BEYOND BIRTH CONTROL

PATIENT-CENTERED CONTRACEPTIVE CARE

Christina Shenko, MD

CT AFP Symposium

October 29, 2025

DISCLOSURES

None

Specific brands will be occasionally referenced

LEARNING OBJECTIVES

At the conclusion of this presentation, learners will be able to:

- Counsel comprehensively about available contraceptive options in a patient-centered manner
  - Including more newly available methods
- Employ evidenced-based clinical assessments prior to initiating contraceptive methods
- Understand when and why to “quick start” contraceptive methods
- Account for method-specific side effects & benefits when counseling about contraceptive choices

WHAT'S NEW-ISH?

EC IUDs
POP (OTC/drospirenone)
Annual vaginal ring
Depo SQ @ home
Vaginal gel
Period pills
Ulipristal (underutilized honorable mention)

WHAT'S BACK?

Diaphragm (new design)
Menstrual regulation

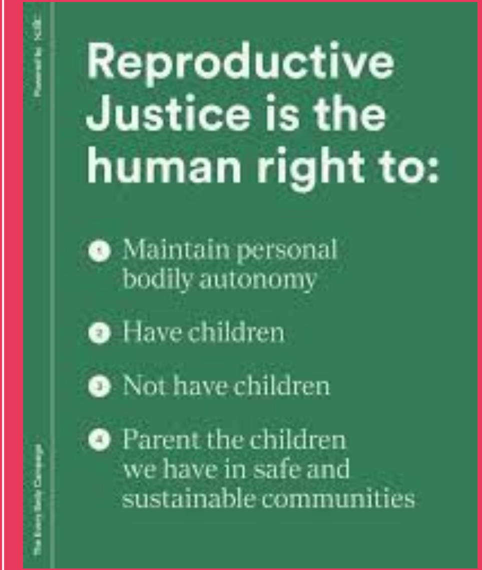
AND WHAT'S ESSENTIAL?

Prioritizing autonomy
Quick start
Accessibility
Offering extended or continuous use

INTRODUCTION

Principles of contraception counseling

- Patient centered
- Non coercive
- Culturally aware
- Upholds reproductive justice



SisterSong
Women of Color
Reproductive Justice Collective

FRAMING THE CONVERSATION: REPRODUCTIVE JUSTICE

Using the definition of Reproductive Justice and the mission of the coalition, we define "Contraceptive Justice" as all people having the social, political, and economic power, rights, access, and resources to receive contraceptive and pregnancy prevention care that is:

- Person-centered
- Confidential
- Comprehensive
- Medically Accurate
- Developmentally Appropriate
- LGBTQQIA+ Affirming
- Accessible
- Trauma-Responsive
- Culturally and Linguistically Affirming
- Harm Reduction Grounded
- Pro-Choice
- Sex- and Body-Positive
- Challenging of Explicit and Implicit Bias, Shame, and Stigma

