Adolescent Reproductive and Sexual Health Education Project (ARSHEP)

Essentials of Contraception and Adolescents

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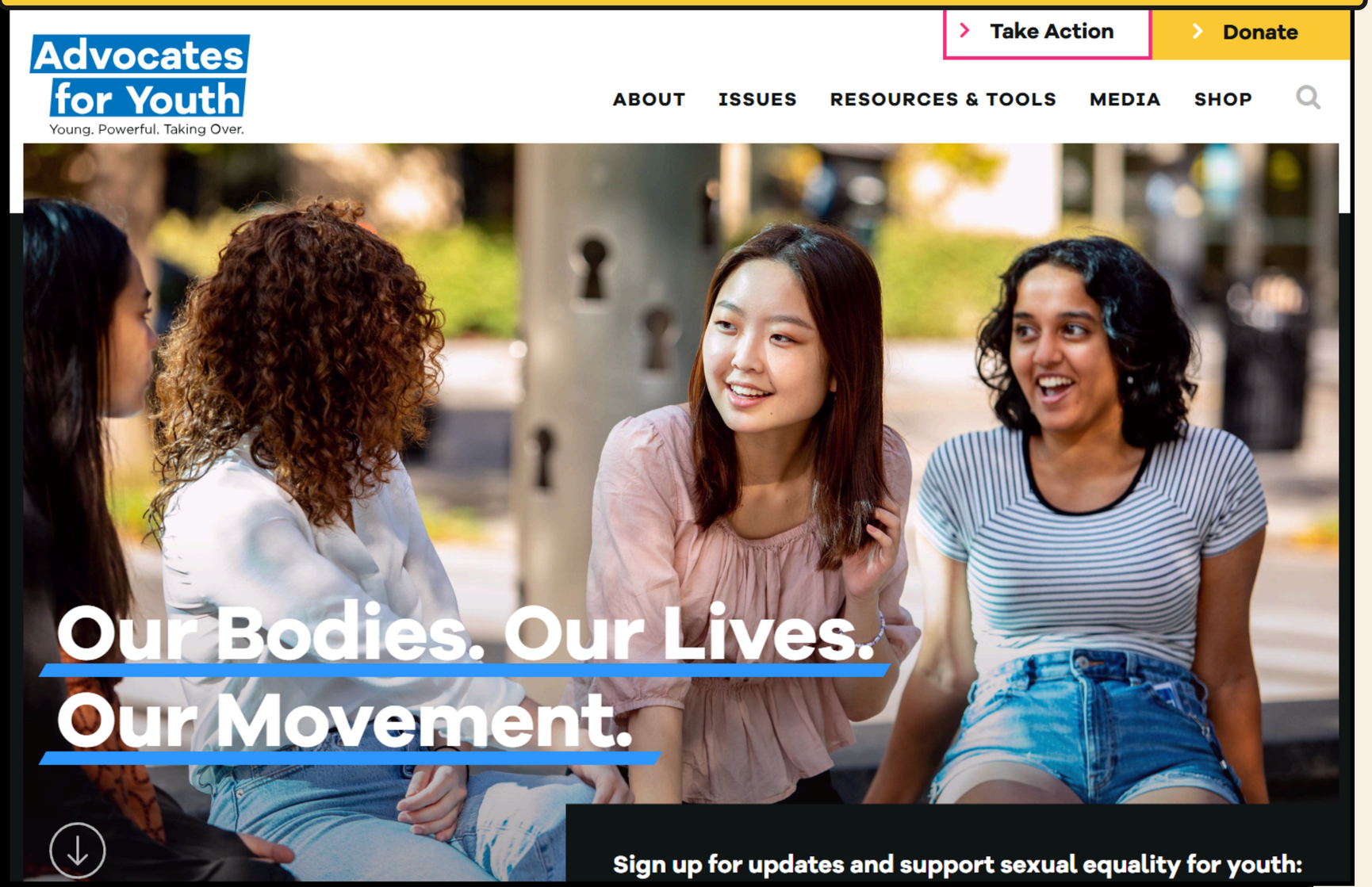

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This presentation was originally created by Physicians for Reproductive Health as part of the ARSHEP curriculum

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Advocates for Youth believes in the use of inclusive language when talking about people and their bodies

Inclusive language includes:

- People with penises/uteruses/vaginas
- Pregnant person
- When they tell you
- Patient/client

We will only be using the words male/female and men/women when referring to the language used directly from a study

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Presenter Photo

Presenter Name

pronouns

Presenter bio, social location, or any other info presenter wants to share about themselves!

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Objectives

1

Review pregnancy trends, rates of sexual activity and contraceptive use among adolescents and young adults

2

Describe available contraceptive methods and advantages/disadvantages of each

3

Discuss tips for initiation and use

4

Dispel common myths

RIGHTS.

Young people have the **right** to accurate, unbiased information about their health and access to the full range of sexual and reproductive healthcare without discrimination or coercion.

RESPECT.

Young people deserve **respect** for their bodily autonomy, their ability to make informed decisions about their own lives and well-being.

RESPONSIBILITY.

Medical providers and healthcare systems have the **responsibility** to provide confidential, accessible, respectful care to youth that is equitable and free from bias.

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AMAZE: Birth Control- The Final Frontier

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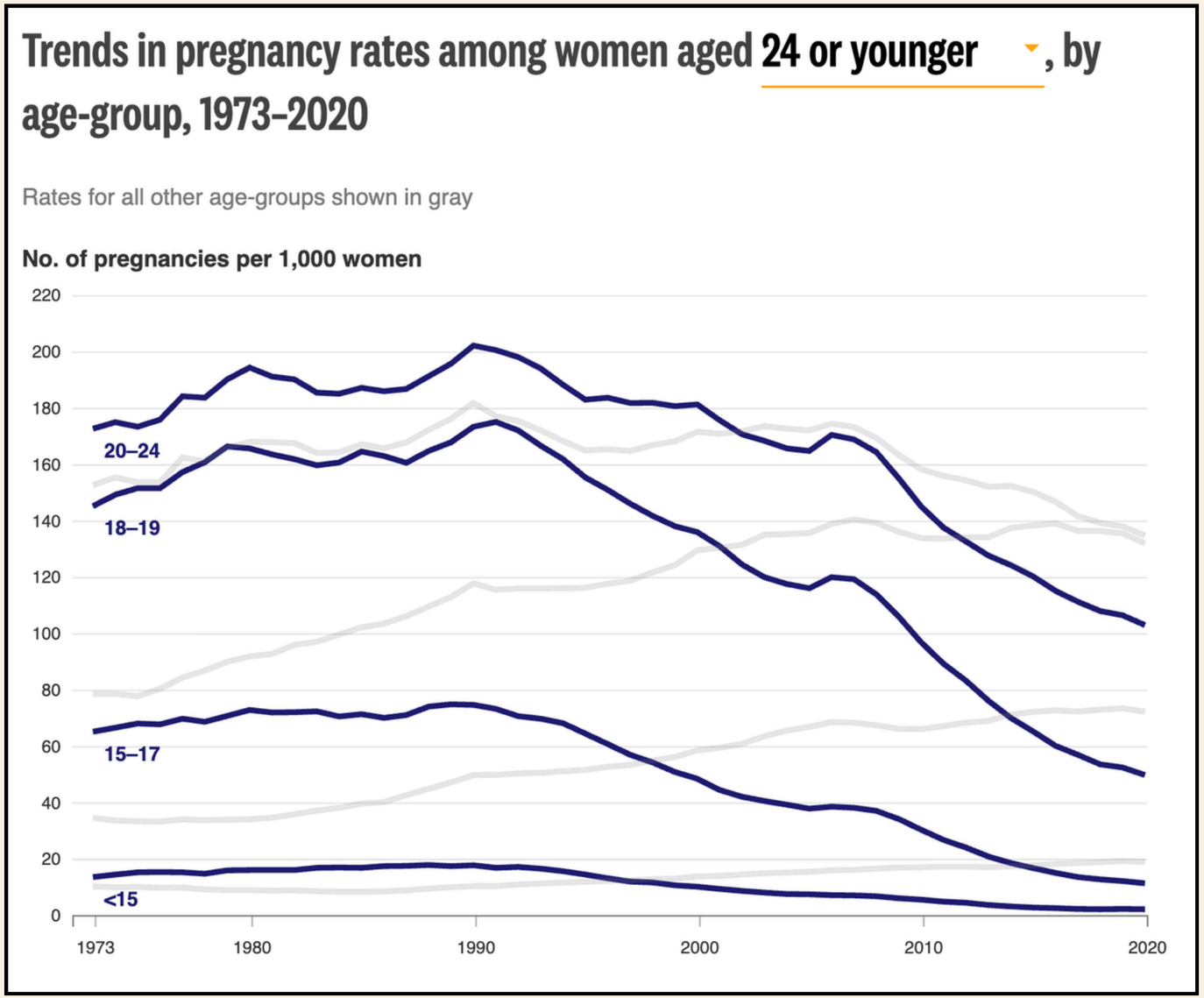
Adolescent pregnancy rate is declining



