



# Contraception in Women with Medical Complexities

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# Objectives

- Review US reproductive health epidemiology
- Discuss contraceptive resources and decision-making
  - Safety
  - Effectiveness
  - Availability (including accessibility and affordability)
  - Acceptability
- Case example



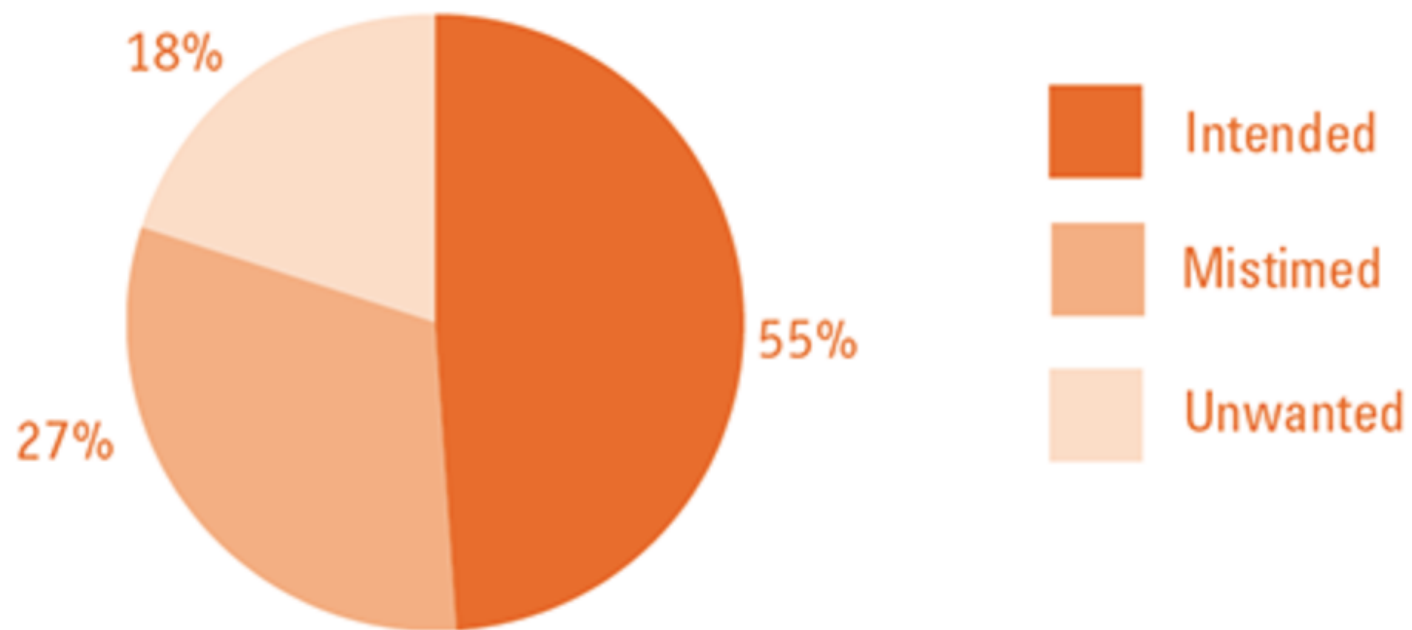
# Healthy = Planned





## Pregnancies by Intention Status

Nearly half of U.S. pregnancies are unintended.

