar fashion but may be nicer to use than a pill for some people, while others think they are weird.

In the very scary event that a chosen form of contraception is suspected to have failed, the astutely named Plan B, a single dose progesterone (1.5mg levonorgestrel) is now available without a prescription to anyone 15 years and over.

There are as many options as there are people looking to avoid pregnancy and your healthcare provider is adept at walking you through the options while ensuring you are safely assessed as you negotiate your sexual adventures.

References:

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3. Peipert J, QiuHong Z, et al. Continuation and Satisfaction of Reversible Contraception. *Obstetrics and Gynecology* 2011; 117: 1105-13.