Chiu et al., 2024

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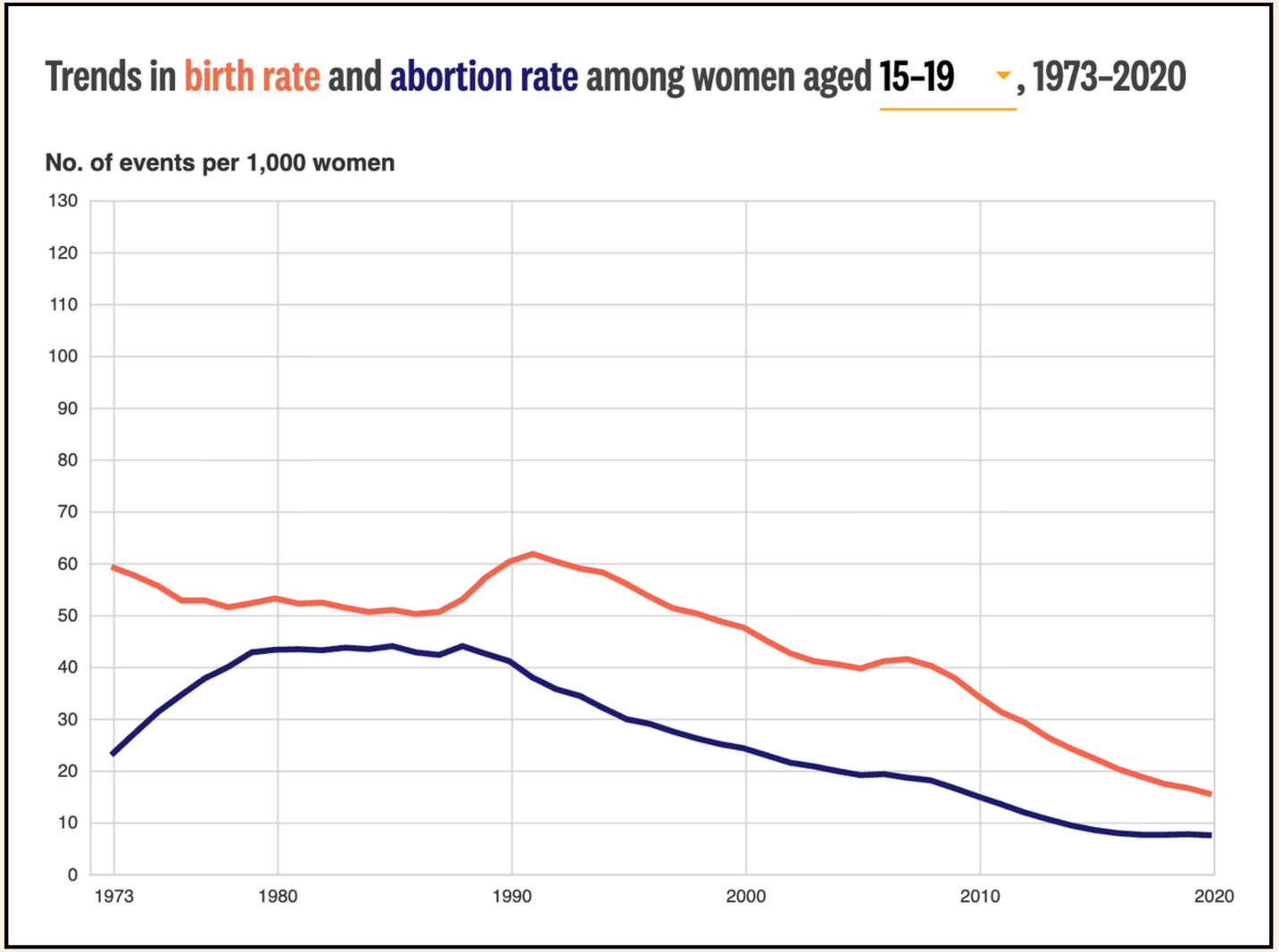
Teen birth and abortion rates are declining



Chiu et al., 2024

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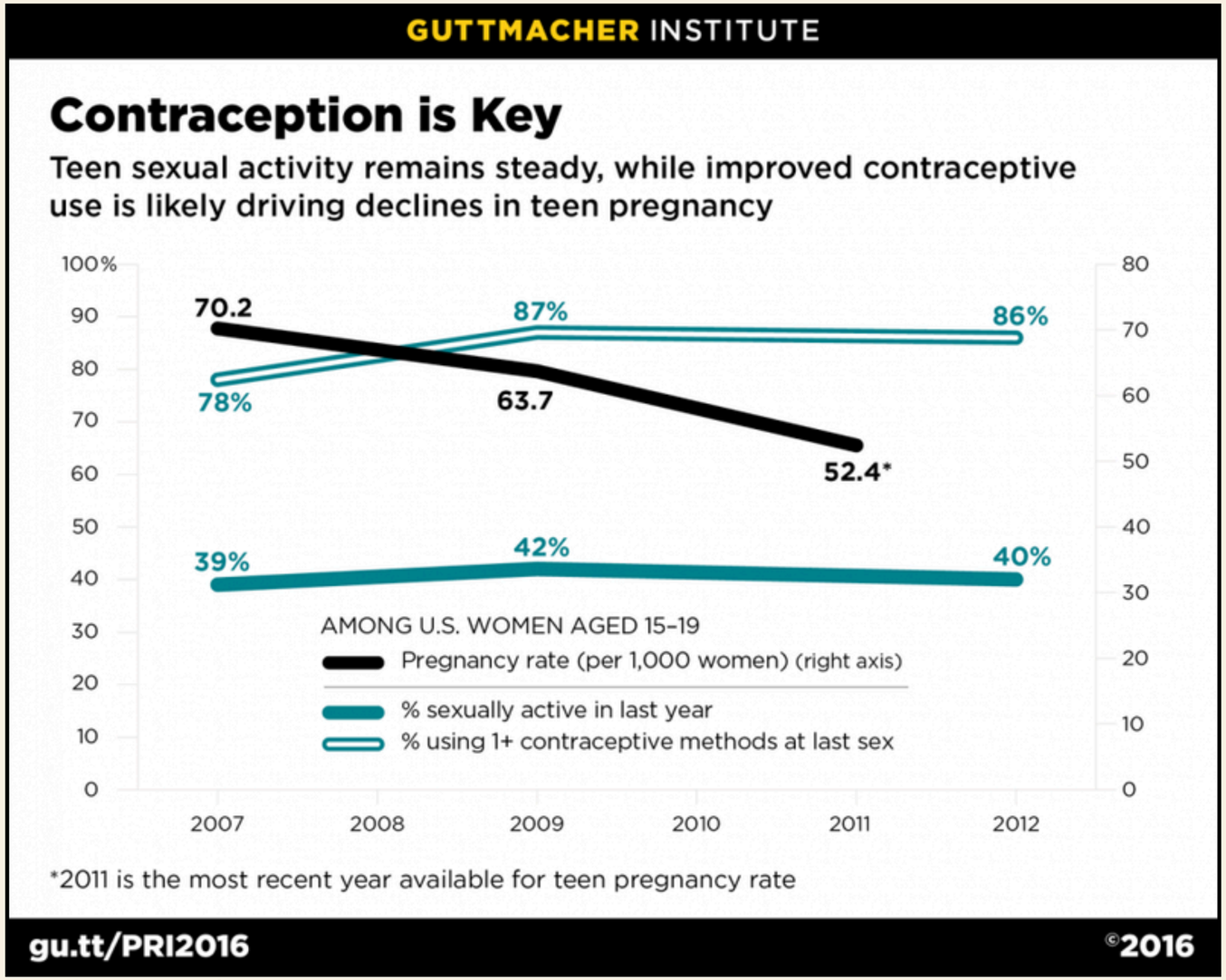

Lindberg et al., 2021

Declines in adolescent pregnancy are primarily due to increased contraceptive use

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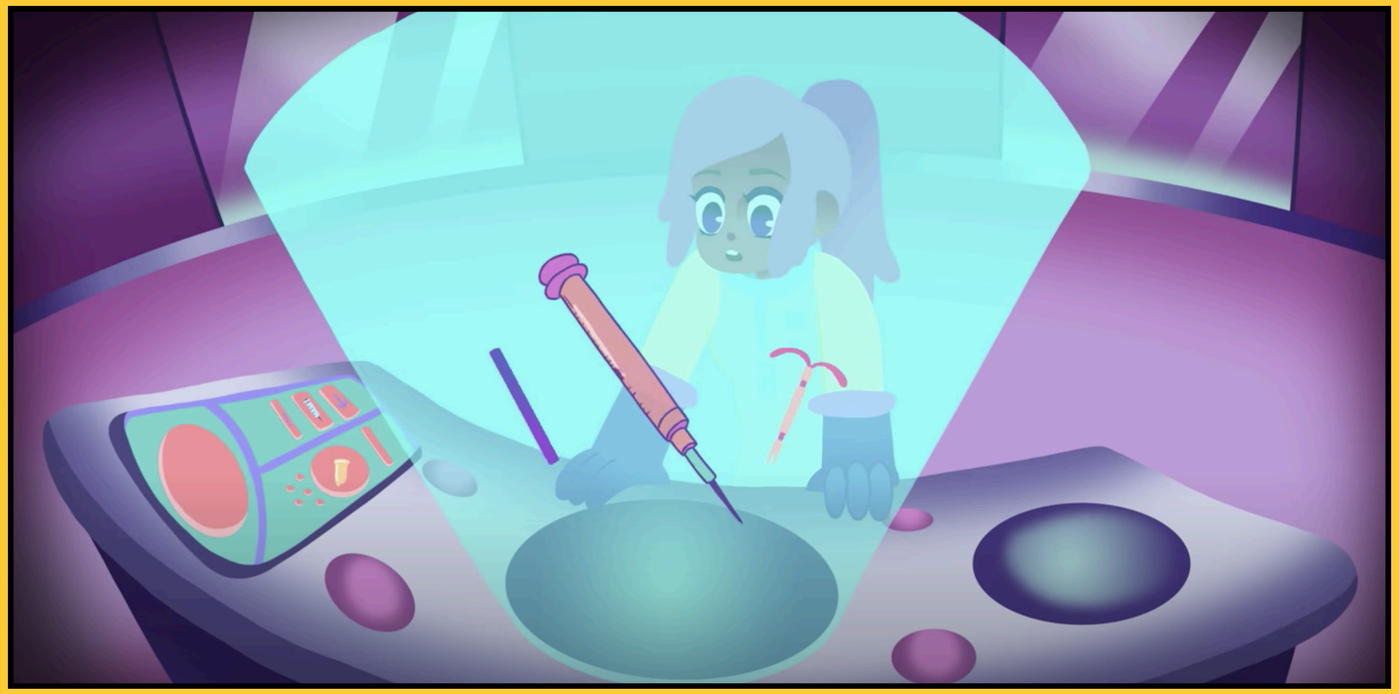
Contraceptive Use

What contraceptives do you think are most used by adolescents?



