Long-Acting Reversible Contraception (LARC) 101 for the primary care physician

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DISCLOSURES

No relevant financial relationships to disclose

Trainer for the Nexplanon® Clinical Training Program through Organon

Learning Objectives

- To outline eligibility criteria, counseling and evaluation for patients considering LARC methods
- To define, describe and highlight differences among LARC options
- To discuss management of common side-effects from LARCs in the primary care setting

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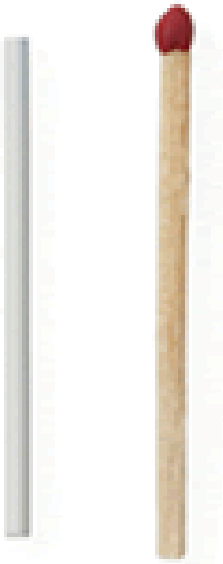
Nope not this kind of lark

Long-Acting Reversible Contraception (LARC)



LARCs in Adolescents

Non-Contraceptive uses:

- Patients with complex medication regimens or medical problems
  - developmental delay, seizure disorders, uncontrolled hypertension, lupus, migraines, HIV and others

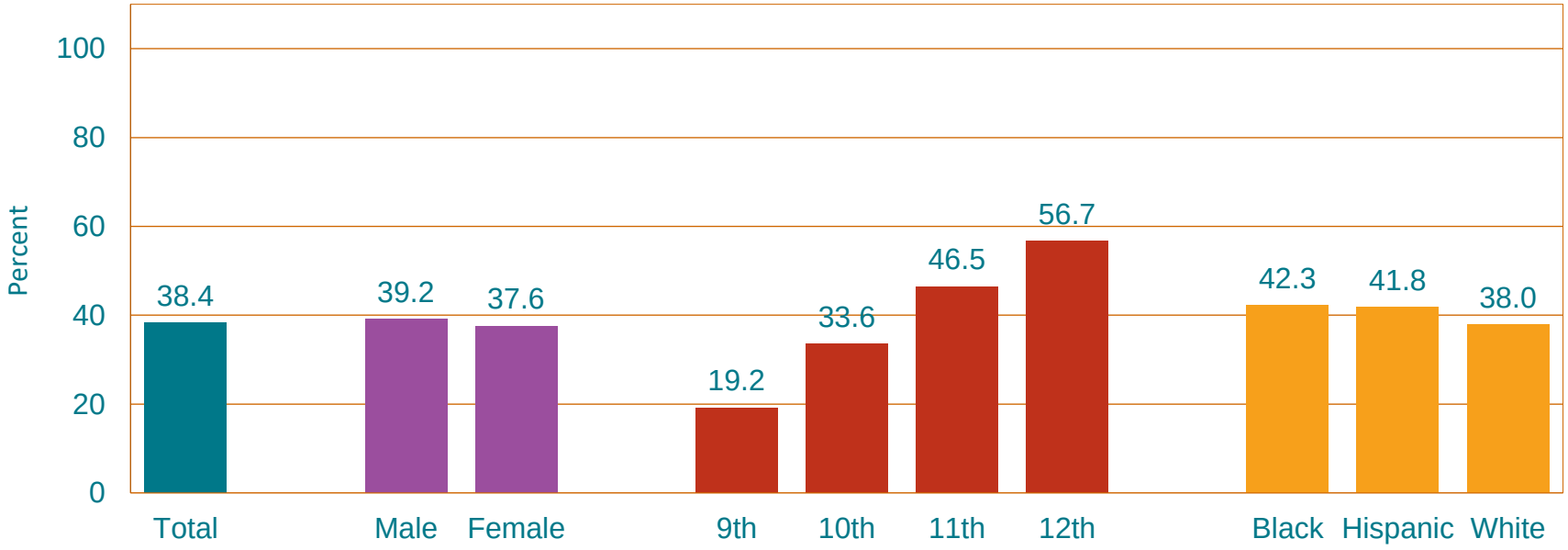
- Benefits Beyond Contraception:
  - Menstrual suppression
  - Dysmenorrhea and menorrhagia control
  - PCOS treatment
  - Endometriosis treatment

LARCs in Adolescents

Contraception:

- Adolescence is a common time for sexual debut
- 750,000 teens become pregnant each year (82% unintended)
- Comprehensive, shared-decision counseling within Reproductive justice frameworks are necessary in all conversations about birth control

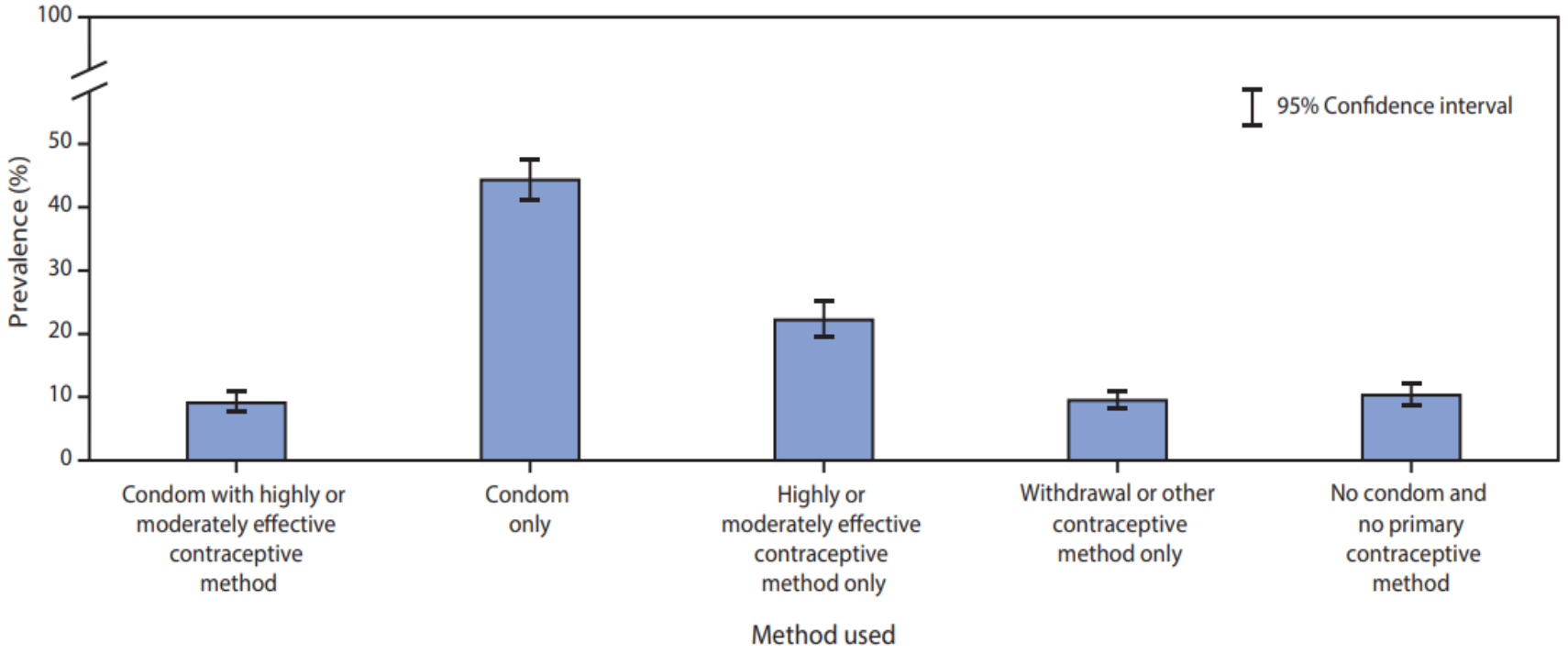
Percentage of High School Students Who Ever Had Sexual Intercourse, by Sex, Grade,* and Race/Ethnicity, 2019