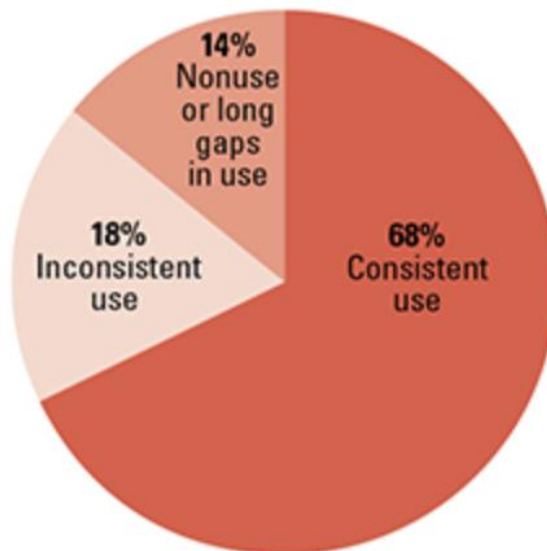




## Modern Contraception Works

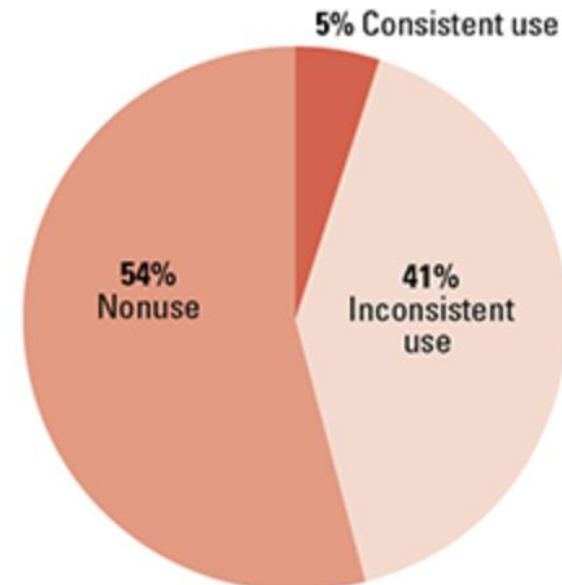
The two-thirds of U.S. women at risk of unintended pregnancy who practice contraception consistently and correctly account for only 5% of unintended pregnancies.

Women at Risk  
(43 Million in 2008)



By consistency of method  
use all year

Unintended Pregnancies  
(3.1 Million)



By consistency of method use  
during month of conception



# Chronic Diseases

- Prevalence of chronic medical conditions among reproductive age women is increasing
- Increased risk of unintended pregnancy in women with chronic diseases



