Learning Objectives

• Review:
  • Relevant statistics in NY and the US
  • Confidentiality in NY State
  • Female Reproductive Anatomy and Physiology

• Categorize contraception methods based on efficacy

• Explain:
  • Mechanism of action of each method
  • How each method is used
  • Duration of method
  • Common side effects of each method
  • Strategies to improve contraception initiation and use
U.S. adolescent pregnancy rates in 2013
Pregnancy rates among U.S. adolescents vary widely by state

Pregnancies per 1,000 women aged 15-19:
- 22-33
- 34-38
- 39-43
- 44-48
- 49-62

gu.tt/AdolescentPregnancy2013 ©2017
Rates of pregnancy among U.S. adolescents and young women reached historic lows in 2013

Rate per 1,000 women

The majority of adolescent pregnancies occur among 18–19-year-olds

@2017
Pregnancy rates have declined among black, Hispanic and white adolescents, but differences persist

Pregnancies per 1,000 women aged 15-19

250

200

150

100

50

0

1991 1993 1995 1997 1999 2001 2003 2005 2007 2009 2011 2013

gu.tt/AdolescentPregnancy2013 ©2017
# Sexual Activity: NY and the U.S.

<table>
<thead>
<tr>
<th>YRBS Question</th>
<th>NY</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>% students who ever had sex</td>
<td>30.3</td>
<td>38.4</td>
</tr>
<tr>
<td>% students who are currently sexually active (had sex with at least one person within past 3 months)</td>
<td>22.2%</td>
<td>27.4%</td>
</tr>
<tr>
<td>Did Not Use Birth Control Before Last Sexual Intercourse</td>
<td>67.8</td>
<td>69.1</td>
</tr>
<tr>
<td>Did not use any method to prevent pregnancy during last Sexual Intercourse</td>
<td>15.5</td>
<td>11.9</td>
</tr>
<tr>
<td>Did not use condom plus other method before last sex</td>
<td>17.5</td>
<td>21.2</td>
</tr>
</tbody>
</table>

Youth Risk Behavior Survey, 2019
Female Reproductive Anatomy

- Fallopian tube
- Uterus
- Ovary
- Cervix
- Internal os
- External os
- Vagina
- Labium minus
Menstrual Cycle

Part One

2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

Hormonal Activity

Egg sac grows

Egg released

Egg sac breaks apart

Part Two

Flow

Lining of uterus thickens

Lining continues to thicken

Lining starts to break down

Sequence of major changes in a menstrual cycle that is 28 days long.
Minor’s Rights to Confidential Reproductive Care in New York State

A minor who understands the risks and benefits of proposed and alternative treatments can consent to reproductive health care including:

- Pregnancy test
- Contraception
- Emergency contraception
- Abortion
- Pregnancy/prenatal care
- Labor and delivery
- STI testing and treatment

Non-Coercive Contraceptive Options Counseling

High-quality contraceptive counseling requires:

• asking open ended questions
• active listening
• presenting multiple options
• using written materials
• honoring patient’s preferences

We must demonstrate that we respect our patients as individuals and value their reproductive autonomy.

## Contraceptive Options

<table>
<thead>
<tr>
<th>Duration</th>
<th>Type</th>
<th>Hormone</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-12 years</td>
<td>IUD</td>
<td>Y/N Progestin/Copper</td>
</tr>
<tr>
<td>4 Years</td>
<td>Implant</td>
<td>Y Progestin only</td>
</tr>
<tr>
<td>3 Months</td>
<td>Injection</td>
<td>Y Progestin only</td>
</tr>
<tr>
<td>Monthly</td>
<td>Ring</td>
<td>Y Estrogen and progestin</td>
</tr>
<tr>
<td>Weekly</td>
<td>Patch</td>
<td>Y Estrogen and progestin</td>
</tr>
<tr>
<td>Daily</td>
<td>Combined pills</td>
<td>Y Estrogen and progestin</td>
</tr>
<tr>
<td>Daily</td>
<td>Progestin only Pill</td>
<td>Y Progestin only</td>
</tr>
<tr>
<td>Each sex</td>
<td>M/F condom</td>
<td>N</td>
</tr>
<tr>
<td>Each sex</td>
<td>Emergency Contraception (EC)</td>
<td>Y Progestin/Ulipristal Acetate</td>
</tr>
</tbody>
</table>
Tiers of contraceptive effectiveness

HOW WELL DOES BIRTH CONTROL WORK?