*10th > 9th, 11th > 9th, 11th > 10th, 12th > 9th, 12th > 10th, 12th > 11th (Based on t-test analysis, $p < 0.05$.)
All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
This graph contains weighted results.

LARCs in Adolescents

FIGURE. Prevalence of condom and primary contraceptive use* at last sexual intercourse among sexually active† high school students — Youth Risk Behavior Survey, United States, 2019



https://www.cdc.gov/mmwr/volumes/69/su/pdfs/su6901a2-H.pdf

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LARCs in Adolescents

American Academy of Pediatrics (AAP) Committee on Adolescence Policy Statement (2014) recommends pediatricians should:

Counsel adolescents about and ensure access to a broad range of contraceptive services

Educate patients about LARCs--IUDs and the progestin implant as first-line contraceptive choices

LARCs in Adolescents

American Congress of Obstetricians and Gynecologists (ACOG)

A reproductive justice framework for contraceptive counseling and access is essential to providing equitable health care, accessing and having coverage for contraceptive methods, and resisting potential coercion by health care providers

ACOG supports access for adolescents and young adults to all contraceptive methods approved by the U.S. Food and Drug Administration (FDA)

Based on the safety and effectiveness of LARC methods, ACOG and the AAP endorse the use of IUDs and implants as contraceptive options for adolescents

LARCs in Adolescents: Reproductive Autonomy

The power to decide and control birth control use, pregnancy, and childbearing

Sister Song
Women of Color Reproductive Justice Collective

NATIONAL WOMEN'S HEALTH NETWORK
A VOICE FOR WOMEN, A NETWORK FOR CHANGE

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Shared Decision Making

Elicit patient needs, concerns, and preferences

- **Adherence issues**
  - Effort: years vs. every 3 months, monthly, weekly, daily
  - Needle/procedure required: fears, access
  - Discreetness: obtaining, storage, use
  - Control in starting/stopping
- **Side effects**
  - Weight changes
  - Changes to menstrual flow:
    - Predictable vs. unpredictable
    - Potential to induce amenorrhea or keep periods
  - Ovulatory suppression
- **Timing desired for return of fertility**
- **Non-contraceptive benefits**
- **How it will feel for them or partner(s)**
- **Effectiveness**

The best method is what works best for the patient

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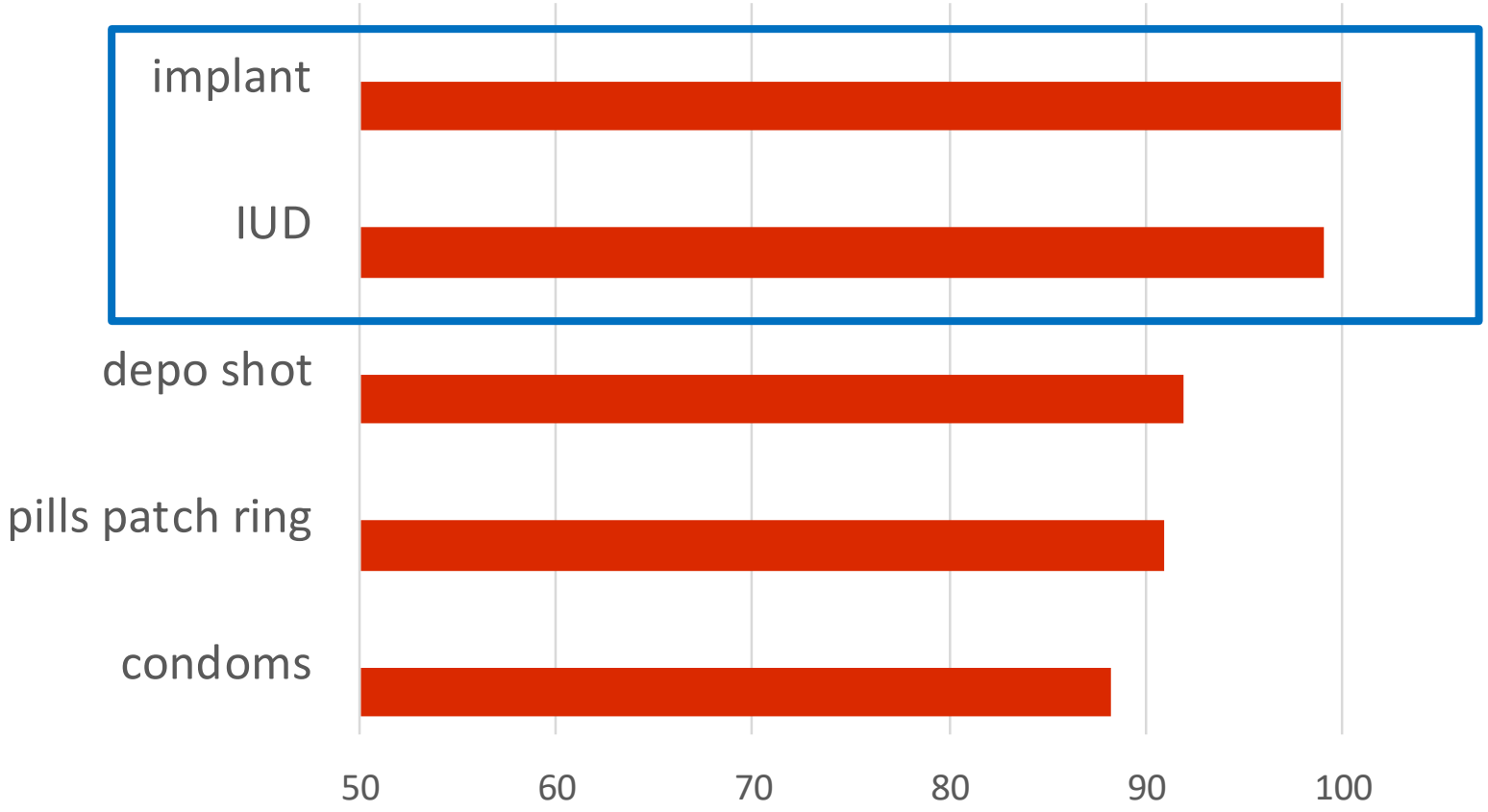
Contraceptive Method Effectiveness