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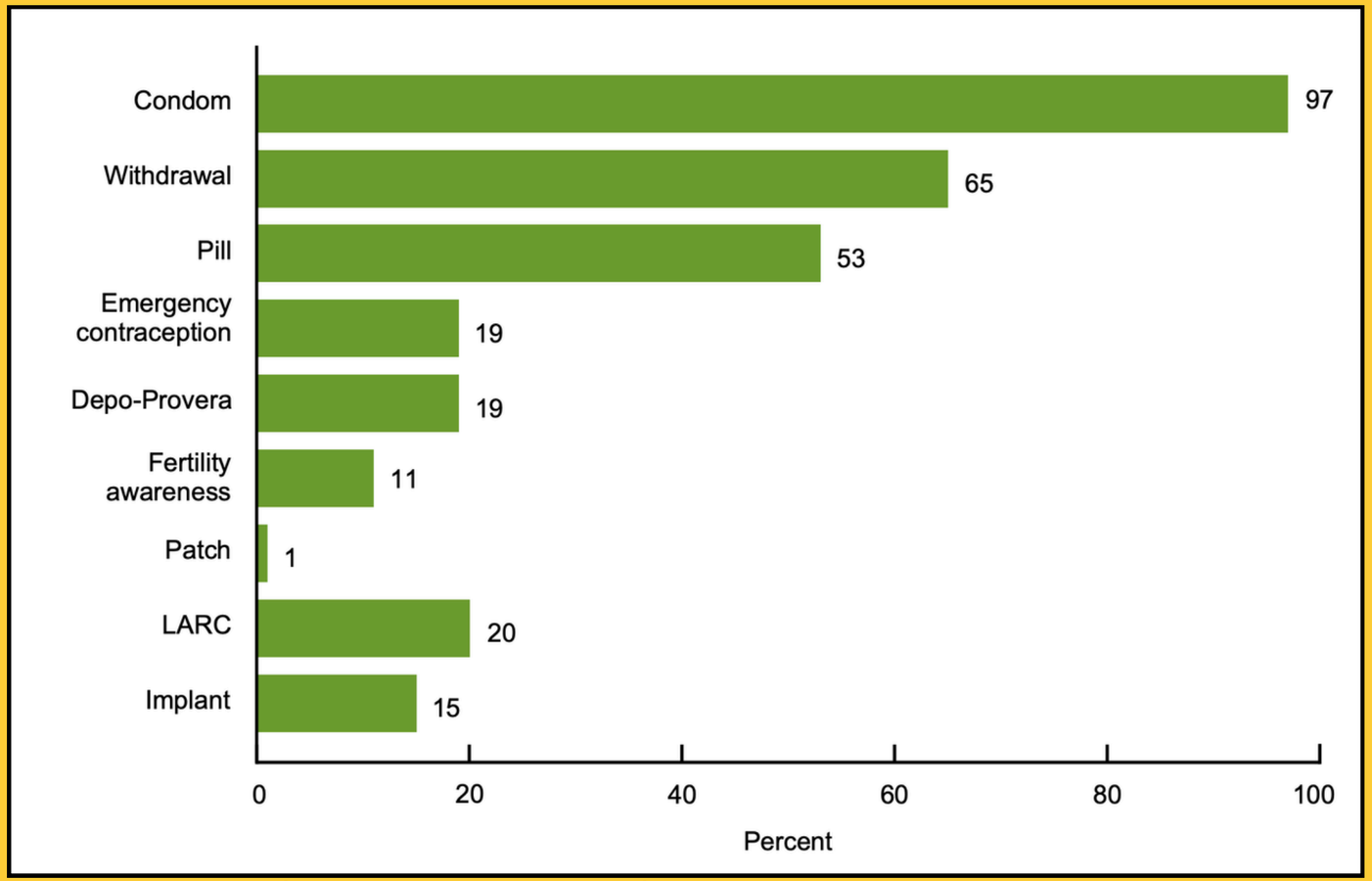

Martinez, 2020 *(Capturing 2015-2017)*

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Contraceptive Use

- According to the 2023 Youth Risk Behavior Survey, **51.9%** of sexually active high school students used a condom at last sex
- In 2019, only **9%** used a condom AND a more effective birth control method the last time they had sex

Szucs et al., 2020

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CASE DISCUSSION

ANGELA

- Angela is a 16-year-old young woman who makes an appointment to discuss birth control. She is not currently in a relationship but she is sexually active.
- Her intake form indicates that she uses external condoms “most of the time”
- What additional information do you need from this patient?

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Medical History

- Menstrual history
- Health history (looking specifically for conditions that may be a contraindication to contraceptive use, such as migraines with aura or deep venous thrombosis)
- History of blood clots
- Prior experiences with contraception

Sexual Health History

- Sexual orientation and gender identity (if patient wants to disclose)
- History of vaginal, anal and oral sex
- Genders and reproductive anatomy of sexual partners
- History of pregnancy and sexually transmitted infections (STIs)
- Use of condoms or other protection against pregnancy and STIs
- History of transactional, unwanted, or coerced sex

Contraceptive knowledge, experience, and preference:

- Knowledge of contraceptive methods available
- Previous use of condoms and contraception
- Positive or negative experiences with previous methods
- Preference – What is most important to the patient?
  - Ex. Hormone-free, private, most effective, etc.
- Non-contraceptive reasons for use
- Childbearing plans and desires
  - Use PATH Framework

PATH Framework

PA

Parenting/Pregnancy Attitudes

Do you think you might like to have (more) children at some point?

T

Timing

When do you think that might be?

H

How Important

How important is it to prevent pregnancy (until then)?

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CASE DISCUSSION

ANGELA

- Angela is a little unsure of her medical history
- She doesn’t have a history of migraines with aura and doesn’t have a history of blood clots
- She is not currently on birth control and she wants to know about her options because she is worried about getting pregnant.

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CASE DISCUSSION

ANGELA

- Angela informs you that she last had unprotected sex two weeks ago.
- You do a urine pregnancy test. The result is negative.

Does she need a pelvic exam before starting a contraceptive method?

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BUT FIRST... A REFLECTION

What are the factors that Angela might consider when choosing a birth control method?

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Common Myths about Contraception

When providers or patients hold misperceptions about the risks associated with contraception, adolescents' choices are unnecessarily limited.

What myths have you heard about contraception?

Let’s explore Angela’s birth control options!

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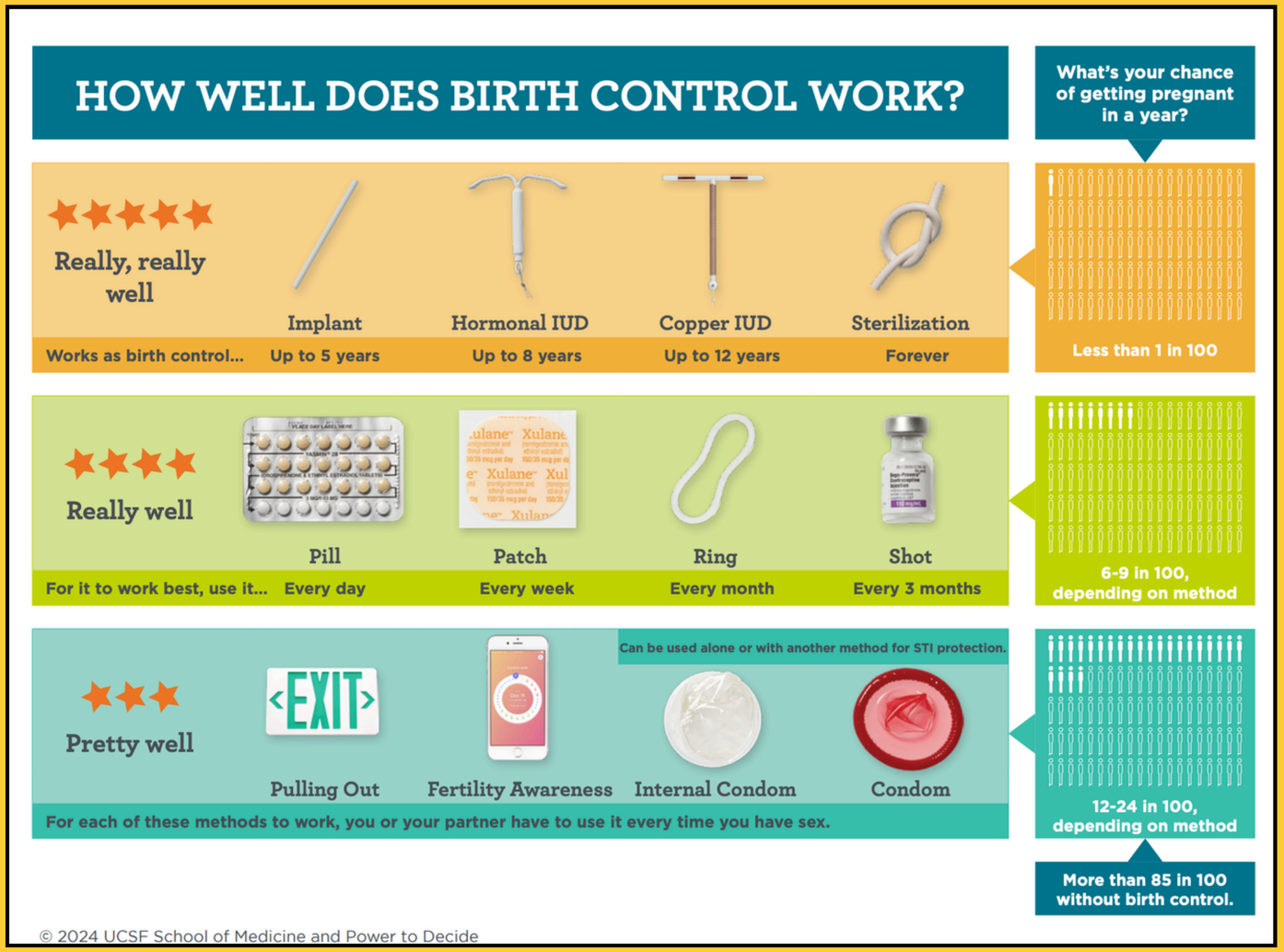
Birth Control Overview