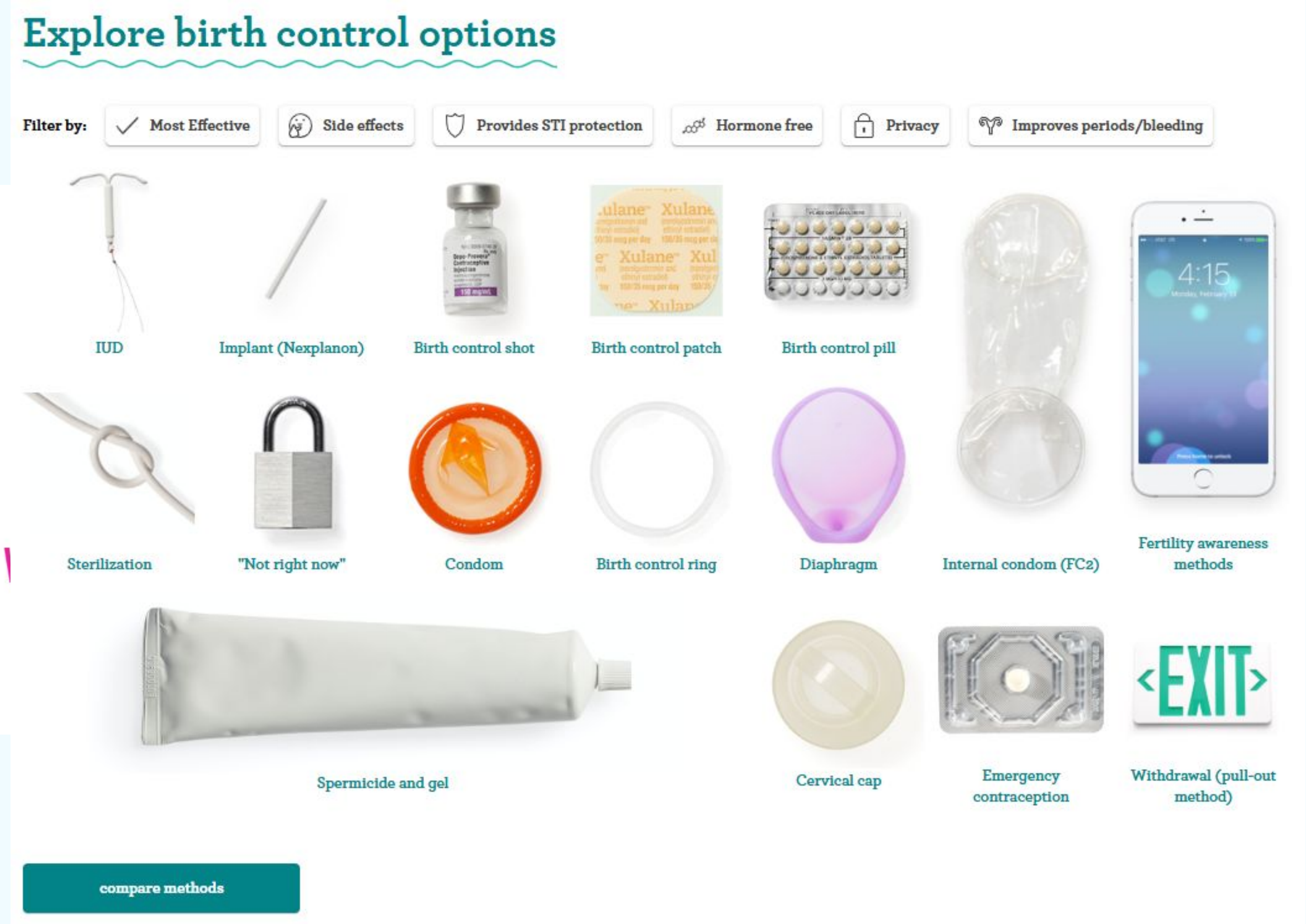
One Key Question®

1) Chaudhri A, Waligora K. Contraceptive Justice: Policy and Community Assessment Report. Chicago, IL: EverThrive Illinois; 2019 2)
2) Allen D, Hunter MS, Wood S, Beeson T. One Key Question®: First Things First in Reproductive Health. Matern Child Health J. 2017 Mar;21(3):387-392.

HOW TO HELP CHOOSE A METHOD?

CONSIDERATIONS

Efficacy	Finances	Privacy
Autonomy of Use & Disuse	The Weight of History sterilization, experimentation	Side Effects & Side Benefits



BEDSIDER

We've got you covered

MEDICAL CONSIDERATIONS

Risk Level	
1	Method can be used without restriction
2	Advantages generally outweigh theoretical or proven risks
3	Theoretical or proven risks usually outweigh the advantages
4	Method not to be used

Medical Eligibility for Initiating Contraception:

Absolute and Relative Contraindications

For more information, see the CDC's 2024 Medical Eligibility Criteria for Contraceptive Use and 2024 US Selected Practice Recommendations for Contraceptive Use: https://www.cdc.gov/contraception/hcp/contraceptive-guidance/

MEDICAL CONSIDERATIONS

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Estrogen/ progestin: pill, patch, ring	Progestin-only: pill	Progestin-only: injection	Progestin-only: implant	Hormonal IUD	Copper IUD
1	1	2	1	<20: 2	<20: 2
1	1	1	1	>20: 1	>20: 1
2	1	1	1	1	1
2	1	2	1	1	1
1	1	1	1	1	2
4	1	2/3	1	1	2
1	1	1	1	1	2
Pill: 3 Patch or Ring: 1	3	1	1	1	1
1	1	1	1	1	1
4	4	4	4	4	1
1	1	1	1	1	1
3	3	3	3	3	1
2	2	2	2	2	1
2	1	2	2	4	4
2	1	2	2	2	1
4	2/4*	3	2	2	1
4	2/4*	3	2	2	1
4	2/4*	3	2	2	2
1	1	1	1	1	1
4	2	3	2	2	1
1	1	2	1	1	1
3	2	2	2	2	2
4	2	3	2	2	2
3	2	2	2	2	2
4	2	3	2	2	1
3	2	2	2	2	1
2	1	1	1	1	1
1	1	1	1	1	1
2	2	2	2	2	1
3/4	2	3	2	2	1
3/4	2	3	2	2	1
1	1	1	1	1	2
3	2	2	2	1/2	1/2
All other antiretroviral medications are either 1 or 2 for every contraceptive method.					
3**	3	1	2	1	1
3	1	1	1	1	1
3	3	1	2	1	1
1	1	1	1	1	1
1	1	1	1	1	1
2	2	1	2	1	1
1	1	1	1	4	4
1	1	1	1	1	2
3	2	2	2	2	1
2	2	2	2	2	1
1	1	1	1	1	1
2	1	1	1	1	1
4	1	1	1	1	1
2	1	1	1	1	1
3	2	2	2	2	1
2	1	1	1	1	1
3	1	2	1	1	1
3	1	2	1	1	1
4	2	3	2	2	1

IN PRACTICE

Risk Level	
1	Method can be used without restriction
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3	Theoretical or proven risks usually outweigh the advantages
4	Method not to be used

Your 29 year old patient (G1P0010) was just diagnosed with systemic lupus erythematosus and presents to you because her dermatologist wants her birth control method re-evaluated for risk in light of this new diagnosis. She has a malar skin rash and no other systemic symptoms at this time; recent blood work includes a normal CMP, CBC and negative antiphospholipid antibody titer. She currently uses combined hormonal pills, which she likes and asks if she can continue.

Do you need any additional information to answer her question?

Condition	Qualifier for condition	Estrogen/ progestin: pill, patch, ring	Progestin-only: pill	Progestin-only: injection	Progestin-only: implant	Hormonal IUD	Copper IUD
Systemic lupus erythematosus	Antiphospholipid Ab + (or unknown)	4	2	3	2	2	1
	Severe thrombocytopenia	2	2	3	2	2	3
	Immunosuppressive therapy	2	2	2	2	2	2
	None of the above	2	2	2	2	2	1

IN PRACTICE

Risk Level	
1	Method can be used without restriction
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3	Theoretical or proven risks usually outweigh the advantages
4	Method not to be used

You are seeing Maria on postpartum rounds; she is a G4 now P4004 who 2 days postpartum from an uncomplicated vaginal delivery. Maria has no medical problems and breastfeeding is going well so far. She wants to know what her birth control options are and how soon can she start.

Condition	Qualifier for condition	Estrogen/ progestin: pill, patch, ring	Progestin-only: pill	Progestin-only: injection	Progestin-only: implant	Hormonal IUD	Copper IUD
Postpartum, not breastfeeding	‹ 21 days	4	1	2	1	See Postpartum IUDs	
	21-42 days, risk for VTE	3	1	2	1		
	21-42 days, without VTE risk factors	2	1	1	1		
	› 42 days postpartum	1	1	1	1		
Postpartum & breastfeeding	‹ 21 days	4	2	2	2		
	21- ‹30 days	3	2	2	2		
	30-42 days, risk for VTE	3	1	2	1		
	30-42 days, w/o VTE risk factors	2	1	1	1		
	› 42 days	2	1	1	1		
Postpartum IUDs (including cesarean, breastfeeding, or non breastfeeding)	‹ 10 minutes post-placenta delivery					2	2
	10 minutes post-placenta delivery to ‹4 weeks					2	2
	≥ 4 weeks					1	1
	Postpartum sepsis					4	4

WHAT'S NEEDED PRIOR TO INITIATION?