Really, really well
- The Implant (Nexplanon)
- IUD (Skyla)
- IUD (Mirena)
- IUD (ParaGard)
- Sterilization, for men and women

Works, hassle-free, for up to...
- 3 years
- 3 years
- 5 years
- 12 years
- Forever

Less than 1 in 100 women

Okay
- The Pill
- The Patch
- The Ring
- The Shot (Depo-Provera)

For it to work best, use it...
- Every week
- Every month
- Every 3 months

6-9 in 100 women, depending on method

Not so well
- Withdrawal
- Diaphragm
- Fertility Awareness
- Condoms, for men and women

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

12-24 in 100 women, depending on method

FYI, without birth control, over 90 in 100 young women get pregnant in a year.
LARC: Long Acting Reversible Contraception

- 2 Methods:
  - IUD
  - Implant

- Safe, highly effective, long-acting
- Cost effective
- Rapid return of fertility
- Increasing use among adolescents


IUDs

Long-acting, reversible, and user-independent

**Progestin**
- **What:** T-shaped plastic shaped rod
- **How to use:** Provider places in uterus
- **Mechanism:** Inhibits fertilization
- **Starts working:** in 7 days
- **Benefits:** Reduced cramping and bleeding
- **Duration:** 3-6 years (3-7 off label)
- **Common Side effects:** Amenorrhea

**ParaGard: copper (no hormone)**
- **What:** T-shaped plastic rod
- **How to use:** Provider places in uterus
- **Mechanism:** Inhibits fertilization
- **Starts working:** immediately
- **Benefits:** no hormone
- **Duration:** 10 years
- **Common Side effects:** Increased cramping and bleeding

<table>
<thead>
<tr>
<th>IUD</th>
<th>Hormone</th>
<th>Length of use</th>
<th>benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mirena</td>
<td>52 mg Levonogestrel</td>
<td>6 years (7 off label)</td>
<td>Approved to treat heavy painful periods</td>
</tr>
<tr>
<td>Lilletta</td>
<td>52 mg Levonogestrel</td>
<td>3 years (5 off label)</td>
<td>Lower cost</td>
</tr>
<tr>
<td>Kyleena</td>
<td>19.5 mg Levonogestrel</td>
<td>5 years</td>
<td>Slightly smaller</td>
</tr>
<tr>
<td>Skyla</td>
<td>13.5 mg Levonogestrel</td>
<td>3 years</td>
<td>Slightly smaller</td>
</tr>
</tbody>
</table>
IUD placement: basic steps

Exam: determine position of uterus
Place speculum, clean and stabilize cervix
Measure length of uterus
Adjust IUD insertion tube to measurement of the uterus
Place IUD using IUD insertion tube
IUD strings are trimmed to 3 cm

Approximate length of insertion procedure: 5 minutes
IUD Removal

Place the speculum

Visualize and grab the strings

Remove IUD
Implant: NEXPLANON™
Long-acting, reversible, and user-independent

What: thin plastic rod; brand name: NEXPLANON

How to Use: Inserted under the skin of upper arm by a healthcare provider

Mechanism: Inhibits ovulation

Starts working: Use back up method for 7 days after insertion

Duration: 3 years (4 Years/soon to be 5 years off label)

Common side effects:
- change in bleeding pattern
- irregular bleeding/nuisance bleeding
- amenorrhea

NEXPLANON™ Insertion

Approximate length of insertion procedure: 30 seconds

Position the arm
Measure arm for insertion site
Clean the insertion site
Numb the insertion site
Open implant insertion device
Place implant using insertion device
Palpate implant
Place pressure bandage
Nexplanon Removal

Satisfied: a new implant can be placed on day of removal
Unsatisfied: provider will remove implant at any time; can start any other method the day of removal

Approximate length of removal procedure: 3 minutes
Injection: Depo-Provera

Somewhat long-acting, reversible, and somewhat user dependent

What: intramuscular injection of progestin

How to use: provider gives injection in arm or buttock

Duration: 3 months (12 weeks)

Mechanism: inhibits ovulation

Starts working: use condom for 7 days after initial injection

Side Effects:

Bleeding: irregular menses 3-6 months then amenorrhea

Other: hair loss, weight gain, reversible decreased bone density

<table>
<thead>
<tr>
<th>Depo</th>
<th>If more than 4 weeks late:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• use condoms for next 7 days</td>
</tr>
<tr>
<td></td>
<td>• Use EC within 5 days of unprotected sex</td>
</tr>
</tbody>
</table>
Vaginal Ring: NuvaRing®

• **What:** small flexible unfitted ring with estrogen and progestin

• **How to use:** adolescent places in vagina once a month

• **Duration:** 3 weeks

• **Mechanism:** inhibits ovulation

• **Starts working:** depends on cycle; use back up for 7 days

• **Benefits:** more regular, lighter and shorter menses, lower risk of uterine and ovarian cancer

• **Common side effects:**
  - Estrogen related: breast tenderness, nausea, headaches
  - Progestin related: bloating, spotting

Placing and Removing Ring

Insertion

Removal

Vaginal Ring

Use back-up method for 7 days if:
- ring has been in >5 weeks
- falls out and is not reinserted within 3 hours
- ring has been out >7 days
Transdermal Patch: OrthoEvra®

What: beige-colored adhesive patch with estrogen and progestin

How to use: adolescent places a patch on clean dry skin weekly

Duration: 1 week (9 days of hormone in each patch); change weekly

Mechanism: inhibits ovulation

Starts working: depends on cycle; use back up for 7 days

Benefits: more regular, lighter and shorter menses, lower risk of uterine and ovarian cancer

Common side effects: first 2-3 months: nausea, spotting between periods, breast tenderness

Placing the Patch

Use back-up method for 1 week if:
- Patch falls off and is not reattached within 24 hours
- Patch has been on >9 days
- Off > 7 days

Transdermal Patch

Upper torso (excluding breasts)
Buttock
Upper outer arm
Abdomen
Combined Oral Contraceptives

• **What:** small pill containing estrogen and progestin

• **How to use:** take one pill at the same time daily

• **Duration:** 1 day

• **Mechanism:** inhibits ovulation

• **Starts working:** depends on cycle; use back up for 7 days

• **Benefits:** more regular, lighter and shorter menses, lower risk of uterine and ovarian cancer

• **Common side effects:** first 2-3 months: nausea, spotting between periods, breast tenderness

## Combined Oral Contraceptive Pills

| **Oral Contraceptive Pills** | Forgot 1 pill: take missed pill ASAP, continue pack as directed  
Forgot 2 or more pills:  
• take last missed pill ASAP, continue pack as directed  
• Use back up for 7 days |

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**UNIVERSITY of ROCHESTER**
**MEDICAL CENTER**
Golisano Children's Hospital
Progestin-Only Oral Contraceptives

• **What:** small pill containing progestin

• **How to use:** take one pill at the **same time daily:** no placebo week

• **Duration:** 1 day

• **Mechanism:** inhibits ovulation

• **Starts working:** depends on cycle; use back up for 7 days

• **Benefits:** more regular, lighter and shorter menses, lower risk of uterine and ovarian cancer

• **Common side effects:** first 2-3 months: nausea, spotting between periods,

<table>
<thead>
<tr>
<th>Progestin Only Pill</th>
<th>Forgot one pill: take ASAP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If &gt;3 hours late: use condoms for 7 days</td>
</tr>
<tr>
<td></td>
<td>Forgot 2 pills: take ASAP, continue pack as directed and use condoms for 7 days</td>
</tr>
</tbody>
</table>

Penile Condom

• **What:** single-use protective sheath placed over the penis

• **Mechanism:** barrier method; blocks sperm from reaching the egg

• **Benefits:** one of 2 methods that protects against STIs

Vaginal Condom

• **What:** single use loose thin tube with:
  - closed end with inner ring that covers the cervix
  - open end with outer ring that stays outside the vagina

• **Mechanism:** barrier method; blocks sperm from reaching the egg

• **Benefits:** one of 2 methods that protects against STIs

Inserting and Removing Vaginal Condom
Phexxi Contraceptive Gel

• Phexxi works by keeping the vaginal pH within the vagina’s normal pre-sex range, counteracting the influence of the semen and incapacitating the sperm.

• Phexxi comes in a box of 12 pre-filled applicators, each with a 5-gram dose.

