



CONTRACEPTION OPTIONS FOR WOMEN WITH HIGH RISK HEALTH CONDITIONS

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DISCLOSURES

The University of Utah Department of Obstetrics and Gynecology receives funding for industry clinical trials from Medicines360, Sebela, and Femasys

Dr. Gawron does not report any conflicts of interest

OBJECTIVES

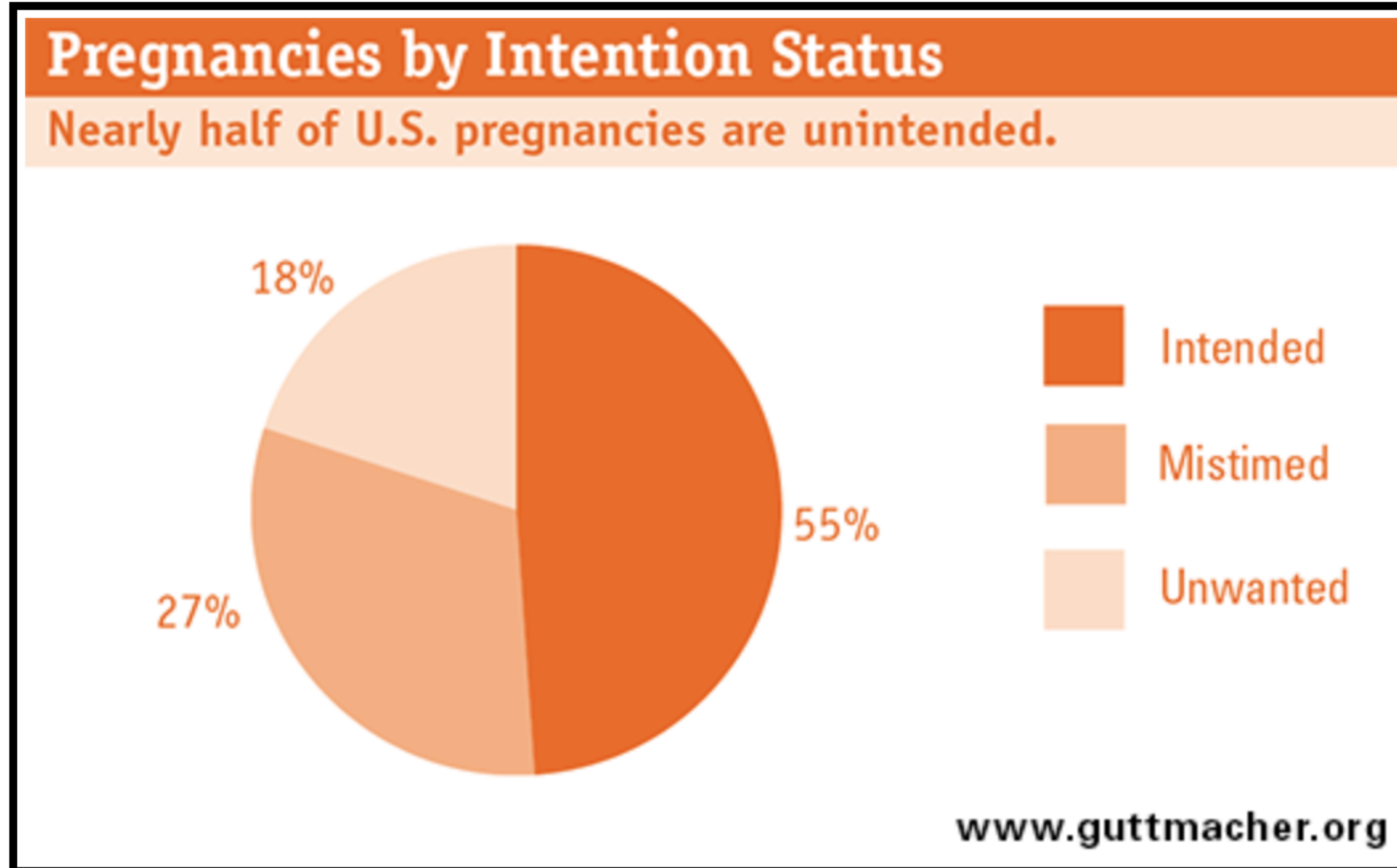
Upon completion of this course, participants will be able to:

1. Review unintended pregnancy rates and chronic disease prevalence
2. Discuss components of contraceptive counseling
3. Apply the CDC Medical Eligibility Criteria for Contraceptive Use