From the WHO

Class A = essential and mandatory in all circumstances for safe and effective use of the contraceptive method.

Class B = contributes substantially to safe and effective use, but implementation may be considered within the public health and/or service context. The risk of not performing an examination or test should be balanced against the benefits of making the contraceptive method available.

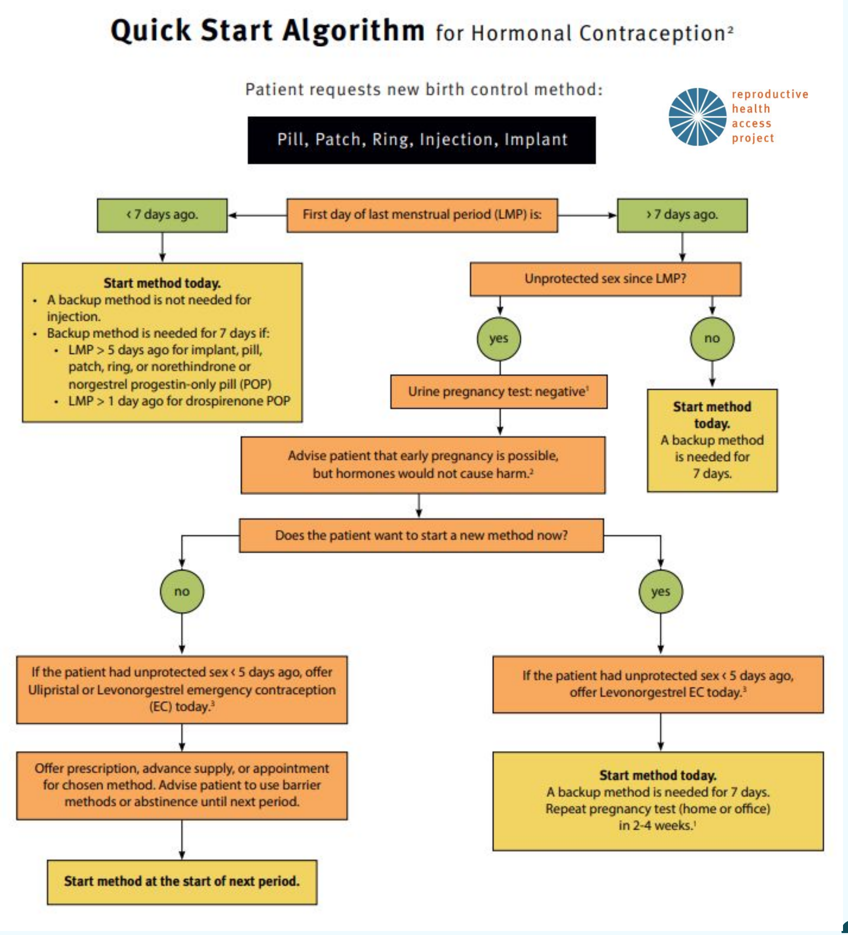
Class C = does not contribute substantially to safe and effective use of the contraceptive method.

From the WHO

Specific situation	Combined oral contraceptives	Combined injectable contraceptives	Progestogen-only pills	Progestogen-only injectables	Implants	IUDs	Condoms	Diaphragm/ Cervical cap	Spermicides	Female sterilization	Vasectomy
Breast examination by provider	C	C	C	C	C	C	C	C	C	C	N/A
Pelvic/genital examination	C	C	C	C	C	A	C	A	C	A	A
Cervical cancer screening	C	C	C	C	C	C	C	C	C	C	N/A
Routine laboratory tests	C	C	C	C	C	C	C	C	C	C	C
Haemoglobin test	C	C	C	C	C	B	C	C	C	B	C
STI risk assessment: medical history and physical examination	C	C	C	C	C	A*	C†	C†	C†	C	C
STI/HIV screening: laboratory tests	C	C	C	C	C	B*	C†	C†	C†	C	C
Blood pressure screening	‡	‡	‡	‡	‡	C	C	C	C	A	C§

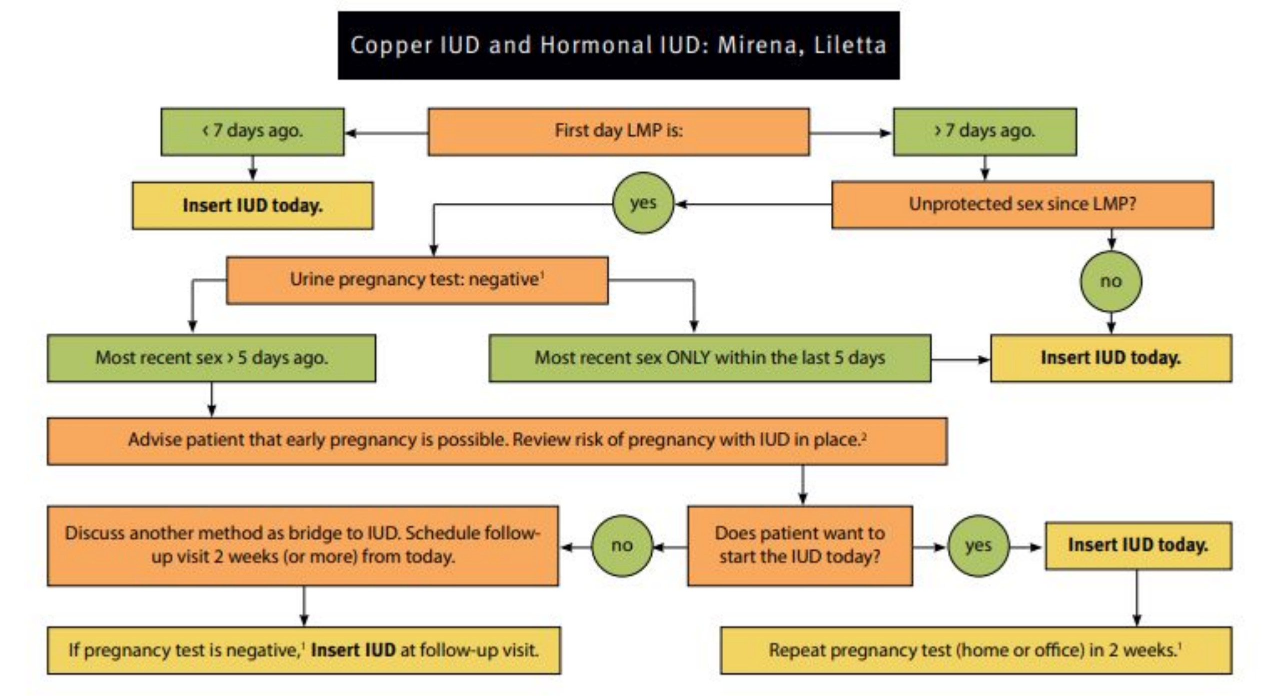
SO WHAT'S QUICK START?

