Dysfunctional Uterine Bleeding and Contraception

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Learning Objectives

Understand, diagnosis and manage abnormal uterine bleeding, dysfunctional uterine bleeding in adolescents and young adults

Review contraceptive options available for adolescent and young adults

Update of recommendations for long acting reversible contraceptive options for adolescents and young adults
Financial Disclosure

Merck – Nexplanon® Trainer
Dysfunctional Uterine Bleeding

**Abnormal uterine bleeding** - all cases of irregular, heavy or frequent bleeding

DUB - Irregular and/or prolonged vaginal bleeding in the absence of structural pathology

Usually a result of an anovulatory cycle

DUB accounts for ~90% of abnormal bleeding in adolescents
What is normal...

Normal menstrual

- Mean interval of 28 ±7 days
- Normal cycle 28-30 days
  - Varies 21-45 days
- Mean duration 4±3 days
- Average blood loss 30-40 mL; can be as high as 80 mL
Definitions...The RHAGIA’s

**Polymenorrhea:** Uterine bleeding that occurs at regular intervals of less than 21 days

**Oligomenorrhea:** cycles >45 days

**Hypermenorrhea or menorrhagia:** prolonged or excessive uterine bleeding that occurs at regular intervals
Definitions…The RHAGIA’s

**Metrorrhagia**: Uterine bleeding occurring at irregular intervals

**Menometrorrhagia**: Prolonged or excessive uterine bleeding that occurs at irregular intervals
## Differential Diagnosis

<table>
<thead>
<tr>
<th>Abnormal Uterine Bleeding (DUB)</th>
<th>SLE, CRF, leukemia, severe liver disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy</td>
<td>Hypo- or Hyperthyroidism</td>
</tr>
<tr>
<td>Endometritis, cervicitis, polyp, myoma, trauma, foreign body, IUD, malignancy</td>
<td>Dysfunctional adrenal glands</td>
</tr>
<tr>
<td>Hematologic-Von Willebrand’s, ITP, platelet disorders</td>
<td>Cushings, Addisons, CAH</td>
</tr>
<tr>
<td></td>
<td>Medications- Seizure meds, anticoagulations, antineoplastic</td>
</tr>
</tbody>
</table>
Table 2. Differential Diagnosis of Abnormal Vaginal Bleeding in the Adolescent Girl

<table>
<thead>
<tr>
<th>Abnormal uterine bleeding</th>
<th>Cervical problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy-related complications</td>
<td>Cervicitis (including cystic fibrosis)</td>
</tr>
<tr>
<td>Threatened abortion</td>
<td>Polyp</td>
</tr>
<tr>
<td>Spontaneous, incomplete, or missed abortion</td>
<td>Hemangioma</td>
</tr>
<tr>
<td>Ectopic pregnancy</td>
<td>Carcinoma or sarcoma</td>
</tr>
<tr>
<td>Gestational trophoblastic disease</td>
<td></td>
</tr>
<tr>
<td>Complications of termination procedures</td>
<td></td>
</tr>
<tr>
<td>Infection</td>
<td></td>
</tr>
<tr>
<td>Pelvic inflammatory disease</td>
<td></td>
</tr>
<tr>
<td>Endometritis</td>
<td></td>
</tr>
<tr>
<td>Cervicitis</td>
<td></td>
</tr>
<tr>
<td>Vaginitis</td>
<td></td>
</tr>
<tr>
<td>Bleeding disorders</td>
<td></td>
</tr>
<tr>
<td>Thrombocytopenia (eg, idiopathic</td>
<td></td>
</tr>
<tr>
<td>thrombocytopenic purpura, leukemia,</td>
<td></td>
</tr>
<tr>
<td>aplastic anemia, hypersplenism,</td>
<td></td>
</tr>
<tr>
<td>chemotherapy)</td>
<td></td>
</tr>
<tr>
<td>Coagulation disorders (eg, von</td>
<td></td>
</tr>
<tr>
<td>Willebrand disease, other disorders</td>
<td></td>
</tr>
<tr>
<td>of platelet function, liver</td>
<td></td>
</tr>
<tr>
<td>dysfunction, vitamin K deficiency)</td>
<td></td>
</tr>
<tr>
<td>Endocrine disorders</td>
<td></td>
</tr>
<tr>
<td>Hypo- or hyperthyroidism</td>
<td></td>
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<tr>
<td>Adrenal disease</td>
<td></td>
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<tr>
<td>Hyperprolactinemia</td>
<td></td>
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<tr>
<td>PCOS</td>
<td></td>
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<tr>
<td>Primary ovarian insufficiency</td>
<td></td>
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<tr>
<td>Vaginal abnormalities</td>
<td></td>
</tr>
<tr>
<td>Carcinoma or sarcoma</td>
<td></td>
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<tr>
<td>Laceration</td>
<td></td>
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<tr>
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<td></td>
</tr>
</tbody>
</table>

History

Menstrual history
- Age of menarche
- Pain,
- Number of pads/tampons,
- Timing of bleeding-cyclical vs. abnormal intervals
- Accidents

Weight changes; change in physical activity

Stress or Illness

Sexual activity

Symptoms of pregnancy

Systemic illness or bleeding problems
Family History

Bleeding disorders
Infertility
Menstrual disorders
Thyroid disease
Physical Exam

Height, weight, BP-orthostatic

Visual fields, fundoscopic exam

Thyroid

Excessive hair

Enlarged clitoris

Acne

Acanthosis nigricans

Breast- development & galactorrhea

External genital exam

Pelvic- to do or not to a pelvic…Based on History and Symptoms
Evaluation

Guided by history and physical

Often do not need the $$$ work up

Pregnancy test

CBC & platelets

Thyroid screen

Gonorrhea and Chlamydia
Additional Evaluation - Can Consider

- LFT’s, PT/PTT
- vonWillebrand screen - von Willebrand factor antigen, VWF activity, Factor VIII activity
- FSH, LH - evaluate HPO axis
- Testosterone - evaluate PCOS
- DHEAS - concern of androgen excess
- Prolactin - hyperprolactin, galactorrhea
- May need Ultrasound - Pelvic or Abdominal
Treatment