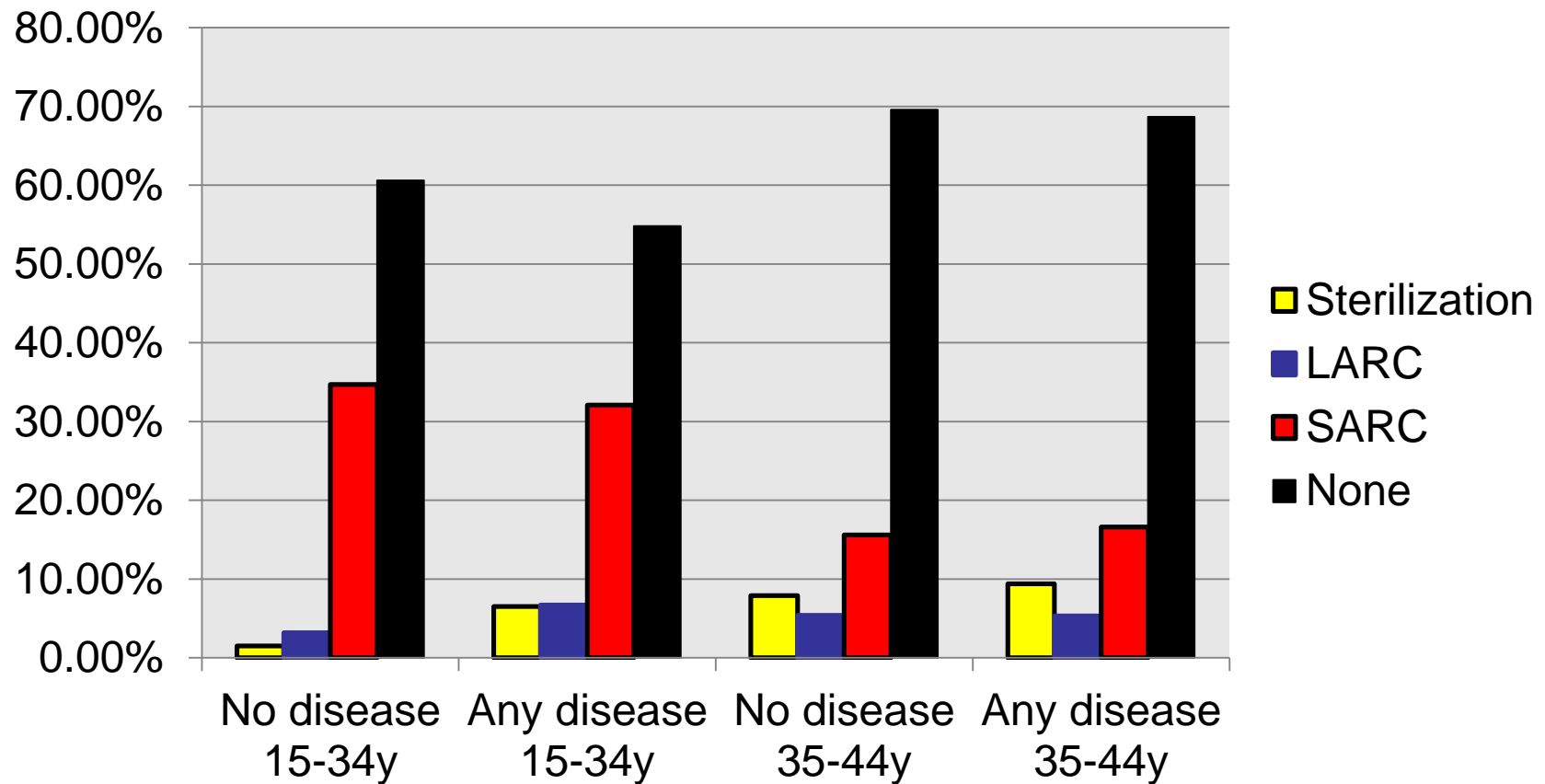
# Chronic Conditions

- Breast cancer
- Complicated valvular heart disease
- Cystic fibrosis
- Complicated diabetes
- Endometrial or ovarian cancer
- Epilepsy
- HTN
- Bariatric surgery
- HIV/AIDS
- Ischemic heart disease
- GTD
- Malignant liver tumors
- Peripartum cardiomyopathy
- Schistosomiasis
- Cirrhosis
- Sickle Cell
- Solid organ Tx
- Stroke
- Lupus
- Thrombogenic mutations
- TB
- Depression
- Obesity
- Rheumatoid arthritis
- IBD
- Asthma
- Thyroid Dx