Quick Start - Hormonal Methods



Algorithm from RHAP

Quick Start - IUDs



Algorithm from RHAP

IUD FOR EC

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Levonorgestrel vs. Copper Intrauterine Devices for Emergency Contraception

David K. Turok, M.D., Alexandra Gero, M.P.H., Rebecca G. Simmons, Ph.D., Jennifer E. Kaiser, M.D., Gregory J. Stoddard, M.P.H., Corinne D. Sexsmith, M.S., Lori M. Gawron, M.D., and Jessica N. Sanders, Ph.D.

ABSTRACT

BACKGROUND

In the United States, more intrauterine device (IUD) users select levonorgestrel IUDs than copper IUDs for long-term contraception. Currently, clinicians offer only copper IUDs for emergency contraception because data are lacking on the efficacy of the levonorgestrel IUD for this purpose.

METHODS

This randomized noninferiority trial, in which participants were unaware of the group assignments, was conducted at six clinics in Utah and included women who sought emergency contraception after at least one episode of unprotected intercourse within 5 days before presentation and agreed to placement of an IUD. We randomly assigned participants in a 1:1 ratio to receive a levonorgestrel 52-mg IUD or a copper T380A IUD. The primary outcome was a positive urine pregnancy test 1 month after IUD insertion. When a 1-month urine pregnancy test was unavailable, we used survey and health record data to determine pregnancy status. The prespecified noninferiority margin was 2.5 percentage points.

RESULTS

Among the 355 participants randomly assigned to receive levonorgestrel IUDs and 356 assigned to receive copper IUDs, 317 and 321, respectively, received the interventions and provided 1-month outcome data. Of these, 290 in the levonorgestrel group and 300 in the copper IUD group had a 1-month urine pregnancy test. In the modified intention-to-treat and per-protocol analyses, pregnancy rates were 1 in 317 (0.3%; 95% confidence interval [CI], 0.01 to 1.7) in the levonorgestrel group and 0 in 321 (0%; 95% CI, 0 to 1.1) in the copper IUD group; the between-group absolute difference in both analyses was 0.3 percentage points (95% CI, −0.9 to 1.8), consistent with the noninferiority of the levonorgestrel IUD to the copper IUD. Adverse events resulting in participants seeking medical care in the first month after IUD placement occurred in 5.2% of participants in the levonorgestrel IUD group and 4.9% of those in the copper IUD group.

CONCLUSIONS

The levonorgestrel IUD was noninferior to the copper IUD for emergency contraception. (Supported by the Eunice Kennedy Shriver National Institute of Child Health and Human Development and others; ClinicalTrials.gov number, NCT02175030.)

N ENGL J MED 384;4 NEJM.ORG JANUARY 28, 2021

IN PRACTICE

Amara presents for her 16 year old well adolescent visit; she is overall healthy, doesn't use tobacco and her blood pressure is 104/62.

On routine review of her sexual health, she shares that "I'm glad you asked about this stuff because I'm worried I might be pregnant." Exploring this statement, she shares that she had consensual penetrative vaginal sex yesterday with a male partner for the first time and didn't think about condoms until afterwards. She asks you for STI testing and a pregnancy test today.

- Urine pregnancy test is negative. Now what?
- Reminder about legal privacy rights
- Opportunity here for needs assessment, information sharing & options counseling:
  - Emergency contraception? Ongoing contraception?
  - Pregnancy care options (abortion and prenatal care)?

The Upshot

BEST PRACTICES IN GYNECOLOGY

Recommendations from the Choosing Wisely Campaign

Recommendation	Sponsoring organization
Do not require a pelvic examination or other physical examination to prescribe oral contraceptive medications.	American Academy of Family Physicians

Source: For more information on the Choosing Wisely Campaign, see https://www.choosingwisely.org. For supporting citations and to search Choosing Wisely recommendations relevant to primary care, see https://www.aafp.org/afp/recommendations/search.htm.

Targeted Medical History	**Check Blood Pressure**
Consider **Targeted Physical Exam**	**And … that's it!**

GENERAL BEST PRACTICES

Make It Easy!

Prioritize access to contraception (is a visit necessary?)	Quick start when possible (even after pregnancy)
The best method is the one the patient likes best	Make 90 day supply & 3 refills your standard practice