• One dose is inserted into the vagina up to an hour (60 minutes) before having penis-in-vagina sex.

• Phexxi used on its own (versus in combination with another method) appears to be modestly more effective than N-9 spermicide and internal (female) condoms and modestly less effective than external (male) condoms. It has an estimated 15% failure rate.

• Phexxi can be used on its own or in conjunction with barrier methods such as condoms for increased effectiveness.
Emergency Contraception

• **What:** used after unprotected sex to prevent pregnancy

• **How to use:**
  - take medication within 3-5 days of unprotected sex
  - Have copper IUD placed within 5 days of unprotected sex

• **Mechanism:**
  - **Levonorgestrel (LNG):** high dose progestin that delays ovulation
  - **Ulipristal Acetate:** progesterone receptor modulator

• **Common side effects:** delayed menses, spotting
Emergency Contraception Pill Options

Oral Progestin: Levonogestrel

- Plan B One-Step: 1 pill by mouth
- Plan B: 2 pills by mouth
- Other brands: Next choice, Econtra, EZ, My Way, After Pill, Levonorgestrel
- Effective for 5 days, but most effective within 72 hours
- Over the counter or by prescription
- Less effective if BMI >30

Progesterone receptor antagonist: Ullipristal Acetate

- Current brand name is Ella
- Maintains efficacy over 120 hours (5 days)
- By prescription only
- More effective for people 155-194 pounds
Improving Contraceptive Management: Advanced EC Prescription

Key Points:

- Recommended for all sexually active females not on LARC
- Does not increase risk taking behaviors
- Increases EC use and decreases time to EC use after unprotected sex
- No limit to number of times a patient can use EC
- Not as effective as preventive (before sex) contraception


Assessing Medical Contraindications

The CDC developed the U.S. Medical Eligibility Criteria (MEC) for Contraceptive Use based on the World Health Organization Guidelines for Contraceptive Use.

There are 4 Categories:
1. No restriction (method can be used)
2. Advantages generally outweigh theoretical or proven risks
3. Theoretical or proven risks usually outweigh the advantages
4. Unacceptable health risk (method not to be used)
## U.S. MEC: Categories

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No restriction for the use of the contraceptive method for a woman with that condition</td>
</tr>
<tr>
<td>2</td>
<td>Advantages of using the method generally outweigh the theoretical or proven risks</td>
</tr>
<tr>
<td>3</td>
<td>Theoretical or proven risks of the method usually outweigh the advantages – not usually recommended unless more appropriate methods are not available or acceptable</td>
</tr>
<tr>
<td>4</td>
<td>Unacceptable health risk if the contraceptive method is used by a woman with that condition</td>
</tr>
</tbody>
</table>
# US Medical Eligibility Criteria (US MEC) for Contraceptive Use, 2016

## Pages in this Report

1. **US MEC**  
2. **Introduction**  
3. **Summary of Changes from US MEC, 2010**  
4. **Classifications for Intrauterine Devices**  
5. **Progestin-Only Contraceptives**  
6. **Combined Hormonal Contraceptives**  
7. **Classifications for Barrier Methods**  
8. **Classifications for Fertility Awareness-Based Methods**  
9. **Lactational Amenorrhea Method**  
10. **Coitus Interruptus (Withdrawal)**  
11. **Female and Male Sterilization**  
12. **Classifications for Emergency Contraception**  
13. **Summary of Classifications for Hormonal Contraceptive Methods and Intrauterine Devices**  
14. **Abbreviations and Acronyms**  
15. **Participants**

The United States Medical Eligibility Criteria for Contraceptive Use, 2016 (US MEC) includes recommendations for using specific contraceptive methods by women and men who have certain characteristics or medical conditions. The recommendations in this report are intended to assist health care providers when they counsel women, men, and couples about contraceptive method choice. Notable updates include the addition of recommendations for women with cystic fibrosis.
### Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use

#### Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Sub-Condition</th>
<th>Co-IUD</th>
<th>LNG-IUD</th>
<th>Implant</th>
<th>DMPA</th>
<th>POP</th>
<th>CHC</th>
</tr>
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<tbody>
<tr>
<td>Age</td>
<td></td>
<td>1 C</td>
<td>1 C</td>
<td>1 C</td>
<td>1 C</td>
<td>1 C</td>
<td>1 C</td>
</tr>
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<td>Anatomical abnormalities</td>
<td>a) Distorted uterine cavity</td>
<td>4 4</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Anemia</td>
<td>a) Thalassemia</td>
<td>2 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast cancer</td>
<td>a) Invasive</td>
<td>1 1</td>
<td>1 1</td>
<td>1 1</td>
<td>1 1</td>
<td>1 1</td>
<td>1 1</td>
</tr>
<tr>
<td>Breast disease</td>
<td>a) Invasive</td>
<td>1 1</td>
<td>1 1</td>
<td>1 1</td>
<td>1 1</td>
<td>1 1</td>
<td>1 1</td>
</tr>
<tr>
<td>Cervical cancer</td>
<td>a) Malignant</td>
<td>4 2</td>
<td>4 2</td>
<td>4 2</td>
<td>4 2</td>
<td>4 2</td>
<td>4 2</td>
</tr>
<tr>
<td>Cervical intraepithelial neoplasia</td>
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<td>1 1</td>
<td>1 1</td>
<td>1 1</td>
</tr>
<tr>
<td>Cervical dysplasia</td>
<td>a) Mild (compensated)</td>
<td>1 1</td>
<td>1 1</td>
<td>1 1</td>
<td>1 1</td>
<td>1 1</td>
<td>1 1</td>
</tr>
<tr>
<td>Clotting disorders</td>
<td>a) History of DVT/PE, not receiving anticoagulant therapy</td>
<td>1 1</td>
<td>1 1</td>
<td>1 1</td>
<td>1 1</td>
<td>1 1</td>
<td>1 1</td>
</tr>
<tr>
<td>Deep venous thrombosis (DVT)/Pulmonary embolism (PE)</td>
<td>a) History of DVT/PE, not receiving anticoagulant therapy</td>
<td>1 1</td>
<td>1 1</td>
<td>1 1</td>
<td>1 1</td>
<td>1 1</td>
<td>1 1</td>
</tr>
<tr>
<td>Depressive disorders</td>
<td></td>
<td>1 1*</td>
<td>1 1*</td>
<td>1 1*</td>
<td>1 1*</td>
<td>1 1*</td>
<td>1 1*</td>
</tr>
</tbody>
</table>

#### Key

1. No restriction (method can be used)
2. Theoretical or proven risks usually outweigh theoretical or proven risks
3. Advantages generally outweigh theoretical or proven risks
4. Unacceptable health risk (method not to be used)
Decreasing Barriers to Contraception

- Pregnancy test
- Pelvic exam
- Pap smear
- STI screening

Source: Leeman L. Obstet Gynecol Clin N Am. 2007
Improving Contraceptive Initiation: Quick start

- Starting contraception immediately regardless of LMP or recent sex
- Opportunity to provide contraception at times of high motivation
- Provider will:
  - confirm negative pregnancy test
  - prescribed EC if needed
  - advise to use condoms as back up for 7 days
  - advise continue condom use to prevent pregnancy and STIs

Dual Method Use

• What: Use of a condom plus another contraceptive

• Goal: May dramatically reduce the risk of both pregnancy and STIs
Resources

• guttmacher.org
• cdc.gov
• Reproductiveaccessproject.org
• https://www.cdc.gov/healthyyouth/data/yrbs/factsheets/2019_sexual_trend_yrbs.htm
• bedsider.org
• .youngwomenshealth.org
• youngmenshealthsite.org
UNIVERSITY of Rochester MEDICAL CENTER

Medicine of the Highest Order
Sexually active teens should use condoms to prevent sexually transmitted diseases and consider using another type of birth control to further reduce the risk of pregnancy.

