

Cornerstones of Contraception Counseling:

Busting Myths and Providing Reassurance

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No disclosures.

Objectives:

- Review most common hormonal and non-hormonal contraceptive options, including MOA, efficacy, and important counseling points
- Highlight resources for you and your patients
- Discuss equitable approaches to counseling
- Debunk and discuss common myths

Caveats:

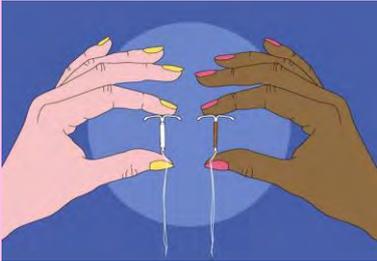
- Discuss most commonly used contraceptive methods, but notably not exhaustive of ALL methods
- Does not address use of emergency contraception

Overall goal – to empower you to know contraceptive options, and have the information to counsel appropriately and safely, so your patients can be well-informed in their reproductive health choices!

Hormonal Methods

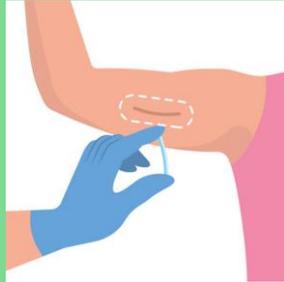
LARCs

IUD



- Levonorgestrel IUD (hormonal, e.g. Mirena)
- Copper T IUD (non-hormonal, e.g. Paragard)

Implant



- Nexplanon

OCPs



- Combined oral contraceptives (COCPs)
- Progestin only contraceptives (POPs)

Injectables



- Depo Provera

Non-Hormonal Methods



MALE STERILIZATION
VASECTOMY



FEMALE STERILIZATION
TUBAL LIGATION



Condoms

- Female condoms
- Male condoms

Sterilization

- Tubal ligation
- Vasectomy

Coitus interruptus

- The “withdrawal” method

Calendar/rhythm method

- Track fertile days to determine when to avoid intercourse
- Natural Cycles

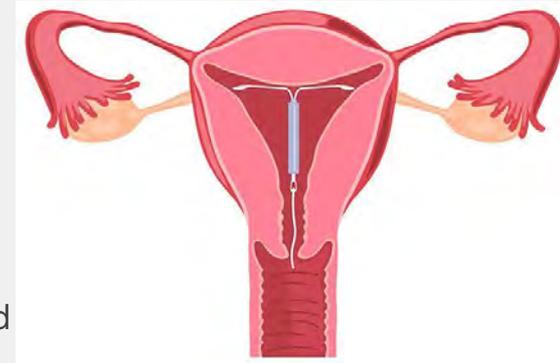
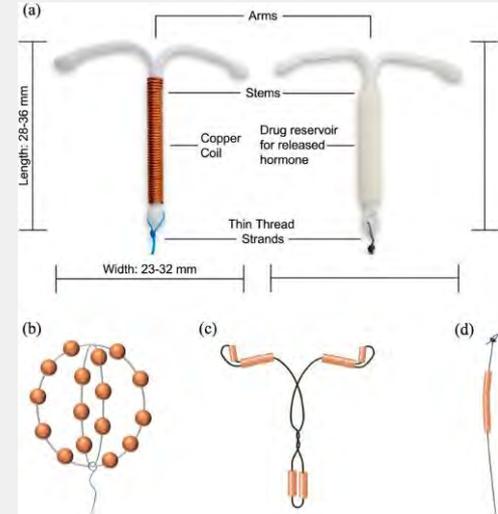
IUD

Levonorgestrel IUD

- MOA: levonorgestrel (progestin) is released from the IUD, which thickens cervical mucus and suppresses the endometrium. Some evidence to suggest it may provide negative feedback and suppress ovulation when systemically absorbed
- Mirena and Liletta approved for up to 8 years
- Kyleena approved for up to 5 years
- Skyla approved for up to 3 years
- Efficacy: > 99% effective
- Salient counseling points: Can cause spotting and cramping up to 6 months after placement, though long-term, can cause absence of menses; very low but possible chance of infection with insertion

Copper T IUD (Paragard)

- MOA: Copper ions are toxic to sperm, impacting their motility and ability to penetrate an oocyte
- Approved for use up to 12 years
- Efficacy: > 99% effective
- Salient counseling points: Can cause heavy bleeding, so should avoid in patients with history of heavy menstrual bleeding, though some cramping and spotting after insertion is normal



Implant (Nexplanon)