INDIVIDUAL METHODS

UPDATES & REFRESHERS

BONUS ROUND

Your Birth Control Choices

Method	How to Use	Impact on Bleeding	Things to Know	How well does it work?*
External Condom 	• Use a new condom each time you have sex • Use a polyurethane condom if allergic to latex	None	• Can buy at many stores • Can put on as part of sex play/foreplay • Can help prevent early ejaculation • Can be used for oral, vaginal, and anal sex • Protects against HIV and other STIs • Can decrease penile sensation • Can cause loss of erection • Can break or slip off • Does not need a prescription	87%
Internal Condom 	• Use a new condom each time you have sex • Use extra lubrication as needed	None	• Can put in as part of sex play/foreplay • Can be used for anal and vaginal sex • May increase vaginal/anal pleasure • Good for people with latex allergy • Protects against HIV and other STIs • Can decrease penile sensation • May be noisy • May be hard to insert • May slip out of place during sex • May require a prescription from your health care provider	79%
Diaphragm Caya® and Milex® 	• Put in vagina each time you have sex • Use with spermicide every time	None	• Can last several years • Costs very little to use • May protect against some infections, but not HIV • Using spermicide may raise the risk of getting HIV • Should not be used with vaginal bleeding or infection • Raises risk of bladder infection	83%
Emergency Contraception Pills Progestin EC (Plan B® One-Step and others) and ulipristal acetate (ella®) 	• Works best the sooner you take it after unprotected sex • You can take EC up to 5 days after unprotected sex • If pack contains 2 pills, take both at once	• Your next monthly bleeding may come early or late • May cause spotting	• Available at pharmacies, health centers, or health care providers: call ahead to see if they have it • People of any age can get progestin EC without a prescription • May cause stomach upset or nausea • Progestin EC does not interact with testosterone, but we don't know whether Ulipristal acetate EC does or not • Ulipristal acetate EC requires a prescription • May cost a lot • Ulipristal acetate EC works better than progestin EC if your body mass index (BMI) is over 26. • Ulipristal acetate EC works better than progestin EC 3-5 days after sex	58 - 94%

*Typical Use

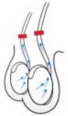
Method	How to Use	Impact on Bleeding	Things to Know	How well does it work?*
Fertility Awareness Natural Family Planning 	• Predict fertile days by: taking temperature daily, checking vaginal mucus for changes, and/or keeping a record of your monthly bleeding • It works best if you use more than one of these methods • Avoid sex or use condoms/spermicide on fertile days	• Does not work well if your monthly bleeding is irregular	• Costs little • Can help with avoiding or trying to become pregnant • Use a different method on fertile days • This method requires a lot of effort • Does not require a prescription	85%
The Implant Nexplanon® 	• A clinician places it under the skin of the upper arm • It must be removed by a clinician	• Can cause irregular bleeding and spotting • After 1 year, you may have no monthly bleeding at all • Cramps often improve	• Long lasting (up to 5 years) • You can become pregnant right after it is removed • It may lower the risk of uterine lining cancer, ovarian cancer, and polycystic ovary syndrome (PCOS) • May cause mood changes	› 99%
IUD: Copper ParaGard® 	• Must be placed in uterus by a clinican • Usually removed by a clinician	• May cause cramps and heavy monthly bleeding • May cause spotting between monthly bleeding (if you take testosterone, this may not be an issue)	• May be left in place for up to 12 years • You can become pregnant right after removal • It may lower the risk of uterine lining cancer, ovarian cancer, and polycystic ovary syndrome (PCOS) • Rarely, uterus is injured during placement	› 99%
IUD: Hormonal Liletta®, Mirena®, Skyla® and others 	• Must be placed in uterus by a clinican • Usually removed by a clinician	• May improve cramps • May cause lighter monthly bleeding, spotting, or no monthly bleeding at all	• Uses levonorgestrel, a progestin • May be left in place 3 to 8 years, depending on which IUD you choose • You can become pregnant right after removal • It may lower the risk of uterine lining cancer, ovarian cancer, and polycystic ovary syndrome (PCOS) • Rarely, uterus is injured during placement	› 99%

*Typical Use

BONUS ROUND

Method	How to Use	Impact on Bleeding	Things to Know	How well does it work?*
The Patch Ortho Evra® 	• Apply a new patch once a week for three weeks • No patch in week 4	• Can make monthly bleeding more regular and less painful • May cause spotting the first few months	• You can become pregnant right after stopping patch • Can irritate skin under the patch • This method contains estrogen - it is unclear if estrogen interacts with testosterone	93%
The Pill 	• Take the pill daily	• Often causes spotting, which may last for many months	• Can improve PMS symptoms • Can improve acne • Helps prevent cancer of the ovaries • This method contains estrogen - it is unclear if estrogen interacts with testosterone • You can become pregnant right after stopping the pills • May cause nausea, weight gain, headaches, change in sex drive - some of these can be relieved by changing to a new brand	93%
Progestin-Only Pills 	• Take the pill daily	• Can make monthly bleeding more regular and less painful • May cause spotting the first few months	• You can become pregnant right after stopping the pills • It may lower the risk of uterine lining cancer, ovarian cancer, and polycystic ovary syndrome (PCOS) • May cause depression, hair or skin changes, change in sex drive	93%
The Ring ANNOVERA® Nuvaring® 	• Insert a small ring into the vagina • Monthly Ring: Change ring each month • Yearly Ring: Change ring each year	• Can make monthly bleeding more regular and less painful • May cause spotting the first few months • Can increase vaginal discharge	• There are two types: a monthly ring and a yearly ring. • One size fits all • Private • You can become pregnant right after stopping the ring • This method contains estrogen - it is unclear if estrogen interacts with testosterone	93%
The Shot Depo-Provera® 	• Get a shot every 3 months (13 weeks) • Give yourself the shot or get it in a medical office	• Often decreases monthly bleeding • May cause spotting or no monthly bleeding	• Each shot works for up to 15 weeks • Private for user • Helps prevent cancer of the uterus • May cause weight gain, depression, hair or skin changes, change in sex drive • It may lower the risk of uterine lining cancer, ovarian cancer, and polycystic ovary syndrome (PCOS) • Side effects may last up to 6 months after you stop the shots	96%

*Typical Use

Method	How to Use	Impact on Bleeding	Things to Know	How well does it work?*
Sterilization: Tubal Methods 	• These methods block or cut the Fallopian tubes • A clinician reaches the tubes through your belly	None	• These methods are permanent and highly effective • Reversal is difficult • The risks include infection, bleeding, pain, and reactions to anesthesia	› 98%
Sterilization: Vasectomy 	• A clinician blocks or cuts the tubes that carry sperm from your testicles	None	• This method is permanent and highly effective • It is more effective, safer, and cheaper than tubal procedures • Can be done in the clinician's office • No general anesthesia needed • Reversal is difficult • Risks include infection, pain, and bleeding • It takes up to 3 months to work	› 99%
Vaginal Acidifying Gel Phexxi® 	• Insert gel each time you have sex	None	• Can be put in as part of sex play/foreplay • Does not have any hormones • Requires a prescription • May irritate vagina, penis • Should not be used with urinary tract infection	86%
Vaginal Spermicide Cream, gel, sponge, foam, inserts, film 	• Insert spermicide each time you have sex.	None	• Can buy at many stores • Can be put in as part of sex play/foreplay • Comes in many forms: cream, gel, sponge, foam, inserts, film • May raise the risk of getting HIV • May irritate vagina, penis • Cream, gel, and foam can be messy • Does not require a prescription	79%
Withdrawal Pull-out	• Pull penis out of vagina before ejaculations (that is, before coming)	None	• Costs nothing • Less pleasure for some • Does not work if penis is not pulled out in time • Must interrupt sex	80%

*Typical Use

IN PRACTICE

Amara presents for her 16 year old well adolescent visit; she is overall healthy, doesn't use tobacco and her blood pressure is 104/62. She had sex with a male partner yesterday and did not use a contraceptive method at the time.