TYPICAL USE



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Extended Use of LARC Methods

PICCK

EXTENDED USE OF LARC METHODS

OVERVIEW

There is research data that supports extended use for most methods of long-acting reversible contraception (LARC) available in the United States. Studies have concluded that the hormonal IUD (Liletta), as well as the copper IUD (Paragard) and the contraceptive implant (Nexplanon), are effective beyond their FDA-approved duration.

For each LARC method, presented below is the current duration of use as approved by the FDA, as well as links to research that shows the efficacy of use past their FDA-approved duration.

When counseling a patient on extended use, inform them of both the FDA-approved duration and the evidence-based duration, and explain why the official label may not represent the most up-to-date research findings. Patients can make the choice for themselves about extending use of their LARC device, particularly in times when a visit to a provider is difficult.

CONTRACEPTIVE IMPLANT (NEXPLANON)

FDA Approval: 3 years
Research Findings: **4-5 years**

1. Ali M, Bahamondes L, Landoulsi SB. Extended Effectiveness of the Etonogestrel-Releasing Contraceptive Implant and the 20µg Levonorgestrel-Releasing Intrauterine System for 2 Years Beyond U.S. Food and Drug Administration Product Labeling. *GlobalHealth: Science and Practice.* 2017;5(4):534-539. doi:10.9745/ghsp-d-17-00296.
2. McNicholas C, Swor E, Wan L, Peipert JF. Prolonged use of the etonogestrel implant and levonorgestrel intrauterine device: 2 years beyond Food and Drug Administration–approved duration. *American Journal of Obstetrics and Gynecology.* 2017;216(6):586.e1-586.e6. doi:10.1016/j.ajog.2017.01.036.

COPPER IUD (PARAGARD)

FDA Approval: 10 years
Research Findings: **12 years**

1. Bahamondes L, Faundes A, Sobreira-Lima B, Lui-Filho JF, Pecci P, Matera S. TCu 380A IUD: a reversible permanent method in women over 35 years of age. *Contraception.* 2005;72(5):337-341. doi:10.1016/j.contraception.2004.12.026.
2. Long-Term Reversible Contraception. Twelve Years of Experience with the TCu380A and TCu220C. *Contraception.* 1997;56(6):341-352.doi:10.1016/S0010-7824(97)00186-8.

52MG LEVONORGESTREL-RELEASING IUD (MIRENA, LILETTA)

FDA Approval: 8 years (Mirena), 6 years (Liletta)
Research Findings: **7 years** (Liletta)

Now 8 years for both

1. Bahamondes L, Fernandes A, Bahamondes MV, Juliato CT, Ali M, Monteiro I. Pregnancy outcomes associated with extended use of the 52-mg 20 µg/day levonorgestrel-releasing intrauterine system beyond 60 months: A chart review of 776 women in Brazil. *Contraception.* 2018;97(3):205-209. doi:10.1016/j.contraception.2017.10.007.
2. McNicholas C, Swor E, Wan L, Peipert JF. Prolonged use of the etonogestrel implant and levonorgestrel intrauterine device: 2 years beyond Food and Drug Administration–approved duration. *American Journal of Obstetrics and Gynecology.* 2017;216(6):586.e1-586.e6. doi:10.1016/j.ajog.2017.01.036.
3. Rowe P, Farley T, Peregoudov A, et al. Safety and efficacy in parous women of a 52-mg levonorgestrel-medicated intrauterine device: a 7-year randomized comparative study with the TCu380A [published correction appears in Contraception. 2016 Sep;94(3):288]. *Contraception.* 2016;93(6):498–506. doi:10.1016/j.contraception.2016.02.024
4. Wu JP, Pickle S. Extended use of the intrauterine device: a literature review and recommendations for clinical practice. *Contraception.* 2014;89(6):495-503. doi:10.1016/j.contraception.2014.02.011.

NOTE: There is no data on efficacy of extending Skyla beyond 3 years or Kyleena beyond 5 years.