UCSF Beyond the Pill, 2024

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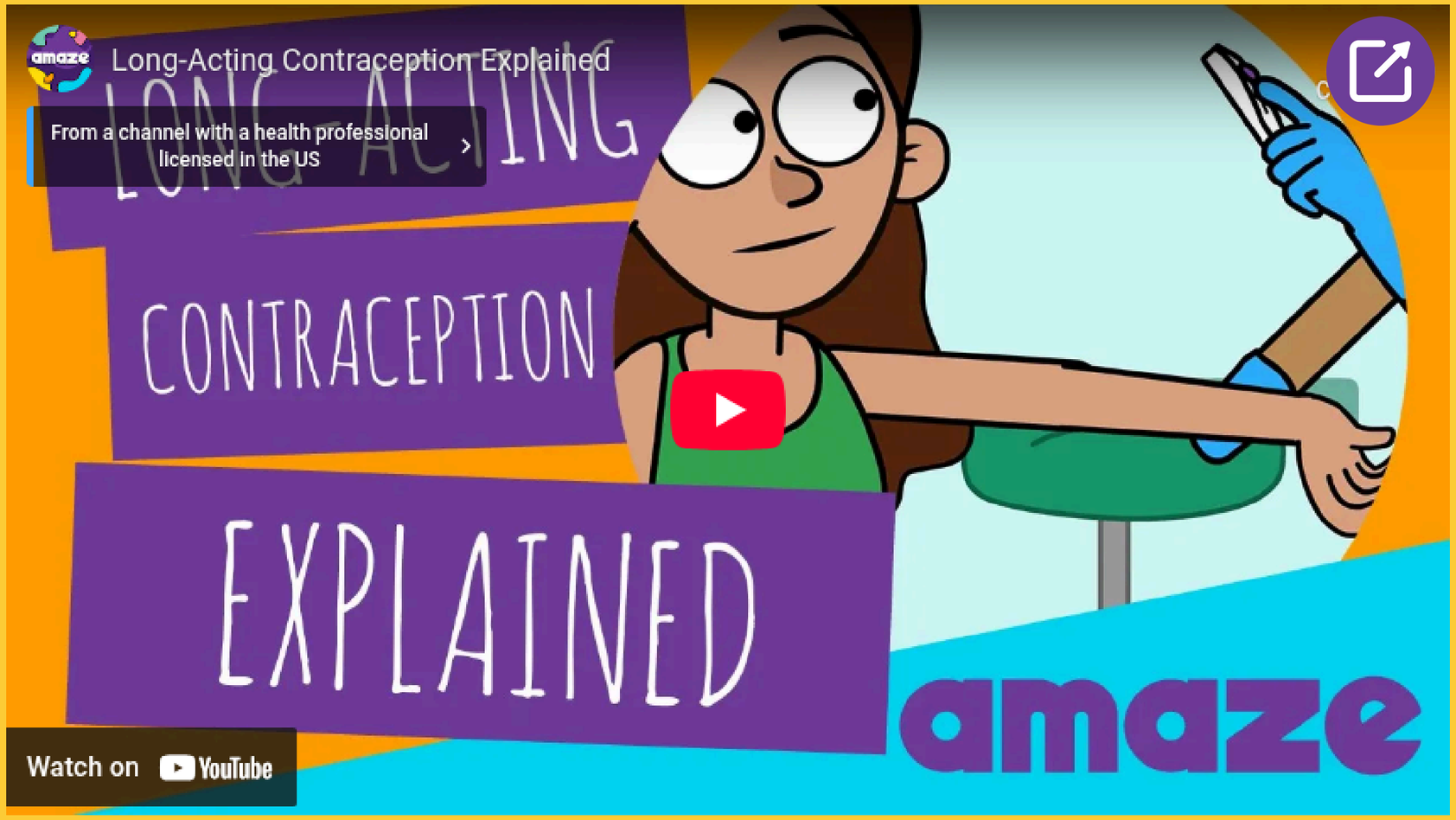
Long-Acting Reversible Contraception (LARC)



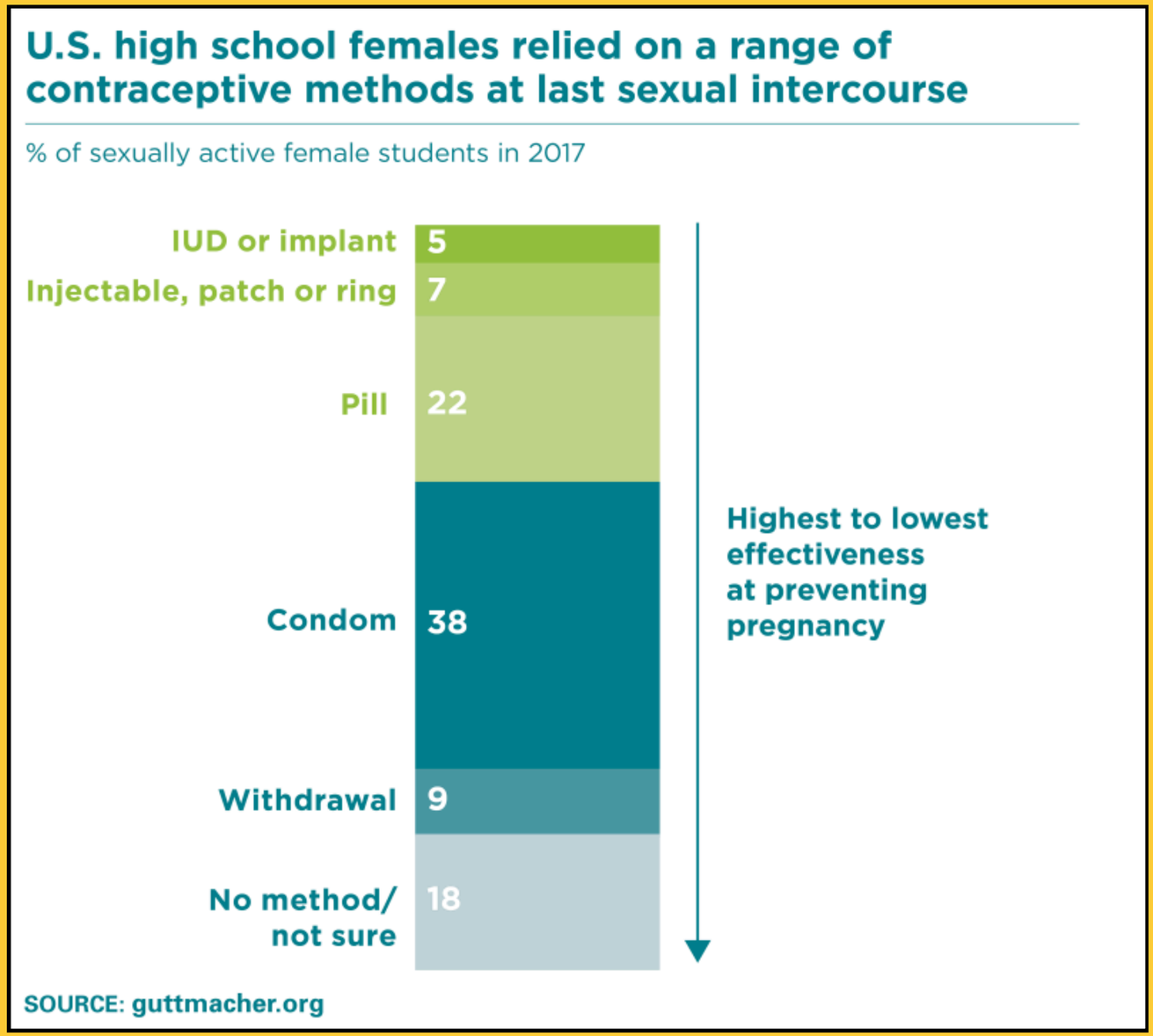
Long-Acting Reversible Contraception (LARC)