Guided by severity of bleeding and need for contraception

Objective-control bleeding, prevent recurrence and correct organic pathology

1st episode and not anemic - reassurance, keep a menstrual diary

Follow up 3-6 months

If still bothersome- consider hormonal treatment
Treatment - Multiple episodes, Anemic

Iron supplementation

NSAIDS - used adjunctively, especially when dysmenorrhea present

Combined OCP’s – typically monophasics

- 30-35 mcg ethinyl estradiol
Treatment - Multiple episodes, Anemic

Heavy Bleeding

- 2 pills a day for 5 days, skip placebo week, start new pack...then cycle regularly
- If don’t respond - 4 pills a for 4 days, 3 pills for 3 days, 2 pills for 2 days, 1 pill a day thereafter skip placebo week, start new pack...then cycle regularly
- Use antiemetic
- Consider extended cycling
Treatment - Progesterone

If estrogen contraindicated

Progesterone only OCP- i.e. Aygestin®, Micronor ®

Progesterone cyclic

- Medroxyprogesterone-10 mg/day
- Norethindrone acetate- 5 mg/
- Micronized oral progesterone-200 mg/day
- 10-12 days per month cyclically- 3-6 months

Progestin- IUD
Treatment- Significant bleeding

Hgb < 10 or with postural changes

50 mg ethinyl estradiol Q4 hours or Conjugated estrogen 25 mg Q4-6 hrs IV

Transition to 30-35 mcg COCP’s

Blood transfusion rarely necessary

Dilation and curettage rarely necessary
Table 3. Suggested Combined OCP Regimens for Abnormal Bleeding

Use a monophasic OCP such as:
- Norgestrel 0.3 mg/ethinyl estradiol 30 μg (Lo/Ovral, Low-Ogestrel, Cryselle).a
- Levonorgestrel 0.15 mg/ethinyl estradiol 30 μg (Nordette, Levlen, Levora, Portia).a

For all patients:
- Advise the patient to keep a menstrual calendar.
- Ensure iron stores are addressed. Patients typically need several months of oral iron supplementation to replete iron stores, and then should be instructed in maintenance of iron needs.
- If OCPs are used for treatment and then discontinued, consider cyclic progestin therapy to prevent recurrences.

A. For mild bleeding—menstrual cycle slightly longer or cycle slightly more frequent, without anemia (Hgb normal):
- May be observed for several cycles and provided treatment with iron and NSAIDs such as ibuprofen or naproxen sodium.
- Consider treatment with OCP or progestin.
- If choose to treat with OCP: 1 pill daily for 21 d, followed by 1 wk of placebo pills or 1 hormone pill continuously for 84-day cycles or longer.
- Continue this regimen for 3–6 mo.b

B. For moderate bleeding—menstrual cycle lasting ≥7 d or cycle frequency < 3 wk and mild anemia (Hgb 10–11 g/dL):
- If the patient is not bleeding significantly at the time of the visit, is not already on hormonal therapy, and anemia is mild: 1 pill a day for 21 d is a reasonable first step.
- If patient is bleeding moderately at time of visit: 1 pill twice a day until bleeding stops, followed by 1 hormonal pill a day for at least 21 d is a reasonable first step.
- If bleeding is under control, continue cyclic 21 day or may elect extended cycles for 3–6 mo.b
- Follow serial Hgb, as needed; if bleeding persists, may need to continue twice-daily pill for a short interval.

C. For severe bleeding with moderate anemia (Hgb 8–10 g/dL):
- Consider inpatient admission unless patient’s bleeding is slowing and family is reliable, has transportation, and is reachable by phone.
- For severe bleeding: 1 pill four times a day for 2–4 d, with antiemetic as needed 2 h before each pill; followed by 1 pill three times a day for 3 d; and then 1 pill twice a day for at least 2 wk. (For this regimen, prescribing OCPs “four times a day” should be written as “1 pill every 6 hours” and “3 times a day” as “1 pill every 8 hours” in order to maintain hormonal concentrations.)
- For bleeding that is slowing and Hgb > 9 g/dL: 1 pill twice a day can be initiated as a first step.
- Follow closely with serial Hgb; if anemia or bleeding persists, may need to continue twice-daily hormonal pill and eliminate pill-free interval until Hgb has returned to normal.
- Once Hgb has normalized, cycle using 21 once-daily pills and 5–7 d of placebo or extended cycles for 6 mo.b

D. Severe bleeding with severe anemia (Hgb ≤7 g/dL, orthostatic vital signs):
- Admit for inpatient management. Transfusion needs are individualized on the basis of Hgb, orthostatic symptoms, amount of ongoing bleeding, and the ability to gain control of the bleeding.
- Most patients can be treated with OCPs: 1 pill every 4–6 h until bleeding slows (usually takes 24–36 h), with antiemetics as needed; 1 pill four times a day for 2–4 d; 1 pill three times a day for 3 d; 1 pill twice a day until hematocrit is > 30%.
- Occasionally intravenous conjugated estrogens (Premarin) 25 mg every 4 h for 2–3 doses are used in severe acute hemorrhage. It is very important to remember that the estrogen will stop the bleeding but if a progestin is not added, a rebound from estrogen withdrawal will occur when the IV estrogen is discontinued.
- Consider antifibrinolytic therapy.
- Once Hgb has normalized, cycle using 21 once-daily pills and 5–7 d of placebo or use extended cycles for 6–12 mo.b


*aMention of brand name does not imply endorsement of a particular product.

bIt is important to reconsider a patient’s need for birth control before discontinuing OCP therapy.
Prognosis

Depends on underlying cause

Overall good prognosis

Monitoring at least every 6-12 months

After 6-12 months, if patient desires can try off medications and monitor cycle
# Adolescent Pregnancy Outcomes Across Countries

Abortion, birth and miscarriage rates vary widely by country.