- MOA: similar to IUD except more systemic!
Thickens cervical mucus + inhibits ovulation
- Lasts up to 5 years
- 99% effective
- Salient counseling points:
 - Patients may experience unpredictable bleeding with Nexplanon use
 - Patients should be able to feel the implant under their arm; if not, it may be a sign of dislodgement or difficult-to-remove implants



OCPs

Combined hormonal contraceptives (both estrogen + progestin) vs POPs (progestin-only)

- MOA: Prevent fertilization (progestin suppresses ovulation, estrogen helps with cycle control)
- Efficacy: First year failure rate with “perfect” use is 0.3%, though with typical use is 7%
 - Related to missed/delayed dosing
- Salient counseling points:
 - Rapidly reversible, can help regulate bleeding in patients with unpredictable cycles/AUB
 - COCs can also be useful in patients with endometriosis, menstruation-related migraines, PMDD, acne, dysmenorrhea, perimenopausal symptoms
 - Decreases risk of endometrial and ovarian cancer, though may increase risk of breast cancer
 - Estrogen component can increase risk of VTE
 - COC has more contraindications than POP
 - Can counsel patients to use while skipping “withdrawal bleed” week if they want to avoid bleeding entirely



Table 12-2 Medical Conditions Precluding COC Use, As Listed in the US Medical Eligibility Criteria for Contraceptive Use

Medical Conditions Precluding COC Use	US MEC Rating
Current venous thromboembolism	4
History of venous thromboembolism with high risk of recurrence	4
Cerebrovascular or coronary artery disease	4
Valvular heart disease with complications	4
Severe hypertension or with vascular disease	4
Diabetes mellitus with vascular disease or > 20 years' duration	4
Migraine headaches with aura	4
Major surgery with prolonged immobilization	4
Current breast cancer	4
Thrombogenic mutations	4
Systemic lupus erythematosus with + antiphospholipid antibodies	4
Solid organ transplant with complications	4
Peripartum cardiomyopathy with impaired cardiac function	4
Heavy smokers > 35 years of age	4
Hepatic adenoma or carcinoma	4
Severe cirrhosis or acute hepatitis	4
< 21 days postpartum	4
Multiple risk factors for atherosclerotic cardiovascular disease	3/4*

* Category 3 or 4, depending on number of major risk factors for cardiovascular disease.
Data from Curtis KM, Tepper NK, Jastrow TC, et al. U.S. Medical Eligibility Criteria for Contraceptive Use, 2016. MMWR Recomm Rep 2016;65(3):1-104.

Injectables

- MOA: systemic progestin that inhibits ovulation and leads to atrophic endometrium
- Depo Provera (DMPA), injection administered every 3 months
- First year failure rate with “perfect” use is 0.2%, though with typical use is 4%
 - Related to missed or delayed dosing
- Salient counseling points:
 - Can be useful for treatment of AUB, but simultaneously can cause unpredictable bleeding
 - Should not be used in patients with active breast cancer (contraindication to use)
 - Long-term use may cause increases in LDL and decreased mineral bone density
 - Particularly useful in breastfeeding patients and perimenopausal patients



Efficacy of Non-Hormonal Options

1. Condoms
 - a. Male – 2% failure rate with perfect use, 13% failure rate with typical use
 - b. Female – 5% failure rate with perfect use, 21% failure rate with typical use
2. Sterilization
 - a. Male – 0.1% failure rate
 - b. Female – 0.1% failure rate
3. Coitus interruptus (withdrawal)
 - a. 4% failure rate with perfect use, 20% failure rate with typical use
4. Calendar/rhythm method
 - a. 7-15% failure rate with perfect use
 - b. Natural Cycles is the only FDA-approved app for this



**What if I'm asked
whether a particular
method is safe for
certain medical
conditions?**



Debunking Common Myths & Providing Reassurance

Why is this so important to address? Medical misinformation! (TikTok search, for instance):

Birth Control Ruined My Life ▾



Smh #depo...

theresac... 6749



#nexplanon is ruinin...

somberbl... 9.1M



Don't get me started...

kriselleram... 487



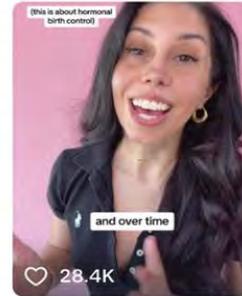
it's the devil...

savannafai... 94K



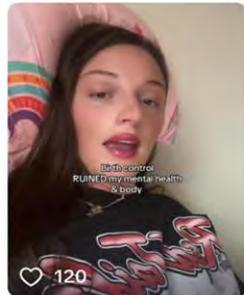
honestly this has bee...

ratedlaur 6.4M



how hormonal birth...

thewor... 804.2K



If you can relate- I'm...

channke 1.1M



lizislimitless1

104.4K



birth control is both...

teventherox 687



I will slander birth...

kyde_5114 3157



How birth control...

emerge 4100



Doctor shares some ...

purely 594.1K

Debunking Common Myths & Providing Reassurance

Myth #1 – “If I didn’t tolerate one birth control pill, that means I won’t tolerate any others.”