IUDs and implants

- Most effective methods: >99%
- No estrogen
- Contraindications rare
- Highest patient satisfaction
  - 84% LARC vs 53% short acting
- Highest continuation rates
  - 86% LARC vs. 55% short acting
- Long-term protection: lasts 3-12 years
- Rapid return of fertility
- Most cost effective
- Least likely to be used by teens

LARC Use Among Adolescents

More recent studies show LARC usage up to 10%
CDC, 2021



Witwer et al., 2018

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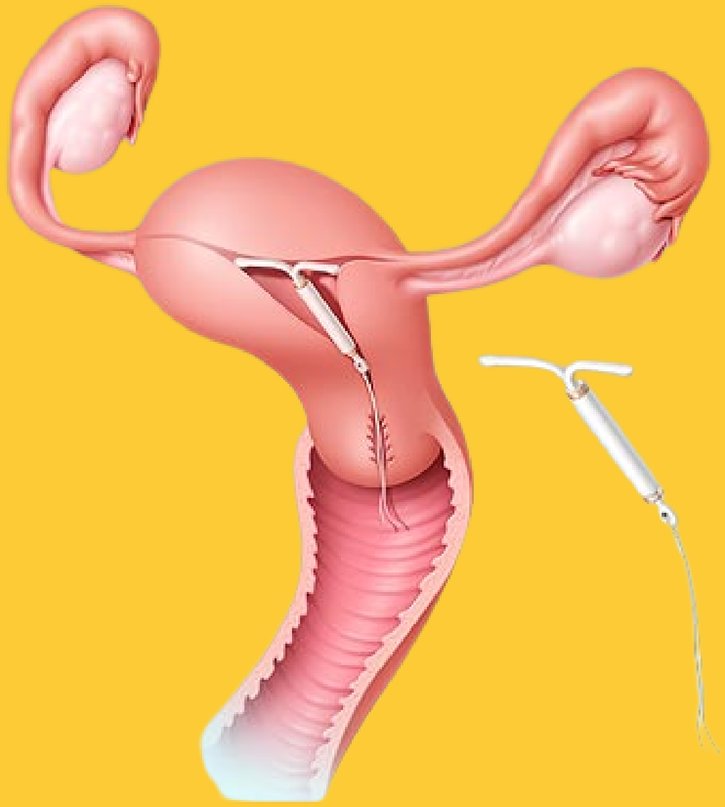
Levonorgestrel IUDs

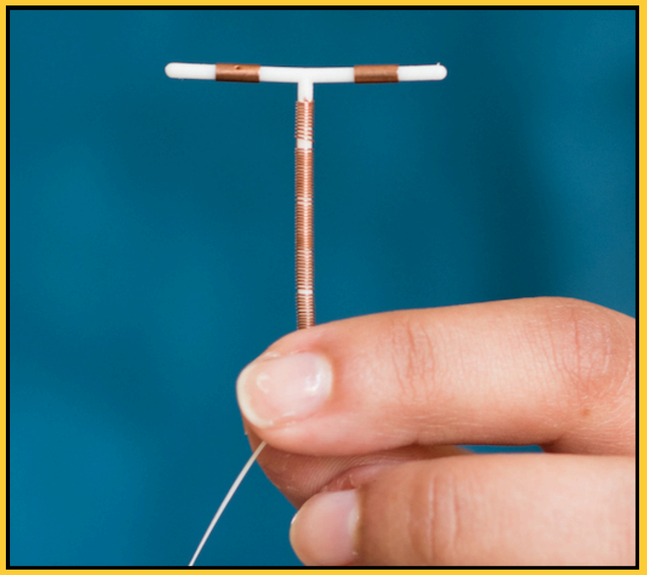


Mayo Foundation for Medical Education and Research

- Multiple versions on the market
  - Mirena
  - Liletta
  - Kyleena
  - Skyla
- Provide a steady dose of progestin
- May be used from 3-8 years
- Often requires a doctor visit for removal
  - Self-removal is safe when patient can feel their strings* Reproductive Health Access Project
- Cost: up to $858, some are much less expensive (Liletta) – most insurances cover the costs
- Most will cause irregular bleeding initially
- Many will make periods lighter and some cause periods to stop altogether

*This is not intended to be medical advice. Providers should follow clinical guidelines and practice recommendations from relevant professional associations

Copper IUD Paragard



- Works by copper ions – does not contain hormones
- Approved for 10 years use
  - Acceptable duration up to 12 years
- Cost: ~$150-$475 – most insurances cover the costs
- 99% effective as EC
- Bleeding Pattern:
  - Menses regular
  - May be heavier, longer, crampier for first 6 months

Which kind of IUD is the best to use?

Copper IUD	Levonorgestrel IUD
• Patient wants regular periods • Patient doesn't want hormones • Patient is okay with possible increase in bleeding or pain with periods	• Patient is ok with irregular bleeding • Patient is ok with amenorrhea • Patient has a history of heavy or painful periods

Implant Nexplanon

- Progesterone only (etonogestrel)
- FDA approved for 5 years
- Cost: ~$300–$600 – most insurances cover the cost
- Mechanism: Primarily through inhibiting ovulation. Thining of uterine lining and thickening of cervical mucous can also occur
- Bleeding pattern:
  - Causes irregular bleeding initially, which can improve by 3-6 months
    - Bleeding pattern at 3 months is predictive of pattern for duration of use
  - 22% eventually become amenorrheic
  - 11% discontinue use due to irregular bleeding

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REPRODUCTIVE COERCION & LARCS

- Historically the government, institutions, and providers aimed to control the reproduction of Black, Latina, and low-income people with uteruses through forced sterilization, incentives to use LARCs, and administering contraception without informed consent
- Today reproductive coercion still impacts these marginalized groups:
  - Black adolescents are more likely to receive LARCs than white adolescents
  - Providers sometimes refuse to remove LARCs upon patient request
- Often an attempt of reproductive control for groups providers associate with poverty
- Reproductive coercive practices are a violation of patient autonomy and erodes patient trust. Providers must engage in shared decision-making and recognize historical imbalances of power when counseling patients of color

Samuels, 2024
Howell et al., 2020
Gold, 2014

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Short-Acting Reversible Contraception: Combined Hormonal Methods

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Combined Hormonal Contraception

- Estrogen
  - Inhibits follicle stimulating hormone and luteinizing hormone
  - Inhibits ovulation
- Progesterone
  - Thickens cervical mucus to prevent sperm penetration
  - Inhibits capacitation of sperm
- Includes oral contraceptive pills, contraceptive patch, intravaginal ring

Combined Oral Contraceptive Pills

- Multiple formulations available
- Contain estrogen & a progestin, in varying doses
- Most include 21 days of active pills and 7 days of placebo pills to allow for withdrawal bleeding
- Primary mechanism: Inhibits ovulation

Effectiveness of COCPs

- Perfect use: 99.7% effective
- Effectiveness for typical use by adolescents and adults vary widely across studies and by demographic characteristics such as age, race, marital status and poverty status
- Typical adult use: 91% (range from 95.9- 89.6%)*
- Typical adolescent use: 92% (range 93.4-90.8%)*

*Estimates from the 2006-2010 National Survey of Family Growth (Trussel, 2011)

Counseling for COCPs

- Patients may have irregular bleeding when they first start pill. Advise patients to continue course of pill even with irregular bleeding
- Inform patient that there are multiple kinds of pills. If one kind does not work for them, another may work better for them

- Remember to take a pill every day and to start a new pack the day after finishing a pack
- If the user forgets 1 pill, they should take their pill as soon as they remember, and take the next pill on time
- If the user forgets 2 or more pills, they should take a pill as soon as they remember, and continue taking them daily, and also use condoms as back-up protection for 7 days

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Transdermal Patch

- Estrogen and progestin
- Beige-colored patch changed once per week
- 3 weeks on/1 week off
- Mechanism: Inhibits ovulation
- 99% effective with perfect use, less effective if used imperfectly

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Counseling for the Patch

- Stick to clean, dry skin on upper torso, buttocks or abdomen - NOT on breast
  - Upper outer arm OK for Xulane
  - Option to change site week by week
- 1 patch per week, 3 weeks in a row. No patch during week 4.

No back up method is needed if...

- A patient is 1 day late to replace their patch during week 1
- A patient is more than 2 days late to replace their patch during week 2 or 3
- A patch falls off and is replaced within 24 hrs

Apply a new patch and use a back up method (e.g. condom) for 1 week if...