<table>
<thead>
<tr>
<th>Country</th>
<th>Abortions</th>
<th>Births</th>
<th>Miscarriages</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>15</td>
<td>34</td>
<td>8</td>
</tr>
<tr>
<td>New Zealand</td>
<td>18</td>
<td>26</td>
<td>7</td>
</tr>
<tr>
<td>England and Wales</td>
<td>20</td>
<td>21</td>
<td>6</td>
</tr>
<tr>
<td>Scotland</td>
<td>17</td>
<td>23</td>
<td>6</td>
</tr>
<tr>
<td>Estonia</td>
<td>19</td>
<td>19</td>
<td>6</td>
</tr>
<tr>
<td>Hungary</td>
<td>16</td>
<td>18</td>
<td>5</td>
</tr>
<tr>
<td>Slovakia</td>
<td>6</td>
<td>22</td>
<td>5</td>
</tr>
<tr>
<td>Iceland</td>
<td>15</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td><em>Sweden</em></td>
<td>20</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Spain</td>
<td>13</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td><em>France</em></td>
<td>15</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td><em>Portugal</em></td>
<td>8</td>
<td>13</td>
<td>3</td>
</tr>
<tr>
<td>Israel</td>
<td>8</td>
<td>13</td>
<td>3</td>
</tr>
<tr>
<td>Finland</td>
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<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Norway</td>
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<td>7</td>
<td>3</td>
</tr>
<tr>
<td><em>Belgium</em></td>
<td>8</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Denmark</td>
<td>8</td>
<td>14</td>
<td>3</td>
</tr>
<tr>
<td>Singapore</td>
<td>8</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td><em>Netherlands</em></td>
<td>7</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td><em>Slovenia</em></td>
<td>7</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Switzerland</td>
<td>5</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

*All estimates are for 2011 except the Netherlands (2008), Belgium and Slovenia (2009), and Sweden and the United States (2010).*
APP- resource

US MEC

US SPR

CDC
Resources

Bedsider.org

Alan Guttmacher Institute

CDC-United States Medical Eligibility Criteria (US MEC) for Contraceptive Use-

Contraceptive Technology-Hatcher, et al.

UpToDate
Online Contraception

NURX.

FREE, FAST DELIVERY

At NURX, we believe getting birth control should be simple, easy, and affordable. It's about more than preventing unplanned pregnancy — it's about giving you freedom. We offer birth control pills online for as little as $0 with insurance or $15 without insurance.

Your body. Your choice. It’s that simple.

Why it’s great to be in the club.

Check out real reviews from real members of our club!
Pharmacists- Prescribing Contraception

Currently, there are 11 U.S. jurisdictions with statutes or regulations that allow pharmacists to prescribe contraceptives: California, Colorado, District of Columbia (D.C.), Hawaii, Idaho, Maryland, New Mexico, Oregon, Utah, Virginia, West Virginia.

Injectables- only Oregon, California, and New Mexico
Good News!

Decreasing birth rates

- Increase use of contraception at coitarche
- Long acting contraception (LARC)
- Increase use of condoms and increase use of condoms and hormonal contraception at time of intercourse
Confidentiality

Varies from state to state

In Michigan

You do not need parental permission to prescribe birth control

≥12 yo have right without parent/guardian knowledge or consent

- Pregnancy test and prenatal care
- Contraception
- STI testing and treatment
- Substance abuse treatment*
- Mental Health Care- age 14
Screening questions

Past medical history, family history

Abstinence?

Do your parents know you are taking birth control?

Are you using condoms every time?

Privacy

What have you heard about?

What have your friends told you or use?
Screening questions

Can you take and remember a pill every day?

Are you willing to take a shot and come back every 3 months?

Will you remember to change the patch?

Willing to insert something in your vagina?
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
Quick-start (same-day start) approach to initiation of new birth control method: Pill, patch, ring, DMPA injection, implant

Patient requests to start contraception with the pill, patch, ring, injection, or implant

- Urine pregnancy test

  - Positive
    - Provide options counseling
    - ≤7 days ago
      - Start method today. Patient should use back-up method for first week.
    - >7 days ago
      - First day of LMP

  - Negative
    - ≤5 days ago
      - Offer hormonal emergency contraception today
    - >5 days ago
      - Counsel patient that:
        - Negative pregnancy test is not conclusive.
        - Hormonal contraception will not harm fetus.
        - Patient wants to start new method today?
          - Yes
            - Start method today unless patient is using ulipristal for emergency contraception or the chosen method is the implant.
            - Patient should use back-up method for first week.
            - Obtain urine pregnancy test in two weeks.
          - No
            - Counsel patient to use a back-up method until next menses.
            - Choosing method is pill, patch, or ring:
              - Offer prescription for chosen method.
              - Counsel patient to start method within 5 days of first day of next menstrual period.
            - Choosing method is injection or implant:
              - Counsel patient to return for injection or implant insertion within 5 days of first day of next menstrual period.

    - Does not remember or is uncertain

- Urine pregnancy test

  - Positive
    - Provide options counseling
  - Negative
    - Continue new method

DMPA: depot medroxyprogesterone acetate; LMP: last menstrual period.
* Refer to UpToDate content on early pregnancy and pregnancy termination.
† Patient should use a barrier back-up method such as condoms for the first week after starting a new method.
△ Unprotected sex includes episodes of sex in which a method of contraception was used but may not have been effective (eg, breakage of condom, multiple skipped pills).
◊ Refer to UpToDate content on emergency contraception.
§ For women using ulipristal for emergency contraception, progestin-containing contraception (ie, the pill, patch, ring, injection, and implant) should not be used for 5 days following ulipristal. For women taking levonorgestrel or combined estrogen-progestin emergency contraception, the new contraceptive method can be started after the emergency contraception.
¥ If the patient would like the contraceptive implant, some providers prefer to offer a single injection of DMPA today and ask the patient to return for the implant within 5 days of the first day of her next menstrual period (to avoid the need for implant removal if the repeat urine pregnancy test is positive).