Partners in Contraceptive Choice and Knowledge (PICCK) is a five-year program funded by the Executive Office of Health and Human Services, Commonwealth of Massachusetts and housed at Boston Medical Center/Boston University School of Medicine.
www.PICCK.org

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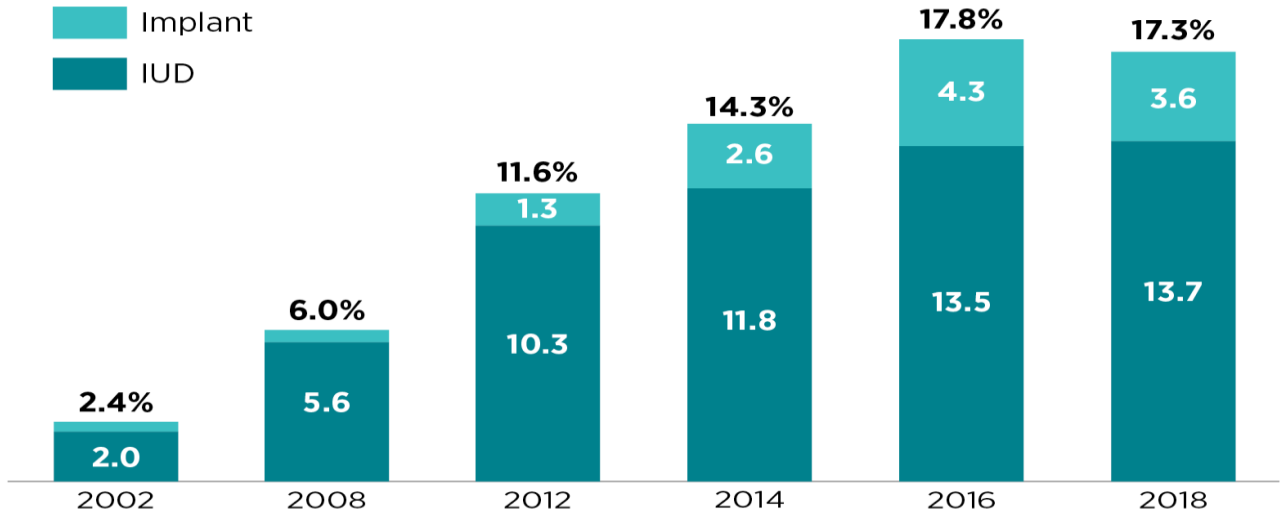
LARC usage rates have been increasing

U.S. women's use of long-acting reversible contraceptive (LARC) methods like the IUD increased sevenfold between 2002 and 2018

% of female contraceptive users aged 15–44 who used LARC methods



Note: Some percentages do not add to totals because of rounding. *Sources:* references 4, 13–15.

guttmacher.org

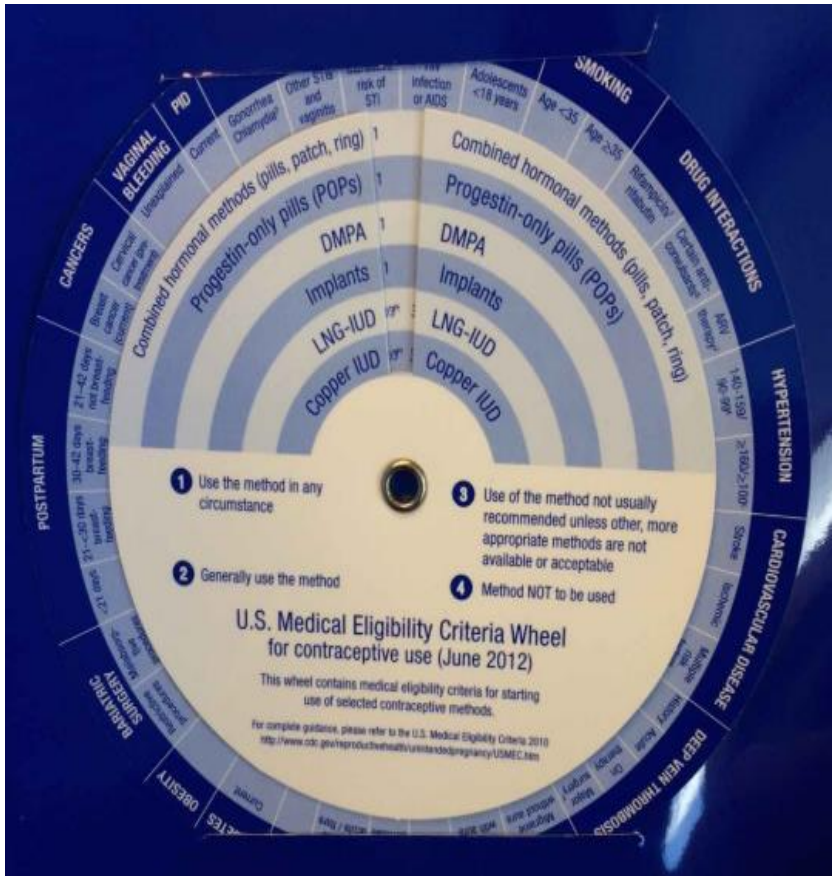
National.