- > 1 day late during week 1
- More than 2 days late to replace during week 2 or 3
- It has been more than 24 hours since a patch fell off
- A patient forgets to take off their patch during at week 4

Contraceptive Vaginal Ring

- Estrogen and progestin
- Soft, flexible rubber ring placed in vagina
- Stays in place for 3 weeks, then 1 week with no ring
- NuvaRing®
  - Continuous use: change 1st day of each month
- Annovera®
  - 3 weeks in, 1 week out
  - Reuse the same ring for 1 year
- Mechanism: inhibits ovulation

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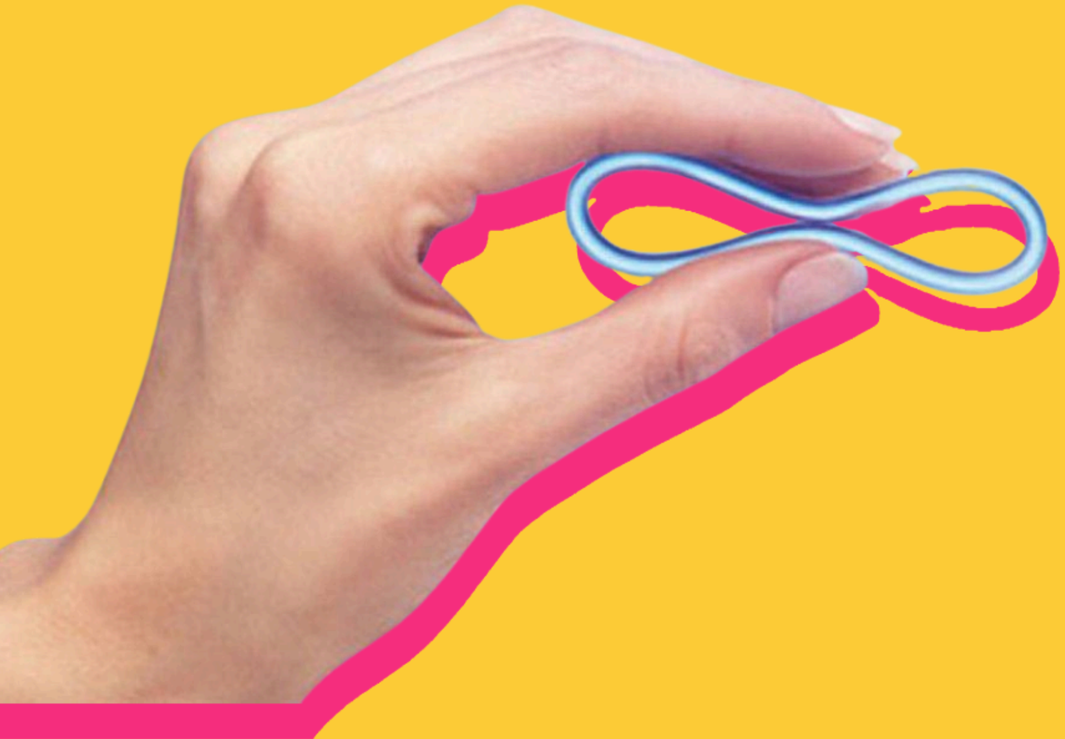
Counseling for the Ring



- Insert the ring by pinching two sides of the circle together and sliding it into the vagina
- Remove by inserting a finger into the vagina, hooking the ring, and gently pulling it out

The Ring FAQs

CAN I USE TAMPONS WITH THE RING?

YES!

You can use tampons, menstrual cups, and keep the ring in the vagina during penis/vagina sex.

WHAT IF I DON'T WANT THE RING IN WHEN I HAVE SEX?

THAT'S OK!

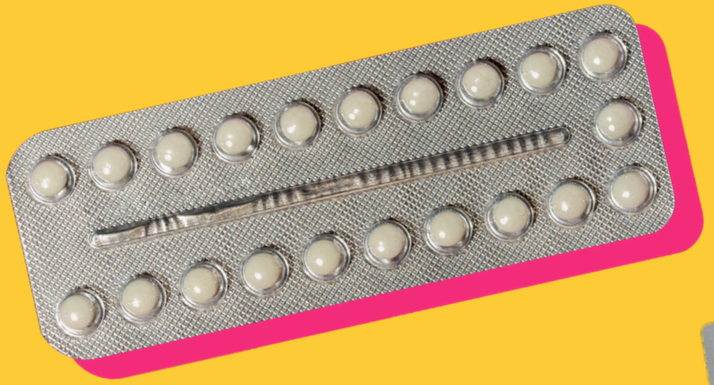
That's totally okay! You can take the ring out for up to 2-3 hours depending on the ring. Just make sure to rinse it with water before placing the ring back into the vagina.

WILL THE RING FALL OUT? WHAT IF I LOSE IT?

IT MAY

The ring can slip out during sex or when using the bathroom. If it does, you should rinse it and put it back into the vagina within 2-3 hours of it coming out, depending on the ring. If the ring is out of the body for longer than this, put the ring back in the vagina and use a back up birth control method (like condoms or birth control pills) until the ring has been in the body 7 days straight. This means you might have to skip your "ring-free week"

Short-Acting Reversible Contraception: Progestin-only Methods



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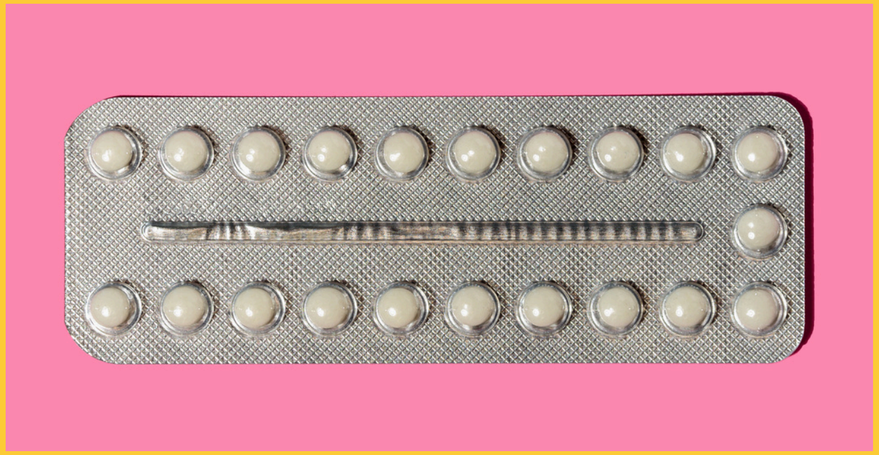
Progestin-Only Contraceptive Pills (POPs)



- Multiple formulations available
- No placebo week
- Mechanism: Multiple mechanisms, but primarily thickens cervical mucous
- Works in 48 hours after starting
- Generally best if taken at the same time every day
- New formulation, “Slynd” does not need to be taken at the same time each day
- May cause irregular bleeding

Over-the-counter contraceptive pill: Opill

- First FDA-approved OTC birth control pill
- Progestin-only pill
- Available for purchase without a perscription at drug stores, Amazon, Walmart, Target, and more locations
- Also available for order through opill.com
- $15-$20 per month
    - Can pay with HSA/FSA account online at Opill.com

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Counseling for the progestin-only pill

- Patients may elect to use progestin-only pills over COCPs due to contraindications with estrogen or if they desire a method that starts working quicker

- Try to take at the same time every day
- If 1 pill is more than 3 hours late, take pill as soon as possible and use condoms as back-up protection for 7 days
- If more than 1 pill is missed, take pill as soon as possible, take subsequent pills daily as usual, and use a back up method (e.g. condom) for 1 week.

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Counseling for the progestin-only pill

- Patients may elec… COCPs due to contraind… esire a method that star…
- Try to tak…
- If 1 pill i… possible and u…
- If mo… se… pill as soon as possible, take … da… usual, and use a back up metho… …) for 1 week.

Remember: Directions for missing pills vary for type of progestin (norethindrone or drospirenone) prescribed. Be sure to counsel patients about the instructions specific to the progestin prescribed and advise patients to read the instructions

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Injectable Depo-Provera

- Progestin only
- 150 mg intramuscularly **or** 104 mg subcutaneous injection every 3 months (11-15 weeks)
    - Off label: Patients may self-inject subcutaneously after instruction.
- Mechanism: Inhibits ovulation
- May temporarily decrease bone density, but density returns to normal after stopping injections
- Can take up to 9 months for fertility to return

Counseling for injectable contraception*

- Important to get repeat injections every 11-15 weeks
- Likely to have unpredictable or prolonged spotting in first 3-6 months
- Periods usually get shorter and lighter over time, and some patients stop having periods
- If a shot is late and the patient is sexually active, use condoms as back-up protection for 7 days

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*Recently, researchers reported a potential connection between prolonged use of depo-provera and intracranial meningioma, a type of brain tumor. Those who are using or considering depo-provera may wish to speak to their doctor about this research.

Counseling for injectable contraception

- Most contraceptive methods are not associated with weight gain
- 25% of users of injectable contraceptives will gain weight (average gain 15 lbs)
    - Early weight gain at 6 months predicts ongoing weight gain

Gallo et al., 2014

Contraception and LGBTQ+ Adolescents

- Avoid making assumptions about who may need contraception based on gender identity or sexual orientation
- Individuals with uteruses who identify as lesbian or bisexual may still need contraceptive care
  - Adolescents who identified as lesbian or bisexual were more likely to have ever been pregnant than heterosexual adolescents or adolescents who only had opposite-gender sexual partners
- Regardless of sexual orientation, a person with a uterus might want counseling for other concerns such as acne, endometriosis, and PCOS
- Transgender and nonbinary patients may also want birth control to help with gender dysphoria by stopping periods and preventing pregnancy

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CASE DISCUSSION

ANGELA

- How would you counsel Angela on choosing a birth control method?

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External Condom

- A barrier method that goes over the penis
- Prevents the exchange of bodily fluids during vaginal, anal, and oral sex
- Reduces the risk of pregnancy and/or STIs
- Offers dual protection when used with another birth control method
- Need a new condom for every act of sexual intercourse

Perfect Use: 98%

effective at preventing pregnancy

Typical Use: 87%

effective at preventing pregnancy

Internal Condom

- A barrier method that goes inside the vagina or anus
- Prevents the exchange of bodily fluids during vaginal and anal (oral sex if used as dental dam)
- Reduces the risk of pregnancy and/or STIs
- Should not be worn with external condom

Perfect Use: 95%
effective at preventing pregnancy

Typical Use: 79%
effective at preventing pregnancy

sf.gov

Withdrawal

- Also called the “Pull out method”
- Removal of the penis from the vagina before ejaculation
- **80%** effective at preventing pregnancy if done correctly

CASE DISCUSSION

- Becca is 18 years old. She is in a monogamous relationship with her long-term boyfriend and lives at home with her family.
- She is considering birth control but explains her parents made it clear that she should not be having sex.
- She explains she doesn’t use condoms with her boyfriend because he doesn’t like how they feel and they are relying on withdrawal to prevent pregnancy.
- How can you start a conversation with her about condom use?