- Urine pregnancy test today is negative.
- She would like to hear more about emergency contraception.

EMERGENCY CONTRACEPTION

Method	Accessibility	Efficacy
Levonorgestrel	+++	+
Ulipristal	++	++
IUD insertion	+	+++

(Graphic links to RHAP fact sheet)

EMERGENCY CONTRACEPTION

- This doesn’t have to feel like an emergency!
- Consider advance prescribing of ulipristal
  - Particularly as an adjunct for all people with a user-dependent primary contraceptive method and/or those with BMI >25
- Explore & consider addressing logistical barriers to EC IUDs
  - Are same/next day IUD insertions available in your practice?

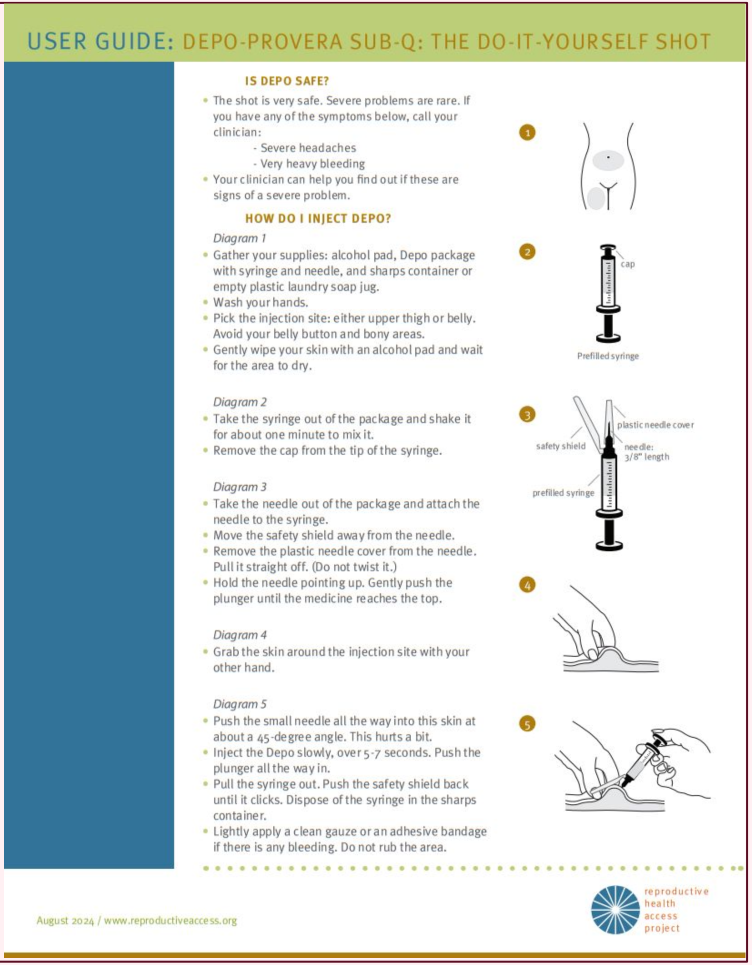
UPDATES:

ONGOING CONTRACEPTIVE METHODS

SUB-Q DMPA*

*depot medroxyprogesterone acetate

- Approved for use in 2004
  - *DMPA 150 mg IM route approved in 1992*
- Contains 30% less progestin (104 mg)
- Clinical uptake initially quite limited
- A 2014 study demonstrated feasibility of self-administration


USER GUIDE: DEPO-PROVERA SUB-Q: THE DO-IT-YOURSELF SHOT

IS DEPO SAFE?

- The shot is very safe. Severe problems are rare. If you have any of the symptoms below, call your clinician:
  - Severe headaches
  - Very heavy bleeding
- Your clinician can help you find out if these are signs of a severe problem.

HOW DO I INJECT DEPO?

Diagram 1

- Gather your supplies: alcohol pad, Depo package with syringe and needle, and sharps container or empty plastic laundry soap jug.
- Wash your hands.
- Pick the injection site: either upper thigh or belly. Avoid your belly button and bony areas.
- Gently wipe your skin with an alcohol pad and wait for the area to dry.

Diagram 2

- Take the syringe out of the package and shake it for about one minute to mix it.
- Remove the cap from the tip of the syringe.

Diagram 3

- Take the needle out of the package and attach the needle to the syringe.
- Move the safety shield away from the needle.
- Remove the plastic needle cover from the needle. Pull it straight off. (Do not twist it.)
- Hold the needle pointing up. Gently push the plunger until the medicine reaches the top.

Diagram 4

- Grab the skin around the injection site with your other hand.

Diagram 5

- Push the small needle all the way into this skin at about a 45-degree angle. This hurts a bit.
- Inject the Depo slowly, over 5-7 seconds. Push the plunger all the way in.
- Pull the syringe out. Push the safety shield back until it clicks. Dispose of the syringe in the sharps container.
- Lightly apply a clean gauze or an adhesive bandage if there is any bleeding. Do not rub the area.