Adapted from: Quick Start Algorithm for Hormonal Contraception. RHEDI/The Center for Reproductive Health Education In Family Medicine, Montefiore Medical Center (Accessed on July 7, 2016).
# When To Start Using Specific Contraceptive Methods

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

Barrier

Hormonal

Emergency Contraception
# How Well Does Birth Control Work?

## Really, Really Well
- **The Implant (Nexplanon)**
  - Works, hassle-free, for up to: 3 years
- **IUD (Skyla)**
  - Works, hassle-free, for up to: 3 years
- **IUD (Mirena)**
  - Works, hassle-free, for up to: 5 years
- **IUD (ParaGard)**
  - Works, hassle-free, for up to: 12 years
- **Sterilization, for men and women**
  - Works, hassle-free, for up to: Forever

## Okay
- **The Pill**
  - Works, hassle-free, for up to: Every Single Day.
- **The Patch**
  - Works, hassle-free, for up to: Every Week
- **The Ring**
  - Works, hassle-free, for up to: Every Month
- **The Shot (Depo-Provera)**
  - Works, hassle-free, for up to: Every 3 Months

## Not So Well
- **Withdrawal**
- **Diaphragm**
- **Fertility Awareness**
  - Needed for STI protection
- **Condoms, for men and women**
  - Use with any other method

## What is your chance of getting pregnant?
- **Less than 1 in 100 women**
  - 6-9 in 100 women, depending on method

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

Oral Contraception Pills

Transdermal Patch- Xulane®

Vaginal Ring- Nuva Ring ®

Injectable Contraception- DepoProvera ®

Implants- Implanon®/Nexplanon®

IUD- Mirena®, Paragard®, Skyla®, Lilletta®, Kyleena®
Adolescents and Young Adults

Adolescent highest rates of sexually transmitted infections

Stress the use of condoms…

“Think of birth control as a back up for your condom”

…and CONDOMS!!!
CONDOMS ALL THE TIME....
MEDICAID ACCESS TO CONDOMS
POCKET CARD

MDCH Medicaid Provider Manual (p.28)
14.5 Family Planning Supplies
14.5A Condoms

Condoms do not require a prescription. A pharmacy may provide condoms at the beneficiary’s request. Both males and females are eligible to receive condoms.

As a Medicaid beneficiary, I am eligible to receive a box of 12 condoms up to 3 times in a month.

INSTRUCTIONS: Print, cut (dotted line) and fold (solid line) on the vertical line for a readily available reference card.
Oral Contraceptive "The Pill"

Been around over 60 yrs

1960 - The first oral contraceptive, Enovid, was approved by the FDA as contraception
Oral Contraceptive "The Pill"

Combination Estrogen/ Progesterone Pills

Effectiveness

- Perfect use – 0.3%
- Typical use - 8.0%

- Inhibition of LH surge,

- Suppression of gonadotropin secretion during the follicular phase of the cycle

- Inhibit ovulation

- Thickening of cervical mucus
Estrogen Considerations

Most preparations contain Ethinyl Estradiol with fixed estrogen doses

- 20-50 mcg of Ethinyl Estradiol
- 10 mcg - Lo LoestrinFe®
- Don’t use the 50 mcg preparation

Newest development: incremental doses of estrogen

- Estrostep®, Tri-Levlen®,
- Natazia®
Preparations

Bi/Tri phasics

Vary the progesterone

Estrostep®-changes the estrogen

Formulations

21/7 or 24/4

Yasmin, Yaz..- Drospirenone and EE
MONOPHASICS

Have the same active ingredients for the 21 days

7 days placebo

Just TWO colors
Progestin Considerations

Norethindrone, Levonorgestrel, Norgestrel, Desogestrel, Norgestimate

Progestin activity versus androgenic activity
- Debated
- Evidence does not support much distinction among combinations and androgenic properties
- Desogestrel, Norgestimate, Norethindrone
- Some of the newer-third generation may have increased risk of DVT’s
# Level of androgenic activity of progestins in contraceptive pills

<table>
<thead>
<tr>
<th>Level of activity</th>
<th>Generic name(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>Norgestrel, Levonorgestrel</td>
</tr>
<tr>
<td>Middle</td>
<td>Norethindrone, Norethindrone acetate</td>
</tr>
<tr>
<td>Low</td>
<td>Ethynodiol, Norgestimate, Desogestrel, Drospirenone, Dienogest</td>
</tr>
</tbody>
</table>
Formulations

Know a few in each class

<table>
<thead>
<tr>
<th>Estrogen</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10 mcg</td>
<td>LoLoestrin Fe®</td>
</tr>
<tr>
<td>20 mcg pills</td>
<td>Alesse®, Loestrin1-20®, Mircette®, Levlite®</td>
</tr>
<tr>
<td>30 mcg pills</td>
<td>Trivora®, Triphasil®, Ortho-Cept®, Lo/Ovral®</td>
</tr>
<tr>
<td>35 mcg pills</td>
<td>Ortho-(Tri)Cyclen®, Ortho-Novum®, Neocon1/35®</td>
</tr>
<tr>
<td>50 mcg pills</td>
<td>Demulen 1/50®, Zovia 1/50®, Ovral®</td>
</tr>
</tbody>
</table>
Progestin Only pills- “Mini-Pill”

Progestin Only pills- “Mini-Pill”
Norethindrone 0.35 mg tablets
- Suppress ovulation, thicken cervical mucus, thinning the endometrium
- Not typically used
- Need to take same time—shorter half life
**Biphasic** - EE stays the same
Progesterone changes - 2 times

**Triphasics**
Orthotricyclen, TriNessa, Trisprintec
EE - same, Progesterone changes

**Estrostep** - EE changes, Progesterone changes
First 4-phase oral contraceptive available; the four phases have varying doses of estradiol valerate (1, 2, or 3 mg) and dienogest (0, 2 or 3 mg). Natazia has 26 pills with hormones and two pills without hormones.
Varying formulations