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CASE DISCUSSION

- Use PATH Framework
  - Ask Becca her thoughts about getting pregnant in the next year
- If she does not want to be pregant:
  - Inform her that withdrawal is 80% effective at preventing pregancy
  - Ask if she would consider using condoms or another method of birth control

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CASE DISCUSSION

- Becca would prefer to use condoms but doesn't know how to ask her boyfriend to use them. How can advise her about asking her partner to use condoms?

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AMAZE: Condom Negotiation

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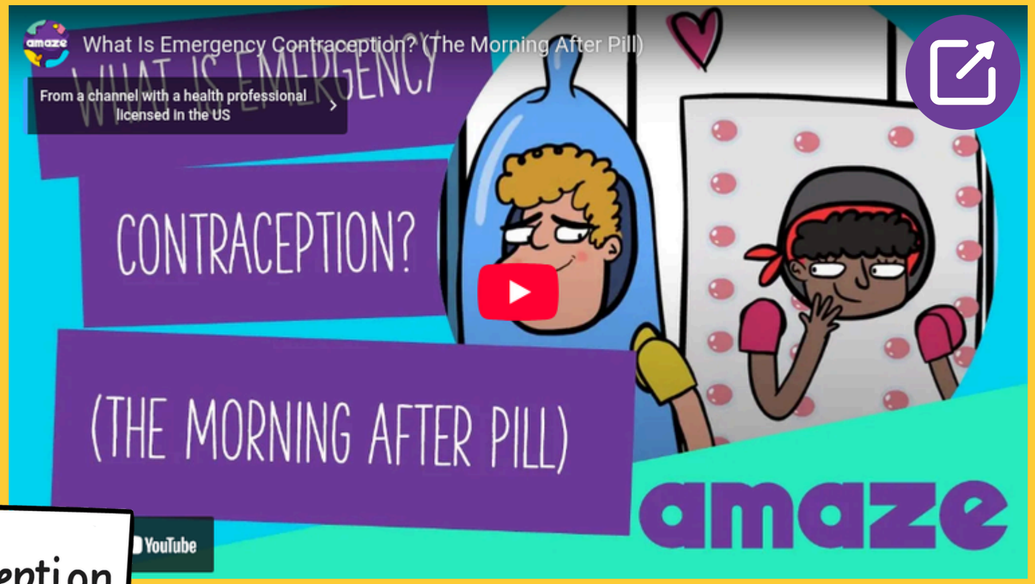
Emergency Contraception



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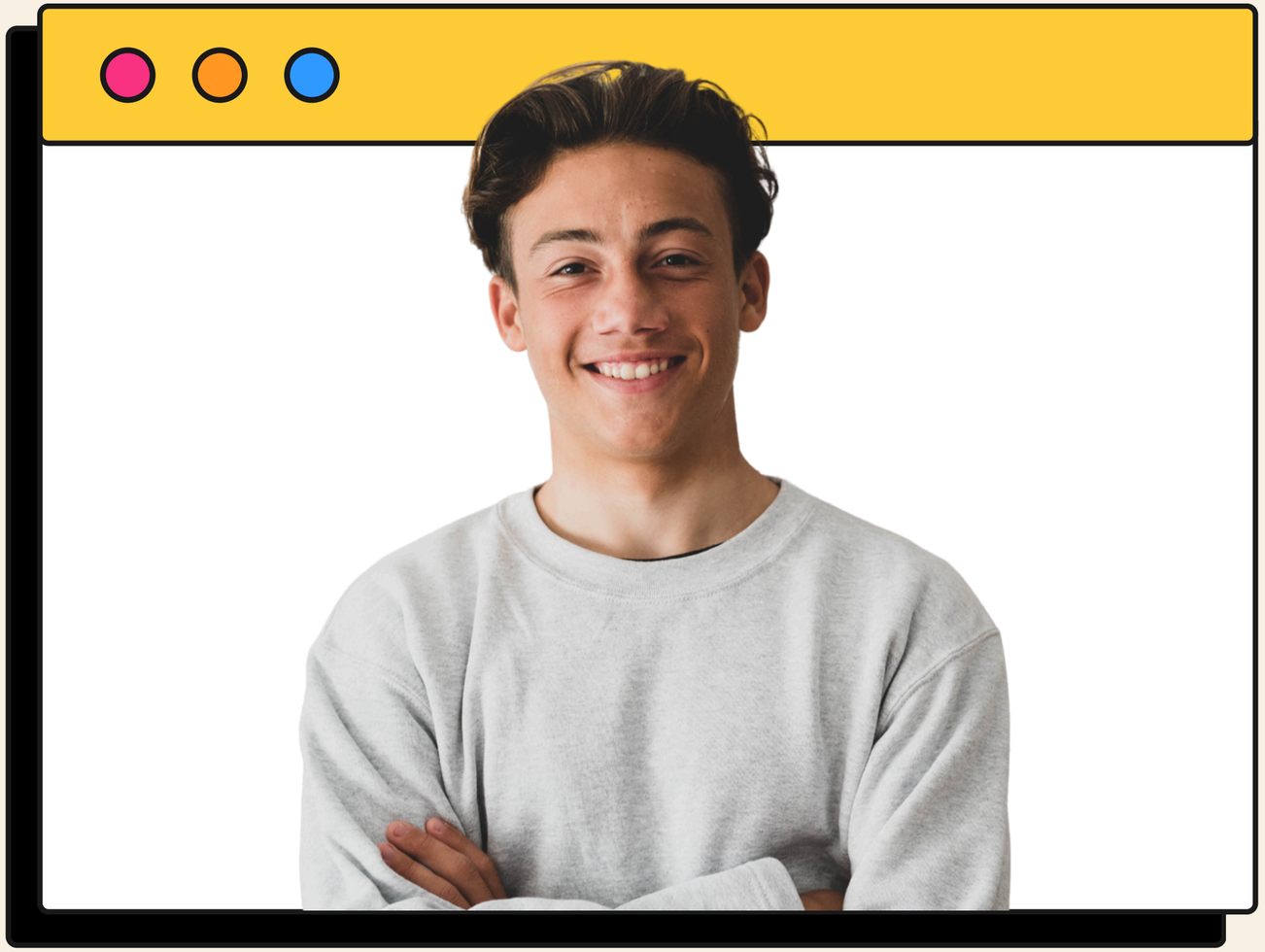
CASE DISCUSSION



RICARDO

- Ricardo comes into the clinic, explaining that he had penis-to-vagina sex and the condom broke. He additionally explains that his sexual partner was not using any method of birth control. What EC options would you discuss with Ricardo?
- This is Ricardo's 4th time requesting EC over the past 2 months. He explains again that the condoms had ripped. What recommendations would you make to Ricardo?

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Affirmation and Education

- **Give positive reinforcement whenever possible!**
  - He used condoms!
  - He came in to discuss emergency contraception!
- Avoid judgment
- Encourage dual use, or use of both a contraceptive and a barrier method

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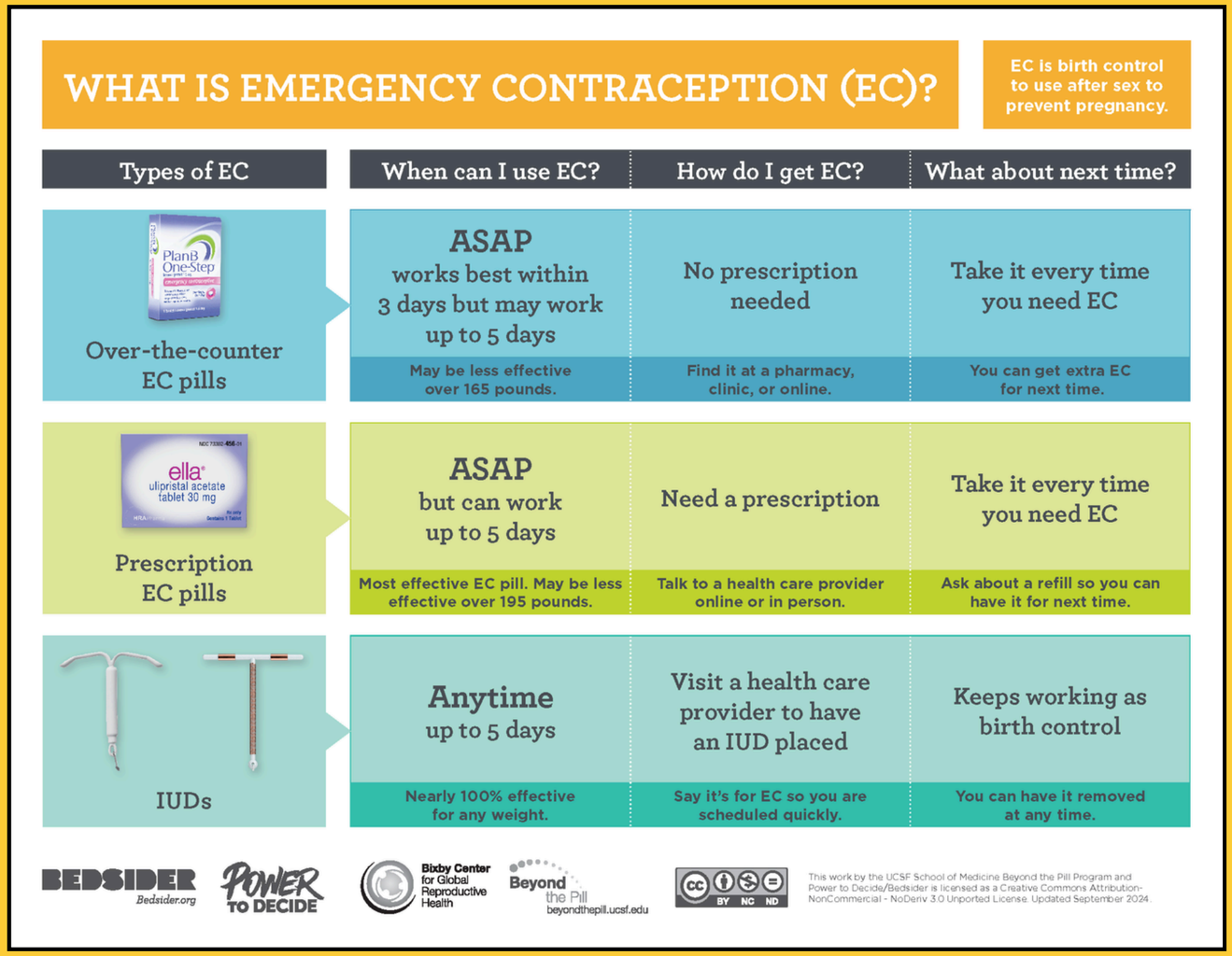
Does his partner need emergency contraception?