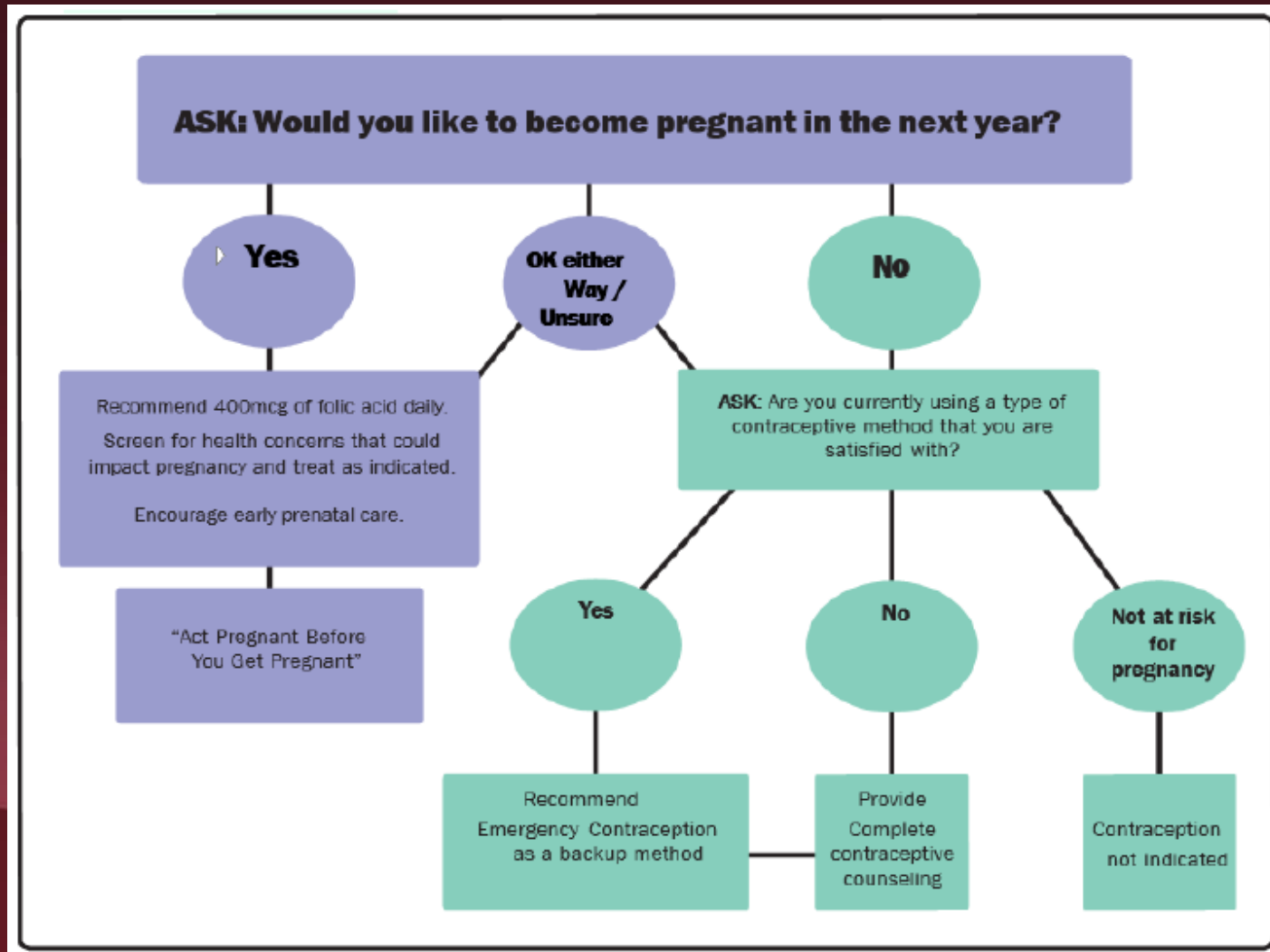
# Contraceptive Selection







# One Key Question®





# Safety



## Morbidity and Mortality Weekly Report (MMWR)

[CDC](#) > [MMWR](#)

### U.S. Medical Eligibility Criteria for Contraceptive Use, 2016

*Recommendations and Reports* / July 29, 2016 / 65(3);1-104



Evidence-based guidance on the contraceptive safety for U.S. women with specific characteristics and medical conditions



Modified by the CDC from the WHO MEC

Six new medical diagnoses added- IBD, bariatric surgery, solid organ transplant, etc.



# Why the MEC??

Can a teen use  
an IUD?

Can a woman on  
seizure meds use the  
patch?

Can a  
breastfeeding  
woman use  
the shot?



Can a diabetic  
use the pill?

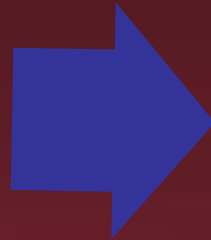
**US MEC**  
**US SPR**





# US MEC Categories

US Medical  
Eligibility  
Criteria  
(US MEC)



- **Category 1:** No restriction for the use of the contraceptive method
- **Category 2:** Advantages generally outweigh the theoretical or proven risks
- **Category 3:** Theoretical or proven risks usually outweigh the advantages
- **Category 4:** Unacceptable health risk if the contraceptive method is used



# U.S. MEC

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 <sup>‡</sup>	1		2		2		3		2		3/4*	
	d) Other vascular disease or diabetes of >20 years' duration <sup>‡</sup>	1		2		2		3		2		3/4*	
Dysmenorrhea	Severe	2		1		1		1		1		1	
Endometrial cancer <sup>‡</sup>		4	2	4	2	1		1		1		1	



# U.S. SPR

## Morbidity and Mortality Weekly Report (*MMWR*)

[CDC](#) > [MMWR](#)

### U.S. Selected Practice Recommendations for Contraceptive Use, 2016

*Recommendations and Reports* / July 29, 2016 / 65(4);1–66

- Improve same day provision
- Avoid unnecessary screening or testing
- Limit barriers
- Provide evidence-based recommendations





# Starting contraception

Contraceptive method	(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 <sup>1</sup>
Copper-containing IUD	Anytime	Not needed	Bimanual examination and cervical inspection <sup>2</sup>
Levonorgestrel-releasing IUD	Anytime	If >7 days after menses started, use back-up method or abstain for 7 days.	Bimanual examination and cervical inspection <sup>2</sup>
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

CDC Selective Practice Recommendations. Available at:  
[http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/PDF/248124\\_Box1\\_App\\_B\\_D\\_Final\\_TAG508.pdf](http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/PDF/248124_Box1_App_B_D_Final_TAG508.pdf)



# Effectiveness



## HOW WELL DOES BIRTH CONTROL WORK?



Really, really well

Works, hassle-free, for up to...