21 active/7 inactive

24 active/4 active

Shorter intervals

21 day pill pack - Junel®
Seasonale® / Seasonique®

30 mcg of Ethinyl Estradiol
0.15 mg of Levonogestrel
84 Active day/ 7 inert days

Seasonique-days-85 through 91 contain a small dose of ethinyl estradiol (10 mcg) instead of placebo
Extended Cycling

Take 21 active and skip placebo week
Can skip up to 2-3 pill pack - menses every 2-3 months
Helpful with dysmenorrhea
You can do with most monophasics
Would extend cycle for >4 cycle - risk of breakthrough bleeding
   If BTB - regular cycle for 2-3 months
Lybrel® or Amethyst®

20 mcg ethinyl estradiol tablets with .09mg levonorgestrel

May have breakthrough bleeding
Yasmin® Drospirenone/Ethynyl Estradiol

Yasmin® 30 mcg - Ethynyl Estradiol/3 mg Drospirenone

Analogue of spironolactone (aldosterone antagonist)

Comparable dose of spironolactone 25 mg

Exhibits mild antimineralcorticoid properties similar to natural progesterone

Yaz® - 20 mcg EE/3 mg Drospirenone

Beyaz® - 20 mcg EE/3 mg Drospirenone/0.451 mg levomefolate calcium

☐ 24 active/4 placebo
Yasmin®

Similar efficacy & cyclic control to other COC

Side effects- similar

- Intermenstrual bleeding, headaches, nausea
- Increase risk of hyperkalemia in those predisposed

Small, initial decreases in mean body weight occur, followed by gradual weight return

May have effect on premenstrual symptoms

Potential increased risk of VTE
Starting “The Pill”

Same day of start of menses

Sunday start

- Back-up method for first 7 days (*LL- tells them 1 month*)

Quick start/Same day- start right in office/ if pregnancy excluded- use back up for 7 days
Starting “The Pill”

Test patient as what to do if they miss a pill

Remember- DOESN’T have to be EXACT same time

Condoms for back up method & STI protection

Bring back in 6-8 weeks- check BP, and how they are doing…you may be surprised !!
Recommended Actions After Late or Missed Combined Oral Contraceptives

If one hormonal pill is late: (<24 hours since a pill should have been taken)
- Take the late or missed pill as soon as possible.
- Continue taking the remaining pills at the usual time (even if it means taking two pills on the same day).
- No additional contraceptive protection is needed.
- Emergency contraception is not usually needed but can be considered if hormonal pills were missed earlier in the cycle or in the last week of the previous cycle.

If one hormonal pill has been missed: (24 to <48 hours since a pill should have been taken)

If two or more consecutive hormonal pills have been missed: (≥48 hours since a pill should have been taken)
- Take the most recent missed pill as soon as possible (any other missed pills should be discarded).
- Continue taking the remaining pills at the usual time (even if it means taking two pills on the same day).
- Use back-up contraception (e.g., condoms) or avoid sexual intercourse until hormonal pills have been taken for 7 consecutive days.
- If pills were missed in the last week of hormonal pills (e.g., days 15-21 for 28-day pill packs):
  - Omit the hormone-free interval by finishing the hormonal pills in the current pack and starting a new pack the next day.
  - If unable to start a new pack immediately, use back-up contraception (e.g., condoms) or avoid sexual intercourse until hormonal pills from a new pack have been taken for 7 consecutive days.
- Emergency contraception should be considered if hormonal pills were missed during the first week and unprotected sexual intercourse occurred in the previous 5 days.
- Emergency contraception may also be considered at other times as appropriate.

Source: For the full recommendations, see the US Selected Practice Recommendations for Contraceptive Use, 2013 (http://www.cdc.gov/mmwr/pdf/rr/rr6205.pdf).
Drug Interaction

Anticonvulsants- phenobarbital, phenytoin, carbamazepine, primidone, topiramate, oxcarbazepine

Antibiotics- Rifampin

St John’s Wort

HIV medications

Consider – no COCP- contraception
Contraindications to COC

DVT or PE or CVA
Structural heart disease
Headaches, migraines with focal neurologic symptoms
Microvascular disease
Breast Cancer, Endometrial Cancer
Pregnancy
Lactation (<6 weeks)
Liver disease
>35 years and heavy smoker
HTN: >160/>100
Side Effects

Nausea - discuss with patient taking bedtime or with food
Headache
Breast tenderness
Mood changes
Weight gain - minimal if any
Oily skin (<10% have a worsening of acne)

Breakthrough bleeding
Missed pills/Late pills
Pregnancy
Infection
Smoking - decreases estrogen levels
Formulation adjustment needed
Drug interactions
Non-contraceptive uses

Menstrual Regulation
Dysmenorrhea
PCOS
Acne-

OrthoTricyclen, Yasmin, Estrogestrep- FDA approval
The Transdermal Contraceptive System

Transdermal contraceptive patch

Ortho-Evra®- approved 2001-discontinued 2014- when FDA approved Xulane®

Xulane® delivers a daily dose of 150 mcg of norelgestromin and 35 mcg of ethinyl estradiol through its transdermal system

In Epic- you can still order as OrthoEvra
4.5 cm square that can be worn
- lower abdomen
- buttocks
- upper outer arm
- upper torso (front and back, not breasts)

Same day or Sunday starts

1 patch every week for 3 weeks, followed by a patch-free week

Select a change day

Associated with increased risk of DVT/PE
Patch

Comparable efficacy and side effects to COC’s

**Less effective for women >90 kg (198 lbs)**

- Consider using another method

Review opening the package

Placement onto clean, dry skin

Application site reaction

- Rash from adhesive
- Move patch around
- Baby oil to remove adhesive residue
Cyclic Patch
Continuous Patch - Use - 12 week

Off Label !!!!!!
Vaginal Ring-NuvaRing®

Intervaginal

Releases- low doses of Etonorgestrel 120 mcg and Ethinyl Estradiol 15 mcg daily

Begin usually within 5 days of the onset of menses

Back-up method- first 7 days

Ring used continuously for 3 weeks, removed, and new ring inserted 1 week later
Vaginal Ring