U.S. Medical Eligibility Criteria for Contraceptive Use

US MEC
US SPR

Condition	Sub-Condition	Cu-IUD		LNG-IUD		Implant		DMPA		POP		CHC	
		I	C	I	C	I	C	I	C	I	C	I	C
Diabetes	a) History of gestational disease	1		1		1		1		1		1	
	b) Nonvascular disease												
	i) Non-insulin dependent	1		2		2		2		2		2	
	ii) Insulin dependent	1		2		2		2		2		2	
	c) Nephropathy/retinopathy/neuropathy[2]	1		2		2		3		2		3/4*	
	d) Other vascular disease or diabetes of >20 years' duration[2]	1		2		2		3		2		3/4*	
Dysmenorrhea	Severe	2		1		1		1		1		1	
Endometrial cancer[2]		4	2	4	2	1		1		1		1	
Endometrial hyperplasia		1		1		1		1		1		1	
Endometriosis		2		1		1		1		1		1	
Epilepsy[2]	(see also Drug Interactions)	1		1		1*		1*		1*		1*	
Gallbladder disease	a) Symptomatic												
	i) Treated by cholecystectomy	1		2		2		2		2		2	
	ii) Medically treated	1		2		2		2		2		3	
	iii) Current	1		2		2		2		2		3	
	b) Asymptomatic	1		2		2		2		2		2	
Gestational trophoblastic disease[2]	a) Suspected GTD (immediate postevacuation)												
	i) Uterine size first trimester	1*		1*		1*		1*		1*		1*	
	ii) Uterine size second trimester	2*		2*		1*		1*		1*		1*	
	b) Confirmed GTD												
	i) Undetectable/non-pregnant ß-hCG levels	1*	1*	1*	1*	1*		1*		1*		1*	
	ii) Decreasing ß-hCG levels	2*	1*	2*	1*	1*		1*		1*		1*	
	iii) Persistently elevated ß-hCG levels or malignant disease, with no evidence or suspicion of intrauterine disease	2*	1*	2*	1*	1*		1*		1*		1*	
	iv) Persistently elevated ß-hCG levels or malignant disease, with evidence or suspicion of intrauterine disease	4*	2*	4*	2*	1*		1*		1*		1*	
Headaches	a) Nonmigraine (mild or severe)	1		1		1		1		1		1*	
	b) Migraine												
	i) Without aura (includes menstrual migraine)	1		1		1		1		1		2*	
	ii) With aura	1		1		1		1		1		4*	
History of bariatric surgery[2]	a) Restrictive procedures	1		1		1		1		1		1	
	b) Malabsorptive procedures	1		1		1		1		3		COCs: 3 P/R: 1	
History of cholestasis	a) Pregnancy related	1		1		1		1		1		2	
	b) Past COC related	1		2		2		2		2		3	
History of high blood pressure during pregnancy		1		1		1		1		1		2	
History of Pelvic surgery		1		1		1		1		1		1	
HIV	a) High risk for HIV	2	2	2	2	1		2*		1		1	
	b) HIV infection					1*		1*		1*		1*	
	i) Clinically well receiving ARV therapy	1	1	1	1	If on treatment, see Drug Interactions							
	ii) Not clinically well or not receiving ARV therapy[4]	2	1	2	1	If on treatment, see Drug Interactions							

Abbreviations: C=continuation of contraceptive method; CHC=combined hormonal contraception (pill, patch, and, ring); COC=combined oral contraceptive; Cu-IUD=copper-containing intrauterine device; DMPA = depot medroxyprogesterone acetate; I=initiation of contraceptive method; LNG-IUD=levonorgestrel-releasing intrauterine device; NA=not applicable; POP=progestin-only pill; P/R=patch/ring ǂ Condition that exposes a woman to increased risk as a result of pregnancy. *Please see the complete guidance for a clarification to this classification: www.cdc.gov/reproductivehealth/unintendedpregnancy/USMEC.htm.



https://www.cdc.gov/reproductivehealth/contraception/pdf/summary-chart-us-medical-eligibility-criteria_508tagged.pdf

U.S. Selected Practice Recommendations for Contraceptive Use

How to Be Reasonably Certain That a Woman is Not Pregnant

A health-care provider can be reasonably certain that a woman is not pregnant if she has no symptoms or signs of pregnancy and meets any one of the following criteria:

- is ≤7 days after the start of normal menses
- has not had sexual intercourse since the start of last normal menses
- has been correctly and consistently using a reliable method of contraception
- is ≤7 days after spontaneous or induced abortion
- is within 4 weeks postpartum
- is fully or nearly fully breastfeeding (exclusively breastfeeding or the vast majority [≥85%] of feeds are breastfeeds), amenorrheic, and <6 months postpartum

In situations in which the health-care provider is uncertain whether the woman might be pregnant, the benefits of starting the implant, depot medroxyprogesterone acetate (DMPA), combined hormonal contraceptives and progestin-only pills likely exceed any risk; therefore, starting the method should be considered at any time, with a follow-up pregnancy test in 2-4 weeks. For IUD insertion, in situations in which the health-care provider is not reasonably certain that the woman is not pregnant, the woman should be provided with another contraceptive method to use until the health-care provider can be reasonably certain that she is not pregnant and can insert the IUD.

When to Start Using Specific Contraceptive Methods

Contraceptive method	When to start (if the provider is reasonably certain that the woman is not pregnant)	Additional contraception (i.e., back up) needed	Examinations or tests needed before initiation[1]
Copper-containing IUD	Anytime	Not needed	Bimanual examination and cervical inspection[2]
Levonorgestrel-releasing IUD	Anytime	If >7 days after menses started, use back-up method or abstain for 7 days.	Bimanual examination and cervical inspection[2]
Implant	Anytime	If >5 days after menses started, use back-up method or abstain for 7 days.	None
Injectable	Anytime	If >7 days after menses started, use back-up method or abstain for 7 days.	None
Combined hormonal contraceptive	Anytime	If >5 days after menses started, use back-up method or abstain for 7 days.	Blood pressure measurement
Progestin-only pill	Anytime	If >5 days after menses started, use back-up method or abstain for 2 days.	None

Abbreviations: BMI = body mass index; IUD = intrauterine device; STD = sexually transmitted disease; U.S. MEC = U.S. Medical Eligibility Criteria for Contraceptive Use

[1] Weight (BMI) measurement is not needed to determine medical eligibility for any methods of contraception because all methods can be used (U.S. MEC 1) or generally can be used (U.S. MEC 2) among obese women. However, measuring weight and calculating BMI (weight [kg]/height [m²] at baseline might be helpful for monitoring any changes and counseling women who might be concerned about weight change perceived to be associated with their contraceptive method.

[2] Most women do not require additional STD screening at the time of IUD insertion. If a woman with risk factors for STDs has not been screened for gonorrhea and chlamydia according to CDC's STD Treatment Guidelines (http://www.cdc.gov/std/treatment), screening can be performed at the time of IUD insertion, and insertion should not be delayed. Women with current purulent cervicitis or chlamydial infection or gonococcal infection should not undergo IUD insertion (U.S. MEC 4).