August 2024 / www.reproductiveaccess.org

reproductive health access project

VAGINAL RING - ONE YEAR OPTION

- Brand name Annovera®
- FDA approved 2018
- Can be used continuously or for 21 days in/7 days out
- Lasts for 365 days
- No refrigeration required

Population Council/Hallie Easley

PROGESTIN ONLY PILL OPTIONS

- Norethindrone 35 mcg daily (one brand: MicroNor®)
  - *Approved 1973*
- Drospirenone 4 mg (one brand: Slynd®)
  - *Approved 2019*
- Norgestrel 75 mcg daily (one brand: Opill®) → OVER THE COUNTER
  - *Approved 2023*

DIAPHRAGM OPTIONS

needs to be used with spermicide

Options available in the US:

- ❑ Milex®: needs to be fitted, approved 2008, based on designs from ~1940s
- ❑ Caya® (one size fits most), approved 2014

CONTRACEPTIVE GEL

- One brand on the market (Phexxi®), approved 2020
- Works by acidifying vaginal environment
  - Each pre-filled single-dose vaginal applicator delivers 5 grams of gel containing lactic acid (1.8%), citric acid (1%), and potassium bitartrate(0.4%) (1)
- "Administer one pre-filled applicator vaginally immediately before or up to one hour before each act of vaginal intercourse" (1)
- Does NOT contain nonoxynol 9 (spermicide)

1) Highlights of Prescribing Information. FDA website. Accessed September 8, 2020. https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/208352s000lbl.pdf.

PERIOD PILLS

- “Menstrual regulation”
- Many physicians (particularly telehealth) are offering “period pills” to bring on menses without necessarily testing or confirming pregnancy
  - May be misoprostol alone OR mifepristone + misoprostol
- May be preferred by individuals for a variety of legal, religious or other personal reasons [1]
- Available data (scant) confirms overall safety and efficacy

1) Sheldon WR, Mary M, Harris L, Starr K, Winikoff B. Exploring potential interest in missed period pills in two US states. Contraception. 2020 Dec;102(6):414-420. doi: 10.1016/j.contraception.2020.08.014. Epub 2020 Sep 9. PMID: 32916168.

MEDICATION ABORTION: ADVANCE PROVISION

- Similarly, many clinicians are offering advance prescribing of mifepristone and/or misoprostol in advance of pregnancy for future use
    - Consider: this is a very common practice for any as-needed medication
- Holds certain legal and logistical benefits
- Growing data supports the safety and efficacy of self-managed abortion (SMA)

ADDITIONAL SIDE EFFECTS & BENEFITS

Amenorrhea or lighter periods	Hormonal IUDs, continuous use CHC
Acne treatment	Monophasic CHC, especially the anti-androgenic progestins
Lower lifetime risk of endometrial cancer, ovarian cancer, colorectal cancer, and osteoporosis	Most hormonal methods (1)
PCOS and/or hirsutism treatment	Most hormonal methods

1. The ESHRE Capri Workshop Group, Noncontraceptive health benefits of combined oral contraception, Human Reproduction Update, Volume 11, Issue 5, September/October 2005, Pages 513–525

HORMONAL METHODS: EXTENDED/CONTINUOUS USE

- "Candidates for continuous OCP dosing include anyone who is a candidate for traditional cyclic OCPs dosing; no additional contraindications exist." (1)
- Instructions for use:
  - For **pills**, write "for continuous use" on Rx to ensure adequate coverage (will typically need 4 standard pill packs per 90 days)
  - For monthly **ring**, leave in place for one month, then switch ring
  - For **patches**, can change every 9 days instead of every 7 OR simply prescribe an extra patch every month

1. Wright, K. P., & Johnson, J. V. (2008). Evaluation of extended and continuous use oral contraceptives. Therapeutics and clinical risk management, 4(5), 905–911. https://doi.org/10.2147/tcrm.s2143

BONUS ROUND: PICKING A PILL

1. Decide on estrogen dosage: low, medium or high
2. Pick a progestin
3. Monophasic vs triphasic
4. Assess insurance coverage/accessibility

1. Inform the patient about the options for extended or continuous use

Table 1

Activity of Progestin Agents

Generation	Progestin	Estrogenic	Progestational	Androgenic
First	Norethindrone	++	++	++
	Ethynodiol diacetate	++	+++	+
	Norgestrel	–	+++	+++
	Norethindrone acetate	++	++	++
Second	Levonorgestrel	–	++++	++++
Third	Norgestimate	–	++	++
	Desogestrel	+/–	++++	++
Fourth	Drospirenone	–	+/–	–

+/– indicates low to no activity.
– indicates no activity.
Source: References 3, 8, 18.

Table is from: Rice, Cari and Thompson, Jamie. “Selecting and Monitoring Hormonal Contraceptives: An Overview of Available Products.” US Pharm. 2006;6:62-70.

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THANK YOU!

BONUS ROUND

Your Birth Control Choices

Method	How to Use	Impact on Bleeding	Things to Know	How well does it work?*
External Condom 	• Use a new condom each time you have sex • Use a polyurethane condom if allergic to latex	None	• Can buy at many stores • Can put on as part of sex play/foreplay • Can help prevent early ejaculation • Can be used for oral, vaginal, and anal sex • Protects against HIV and other STIs • Can decrease penile sensation • Can cause loss of erection • Can break or slip off • Does not need a prescription	87%
Internal Condom 	• Use a new condom each time you have sex • Use extra lubrication as needed	None	• Can put in as part of sex play/foreplay • Can be used for anal and vaginal sex • May increase vaginal/anal pleasure • Good for people with latex allergy • Protects against HIV and other STIs • Can decrease penile sensation • May be noisy • May be hard to insert • May slip out of place during sex • May require a prescription from your health care provider	79%
Diaphragm Caya® and Milex® 	• Put in vagina each time you have sex • Use with spermicide every time	None	• Can last several years • Costs very little to use • May protect against some infections, but not HIV • Using spermicide may raise the risk of getting HIV • Should not be used with vaginal bleeding or infection • Raises risk of bladder infection	83%
Emergency Contraception Pills Progestin EC (Plan B® One-Step and others) and ulipristal acetate (ella®) 	• Works best the sooner you take it after unprotected sex • You can take EC up to 5 days after unprotected sex • If pack contains 2 pills, take both at once	• Your next monthly bleeding may come early or late • May cause spotting	• Available at pharmacies, health centers, or health care providers: call ahead to see if they have it • People of any age can get progestin EC without a prescription • May cause stomach upset or nausea • Progestin EC does not interact with testosterone, but we don't know whether Ulipristal acetate EC does or not • Ulipristal acetate EC requires a prescription • May cost a lot • Ulipristal acetate EC works better than progestin EC if your body mass index (BMI) is over 26. • Ulipristal acetate EC works better than progestin EC 3-5 days after sex	58 - 94%