Similar efficacy and side effects to COC’s

- Vaginitis, leukorrhea
- Withdrawal bleeding continued beyond the ring-free interval in about one-quarter

Adolescents have to be comfortable inserting into vagina

Partners may notice during intercourse

Can be removed up to 3 hrs

- > 3 hrs, use a back up method
- Off label use for extending cycling
There is no wrong way to insert. If it lies comfortably in the vagina, it is in correctly.
Nuvaring Applicator

Actual Applicator Shown
Annovera®

FDA Approved August 2018

103 mg segesterone acetate (SA) and 17.4 mg ethinyl estradiol (EE)

Releases on average 0.15 mg/day of segesterone acetate and 0.013 mg/day of ethinyl estradiol

Intravaginal system must remain in place continuously for 3 weeks (21 days) followed by a 1-week (7-day) vaginal system-free interval, reinsert
Annovera®
DMPA (Depo-Provera®)

Depot medroxyprogesterone

150 mg IM ~ Q12 weeks

104 mg SQ ~ Q12 weeks
DMPA (Depo-Provera®)

Progestin-only

0.3% unintended pregnancies within first year

Mechanism of action

■ Inhibits ovulation
■ Creates inhospitable environment for implantation
■ Thickened and decrease cervical mucus
Disadvantages of DMPA

Menstrual cycle disturbances
- Amenorrhea
- Breakthrough bleeding
  - Typically improves after 2-3 shots
  - Treat with 5-10 days of COC’s or Premarin® every cycle- if not improving

Weight gain- 5.4 lb first yr; 16.5 lbs after 5 yrs

Reversibility
Disadvantages of DMPA

Breast tenderness
Depression, mood changes
Hair loss
Bone density decrease
Nexplanon®

Etonogestrel 68 mg

Implants in non dominant upper arm

Last 36 months

Bleeding irregularities, weight gain, emotional lability, HA, acne, depression

Nexplanon is radiopaque
Nexplanon®

Etonogestrel - 68 mg
Single rod implant
Good for up to 36 months
Main side effects
  Irregular bleeding - !!!!!
  Weight gain ~ 3 lbs for every year
Implant and overweight women

Overweight Women

“The effectiveness of the etonogestrel implant in women who weighed more than 130% of their ideal body weight has not been defined because such women were not studied in clinical trials. Serum concentrations of etonogestrel are inversely related to body weight and decrease with time after implant insertion. It is therefore possible that NEXPLANON may be less effective in overweight women, especially in the presence of other factors that decrease serum etonogestrel concentrations such as concomitant use of hepatic enzyme inducers.”
Quick-start (same-day start) approach to initiation of new birth control method: Pill, patch, ring, DMPA injection, implant

1. Patient requests to start contraception with the pill, patch, ring, injection, or implant
   - Urine pregnancy test
     - Positive
       - Provide options counseling
     - Negative
       - First day of LMP
         - ≤7 days ago
           - Start method today. Patient should use back-up method® for first week.
         - >7 days ago
           - Last episode of unprotected sex since LMP
             - None
               - Does not remember or is uncertain
             - ≥5 days ago
               - Offer hormonal emergency contraception today
                 - Yes
                   - Start method today unless patient is using ulipristal for emergency contraception or the chosen method is the implant. Patient should use back-up method® for first week. Obtain urine pregnancy test in two weeks.
                 - No
                   - Counsel patient to use a back-up method® until next menses.
                     - Chosen method is pill, patch, or ring:
                       - Offer prescription for chosen method.
                       - Counsel patient to start method within 5 days of first day of next menstrual period.
                     - Chosen method is injection or implant:
                       - Counsel patient to return for injection or implant insertion within 5 days of first day of next menstrual period.
               - >5 days ago
                 - Counsel patient that:
                   - Negative pregnancy test is not conclusive.
                   - Hormonal contraception will not harm fetus. Patient wants to start new method today?
                     - Yes
                       - Start method today unless patient is using ulipristal for emergency contraception or the chosen method is the implant. Patient should use back-up method® for first week. Obtain urine pregnancy test in two weeks.
                     - No
                       - Counsel patient to use a back-up method® until next menses.
                         - Chosen method is pill, patch, or ring:
                           - Offer prescription for chosen method.
                           - Counsel patient to start method within 5 days of first day of next menstrual period.
                         - Chosen method is injection or implant:
                           - Counsel patient to return for injection or implant insertion within 5 days of first day of next menstrual period.

2. Urine pregnancy test
   - Positive
     - Provide options counseling
   - Negative
     - Continue new method

DMPA: depot medroxyprogesterone acetate; LMP: last menstrual period.
* Refer to UpToDate content on early pregnancy and pregnancy termination.
® Patient should use a barrier back-up method such as condoms for the first week after starting a new method.
Δ Unprotected sex includes episodes of sex in which a method of contraception was used but may not have been effective (e.g., breakage of condom, multiple skipped pills).
◊ Refer to UpToDate content on emergency contraception.
§ For women using ulipristal for emergency contraception, progestin-containing contraception (i.e., the pill, patch, ring, injection, and implant) should not be used for 5 days following ulipristal. For women taking levonorgestrel or combined estrogen-progestin emergency contraception, the new contraceptive method can be started after the emergency contraception.
¥ If the patient would like the contraceptive implant, some providers prefer to offer a single injection of DMPA today and ask the patient to return for the implant within 5 days of the first day of her next menstrual period (to avoid the need for implant removal if the repeat urine pregnancy test is positive).

Adapted from: Quick Start Algorithm for Hormonal Contraception. RHEDI/The Center for Reproductive Health Education In Family Medicine, Montefiore Medical Center (Accessed on July 7, 2016).
IUDs

Ok for Adolescents

Can discuss along with other contraceptive option

Counsel – can have 3-6 months of irregular bleed
IUD

Mirena® - 52mg levonorgestrel- good for up to 5 years

Paragard® -copper IUD- good for up to 10 years

Create an “inhospitable environment for implantation

OK- for adolescents

Nullparious- have higher rates of expulsion
Sklya®

13.5 mg Levonorgestrel

Good for up to 3 years
Liletta®

52mg levonorgestrel (same as Mirena®) - good for up to 5 years
Kyleena ®

19.5 mg Levonorgestrel
Good for up to 5 years
28 mm x 30 mm
1.10 in x 1.18 in
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.