REPRODUCTIVE PLANNING



REPRODUCTIVE PLANNING



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

Malignant liver tumors
Peripartum cardiomyopathy
Schistosomiasis
Cirrhosis
Sickle Cell
Solid organ Tx
Stroke
Lupus
Thrombogenic mutations
TB
GTD

Kurtis KM, et al. CDC MEC 2016

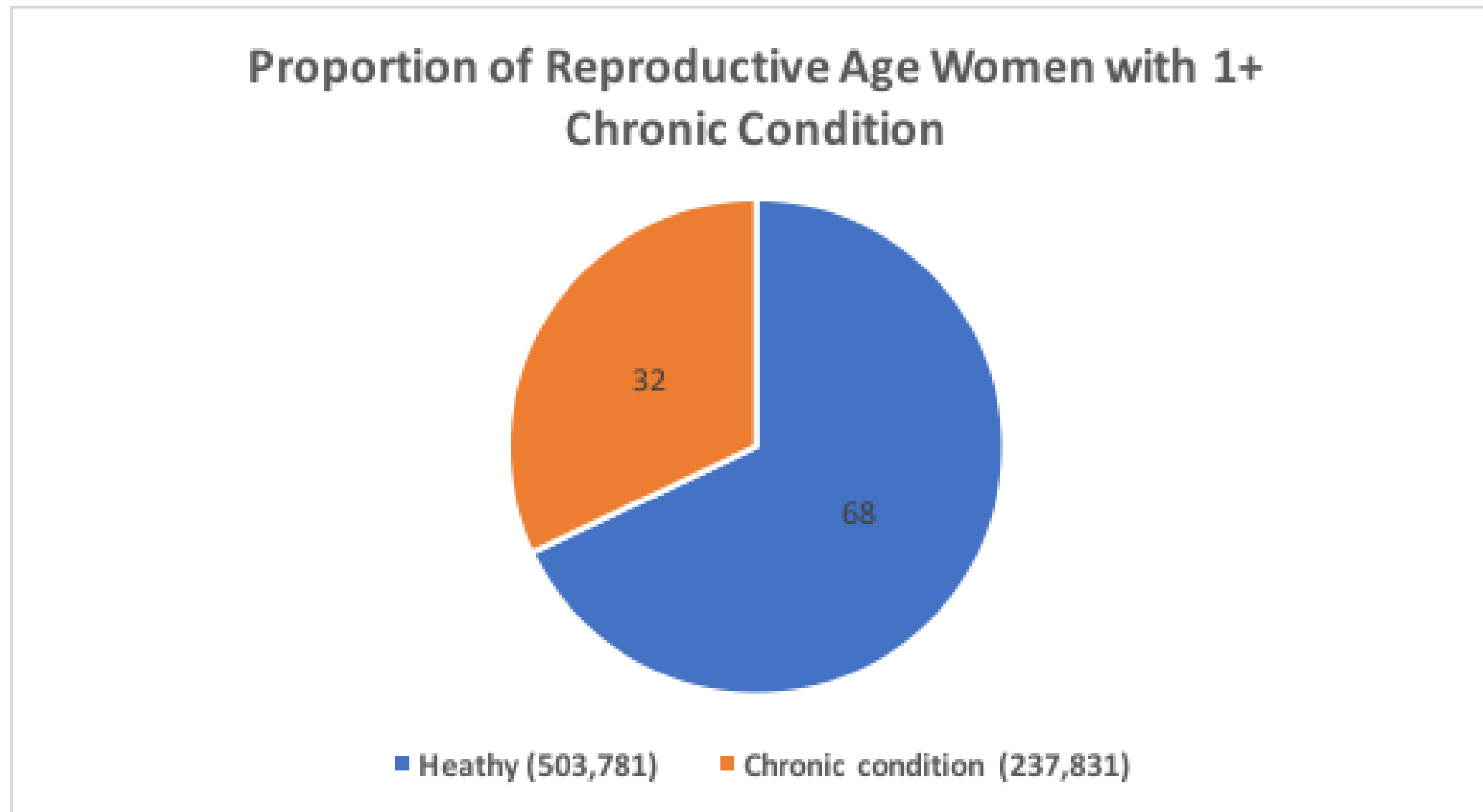
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Depression
Substance use
Obesity
Rheumatoid arthritis
IBD
Asthma
Thyroid Dx

Kurtis KM, et al. CDC MEC 2016

CHRONIC DISEASE PREVALENCE



Gawron LM, et al. JGIM 2019

CONTRACEPTIVE COUNSELING

- Risk benefit discussion of contraceptive vs pregnancy risks in setting of individual condition and treatments
 - Efficacy
 - Safety
 - Acceptability
 - Non-contraceptive benefits
 - Adherence
 - Reproductive timing
 - Partner
 - Availability
 - Insurance
 - Provider training