The Implant  
(Nexplanon)

3 years



IUD  
(Skyla)

3 years



IUD  
(Mirena)

5 years



IUD  
(ParaGard)

12 years



Sterilization,  
for men and women

Forever

No  
hormones

What is your chance  
of getting pregnant?



Less than 1 in 100 women



O.K.

For it to work best, use it...



The Pill

Every. Single. Day.



The Patch

Every week



The Ring

Every month



The Shot  
(Depo-Provera)

Every 3 months



6-9 in 100 women,  
depending on method



Not as well

For each of these methods to work, you or your partner have to use it every single time you have sex.



Pulling Out



Fertility  
Awareness



Diaphragm



Condoms,  
for men or women

Needed  
for STD  
protection!

Use with  
any other  
method



12-24 in 100 women,  
depending on method

FYI, without birth control,  
over 90 in 100 young women  
get pregnant in a year.



# Availability Acceptability



# Case #1

26yo G1P0 @ 28 weeks

SLE

+antiphospholipid antibodies

Chronic anticoagulation for h/o PE

Plans to breastfeed



# Decision-making

Condition	Sub-Condition	Cu-IUD		LNG-IUD		Implant		DMPA		POP		CHC	
		I	C	I	C	I	C	I	C	I	C	I	C
Systemic lupus erythematosus <sup>†</sup>	a) Positive (or unknown) antiphospholipid antibodies	1*	1*	3*		3*		3*	3*	3*		4*	
Deep venous thrombosis (DVT)/Pulmonary embolism (PE)	c) DVT/PE and established anticoagulant therapy for at least 3 months												
	i) Higher risk for recurrent DVT/PE	2		2		2		2		2		4*	
Breastfeeding	a) <21 days postpartum					2*		2*		2*		4*	
	b) 21 to <30 days postpartum												
	i) With other risk factors for VTE					2*		2*		2*		3*	

**Clarification:** Persons with SLE are at increased risk for ischemic heart disease, stroke, and VTE. Categories assigned to such conditions in U.S. MEC should be the same for women with SLE who have these conditions. For all subconditions of SLE, classifications are based on the assumption that no other risk factors for cardiovascular disease are present; these classifications must be modified in the presence of such risk factors. Many women with SLE can be considered good candidates for most contraceptive methods, including hormonal contraceptives (73,77-94).

**Evidence:** Antiphospholipid antibodies are associated with a higher risk for both arterial and venous thrombosis (95,96).



## Condition

Systemic lupus erythematosus<sup>†</sup>

Deep venous thrombosis (DVT)/Pulmonary embolism (PE)

Breastfeeding

**Clarification:** Breastfeeding provides important health benefits for mother and infant. The U.S. Department of Health and Human Services recommends increasing the proportion of infants initially breastfed, exclusively breastfed through 6 months of life, and continuing breastfeeding through at least 1 year of life as key public health goals (49).

**Evidence:** Two small, randomized controlled trials found no adverse impact on breastfeeding with initiation of etonogestrel implants within 48 hours postpartum. Other studies found that initiation of POPs, injectables, and implants at  $\leq 6$  weeks postpartum compared with nonhormonal use had no detrimental effect on breastfeeding outcomes or infant health, growth, and development in the first year postpartum. In general, these studies are of poor quality, lack standard definitions of breastfeeding or outcome measures, and have not included premature or ill infants (50,51).

**Comment:** Certain women might be at risk for breastfeeding difficulties, such as women with previous breastfeeding difficulties, certain medical conditions, and certain perinatal complications and those who deliver preterm. For these women, as for all women, discussions about contraception for breastfeeding women should include information about risks, benefits, and alternatives.

POP		CHC	
I	C	I	C
3*		4*	
2		4*	
2*		4*	
2*		3*	





# Decision-making

- Safety
- Effectiveness
- Availability (including accessibility and affordability)
  - Insurance
  - Provider training
- Acceptability
  - Side effects- may be positive or negative
  - Non-contraceptive benefits
  - Birth spacing/ pregnancy planning
  - Partner

# Summary

- Reproductive planning is critical for women with chronic diseases
- CDC MEC and SPR assist in safety
- Contraceptive decision-making is complex- especially in chronic diseases
  - Safety
  - Effectiveness
  - Availability (including accessibility and affordability)
  - Acceptability



# Questions?