FALSE! “There are near innumerable options for birth control pills, including different combinations of estrogen + progestogen and in different phases. We can take a look at the one you didn’t do well on before, and provide you with an alternative that you may tolerate much better, while protecting yourself against pregnancy. We can also explore non-pill related options”

Myth #2 – “Birth control pills will give me horrible mood swings and cause me to gain weight.”

Not necessarily! “There is no evidence to demonstrate a consistent direct link between birth control pills and weight gain. That being said, everyone responds differently to all types of medication, including birth control. I would be happy to work with you to find the option that suits your needs best.”

Myth #3– “All hormonal birth control options cause cancer.”

FALSE! “There has been no direct link showing birth control causing cancer. In some cases, hormonal birth control use can actually decrease your risk of certain reproductive cancers! We should further explore your personal and family history to determine whether a hormonal option would be safe for you.”

Debunking Common Myths & Providing Reassurance

Myth #4 – “I’m scared to get an IUD or nexplanon because I’ve heard it’s a painful procedure.”

TRUE... BUT! “Patients do tend to think the insertion process, especially for IUDs, is painful, but there are things we can do to make the process less painful, including prescribing pain medications, and, in some cases, providing you with local anesthesia to reduce the pain you experience. Most people tolerate the procedure fairly well. If you’re open to hearing more about how we can make you more comfortable, I think this could still be a good option for you.”

Myth #5 – “Using birth control will affect my future fertility.”

FALSE! “There is no direct evidence to suggest that future fertility will be affected by use of hormonal birth control options. In fact, one of the benefits of things like oral contraceptives, IUDs, and implants is that they are reversible forms of preventing pregnancy. I’m happy to provide more information if you want to learn more!”

- **We are well-equipped in family medicine to handle most if not all contraceptive options!**
- **No need to send your patients to OB/GYN**
- **Try to incorporate contraceptive counseling in your CPE visits as this is a great time to understand more about your patient’s reproductive goals and tailor options**

Patient-Centered Contraceptive Counseling: A Reproductive Justice-Informed Shift to Shared Decision-Making

Educate Yourself on History of Medical Mistrust

When counseling, keep in mind your patient's lived experiences and our own country's history (e.g., forced sterilization for women of color), as racism, history of sexual violence, and history with unsafe health care environments may cause patients to be weary about discussions surrounding contraception.

Focus on Patient-Centered Approach

Remember to individualize your approach, to focus on the patient's described sexual and reproductive health goals, even if they do not align with what you were planning to recommend initially.

Continue to Advocate for Equitable Contraceptive Access

Find avenues to advocate for health policies that ensure patients have feasible access to all forms of contraception, rather than pigeon-holing them into existing options that are "financially accessible" based on insurance coverage.

Resources for You!

- <https://www.cdc.gov/contraception/hcp/usmec/index.html>
- <https://www.aafp.org/pubs/afp/topics/by-topic.family-planning-and-contraception.html>
- <https://www.aafp.org/pubs/afp/issues/2024/1000/curbside-contraceptive-counseling.html>
- https://www.reproductiveaccess.org/contraception/?gad_source=1&gad_campaignid=115090779&gbraid=OAAAAADjUtcVt881p1WJM-6wCb8iidx8t7&gclid=Cj0KCQjwjo7DBhCrARIsACWauSnsnPii1JkYqqdggMDeZJnSEHVA7TTpZ-5FHCA-OI2CvK5Lcmxs8uYaAsRZEALw_wcB
- CDC US MEC US SPR App (“Contraception” in App Store)

Resources for Your Patients!

- <https://www.acog.org/womens-health/faqs/birth-control>
- <https://www.acog.org/womens-health/infographics/effectiveness-of-birth-control-methods>
- <https://www.bedsider.org/>
- <https://www.plannedparenthood.org/learn/birth-control>

Thank you!

Questions or comments?

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