EFFICACY



- Implant
 - Nexplanon® 68mg ENG, 3y
- Non-hormonal IUD
 - Paragard® 380mm² copper, 10y
- Hormonal IUDs
 - Liletta® 52mg LNG, 5y
 - Mirena® 52mg LNG, 5y
 - Kyleena® 19.5mg LNG, 5y
 - Skyla® 13.5mg LNG, 3y

HORMONAL SAFETY

Progestin

Ovarian and pituitary inhibition

Thickening of cervical mucus

Endometrial atrophy/transformation

Cycle control

Estrogen

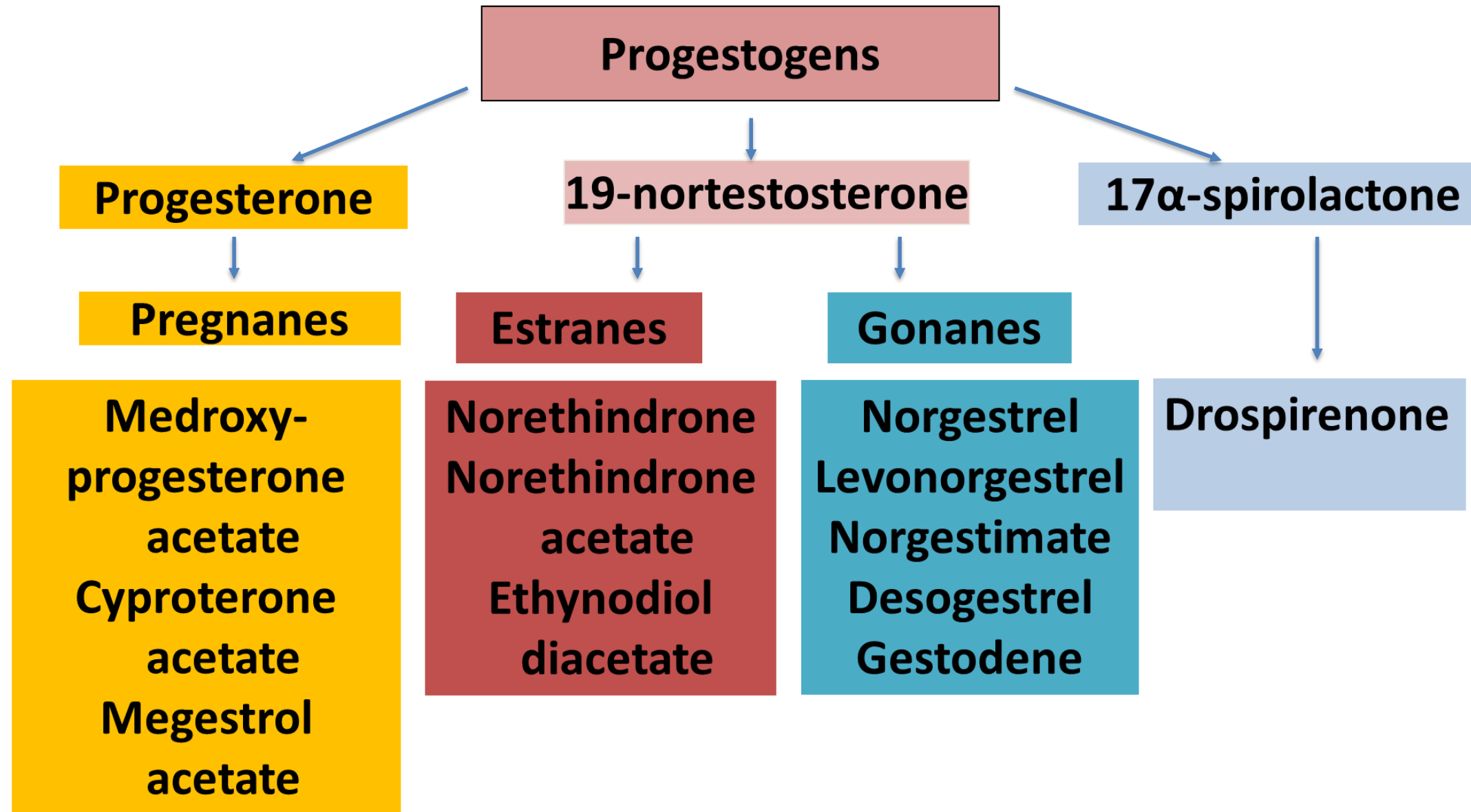
Ovarian and pituitary inhibition

Thinning of/increase in cervical mucus

Endometrial proliferation

Cycle control

HORMONAL SAFETY



HORMONAL SAFETY

	<u>Rate*</u>	<u>RR</u>
Baseline	0.5 -1	1.0
COC	1-3	2-3
Pregnancy	6	6-12

- ***10,000 Reproductive Age Women Per Year**

HORMONAL SAFETY

- Systematic review on thrombosis risk and progestin methods
- No increase in VTE/CVA/AMI with implants, IUDs, or POPs
- DMPA (3 studies)
 - Smokers and thrombophilia -> increased VTE risk
 - H/O VTE -> non-significant increased risk recurrence
 - Healthy users -> increased VTE risk
 - Progestins for therapeutic indications -> increased VTE
- **No overall increase in venous or arterial events**

CONTRACEPTIVE 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 women with specific characteristics and medical conditions
- Modified by the CDC from the WHO MEC
- New medical diagnoses added- IBD, bariatric surgery, solid organ transplant, etc.

HORMONAL SAFETY

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

CASE

38yo G3P3 with HTN X6y diagnosed in pregnancy presents for COC refill

- Non-smoker
- Desires regular bleeding cycles
- Lisinopril
- BP today 142/90
- BMI 38
- Elevated LDL

CASE

Condition	Sub-Condition	Cu-IUD		LNG-IUD		Implant		DMPA		POP		CHC	
		I	C	I	C	I	C	I	C	I	C	I	C
Hypertension	a) Adequately controlled hypertension	1*		1*		1*		2*		1*		3*	
	b) Elevated blood pressure levels (properly taken measurements)												
	i) Systolic 140-159 or diastolic 90-99	1*		1*		1*		2*		1*		3*	
	ii) Systolic ≥ 160 or diastolic $\geq 100^{\ddagger}$	1*		2*		2*		3*		2*		4*	
	c) Vascular disease	1*		2*		2*		3*		2*		4*	

- Estrogen stimulates angiotensinogen and increases activation of the renin-angiotensin system
- Average increase in BP by 8/6
- Link b/w HTN and subsequent MI, PVD and ischemic stroke in COC users- but low prevalence
- Concern for DMPA lipid profile changes

CASE

Efficacy

How bad would a pregnancy be?

Acceptability