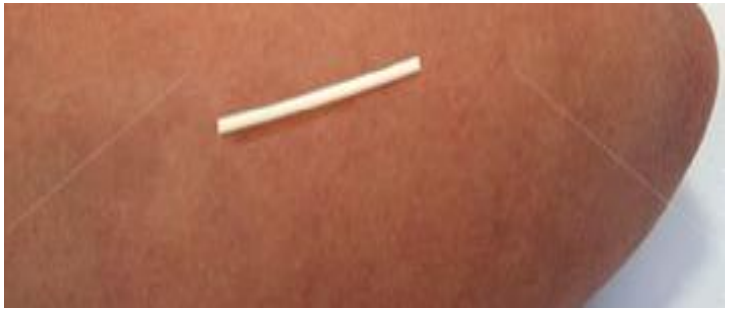
Source: For full recommendations and updates, see the U.S. Selected Practice Recommendations for Contraceptive Use webpage at http://www.cdc.gov/reproductivehealth/unintendedpregnancy/usspr.htm.

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

Nexplanon®

Effective for up to 3*-5 years

- Hormonal implant
- Etonogestrel 68 mg (progesterone only)
- Placed subcutaneously in the arm slowly releases hormone systemically over time
- Inhibits ovulation
- Thins endometrium
- Thickens cervical mucus



*FDA approval

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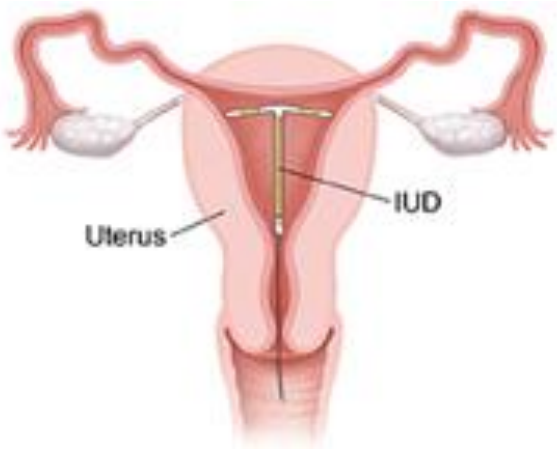
Intrauterine contraception

Intrauterine devices/contraceptives/systems (IUD, IUC, IUS)

- Paragard® Copper IUD—up to 10*-12 years

Levonogestrel containing systems*

- Mirena® 52 mg– up to 5^- 8 years
- Kyleena® 19.5 mg– up to 5 years
- Skyla® 13.5 mg– up to 3 years
- Liletta® (generic) 52 mg– up to 8 years



*FDA approval
^Heavy menstrual bleeding indication

Intrauterine System

Effective for up to 3-8 years

- Progesterone only method
- Mainly local effect
- Thickens the cervical mucus
- Thins the uterine lining
- Inhibits ovulation
- Mirena® 52 mg FDA approved for treatment of menorrhagia/dysmenorrhea

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Copper IUD (Paragard®)

Effective for up to 10*-12 years

- Utilizes contraceptive properties of copper ions which are toxic to the sperm and inhibits sperm movement and viability
- Local effect only; no impact on hormone cycling
- Can cause menorrhagia and dysmenorrhea

*FDA approval

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Intrauterine Systems

"Intrauterine devices and the contraceptive implant should be offered routinely as safe and effective contraceptive options for nulliparous women and adolescents."
" The American Academy of Pediatrics and The American College of Obstetricians and Gynecologists endorse the use of LARC, including IUDs, for adolescents."

	Intrauterine Devices (IUD)				
	Levonorgestrel IUD				Copper IUD
	Mirena	Liletta	Skyla	Kyleena	Paragard
					
FDA Approval Date	2000	2015	2013	2016	1988
Approved for (Acceptable duration of use)	8 years	8 years	3 years	5 years	10 years (12 years)
Total Hormone	52 mg	52 mg	13.5 mg	19.5 mg	N/A
Changes in menses	Irregular bleeding initially, decreases over time				Heavier period, longer duration, more cramps
Notable characteristics	• String color: Brown • FDA-approved for treatment of heavy menstrual bleeding	• String color: Blue • Reloadable	• String color: Brown • Silver ring visible on ultrasound	• String color: Blue • Silver ring visible on ultrasound • Smallest 5-year IUD	• String color: White • Can be used as emergency contraceptive
Cumulative efficacy over approved period of use	99.3%	99.27%	99.1%	98.6%	>99%

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Case 1

- 12 yr old female who denies ever being sexually active. However, she has been having heavy menstrual bleeding since menarche at 10 y/o and was recently hospitalized for severe anemia.

- Should you recommend a LARC?

- If so, which type?

Case 2

- 17 yr old female G1P1 who gave her child up for adoption last year. She has been seeing you since then, as she developed severe peripartum depression. She is sexually active with multiple partners. She's had PID in the past, but has been negative for Chlamydia and Gonorrhea the last several times she has had STI checks. She asks about an IUD because she knows she doesn't want to become pregnant again anytime soon.

- Would you recommend she see a provider about having one placed?

Misconceptions/Myths about IUDs

FICTION: YOU CAN'T GET AN IUD UNLESS YOU'VE HAD SEX

FICTION: YOU CAN'T GET AN IUD UNLESS YOU'VE HAD A BABY

FICTION: IUDS ARE VERY PAINFUL TO INSERT

FICTION: IUDS CAN CAUSE INFERTILITY

FICTION: SKIPPING PERIODS IS UNHEALTHY

FICTION: IUDS MAKE YOU GAIN WEIGHT

FICTION: IUDS CAN CAUSE INFECTIONS

FICTION: MY PARTNER WILL FEEL THE IUD STRINGS

FICTION: IUDS ARE EXPENSIVE

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Routine Follow-Up After Contraceptive Initiation*

Action	Contraceptive Method				
	Cu-IUD or LNG-IUD	Implant	Injectable	CHC	POP
General Follow-Up					
Advise women to return at any time to discuss side effects or other problems or if they want to change the method. Advise women using IUDs, implants, or injectables when the IUD or implant needs to be removed or when reinjection is needed. No routine follow-up visit is required.	X	X	X	X	X
Other Routine Visits					
Assess the woman's satisfaction with her current method and whether she has any concerns about method use.	X	X	X	X	X
Assess any changes in health status, including medications, that would change the method's appropriateness for safe and effective continued use based on the U.S. MEC (i.e., category 3 and 4 conditions and characteristics).	X	X	X	X	X
Consider performing an examination to check for the presence of IUD strings.	X	–	–	–	–
Consider assessing weight changes and counseling women who are concerned about weight change perceived to be associated with their contraceptive method.	X	X	X	X	X
Measure blood pressure.	–	–	–	X	–

Abbreviations: CHC = combined hormonal contraceptive; Cu-IUD = copper-containing intrauterine device; IUD = intrauterine device; LNG-IUD = levonorgestrel-releasing intrauterine device; POP = progestin-only pills; U.S. MEC = *U.S. Medical Eligibility Criteria for Contraceptive Use*, 2016.

