

Contraceptive Counseling in Adolescent Girls

Getting the Conversation Started: Open-Ended Questions

- Are you doing anything to prevent against pregnancy?
- Have you used birth control before? Did it work for you?
- What method(s) are you interested in?
- What have you heard?
- What concerns/questions do you have?

Choosing a Method: Targeted Questions

- Do you have a history of any of the following: migraine with aura, clotting disorder/risk, untreated hypertension, untreated hyperlipidemia, CVD/stroke, breast cancer, major surgery with immobilization, vaginal bleeding, liver disease?
YES: Consider progestin-only or non-hormonal contraceptives
- Do you anticipate having trouble remembering to take a pill every day?
YES: Consider IUD, Implanon, Depo-Provera
- Would you feel comfortable if you had to insert your birth control method into your vagina yourself?
NO: Avoid NuvaRing
- Is keeping your birth control method private important to you?
YES: Consider IUD, Depo-Provera
*Note: Withholding birth control is a form of intimate partner violence.
- Would you be okay if you had on and off spotting (instead of a regular monthly period) for as long as you used your birth control method?
NO: Avoid IUD, Implanon
- Would you be okay with your birth control stopping your monthly period for as long as you used it?
YES: Mirena IUD, Implanon, Depo-Provera
NO: Copper IUD, Combined OCP, Ortho Evra, NuvaRing
- Will it be difficult for you to get to a pharmacy or a clinic every 1-3 months?
YES: Consider IUD or Implanon
*Note: Most insurance companies only allow pharmacies to dispense in 1 or 3 month intervals.
- Do you have a preference for spending more money upfront (even if costs less in the long run) versus spending less money every month (even though it may cost more in the long run)?
IUDs cost \$500-\$1000 (last 5-10 years); Implanon costs \$400-\$800 (3 years). Other methods typically have smaller monthly costs.
- Do you currently have any of the following: heavy periods, cramping, other PMS symptoms, acne, or hirsutism?
YES: Consider an option that might alleviate these conditions.

Other Counseling Points

- Condom use: All teens should be counseled to use condoms with every act of intercourse for *STI/HIV prevention*. Counseling in correct use is also helpful: many couples only use condoms immediately before ejaculation, which is not effective for STI or pregnancy prevention. Patients who do not like to use condoms because it “doesn’t feel good” should be encouraged to use lubrication.
- Emergency contraception: Sexually active teens should be given a prescription for Plan B with their prescription for their contraceptive. Emergency contraception is most effective when used within 12 hours; effectiveness is inversely proportional with time interval since unprotected sex. Having a prescription on-hand just in case can eliminate “jumping through hoops” when time is of the essence.
- Side effects: It is important to be thorough in advising teens of the possible side effects with their chosen birth control method. If patients are unaware of *undesirable side effects*, they are more likely to fear that their contraception is bad for their health, decrease trust in their medical provider, and discontinue use. On the other hand, *positive side effects* are associated with increased adherence. Wherever possible, highlight the positive side effects a patient might experience with correct use of a given birth control method.
- Consistency of use: Many teens start and stop taking their birth control as they start and stop relationships. Be aware of this when counseling about starting, stopping, and back-up methods.
- Reactions with other medications: Some antibiotics (Rifampin, Rifabutin), anticonvulsants, HIV medications, and St. John’s Wort may decrease the efficacy of combined hormonal agents.

Addressing Common Concerns

- Does birth control cause weight gain?
Depo-Provera is the only method shown to cause weight gain (average 5 lbs in first year of use).
- Do IUDs cause infertility?
IUDs cannot cause infertility—STIs can. IUDs are safe and effective, and are the most popular form of reversible birth control in the world.
- Do I absolutely have to get a pelvic exam to get birth control?
No. Current research shows that requiring a pelvic exam before prescribing oral contraception poses an unnecessary barrier to contraceptive access.
- Is there a limit to how long I can take birth control?
No. There is no limit to how long one can take birth control.