No other method regulates bleeding

Availability

CASE

What can she use?

Anything- a 3 is not a 4

What would you recommend?

If CHC, then consider ring

If willing to switch, recommend LARC and Paragard would allow cycling

TAKE HOME POINTS

- Hormonal contraceptives have differential risks based on type, potency and delivery method- use the CDC MEC!
- Efficacy is an important counseling point, but the best method is the one a woman can/will use
- Consider non-contraceptive, disease-related benefits
- Collaborate with partner for complex contraception care

SERVING THE PATIENT'S NEEDS

Family Planning Faculty and Fellows are available for consultation appointments in the **Contraception for High Risk Patients (CHiRP) Clinic**

This service provides consultation and provision of contraception for patients with complex medical problems and those with complications associated with contraception



FAMILY PLANNING DIVISION PROVIDERS



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FELLOW

SERVING THE PATIENT'S NEEDS

Contraception for High Risk Patients (CHiRP) Clinic

Appointments scheduled in OB/GYN, Clinic with

- Family Planning Fellow
- Family Planning NP

Consults available: **Monday** and **Friday**

Women of childbearing age with the following conditions may benefit from the care provided in this specialty clinic:

- Seizure disorder
- Multiple Sclerosis
- Inflammatory bowel disease
- Solid organ transplant
- Dialysis
- Bleeding or Clotting Disorder
- Cardiovascular or Pulmonary Disease
- Cancer
- Rheumatological disease

EPIC REFERRAL ORDER IMPROVEMENT

AMB Referral to OB/GYN ✓ Accept ✗ Cancel

Class: Referral

Provider Specialty: OBSTETRIC

Department:

Referral: Location/POS: From: # of Visits: 1

To: Expiration Date: 2/1/2020 Override restrictions

RefType: Referral Int. **Referral Internal** Referral Outgoing

Referral Reason: Location Access Wait Time Insurance Benefits Patient Preference Provider Request Establish Referral Lines

Referral Priority: Routine **Routine** Urgent Patient Will Schedule

! What are you referring the patient for? **Routine Prenatal Care** Routine GYN/Annual/Pap **Complex Contraception (CHiRP)** Abnormal Pap Smear Management Chronic Vaginal Infections GYN Surgical Condition Other

Comments: «Insert SmartText»

✓ Accept ✗ Cancel

Select: Complex Contraception (CHiRP)

THANK YOU!