*These recommendations address when routine follow-up is recommended for safe and effective continued use of contraception for healthy women. The recommendations refer to general situations and might vary for different users and different situations. Specific populations that might benefit from frequent follow-up visits include adolescents, those with certain medical conditions or characteristics, and those with multiple medical conditions.
Source: For full recommendations and updates, see the U.S. Selected Practice Recommendations for Contraceptive Use webpage at http://www.cdc.gov/reproductivehealth/unintendedpregnancy/usspr.htm

Shared Decision Making

Elicit patient needs, concerns, and preferences

- **Adherence issues**
  - Effort: years vs. every 3 months, monthly, weekly, daily
  - Needle/procedure required: fears, access
  - Discreetness: obtaining, storage, use
  - Control in starting/stopping
- **Side effects**
  - Weight changes
  - Changes to menstrual flow:
    - Predictable vs. unpredictable
    - Potential to induce amenorrhea or keep periods
  - Ovulatory suppression
- **Timing desired for return of fertility**
- **Non-contraceptive benefits**
- **How it will feel for them or partner(s)**
- **Effectiveness**

The best method is what works best for the patient

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Managing common side effects from LARCs

Bleeding pattern issues (Short term NSAIDs or CHCs plus time)

- If no contraindications a monophasic Combined Hormonal Contraceptive (CHC) pill can be used
- Cryselle-28: Ethinyl estradiol 0.03 mg and norgestrel 0.3 mg

- Short term NSAIDs for 5-7 days
  - Ibuprofen, Advil, or Motrin: take 600 mg every 6 hours, or 800 mg every 8 hours
  - Naprosyn, Naproxen, or Aleve 500 mg every 12 hours
  - Tylenol or Acetaminophen 500-650 mg every 4 hours (if you cannot take NSAIDs)

Managing common side effects from LARCs

Pain issues

- NSAIDs plus time for both LARCs
- Nexplanon: Check site of placement, ensure no infection
- IUDS: Check placement, pelvic exam bimanual and/or speculum or Ultrasound

IUD string issues

- Leave long (3-4 cm, can always shorten), cut at right angle, tuck behind cervix (for IUD trained providers)

Managing common side effects from LARCs

Mood issues

- Depends if present pre-insertion
- Start/Adjust mood medications
- Remove device

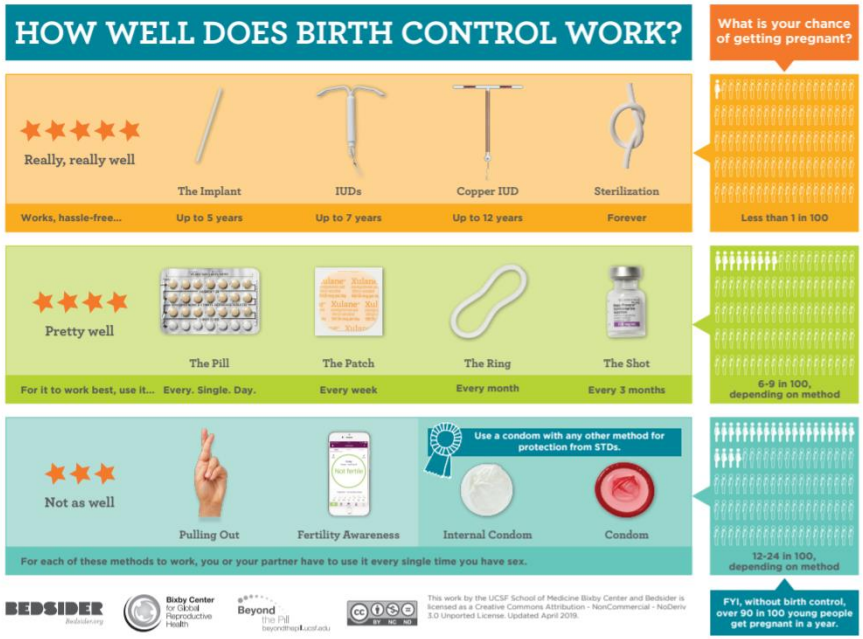
Others

Patient dependent

Next Steps

Testing

- Pregnancy test
- STI screening (urine Gonorrhea, Chlamydia, Trichomonas, serum HIV and RPR)
- Bridge methods (any non-LARC method if no contracindications)
- Advanced prescription of emergency contraception if applicable
- Follow-up



Contraception: Pros and Cons of Different Contraceptive Methods

Posted under Health Guides. Updated 7 February 2020.

Here's a list of the many available types of contraception, and the pros and cons of using each.