<table>
<thead>
<tr>
<th>Intrauterine Devices (IUD)</th>
<th>Levonorgestrel IUD</th>
<th>Copper IUD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mirena</td>
<td>Liletta</td>
<td>Skyla</td>
</tr>
<tr>
<td><img src="image.png" alt="Image of Mirena" /></td>
<td><img src="image.png" alt="Image of Liletta" /></td>
<td><img src="image.png" alt="Image of Skyla" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FDA Approval Date</th>
<th>2000</th>
<th>2015</th>
<th>2013</th>
<th>2016</th>
<th>1988</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved for (Acceptable duration of use)</td>
<td>5 years (7 years)</td>
<td>5 years (7 years)</td>
<td>3 years</td>
<td>5 years</td>
<td>10 years (12 years)</td>
</tr>
<tr>
<td>Total Hormone</td>
<td>52 mg</td>
<td>52 mg</td>
<td>13.5 mg</td>
<td>19.5 mg</td>
<td>N/A</td>
</tr>
<tr>
<td>Changes in menses</td>
<td>Irregular bleeding initially, decreases over time</td>
<td></td>
<td></td>
<td></td>
<td>Heavier period, longer duration, more cramps</td>
</tr>
<tr>
<td>Notable characteristics</td>
<td>String color: Brown</td>
<td>String color: Blue</td>
<td>String color: Brown</td>
<td>String color: Blue</td>
<td>String color: White</td>
</tr>
<tr>
<td></td>
<td>FDA-approved for treatment of heavy menstrual bleeding</td>
<td>Reloadable</td>
<td>Silver ring visible on ultrasound</td>
<td>Silver ring visible on ultrasound</td>
<td>Can be used as emergency contraceptive</td>
</tr>
<tr>
<td>Cumulative efficacy over approved period of use</td>
<td>99.3%</td>
<td>99.27%</td>
<td>99.1%</td>
<td>98.6%</td>
<td>&gt;99%</td>
</tr>
</tbody>
</table>

LARC

Long acting reversible contraception

ACOG and AAP recommend IUD contraceptive implants be considered a first line method
Emergency Contraception

Methods used after intercourse to prevent pregnancy

Discuss with patients during routine visits

Methods that don’t work - douching

Wishing and Hoping
Emergency Contraception

No age restriction no need for prescription-males or female

1-888- NOT 2 LATE
Emergency Contraception Indications

Unprotected sexual intercourse

Condom breakage or comes off

Sexual assault

Late DMPA, >2 missed pills, or late patch and unprotected sexual intercourse
Emergency Contraception

EC - works by disrupting the timing of ovulation or preventing fertilization of an ovulated egg

It is not an abortifacient - abortion-inducing drug
Emergency Contraception-Option

EC pills (75% - 89% efficacy) - delays ovulation

Copper IUD (99% efficacy) - inhibit fertilization

EC pill treatment - within 72 hours

May be effective up to 120 hours (5 days) after unprotected intercourse

Yuzpe method – up to 72 hours after unprotected intercourse
# What's the Best Emergency Contraception for You?

<table>
<thead>
<tr>
<th></th>
<th>Best</th>
<th>Very good</th>
<th>Good</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Effectiveness</strong></td>
<td><strong>Best</strong></td>
<td><strong>Very good</strong></td>
<td><strong>Good</strong></td>
</tr>
<tr>
<td><strong>When to Use</strong></td>
<td>Up to 5 days after unprotected sex.</td>
<td>Up to 5 days after unprotected sex.</td>
<td>Up to 3 days after unprotected sex. Less effective on days 4 and 5, but you can still use it.</td>
</tr>
<tr>
<td><strong>Who Can Use</strong></td>
<td>All women.</td>
<td>All women (unless breastfeeding).</td>
<td>All women. Less effective for women with a BMI over 25. May not work for women with a BMI over 35.</td>
</tr>
<tr>
<td><strong>How to Get</strong></td>
<td>Inserted by a doctor or nurse at a health center.</td>
<td>By prescription from a doctor or nurse.</td>
<td>Plan B One Step: Anyone can get it over the counter (OTC) from a drugstore or health center. All other brands: 17 or older can get it OTC, 16 and younger need a prescription.</td>
</tr>
<tr>
<td><strong>Extra Information</strong></td>
<td>Provides very effective ongoing birth control for up to 12 years.</td>
<td>After using, use back up birth control (like a condom) for 14 days.</td>
<td>Do not use if you've already used ella since your last period.</td>
</tr>
</tbody>
</table>
Twenty-one brands of oral contraceptives that can be used for emergency contraception (EC) in the United States