*Typical Use

Method	How to Use	Impact on Bleeding	Things to Know	How well does it work?*
Fertility Awareness Natural Family Planning 	• Predict fertile days by: taking temperature daily, checking vaginal mucus for changes, and/or keeping a record of your monthly bleeding • It works best if you use more than one of these methods • Avoid sex or use condoms/spermicide on fertile days	• Does not work well if your monthly bleeding is irregular	• Costs little • Can help with avoiding or trying to become pregnant • Use a different method on fertile days • This method requires a lot of effort • Does not require a prescription	85%
The Implant Nexplanon® 	• A clinician places it under the skin of the upper arm • It must be removed by a clinician	• Can cause irregular bleeding and spotting • After 1 year, you may have no monthly bleeding at all • Cramps often improve	• Long lasting (up to 5 years) • You can become pregnant right after it is removed • It may lower the risk of uterine lining cancer, ovarian cancer, and polycystic ovary syndrome (PCOS) • May cause mood changes	› 99%
IUD: Copper ParaGard® 	• Must be placed in uterus by a clinican • Usually removed by a clinician	• May cause cramps and heavy monthly bleeding • May cause spotting between monthly bleeding (if you take testosterone, this may not be an issue)	• May be left in place for up to 12 years • You can become pregnant right after removal • It may lower the risk of uterine lining cancer, ovarian cancer, and polycystic ovary syndrome (PCOS) • Rarely, uterus is injured during placement	› 99%
IUD: Hormonal Liletta®, Mirena®, Skyla® and others 	• Must be placed in uterus by a clinican • Usually removed by a clinician	• May improve cramps • May cause lighter monthly bleeding, spotting, or no monthly bleeding at all	• Uses levonorgestrel, a progestin • May be left in place 3 to 8 years, depending on which IUD you choose • You can become pregnant right after removal • It may lower the risk of uterine lining cancer, ovarian cancer, and polycystic ovary syndrome (PCOS) • Rarely, uterus is injured during placement	› 99%

*Typical Use

BONUS ROUND

Method	How to Use	Impact on Bleeding	Things to Know	How well does it work?*
The Patch Ortho Evra® 	• Apply a new patch once a week for three weeks • No patch in week 4	• Can make monthly bleeding more regular and less painful • May cause spotting the first few months	• You can become pregnant right after stopping patch • Can irritate skin under the patch • This method contains estrogen - it is unclear if estrogen interacts with testosterone	93%
The Pill 	• Take the pill daily	• Often causes spotting, which may last for many months	• Can improve PMS symptoms • Can improve acne • Helps prevent cancer of the ovaries • This method contains estrogen - it is unclear if estrogen interacts with testosterone • You can become pregnant right after stopping the pills • May cause nausea, weight gain, headaches, change in sex drive - some of these can be relieved by changing to a new brand	93%
Progestin-Only Pills 	• Take the pill daily	• Can make monthly bleeding more regular and less painful • May cause spotting the first few months	• You can become pregnant right after stopping the pills • It may lower the risk of uterine lining cancer, ovarian cancer, and polycystic ovary syndrome (PCOS) • May cause depression, hair or skin changes, change in sex drive	93%
The Ring ANNOVERA® Nuvaring® 	• Insert a small ring into the vagina • Monthly Ring: Change ring each month • Yearly Ring: Change ring each year	• Can make monthly bleeding more regular and less painful • May cause spotting the first few months • Can increase vaginal discharge	• There are two types: a monthly ring and a yearly ring. • One size fits all • Private • You can become pregnant right after stopping the ring • This method contains estrogen - it is unclear if estrogen interacts with testosterone	93%
The Shot Depo-Provera® 	• Get a shot every 3 months (13 weeks) • Give yourself the shot or get it in a medical office	• Often decreases monthly bleeding • May cause spotting or no monthly bleeding	• Each shot works for up to 15 weeks • Private for user • Helps prevent cancer of the uterus • May cause weight gain, depression, hair or skin changes, change in sex drive • It may lower the risk of uterine lining cancer, ovarian cancer, and polycystic ovary syndrome (PCOS) • Side effects may last up to 6 months after you stop the shots	96%

*Typical Use

Method	How to Use	Impact on Bleeding	Things to Know	How well does it work?*
Sterilization: Tubal Methods 	• These methods block or cut the Fallopian tubes • A clinician reaches the tubes through your belly	None	• These methods are permanent and highly effective • Reversal is difficult • The risks include infection, bleeding, pain, and reactions to anesthesia	› 98%
Sterilization: Vasectomy 	• A clinician blocks or cuts the tubes that carry sperm from your testicles	None	• This method is permanent and highly effective • It is more effective, safer, and cheaper than tubal procedures • Can be done in the clinician's office • No general anesthesia needed • Reversal is difficult • Risks include infection, pain, and bleeding • It takes up to 3 months to work	› 99%
Vaginal Acidifying Gel Phexxi® 	• Insert gel each time you have sex	None	• Can be put in as part of sex play/foreplay • Does not have any hormones • Requires a prescription • May irritate vagina, penis • Should not be used with urinary tract infection	86%
Vaginal Spermicide Cream, gel, sponge, foam, inserts, film 	• Insert spermicide each time you have sex.	None	• Can buy at many stores • Can be put in as part of sex play/foreplay • Comes in many forms: cream, gel, sponge, foam, inserts, film • May raise the risk of getting HIV • May irritate vagina, penis • Cream, gel, and foam can be messy • Does not require a prescription	79%
Withdrawal Pull-out	• Pull penis out of vagina before ejaculations (that is, before coming)	None	• Costs nothing • Less pleasure for some • Does not work if penis is not pulled out in time • Must interrupt sex	80%

*Typical Use