Hormonal Implants

Success Rate with Typical Use: 99%

Pros	Cons
• Long-term method of birth control (protects against pregnancy for 3 years after insertion--it can be removed by a health care provider when you want to or you can wait for 3 years when it's time for a change of implant) • Very effective against pregnancy • May cause light or no menstrual periods	• Doesn't protect against STIs • Requires minor surgery and insertion of the tiny rod(s) underneath the skin • Requires minor surgery to remove device • Can cause side effects such as irregular menstrual periods, depression, nervousness, hair loss, and weight gain • Could get infection at area where rod is implanted

Intra-Uterine Device: Two types- LNG-IUS (Levonorgestrel hormone-releasing intrauterine system) and Copper IUD (no hormones)

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	• 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%
Copper IUD 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%
Progestin IUD 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	• May be left in place 3 to 7 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

Reproductive Health Access Project / October 2021 www.reproductiveaccess.org

Children's National

https://www.reproductiveaccess.org/contraception/

Emergency Contraception

Can be used up to 120-hrs (5 days) after unprotected sex for pregnancy prevention

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Next Steps

Training (local)

-Nexplanon clinical training program opportunities

-IUD training and proctoring opportunities through Bayer

Referrals

- For a discussion and/or administration of contraceptive methods that are not available in your office (Depo, LARCS)
- Adolescent Medicine Specialist
- Gynecologist

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Contraceptive Counseling Resources*

Centers for Disease Control and Prevention (CDC)

- **CONTRACEPTION [for patients]**
  - https://www.cdc.gov/reproductivehealth/contraception/index.htm
- **SELECTED PRACTICE RECOMMENDATIONS (SPR) [For health care providers]**
  - https://www.cdc.gov/reproductivehealth/contraception/mmwr/spr/summary.html
  - SPR AVAILABLE AS FREE APP
- **MEDICAL ELIGIBILITY FOR CONTRACEPTIVE USE (MEC) [For health care providers]**
  - https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html
  - MEC AVAILABLE AS FREE APP
  - **The MEC are developed by the CDC, and may contain information not in the Prescribing Information for the included contraceptive method categories**

CDC and Office of Population Affairs

- **PROVIDING QUALITY FAMILY PLANNING SERVICES (QFP) [For health care providers]**
  - https://www.hhs.gov/opa/guidelines/clinical-guidelines/quality-family-planning/index.html

American College of Obstetricians and Gynecologists (ACOG)

- **LARC (Long Acting Reversible Contraception) Program [For health care providers]**
  - http://www.acog.org/About-ACOG/ACOG-Departments/Long-Acting-Reversible-Contraception
  - https://www.acog.org/-/media/Departments/LARC/LARC-Clinical-Training-Opportunities-Replaceable.pdf?dmc=1&ts=20181015T0927084955
  - https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Adolescent-Health-Care/Counseling-Adolescents-About-Contraception
  - https://www.acog.org/teen
  - ACOG AVAILABLE AS FREE APP (Free access to Committee Opinions)

U.S Food and Drug Administration (FDA) Birth Control Guide

- **CONTRACEPTION [for patients]**
  - https://www.fda.gov/ForConsumers/ByAudience/ForWomen/WomensHealthTopics/ucm117971.htm
- **DOWNLOADABLE BIRTH CONTROL CHART [For patients]**
  - https://www.fda.gov/downloads/ForConsumers/ByAudience/ForWomen/FreePublications/UCM517406.pdf
- **BIRTH CONTROL GUIDE [for patients]**
  - https://www.fda.gov/ForConsumers/ByAudience/ForWomen/FreePublications/ucm313215.htm

Association for Reproductive Health Professionals (ARHP)

- **CONTRACEPTION RELATED RESOURCES FOR HEALTH CARE PROVIDERS AND PATIENTS:**
- http://www.arhp.org/Topics/Contraception

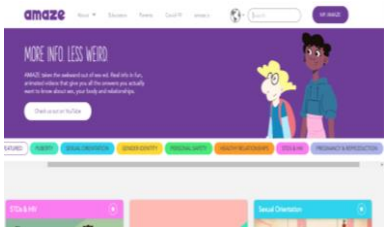
Other Adolescent friendly websites

- www.bedsider.org
- www.reproductiveaccess.org
- www.youngwomenshealth.org
- www.youngmenshealthsite.org
- www.plannedparenthood.org
- https://healthfinder.gov/

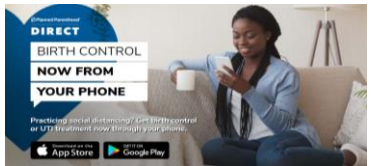
***The resources listed do not represent a comprehensive list of all counseling resources and may contain information not found in the Product Information for the specific contraceptive methods mentioned.**

Trusted online sources for reproductive health

- **Websites:**
  - Advocates for Youth https://advocatesforyouth.org/
  - Amaze www.amaze.org
  - Beyond The Pill https://beyondthepill.ucsf.edu/educational-materials
  - Center for Young Women's Health https://youngwomenshealth.org/
  - Healthy Children:
    - www.healthychildren.org
    - https://www.healthychildren.org/English/ages-stages/teen/dating-sex/Pages/Birth-Control-for-Sexually-Active-Teens.aspx
  - Latin American Youth Center https://www.layc-dc.org/
  - Medical Institute for Sexual Health https://www.medinstitute.org/
  - Young Men's Health https://youngmenshealthsite.org/
  - Parents and Friends of Lesbians and Gays https://pflag.org/
  - Partners In Contraceptive Choice And Knowledge https://picck.org/patient-resources/?fwp_resource_category=patient-counseling-and-education
  - Planned parenthood
    - https://www.plannedparenthood.org/planned-parenthood-metropolitan-washington-dc/patient-resources/teen-health-services
    - https://www.plannedparenthood.org/learn/teens
  - Reproductive Health Access Project https://www.reproductiveaccess.org/contraception/
  - Scarlet teen www.scarletteen.com
  - Sex,etc. www.sexetc.org
  - Supporting and Mentoring Youth Advocates and Leaders https://smyal.org/
  - STD Wizard https://stdwizard.com/#/home
  - Reproductive Health Access Project Getting Started with LARC in your Health Center
  - Training and technical assistance that eliminate barriers to offering the full range of contraception Upstream



- **Apps:**
  - Clue
  - Flow
  - Planned parenthood
  - Sisterhood



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WE PROVIDE CARE FOR ALL CHILDREN & FAMILIES

Adolescent Medical Specialty Services (12 - 21 years)

- **Eating Disorders**
- **Female and Male Reproductive Health**
- **Gender Health (LGBTQ+ medical care)**

Monday - Friday with telemedicine options available

Children's National Shepherd Park

7125 13th Place NW, Washington, DC 20012
202-545-2900

Children's National Shaw Metro

641 S Street NW, Washington, DC 20001
202-476-2123

Children's National Friendship Heights

5028 Wisconsin Ave NW, Washington, DC 20016
202-895-3896

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Thank You!