<table>
<thead>
<tr>
<th>Risk of pregnancy with typical use</th>
<th>Type of birth control*</th>
<th>How to use it</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 pregnancy per 100 women in a year</td>
<td><strong>Implant</strong></td>
<td>• Placed by health care provider  • Lasts up to 3 years</td>
</tr>
<tr>
<td></td>
<td><strong>Intrauterine devices (IUDs)</strong></td>
<td>• Placed by health care provider  • Copper IUD — Lasts up to 10 years  • Progestin IUD — Lasts 3–5 years</td>
</tr>
<tr>
<td></td>
<td><strong>Injectable</strong></td>
<td>• Given by health care provider  • 1 shot every 3 months</td>
</tr>
<tr>
<td></td>
<td><strong>Patch</strong></td>
<td>• Apply a new patch each week for 3 weeks (21 total days)  • Don’t wear a patch during the 4th week</td>
</tr>
<tr>
<td></td>
<td><strong>Ring</strong></td>
<td>• Place ring into the vagina yourself  • Keep the ring in your vagina for 3 weeks, and then take it out for 1 week</td>
</tr>
<tr>
<td></td>
<td><strong>Pill</strong></td>
<td>• Swallow a pill every day</td>
</tr>
<tr>
<td></td>
<td><strong>Diaphragm</strong></td>
<td>• Use correctly every time you have sex</td>
</tr>
<tr>
<td></td>
<td><strong>Male condom</strong></td>
<td>• Use correctly every time you have sex</td>
</tr>
<tr>
<td></td>
<td><strong>Female condom</strong></td>
<td>• Use correctly every time you have sex</td>
</tr>
<tr>
<td></td>
<td><strong>Sponge</strong></td>
<td>• Use correctly every time you have sex</td>
</tr>
<tr>
<td></td>
<td><strong>Rhythm method</strong></td>
<td>• Use correctly every time you have sex</td>
</tr>
<tr>
<td></td>
<td><strong>Spermicide</strong></td>
<td>• Use correctly every time you have sex</td>
</tr>
<tr>
<td></td>
<td><strong>Withdrawal</strong></td>
<td>• Use correctly every time you have sex</td>
</tr>
</tbody>
</table>

*The most effective methods also include sterilization, but because this method is very infrequently used by teens, it was not included in the table.*
Extended/Continuous COC Options: Dedicated Products

**Seasonale®**
- 84 days active pills (30mcg EE + 150mcg LNG)
- 7 days inactive placebo pills

**Seasonique®**
- 84 days active pills (30mcg EE + 150mcg LNG)
- 7 days low-dose estrogen pills

**Lybrel®**
- Full year of continuous active pills (20mcg EE + 90mcg LNG)

**Quartette™**
- 42 days: 20mcg EE + 150mcg LNG
- 21 days: 25mcg EE + 150 mcg LNG
- 21 days: 30mcg EE + 150 mcg LNG
- 7 days: 10mcg EE

Anderson et al. 2003; Stewart et al. 2005; Portman. 2012.
How to be reasonably certain that a person 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


Extended Hormonal Contraception

Delays or eliminates menstruation
Menstrual and nonmenstrual benefits

Extended methods:
- Continuous use of COCs, transdermal patch & vaginal ring
- Seasonale®, Seasonique®, Quartette™ & Lybrel®
  - dedicated extended OC regimen

Levonorgestrel Intrauterine System (LNG 13.5 IUS)

- Brand name: Skyla®
- 14 mcg levonorgestrel/day
- Approved for 3 years of use
- Amenorrhea in ~6% of users by 1 year
# US Medical Eligibility Criteria for Contraceptive Use, 2012

**Key:**

1. No restriction (method can be used)
2. Advantages generally outweigh theoretical or proven risks
3. Theoretical or proven risks usually outweigh the advantages
4. Unacceptable health risk (method not to be used)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Sub-condition</th>
<th>Combined pill, patch, ring</th>
<th>Progestin-only pill</th>
<th>Injection</th>
<th>Implant</th>
<th>LNG-IUD</th>
<th>Copper-IUD</th>
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<tbody>
<tr>
<td>Age</td>
<td>Menarche to &lt;40=1</td>
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<td>Menarche to &lt;18=1</td>
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<td>Menarche to &lt;18=2</td>
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<td>Menarche to &lt;18=1</td>
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<td>≥40=2</td>
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<tr>
<td>Anatomic abnormalities</td>
<td>a) Distorted uterine cavity</td>
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<tr>
<td></td>
<td>b) Other abnormalities</td>
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<td>Anemias</td>
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<td>c) Iron-deficiency anemia</td>
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<td>Benign ovarian tumors</td>
<td>(including cysts)</td>
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<td>b) Benign breast disease</td>
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<td>c) Family history of cancer</td>
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<td>d) Breast cancer‡</td>
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<td>i) current</td>
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<td>ii) past and no evidence of</td>
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