	Method	What is it? How does it work?	One year failure rate	Pros	Cons	Special Considerations
Intrauterine devices (IUDs)	Levonorgestrel IUS (Mirena)	<u>What:</u> Small, plastic T-shaped device that sits inside uterus <u>How:</u> Thickens cervical mucus, preventing sperm entry into uterus	<1%	-Lasts up to 5 years ; can be removed anytime -Improves menorrhagia -Offers privacy	-Side effects: Irregular bleeding (esp. in first 3-6 months) -Insertion can be uncomfortable	-Very light periods or amenorrhea are safe/expected effects -Contains progestin -Parity is not a factor
	Copper IUD (ParaGard)		<1%	-Lasts up to 10 years ; can be removed anytime -Does not contain hormones -Offers privacy	-Side effects: Heavier bleeding	-Parity is not a factor
Progestin-only	Implant (Implanon)	<u>What:</u> Matchstick-sized plastic rod inserted under the skin of the arm <u>How:</u> Progestin prevents ovulation	<1%	-Lasts up to 3 years ; can be removed anytime	-Side effects: Irregular bleeding (esp. in first 6-12 months) -Can be palpated	-Light/less frequent periods and amenorrhea are safe/expected effects -Does not affect BMD
	Shot (Depo-Provera)	<u>What:</u> Injection every 3 months <u>How:</u> Progestin prevents ovulation	<1% with perfect use; 3-6% with typical use	-Offers privacy	-Side effects: weight gain; exacerbated acne and hirsutism -Associated with bone loss -May exacerbate depression -Requires patient to get to clinic every 3 months	-Amenorrhea is a safe/expected effect -Pronounced delay in return to fertility after last use (median 10 months)
	Progestin-only pills	<u>What:</u> Pill, taken once daily <u>How:</u> Thickens cervical mucus, preventing sperm entry into uterus	<1% with perfect use; 8% with typical use	-Improves menorrhagia, dysmenorrhea	-Must take pill at the same time every day (3 hr window) -Side effects: Irregular bleeding or amenorrhea; exacerbated acne, hirsutism	-Option for patients who cannot take estrogen, have migraine w/ aura -Limited utility with adolescent population (due to stringent timing requirement)
Combined Estrogen and Progestin	Combined OCP	<u>What:</u> Pill taken once daily <u>How:</u> Prevents ovulation	<1% with perfect use; 8% with typical use	-Regular periods -Lessens bleeding and cramping -Reduces PMS symptoms -Improves acne, hirsutism	-Requires patient compliance/attentiveness -Refills dispensed in 1-3 month intervals (pharmacy access critical) -Common side effects: nausea, breast tenderness, spotting -Increased DVT risk (rare: 20-30 per 100,000 per year in adolescents)	-CI: migraines w/ aura; FH of clotting disorders -Some can be used continuously to prevent having a period
	Transdermal Patch (Ortho Evra)	<u>What:</u> Skin patch changed weekly (3 patch weeks followed by 1 patch-free week) <u>How:</u> Prevents ovulation	<1% with perfect use; 8% with typical use			-May be less effective in patients weighing over 198 lbs -May cause skin irritation/rash
	Vaginal Ring (NuvaRing)	<u>What:</u> Vaginal ring changed monthly <u>How:</u> Prevents ovulation	<1% with perfect use; 8% with typical use			-Patient must be comfortable with inserting the ring in her vagina by herself -May increase vaginal discharge -Fewer side effects than other combined E/P methods

Less effective methods (w/ one year failure rates): condoms (2% perfect use, 18% typical use); fertility awareness (25%); sponge (16% for nulliparous women); diaphragm (16%); withdrawal (29%)

References:

Gordom CM, Pitts SAB. Approach to Adolescent Requesting Contraception. *The Journal of Clinical Endocrinology & Metabolism*. 2012; 97:9-15.

Leeman L. Medical Barriers to Effective Contraception. *Obstetrics and Gynecology Clinics of North America*. 2007; 34:19-29.

Planned Parenthood. "Birth Control." 2 March 2012 <<http://www.plannedparenthood.org/health-topics/birth-control-4211.htm>>.

Spencer AL, Bonnema R, McNamara MC. Helping Women Choose Appropriate Hormonal Contraception: Update on Risks, Benefits, and Indications. *The American Journal of Medicine*. 2009; 122:497-506.

Whitaker AK, Gilliam M. Contraceptive Care for Adolescents. *Clinical Obstetrics and Gynecology*. 2008; 51:260-280.

World Health Organization 2009 Medical eligibility criteria for contraceptive use. 4th ed. Geneva: World Health Organization; 1-130.