If they had unprotected sex without a condom in the **past 5 days**, he should be offered emergency contraception for his partner



UCSF Beyond the Pill, 2024

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Emergency Contraception

- A safe and effective way of preventing pregnancy in cases of:
  - Contraceptive failure
  - No contraceptive use
  - Unplanned or forced intercourse
  - Contraceptive sabotage
- Some methods very effective up to 120 hours after unprotected intercourse (UPI)
- **EC is not an abortion pill and does not cause an abortion or harm an existing pregnancy**

Emergency Contraception Available in the US

Paragard Intrauterine Device (IUD) or Mirena or Liletta (hormonal IUDs)	ella: ulipristal acetate	Levonorgestrel Emergency Contraception: Plan B One-Step and others
Inserted by a healthcare provider	Prescription required	No prescription required, available at most pharmacies
Most effective method – prevents 99% of pregnancies	2nd most effective method	3rd most effective method
May be used up to 5 days after intercourse, effectiveness doesn't decrease over time	May be used up to 5 days after intercourse, effectiveness doesn't decrease over time	Most effective in the first 3 days, may be used up to 5 days after intercourse
Effectiveness not affected by body weight	May be less effective in patients weighing over 195 pounds	May be less effective in patients weighing over 165 pounds

Barriers to Emergency Contraception Use Among Youth

- Lack of knowledge/misinformation
- Perceived lack of confidentiality
- Poor provider attitudes
- Cost
- Lack of transportation
- Inability to locate a health care provider within the limited and effective timeframe
- Belief that pelvic examination is mandatory
- State policy restrictions including provider refusal clauses

Strategies to Increase EC Use Among Youth

- Educate youth about EC and combat misinformation
- Provide supportive counseling and encouragement- EC is responsible behavior!
- Display posters and materials about EC
- Work with teen patients to establish a “plan” in the event of contraceptive failure, including identifying:
  - A pharmacy that will fill prescription
  - A method of transportation to pharmacy
- Advance provision of EC even if on a short-acting contraceptive method
- Encourage patients without a uterus to get EC for their partners

Contraceptive Efficacy and Weight

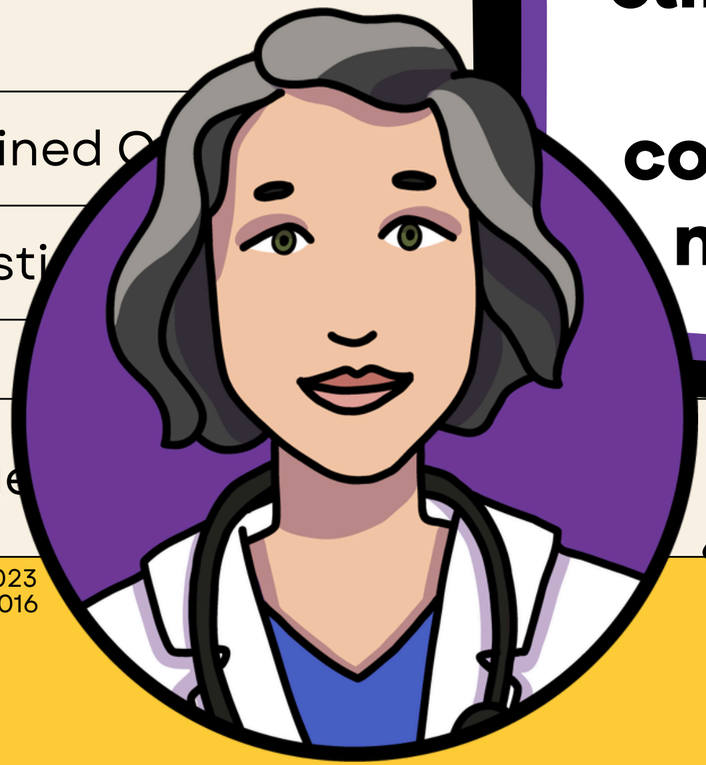
Does obesity decrease efficacy?	
IUDs	No effect
Implants	No effect
Injectables	No effect
Patch	Data is weak, likely effect is minimal
Combined Oral Contraceptives	Data is weak, likely effect is minimal
Progestin-only Oral Contraceptives	No effect
Ring	No effect
Emergency Contraception	Efficacy decreased for levonorgestrel (above 165 lb) and ella (above 195 lb)

Belail et al., 2023
Lopez et al., 2016

Contraceptive Efficacy and Weight

Doe	
IUDs	
Implants	
Injectables	
Patch	mal
Combined O	mal
Progesti	
Ring	
Emerge	icacy decreased for levonorgestrel (above 165 lb) and ella (above 195 lb)

After counseling patient on contraceptive efficacy and weight (if applicable), clinicians should still provide desired method of contraception even if weight may make it less effective



Belail et al., 2023
Lopez et al., 2016

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WRAP UP

- ✓ Respect adolescent confidentiality, agency and autonomy
- ✓ Take a medical and sexual history applicable to patient need
- ✓ Discuss side effects candidly and validate concerns
- ✓ Explore patient's knowledge, experience and preferences regarding contraceptive method choice
- ✓ Encourage dual condom/contraception use
- ✓ Offer to write an advanced prescription for emergency contraception or instruct on over-the-counter access

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Provider Resources

U.S. Medical Eligibility Criteria for Contraceptive Use, 2024

https://www.cdc.gov/contraception/hcp/usmec/index.html

Contraceptive Technology 22nd Edition

https://store.managingcontraception.com/contraceptive-technology-22nd-edition/

Contraceptive Choice Center

https://contraceptivechoice.wustl.edu/

Bedsider

bedsider.org

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Provider Resources

Power to Decide

https://powertodecide.org/

Reproductive Health Access Project (RHAP)

https://www.reproductiveaccess.org/contraception/

UCSF Bixby Center Beyond the Pill

https://beyondthepill.ucsf.edu/our-work/resources/

NACHC Quality for Teens (Q4T) Quality Improvement Package

https://www.nachc.org/quality4teenshealth/

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A note about AMAZE

The videos featured in this training were brought to you by AMAZE.org, which is a free resource dedicated to providing comprehensive sexuality education to youth, parents, educators, and healthcare providers

AMAZE.org provides adolescents with the medically accurate, age-appropriate, honest information they need to develop into sexually healthy adults

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AMAZE HAS...

OVER 100 MILLION VIEWS ON YOUTUBE

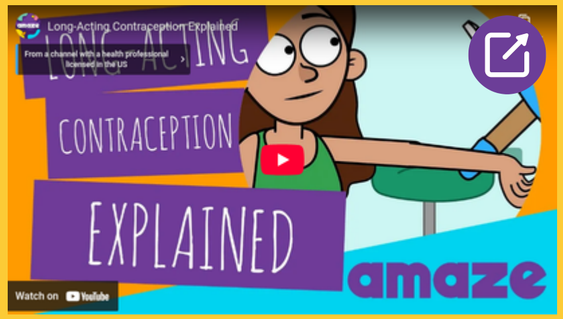
300,000+ YOUTUBE SUBSCRIBERS

MORE THAN 300 VIDEOS TO CHOOSE FROM

Tips for Safer Sex and Pregnancy Prevention

Condoms: How to Use Them Effectively

Does Pulling Out Prevent Pregnancy? (Withdrawal)



Long-Acting Contraception Explained

What should you do if you've had unprotected sex?

Plan B again and again?

YOU CAN BRING AMAZE INTO YOUR CLINICAL SETTING

- Great materials for patients and families with links to AMAZE videos
- Show AMAZE videos in your waiting room or exam rooms
- Link videos to electronic health records and add to patient portals
- Create video playlists to embed in your clinic's website

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Contact AMAZE at

Info@amaze.org

To get materials, offer ideas, or get help acquiring video files

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Questions or Comments?

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REFERENCES

All references are available upon request or can be found in slide speaker notes.

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Thank You!

Adolescent Reproductive and Sexual Health Education Project (ARSHEP)