<table>
<thead>
<tr>
<th>Brand</th>
<th>Company</th>
<th>Pills per dose*</th>
<th>Ethinyl Estradiol per dose, microgram</th>
<th>Levonorgestrel per dose, mg*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan B</td>
<td>Barr</td>
<td>1 white pill</td>
<td>0</td>
<td>0.75</td>
</tr>
<tr>
<td>Ovral</td>
<td>Wyeth-Ayerst</td>
<td>2 white pills</td>
<td>100</td>
<td>0.50</td>
</tr>
<tr>
<td>Ogestrel</td>
<td>Watson</td>
<td>2 white pills</td>
<td>100</td>
<td>0.50</td>
</tr>
<tr>
<td>Cryselle</td>
<td>Barr</td>
<td>4 white pills</td>
<td>120</td>
<td>0.60</td>
</tr>
<tr>
<td>Levora</td>
<td>Watson</td>
<td>4 white pills</td>
<td>120</td>
<td>0.60</td>
</tr>
<tr>
<td>Lo/Ovral</td>
<td>Wyeth-Ayerst</td>
<td>4 white pills</td>
<td>120</td>
<td>0.60</td>
</tr>
<tr>
<td>Low-Ogestrel</td>
<td>Watson</td>
<td>4 white pills</td>
<td>120</td>
<td>0.60</td>
</tr>
<tr>
<td>Levlen</td>
<td>Berlex</td>
<td>4 light orange pills</td>
<td>120</td>
<td>0.60</td>
</tr>
<tr>
<td>Nordette</td>
<td>Wyeth-Ayerst</td>
<td>4 light orange pills</td>
<td>120</td>
<td>0.60</td>
</tr>
<tr>
<td>Portia</td>
<td>Barr</td>
<td>4 pink pills</td>
<td>120</td>
<td>0.60</td>
</tr>
<tr>
<td>Seasonale</td>
<td>Barr</td>
<td>4 pink pills</td>
<td>120</td>
<td>0.60</td>
</tr>
<tr>
<td>Trivora</td>
<td>Watson</td>
<td>4 pink pills</td>
<td>120</td>
<td>0.50</td>
</tr>
<tr>
<td>Tri-Levlen</td>
<td>Berlex</td>
<td>4 yellow pills</td>
<td>120</td>
<td>0.50</td>
</tr>
<tr>
<td>Triphasil</td>
<td>Wyeth-Ayerst</td>
<td>4 yellow pills</td>
<td>120</td>
<td>0.50</td>
</tr>
<tr>
<td>Enpresse</td>
<td>Barr</td>
<td>4 orange pills</td>
<td>120</td>
<td>0.50</td>
</tr>
<tr>
<td>Alesse</td>
<td>Wyeth-Ayerst</td>
<td>5 pink pills</td>
<td>100</td>
<td>0.50</td>
</tr>
<tr>
<td>Lessina</td>
<td>Barr</td>
<td>5 pink pills</td>
<td>100</td>
<td>0.50</td>
</tr>
<tr>
<td>Levite</td>
<td>Berlex</td>
<td>5 pink pills</td>
<td>100</td>
<td>0.50</td>
</tr>
<tr>
<td>Lutera</td>
<td>Watson</td>
<td>5 white pills</td>
<td>100</td>
<td>0.50</td>
</tr>
<tr>
<td>Aviane</td>
<td>Barr</td>
<td>5 orange pills</td>
<td>100</td>
<td>0.50</td>
</tr>
<tr>
<td>Ovrette</td>
<td>Wyeth-Ayerst</td>
<td>20 yellow pills</td>
<td>0</td>
<td>0.75</td>
</tr>
<tr>
<td>Jolessa</td>
<td>Barr</td>
<td>4 pink pills</td>
<td>120</td>
<td>0.60</td>
</tr>
<tr>
<td>Lybrel</td>
<td>Wyeth-Ayerst</td>
<td>6 yellow pills</td>
<td>120</td>
<td>0.54</td>
</tr>
<tr>
<td>Quasense</td>
<td>Watson</td>
<td>4 white pills</td>
<td>120</td>
<td>0.60</td>
</tr>
<tr>
<td>Seasonique</td>
<td>Duramed</td>
<td>4 blue-green pills</td>
<td>120</td>
<td>0.60</td>
</tr>
</tbody>
</table>

* The treatment schedule is one dose as soon as possible after unprotected intercourse, and another dose 12 hours later. However, recent research has found that both doses of Plan B or Ovrette can be taken at the same time.

- The progestin in Cryselle, Lo/Ovral, Low-Ogestrel, Ogestrel, Ovral, and Ovrette is norgestrel, which contains two isomers, only one of which (levonorgestrel) is bioactive; the amount of norgestrel in each tablet is twice the amount of levonorgestrel. Levonorgestrel regimens also can be formulated by substituting double the amount of norgestrel as is indicated for levonorgestrel.

A Plan B is the only dedicated product specifically marketed for emergency contraception in the United States. Preven, a combined emergency contraception pill, is no longer available for the US market.

Ella® - Mechanism of Action

Postpones follicular rupture

Likely primary mechanism of action of ulipristal acetate for emergency contraception is therefore inhibition or delay of ovulation; however, alterations to the endometrium that may affect implantation may also contribute to efficacy.
Contraception

[Images of contraceptives, including pills, IUDs, and Depo-Provera injection]

[College of Human Medicine, Michigan State University logo]
Access to Condoms - Medicaid

You may prescribe condoms
You can prescribe

MEDICAID ACCESS TO CONDOMS POCKET CARD

MDCH Medicaid Provider Manual (p.28)
14.5 Family Planning Supplies
14.5A Condoms

Condoms do not require a prescription. A pharmacy may provide condoms at the beneficiary’s request. Both males and females are eligible to receive condoms.

As a Medicaid beneficiary, I am eligible to receive a box of 12 condoms up to 3 times in a month.
Female Condoms

Prevention of pregnancy or STI

Female empowerment

May not be user friendly or comfortable

“Squeaking” during intercourse
Prevention of pregnancy and STIs

Variable failure rates

- Breakage
- Slippage

Educate on placing and removal

Polyurethane condoms

- Patients with latex allergy

Various types - texture, sizes, scented, flavored

Advise against the use of natural skin condoms

Medicaid will cover & you can order in EPIC!!!
Non-contraceptive Uses

Menstrual irregularity
Dysfunctional Uterine Bleeding
Dysmenorrhea
Premenstrual syndrome
Polycystic Ovarian Syndrome
Headache- Catamenial – Headache without Aura
Seizure decreased frequency & decreased sickle crises with Depoprovera

Acne
Ovarian cysts
Endometriosis
Menstrual Suppression
Patients with physical and mental disabilities
Resources

Bedsider.org

Alan Guttmacher Institute

CDC-United States Medical Eligibility Criteria (US MEC) for Contraceptive Use-

Contraceptive Technology-Hatcher, et al.

UpToDate
Friends are like condoms, they protect you when things get hard.